



OHIO LEGISLATIVE SERVICE COMMISSION

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Fiscal Note & Local Impact Statement

Bill: S.B. 119 of the 132nd G.A.
(L_132_0881-5)

Status: In Senate Health, Human Services, & Medicaid

Sponsor: Sens. Hackett and Hottinger

Local Impact Statement Procedure Required: No

Subject: Address naltrexone, opioid prescribing, and addiction treatment

State & Local Fiscal Highlights

- The Medical Board, Dental Board, and Board of Nursing are required to promulgate rules establishing standards and procedures for prescribers to follow when evaluating patients for signs of drug abuse, posing a minimal cost.
- State and local health programs could realize an increase in dispensing costs as a result of the provision that allows pharmacists to dispense a five-day supply of naltrexone without a prescription. However, these programs could also realize a savings if this provision led to better health outcomes. While the total fiscal impact will depend on utilization, the Ohio Department of Medicaid anticipates this to be no more than minimal.
- The Board of Pharmacy could experience an increase in information technology costs if any adjustments are needed to the Ohio Automated Rx Reporting System (OARRS) as a result of the bill's record maintenance requirements relating to naltrexone.
- Any state or local government entities that operate pharmacies may experience an increase in costs to comply with the requirements for dispensing naltrexone without a prescription.

Detailed Fiscal Analysis

Screening for abuse and addiction

The bill requires prescribers, with the exception of optometrists and veterinarians, to evaluate a patient for signs of drug abuse and addiction before initially prescribing an opioid analgesic or personally furnishing such a drug to treat a patient's acute pain. Each health-related licensing board authorized to issue licenses to prescribers will be required to promulgate rules to establish standards and procedures, posing a minimal cost; this will include the Medical Board, Dental Board, and Board of

Nursing. Additionally, government-owned hospitals may experience an increase of costs if this requires prescribers to spend more time to complete the evaluation.

Civil and criminal immunity

The bill also establishes conditions for civil and criminal immunity for administering naltrexone via injection. These conditions include when the individual is unable to have the drug administered:

- By a person who routinely administers naltrexone to the individual;
- At a facility in which it is routinely administered; or
- Under the direction of the drug's prescriber.

This provision may result in a savings of any court costs and fees for state and political subdivisions that employ workers which administer naltrexone if any cases are brought forward.

Opioid dependence and addiction treatment

The bill requires an individual accepted for treatment for opioid dependence or addiction by a prescriber who does not practice at an opioid treatment program be offered treatment with each approved drug. The prescriber must discuss with the patient the benefits and risks with each possible drug, obtain a signed consent form for treatment from the patient, sign the consent form, and place the signed consent form in the patient's medical file. There is a similar provision in R.C. 3715.08, which was enacted in H.B. 49, the budget bill. Thus, there should be little to no fiscal impact.

Dispensing naltrexone

The bill allows a pharmacist to dispense naltrexone without a prescription from a prescriber if the pharmacist:

- Is able to verify a record of a prescription for the injectable long-acting or extended release form of naltrexone for the patient if certain criteria are met;
- Is unable to obtain authorization to refill the prescription; and
- Determines in their professional judgment the drug is needed to continue the patient's addiction treatment and failure to provide the drug could result in harm to the health of the patient.

After providing the drug, the pharmacist is required to maintain a record for one year that indicates the amount of naltrexone dispensed, the original prescription number, and the name and address of the patient. Maintaining these records may require the Board of Pharmacy to upgrade the Ohio Automated Rx Reporting System (OARRS), which could result in information technology costs. In addition to maintaining a record, the pharmacist must notify the prescriber within five days after dispensing naltrexone. Any state or local government entities that operate pharmacies could realize administrative costs to comply with these requirements. The cost would

depend on the number of individuals seeking naltrexone under the bill's criteria. Additionally, state and local health programs, including Medicaid, could realize an increase in pharmaceutical dispensing costs as a result of the provision. On the other hand, if the provision led to better health outcomes, then there could be a savings in associated medical or treatment costs. While the total fiscal impact will depend on utilization, the Ohio Department of Medicaid anticipates this to be no more than minimal.

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