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# OHIO LEGISLATIVE SERVICE COMMISSION

Office of Research  
and Drafting

Legislative Budget  
Office

H.B. 203  
133<sup>rd</sup> General Assembly

## Fiscal Note & Local Impact Statement

[Click here for H.B. 203's Bill Analysis](#)

**Version:** As Passed by the Senate

**Primary Sponsor:** Rep. Lipps

**Local Impact Statement Procedure Required:** No

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### Highlights

- Government entities that operate mobile dental facilities may experience an increase in administrative costs to provide required information and provide notification.
- The State Dental Board may experience an increase in investigation and administrative costs relating to the requirements regarding mobile dental facilities.
- For the State Board of Pharmacy, the State Medical Board, and the Ohio Board of Nursing, the bill will create one-time rule adoption costs and related potential ongoing annual compliance and enforcement costs.
- The bill's provision expanding the conditions under which health plan issuers may provide payment or reimbursement for services provided by a pharmacist has the potential to decrease costs for the state and political subdivisions to provide health benefits to employees and their dependents.
- The bill permits Medicaid to cover a health care service that a pharmacist provides to a Medicaid recipient under a consult agreement with a physician assistant and certain nursing professionals.

### Detailed Analysis

#### Mobile dental facilities

The bill requires a mobile dental facility operator or the operator's representative to provide each patient with certain information, including (1) the name of the individual who arranged or provided services, (2) the telephone number of the operator, (3) a list of services provided, (4) any recommendations for further services, (5) a notice that the facility must provide access to the patient's complete dental records, and (6) instructions for requesting a copy or transfer of the patient's records. Additionally, the bill requires a mobile dental facility

operator to notify in writing the State Dental Board and all treatment venues not later than 14 days after either of the following occurs: (1) there is a change in the address or telephone number of the operator, or (2) the facility ceases to operate. Any government entity that operates a mobile dental facility may experience an increase in administrative costs to comply with the bill's requirements. The increase is anticipated to be minimal.

Under the bill, the State Dental Board may take disciplinary action against licensees who violate these provisions. This may result in additional investigation costs for the Board. The Board may also experience an increase in administrative costs to track information on and receive notifications of changes from mobile dental facilities.

## **Pharmacist consult agreements**

The bill broadens: (1) the list of practitioners with whom a pharmacist may enter into a consult agreement to include certain physician assistants, clinical nurse specialists, certified nurse-midwives, or certified nurse practitioners, and (2) the tests that a pharmacist may order and evaluate as part of a patient's drug therapy under a consult agreement to include laboratory and diagnostic tests. To effect those changes, the bill allows health plan insurers and Medicaid to pay the costs of such services, and requires the State Board of Pharmacy, the State Medical Board, and the Ohio Board of Nursing to promulgate governing rules.

### **State Board of Pharmacy**

The bill creates the potential for an increase in the number of consult agreements overall, as well as an increase in pharmacist activities regulated by the State Board of Pharmacy vis-a-vis testing orders.

As under current law, a pharmacist that fails to follow the procedures regarding consult agreements and testing orders is subject to the Board's disciplinary procedures. The disciplinary actions include revoking, suspending, or limiting the pharmacist's or intern's identification card, placing the pharmacist's or intern's identification card on probation, refusing to grant or renew the pharmacist's or intern's identification card, or imposing a monetary penalty or forfeiture not to exceed \$500. Any money collected is credited to Fund 4K90, the Occupational Licensing and Regulatory Fund.

In FY 2019, the Board took administrative action against fewer than 300 licensees,<sup>1</sup> indicating that disciplinary actions by the Board for any reason are relatively infrequent in the context of administering over 70,000 active licenses annually. This suggests that the bill's expansion of consult agreements and allowable actions by a pharmacist will have no discernible ongoing effect on the Board's annual operating costs or related revenue generation. The State Board of Pharmacy is expected to use existing staff and appropriated resources to absorb any additional administrative expenses incurred to comply with the bill's rulemaking requirements.

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<sup>1</sup> In addition to pharmacists, administrative actions by the State Board of Pharmacy may be taken against pharmacy technicians, pharmacy interns, terminal distributors of dangerous drugs, wholesale distributors of dangerous drugs, users of the Ohio Automated Rx Reporting System (OARRS), and other individuals and entities licensed by the Board.

## **State Medical Board and Ohio Board of Nursing**

The bill makes conforming changes to the laws governing the State Medical Board and the Ohio Board of Nursing's authority: (1) to adopt rules for their licensees to follow when entering into consult agreements, and (2) to impose discipline for licensees who fail to comply with agreement terms. Under the bill, both boards could experience administrative costs for rule promulgation. Additionally, the boards could realize an increase in investigative and disciplinary costs for any complaints or violations. The total cost will depend on the number and scope of complaints/violations.

### **Health insurer payments to pharmacists**

Under existing law, a health plan issuer may provide payment or reimbursement for services provided by a pharmacist, under specified conditions, if the pharmacist provided a health care service under a consult agreement with a physician. The bill expands this authorization such that a payment or reimbursement may be provided to a pharmacist who provided a health care service to a patient in accordance with R.C. Chapter 4729, including managing an individual's drug therapy under a consult agreement with: (1) a physician assistant if authorized by a supervising physician, or (2) a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner if authorized by a collaborating physician. The conditions under which this is authorized are generally the same as under existing law for such consult agreements. This provision applies to health insuring corporations (HICs), sickness and accident insurers, public employee benefit plans, and multiple employer welfare arrangements that are delivered, issued for delivery, or renewed in Ohio.

This provision is permissive. It has the potential to decrease costs for the state and local governments to provide health benefits to employees and their dependents. The magnitude of any such cost decrease is indeterminate.

### **Medicaid payments to pharmacists**

Under existing law, Medicaid may cover a health care service that a pharmacist provides to a Medicaid recipient in accordance with R.C. Chapter 4729, including any of the following services: managing drug therapy under a consult agreement with a physician, administering immunizations in accordance with certain requirements, and administering drugs in accordance with certain requirements. The bill expands this authorization such that a payment or reimbursement may be provided to a pharmacist who provided a health care service to a patient in accordance with R.C. Chapter 4729, including managing an individual's drug therapy under a consult agreement with: (1) a physician assistant if authorized by a supervising physician, or (2) a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner if authorized by a collaborating physician. The provision is permissive, so any impacts will depend on whether Medicaid covers these services.