



Ohio Legislative Service Commission

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Fiscal Note & Local Impact Statement

Bill: H.B. 4 of the 131st G.A.

Date: March 6, 2015

Status: As Passed by the House

Sponsor: Reps. Rezabek and Sprague

Local Impact Statement Procedure Required: No

Contents: Makes changes regarding authority to furnish or dispense naloxone to a person who may be at risk of an opioid overdose or a person who may be in a position to assist a person who is at risk

State Fiscal Highlights

- The Ohio Department of Health will experience a minimal increase in administrative costs to develop, review, and update the required model naloxone protocol, as well as to provide a copy to local boards of health. In addition, the Department may experience an increase to assist any board that develops its own protocol.
- The Pharmacy Board may experience a minimal increase in administrative costs to adopt rules regarding authority to furnish or dispense naloxone to a person who may be at risk of an opioid overdose or a person who may be in a position to assist a person who is at risk.

Local Fiscal Highlights

- A local board of health that develops a protocol may experience a minimal increase in administrative costs.
- A local board of health that is a terminal distributor of dangerous drugs may experience a minimal increase in revenue related to the provision allowing the occasional sale of naloxone to state and local law enforcement agencies.
- If a physician employed at a public hospital chooses to establish a naloxone protocol, the public hospital may experience a minimal increase in administrative costs.

Detailed Fiscal Analysis

The bill extends the authority to personally furnish or dispense naloxone to individuals who are not authorized to prescribe drugs. The authority can be granted to individuals authorized by a physician to personally furnish naloxone and to pharmacists and pharmacy interns dispensing naloxone in accordance with a physician's protocol. The bill permits a physician who establishes a protocol to authorize one or more individuals to personally furnish naloxone to a person who there is reason to believe is experiencing or at risk of experiencing an opioid-related overdose or to a family member, friend, or another in a position to assist such a person. The bill also allows a pharmacist or pharmacy intern to dispense naloxone without a prescription to an individual who is experiencing, or is at risk of experiencing, an opioid-related overdose or to family members, friends, or others in a position to assist. The bill allows a physician to establish a protocol to follow in the circumstances previously described. The bill specifies what must be included in the protocol. If a physician employed at a public hospital chooses to establish a naloxone protocol, the public hospital may experience a minimal increase in administrative costs.

The bill requires the Ohio Department of Health (ODH) to develop a model protocol under which one or more pharmacists and pharmacy interns may dispense naloxone without a prescription. The bill specifies what must be included in the model protocol. The bill requires ODH to provide a copy of the model protocol to each board of health and requires ODH to assist any board of health that establishes its own protocol. ODH must review and update the model protocol at least once every two years. ODH will experience a minimal increase in administrative costs to develop, review, and update the required model naloxone protocol, as well as to provide a copy to local boards of health. ODH may experience an increase in administrative costs to assist any board that develops its own.

The bill allows a board of health, through a physician serving as its medical director or health commissioner, to establish a protocol. The bill specifies that the board of health protocol must not be less stringent than ODH's model. Additionally, a board of health's protocol must be submitted to ODH and also be reviewed and updated by the board of health at least once every two years. A local board of health that chooses to develop a protocol may experience a minimal increase in administrative costs.

The bill requires an individual furnishing, and a pharmacist or pharmacy intern dispensing, naloxone to instruct the individual to whom naloxone is dispensed or furnished to summon emergency medical services as soon as practicable either before or after administering naloxone. A pharmacist may document the dispensing of naloxone on a prescription form. The bill allows the Pharmacy Board to adopt rules regarding the bill's provisions. The Pharmacy Board may experience a minimal increase in administrative costs if the Board decides to adopt rules.

Additionally, the bill specifies that each of the following that act in good faith is not liable for, or subject to, damages in any civil action, prosecution in any criminal proceeding, or professional disciplinary action for any action or omission of the person to whom the naloxone is furnished or dispensed without a prescription: a physician, an authorized individual, a pharmacist or pharmacy intern, or a board of health.

Lastly, the bill allows for local boards of health or health departments to make occasional sales of naloxone to state and local law enforcement agencies, so long as the local boards of health or health departments are licensed terminal distributors of dangerous drugs. Local boards that are licensed terminal distributors of dangerous drugs may experience a minimal increase in revenue related to this provision.

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