



OHIO LEGISLATIVE SERVICE COMMISSION

Bill Analysis

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H.B. 535

132nd General Assembly
(As Introduced)

Reps. Gavarone, Young, Brown, Patton, Stein, Arndt, Hambley, Kick, R. Smith, Ryan, Sprague

BILL SUMMARY

- Requires each hospital to report monthly to the Ohio Department of Health the number of drug overdose cases brought to the hospital for treatment during the previous month.
 - Requires the Ohio Department of Public Safety, if it collects certain information concerning the administration of naloxone by emergency medical service personnel, to report that information to the Department of Health on a monthly basis.
 - Requires the dispensing or furnishing of naltrexone to be reported to the Ohio Automated Rx Reporting System.
 - Names the act the "Opioid Data and Communication Expansion Act."
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CONTENT AND OPERATION

H.B. 535 establishes reporting requirements governing the following opioid-related topics: the treatment of drug overdoses, the administration of naloxone, and the dispensing or furnishing of naltrexone. Each requirement is described below.

Drug overdoses – hospital reports

The bill requires each hospital to report the following information to the Ohio Department of Health (ODH):

- (1) The total number of drug overdose cases brought to the hospital for treatment during the previous month;

(2) Of that total, the number resulting in death and the number not resulting in death.

Reports must be made on a monthly basis and in a manner prescribed by ODH. When submitting reports, a hospital is prohibited from including any information that identifies or tends to identify specific patients. Each month, ODH must compile the information received and post it on the Department's website. The bill authorizes ODH to adopt rules as necessary to implement the bill's provisions.¹

Naloxone administration – Department of Public Safety reports

Under the bill, if the Ohio Department of Public Safety (DPS) collects any of the following information regarding the administration of naloxone by emergency medical service personnel or firefighters, it must report the information to ODH:

(1) The five digit postal zip code plus four-digit add-on where naloxone was administered;

(2) The date the naloxone was administered;

(3) The number of doses administered;

(4) The name of the emergency medical service organization or fire department that administered the naloxone;

(5) Whether or not an overdose was reversed;

(6) Whether the individual receiving the naloxone was taken to a hospital.

DPS must report to ODH on a monthly basis and in a manner prescribed by ODH. When submitting reports, DPS is prohibited from including any information that identifies or tends to identify specific individuals to whom naloxone was administered. Each month, ODH must compile the information received, organize it by county, and forward it to each local board of alcohol, drug addiction, and mental health services. The bill authorizes ODH to adopt rules as necessary to implement the bill's provisions.²

¹ R.C. 3727.45.

² R.C. 4765.45.



Naloxone background

The drug naloxone, commonly known by the brand name Narcan, can reverse the effects of an opioid overdose.³ It counteracts the respiratory depression caused by the overdose, allowing the victim to breathe normally.⁴ In enacting Am. Sub. H.B. 4, the 131st General Assembly increased access to naloxone by permitting authorized pharmacists and pharmacy interns to dispense the drug without a prescription in accordance with a protocol established by the State Board of Pharmacy.⁵ The bill includes language clarifying the definition of "prescription" for the purposes of that law.⁶

Naltrexone and OARRS

The bill changes the law governing the Ohio Automated Rx Reporting System (OARRS), the State Board of Pharmacy's database for monitoring controlled substances, by adding naltrexone to the list of drugs monitored by the Board.⁷ Naltrexone, also known as Vivitrol, is reported to reduce opioid cravings and may prevent the feeling of getting high if a person relapses and uses a problem drug. It can be prescribed as part of medication-assisted treatment for opioid use disorders.⁸

The bill requires a pharmacist or licensed health professional authorized to prescribe drugs – after dispensing or personally furnishing naltrexone – to report this information to OARRS.⁹ It also directs the Board of Pharmacy to include an aggregate of the information submitted about naltrexone in the semiannual reports the Board must prepare under existing law.¹⁰ The aggregated information includes all of the following:

³ U.S. National Library of Medicine, National Institutes of Health, *Naloxone Injection*, available at <https://medlineplus.gov/druginfo/meds/a612022.html>.

⁴ United Nations Office on Drugs and Crime and World Health Organization, *Opioid overdose: preventing and reducing opioid overdose mortality*, available at http://www.who.int/substance_abuse/publications/opioid_overdose.pdf?ua=1.

⁵ R.C. 4729.44.

⁶ R.C. 4729.01(H).

⁷ R.C. 4729.75.

⁸ See Substance Abuse and Mental Health Services Administration, *Medication-Assisted Treatment, Medication and Counseling Treatment, Naltrexone*, available at <https://www.samhsa.gov/medication-assisted-treatment/treatment/naltrexone>.

⁹ R.C. 4729.77, not in the bill, and R.C. 4729.79.

¹⁰ R.C. 4729.85(B).



(1) The number of prescribers who issued the prescriptions for or personally furnished naltrexone;

(2) The number of patients to whom naltrexone was dispensed or personally furnished;

(3) The average quantity of the naltrexone dispensed per prescription or furnished at one time.¹¹

Current law unchanged by the bill requires these semiannual reports to be submitted to various government officials and entities, including the Governor, Senate President, Speaker of the House of Representatives, and chairpersons of the standing legislative committees primarily responsible for considering health issues.¹²

Opioid data and communication expansion act

The bill provides that the act is to be known as the "Opioid Data and Communication Expansion Act."¹³

HISTORY

ACTION	DATE
Introduced	03-01-18

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¹¹ R.C. 4729.85(B)(4).

¹² R.C. 4729.85(B).

¹³ Section 3 of the bill.

