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S.B. 303
133rd General Assembly

Bill Analysis

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Version: As Passed by the Senate

Primary Sponsors: Sens. S. Huffman and Manning

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SUMMARY

- Authorizes pharmacists to enter into consult agreements with certain advanced practice registered nurses and physician assistants for the management of patient drug therapies.
- Maintains existing law provisions allowing pharmacists to enter into consult agreements with physicians.
- Authorizes a pharmacist, when managing a patient's drug therapy under a consult agreement, to order and evaluate laboratory and diagnostic tests for the patient, rather than limiting it to blood and urine tests as under current law.

DETAILED ANALYSIS

Pharmacist consult agreements

S.B. 303 makes two main changes to the law governing consult agreements between pharmacists and physicians for the management of patient drug therapies. (See "**Background on consult agreements**" below.) First, while maintaining the authority of pharmacists to enter into such agreements with physicians, the bill also authorizes pharmacists to enter into agreements with certain physician assistants, clinical nurse specialists, certified nurse-midwives, or certified nurse practitioners. (See "**Eligibility**" below.)¹

Second, it broadens the tests that a pharmacist may order and evaluate as part of a patient's drug therapy under a consult agreement. Current law permits the pharmacist to order and evaluate only blood and urine tests for the patient. Under S.B. 303, a pharmacist may order laboratory and diagnostic tests, including blood and urine tests, related to the patient's drug

¹ R.C. 4729.39(B).

therapy and may evaluate the results of those tests.² The bill, however, maintains existing law provisions specifying that a pharmacist's authority to evaluate test results does not authorize the pharmacist to make a diagnosis.³

Eligibility

For a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner to be eligible to enter into a consult agreement, at least one of the nurse's collaborating physicians must authorize it.⁴ Similarly, for a physician assistant to be eligible, at least one of the physician assistant's supervising physicians must authorize it.⁵

Note on conforming changes

Because the bill extends the types of practitioners with whom pharmacists may enter into consult agreements, it makes conforming changes to laws governing the following:

- Insurance and Medicaid reimbursement for pharmacists practicing under agreements;⁶
- State Medical Board authority to adopt rules to be followed by physician assistants when entering into agreements and to impose professional discipline on physician assistants when failing to comply with agreement terms;⁷
- Ohio Board of Nursing authority to adopt rules to be followed by clinical nurse specialists, certified nurse-midwives, and certified nurse practitioners when entering into agreements and to impose professional discipline on such nurses when failing to comply with agreement terms.⁸

Background on consult agreements

Existing law authorizes one or more pharmacists and one or more physicians to enter into a written consult agreement under which a pharmacist manages drug therapy for a physician's patient. Before entering into a consult agreement, all of the following conditions must be met:

- The physician must have ongoing physician-patient relationship with the patient whose drug therapy is being managed;
- The diagnosis for which the patient has been prescribed drug therapy must be within the scope of practice of the physician's practice;

² R.C. 4729.39(D)(1)(b)(i).

³ R.C. 4729.39(D)(1)(b)(ii).

⁴ R.C. 4729.39(B)(3).

⁵ R.C. 4729.39(B)(2).

⁶ R.C. 1751.91, 3923.89, and 5164.14.

⁷ R.C. 4729.39(E) and 4730.25.

⁸ R.C. 4729.39(E) and 4723.28.

- The pharmacist must have training and experience related to the particular diagnosis for which drug therapy is prescribed.⁹

Once a consult agreement is entered into, it is effective for two years, unless terminated by the pharmacist, physician, or patient, and it may be renewed.¹⁰

Under a consult agreement, a pharmacist may do all of the following to manage drug therapy for a patient's disease or diagnosis: (1) adjust a drug's dosage, strength, and frequency of administration, (2) change the duration of treatment with a drug therapy, (3) administer a drug, (4) discontinue a drug's use, and (5) add a drug to the patient's drug therapy.¹¹ And, as noted above, current law also allows the pharmacist to order and evaluate blood and urine tests related to the drugs being managed.

HISTORY

Action	Date
Introduced	04-20-20
Reported, S. Local Gov't, Public Safety & Veterans Affairs	05-06-20
Passed Senate (33-0)	05-06-20

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⁹ R.C. 4729.39(C).

¹⁰ R.C. 4729.39(D).

¹¹ R.C. 4729.39(D).