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H.B. 629
136th General Assembly

Bill Analysis

Version: As Introduced

Primary Sponsors: Reps. Barhorst and Gross

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SUMMARY

- Authorizes a pharmacist to provide treatment and related services for specified health conditions to individuals aged 13 and over, including ordering tests, interpreting test results, and prescribing drugs.
- Requires the pharmacist to act in accordance with a protocol that (1) is established by a physician, advanced practice registered nurse, or physician assistant and (2) meets the bill's conditions.
- Authorizes a pharmacist to prescribe and administer a tuberculin purified protein derivative product to a patient to screen for tuberculosis, but only if certain conditions are met, and in the case of a positive test result, requires the pharmacist to report the confirmed case.
- Includes advanced practice registered nurses and physician assistants in the existing law requiring physicians to report confirmed or suspected cases of tuberculosis.
- Requires private insurers to pay or reimburse a pharmacist for any health care service provided in accordance with the bill.
- Makes conforming changes in the law governing the licensure and regulation of pharmacists.
- Names the act the "Pharmacist Prescribing Authority Act."

DETAILED ANALYSIS

Pharmacist authority to provide treatment and related services for specified health conditions

H.B. 629 authorizes a pharmacist to provide treatment and related services to an individual aged 13 and over for certain health conditions, if provided in accordance with a

protocol established by a health care provider who is a physician, advanced practice registered nurse, or physician assistant.¹ In providing treatment and related services under the bill, a pharmacist may do any of the following:

- Order or perform laboratory or diagnostic tests or screenings;
- Evaluate or interpret test or screening results, but only if the pharmacist ordered or performed the test or screening;
- Prescribe drugs and drug therapy related devices, other than controlled substances.²

Health conditions

The bill limits a pharmacist's treatment to the following health conditions: bronchitis; COVID-19; HIV prevention; influenza; lice; pharyngitis caused by group A Streptococcus; sinusitis; skin conditions, including ringworm and athlete's foot; urinary tract infections; and any other minor or generally self-limiting condition specified in the protocol established by a health care provider.³

Ordering or performing tests or screenings

Before a pharmacist may order or perform a test or screening under the bill, the pharmacist must receive – in accordance with Board of Pharmacy rules – appropriate training regarding that test or screening. Tests are limited to those that guide clinical decision-making and qualify under federal law for a U.S. Centers for Medicare and Medicaid Services waiver.⁴ Screenings are limited to those specified in Pharmacy Board rules.⁵

The bill authorizes a pharmacist to delegate technical and administrative tasks associated with performing such a test to any of the following under the pharmacist's supervision: a pharmacy intern, registered pharmacy technician, or certified pharmacy technician.⁶

Prescribing drugs and drug therapy related devices

The bill establishes three limits on a pharmacist's prescriptive authority. First, as noted above, it prohibits a pharmacist from prescribing a controlled substance. Second, for the treatment of athlete's foot, a pharmacist may prescribe only a drug that is administered topically. Third, in the case of pharyngitis, a pharmacist must first order or perform a diagnostic test before prescribing a drug and drug related device to treat the condition.⁷

¹ R.C. 4729.21.

² R.C. 4729.21(C).

³ R.C. 4729.21(B).

⁴ 42 United States Code 263a.

⁵ R.C. 4729.21(D)(1).

⁶ R.C. 4729.21(D)(2).

⁷ R.C. 4729.21(C)(1)(c) and (2)(a) to (b).

Existing law clarification

In granting a pharmacist authority to provide treatment and related services for specified health conditions, the bill describes that authority as an alternative to the existing law authority of a pharmacist to (1) order and administer diagnostic tests for COVID-19 and COVID-19 antibodies and (2) manage a patient's drug therapy under a consult agreement entered into with a physician, advanced practice registered nurse, or physician assistant.⁸

Protocol

The bill sets requirements for pharmacist protocols established by physicians, advanced practice registered nurses, or physician assistants. First, the health care provider who establishes the protocol must practice primarily within the 40-mile radius of the pharmacy where the protocol will be implemented.⁹ Once the protocol is established, the health care provider may authorize one or more pharmacists to use the protocol for the purpose of treating health conditions under the bill.

The protocol also must include terms and conditions imposed by the health care provider regarding the treatment and services authorized by the bill, including the following:

- Specific categories of patients the pharmacist is authorized to test or screen;
- Instructions for obtaining relevant patient medical history to identify disqualifying health conditions, adverse reactions, and contraindications to the approved course of treatment;
- Instructions for treatment based on a patient's age, symptoms, and test and screening results, including negative results;
- Requirements related to notifying a patient's primary care provider of the tests and screenings ordered or performed and treatment provided;
- A requirement that the pharmacist provide the patient with written information to advise the patient to seek follow-up care from the patient's primary care provider, or, if the patient does not have a primary care provider, from the health care provider who established the protocol or another primary care provider.¹⁰

The protocol also must include any other requirement or limitation established in Pharmacy Board rules.¹¹

Signage

A pharmacy in which a pharmacist provides treatment and related services under the bill is required to prominently display signage indicating that any patient receiving treatment or

⁸ R.C. 4729.21(H). See also R.C. 4729.42, not in the bill, and 4729.39.

⁹ R.C. 4729.21(E)(1).

¹⁰ R.C. 4729.21(E)(2).

¹¹ R.C. 4729.21(E)(2)(f).

services is advised to seek follow-up care from the patient's primary care provider, or, if the patient does not have a primary care provider, from the health care provider who established the protocol or another primary care provider.¹²

Rulemaking

The Pharmacy Board is required to adopt rules as necessary to implement the bill's provisions, including those regarding training in the performance of tests and screenings. The rules must be adopted in accordance with Ohio's Administrative Procedure Act.¹³

Tuberculosis screening

The bill authorizes a pharmacist acting in good faith to prescribe and administer a tuberculin purified protein derivative product to a patient in order to screen for a tuberculosis infection.¹⁴ The pharmacist's authority is subject to the following conditions:

- The product must be approved by the U.S. Food and Drug Administration;
- The pharmacist must have successfully completed a course on administering the test and interpreting the results, with the course either from the U.S. Centers for Disease Control and Prevention (CDC) or a provider accredited by the Accreditation Council for Pharmacy Education, or a successor organization;
- The pharmacist must agree to follow CDC recommendations for Mantoux tuberculin skin testing;
- The pharmacist must maintain documentation of test results in the pharmacy's records and agree to make a copy of test results available to the patient upon request.¹⁵

Positive test results

In the event of a positive test result, the pharmacist must coordinate a timely referral to the patient's primary care provider, if applicable, or to a health care provider or clinic located within a 40-mile radius of the patient's residence for further diagnostics and follow-up care. The pharmacist also must report the confirmed case in accordance with existing law governing tuberculosis reporting to county or district tuberculosis control units.¹⁶

Insurance reimbursement

The bill requires health insuring corporations, multiple employer welfare arrangements, public employee benefit plans, and sickness and accident insurers to provide payment or reimbursement to a pharmacist for providing a health care service to a patient as authorized by

¹² R.C. 4729.21(F).

¹³ R.C. 4729.21(G) and Chapter 119, not in the bill.

¹⁴ R.C. 4729.211.

¹⁵ R.C. 4729.211(A).

¹⁶ R.C. 4729.211(B) and 339.78.

the bill.¹⁷ This requirement depends on whether the patient’s policy or plan provides for the service’s payment or reimbursement when provided by a prescriber. The requirement applies only to policies or plans delivered, modified, or renewed on or after the bill’s effective date.¹⁸

Advanced practice registered nurse and physician assistant tuberculosis reporting

The bill includes advanced practice registered nurses and physician assistants in the law requiring physicians to report confirmed or suspected cases of tuberculosis to county or district tuberculosis control units.¹⁹

Corresponding changes

In authorizing a pharmacist to provide treatment and related services for specified health conditions and prescribe and administer tuberculin purified protein derivative products, the bill makes corresponding changes to the law governing the licensure and regulation of pharmacists.²⁰

HISTORY

Action	Date
Introduced	12-11-25

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¹⁷ R.C. 1739.05, not in the bill, R.C. 1751.91(B), and 3923.89(B).

¹⁸ Section 3.

¹⁹ R.C. 339.78 and 339.781.

²⁰ R.C. 4729.01 and 4729.39.