OHIO LEGISLATIVE SERVICE COMMISSION

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S.B. 230
136th General Assembly

Bill Analysis

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Version: As Passed by the Senate

Primary Sponsor: Sen. Romanchuk

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SUMMARY

- Authorizes a pharmacist to conduct screenings, order and administer laboratory and diagnostic tests, evaluate the results of screenings and tests, and provide treatment to people who are at least five years old for specified health conditions.
- Requires the State Board of Pharmacy to develop a protocol for pharmacists to use when providing these services.
- Requires coverage of these pharmacist services by health insurers and Medicaid.
- Requires, instead of permits as under current law, health insurers and Medicaid to cover the management of drug therapy under a consult agreement, administration of immunizations, and administration of specific injected drugs when done by a pharmacist.

DETAILED ANALYSIS

Pharmacist treatment of respiratory conditions

S.B. 230 permits pharmacists to conduct screenings, order and administer laboratory and diagnostic tests, evaluate the results of those screenings and tests, and provide treatment to people who are at least five years old for the following health conditions:

- Influenza;
- Pharyngitis (throat inflammation) caused by group A Streptococcus bacteria – a condition commonly known as strep throat;
- COVID-19.[1]

[1] R.C. 4729.393(A).

Under the bill, pharmacists are authorized to engage in these activities only when working in accordance with a statewide written protocol established by the State Board of Pharmacy.[2]

In addition to the bill's new authority, a pharmacist may continue to manage drug therapy for the treatment of certain conditions and order laboratory and diagnostic tests when working under a consult agreement with a physician, physician assistant, clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner. A pharmacist may also continue to order and administer diagnostic tests for COVID-19 and tests for COVID-19 antibodies.[3]

Screening and testing

To conduct screenings and order and administer laboratory and diagnostic tests, a pharmacist may use any established procedures that can safely be performed by a pharmacist. The pharmacist is permitted to use any tests that qualify for a waiver under the Clinical Laboratory Improvement Amendments of 1988, a federal law that established quality standards for clinical laboratory testing. Tests that qualify for a waiver are simple and have an insignificant risk of giving incorrect results.[4] A pharmacist may delegate technical and administrative tasks associated with screening and testing to a pharmacy intern, registered pharmacy technician, or certified pharmacy technician working directly under the supervision of the pharmacist.[5]

Initiating drug therapy

When providing treatment under the statewide protocol, a pharmacist may initiate drug therapy. The bill specifies that this authority is granted even though a pharmacist is not otherwise described in statute as being a health professional authorized to prescribe drugs.[6]

Statewide written protocol

The bill requires the Pharmacy Board to develop a protocol that must be followed by a pharmacist when providing treatment and related services. The protocol must include all of the following:[7]

- Specific categories of patients a pharmacist is authorized to test or treat;
- Instructions for obtaining relevant patient medical history to identify disqualifying health conditions, adverse reactions, and contraindications;
- Instructions for treatment based on a patient's age, symptoms, and test and screening results;

[2] R.C. 4729.392(A).

[3] R.C. 4729.392(E); see R.C. 4729.39 and 4729.42, not in the bill.

[4] 42 United States Code (U.S.C.) 263a.

[5] R.C. 4729.392(B).

[6] R.C. 4729.392(C); see R.C. 4729.01(I).

[7] R.C. 4729.393(A).

- Requirements for notifying a patient's primary care provider;
- Clinical criteria requiring referral to a physician or other provider;
- Dangerous drugs authorized as the approved course of treatment for specific conditions;
- Any other provisions the Pharmacy Board considers appropriate.

Before finalizing the protocol, the Pharmacy Board must submit a draft to the State Medical Board for review. The Medical Board has 60 days to submit written comments. If no comments are received, the Pharmacy Board must proceed with finalizing the protocol. If comments are received, the Pharmacy Board must review them before finalizing the protocol and submit an explanation to the Medical Board regarding comments that are not incorporated or otherwise addressed in the protocol. The protocol is finalized when signed by the Pharmacy Board President. It must be reviewed by the Pharmacy Board every two years and revised as necessary.

The Pharmacy Board, through electronic communication, is required to inform all individuals licensed by the Board when the initial or a revised protocol is finalized. The Board is additionally required to maintain a copy of the current protocol on its website.[8]

Immunity from liability

The bill establishes that the Pharmacy Board and Medical Board are not liable in damages in a civil action for injury, death, or loss to person or property allegedly arising from the use of the protocol, unless an act or omission by the applicable board in developing, commenting on, revising, or finalizing the protocol constitutes willful or wanton misconduct.[9]

Rulemaking

The bill permits the Pharmacy Board to adopt rules to implement the bill's provisions regarding testing and treatment by pharmacists. Any such rules must be adopted in accordance with the Administrative Procedure Act (R.C. Chapter 119).[10]

Insurance and Medicaid coverage

Current law permits health insuring corporations, sickness and accident insurers, public employee benefit plans, and Medicaid, including Medicaid managed care plans, to cover the following services provided by pharmacists: (1) management of drug therapy under a consult agreement, (2) administration of immunizations, and (3) administration of specific drugs by injection. This coverage is only required if the insurer covers those services generally. The bill makes this coverage mandatory, and additionally requires the coverage of the screenings, laboratory and diagnostic tests, evaluation of those tests, and treatment by pharmacists

[8] R.C. 4729.393.

[9] R.C. 4729.393(E).

[10] R.C. 4729.392(D).

authorized by the bill. The coverage must be provided in the same manner as coverage of equivalent services by other health care providers.[11]

ERISA considerations

For health insurers, the bill exempts its requirement to cover pharmacist-provided services from an existing Ohio law that otherwise could prevent the coverage from being applied to some health benefit plans. Under that law, a new mandated health benefit cannot be applied until it has been determined that the coverage can be applied fully and equally to employee benefit plans that are subject to the federal Employee Retirement Income Security Act of 1974 (ERISA). The determination is to be made by the Superintendent of Insurance through a hearing conducted under the Administrative Procedure Act.[12] In general, ERISA preempts state law in the area of employee benefit plans, including employer-sponsored health insurance.[13]

HISTORY

Action	Date
Introduced	07-07-25
Reported, S. Health	06-10-25
Passed Senate (31-2)	06-10-25

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[11] R.C. 1751.91, 3923.89, 4729.01, 5164.14, and 5167.051.

[12] R.C. 3901.71, not in the bill.

[13] See 29 U.S.C. 1144(a).