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Office of Research and Drafting

Legislative Budget Office

S.B. 230
136th General Assembly

Fiscal Note & Local Impact Statement

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Version: As Passed by the Senate

Primary Sponsor: Sen. Romanchuk

Local Impact Statement Procedure Required: No

Robert Meeker, Senior Budget Analyst, and other LBO staff

Highlights

- The State Board of Pharmacy will see a minimal increase in administrative costs to develop and review a statewide protocol to oversee the provision of treatment for certain health conditions by pharmacists on an ongoing basis. The State Medical Board will see a minimal at most increase in administrative costs to review and provide comment on the protocol developed by the Board of Pharmacy.
- The bill's requirement for Ohio's Medicaid Program to cover specified services provided by pharmacists, as opposed to the permitted coverage specified in current law, may create new costs for the Ohio Department of Medicaid.
- The bill has no direct fiscal effect on local subdivisions.

Detailed Analysis

The bill requires the Board to develop a statewide protocol and also makes certain provisions concerning health insurance and Medicaid coverage. Under the new protocol a pharmacist is permitted to conduct screenings, order and administer laboratory and diagnostic tests, evaluate the results of those screenings and tests, and provide treatment for influenza, pharyngitis (i.e., strep throat), and COVID-19.

Protocol development and oversight

The State Board of Pharmacy will see a minimal increase in administrative costs to develop and regularly review a statewide protocol in consultation with the State Medical Board as required under the bill, including requirements to inform all individuals licensed by the Board when the initial or a revised protocol is finalized and to maintain a copy of the current protocol

on its website. The State Board of Pharmacy will also incur minimal annual costs to oversee the new authority being granted to pharmacists on an ongoing basis.

The State Medical Board will see a minimal at most increase in administrative costs to review and provide written comment on the protocol developed by the State Board of Pharmacy before its finalization.

A pharmacist that fails to follow the procedures regarding treatment would be subject to the State Board of Pharmacy's disciplinary procedures. The disciplinary actions the Board may take include revoking, suspending, limiting, or refusing to renew the pharmacist's license; placing the license holder on probation; or imposing a monetary penalty or forfeiture not to exceed $1,000. Any money collected is credited to Fund 4K90, the Occupational Licensing and Regulatory Fund. It is expected that most, if not all, pharmacies and pharmacists generally will comply with the bill's requirements and Board rules making any disciplinary actions by the Board infrequent.

Insurance and Medicaid coverage

The bill requires health insurers and the state's Medicaid Program to provide payment or reimbursement to pharmacists for specified health care services, including screenings, laboratory and diagnostic tests, treatments for some specified respiratory health conditions, the management of drug therapy under a consult agreement, the administration of immunizations, and the administration of specific injected drugs. The bill requires health insurers and the state's Medicaid Program to cover these services provided by a pharmacist in the same manner as coverage of equivalent services by other health care providers, as long as the patient's policy, contract, or agreement includes coverage of that type of health care services. Under existing law, health insurers and Medicaid are allowed to provide payment or reimbursement for services provided by a pharmacist under certain situations.

The shift from permissive coverage of these health care services to required coverage by the state's Medicaid Program may create new costs for the Ohio Department of Medicaid, to the extent the required coverage increases payments or reimbursements. As the coverage is already permitted by current law, any increases may be minimal.

The bill includes a provision that exempts its provisions from a mandated health benefits requirement under continuing law.[1] Health insurers apply to health insuring corporations (HICs), sickness and accident insurers, and public employee benefit plans.

The bill's requirement has no direct fiscal effect to the state and local governments' health benefit plans.

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[1] Under current law, no mandated health benefits legislation enacted by the General Assembly may be applied to sickness and accident or other health benefits policies, contracts, plans, or other arrangements until the Superintendent of Insurance determines that the provision can be applied fully and equally in all respects to employee benefit plans subject to regulation by the federal Employee Retirement Income Security Act of 1974 (ERISA) and employee benefit plans established or modified by the state or any political subdivision of the state.