



## State of Ohio Board of Pharmacy - Testimony on Ohio HB 341

June 9, 2020

Chair Burke, Vice Chair Huffman, Ranking Member Antonio, and members of the Senate Health, Human Services and Medicaid Committee thank you for the opportunity to provide testimony on HB 341. My name is Cameron McNamee and I am the Director of Policy and Communications for the State of Ohio Board of Pharmacy (Board).

The Board is submitting proponent testimony on behalf of HB 341 and one amendment that the committee will review and consider today. We appreciate the important work done by Representative Ginter to expand access to medication assisted treatment to promote positive treatment outcomes for individuals suffering from opioid-use disorder (OUD).

The amendment before the Committee today also seeks to assist individuals who may be suffering from OUD by increasing access to the lifesaving drug naloxone. Naloxone (Narcan®) is a prescription medication that can reverse an overdose that is caused by an opioid drug. When administered during an overdose, naloxone blocks the effects of opioids on the brain and restores breathing. It has no potential for abuse and if it is given to a person who is not experiencing an opioid overdose, it is harmless.

To expand access to this important medication, the amendment does the following:

### **1) Removes the requirement for a Board of Pharmacy license to distribute naloxone.**

- Currently, entities seeking to personally furnish naloxone (i.e. distribute under prescriber protocol) must obtain a terminal distributor of dangerous drugs (TDDD) license from the Board of Pharmacy. However, entities that store naloxone to administer in an emergency (referred to in the ORC as "service entities") are exempted from the requirement to obtain a TDDD license.
- Obtaining a TDDD requires having a healthcare provider (DO/MD, APRN, RN) as the responsible person on the license and payment of a biennial fee (\$320). To reduce any potential barriers, the Board proposes exempting any facility that possess naloxone – either to personally furnish or administer – from licensure as a TDDD. Please note this would still require the facility to have a prescriber approved protocol to distribute or administer the medication.

### **2) Expands who may authorize a protocol for personally furnishing or emergency administration.**

- Currently, the only prescribers who can authorize a protocol to personally furnish or conduct emergency administration of naloxone are physicians. Even though nurse practitioners and



physician assistants may issue a prescription or personally furnish the drug, they are not permitted to sign a protocol.

- Expanding the number of prescribers who may authorize a protocol further reduces any possible barriers to the community distribution of the naloxone.

### **3) Expands access to naloxone in public locations.**

- The Board has been approached by entities seeking to install naloxone for emergency use similar to the use of AEDs. Unlike an AED, naloxone is a drug and is subject to expiration and needs to be stored out of direct sunlight and at proper temperatures (for example, it can freeze).
- The amendment permits the use of these emergency naloxone kits or boxes in public locations but requires the entity installing/maintaining the naloxone to hold a TDDD license from the Board of Pharmacy. An example of an emergency kit/box is included as an attachment to my testimony.
- Requiring the emergency kits/boxes be connected to an organization holding a Board of Pharmacy license will make sure there is a party responsible for maintaining the integrity of the drug and ensuring that used or expired naloxone is replaced. The Board does not anticipate that the requirement to maintain a license will serve as a barrier because the entities who have contacted the Board regarding emergency naloxone kits all have existing TDDD licenses (hospitals, health departments, fire departments, etc.) for purposes other than naloxone.

### **4) Add civil liability protections for laypersons administering naloxone.**

- When naloxone administration for lay persons was authorized several years ago, the law did not include civil liability protections for those lay persons administering the drug to an individual experiencing an overdose. While no one has been sued for using naloxone in an emergency situation, the law does not offer the same civil protections for individuals as it does for law enforcement, physicians authorizing protocols, service entities, and for the emergency administration of other drugs by lay persons (such as epinephrine and asthma inhalers).
- It is also helpful to note that protections against civil damages have been incorporated into subsequent naloxone laws adopted by the General Assembly following the authorization of lay person administration (ORC 4729.44, 4729.511, 4729.514, etc.).
- To avoid the possibility of a civil lawsuit having any chilling effect, the amendment adds civil liability protections for lay persons administering naloxone.

On behalf of the State of Ohio Board of Pharmacy, I thank you for the opportunity to provide testimony and offer support on the proposed amendment to Ohio HB 341. We believe the commonsense provisions included in the amendment language will help save lives. I am happy to answer any questions from the Committee at this time.

## Attachment 1. Example of Emergency Naloxone Kit/Box

