



# Ohio Legislative Service Commission

## Bill Analysis

Brian D. Malachowsky

### **S.B. 105**

130th General Assembly  
(As Introduced)

**Sens.** Kearney, Lehner, Seitz

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## **BILL SUMMARY**

### **Naloxone programs**

- Authorizes local boards of health to establish programs to make intranasal naloxone, a drug used to counteract opioid overdose, available to individuals who are at risk of overdose and to others with personal relationships with such individuals.
- Requires a board of health that conducts an intranasal naloxone program to provide for training of individuals who will receive naloxone and issue a certificate to each individual who successfully completes the training.
- Requires the Director of the Ohio Department of Health to establish standards for naloxone program training and to maintain a list of individuals who have received certificates for completing the training.

### **Health care professionals**

- Authorizes physicians and other health care professionals who are authorized to prescribe drugs to personally furnish or prescribe naloxone for an individual the professional has not examined.
- Authorizes first responders and emergency medical technicians to administer naloxone and requires first responders and all emergency medical technicians to complete a course on naloxone administration.

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## CONTENT AND OPERATION

### Naloxone

Naloxone hydrochloride, commonly known by the trade name Narcan, is a drug that reverses the effects of opioids. An opioid is any one of a group of substances that bind to opioid receptors to produce pharmacological and physiological effects similar to those of morphine.<sup>1</sup> Opioids are not necessarily structurally similar to morphine, although a subgroup of opioids, the opiates, are morphine-derived compounds.<sup>2</sup> When an individual overdoses on opioids, the brain's trigger to breathe is effectively turned off and respiration ceases. Naloxone displaces opioid molecules within the brain, causing the individual to return to normal respiration. In the United States, this drug requires a prescription.<sup>3</sup>

Naloxone has been approved by the federal Food and Drug Administration for intramuscular, intravenous, and subcutaneous administration. The distribution programs authorized by the bill require naloxone to be administered through a nasal spray, rather than injection.<sup>4</sup> Employing a nasal atomizer is a common "off label" use of naloxone; for example, the naloxone distribution pilot program in Scioto County uses nasal spray.<sup>5</sup>

### Naloxone programs

The bill authorizes the board of health of a city or general health district to establish a naloxone distribution program. The bill also gives this authority to an entity that has the authority of a board of health under a city charter.

A program established under the bill is authorized to provide access to intranasal naloxone to individuals who either have a personal relationship with an individual at risk of overdosing on opioids or are themselves at risk of overdose. The board that conducts a distribution program must provide training in accordance with rules

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<sup>1</sup> Kim, Daniel; Irwin, Kevin S.; and Khoshnood, Kaveh. "Expanded Access to Naloxone: Options for Critical Response to the Epidemic of Opioid Overdose Mortality" *Am. J. Pub. Health* (March 2009) (last visited June 10, 2013), available at <<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2661437/>>.

<sup>2</sup> "Opioid," Oxford Dictionary of Biology (2012).

<sup>3</sup> Kim, Irwin, and Khoshnood.

<sup>4</sup> R.C. 3709.42

<sup>5</sup> *Project D.A.W.N. (Deaths Avoided With Naloxone) Overdose Reversal Project* (last visited June 10, 2013), available at <<http://www.odh.ohio.gov/sitecore/content/HealthyOhio/default/vipp/drug/~media/11A4765509B74405BF6CE39954AF0AF6.ashx>>.

adopted by the Director of the Ohio Department of Health to individuals who receive naloxone on the basis of personal relationships with individuals who are at risk of overdose. The board may directly provide the training or provide it through another entity. A physician; an advanced practice registered nurse who is a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner and is authorized to prescribe drugs; or a physician assistant with authority to prescribe drugs may prescribe naloxone or personally furnish it to participants.<sup>6</sup> The board may charge participants for training, intranasal naloxone, and supplies.

The board or entity providing training must issue a certificate to each individual who successfully completes the training.<sup>7</sup> To receive a prescription or be furnished naloxone to administer to another, an individual must present the certificate as evidence of the training.<sup>8</sup> The board or entity providing the training must report the names of individuals who have been issued certificates to the Department of Health.

### **Ohio Department of Health duties**

The bill requires the Director of Health to adopt rules specifying what constitutes the training necessary for the safe and proper administration of intranasal naloxone by an individual who is not otherwise legally authorized to administer it. The rules must create the certificate for individuals who successfully complete the training required by the bill. The rules must be adopted in accordance with the Administrative Procedure Act (R.C. Chapter 119.), which requires public notice and hearings on proposed rules.

The bill requires the Department to create and maintain a list of individuals who have received naloxone training certificates. The Department, on request, must make the names on the list available to boards of health and health care professionals authorized to prescribe, furnish, or dispense naloxone.

### **Medical records**

The bill establishes the identity of a certificate holder as a "medical record," which exempts it from Ohio's public records access law.<sup>9</sup> The bill also grants a certificate holder access to a copy of the record.<sup>10</sup>

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<sup>6</sup> R.C. 4723.481(F), 4730.43(B), and 4731.94.

<sup>7</sup> R.C. 3709.42.

<sup>8</sup> R.C. 4723.488, 4730.431, and 4731.94.

<sup>9</sup> R.C. 3701.138. See R.C. 149.43, not in the bill.

<sup>10</sup> R.C. 3701.74.

## Health care professionals

### Prescribers

The bill creates a limited exception to the requirement that the treating health care professional personally examine the intended recipient of a prescribed drug. If an individual has received a naloxone training certificate, a physician, or an advanced practice registered nurse or physician assistant who is authorized to prescribe drugs, may prescribe or personally furnish intranasal naloxone for an individual to administer to another individual with whom the individual has a personal relationship.<sup>11</sup>

The bill also specifically authorizes a pharmacist to fill a naloxone prescription issued to an individual who has a personal relationship with an individual at risk of an opioid overdose even though the individual at risk has not been seen by the prescribing physician, advanced practice registered nurse, or physician assistant.<sup>12</sup>

### Emergency medical services

The bill authorizes first responders and all levels of emergency medical technicians (EMTs) to administer naloxone to individuals suspected of opioid overdose.<sup>13</sup> It requires the State Board of Emergency Medical Services to adopt rules establishing procedures for conducting courses in recognizing symptoms of a possible life-threatening opioid overdose and the proper administration of naloxone to that patient.<sup>14</sup> Like other rules of the Board, the rules must be adopted in accordance with the Administrative Procedure Act.

Naloxone training is required by the bill for future first responders and EMTs.<sup>15</sup> First responders and EMTs who are currently certified are required to complete naloxone training not later than three years after the bill's effective date.<sup>16</sup> The training may count toward continuing education requirements.

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<sup>11</sup> R.C. 4723.488, 4730.431, and 4731.94.

<sup>12</sup> R.C. 4729.282.

<sup>13</sup> R.C. 4765.35 and 4765.37.

<sup>14</sup> R.C. 4765.11.

<sup>15</sup> R.C. 4765.16.

<sup>16</sup> R.C. 4765.161.



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## HISTORY

ACTION

DATE

Introduced

04-10-13

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