



Ohio Legislative Service Commission

Jacquelyn Schroeder

Fiscal Note & Local Impact Statement

Bill: [Sub. H.B. 314 of the 130th G.A.](#)

Date: May 30, 2014

Status: As Passed by the Senate

Sponsor: Reps. Baker and Kunze

Local Impact Statement Procedure Required: No

Contents: Requires a prescriber to obtain written informed consent from a parent, guardian, or another adult authorized to consent to the minor's medical treatment before issuing for the minor a prescription for a controlled substance containing an opioid, makes changes regarding the disclosure of medical and confidential information to child fatality review boards and fetal and infant mortality review teams, and makes changes regarding methadone clinic licenses

State Fiscal Highlights

- The Dental Board, the Board of Nursing, the Medical Board, and the Board of Optometry may all experience an increase in costs related to investigations and disciplinary action for licensees who violate the provisions of the bill.
- The Board of Nursing and the Board of Optometry could experience a gain in revenue related to disciplinary fines under current law that may be imposed for violations of the bill.
- The Ohio Department of Mental Health and Addiction Services may experience an increase in costs to determine whether a location to be used as a methadone clinic is within 500 feet of a school or child day-care center, and to issue a declaration or notice to the provider stating whether the location is in compliance.

Local Fiscal Highlights

- No direct fiscal effect on political subdivisions.

Detailed Fiscal Analysis

Parental consent for minor's opioid prescriptions

The bill requires a prescriber to obtain written informed consent from a parent, guardian, or another adult to whom the minor's parent or guardian has given written authorization to consent to the minor's medical treatment before issuing a prescription for a controlled substance that contains an opioid to a minor. The informed consent must be recorded on a form separate from any other document the prescriber uses and included in the patient's medical record. This consent form shall be known as the "Start Talking!" consent form. In addition to obtaining informed consent, the prescriber must assess whether the minor has suffered from mental health or substance abuse disorders and whether the minor has or is currently taking prescription drugs for those disorders. The prescriber must also discuss with the minor and the minor's parent or guardian about the risk of addiction and dangers of taking controlled substances containing an opioid with central nervous system depressants. A statement certifying that the prescriber had this discussion with the minor and minor's parent, guardian, or other adult authorized to consent to medical treatment must be present on the informed consent form.

If the individual who signs the consent form is another adult authorized to consent to the minor's medical treatment, the prescriber is required to limit a prescription of a controlled substance containing an opioid to not more than a single, 72-hour supply.

The bill specifies that informed consent is not required in a medical emergency or when treatment is associated with surgery. Provisions of the bill regarding a minor's treatment are not required if, in the prescriber's professional judgment, they would be a detriment to the minor's health or safety. The bill also provides an exemption for when treatment is provided in a hospital, ambulatory surgical facility, nursing home, pediatric respite care program, residential care facility, freestanding rehabilitation facility, or similar institutional facility, as well as for when prescriptions are issued at the time of discharge from any of these facilities. However, this particular exemption does not apply when treatment is rendered in a prescriber's office located on the premises or adjacent to any of the above-mentioned facilities.

Licensees of the Dental Board, the Board of Nursing, the Medical Board, and the Board of Optometry are subject to disciplinary action from their respective boards for failing to comply with the provisions of the bill. The specified boards may experience an increase in costs for investigations and disciplinary action. The Medical Board anticipates investigation costs to include subpoena costs, enforcement attorney costs, the cost of a hearing examiner, a court reporter, and Board deliberations. Investigation costs for the boards are likely to be minimal to negligible. However, any investigation costs for the Board of Nursing and the Board of Optometry may be offset by

disciplinary fines that these boards may impose. Any fines collected by the Board of Nursing or the Optometry Board would be deposited in the Occupational Licensing and Regulatory Fund (Fund 4K90).

Child fatality review boards and fetal and infant mortality review teams

The bill permits child fatality review boards to disclose confidential information to a fetal and infant mortality review team. The bill also requires health care entities that provided services to the mother of a child one year of age or younger whose death is being reviewed by a child fatality review board to submit to the review board, on the board's request, a summary sheet of information from the mother's medical record. Public hospitals may experience a negligible increase in administrative costs to provide this information upon the request of a board.

Methadone clinic licenses

The bill requires the Ohio Department of Mental Health and Addiction Services (OMHAS), once a license for a methadone clinic is issued, to disregard a provision of current law which prohibits a methadone clinic from being located within 500 feet of a school or child day-care center when determining whether to renew, withdraw, revoke, or whether to reissue a license as a result of a change in ownership.

The bill also requires OMHAS, once a community addiction services provider that has purchased or leased real property has applied to OMHAS to use the location as a methadone treatment program, to determine whether there is a school or child day-care center within 500 feet of the location. If there is not, OMHAS must issue a declaration that the location is in compliance, which is valid for one year and shall be extended for up to two six-month periods upon application by the provider. OMHAS must provide to the provider either a copy of the declaration or a notice stating that the location is not in compliance. If a provider applies for a license to maintain a methadone treatment program or a license due to relocation before the expiration of the declaration and any extensions, OMHAS shall not consider the requirement that prohibits a methadone clinic from being located within 500 feet of a school or child day-care center in determining whether to grant the license.

OMHAS may experience an increase in costs to determine whether a location to be used as a methadone clinic is within 500 feet of a school or child day-care center, and to issue a declaration or notice to the provider stating whether the location is in compliance.