



# Ohio Legislative Service Commission

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## Fiscal Note & Local Impact Statement

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**Bill:** [Sub. H.B. 170 of the 130th G.A.](#)      **Date:** February 19, 2014  
**Status:** As Reported by Senate Medicaid, Health & Human Services      **Sponsor:** Reps. Johnson and Stinziano

**Local Impact Statement Procedure Required:** No

**Contents:** Allows an individual to administer naloxone to a person who is experiencing an opioid-related overdose without being subject to criminal prosecution, ensures English proficiency in licensed practitioners of Oriental medicine and acupuncture, permits nurses seeking prescriptive authority to complete a portion of their study through Internet-based study, and declares an emergency

### State Fiscal Highlights

- No direct fiscal effect on the state.

### Local Fiscal Highlights

- The bill allows local law enforcement officials to administer naloxone in the case of an apparent drug overdose. Local law enforcement may realize a minimal increase in costs to purchase naloxone kits and provide any necessary training associated with administering naloxone. The bill declares an emergency; therefore, any costs associated with the bill may begin to accumulate immediately after the bill is enacted.

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## Detailed Fiscal Analysis

The bill allows a licensed health professional to prescribe naloxone, without being subject to administrative action or criminal prosecution, to individuals who are in a position to assist a person who is at risk of experiencing an opioid-related overdose. Licensed health professionals must inform these individuals that they are required to call emergency services (when possible) either immediately before or after administering naloxone to an individual who is experiencing an opioid-related overdose. The bill permits these individuals to administer naloxone intranasally without being subject to criminal prosecution for a drug offense or practicing medicine without a license, as long as an attempt is made to call emergency services and as long as the naloxone was obtained from a licensed health professional. Additionally, law enforcement officials may administer naloxone without being subject to administrative action or criminal prosecution, provided that these individuals obtain the naloxone from their law enforcement agency.

Local law enforcement agencies may experience a minimal increase in costs associated with the purchase of naloxone kits, which are approximately \$20 each. These organizations may also realize a minimal increase in costs for training associated with administering naloxone intranasally or by an auto-injector.

The bill requires naloxone distributors to prioritize the sale, distribution, and delivery of naloxone to hospitals, emergency medical service organizations, and urgent care centers, but does not establish priority among the listed entities. Naloxone distributors who comply with the bill's provisions are not subject to civil, criminal, or professional disciplinary action.

### **Board of Nursing and State Medical Board**

The bill allows certain advance practice nurses in other jurisdictions or working for the federal government, when applying for a certificate to prescribe, to complete instruction for prescribing schedule II controlled substances through Internet-based courses instead of planned classroom and clinical instruction courses. This provision is unlikely to result in a change in costs for the Board of Nursing, as the Board currently verifies the completion of training requirements.

The bill also expands the ways in which individuals seeking a certificate to practice as an Oriental medical practitioner or as an acupuncturist may demonstrate their proficiency in English to the State Medical Board of Ohio.

The bill declares an emergency and would go into effect immediately after being enacted; therefore, any costs associated with the bill may begin to accumulate as soon as the bill is enacted.