“I’m Just a Bill.” – Legislation in Ohio

Mary Ann Dzurec, PharmD, BCACP
Clinical Pharmacist, Ambulatory Care, Healthspan
Assistant Professor, Pharmacy Practice, NEOMED
OSHP Legal Affairs Division Chair

Julie Zaucha, RPh
Manager of Pharmacy Operations
Nationwide Children’s Hospital
Objectives

- Explain advocacy, the legislative process and the role of a lobbyist
- Discuss Senate Bill 240 and how it can be implemented
- Describe the current bills before the 130th General Assembly and how they may affect pharmacy practice
Advocate for Pharmacy

- Contact your legislators
  - Call
  - Write
  - Meet in person
  - Attend Town Hall Meetings
  - Volunteer on a Campaign
Advocate for Pharmacy

Who is my legislator?

- www.legislature.state.oh.us
Professional Organizations

- Employees to follow legal affairs or act as lobbyists
- Divisions or committees involved in legal issues
- Political Action Committees
- Tools for member involvement
APhA and OPA

- Health Care Reform – Implementation of the Affordable Care Act
  - CMS Innovation Center
  - Accountable Care Organizations
  - Integrated Care Models
  - Improvements to Medicare Part D MTM
- Revisions to FDA Drug Paradigm (OTC)
- Provider status
- Regulating PBM
ASHP Policy & Positions

- http://www.ashp.org
Ohio Rules Review

- OSHP Legal Affairs has representatives
- Anyone can attend
- May request rules be reviewed
OSHP Role in Legislation

- Legal Affairs Division
- Rules Review
- Position statements
- Discuss with OPA and Board of Pharmacy
- Discuss with other Healthcare Professional organizations
- Discuss with a legislator
- Work with a legislative aide & lobbyist
Search for Legislative Information

http://www.legislature.state.oh.us/search.cfm
## Search for Legislative Information

Welcome to the 130th General Assembly of the State of Ohio.

<table>
<thead>
<tr>
<th>Search for Legislative Information</th>
<th>Laws, Acts, and Legislation</th>
<th>The Ohio House of Representatives</th>
<th>The Ohio Senate</th>
<th>Ohio’s Legislative Agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legislative Schedules</td>
<td>Session Video</td>
<td>Executive &amp; Judicial Branches</td>
<td>About Ohio’s State Government</td>
<td>Education Topics and Legislative Reports</td>
</tr>
</tbody>
</table>

### Quick Access List

- Find Bills by Bill Number
- Find Bills by Sponsor
- Find Resolutions by Number
- Find Resolutions by Sponsor
- Find Bills, Analyses, Symposiums and Fiscal Notes by Keyword
- Browse Special Session Legislation
- Find Acts
- Find Journals
- Find Legislator by Name
- Find Legislator by District
- Find Legislator by Zip Code
- Browse Legislators by Name or District
- Search Ohio Revised Code
- Search Ohio Administrative Code
- Search Ohio Constitution
- Search for Lobbyists

### Search for Legislative Information

All bill searches will be for the current General Assembly session (2013-2014) unless otherwise noted.

#### Find Bills by Bill Number

Find Bills by Bill Number: 240

- House
- Senate
- Both

  - 130th General Assembly (2013-2014)
  - 129th General Assembly (2011-2012)
  - 128th General Assembly (2009-2010)
  - 127th General Assembly (2007-2008)
  - 126th General Assembly (2005-2006)
  - 125th General Assembly (2003-2004)
  - 124th General Assembly (2001-2002)
  - 123rd General Assembly (1999-2000)
  - 122nd General Assembly (1997-1998)

[GO](#)

[Back to Top of Page](#)
Search for Legislative Information

SB 240
As Introduced

View Full Text with Line Numbers
Last Signed
Unofficial

View Publications Associated with this Bill
Bill Analysis
Synopses of Committee Assignments
Conference Committee Synopses
Fiscal Note
Status Report of Legislation
Votes

Bill Sponsors

SENATORS: Burke, Manning, Patton
Other Versions of Bill and Associated Reports
HELP - Field Definitions for this Page

The online versions of legislation provided on this website are not official. Enrolled bills are the final version passed by the Ohio General Assembly and presented to the Governor for signature. The official version of acts signed by the Governor are available from the Secretary of State’s Office in the Continental Plaza, 180 East Broad St., Columbus.

As Introduced

130th General Assembly
Regular Session 2013-2014

S. B. No. 240

Senator Burke

Cosponsors: Senators Manning, Patton

A BILL

To amend sections 4729.01 and 4729.39 of the Revised Code to revise the laws governing pharmacist consult agreements and to authorize a pharmacist to prescribe and administer drugs under a consult agreement.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF OHIO:

Section 1. That sections 4729.01 and 4729.39 of the Revised Code be amended to read as follows:

Sec. 4729.01. As used in this chapter:

(A) "Pharmacy," except when used in a context that refers to the practice of pharmacy, means any area, room, rooms, place of business, department, or portion of any of the foregoing where the practice of pharmacy is conducted.
<table>
<thead>
<tr>
<th>Search for Legislative Information</th>
<th>Laws, Acts, and Legislation</th>
<th>The Ohio House of Representatives</th>
<th>The Ohio Senate</th>
<th>Ohio's Legislative Agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legislative Schedules</td>
<td>Session Video</td>
<td>Executive &amp; Judicial Branches</td>
<td>About Ohio's State Government</td>
<td>Education Topics and Legislative Reports</td>
</tr>
</tbody>
</table>

The online versions of legislation provided on this website are not official. Enrolled bills are the final version passed by the Ohio General Assembly and presented to the Governor for signature. The official version of acts signed by the Governor are available from the Secretary of State's Office in the Continental Plaza, 180 East Broad St., Columbus.

---

**Bill Analyses**

*Analysis - SB 240 - As introduced*
### Status Report of Legislation
#### 130th General Assembly - Senate Bills

**SB 240**
*Primary Sponsor(s):* Burke  
*Subject:* Pharmacist consult agreements-prescribe/ administer drugs under/revise law

<table>
<thead>
<tr>
<th>Abbreviations used in the Status Report</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A - Amended</td>
<td>P - Postponed</td>
</tr>
<tr>
<td>F - Failed to Pass</td>
<td>R - Rereferred</td>
</tr>
<tr>
<td></td>
<td>S - Substitute</td>
</tr>
<tr>
<td></td>
<td>V - Vetoed</td>
</tr>
<tr>
<td></td>
<td>* - Note</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Action by Chamber</th>
<th>Senate</th>
<th>House</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduced</td>
<td>11/18/13</td>
<td></td>
</tr>
</tbody>
</table>

**Committee Assigned**  
Medicaid, Health & Human Services

**Passed 3rd Consideration**

**Further Action**

**To Conference Committee**

**Concurrence**
*Sent to Governor*
*End of 10-day period*
*Governor's Action*
*Effective Date*

**Notes**
Ohio Revised Code (ORC) 4729.39

- Consult Agreement with Physicians
- Authorizes pharmacists to manage drug therapy to the extent of the consult agreement law
- No prescriptive authority
- **Substantially** different requirements for noninstitutional practice
- SB 240 will change this (we hope!)
What Is A Consult Agreement?

- Agreement between physician, pharmacist, and patient
- Authorizes pharmacist to manage patient’s drug therapy
  - To the extent specified in agreement
- Each state law differs in regards to consult agreements
Scope of Practice

## Hospital vs. Non-Hospital

<table>
<thead>
<tr>
<th>Statute Requirement</th>
<th>Hospital</th>
<th>Non-Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policies and procedures</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Qualifications of pharmacist specified</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Consult in writing</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Patient signature</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td># of Supervising physicians</td>
<td>Unlimited</td>
<td>2</td>
</tr>
<tr>
<td># of Pharmacists</td>
<td>Unlimited</td>
<td>2</td>
</tr>
<tr>
<td>Communication with consulting physicians</td>
<td>At regular intervals</td>
<td>Within 48 hours</td>
</tr>
<tr>
<td>Documentation in medical record</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Written report to physician</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>One disease/one drug limitation</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Who can terminate the agreement?</td>
<td>All parties</td>
<td>All parties</td>
</tr>
<tr>
<td>Prescriptive authority</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>
Consult Agreement Settings

- Health-system Inpatient
- Community Pharmacy
- Physician-based Private Practice
- Non-institutional Outpatient Clinic
- Health-system Outpatient Clinic
What Are The Issues?

- **Patient safety** – care delays
- **Optimal care** – multiple drugs
- **Access** – patients receive mostly outpatient care
- **Waste** – electronic medical records vs. paper
Disease Burden in Ohio

- 2010: Greater than 1.1 million Ohio residents have diagnosed/undiagnosed diabetes.
- 2006: Heart disease was the leading cause of death, stroke was the 4th-leading cause of death in Ohio.
- 2003: Greater than 190,000 hospitalizations for heart disease, accounting for $4.8 billion in cost in Ohio.

...and how do Ohioans compare

- Politico Magazine ranks Ohio 35th/50 states overall in strength and wellbeing
  - 37/50 in life expectancy
  - 39/50 in infant mortality
  - 7/50 in obesity
  - 44/50 in overall wellbeing

Politico Magazine.
Is Your Doctor Burned Out? Nearly Half of U.S. Physicians Say They’re Exhausted

<table>
<thead>
<tr>
<th>Specialty</th>
<th>% Reporting Burnout</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency medicine</td>
<td></td>
</tr>
<tr>
<td>General internal medicine</td>
<td></td>
</tr>
<tr>
<td>Neurology</td>
<td></td>
</tr>
<tr>
<td>Family medicine</td>
<td></td>
</tr>
<tr>
<td>Otolaryngology</td>
<td></td>
</tr>
<tr>
<td>Orthopedic surgery</td>
<td></td>
</tr>
<tr>
<td>Anesthesiology</td>
<td></td>
</tr>
<tr>
<td>Obstetrics and gynecology</td>
<td></td>
</tr>
<tr>
<td>Radiology</td>
<td></td>
</tr>
<tr>
<td>Physical medicine and rehabilitation</td>
<td></td>
</tr>
<tr>
<td>Mean burnout among all physicians participating</td>
<td></td>
</tr>
<tr>
<td>General surgery</td>
<td></td>
</tr>
<tr>
<td>Internal medicine subspecialty</td>
<td></td>
</tr>
<tr>
<td>Ophthalmology</td>
<td></td>
</tr>
<tr>
<td>General surgery subspecialty</td>
<td></td>
</tr>
<tr>
<td>Urology</td>
<td></td>
</tr>
<tr>
<td>Psychiatry</td>
<td></td>
</tr>
<tr>
<td>Neurosurgery</td>
<td></td>
</tr>
<tr>
<td>Pediatric subspecialty</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Radiation oncology</td>
<td></td>
</tr>
<tr>
<td>Pathology</td>
<td></td>
</tr>
<tr>
<td>General pediatrics</td>
<td></td>
</tr>
<tr>
<td>Dermatology</td>
<td></td>
</tr>
<tr>
<td>Preventive medicine, occupational medicine, or environmental medicine</td>
<td></td>
</tr>
</tbody>
</table>


The need for and number of pharmacists is rising

- 34% of patients stopped at least one critical prescription after heart attack
- 12% stopped 3 critical prescriptions within 1 month of hospital discharge
- Estimated 690 Ohio pharmacist graduates annually
- Advancing dispensing technology
- **Services will remain unmet or be provided by others**

Progress

- SB 240
- OSHP Legal Affairs Division partnering with OPA and OCCP
- With the partnership and referral of a licensed physician includes:
  - Elimination of paper agreements
  - More than one clinician (pharmacists and physicians)
  - Prescriptive authority including controls
Issues of Concern

- **Opioid prescribing**
  - HB 170 signed into law expanding naloxone access
  - Unintentional drug poisoning became the leading cause of injury death in Ohio beginning in 2007, surpassing motor vehicle crashes
  - From 2000 to 2011, Ohio’s death rate due to unintentional drug poisonings by prescription drugs increased more than 350%
    - 1,765 Ohio deaths in 2011
  - On average approximately five people die each day in Ohio due to drug overdose

Issues of Concern

- Protocols
  - Who oversees the review in the nonphysician-centered practice?
- Midlevel provider referral
  - NPs, PAs, nurse anesthetists
- Payment
- Credentialing
- Communication between RPh and the referring provider and between the patient
Provider Status

- Unilateral support across national pharmacy organizations

- Bipartisan bill, HR 4190, that would amend Title XVIII of the Social Security Act
  - Pharmacists as providers in medically underserved communities

- Provider status
  - Payment for cognitive services (vs dispensing!)
  - Sustainable model for clinical pharmacy services
"Tech Check Tech"

- A certified pharmacy technician checks the work of another certified pharmacy technician for final verification
  - Monitoring in place for pharmacist to ensure quality
- ASHP 2011 Pharmacy Practice Model Initiative recommends the advancement of appropriately educated and trained pharmacy technicians
  - Specifically, assigning more medication distribution tasks including tech check tech services
OSHP Recommendations

- Support technician expansion in institutional settings
- Not supported in settings where there is no healthcare provider between the prescription and the patient
- Technician certification and licensure
- Institutional bedside barcoding
Other Pharmacy Legislation

- HB 44 – Emergency Dispensing
- During a public health emergency – limited dispensing of dangerous drugs w/o a prescription
- Excludes CIIIs and CIIIs
- Passed both House and Senate; signed into law by Governor Kasich
Immunizations

- SB 79 and HB 394 – Immunization Expansion
- Decreases minimum age to 7 years
- All CDC-approved vaccines
- Licensed and certified pharmacists and pharmacy interns
- HB 394 vote pending, SB 79 introduced but no action
Diabetic Shoes

- HB 326 – Diabetic Shoe Fitting
- Exempts pharmacists who complete specified training from the requirement to be licensed by the State Board of Orthotics, Prosthetics, and Ped orthotics
- Passed in House; no companion Senate bill
Brown Bagging

- SB 230 – IV Chemotherapy
- Prohibits dispensing certain non-self-injectable cancer drugs by delivering directly to the patient, the patient's representative, or the patient's private residence
- Excludes institutional or healthcare facilities, hospice, home health care clients or if advance notification has been made
- Passed in the Senate; no companion House bill
Oral Chemotherapy

- SB 99 – Oral Chemotherapy payment; commercial and Medicaid
- Prohibits less favorable coverage for orally administered cancer medication than for IV cancer medications
- Prohibits increasing cost sharing for orally or IV administered cancer medications
- Insurer deemed compliant if cost sharing imposed for orally administered cancer treatments does not exceed $100 per prescription fill
- Insurer exemption if, over a period of at least six months, an increase of more than 1% in premiums for basic health care services is required
- Passed in the Senate; no companion House bill
OARRS

- HB 341 – Mandatory OARRS Check
- Prior to prescribing all opioid or benzodiazepine prescriptions
- Pharmacists exempt
- House vote pending; no companion Senate bill
Thank you!