Sub. H.B. 170
130th General Assembly
(As Passed by the House)


BILL SUMMARY

Naloxone access

- Authorizes a physician or other health care professional who is authorized to prescribe drugs to personally furnish naloxone or issue a prescription for the drug to a friend, family member, or other individual in a position to provide assistance to an individual who there is reason to believe is at risk of experiencing an opioid-related overdose.

- Grants a health care professional who in good faith furnishes or issues a prescription for naloxone immunity from criminal or civil liability or professional disciplinary action for the actions or omissions of the individual to whom the drug is furnished or prescription is issued.

- Requires the health care professional to instruct the individual to whom the drug is furnished or prescription issued to summon emergency services immediately before or immediately after administering the naloxone.

- Grants immunity from criminal liability to a family member, friend, or other individual (except for certain licensed emergency responders) who administers naloxone obtained pursuant to the bill, if the individual summons emergency services.
Grants immunity from administrative action and criminal prosecution to a peace officer acting in good faith who administers naloxone if it is obtained from the law enforcement agency that employs the officer and that agency is licensed as a terminal distributor of dangerous drugs.

Authorizes first responders and emergency medical technicians-basic to administer naloxone under medical directive or after consulting with a physician.

**English proficiency standards**

Establishes additional ways that English proficiency may be demonstrated to the State Medical Board by an applicant for a certificate to practice Oriental medicine or acupuncture.

**Emergency clause**

Declares an emergency.

**CONTENT AND OPERATION**

**Naloxone - background**

Naloxone hydrochloride, commonly known by the trade name Narcan, is a drug that reverses the effects of opioids (such as oxycodone, hydrocodone, and heroin) on the brain. When an individual overdoses on an opioid, the brain's trigger to breathe is effectively turned off and respiration stops. Naloxone displaces the opioid molecules, causing the individual to return to normal respiration. In the United States, naloxone requires a prescription.

Naloxone has been approved by the federal Food and Drug Administration (FDA) for use by intramuscular, intravenous, and subcutaneous administration to reverse opioid overdose and for adjunct use in the treatment of septic shock. The bill's provisions apply only to naloxone administered intranasally or through an autoinjector (similar to an EpiPen) in a manufactured dosage form. Administration using a nasal atomizer is a common "off label" use of naloxone; for example, the Scioto County

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2 R.C. 4723.488(A)(3), 4730.431(A)(3), and 4731.94(B)(3).
naloxone distribution pilot program uses the nasal spray.\(^3\) No autoinjector form has been approved by the FDA.

**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. Under the bill, a physician (including a podiatrist) or an advanced practice registered nurse or physician assistant who is authorized to prescribe drugs may prescribe or personally furnish naloxone for administration to an individual at risk of overdosing on opioids.\(^4\) The drug may be furnished or prescribed to a family member, friend, or other individual in a position to assist an individual who there is reason to believe is at risk of an opioid-related overdose. The prescriber is required to instruct the individual to whom the drug is furnished or prescription issued to summon emergency services immediately before or immediately after administering the naloxone.

**Emergency medical services**

The bill authorizes first responders and emergency medical technicians–basic (EMTs-basic) to administer naloxone to individuals suspected of opioid overdose. First responders and EMTs-basic are authorized to administer naloxone only intranasally and by an autoinjector in manufactured dosage form.\(^5\) In addition, a first responder or EMT-basic may administer naloxone only under (1) the written or verbal authorization of a physician or the cooperating physician advisory board of the emergency medical service organization or (2) an authorization transmitted through a direct communication device by a physician, a physician assistant designated by a physician, or a registered nurse designated by a physician. These authorization requirements, however, do not apply if communications fail.\(^6\)

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\(^4\) R.C. 4723.488, 4730.431, and 4731.94.

\(^5\) R.C. 4765.35(C)(1) and 4765.37(C)(1).

\(^6\) R.C. 4765.35(C)(2) and 4765.37(C)(2).
Immunity

Prescribers

The bill grants to a physician, advanced practice registered nurse, or physician assistant who furnishes or issues a prescription for naloxone in good faith in accordance with the bill immunity from criminal or civil liability or professional disciplinary actions for any action or omission of the individual to whom the drug is furnished or prescription is issued.\(^7\)

Peace officers

The bill grants immunity from administrative action and criminal prosecution for the unauthorized practice of medicine and certain drug offenses to a peace officer who does all of the following:\(^8\)

1. Acts in good faith;
2. Obtains naloxone from a law enforcement agency licensed as a terminal distributor of dangerous drugs that employs the peace officer;
3. Administers naloxone to an individual who is apparently experiencing an opioid-related overdose.

Other individuals

The bill grants immunity from criminal prosecution for the unauthorized practice of medicine and certain drug offenses to a family member, friend, or other individual who is in a position to assist an individual who is apparently experiencing or at risk of experiencing an opioid-related overdose if all of the following apply:

1. The individual acts in good faith;
2. The individual obtains naloxone or a prescription for naloxone from a licensed health professional;
3. The individual summons emergency services either immediately before or after administering the naloxone to the individual who is apparently experiencing an opioid-related overdose.\(^9\)

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\(^7\) R.C. 4723.488, 4730.431, and 4731.94.

\(^8\) R.C. 2925.61(D).

\(^9\) R.C. 2925.61(B)
The bill's criminal immunity applies to first responders, but not to emergency medical technicians.\textsuperscript{10}

**English proficiency**

Under current law, an applicant for a certificate to practice Oriental medicine or acupuncture must submit evidence to the State Medical Board of understanding spoken English.\textsuperscript{11} The bill adds two additional ways an applicant may demonstrate English language proficiency. It allows an applicant to submit evidence of having successfully completed in English the examination required by the National Certification Commission for Acupuncture and Oriental medicine.\textsuperscript{12} The bill also allows an Oriental medicine practitioner applicant to submit evidence of previously holding an Ohio certificate to practice acupuncture.\textsuperscript{13}

**Emergency clause**

The bill declares an emergency.

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**HISTORY**

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<td>Introduced</td>
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<tr>
<td>Reported, H. Health &amp; Aging</td>
<td>09-30-13</td>
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<td>Passed House (96-0)</td>
<td>10-16-13</td>
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\textsuperscript{10} R.C. 2925.61(C).

\textsuperscript{11} R.C. 4762.03(B)(4).

\textsuperscript{12} R.C. 4762.03(B)(4)(c).

\textsuperscript{13} R.C. 4762.03(B)(4)(d).