



# Ohio Legislative Service Commission

## Bill Analysis

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### **S.B. 240**

130th General Assembly  
(As Introduced)

**Sens.** Burke, Manning, Patton

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## **BILL SUMMARY**

- Authorizes a pharmacist practicing under a consult agreement with a physician to (1) administer or prescribe drugs and (2) order blood tests.
- Creates a single process for establishing a consult agreement, in place of the separate processes that are based on whether a patient's drug therapy is being managed within or outside a hospital or long-term care facility.

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## **CONTENT AND OPERATION**

### **Consult agreements for management of drug therapy by pharmacists**

A pharmacist practicing under a consult agreement with a physician is authorized by current law to manage an individual's drug therapy under specified conditions. The bill modifies the activities that may be included in a pharmacist's practice under a consult agreement and the process that is used to enter into and implement a consult agreement.

#### **Prescribing and administering drugs**

The bill authorizes a pharmacist to prescribe or administer dangerous drugs under a consult agreement.<sup>1</sup> The term, "dangerous drug," is used in existing law to describe, in general, those drugs that require a prescription.<sup>2</sup>

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<sup>1</sup> R.C. 4729.01(I) and 4729.39(A)(9).

<sup>2</sup> R.C. 4729.01(F).

The bill specifies that the authority of a pharmacist to prescribe or administer dangerous drugs under a consult agreement is subject to the terms of the agreement and rules to be adopted by the State Board of Pharmacy. The bill permits a physician who is a party to the agreement to limit the categories of drugs a pharmacist may prescribe or administer.<sup>3</sup>

### **Ordering blood tests**

The bill authorizes a pharmacist practicing under a consult agreement to order blood tests. The pharmacist is authorized to do so only to the extent in the agreement.<sup>4</sup>

### **Process for establishing consult agreements**

The bill establishes a single process for entering into and implementing a consult agreement. This is in place of the separate processes that apply under current law depending on whether the pharmacist is managing the drug therapy of an individual who is (1) a hospital patient or long-term care facility resident or (2) someone other than a hospital patient or long-term care facility resident.<sup>5</sup>

### **Multiple pharmacists and physicians under one consult agreement**

Under the bill, a consult agreement may be entered into by one or more pharmacists with one or more physicians.<sup>6</sup> Current law indicates that a consult agreement is between a single pharmacist and single physician, particularly when the agreement applies outside a hospital or long-term care facility.

The bill specifies that a consult agreement does not permit a pharmacist to manage drug therapy prescribed by a physician who has not entered into the agreement.<sup>7</sup>

### **Reports to consulting physicians**

The bill provides that a consult agreement may include a requirement that a pharmacist send a consult report to each consulting physician. This is in addition to a requirement that communication between a pharmacist and physician take place at regular intervals specified by the primary physician practicing under the agreement.

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<sup>3</sup> R.C. 4729.39(A)(9).

<sup>4</sup> R.C. 4729.39(A)(1)(b).

<sup>5</sup> R.C. 4729.39.

<sup>6</sup> R.C. 4729.01(B)(8) and (D) and 4729.39(A).

<sup>7</sup> R.C. 4729.39(A)(8).

Under current law, the requirement for communication at regular intervals applies when the pharmacist is managing an individual's drug therapy in a hospital or long-term care facility.<sup>8</sup>

### **Other provisions of consult agreements**

Similar to existing law and in addition to the requirements described above, the bill provides that all of the following apply to its single system for use of consult agreements:

--An individual's drug therapy may be managed by a pharmacist only to the extent specified in the consult agreement.<sup>9</sup>

--The consult agreement must be made in writing and the content of the agreement must be communicated to each individual whose drug therapy is managed.<sup>10</sup>

--The pharmacist must maintain a record of each action taken for each individual whose drug therapy is managed.<sup>11</sup>

--The consult agreement may be terminated by the individual whose drug therapy is being managed, a person acting on behalf of the individual, the primary physician acting under the agreement, or the primary pharmacist acting under the agreement. The termination must be recorded in the individual's medical record and all parties to the agreement must be notified.<sup>12</sup>

### **Eliminated provisions**

In creating a single system for a pharmacist's practice under a consult agreement, the bill eliminates the following provisions of current law that apply according to whether the patient being treated is or is not in an institutional setting:

#### **When the patient is not in a hospital or long-term care facility<sup>13</sup>**

- A requirement that a separate consult agreement be entered into for each individual whose drug therapy is to be managed;

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<sup>8</sup> R.C. 4729.39(A)(6).

<sup>9</sup> R.C. 4729.39(A)(1)(a).

<sup>10</sup> R.C. 4729.39(A)(3) and (4).

<sup>11</sup> R.C. 4729.39(A)(5).

<sup>12</sup> R.C. 4729.39(A)(2) and (7).

<sup>13</sup> R.C. 4729.39(B).

- A provision that limits a consult agreement to the particular diagnosis for which a physician prescribed an individual's drug therapy;
- A prohibition on implementing a consult agreement until it has been signed by the pharmacist, physician, and the patient or another person authorized to provide consent to treatment;
- A specification that a pharmacist's management of drug therapy may include monitoring and modifying a prescription that has been issued, but may not include dispensing a drug that has not been prescribed by a physician;
- A requirement that a pharmacist make reasonable attempts to contact and confer with the consulting physician before commencing any action to manage an individual's drug therapy;
- A provision authorizing the designation of an alternate physician or pharmacist if the primary physician or pharmacist is unavailable to consult directly with the other party.

**When the patient is in a hospital or long-term care facility<sup>14</sup>**

- A requirement that a hospital or long-term care facility adopt a policy for consult agreements before a consult agreement may be entered into or implemented;
- A provision specifying that the policy adopted for consult agreements must require an alternate pharmacist or physician to be available when the parties who entered into a consult agreement are not physically present and available at the hospital or long-term care facility;
- A provision specifying that a consult agreement does permit a pharmacist to act under the agreement in a hospital or long-term care facility at which the pharmacist is not authorized to practice.

## Rules

As provided in current law,<sup>15</sup> the bill requires the State Board of Pharmacy and the State Medical Board, in consultation with each other, to adopt rules that establish standards and procedures for entering into a consult agreement and managing an

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<sup>14</sup> R.C. 4729.39(C).

<sup>15</sup> R.C. 4729.39(D).



individual's drug therapy under the agreement. The rules are to specify any categories of drugs or types of diseases for which a consult agreement may not be established. The rules are to be adopted in accordance with the Administrative Procedure Act (R.C. Chapter 119.).<sup>16</sup>

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## HISTORY

ACTION	DATE
Introduced	11-18-13

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<sup>16</sup> R.C. 4729.39(B).

