

January 22, 2015

## **New Requirements for Providing Office-Based Opioid Treatment effective January 31, 2015**

Ohio physicians who provide office-based opioid treatment (“OBOT”) using schedule III, IV, or V controlled substances such as Suboxone or Subutex must comply with Rule 4731-11-12, Ohio Administrative Code, **effective January 31, 2015**.

Rule 4731-11-12 requires the following:

- Prior to providing OBOT, the physician must conduct an assessment of the patient that meets the requirements of the rule.
- The physician’s practice must be in accordance with one of the protocols listed in the rule, and the diagnosis of an opioid disorder must be made utilizing the criteria in the DSM, 4<sup>th</sup> or 5<sup>th</sup> edition.
- The physician must develop an individualized treatment plan for the patient, require the patient to actively participate in appropriate behavioral counseling or treatment for addiction, and provide ongoing toxicological testing.
- The physician’s prescribing of the medication must comply with requirements that include, but are not limited to, prescribing only drugs specifically approved by the FDA for use in maintenance and detoxification treatment, prescribing no more than 16 milligrams of medication for a patient unless specified requirements are met, and accessing OARRS for each patient no less frequently than every 90 days.
- The physician must complete Category I CME related to substance abuse and addiction every two years, which will be accepted as part of the CME requirement for license renewal.

The rule also authorizes the physician to continue providing OBOT to a non-compliant pregnant patient during the pregnancy and for two months thereafter.

Violation of the rule subjects the physician to disciplinary action by the Medical Board.

Link to [Rule 4731-11-12](#), effective January 31, 2015.

Please direct any questions concerning the rule to Sallie Debolt, Senior Counsel at [Sallie.Debolt@med.state.oh.us](mailto:Sallie.Debolt@med.state.oh.us)

April 30, 2015

## Medical Board Launches New Website - [med.ohio.gov](http://med.ohio.gov)

We are excited to announce that the Medical Board's [website](http://med.ohio.gov) has a new look. The redesign makes it easier to navigate the site and find the information you need. Eligibility information and checklists have been added to the updated physician licensure application forms. The Prescriber Resources section includes the most current updates regarding OARRS, controlled substance prescribing, opioid prescribing, weight loss drugs, and office based opioid treatment.

## M.D. - D.O. Licensure Processing Time Cut by 41% in 2015

The Medical Board has made significant strides to reduce the time it takes to issue an initial M.D. or D.O. license. We have revised the application form; improved the application instructions; and eliminated unnecessary paperwork. We have also worked with the Ohio Attorney General's office to ensure electronic receipt of background check reports – a step that saves between two to 14 processing days. The results: 544 M.D.-D.O. applications completed in 58 processing days in January through March 2015 compared to 509 M.D.-D.O. applications completed in 99 processing days in January through March 2014.

## Practice Insight Report Now Available in OARRS

The Pharmacy Board recently announced the availability of the Practice Insight Report in the Ohio Automated Rx Reporting System (OARRS). The report provides a list of the prescriber's patients, if any, who are visiting multiple prescribers; a list of the prescriber's patients that have the highest morphine equivalent doses; the drugs most commonly prescribed by the clinician; and a list of the prescriber's patients that have received a prescription for an OARRS reportable drug in the past year. More info on how to access this report is posted on the [Pharmacy Board website](http://med.ohio.gov).

## The Ohio Physician Loan Repayment Program (OPLRP) Application Cycle is Open through May 15, 2015

The Ohio Physician Loan Repayment Program (OPLRP) increases access to primary care for underserved communities and populations. In exchange for loan repayment assistance, physicians commit to practice for a minimum of two years at an eligible site in a Health Professional Shortage Area (HPSA) or Health Resource Shortage Area. Physicians applying to OPLRP must either be in current practice or in the final year of residency or fellowship training at the time of application. The OPLRP program is managed by the Ohio Department of Health's Office of Primary Care. To learn more and to obtain the OPLRP application, [click this link](http://med.ohio.gov).

October 29, 2015

## Wallet Cards Discontinued

As of September 29, 2015, the Medical Board no longer issues wallet cards at the time of initial licensure or renewal per changes to Ohio Revised Code Section 4731.071, included in HB64. The Medical Board's website – [www.med.ohio.gov](http://www.med.ohio.gov) – is the sole source of verifying the status of an individual license.

## Medical Board Adopts Rules

The Medical Board recently adopted rules addressing the following issues:

- Requirements for an MD or DO to assess and grant clearance for a youth athlete to resume practice or competition after a head injury
- Ethics requirements for massage therapists and cosmetic therapists
- Priority licensing for service members, veterans, or spouses of service members and veterans
- Updated requirements for research using controlled substances
- Military experience related to the qualifications for a certificate to practice as a physician assistant
- Impact of military service on licensure for anesthesiologist assistants, radiologist assistants, and genetic counselors
- The official record of a Medical Board meeting, and the recording, filming and photographing of Medical Board meetings

## Pharmacy Board FAQs – Terminal Distributor Licensure for Compounded Drugs and On-Site Drug Compounding

Ohio law requires specific business entities to hold a license issued by the Pharmacy Board as a terminal distributor of dangerous drugs in order to possess, have custody or control of, or distribute dangerous drugs that are compounded or used for the purpose of compounding.

Effective September 29, 2015, a prescriber who practices as a sole proprietor is NOT exempt from licensure as a terminal distributor of dangerous drugs if they possess, have custody or control of, or distribute dangerous drugs that are compounded or used for the purpose of compounding. The law change does not apply to those who already have a terminal distributor of dangerous drug license. Read the [Pharmacy Board FAQs](#) for more information about this requirement.

## An Important Reminder for Prescribers to Medicaid Patients

All prescribers to Medicaid patients are required to be registered with the Ohio Department of Medicaid. **Claims for prescriptions written by any prescriber not actively enrolled with Ohio Medicaid will be denied.** Prescribers who fail to enroll with the Ohio Department of Medicaid may negatively impact their patients' ability to receive timely care and services. Please contact the Ohio Medicaid Provider Call Center at 1-800-686-1516 if you have questions about the enrollment requirement.

## Start Talking! Resources on How to Talk to Patients and Caregivers About Drug Abuse

A new effort is underway across Ohio to prevent drug abuse among Ohio's most vulnerable citizens – our children. Research shows that children are up to 50% less likely to start using drugs when their parent or another close trusted adult talks to them about drug abuse. Research also shows that adolescents are more willing to discuss substance abuse with a medical provider, but state they commonly do not because they simply were not asked. Ohio's "Start Talking!" program was created to help you start that conversation with your patients and their parents/caregivers.

The "Start Talking" program includes *Know!*, which provides twice-monthly Parent Tips by email that contain current facts about alcohol, tobacco and other drugs, as well as steps that parents can take to help children resist peer pressure. The sign-up for *Know!* parent tips can be found at:

<http://starttalking.ohio.gov/parents/parenttipsignup.aspx>

December 3, 2015

## PA Practice Guidance Documents – S.B. 110 Implementation

Recent legislation significantly changed the laws addressing Physician Assistant licensure and practice. The Medical Board has adopted the following guidance documents to help PAs and supervising physicians understand these changes:

- [Permissible Physician Assistant Services](#) - Outlines services a Physician Assistant may perform pursuant to a supervision agreement between the supervising physician and the Physician Assistant
- [Applying for Prescriptive Authority](#) - Outlines the changes to the process by which a Physician Assistant obtains prescriptive authority
- [Physician Assistant Prescriptive Authority](#) – Describes the scope of PA prescriptive authority
- [Supervision of a Physician Assistant](#) – Outlines the parameters of a supervision agreement and the responsibilities of the supervising physician

## Joint Regulatory Statement Regarding Naloxone

The State Medical Board of Ohio, the Ohio Board of Nursing, and the State of Ohio Board of Pharmacy recently updated the Joint Regulatory Statement addressing [“Prescription of Naloxone to High-Risk Individuals and Third Parties who are in a Position to Assist an Individual who is Experiencing Opioid-related Overdose.”](#)

The joint regulatory statement addresses prescribing considerations; personally furnishing Naloxone pursuant to a physician protocol; dispensing of Naloxone by pharmacists and pharmacy interns without a prescription; and risk factors, patient education and Naloxone distribution programs.

## OARRS Integration

You may have heard about the recent announcement from Governor John Kasich about the state’s investment of up to \$1.5 million a year to integrate the Ohio Automated Rx Reporting System (OARRS) directly into electronic medical records and pharmacy dispensing systems across the state. This will provide instant access to the system for prescribers and pharmacists. The State Medical Board of Ohio fully supports this initiative as a means to streamline medical/pharmaceutical operations, and provide increased transparency into patients’ prescription drug history.

The State Pharmacy Board of Ohio is currently working with the OARRS vendor to enable the data connection. A number of EHR and pharmacy dispensing system providers have already been in contact with the Pharmacy Board and we expect that adoption of the system integration will come rapidly as more EHR providers finalize the data connection.

For more information on the OARRS integration, click this link:

[www.pharmacy.ohio.gov/integration](http://www.pharmacy.ohio.gov/integration)

December 30, 2015

## Medical Board Adopts Rules

At its December 9, 2015 meeting, the State Medical Board of Ohio adopted the following rules to become effective on December 31, 2015. The newly adopted rules are available from the Medical Board's website at the following link: <http://med.ohio.gov/LawsRules/NewlyAdoptedandProposedRules.aspx>.

- Rule 4731-1-25: Determination of equivalent military education for cosmetic therapy or massage therapy
- Rule 4731-7-01: Method of notice of meetings
- Rule 4731-11-02: General provisions (related to prescribing controlled substances) \*
- Rule 4731-11-03: Utilization of anabolic steroids, schedule II controlled substance cocaine hydrochloride, and schedule II controlled substance stimulants.\*
- Rule 4731-11-04.1: Controlled substances: Utilization for chronic weight management.
- Rule 4731-11-05: Use of drugs to enhance athletic ability. *Rule rescinded. Provisions added to new Rule 4731-11-03.*
- Rule 4731-11-11: Standards and procedures for review of "Ohio Automated Rx Reporting System" (OARRS) \*
- Rule 4762-1-01: Military provisions related to certificate to practice acupuncture or oriental medicine

- *Because the current rule was amended by more than 50%, the current rule was rescinded and a new rule was adopted.*

## Suicides in Those 50 and Over by Anahi M. Ortiz, MD, Franklin County Coroner

Suicide in those 50 and over is a known public health problem. Current thinking is that the problem will increase in severity as those of the baby boom generation age.

Here in Franklin County, the number of suicides in general has remained fairly stable from 2012 and onward. However the rate of suicide in those 50 and over is increasing. For those 60 and over we have seen a 10% increase since 2014 thus far. For those 50 to 60 we have seen almost a 50% increase since last year. When you look at the group 50 and over in total, we have seen an increase of 25%. Looking at overall rates, thus far for 2015, 45% of the total number of suicides are 50 and over. In 2014, we saw 35% of the total number of suicides in that age group. The majority of these individuals are white males and the most common method used is firearms.

Several articles note the unique risk factors in this age group: psychiatric illness (especially depression), physical illness, pain, functional impairment, and social disconnectedness. In terms of prevention, what many in the field note is that along with attending to the risk factors, working on social connectedness has shown to be health promoting and life-saving.

In November, I met with several agencies involved with the aging here in Franklin County and the consensus is that awareness of this issue is lacking. My goal here has been to increase our physicians' awareness of the issue and thus hopefully we can see more efforts placed in prevention of suicide for this age group.

For those practicing in Franklin County, Netcare is your resource for crisis intervention such as an actively suicidal patient. They can be reached 24/7 at 1-888-276-2273. For those practicing in other counties, ADAMH would be your crisis intervention resource. Of course, calling 911 or having a family member take your patient/client to the emergency room is another option.

## Physician Assistant Delegation of Drug Administration

The Medical Board has received inquiries concerning the language in Section 4730.203 of the Revised Code that prohibits a PA from delegating the administration of drugs in a hospital inpatient care unit, hospital emergency department, freestanding emergency department, or ambulatory surgical facility. The concern is that it prohibits a PA from directing a nurse to administer drugs in one of the designated locations.

The Medical Board interprets the word "delegation" to mean authorizing an unlicensed person to perform a medical task. Nurses are licensed, and administering drugs is generally within the nursing scope of practice. **Accordingly, the prohibition in Section 4730.203 of the Revised Code does not prevent a PA from directing a nurse to administer drugs in any of the designated locations.** This is the same interpretation of the word "delegation" as in Section 4731.053 of the Revised Code, concerning physician delegation of tasks and drug administration.