

4731-16-17**Requirements for one-bite program.**

- (A) “One-bite program” is a confidential program for treatment of impaired practitioners of the medical board established pursuant to section 4731.251 of the Revised Code.
- (B) “Monitoring organization” is an entity which conducts the one-bite program and performs monitoring services for impaired practitioners under a contract with the medical board.
- (C) “One-bite treatment provider” is an entity approved by the board to provide evaluation and treatment to impaired practitioners participating in the one-bite program.
- (D) “Continuing care provider” is an entity approved by the board to provide continuing care to impaired practitioners participating in the one-bite program pursuant to rule 4731-16-21 of the Administrative Code.
- (E) Licensees of the board who may be impaired in the ability to practice in accordance with acceptable and prevailing standards of care and who want to participate in the one-bite program shall complete the following requirements:
- (1) The licensee shall register with the monitoring organization under contract with the board and obtain a list of the one-bite program treatment providers approved by the board.
 - (2) If the licensee reports directly to an approved treatment provider, the licensee shall register with the monitoring organization upon referral from the approved treatment provider.
 - (3) The treatment provider shall conduct an evaluation in accordance with rule 4731-16-05 of the Administrative Code.
 - (4) The treatment provider shall provide the information regarding the diagnosis and eligibility determination to the monitoring organization for confirmation of eligibility.
 - (5) If the licensee is determined to be impaired and not to be eligible for the one-bite program, the licensee, the monitoring organization and the treatment provider shall report this information to the board.
- (F) Once a licensee is determined to be impaired and eligible for the one-bite program, the licensee shall, within three days, report to an approved treatment provider for treatment. The treatment provider shall develop an individualized treatment plan that may include a combination of inpatient, residential, partial hospitalization and/or intensive outpatient treatment.

- (1) The licensee shall be required to immediately suspend practice for a minimum of thirty days. The licensee shall suspend practice until the licensee is determined to be able to practice according to acceptable and prevailing standards by the treatment provider and the medical director of the monitoring organization.
 - (2) The treatment provider shall notify the board and monitoring organization of any licensee who returns to work prior to obtaining the release from the treatment provider and the monitoring organization medical director.
 - (3) The treatment provider shall notify the board and monitoring organization of any licensee who does not successfully complete the prescribed treatment.
- (G) Within one week after successful completion of treatment, the monitoring organization shall ensure that the licensee has entered into an agreement with a board approved continuing care provider.
- (1) The monitoring organization shall confirm that the licensee completes continuing care sessions at least one time per week for at least six months following the release from treatment.
 - (2) The licensee must continue the weekly continuing care meetings until released by the continuing care provider and the medical director of the monitoring organization.
- (H) In order to continue participation in the one-bite program, after successful completion of treatment, the licensee shall enter into an agreement with the monitoring organization for monitoring for at least five years. An individual who chooses not to continue in the one-bite program will be subject to the procedures in rule 4731-16-02 of the Administrative Code.
- (1) The licensee shall be required to provide random, observed toxicology screenings of biological materials, including but not limited to, blood, urine, hair, saliva, breath, or fingernail samples for drugs and alcohol as directed by the monitoring organization with a minimum of two random, observed toxicology screenings per month.
 - (2) The licensee shall attend drug and alcohol support group meetings (e.g. alcoholics anonymous or narcotics anonymous) as directed by the monitoring organization with a minimum of attendance at ten meetings per month.
 - (3) The licensee shall be released from monitoring by the medical director of the monitoring organization upon successful completion of monitoring.

(I) Any relapse as defined in paragraph (B) of rule 4731-16-01 of the Administrative Code / shall be reported to the board by the medical director of the monitoring organization and the licensee.

(J) The board shall develop guidelines in collaboration with the monitoring organization for the reporting of non-compliance with conditions of the one-bite program. Non-compliance shall be reported to the board by the licensee and the medical director of the monitoring organization.

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4731-16-18**Eligibility for one-bite program.**

- (A) An individual who holds a license issued by the board to practice as a physician, massage therapist, cosmetic therapist, physician assistant, anesthesiologist assistant, radiology assistant, acupuncturist, oriental medicine practitioner, genetic counselor, dietitian, or respiratory care therapist shall be eligible for the one-bite program if all the following requirements are met:
- (1) The licensee has been diagnosed with substance use disorder and is impaired in ability to practice in accordance with acceptable and prevailing standards of care.
 - (2) The licensee has not previously participated in the one-bite program or the reporting exemption under Chapter 4731-15 of the Administrative Code;
 - (3) The licensee has not had any prior disciplinary action for substance use disorder or impairment by a licensing board in Ohio.
- (B) A licensee who fails to complete the program requirements of the one-bite program shall not be eligible for continued participation.
- (C) A licensee who relapses, as that term is defined in rule 4731-16-01 of the Administrative Code, shall not be eligible for continued participation in the one-bite program.
- (D) Participation in the one-bite program does not exempt a licensee from being reported for or subject to discipline under any other violation of the board's statutes and rules.

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4731-16-19**Monitoring organization for one-bite program.**

- (A) The board shall enter into a contract with a monitoring organization to monitor licensees participating in the one-bite program. The monitoring organization shall meet the following criteria:
- (1) The monitoring organization shall meet the requirements of section 4731.251 of the Revised Code.
 - (2) The monitoring organization shall provide licensees with a list of treatment providers approved for the one-bite program for the evaluation pursuant to rule 4731-16-05 of the Administrative Code.
 - (3) The medical director of the monitoring organization shall, along with the medical director of the treatment provider, review and determine whether a licensee is able to practice according to acceptable and prevailing standards of care.
 - (4) The medical director of the monitoring organization shall, along with the continuing care provider, review and determine whether a licensee is eligible for release from continuing care.
 - (5) The monitoring organization shall enter into monitoring agreements with licensees participating in the one-bite program.
 - (6) At the request of the board, the medical director of the monitoring organization, or his or her designee, shall provide testimony in any disciplinary proceeding involving a licensee reported to the board by the monitoring organization
- (B) The agreements between the monitoring organization and licensee shall establish the monitoring terms for at least five years.
- (1) The agreement shall provide that the licensee is required to participate in random observed toxicology screenings of biological materials, including but not limited to blood, urine, hair, saliva, breath, or fingernail samples for drugs or alcohol no less than two times per month.
 - (2) The agreement shall provide that the licensee shall attend drug and alcohol support group meetings (e.g. alcoholics anonymous or narcotics anonymous) as directed by the monitoring organization with a minimum of ten meetings per month.
- (C) The medical director of the monitoring organization shall review each licensee and make a determination as to whether the licensee is released from monitoring.

- (D) The monitoring organization shall, within seventy-two hours, report to the board any licensee who fails to comply with the monitoring agreement in accordance with the non-compliance guidelines established by the board and the monitoring organization.
- (E) The monitoring organization shall, within seventy-two hours, report any relapse as defined in rule 4731-16-01(B) of the Administrative Code to the board.
- (F) The monitoring organization shall provide the following reports to the board on a quarterly basis:
- (1) The number and type of licensees referred to the monitoring organization;
 - (2) The number and type of licensees under agreement with the monitoring organization;
 - (3) The number and type of licensees referred to the board;
 - (4) The number and type of licensees who successfully complete the monitoring agreement.
 - (5) Information regarding the treatment providers, the type of treatment and length of treatment for licensees in the one-bite program;
 - (6) Information regarding source of referrals;
 - (7) Other reports as agreed between the board and the monitoring organization.
- (G) The monitoring organization, in consultation with the board, shall provide education to the licensees, treatment providers and continuing care providers regarding eligibility criteria for the one-bite program and the board's statutes, rules and policies regarding impairment.
- (H) The monitoring organization shall, within seventy-two hours, report to the board any failure to complete treatment or continuing care.

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4731-16-20**Treatment providers in the one-bite program.**

(A) Criteria for approval of treatment providers for individuals qualifying for the one-bite program shall include all of the following:

- (1) Meet all requirements for treatment providers in Rule 4731-16-08.
- (2) Medical director is a board-certified addictionologist or board-certified addiction psychiatrist and is experienced in diagnosing and treating physicians and other health care practitioners with substance use disorders:
 - (a) The medical director shall oversee the initial assessment and diagnosis, ongoing treatment processes, including medications, treatment planning and discharge planning.
 - (b) The medical director shall have knowledge and experience with prescribing medications specifically indicated for use in patients with substance use disorders and with medications to be avoided for patients with substance use disorders.
 - (c) The medical director shall have specific training and knowledge regarding the interpretation of the results of toxicology screening for drugs and alcohol.
- (3) A board-certified psychiatrist is available to evaluate and provide treatment for co-occurring mental health conditions.
- (4) Group therapy is supervised by one of the following master's-level or higher qualified behavioral healthcare providers:
 - (a) Board certified addictionologist, board certified addiction psychiatrist, or psychiatrist licensed under Chapter 4731. of the Revised Code;
 - (b) Licensed independent chemical dependency counselor-clinical supervisor, licensed independent chemical dependency counselor, licensed chemical dependency counselor III, or licensed chemical dependency counselor II licensed under Chapter 4758. of the Revised Code;
 - (c) Professional clinical counselor, licensed professional counselor, licensed independent social worker, licensed social worker, or marriage and family therapist licensed under Chapter 4757. of the Revised Code;
 - (d) Advanced practice registered nurse, licensed as a clinical nurse specialist under Chapter 4723. of the Revised Code, who holds certification as a

psychiatric mental health clinical nurse specialist issued by the American nurses credentialing center;

(e) Advanced practice registered nurse, licensed as a nurse practitioner under Chapter 4723. of the Revised Code, who holds certification as a psychiatric mental health nurse practitioner issued by the American nurses credentialing center;

(f) Psychologist, as defined in division (A) of section 4732.01 of the Revised Code, licensed under Chapter 4732. of the Revised Code; or

(g) Advanced practice registered nurse licensed under Chapter 4723. of the Revised Code, who holds subspecialty certification as a certified addiction registered nurse-advanced practice issued by the addictions nursing certification board.

(5) Training regarding the eligibility for the one-bite program shall be provided to all staff on a quarterly basis.

(6) Training regarding the board's statutes, rules and policies regarding impairment and reporting violations shall be provided to all staff on a quarterly basis.

(7) The treatment provider shall be capable of completing evaluations pursuant to rule 4731-16-05 of the Administrative Code.

(8) The treatment provider provides abstinence-based education and treatment for all types of substance use disorders.

(9) The treatment provider provides one or more of the following levels of patient care: medical detoxification; inpatient or residential treatment; extended residential treatment; partial hospitalization, intensive outpatient treatment, continuing care or others as necessary.

(10) The treatment provider has the ability to provide extended residential care for patients who require continued treatment of substance use disorders.

(B) The medical director of the treatment provider shall perform an evaluation pursuant to rule 4731-16-05 to determine the degree of impairment of the licensee and shall develop an individualized treatment plan. The individualized treatment plan may include a combination of in-patient, residential, partial hospitalization and intensive outpatient treatment.

(1) The treatment provider shall require the licensee to immediately suspend practice upon entering into treatment (upon determination of impairment) and not return

to practice for at least thirty days. Clearance from the treatment provider medical director and monitoring organization medical director are required for return to practice.

- (2) The treatment provider shall notify the monitoring organization of the determination of impairment and the treatment plan.
 - (3) The treatment plan shall include, at least once per week, group therapy with other patients who work in similar disciplines as the licensee or other professionals.
 - (4) The treatment plan shall include education regarding the medical board's statutes, rules and policies with respect to impairment.
 - (5) The treatment plan shall include education and group therapy to assist the patient to transition back to work.
- (C) The treatment provider shall report instances of violations of this chapter to the monitoring organization and the board.
- (D) The treatment provider shall complete and maintain records for each licensee seen for evaluation or treatment under the one-bite program in accordance with paragraph (C) of rule 4731-16-07 of the Administrative Code.
- (E) Each quarter, the treatment provider shall provide to the monitoring organization and the board the following records regarding licensees seen for evaluation or treatment under the one-bite program:
- (1) Number of licensees referred for evaluation (including self-referrals);
 - (2) Number of licensees evaluated;
 - (3) Number of licensees determined to be eligible for one-bite program;
 - (4) Number of referral sources by category (e.g., self-referrals, board referrals, medical society referrals, referrals by colleagues);
 - (5) Number of licensee evaluations which resulted in treatment recommendations for substance use disorder;
 - (6) Number of licensees treated based on the treatment providers own recommendations;
 - (7) Number of licensees treated based on transfer or referral from other treatment providers;

- (8) Number of licensees who entered each phase of treatment;
 - (9) Number of licensees engaged in each phase of treatment;
 - (10) Number of licensees who successfully completed each phase of treatment;
 - (11) Number of licensees discharged from each phase of treatment other than upon successful completion, and the rationale for each such discharge;
 - (12) Number of licensee relapses identified during continuing care and following continuing care;
 - (13) Number and names of licensees reported to the board under this chapter of the administrative code.
 - (14) Number and identities of referral sources notified of the treatment provider's inability to release information under federal law.
- (F) The reports provided to the board shall not contain identifying information for the licensee participating in the one-bite program.

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Continuing care for one-bite program.

- (A) In order to provide continuing care to a licensee in the one-bite program, a continuing care provider shall enter into a continuing care agreement with the licensee. The agreement term shall be established by the continuing care provider but may not be for less than six months.
- (B) The continuing care provider shall be approved by the board.
- (C) A continuing care provider shall provide therapy led by one of the following master's-level or higher qualified behavioral healthcare providers:
- (1) Board certified addictionologist, board certified addiction psychiatrist, or psychiatrist licensed under Chapter 4731. of the Revised Code;
 - (2) Licensed independent chemical dependency counselor-clinical supervisor, licensed independent chemical dependency counselor, licensed chemical dependency counselor III, or licensed chemical dependency counselor II licensed under Chapter 4758. of the Revised Code;
 - (3) Professional clinical counselor, licensed professional counselor, licensed independent social worker, licensed social worker, or marriage and family therapist licensed under Chapter 4757. of the Revised Code;
 - (4) Advanced practice registered nurse, licensed as a clinical nurse specialist under Chapter 4723. of the Revised Code, who holds certification as a psychiatric mental health clinical nurse specialist issued by the American nurses credentialing center;
 - (5) Advanced practice registered nurse, licensed as a nurse practitioner under Chapter 4723. of the Revised Code, who holds certification as a psychiatric mental health nurse practitioner issued by the American nurses credentialing center;
 - (6) Psychologist, as defined in division (A) of section 4732.01 of the Revised Code, licensed under Chapter 4732. of the Revised Code; or
 - (7) Advanced practice registered nurse licensed under Chapter 4723. of the Revised Code, who holds subspecialty certification as a certified addiction registered nurse-advanced practice issued by the addictions nursing certification board.
- (D) Continuing care meetings shall be held at least one time per week, with missed meetings made up.
- (1) Continuing care meetings shall be at least one hour in duration.

- (2) The continuing care provider shall provide status reports for each participating licensee to the monitoring organization no less than quarterly.
- (E) The continuing care provider shall report to the monitoring organization no less than quarterly and shall provide the following documentation to the monitoring organization on a quarterly basis:

 - (1) The number and type of licensees entering into continuing care agreements;
 - (2) The number and type of licensees released by the continuing care program;
 - (3) The average length of the continuing care agreements; and
 - (4) The number and type of licensees who relapse.
- (F) The continuing care provider shall report a licensee who relapsed to the board and the monitoring organization. The continuing care provider shall report to the board and the monitoring organization if the licensee fails to comply with the terms of the continuing care agreement.
- (G) Release from continuing care must be reviewed and agreed upon by the medical director of the monitoring organization.

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