**Subject:** Medical Board proposed rules related to prescribing

The State Medical Board of Ohio seeks your comments on the following proposed rule amendments. The proposed language is attached to this message.

**Rule 4731-11-01: Definitions (applicable to prescribing controlled substances)**

The proposed amendments add definitions for “short term anorexiant,” “medical evaluation,” and “prescription drug.”

**Rule 4731-11-09: Prescribing to persons the physician has never personally examined.**

*Note: This rule will also be applicable to physician assistants with prescriptive authority.* The previously proposed amendments to the rule have been further revised to include the following:

- Uses the term “medical evaluation” as the term is defined in rule 4731-11-01. It is an evaluation conducted with the patient in the physical presence of the practitioner, without regard to whether portions of the evaluation are conducted by other health professionals.

- Uses the term “prescription drug” as the term is defined in rule 4731-11-01. It is a drug which under state or federal law may be administered or dispensed only by or upon the order of a license practitioner. It includes a dangerous drug as defined in Section 4729.01, Ohio Revised Code.

- Defines “cross-coverage” as an agreement between Ohio-licensed physicians under which one physician covers the established active patients of the other when that physician is not available. This type of agreement includes on-call coverage for after hours and weekends.

- Defines “consult” as a request for an opinion and/or advice by an Ohio-licensed physician to another Ohio-licensed physician for a recommended course of action concerning a particular established active patient of the referring physician.
• Requires the physician to complete and document a medical evaluation and collect relevant clinical history that conforms to minimal standards of care consistent with an evaluation that was completed in a face-to-face interaction necessary to establish diagnosis and identify underlying condition and/or contra-indications to the treatment recommended or provided.

Rule 4731-11-11: Standards and procedures for review of "Ohio Automated Rx Reporting System" (OARRS).

Proposed amended rule 4731-11-11:

• Requires an OARRS check for controlled substances that are not opioids or benzodiazepines following a course of treatment for more than 90 days and at least once a year after than until the course of treatment has ended;

• Requires an OARRS check for controlled substances that are opioids and benzodiazepines before initially prescribing the drug, and then every 90 days, unless under one of the exceptions.

• Requires an OARRS check if the physician has reason to believe that the patient may be abusing or diverting drugs. The list of red flags of abuse or diversion are not included in this draft.

• Provides a list of steps for the physician to follow if the physician has concerns about possible abuse or diversion, which include:

  ✓ Documentation of the reasons why the physician believes the patient is abusing or diverting drugs;

  ✓ Documentation of the patient’s functional status;

  ✓ Utilization of a patient agreement;

  ✓ Consultation with or referral to a substance abuse specialist.

• Includes the requirement that a physician practicing in a county that adjoins another state must also check the prescription monitoring program for that state.
• Provides for exceptions to checking OARRS in the following circumstances:

✓ The drug is prescribed or personally furnished to a hospice patient or any other patient diagnosed as terminally ill;

✓ The drug is prescribed for administration in a hospital, nursing home, or residential care facility;

✓ The drug is prescribed or personally furnished in an amount indicated for a period not to exceed 7 days;

✓ The drug is prescribed or personally furnished for the treatment of cancer or another condition associated with cancer; and

✓ The drug is prescribed to treat acute pain resulting from a surgical or other invasive procedure or a delivery.

Comments should be submitted no later than February 20, 2015 to:

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The proposed rules are still pending review by the Medical Board. Comments received will be reviewed for possible amendments to the proposed language.