

As Introduced

133rd General Assembly

Regular Session

2019-2020

H. B. No. 699

Representatives Holmes, A., Crossman

A BILL

To amend sections 3719.062, 4723.51, 4729.75, 1
4729.79, 4730.55, and 4731.056 and to enact 2
sections 313.213, 3719.065, 3719.066, 4729.811, 3
and 5164.7515 of the Revised Code regarding 4
reducing the abuse of prescription opiates. 5

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF OHIO:

Section 1. That sections 3719.062, 4723.51, 4729.75, 6
4729.79, 4730.55, and 4731.056 be amended and sections 313.213, 7
3719.065, 3719.066, 4729.811, and 5164.7515 of the Revised Code 8
be enacted to read as follows: 9

Sec. 313.213. If the coroner determines that a drug 10
overdose is the cause of death of a person, the coroner shall 11
provide notice of the death to the licensed health care 12
professional or professionals who prescribed the drug or drugs 13
on which the person overdosed. If the coroner is unable to 14
identify the prescriber after requesting information from the 15
drug database established and maintained by the state board of 16
pharmacy pursuant to section 4729.75 of the Revised Code, and 17
after reviewing medical or psychiatric records received by the 18
coroner, if any, the coroner shall contact hospitals within the 19

coroner's jurisdiction, the deceased's health insurer, if known, 20
or the United States department of veterans affairs, if the 21
deceased was a veteran. 22

Sec. 3719.062. (A) As used in this section, and in 23
sections 3719.065 and 3719.066 of the Revised Code: 24

(1) "health-related Health-related licensing board" means 25
a state board authorized to issue a license to engage in the 26
practice of a licensed health professional authorized to 27
prescribe drugs. 28

(2) "Prescriber" has the same meaning as in section 29
4729.01 of the Revised Code, except that it does not include a 30
veterinarian licensed under Chapter 4741. of the Revised Code. 31

(B) To the extent permitted by federal law and except as 32
provided in rules adopted under this section, a prescriber who 33
issues an initial prescription for a drug that is an opioid 34
analgesic for the treatment of acute pain shall limit the 35
prescription to a period of not more than three days. Before 36
prescribing additional opioid analgesics after the initial 37
three-day period, the patient must be reexamined and a new 38
prescription issued. 39

(C) A health-related licensing board may adopt rules 40
specifying circumstances under which a prescriber may issue an 41
initial prescription for a drug that is an opioid analgesic to 42
treat acute pain for a period of more than three days. A health- 43
related licensing board may adopt other rules limiting the 44
amount of an opioid analgesic that may be prescribed pursuant to 45
a single prescription by an individual licensed by the board. 46
The rules shall be adopted in accordance with Chapter 119. of 47
the Revised Code. 48

Sec. 3719.065. (A) Before initially prescribing an opioid analgesic or personally furnishing a complete or partial supply of such a drug, and at least annually thereafter for a patient on a continuing treatment with such a drug, a prescriber shall evaluate the patient for signs of drug abuse or addiction. The prescriber shall conduct the evaluation in accordance with rules adopted under division (B) of this section. 49 50 51 52 53 54 55

(B) (1) Each health-related licensing board authorized to issue a license to a prescriber shall adopt rules establishing standards and procedures to be followed by prescribers when evaluating patients for signs of drug abuse or addiction. 56 57 58 59

(2) In adopting the rules required by this section, all of the following apply: 60 61

(a) Each board shall consult with all of the other health-related licensing boards subject to this section. 62 63

(b) To the extent possible, each board shall establish standards and procedures that are substantially similar to those established by the other boards. 64 65 66

(c) The rules shall be adopted in accordance with Chapter 119. of the Revised Code. 67 68

Sec. 3719.066. (A) A pharmacist who dispenses an opioid analgesic in an amount indicated for a period of five or more days shall discuss with the patient or the patient's representative the risks of opioid addiction, including that the risk of addiction increases substantially after taking such a drug for five or more days. The pharmacist shall receive a fee established under section 5164.7515 of the Revised Code for each such discussion. 69 70 71 72 73 74 75 76

(B) Each health-related licensing board shall adopt 77

guidelines regarding counseling and education to be provided by 78
a prescriber to a patient who is prescribed an opioid analgesic 79
in an amount indicated for a period of five or more days. 80

Sec. 4723.51. (A) As used in this section: 81

(1) "Controlled substance," "schedule III," "schedule IV," 82
and "schedule V" have the same meanings as in section 3719.01 of 83
the Revised Code. 84

(2) "Medication-assisted treatment" has the same meaning 85
as in section 340.01 of the Revised Code. 86

(B) (1) The board of nursing shall adopt rules establishing 87
standards and procedures to be followed by advanced practice 88
registered nurses in the use of all drugs approved by the United 89
States food and drug administration for use in medication- 90
assisted treatment, including controlled substances in schedule 91
III, IV, or V. The rules shall ~~address~~ do all of the following: 92

(a) Address detoxification, relapse prevention, patient 93
assessment, individual treatment planning, counseling and 94
recovery supports, diversion control, and other topics selected 95
by the board after considering best practices in medication- 96
assisted treatment; 97

(b) (i) Encourage advanced practice registered nurses to 98
use nonaddicting medication-assisted treatment when possible; 99

(ii) Encourage the tapering of addicting medication- 100
assisted treatment; 101

(iii) Discourage the use of lifelong treatment except as a 102
last resort when the advanced practice registered nurse 103
believes, in the nurse's professional clinical judgment, that 104
the risk of addiction and abuse of the medication-assisted 105

treatment is outweighed by the risk that the patient will abuse 106
illicit drugs and suffer greater harm; 107

(iv) Encourage the use of formulations of medication- 108
assisted treatment with abuse-deterrence labeling claims 109
indicating that the formulation is expected to deter or reduce 110
its abuse. 111

(2) The board may apply the rules described in division 112
(B)(1)(a) of this section to all circumstances in which an 113
advanced practice registered nurse prescribes drugs for use in 114
medication-assisted treatment or limit the application of the 115
rules to prescriptions for medication-assisted treatment issued 116
for patients being treated in office-based practices or other 117
practice types or locations specified by the board. 118

(3) The board shall disseminate a copy of the rules 119
described in division (B)(1)(b) of this section to each advanced 120
practice registered nurse. 121

(C) All rules adopted under this section shall be adopted 122
in accordance with Chapter 119. of the Revised Code. The rules 123
shall be consistent with rules adopted under sections 4730.55 124
and 4731.056 of the Revised Code. 125

Sec. 4729.75. (A) The state board of pharmacy may 126
establish and maintain a drug database. The board shall use the 127
drug database ~~to~~ for all of the following purposes: 128

(1) To monitor the misuse and diversion of the following: 129
controlled substances, as defined in section 3719.01 of the 130
Revised Code~~;~~ medical marijuana, as authorized under Chapter 131
3796. of the Revised Code~~;~~ and other dangerous drugs the board 132
includes in the database pursuant to rules adopted under section 133
4729.84 of the Revised Code~~;~~ 134

~~The board also shall use the drug database to~~ (2) To 135
monitor naltrexone; 136

(3) To identify and report licensed health professionals 137
authorized to prescribe drugs who may have violated the law. 138

(B) In establishing and maintaining the database, the 139
board shall electronically collect information pursuant to 140
sections 4729.77, 4729.771, 4729.772, 4729.78, and 4729.79 of 141
the Revised Code and shall disseminate information as authorized 142
or required by sections 4729.80 and 4729.81 of the Revised Code. 143
The board's collection and dissemination of information shall be 144
conducted in accordance with rules adopted under section 4729.84 145
of the Revised Code. 146

Sec. 4729.79. (A) If the state board of pharmacy 147
establishes and maintains a drug database pursuant to section 148
4729.75 of the Revised Code, each licensed health professional 149
authorized to prescribe drugs, except as provided in division 150
(C) of this section, who personally furnishes to a patient or 151
administers a controlled substance, naltrexone, or other 152
dangerous drug the board includes in the database pursuant to 153
rules adopted under section 4729.84 of the Revised Code shall 154
submit to the board the following information: 155

(1) Prescriber identification; 156

(2) Patient identification; 157

(3) Date drug was furnished or administered by the 158
prescriber; 159

(4) Indication of whether the drug furnished is new or a 160
refill; 161

(5) Name, strength, and national drug code of drug 162

furnished <u>or administered</u> ;	163
(6) Quantity of drug furnished <u>or administered</u> ;	164
(7) Number of days' supply of drug furnished;	165
(8) Source of payment for the drug furnished <u>or administered</u> ;	166
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(9) Identification of the owner of the drug furnished <u>or administered</u> .	168
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(B) (1) The information shall be transmitted as specified	170
by the board in rules adopted under section 4729.84 of the	171
Revised Code.	172
(2) The information shall be submitted electronically in	173
the format specified by the board, except that the board may	174
grant a waiver allowing the prescriber to submit the information	175
in another format.	176
(3) The information shall be submitted in accordance with	177
any time limits specified by the board, except that the board	178
may grant an extension if either of the following occurs:	179
(a) The prescriber's transmission system suffers a	180
mechanical or electronic failure, or the prescriber cannot meet	181
the deadline for other reasons beyond the prescriber's control.	182
(b) The board is unable to receive electronic submissions.	183
(C) (1) The information required to be submitted under	184
division (A) of this section may be submitted on behalf of the	185
prescriber by the owner of the drug being personally furnished	186
<u>or administered</u> or by a delegate approved by that owner.	187
(2) The requirements of this section to submit information	188
to the board do not apply to a prescriber who is a veterinarian.	189

(D) If the board becomes aware of a prescriber's failure 190
to comply with this section, the board shall notify the 191
government entity responsible for licensing the prescriber. 192

Sec. 4729.811. Not later than January 1, 2021, the state 193
medical board, in collaboration with other health-related 194
licensing boards that are authorized to issue a license to 195
engage in the practice of a licensed health professional 196
authorized to prescribe drugs, shall develop and implement a 197
system to actively monitor for suspicious prescribing activity 198
the drug database established and maintained by the state board 199
of pharmacy pursuant to section 4729.75 of the Revised Code. If 200
suspicious prescribing activity is found through the monitoring, 201
the state medical board or other health-related licensing board 202
shall investigate the activity. 203

Sec. 4730.55. (A) As used in this section: 204

(1) "Controlled substance," "schedule III," "schedule IV," 205
and "schedule V" have the same meanings as in section 3719.01 of 206
the Revised Code. 207

(2) "Medication-assisted treatment" has the same meaning 208
as in section 340.01 of the Revised Code. 209

(B) (1) The state medical board shall adopt rules that 210
establish standards and procedures to be followed by physician 211
assistants in the use of all drugs approved by the United States 212
food and drug administration for use in medication-assisted 213
treatment, including controlled substances in schedule III, IV, 214
or V. The rules shall ~~address~~ do all of the following: 215

(a) Address detoxification, relapse prevention, patient 216
assessment, individual treatment planning, counseling and 217
recovery supports, diversion control, and other topics selected 218

by the board after considering best practices in medication- 219
assisted treatment; 220

(b) (i) Encourage physician assistants to use nonaddicting 221
medication-assisted treatment when possible; 222

(ii) Encourage the tapering of addicting medication- 223
assisted treatment; 224

(iii) Discourage the use of lifelong treatment except as a 225
last resort when the physician assistant believes, in the 226
physician assistant's professional clinical judgment, that the 227
risk of addiction and abuse of the medication-assisted treatment 228
is outweighed by the risk that the patient will abuse illicit 229
drugs and suffer greater harm; 230

(iv) Encourage the use of formulations of medication- 231
assisted treatment with abuse-deterrence labeling claims 232
indicating that the formulation is expected to deter or reduce 233
its abuse. 234

(2) The board may apply the rules described in division 235
(B) (1) (a) of this section to all circumstances in which a 236
physician assistant prescribes drugs for use in medication- 237
assisted treatment or limit the application of the rules to 238
prescriptions for medication-assisted treatment issued for 239
patients being treated in office-based practices or other 240
practice types or locations specified by the board. 241

(3) The board shall disseminate a copy of the rules 242
described in division (B) (1) (b) of this section to each 243
physician assistant. 244

(C) All rules adopted under this section shall be adopted 245
in accordance with Chapter 119. of the Revised Code. The rules 246
shall be consistent with rules adopted under sections 4723.51 247

and 4731.056 of the Revised Code. 248

Sec. 4731.056. (A) As used in this section: 249

(1) "Controlled substance," "schedule III," "schedule IV," 250
and "schedule V" have the same meanings as in section 3719.01 of 251
the Revised Code. 252

(2) "Medication-assisted treatment" has the same meaning 253
as in section 340.01 of the Revised Code. 254

(3) "Physician" means an individual authorized by this 255
chapter to practice medicine and surgery or osteopathic medicine 256
and surgery. 257

(B) (1) The state medical board shall adopt rules that 258
establish standards and procedures to be followed by physicians 259
in the use of all drugs approved by the United States food and 260
drug administration for use in medication-assisted treatment, 261
including controlled substances in schedule III, IV, or V. The 262
rules shall ~~address~~ do all of the following: 263

(a) Address detoxification, relapse prevention, patient 264
assessment, individual treatment planning, counseling and 265
recovery supports, diversion control, and other topics selected 266
by the board after considering best practices in medication- 267
assisted treatment; 268

(b) (i) Encourage physicians to use nonaddicting 269
medication-assisted treatment when possible; 270

(ii) Encourage the tapering of addicting medication- 271
assisted treatment; 272

(iii) Discourage the use of lifelong treatment except as a 273
last resort when the physician believes, in the physician's 274
professional clinical judgment, that the risk of addiction and 275

abuse of the medication-assisted treatment is outweighed by the 276
risk that the patient will abuse illicit drugs and suffer 277
greater harm; 278

(iv) Encourage the use of formulations of medication- 279
assisted treatment with abuse-deterrence labeling claims 280
indicating that the formulation is expected to deter or reduce 281
its abuse. 282

(2) The board may apply the rules described in division 283
(B)(1)(a) of this section to all circumstances in which a 284
physician prescribes drugs for use in medication-assisted 285
treatment or limit the application of the rules to prescriptions 286
for medication-assisted treatment for patients being treated in 287
office-based practices or other practice types or locations 288
specified by the board. 289

(3) The board shall disseminate a copy of the rules 290
described in division (B)(1)(b) of this section to each 291
physician. 292

(C) All rules adopted under this section shall be adopted 293
in accordance with Chapter 119. of the Revised Code. The rules 294
shall be consistent with rules adopted under sections 4723.51 295
and 4730.55 of the Revised Code. 296

Sec. 5164.7515. The medicaid director, in consultation 297
with the superintendent of insurance and executive director of 298
the office of health transformation, shall adopt rules under 299
section 5164.02 of the Revised Code establishing a flat fee for 300
the discussion required by division (A) of section 3719.066 of 301
the Revised Code. 302

Section 2. That existing sections 3719.062, 4723.51, 303
4729.75, 4729.79, 4730.55, and 4731.056 of the Revised Code are 304

hereby repealed. 305

Section 3. Not later than one year after the effective 306
date of this section, the Department of Mental Health and 307
Addiction Services shall provide recommendations to the General 308
Assembly regarding an opiate abuse education program for senior 309
citizens. 310