As Introduced

133rd General Assembly
Regular Session **H. B. No. 699**
2019-2020

Representatives Holmes, A., Crossman

A BILL

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

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

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

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

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

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

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

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

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

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

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.

(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.

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

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

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

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

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.

(B) Each health-related licensing board shall adopt

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(1) Prescriber identification;

(2) Patient identification;

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

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

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

furnished or administered;

(6) Quantity of drug furnished or administered;

(7) Number of days' supply of drug furnished;

(8) Source of payment for the drug furnished or administered;

(9) Identification of the owner of the drug furnished or administered.

(B)(1) The information shall be transmitted as specified by the board in rules adopted under section 4729.84 of the Revised Code.

(2) The information shall be submitted electronically in the format specified by the board, except that the board may grant a waiver allowing the prescriber to submit the information in another format.

(3) The information shall be submitted in accordance with any time limits specified by the board, except that the board may grant an extension if either of the following occurs:

(a) The prescriber's transmission system suffers a mechanical or electronic failure, or the prescriber cannot meet the deadline for other reasons beyond the prescriber's control.

(b) The board is unable to receive electronic submissions.

(C)(1) The information required to be submitted under division (A) of this section may be submitted on behalf of the prescriber by the owner of the drug being personally furnished or administered or by a delegate approved by that owner.

(2) The requirements of this section to submit information to the board do not apply to a prescriber who is a veterinarian.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

and 4731.056 of the Revised Code.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

hereby repealed.

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