

**As Introduced**

**135th General Assembly**

**Regular Session**

**2023-2024**

**H. B. No. 275**

**Representatives Young, T., Plummer**

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**A BILL**

To amend sections 4715.302, 4723.481, 4723.487, 1  
4729.83, 4730.42, 4730.53, 4731.052, 4731.054, 2  
and 4731.055 and to enact sections 3719.065, 3  
3719.081, and 3796.022 of the Revised Code to 4  
revise the law governing the review of patient 5  
information in the Ohio Automated Rx Reporting 6  
System, to establish requirements on the 7  
prescribing and dispensing of opioid analgesics, 8  
to establish the Medical Marijuana Control 9  
Program Fund and provide for a cash transfer, 10  
and to amend the version of section 4723.481 of 11  
the Revised Code that is scheduled to take 12  
effect on September 30, 2024, to continue the 13  
changes to that section on and after that date. 14

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

**Section 1.** That sections 4715.302, 4723.481, 4723.487, 15  
4729.83, 4730.42, 4730.53, 4731.052, 4731.054, and 4731.055 be 16  
amended and sections 3719.065, 3719.081, and 3796.022 of the 17  
Revised Code be enacted to read as follows: 18

**Sec. 3719.065.** (A) As used in this section: 19

(1) "Health-related licensing board" has the same meaning as in section 3719.062 of the Revised Code. 20  
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(2) "Prescriber" has the same meaning as in section 3719.01 of the Revised Code, except that it does not include a veterinarian licensed under Chapter 4741. of the Revised Code. 22  
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(B) In addition to the requirements described in sections 3719.061 and 4731.052 of the Revised Code, a prescriber who issues a prescription for an opioid analgesic in an amount indicated for a period of five or more days shall counsel the patient or the patient's representative on the risks of opioid addiction and the importance of proper medication storage and disposal. 25  
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(C) Each health-related licensing board shall adopt guidelines regarding the counseling to be provided by a prescriber to a patient or patient's representative under division (B) of this section. 32  
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**Sec. 3719.081.** (A) In addition to the requirements described in section 3719.08 of the Revised Code, when a pharmacist dispenses a controlled substance that is an opioid analgesic on a prescription for use by a patient outside of a hospital, the pharmacist shall affix to the container in which the opioid analgesic is dispensed a warning describing the risks associated with opioid analgesics. 36  
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(B) (1) The board of pharmacy shall adopt rules specifying all of the following: 43  
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(a) The type of warning to be affixed, in particular, whether the warning shall be a label or sticker; 45  
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(b) The location on the container where the warning is to be affixed; 47  
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(c) The warning's color, including its background and text; 49  
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(d) The language to be included in the warning, which, at minimum, shall indicate that the drug inside the container is an opioid analgesic and that such a drug carries a risk of addiction and overdose; 51  
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(e) The font and format of any language to be included in the warning. 55  
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(2) The board may adopt any other rules as necessary to implement this section. 57  
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(3) When adopting rules under this section, the board shall do so in accordance with Chapter 119. of the Revised Code. 59  
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**Sec. 3796.022.** All receipts of the medical marijuana control program, from any source, shall be deposited in the state treasury. The funds shall be deposited to the credit of the medical marijuana control program fund, which is hereby created. Except as provided in section 4729.83 of the Revised Code, all funds deposited into the state treasury under this section shall be used solely for the administration and enforcement of this chapter. 61  
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**Sec. 4715.302.** (A) As used in this section: 69

(1) "Drug database" means the database established and maintained by the state board of pharmacy pursuant to section 4729.75 of the Revised Code. 70  
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(2) "Opioid analgesic" and "benzodiazepine" have the same meanings as in section 3719.01 of the Revised Code. 73  
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(B) Except as provided in divisions (C) and (E) of this section, a dentist shall comply with all of the following as 75  
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conditions of prescribing a drug that is either an opioid 77  
analgesic or a benzodiazepine, or personally furnishing a 78  
complete or partial supply of such a drug, as part of a 79  
patient's course of treatment for a particular condition: 80

(1) Before initially prescribing or furnishing the drug, 81  
the dentist or the dentist's delegate shall request from the 82  
drug database a report of information related to the patient 83  
that covers at least the twelve months immediately preceding the 84  
date of the request. If the dentist practices primarily in a 85  
county of this state that adjoins another state, the dentist or 86  
delegate also shall request a report of any information 87  
available in the drug database that pertains to prescriptions 88  
issued or drugs furnished to the patient in the state adjoining 89  
that county. 90

(2) If the patient's course of treatment for the condition 91  
continues for more than ninety days after the initial report is 92  
requested, the dentist or delegate shall make periodic requests 93  
for reports of information from the drug database until the 94  
course of treatment has ended. The requests shall be made at 95  
intervals not exceeding ninety days, determined according to the 96  
date the initial request was made. The request shall be made in 97  
the same manner provided in division (B)(1) of this section for 98  
requesting the initial report of information from the drug 99  
database. 100

(3) On receipt of a report under division (B)(1) or (2) of 101  
this section, the dentist shall assess the information in the 102  
report. The dentist shall document in the patient's record that 103  
the report was received and the information was assessed. 104

(C)(1) Division (B) of this section does not apply if a 105  
drug database report regarding the patient is not available. In 106

this event, the dentist shall document in the patient's record 107  
the reason that the report is not available. 108

(2) Division (B) of this section does not apply if the 109  
drug is prescribed or personally furnished to treat acute pain 110  
resulting from a surgical or other invasive procedure, but only 111  
if the drug is prescribed or personally furnished in an amount 112  
indicated for a period not to exceed ~~seven~~three days. 113

(D) The state dental board may adopt rules that establish 114  
standards and procedures to be followed by a dentist regarding 115  
the review of patient information available through the drug 116  
database under division (A) (5) of section 4729.80 of the Revised 117  
Code. The rules shall be adopted in accordance with Chapter 119. 118  
of the Revised Code. 119

(E) This section and any rules adopted under it do not 120  
apply if the state board of pharmacy no longer maintains the 121  
drug database. 122

**Sec. 4723.481.** This section establishes standards and 123  
conditions regarding the authority of an advanced practice 124  
registered nurse who is designated as a clinical nurse 125  
specialist, certified nurse-midwife, or certified nurse 126  
practitioner to prescribe and personally furnish drugs and 127  
therapeutic devices under a license issued under section 4723.42 128  
of the Revised Code. 129

(A) A clinical nurse specialist, certified nurse-midwife, 130  
or certified nurse practitioner shall not prescribe or furnish 131  
any drug or therapeutic device that is listed on the 132  
exclusionary formulary established in rules adopted under 133  
section 4723.50 of the Revised Code. 134

(B) The prescriptive authority of a clinical nurse 135

specialist, certified nurse-midwife, or certified nurse 136  
practitioner shall not exceed the prescriptive authority of the 137  
collaborating physician or podiatrist, including the 138  
collaborating physician's authority to treat chronic pain with 139  
controlled substances ~~and products containing tramadol~~ as 140  
described in section 4731.052 of the Revised Code. 141

(C) (1) Except as provided in division (C) (2) or (3) of 142  
this section, a clinical nurse specialist, certified nurse- 143  
midwife, or certified nurse practitioner may prescribe to a 144  
patient a schedule II controlled substance only if all of the 145  
following are the case: 146

(a) The patient has a terminal condition, as defined in 147  
section 2133.01 of the Revised Code. 148

(b) A physician initially prescribed the substance for the 149  
patient. 150

(c) The prescription is for an amount that does not exceed 151  
the amount necessary for the patient's use in a single, seventy- 152  
two-hour period. 153

(2) The restrictions on prescriptive authority in division 154  
(C) (1) of this section do not apply if a clinical nurse 155  
specialist, certified nurse-midwife, or certified nurse 156  
practitioner issues the prescription to the patient from any of 157  
the following entities: 158

(a) A hospital registered under section 3701.07 of the 159  
Revised Code; 160

(b) An entity owned or controlled, in whole or in part, by 161  
a hospital or by an entity that owns or controls, in whole or in 162  
part, one or more hospitals; 163

(c) A health care facility operated by the department of mental health and addiction services or the department of developmental disabilities;	164 165 166
(d) A nursing home licensed under section 3721.02 of the Revised Code or by a political subdivision certified under section 3721.09 of the Revised Code;	167 168 169
(e) A county home or district home operated under Chapter 5155. of the Revised Code that is certified under the medicare or medicaid program;	170 171 172
(f) A hospice care program, as defined in section 3712.01 of the Revised Code;	173 174
(g) A community mental health services provider, as defined in section 5122.01 of the Revised Code;	175 176
(h) An ambulatory surgical facility, as defined in section 3702.30 of the Revised Code;	177 178
(i) A freestanding birthing center, as defined in section 3702.141 of the Revised Code;	179 180
(j) A federally qualified health center, as defined in section 3701.047 of the Revised Code;	181 182
(k) A federally qualified health center look-alike, as defined in section 3701.047 of the Revised Code;	183 184
(l) A health care office or facility operated by the board of health of a city or general health district or the authority having the duties of a board of health under section 3709.05 of the Revised Code;	185 186 187 188
(m) A site where a medical practice is operated, but only if the practice is comprised of one or more physicians who also	189 190

are owners of the practice; the practice is organized to provide 191  
direct patient care; and the clinical nurse specialist, 192  
certified nurse-midwife, or certified nurse practitioner 193  
providing services at the site has a standard care arrangement 194  
and collaborates with at least one of the physician owners who 195  
practices primarily at that site; 196

(n) A residential care facility, as defined in section 197  
3721.01 of the Revised Code. 198

(3) A clinical nurse specialist, certified nurse-midwife, 199  
or certified nurse practitioner shall not issue to a patient a 200  
prescription for a schedule II controlled substance from a 201  
convenience care clinic even if the clinic is owned or operated 202  
by an entity specified in division (C) (2) of this section. 203

(D) A pharmacist who acts in good faith reliance on a 204  
prescription issued by a clinical nurse specialist, certified 205  
nurse-midwife, or certified nurse practitioner under division 206  
(C) (2) of this section is not liable for or subject to any of 207  
the following for relying on the prescription: damages in any 208  
civil action, prosecution in any criminal proceeding, or 209  
professional disciplinary action by the state board of pharmacy 210  
under Chapter 4729. of the Revised Code. 211

(E) A clinical nurse specialist, certified nurse-midwife, 212  
or certified nurse practitioner shall comply with section 213  
3719.061 of the Revised Code if the nurse prescribes for a 214  
minor, as defined in that section, an opioid analgesic, as 215  
defined in section 3719.01 of the Revised Code. 216

**Sec. 4723.487.** (A) As used in this section: 217

(1) "Drug database" means the database established and 218  
maintained by the state board of pharmacy pursuant to section 219



4729.75 of the Revised Code.	220
(2) "Opioid analgesic" and "benzodiazepine" have the same meanings as in section 3719.01 of the Revised Code.	221 222
(B) Except as provided in divisions (C) and (E) of this section, an advanced practice registered nurse who is designated as a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner shall comply with all of the following as conditions of prescribing a drug that is either an opioid analgesic or a benzodiazepine as part of a patient's course of treatment for a particular condition:	223 224 225 226 227 228 229
(1) Before initially prescribing the drug, the advanced practice registered nurse or the advanced practice registered nurse's delegate shall request from the drug database a report of information related to the patient that covers at least the twelve months immediately preceding the date of the request. If the advanced practice registered nurse practices primarily in a county of this state that adjoins another state, the advanced practice registered nurse or delegate also shall request a report of any information available in the drug database that pertains to prescriptions issued or drugs furnished to the patient in the state adjoining that county.	230 231 232 233 234 235 236 237 238 239 240
(2) If the patient's course of treatment for the condition continues for more than ninety days after the initial report is requested, the advanced practice registered nurse or delegate shall make periodic requests for reports of information from the drug database until the course of treatment has ended. The requests shall be made at intervals not exceeding ninety days, determined according to the date the initial request was made. The request shall be made in the same manner provided in division (B) (1) of this section for requesting the initial	241 242 243 244 245 246 247 248 249

report of information from the drug database. 250

(3) On receipt of a report under division (B) (1) or (2) of 251  
this section, the advanced practice registered nurse shall 252  
assess the information in the report. The advanced practice 253  
registered nurse shall document in the patient's record that the 254  
report was received and the information was assessed. 255

(C) Division (B) of this section does not apply ~~if~~ in any 256  
of the following circumstances: 257

(1) A drug database report regarding the patient is not 258  
available, in which case the advanced practice registered nurse 259  
shall document in the patient's record the reason that the 260  
report is not available. 261

~~(2) The drug is prescribed in an amount indicated for a~~ 262  
~~period not to exceed seven days.~~ 263

~~(3)~~ The drug is prescribed for the treatment of cancer or 264  
another condition associated with cancer. 265

~~(4)~~ (3) The drug is prescribed to a hospice patient in a 266  
hospice care program, as those terms are defined in section 267  
3712.01 of the Revised Code, or any other patient diagnosed as 268  
terminally ill. 269

~~(5)~~ (4) The drug is prescribed for administration in a 270  
hospital, nursing home, or residential care facility. 271

(D) The board of nursing may adopt rules, in accordance 272  
with Chapter 119. of the Revised Code, that establish standards 273  
and procedures to be followed by an advanced practice registered 274  
nurse regarding the review of patient information available 275  
through the drug database under division (A) (5) of section 276  
4729.80 of the Revised Code. The rules shall be adopted in 277

accordance with Chapter 119. of the Revised Code.	278
(E) This section and any rules adopted under it do not	279
apply if the state board of pharmacy no longer maintains the	280
drug database.	281
<b>Sec. 4729.83.</b> (A) If the state board of pharmacy	282
establishes and maintains a drug database pursuant to section	283
4729.75 of the Revised Code, the board may use, for the purpose	284
of establishing or maintaining the database, any portion of the	285
licensure or registration fees collected under this chapter. The	286
board shall not increase the amount of any of those fees solely	287
for the purpose of establishing or maintaining the database.	288
The board shall not impose any charge on a prescriber for	289
the establishment or maintenance of the database. The board	290
shall not charge any fees for the transmission of data to the	291
database or for the receipt of information from the database,	292
except that the board may charge a fee in accordance with rules	293
adopted under section 4729.84 of the Revised Code to an	294
individual who requests the individual's own database	295
information under section 4729.80 of the Revised Code.	296
(B) The board may accept grants, gifts, or donations for	297
purposes of the drug database. Any money received shall be	298
deposited into the state treasury to the credit of the drug	299
database fund, which is hereby created. Money in the fund shall	300
be used solely for purposes of the drug database.	301
<u>(C) Not later than five days after the beginning of each</u>	302
<u>state fiscal year, the director of commerce and the executive</u>	303
<u>director of the state board of pharmacy shall consult with the</u>	304
<u>director of budget and management to determine the amount of</u>	305
<u>money sufficient for maintaining and administering drug database</u>	306

operations and initiatives aimed at reducing the diversion of 307  
dangerous drugs. After that determination, the director of 308  
budget and management shall transfer the determined amount in 309  
cash from the medical marijuana control program fund established 310  
under section 3796.022 of the Revised Code to the drug database 311  
fund. 312

**Sec. 4730.42.** (A) In granting physician-delegated 313  
prescriptive authority to a particular physician assistant who 314  
holds a valid prescriber number issued by the state medical 315  
board, the supervising physician is subject to all of the 316  
following: 317

(1) The supervising physician shall not grant physician- 318  
delegated prescriptive authority for any drug or device that may 319  
be used to perform or induce an abortion. 320

(2) The supervising physician shall not grant physician- 321  
delegated prescriptive authority in a manner that exceeds the 322  
supervising physician's prescriptive authority, including the 323  
physician's authority to treat chronic pain with controlled 324  
substances ~~and products containing tramadol~~ as described in 325  
section 4731.052 of the Revised Code. 326

(3) The supervising physician shall supervise the 327  
physician assistant in accordance with both of the following: 328

(a) The supervision requirements specified in section 329  
4730.21 of the Revised Code; 330

(b) The supervision agreement entered into with the 331  
physician assistant under section 4730.19 of the Revised Code, 332  
including, if applicable, the policies of the health care 333  
facility in which the physician and physician assistant are 334  
practicing. 335

(B) (1) The supervising physician of a physician assistant 336  
may place conditions on the physician-delegated prescriptive 337  
authority granted to the physician assistant. If conditions are 338  
placed on that authority, the supervising physician shall 339  
maintain a written record of the conditions and make the record 340  
available to the state medical board on request. 341

(2) The conditions that a supervising physician may place 342  
on the physician-delegated prescriptive authority granted to a 343  
physician assistant include the following: 344

(a) Identification by class and specific generic 345  
nomenclature of drugs and therapeutic devices that the physician 346  
chooses not to permit the physician assistant to prescribe; 347

(b) Limitations on the dosage units or refills that the 348  
physician assistant is authorized to prescribe; 349

(c) Specification of circumstances under which the 350  
physician assistant is required to refer patients to the 351  
supervising physician or another physician when exercising 352  
physician-delegated prescriptive authority; 353

(d) Responsibilities to be fulfilled by the physician in 354  
supervising the physician assistant that are not otherwise 355  
specified in the supervision agreement or otherwise required by 356  
this chapter. 357

**Sec. 4730.53.** (A) As used in this section: 358

(1) "Drug database" means the database established and 359  
maintained by the state board of pharmacy pursuant to section 360  
4729.75 of the Revised Code. 361

(2) "Opioid analgesic" and "benzodiazepine" have the same 362  
meanings as in section 3719.01 of the Revised Code. 363

(B) Except as provided in divisions (C) and (E) of this section, a physician assistant licensed under this chapter who has been granted physician-delegated prescriptive authority shall comply with all of the following as conditions of prescribing a drug that is either an opioid analgesic or a benzodiazepine as part of a patient's course of treatment for a particular condition:

(1) Before initially prescribing the drug, the physician assistant or the physician assistant's delegate shall request from the drug database a report of information related to the patient that covers at least the twelve months immediately preceding the date of the request. If the physician assistant practices primarily in a county of this state that adjoins another state, the physician assistant or delegate also shall request a report of any information available in the drug database that pertains to prescriptions issued or drugs furnished to the patient in the state adjoining that county.

(2) If the patient's course of treatment for the condition continues for more than ninety days after the initial report is requested, the physician assistant or delegate shall make periodic requests for reports of information from the drug database until the course of treatment has ended. The requests shall be made at intervals not exceeding ninety days, determined according to the date the initial request was made. The request shall be made in the same manner provided in division (B)(1) of this section for requesting the initial report of information from the drug database.

(3) On receipt of a report under division (B)(1) or (2) of this section, the physician assistant shall assess the information in the report. The physician assistant shall

document in the patient's record that the report was received 394  
and the information was assessed. 395

(C) Division (B) of this section does not apply in any of 396  
the following circumstances: 397

(1) A drug database report regarding the patient is not 398  
available, in which case the physician assistant shall document 399  
in the patient's record the reason that the report is not 400  
available. 401

~~(2) The drug is prescribed in an amount indicated for a 402  
period not to exceed seven days. 403~~

~~(3) The drug is prescribed for the treatment of cancer or 404  
another condition associated with cancer. 405~~

~~(4) (3) The drug is prescribed to a hospice patient in a 406  
hospice care program, as those terms are defined in section 407  
3712.01 of the Revised Code, or any other patient diagnosed as 408  
terminally ill. 409~~

~~(5) (4) The drug is prescribed for administration in a 410  
hospital, nursing home, or residential care facility. 411~~

(D) The state medical board may adopt rules that establish 412  
standards and procedures to be followed by a physician assistant 413  
licensed under this chapter who has been granted physician- 414  
delegated prescriptive authority regarding the review of patient 415  
information available through the drug database under division 416  
(A) (5) of section 4729.80 of the Revised Code. The rules shall 417  
be adopted in accordance with Chapter 119. of the Revised Code. 418

(E) This section and any rules adopted under it do not 419  
apply if the state board of pharmacy no longer maintains the 420  
drug database. 421

**Sec. 4731.052.** (A) As used in this section: 422

(1) "Chronic pain" means pain that has persisted after 423  
reasonable medical efforts have been made to relieve the pain or 424  
cure its cause and that has continued, either continuously or 425  
episodically, for longer than three continuous months. "Chronic 426  
pain" does not include pain associated with a terminal condition 427  
or with a progressive disease that, in the normal course of 428  
progression, may reasonably be expected to result in a terminal 429  
condition. 430

(2) "Controlled substance" has the same meaning as in 431  
section 3719.01 of the Revised Code. 432

(3) "Physician" means an individual authorized under this 433  
chapter to practice medicine and surgery or osteopathic medicine 434  
and surgery. 435

(B) The state medical board shall adopt rules in 436  
accordance with Chapter 119. of the Revised Code that establish 437  
standards and procedures to be followed by physicians in the 438  
diagnosis and treatment of chronic pain, including standards for 439  
a physician's consultation with one or more other physicians who 440  
specialize in the treatment of the area, system, or organ of the 441  
body perceived as the source of pain and managing chronic pain 442  
by prescribing, personally furnishing, or administering 443  
controlled substances ~~or products containing tramadol~~. 444

(C) When a physician diagnoses a patient as having chronic 445  
pain, the physician may, subject to division (D) of this 446  
section, treat the pain by managing it with controlled 447  
substances ~~and products containing tramadol~~. The physician's 448  
diagnosis and treatment decisions shall be made according to 449  
accepted and prevailing standards for medical care. For the 450



purpose of assisting with the diagnosis of chronic pain, the 451  
physician shall obtain and review all available medical records 452  
or detailed written summaries of the patient's treatment for 453  
chronic pain or the condition causing the chronic pain. It is 454  
recommended that the physician also consider having the patient 455  
evaluated by one or more other physicians who specialize in the 456  
treatment of the area, system, or organ of the body perceived as 457  
the source of the pain. 458

(D) For each patient a physician diagnoses as having 459  
chronic pain, the physician shall maintain a written record of 460  
all of the following: 461

(1) Medical history and physical examination of the 462  
patient; 463

(2) The diagnosis of chronic pain, including signs, 464  
symptoms, and causes; 465

(3) The plan of treatment proposed, the patient's response 466  
to treatment, and any modification to the plan of treatment, 467  
including all of the following: 468

(a) Documentation that other medically reasonable 469  
treatments for relief of the patient's chronic pain have been 470  
offered or attempted without adequate or reasonable success; 471

(b) Periodic assessment and documentation of the patient's 472  
functional status, including the ability to engage in work or 473  
other purposeful activities, the pain intensity and its 474  
interference with activities of daily living, quality of family 475  
life and social activities, and physical activity of the 476  
patient; 477

(c) Periodic assessment and documentation of the patient's 478  
progress toward treatment objectives, including the intended 479

role of controlled substances ~~or products containing tramadol~~ 480  
within the overall plan of treatment; 481

(d) Periodic assessment and documentation for indicators 482  
of possible addiction, drug abuse, or drug diversion; 483

(e) Notation of any adverse drug effects. 484

(4) The dates on which controlled substances ~~or products~~ 485  
~~containing tramadol~~ were prescribed, furnished, or administered, 486  
the name and address of the patient to or for whom the 487  
controlled substances ~~or products containing tramadol~~ were 488  
prescribed, furnished, or administered, and the amounts and 489  
dosage forms for the controlled substances ~~or products~~ 490  
~~containing tramadol~~ prescribed, furnished, or administered; 491

(5) A copy of any record or report made by another 492  
physician that was used or consulted for the purpose of 493  
diagnosing the patient's chronic pain or treating the patient 494  
for chronic pain. 495

(E) A physician shall not prescribe, personally furnish, 496  
or administer to a patient a controlled substance ~~or product~~ 497  
~~containing tramadol~~ without taking into account the potential 498  
for abuse of the controlled substance ~~or product~~, the 499  
possibility the controlled substance ~~or product~~ may lead to 500  
dependence, the possibility the patient will obtain the 501  
controlled substance ~~or product~~ for a nontherapeutic use or 502  
distribute it to other persons, and the potential existence of 503  
an illicit market for the controlled substance ~~or product~~. In 504  
addition, the physician shall address with the patient the risks 505  
associated with protracted treatment with controlled substances 506  
~~or products containing tramadol~~, including informing the patient 507  
of the potential for dependence, tolerance, and addiction and 508

the clinical or monitoring tools the physician may use if signs 509  
of addiction, drug abuse, or drug diversion are present. 510

(F) A physician who treats chronic pain by managing it 511  
with controlled substances ~~or products containing tramadol~~ is 512  
not subject to disciplinary action by the board under section 513  
4731.22 of the Revised Code solely because the physician treated 514  
the chronic pain with controlled substances ~~or products~~ 515  
~~containing tramadol~~. 516

**Sec. 4731.054.** (A) As used in this section: 517

(1) "Chronic pain" has the same meaning as in section 518  
4731.052 of the Revised Code. 519

(2) "Controlled substance" has the same meaning as in 520  
section 3719.01 of the Revised Code. 521

(3) "Hospice care program" means a program licensed under 522  
Chapter 3712. of the Revised Code. 523

(4) "Hospital" means a hospital registered with the 524  
department of health under section 3701.07 of the Revised Code. 525

(5) "Owner" means each person included on the list 526  
maintained under division (B)(6) of section 4729.552 of the 527  
Revised Code. 528

(6) (a) "Pain management clinic" means a facility to which 529  
both of the following apply: 530

(i) The majority of patients of the prescribers at the 531  
facility are provided treatment for chronic pain through the use 532  
of controlled substances, ~~tramadol~~, or other drugs specified in 533  
rules adopted under this section; 534

(ii) The facility meets any other identifying criteria 535

established in rules adopted under this section.	536
(b) "Pain management clinic" does not include any of the following:	537 538
(i) A hospital;	539
(ii) A facility operated by a hospital for the treatment of chronic pain;	540 541
(iii) A physician practice owned or controlled, in whole or in part, by a hospital or by an entity that owns or controls, in whole or in part, one or more hospitals;	542 543 544
(iv) A school, college, university, or other educational institution or program to the extent that it provides instruction to individuals preparing to practice as physicians, podiatrists, dentists, nurses, physician assistants, optometrists, or veterinarians or any affiliated facility to the extent that it participates in the provision of that instruction;	545 546 547 548 549 550 551
(v) A hospice care program with respect to its hospice patients;	552 553
(vi) A hospice care program with respect to its provision of palliative care in an inpatient facility or unit to patients who are not hospice patients, as authorized by section 3712.10 of the Revised Code, but only in the case of those palliative care patients who have a life-threatening illness;	554 555 556 557 558
(vii) A palliative care inpatient facility or unit that does not admit hospice patients and is not otherwise excluded as a pain management clinic under division (A) (6) (b) of this section, but only in the case of those palliative care patients who have a life-threatening illness;	559 560 561 562 563

(viii) An ambulatory surgical facility licensed under section 3702.30 of the Revised Code;	564 565
(ix) An interdisciplinary pain rehabilitation program with three-year accreditation from the commission on accreditation of rehabilitation facilities;	566 567 568
(x) A nursing home licensed under section 3721.02 of the Revised Code or by a political subdivision certified under section 3721.09 of the Revised Code;	569 570 571
(xi) A facility conducting only clinical research that may use controlled substances in studies approved by a hospital-based institutional review board or an institutional review board accredited by the association for the accreditation of human research protection programs.	572 573 574 575 576
(7) "Physician" means an individual authorized under this chapter to practice medicine and surgery or osteopathic medicine and surgery.	577 578 579
(8) "Prescriber" has the same meaning as in section 4729.01 of the Revised Code.	580 581
(B) Each owner shall supervise, control, and direct the activities of each individual, including an employee, volunteer, or individual under contract, who provides treatment of chronic pain at the pain management clinic or is associated with the provision of that treatment. The supervision, control, and direction shall be provided in accordance with rules adopted under this section.	582 583 584 585 586 587 588
(C) The state medical board shall adopt rules in accordance with Chapter 119. of the Revised Code that establish all of the following:	589 590 591

(1) Standards and procedures for the operation of a pain management clinic;	592 593
(2) Standards and procedures to be followed by a physician who provides care at a pain management clinic;	594 595
(3) For purposes of division (A) (5) (a) (i) of this section, the other drugs used to treat chronic pain that identify a facility as a pain management clinic;	596 597 598
(4) For purposes of division (A) (5) (a) (ii) of this section, the other criteria that identify a facility as a pain management clinic;	599 600 601
(5) For purposes of division (B) of this section, standards and procedures to be followed by an owner in providing supervision, direction, and control of individuals at a pain management clinic.	602 603 604 605
(D) The board may impose a fine of not more than twenty thousand dollars on a physician who fails to comply with rules adopted under this section. The fine may be in addition to or in lieu of any other action that may be taken under section 4731.22 of the Revised Code. The board shall deposit any amounts received under this division in accordance with section 4731.24 of the Revised Code.	606 607 608 609 610 611 612
(E) (1) The board may inspect either of the following as the board determines necessary to ensure compliance with this chapter and any rules adopted under it regarding pain management clinics:	613 614 615 616
(a) A pain management clinic;	617
(b) A facility or physician practice that the board suspects is operating as a pain management clinic in violation	618 619

of this chapter. 620

(2) The board's inspection shall be conducted in 621  
accordance with division (F) of section 4731.22 of the Revised 622  
Code. 623

(3) Before conducting an on-site inspection, the board 624  
shall provide notice to the owner or other person in charge of 625  
the facility or physician practice, except that the board is not 626  
required to provide the notice if, in the judgment of the board, 627  
the notice would jeopardize an investigation being conducted by 628  
the board. 629

**Sec. 4731.055.** (A) As used in this section: 630

(1) "Drug database" means the database established and 631  
maintained by the state board of pharmacy pursuant to section 632  
4729.75 of the Revised Code. 633

(2) "Physician" means an individual authorized under this 634  
chapter to practice medicine and surgery, osteopathic medicine 635  
and surgery, or podiatric medicine and surgery. 636

(3) "Opioid analgesic" and "benzodiazepine" have the same 637  
meanings as in section 3719.01 of the Revised Code. 638

(B) Except as provided in divisions (C) and (E) of this 639  
section, a physician shall comply with all of the following as 640  
conditions of prescribing a drug that is either an opioid 641  
analgesic or a benzodiazepine, or personally furnishing a 642  
complete or partial supply of such a drug, as part of a 643  
patient's course of treatment for a particular condition: 644

(1) Before initially prescribing or furnishing the drug, 645  
the physician or the physician's delegate shall request from the 646  
drug database a report of information related to the patient 647

that covers at least the twelve months immediately preceding the 648  
date of the request. If the physician practices primarily in a 649  
county of this state that adjoins another state, the physician 650  
or delegate also shall request a report of any information 651  
available in the drug database that pertains to prescriptions 652  
issued or drugs furnished to the patient in the state adjoining 653  
that county. 654

(2) If the patient's course of treatment for the condition 655  
continues for more than ninety days after the initial report is 656  
requested, the physician or delegate shall make periodic 657  
requests for reports of information from the drug database until 658  
the course of treatment has ended. The requests shall be made at 659  
intervals not exceeding ninety days, determined according to the 660  
date the initial request was made. The request shall be made in 661  
the same manner provided in division (B)(1) of this section for 662  
requesting the initial report of information from the drug 663  
database. 664

(3) On receipt of a report under division (B)(1) or (2) of 665  
this section, the physician shall assess the information in the 666  
report. The physician shall document in the patient's record 667  
that the report was received and the information was assessed. 668

(C) Division (B) of this section does not apply in any of 669  
the following circumstances: 670

(1) A drug database report regarding the patient is not 671  
available, in which case the physician shall document in the 672  
patient's record the reason that the report is not available. 673

~~(2) The drug is prescribed or personally furnished in an 674  
amount indicated for a period not to exceed seven days. 675~~

~~(3) The drug is prescribed or personally furnished for the 676~~



treatment of cancer or another condition associated with cancer. 677

~~(4)~~ (3) The drug is prescribed or personally furnished to 678  
a hospice patient in a hospice care program, as those terms are 679  
defined in section 3712.01 of the Revised Code, or any other 680  
patient diagnosed as terminally ill. 681

~~(5)~~ (4) The drug is prescribed or personally furnished for 682  
administration in a hospital, nursing home, or residential care 683  
facility. 684

~~(6)~~ (5) The drug is prescribed or personally furnished to 685  
treat acute pain resulting from a surgical or other invasive 686  
procedure or a delivery, but only if the drug is prescribed or 687  
personally furnished in an amount indicated for a period not to 688  
exceed three days. 689

(D) The state medical board may adopt rules that establish 690  
standards and procedures to be followed by a physician regarding 691  
the review of patient information available through the drug 692  
database under division (A) (5) of section 4729.80 of the Revised 693  
Code. The rules shall be adopted in accordance with Chapter 119. 694  
of the Revised Code. 695

(E) This section and any rules adopted under it do not 696  
apply if the state board of pharmacy no longer maintains the 697  
drug database. 698

**Section 2.** That existing sections 4715.302, 4723.481, 699  
4723.487, 4729.83, 4730.42, 4730.53, 4731.052, 4731.054, and 700  
4731.055 of the Revised Code are hereby repealed. 701

**Section 3.** That the version of section 4723.481 of the 702  
Revised Code that is scheduled to take effect September 30, 703  
2024, be amended to read as follows: 704

**Sec. 4723.481.** This section establishes standards and 705  
conditions regarding the authority of an advanced practice 706  
registered nurse who is designated as a clinical nurse 707  
specialist, certified nurse-midwife, or certified nurse 708  
practitioner to prescribe and personally furnish drugs and 709  
therapeutic devices under a license issued under section 4723.42 710  
of the Revised Code. 711

(A) A clinical nurse specialist, certified nurse-midwife, 712  
or certified nurse practitioner shall not prescribe or furnish 713  
any drug or therapeutic device that is listed on the 714  
exclusionary formulary established in rules adopted under 715  
section 4723.50 of the Revised Code. 716

(B) The prescriptive authority of a clinical nurse 717  
specialist, certified nurse-midwife, or certified nurse 718  
practitioner shall not exceed the prescriptive authority of the 719  
collaborating physician or podiatrist, including the 720  
collaborating physician's authority to treat chronic pain with 721  
controlled substances ~~and products containing tramadol~~ as 722  
described in section 4731.052 of the Revised Code. 723

(C) (1) Except as provided in division (C) (2) or (3) of 724  
this section, a clinical nurse specialist, certified nurse- 725  
midwife, or certified nurse practitioner may prescribe to a 726  
patient a schedule II controlled substance only if all of the 727  
following are the case: 728

(a) The patient has a terminal condition, as defined in 729  
section 2133.01 of the Revised Code. 730

(b) A physician initially prescribed the substance for the 731  
patient. 732

(c) The prescription is for an amount that does not exceed 733

the amount necessary for the patient's use in a single, seventy- 734  
two-hour period. 735

(2) The restrictions on prescriptive authority in division 736  
(C)(1) of this section do not apply if a clinical nurse 737  
specialist, certified nurse-midwife, or certified nurse 738  
practitioner issues the prescription to the patient from any of 739  
the following entities: 740

(a) A hospital registered under section 3701.07 of the 741  
Revised Code; 742

(b) An entity owned or controlled, in whole or in part, by 743  
a hospital or by an entity that owns or controls, in whole or in 744  
part, one or more hospitals; 745

(c) A health care facility operated by the department of 746  
mental health and addiction services or the department of 747  
developmental disabilities; 748

(d) A nursing home licensed under section 3721.02 of the 749  
Revised Code or by a political subdivision certified under 750  
section 3721.09 of the Revised Code; 751

(e) A county home or district home operated under Chapter 752  
5155. of the Revised Code that is certified under the medicare 753  
or medicaid program; 754

(f) A hospice care program, as defined in section 3712.01 755  
of the Revised Code; 756

(g) A community mental health services provider, as 757  
defined in section 5122.01 of the Revised Code; 758

(h) An ambulatory surgical facility, as defined in section 759  
3702.30 of the Revised Code; 760

(i) A freestanding birthing center, as defined in section 3702.141 of the Revised Code;	761 762
(j) A federally qualified health center, as defined in section 3701.047 of the Revised Code;	763 764
(k) A federally qualified health center look-alike, as defined in section 3701.047 of the Revised Code;	765 766
(l) A health care office or facility operated by the board of health of a city or general health district or the authority having the duties of a board of health under section 3709.05 of the Revised Code;	767 768 769 770
(m) A site where a medical practice is operated, but only if the practice is comprised of one or more physicians who also are owners of the practice; the practice is organized to provide direct patient care; and the clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner providing services at the site has a standard care arrangement and collaborates with at least one of the physician owners who practices primarily at that site;	771 772 773 774 775 776 777 778
(n) A site where a behavioral health practice is operated that does not qualify as a location otherwise described in division (C) (2) of this section, but only if the practice is organized to provide outpatient services for the treatment of mental health conditions, substance use disorders, or both, and the clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner providing services at the site of the practice has a standard care arrangement and collaborates with at least one physician who is employed by that practice;	779 780 781 782 783 784 785 786 787
(o) A residential care facility, as defined in section 3721.01 of the Revised Code.	788 789

(3) A clinical nurse specialist, certified nurse-midwife, 790  
or certified nurse practitioner shall not issue to a patient a 791  
prescription for a schedule II controlled substance from a 792  
convenience care clinic even if the clinic is owned or operated 793  
by an entity specified in division (C) (2) of this section. 794

(D) A pharmacist who acts in good faith reliance on a 795  
prescription issued by a clinical nurse specialist, certified 796  
nurse-midwife, or certified nurse practitioner under division 797  
(C) (2) of this section is not liable for or subject to any of 798  
the following for relying on the prescription: damages in any 799  
civil action, prosecution in any criminal proceeding, or 800  
professional disciplinary action by the state board of pharmacy 801  
under Chapter 4729. of the Revised Code. 802

(E) A clinical nurse specialist, certified nurse-midwife, 803  
or certified nurse practitioner shall comply with section 804  
3719.061 of the Revised Code if the nurse prescribes for a 805  
minor, as defined in that section, an opioid analgesic, as 806  
defined in section 3719.01 of the Revised Code. 807

**Section 4.** That the existing version of section 4723.481 808  
of the Revised Code that is scheduled to take effect September 809  
30, 2024, is hereby repealed. 810

**Section 5.** Sections 3 and 4 of this act take effect 811  
September 30, 2024. 812

**Section 6.** The General Assembly, applying the principle 813  
stated in division (B) of section 1.52 of the Revised Code that 814  
amendments are to be harmonized if reasonably capable of 815  
simultaneous operation, finds that the following sections, 816  
presented in this act as composites of the sections as amended 817  
by the acts indicated, are the resulting versions of the 818

sections in effect prior to the effective date of the sections 819  
as presented in this act: 820

The version of section 4723.481 of the Revised Code that 821  
is scheduled to take effect September 30, 2024, as amended by 822  
H.B. 33 of the 135th General Assembly and by H.B. 110 and H.B. 823  
509 of the 134th General Assembly. 824

Section 4730.53 of the Revised Code as amended by S.B. 110 825  
of the 131st General Assembly and H.B. 394 and S.B. 276, both of 826  
the 130th General Assembly. 827