

HB 93 SUMMARY

BILL SUMMARY

PAIN MANAGEMENT CLINICS

- Requires the State Board of Pharmacy (BOP) to license pain management clinics as terminal distributors of dangerous drugs with a pain management clinic classification¹²³. The bill permits the Pharmacy Board to suspend a facility license without a prior hearing after consulting with the State Medical Board (SMB).
- Delays, until 30 days after the bill's effective date, the prohibition on operating a pain management clinic without a license.
- Requires the SMB to adopt rules establishing standards for physician operation of pain management clinics and standards to be followed by physicians who provide care at pain management clinics.
- Authorizes the Pharmacy Board to impose a fine of up to \$5,000, and the Medical Board to impose a fine of up to \$20,000, for failure to follow the rules of operation or standards for pain management clinics.

WHOLESALERS AND TERMINAL DISTRIBUTORS

 Authorizes the Pharmacy Board to suspend, without prior hearing, the license of a wholesaler of controlled substances or terminal distributor of dangerous drugs if the Board determines there is danger of immediate and serious harm to others.

LIMITS ON PRESCRIBER-FURNISHED CONTROLLED SUBSTANCES

- Limits the amount of controlled substances that a prescriber, other than a veterinarian, may personally furnish to a patient and provides for a \$5,000 per instance fine for surpassing those limits.
 - Monthly: In any 30-day period, an amount of all controlled substances combined that exceeds a total of 2,500 dosage units;
 - o **72-hour period:** In any 72-hour period, an amount of a controlled substance provided to or for a patient that exceeds the amount necessary for the patient's use in a 72-hour period.
 - Methadone: Any amount of methadone personally furnished to a patient for the purpose of treating drug addiction does not count toward the limit.

TAKE-BACK PROGRAM

Requires the BOP, Attorney General (AG), and Department of Alcohol and Drug Addiction Services (ODADAS) to develop a program under which drugs are collected from the community for destruction or disposal. The first collection of drugs must occur no later than one year after the bill's effective date. The AG will assume sole responsible for the costs incurred in establishing and administering the program.

¹ Defines a pain management as a facility to which all of the following apply: (1) a primary component of practice is treatment of pain or chronic pain; (2) the majority of patients of the prescribers at the facility are provided treatment for pain or chronic pain that includes the use of controlled substances, tramadol, carisoprodol, or other drugs specified by the Medical Board; and (3) the facility meets any other identifying criteria established by the Medical Board.

² An applicant for licensure as a terminal distributor with a pain management clinic classification must submit evidence satisfactory to the Pharmacy Board that the clinic will be operated in accordance with the bill's requirements for the operation of such clinics. Such requirements include: (1) **the facility is physician owned**; (2) Require any **person with ownership of the facility to submit to criminal records check**; (3) Require **all employees of the facility to submit to a criminal records check** and ensure that no person is employed who has previously been convicted of, or pleaded guilty to, any felony in Ohio, another state, or the United States; and (4) **Maintain a list of each person with ownership of the facility** and notify the Pharmacy Board of any changes.

³ The following are exempted from licensure: (1) A hospital or affiliated facility, (2) an educational institution or affiliated facility, (3) a facility affiliated with such a medical or dental school, (4) a hospice program or (5) an ambulatory surgical facility.

OHIO AUTOMATED Rx REPORTING SYSTEM (OARRS)

- Modifies the review, reporting, and retention of information in OARRS. Permits a prescriber's agent registered with the BOP to receive information from OARRS.
- Establishes criminal penalties for improperly disseminating, seeking to obtain, or obtaining information from OARRS.
- Prohibits the use of a document obtained from OARRS in a civil or administrative proceeding.
- Requires the applicable licensing agency to adopt rules specifying when a health care provider⁴ is required to review information in OARRS.

OHIO LAW ENFORCEMENT GATEWAY5

Expands Ohio Law Enforcement Gateway access to the Medical Board and Board of Nursing.

MEDICAL BOARD DISCIPLINARY ACTIONS

- Specifies criteria for the Medical Board to issue a summary suspension of a license.
- Permits the Medical Board to take disciplinary actions based on actions of other regulatory entities involving any health care profession or service.
- Allows the Medical Board to use a telephone conference call to (1) ratify a consent agreement for the revocation or suspension of a license or (2) accept the surrender of a license.

CORONER NOTIFICATIONS

Authorizes a coroner to notify the Medical Board about a death caused by a drug overdose.

COORDINATED SERVICES PROGRAMS (aka "Lock-in" Programs)

- Requires each Medicaid managed care organization and the Medicaid fee-for-service system to establish a lock-in program for Medicaid recipients who obtain prescription drugs at a frequency or in an amount that is not medically necessary.
- Requires the Bureau of Workers' Compensation to establish a lock-in program that is substantially the same as the programs to be established under Medicaid.
- The bill requires Medicaid fee-for-service and the Workers' Compensation Program to each include a coordinated services program by July 1, 2012.

CHRONIC PAIN

 Replaces existing provisions dealing with treatment of intractable pain by physicians with provisions on treatment of chronic pain, and requires the Medical Board to approve continuing education courses and procedures to be followed by physicians in treating chronic pain rather than intractable pain.

MEDICAL BOARD EDUCATION AND PATIENT SAFETY PROGRAMS

• Establishes the Drug Database Fund and the Medical Board Education and Patient Safety Fund.

BILL IMPLEMENTATION TIMELINE:

- May 20, 2011 Legislation signed by the Governor. Most provisions take effect on 5/20, as the bill was passed with an Emergency Clause.
- > June 19, 2011 Prohibition on the operation of a pain management clinic without license becomes effective.
- May 20, 2012 The first collection of drugs under the take back program must occur.
- > July 1, 2012 Medicaid and BWC lock in programs must be established.

For more information about HB 93 please visit the following sites:

- Ohio Legislative Service Commission
- State Medical Board of Ohio
- Ohio State Board of Pharmacy

^{4 &}quot;Health care provider" includes the following: dentists, nurses, optometrists, pharmacists, physicians, and physician assistants.

⁵ OLEG, established and operated under current law by the Superintendent of the Bureau of Criminal Identification and Investigation, is a statewide communications network to gather and disseminate information, data, and statistics for the use of law enforcement agencies, known as OLEG.