



www.lsc.ohio.gov

OHIO LEGISLATIVE SERVICE COMMISSION

Office of Research
and Drafting

Legislative Budget
Office

H.B. 699
133rd General Assembly

Bill Analysis

[Click here for H.B. 699's Fiscal Note](#)

Version: As Introduced

Primary Sponsors: Reps. Holmes and Crossman

Audra Tidball, Attorney

SUMMARY

Limits on opioid analgesic prescriptions for acute pain

- Requires prescribers to limit initial prescriptions for opioid analgesics for acute pain to not more than three days.
- Permits health-related licensing boards to adopt rules specifying circumstances under which a prescriber may issue an initial prescription for an opioid analgesic for acute pain for more than three days.

Patient evaluation for abuse and addiction

- Requires prescribers who prescribe or personally furnish opioid analgesics to evaluate the patient for signs of drug abuse and addiction before initially prescribing the drug and at least annually thereafter.
- Requires health-related licensing boards that license prescribers to adopt rules establishing standards and procedures for the evaluations described above.

Patient discussion regarding opioid addiction

- Requires a pharmacist who dispenses an opioid analgesic in an amount for five or more days to discuss with the patient the risks of opioid addiction.
- Requires the Medicaid Director, in consultation with the Superintendent of Insurance, to adopt rules establishing a flat reimbursement fee for the pharmacist discussion described above.
- Requires health-related licensing boards to adopt guidelines regarding counseling and education that prescribers must provide to patients who are prescribed opioid analgesics in an amount for five or more days.

Drug database

- Makes the following changes to existing law regarding the State Board of Pharmacy's drug database (OARRS):
 - Adds that the database must be used to identify and report prescribers who may have violated the law;
 - Requires prescribers to report information to the Board regarding the administration of controlled substances, naltrexone, or other dangerous drugs included in the database;
 - Requires the State Medical Board, in collaboration with other boards that license prescribers, to develop and implement a system to monitor the drug database for suspicious prescribing activity.

Rules regarding medication-assisted treatment

- Requires the Board of Nursing and the Medical Board to adopt rules to be followed by prescribers that encourage the use of nonaddicting medication-assisted treatment, encourage the tapering of addicting medication-assisted treatment, discourage the use of lifelong treatment except as a last resort, and encourage abuse-deterrent formulations of medication-assisted treatment.

Coroner notice of death

- Requires a coroner to provide notice of a drug overdose death to a health care professional who prescribed the drug or drugs on which the deceased overdosed.

Recommendations regarding opiate abuse education program

- Requires the Department of Mental Health and Addiction Services to provide recommendations to the General Assembly regarding an opiate abuse education program for senior citizens.

DETAILED ANALYSIS

Limits on opioid analgesic prescriptions for acute pain

The bill requires prescribers, other than veterinarians, to generally limit initial prescriptions for opioid analgesics for the treatment of acute pain to not more than three days. Before prescribing additional opioid analgesics beyond the three day period, the patient must be reexamined and a new prescription issued.¹

The bill permits health-related licensing boards to adopt rules specifying circumstances when an initial prescription for an opioid analgesic to treat acute pain may be issued for more

¹ R.C. 3719.062(B).

than three days. Current law authorizes health-related licensing boards to adopt other rules limiting the amount of an opioid analgesic that may be prescribed pursuant to a single prescription.² Current administrative rules generally limit the prescribing of opioid analgesics for acute pain to not more than a seven-day supply with no refills for adults and not more than a five-day supply with no refills for minors.³

Patient evaluation for abuse and addiction

The bill requires prescribers to evaluate patients for signs of drug abuse or addiction (1) before initially prescribing or personally furnishing an opioid analgesic and (2) at least annually thereafter for patients on continuing treatment.⁴ Each health-related licensing board authorized to license prescribers must adopt rules establishing standards and procedures for the evaluations. The health-related licensing boards must consult with each other and each try to establish substantially similar rules. The rules must be adopted in accordance with the Administrative Procedure Act (R.C. Chapter 119).⁵

Patient discussion regarding opioid addiction

The bill requires pharmacists, when dispensing an opioid analgesic in an amount indicated for five or more days, to discuss with the patient the risks of opioid addiction, including the increased risk for addiction when taking such a drug for more than five days. The pharmacist will receive a flat fee for each discussion⁶ in an amount to be established by the Medicaid Director, in consultation with the Superintendent of Insurance.⁷

The bill also requires each health-related licensing board to 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 five or more days.⁸

Drug database

Existing law authorizes the State Board of Pharmacy to establish and maintain a drug database. The database that has been established is known as the Ohio Automated Rx Reporting System (OARRS). The bill adds that, in addition to its current use of monitoring the misuse and diversion of controlled substances, medical marijuana, and other dangerous drugs, and monitoring naltrexone, the database must be used to identify and report prescribers who

² R.C. 3719.062(C).

³ See, e.g. Ohio Administrative Code 4731-11-13.

⁴ R.C. 3719.065(A).

⁵ R.C. 3719.065(B).

⁶ R.C. 3719.066(A).

⁷ R.C. 5164.7515. The bill will need an amendment to remove the Executive Director of the Office of Health Transformation as a person to be consulted with regarding the fee, as that position no longer exists under Governor DeWine.

⁸ R.C. 3719.066(B).

may have violated the law.⁹ Not later than January 1, 2021, the bill requires the State Medical Board, in consultation with other boards that license prescribers, to develop and implement a system to actively monitor OARRS for suspicious prescribing activity. If suspicious prescribing activity is found, the boards must investigate.¹⁰

Current law requires prescribers who personally furnish controlled substances, naltrexone, and other dangerous drugs to report to OARRS certain information concerning the drug and patient. The bill adds that the information also must be reported each time a prescriber administers those drugs.¹¹

Rules regarding medication-assisted treatment

The bill requires the Board of Nursing and the Medical Board to adopt rules that do all of the following:¹²

1. Encourage the use of nonaddicting medication-assisted treatment when possible;
2. Encourage tapering of addicting medication-assisted treatment;
3. Discourage the use of lifelong treatment except as a last resort when the risk of addiction and abuse is outweighed by the risk that the patient will abuse illicit drugs and suffer greater harm;
4. Encourage abuse-deterrent formulations of medication assisted treatment.

A copy of the rules must be distributed to each advanced practice registered nurse, physician assistant, and physician.¹³

Existing law continued by the bill requires the Nursing Board and Medical Board to adopt rules addressing detoxification, relapse prevention, patient assessment, individual treatment planning, counseling and recovery supports, and diversion control.¹⁴

Coroner notice of death

The bill imposes notice requirements on coroners when a person's cause of death is determined to be a drug overdose. The notice of a drug overdose death must be provided to any licensed health care professional who prescribed the drugs on which the person overdosed. To identify the prescriber, the coroner must request information from OARRS and also review any medical and psychiatric records that may be in the coroner's possession. If the coroner is unable to identify the prescriber based on that information, the coroner must contact hospitals

⁹ R.C. 4729.75(A)(3).

¹⁰ R.C. 4729.811.

¹¹ R.C. 4729.79(A).

¹² R.C. 4723.51(B)(1)(b), 4730.55(B)(1)(b), and 4731.056(B)(1)(b).

¹³ R.C. 4723.51(B)(3), 4730.55(B)(3), and 4731.056(B)(3).

¹⁴ R.C. 4723.51(B)(1)(a), 4730.55(B)(1)(a), and 4731.056(B)(1)(a).

within the coroner's jurisdiction, the deceased's health insurer, if known, or the United States Department of Veterans Affairs, in the case of a deceased veteran.¹⁵

Recommendations regarding opiate abuse education program

The bill requires the Department of Mental Health and Addiction Services, within one year of the bill's effective date, to provide recommendations regarding an opiate abuse education program for senior citizens.¹⁶

HISTORY

Action	Date
Introduced	06-10-20

H0699-I-133/ts

¹⁵ R.C. 313.213.

¹⁶ Section 3.