



OHIO LEGISLATIVE SERVICE COMMISSION

Bill Analysis

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S.B. 119

132nd General Assembly
(As Introduced)

Sens. Hackett and Hottinger

BILL SUMMARY

Opioid analgesics

- Prohibits a primary care physician or general dentist from prescribing or furnishing an opioid analgesic in an amount indicated for a period greater than three days or with a morphine equivalent daily dose (MED) in excess of 50 milligrams.
- Permits a primary care physician or general dentist to exceed the three-day limit and prescribe or furnish an opioid analgesic for a period of not more than seven days if the physician or dentist satisfies specified conditions, including completing training in opioid addiction.
- Authorizes the State Medical and Dental Boards to establish limits on the amount or MED of an opioid analgesic that may be prescribed or furnished by a physician or dentist practicing in a specialty other than primary care or general dentistry.

Chronic pain

- Revises the law governing physician treatment of chronic pain with controlled substances, including requiring a physician to satisfy certain conditions, prohibiting treatment with a drug that exceeds 50 MED, and requiring review of federal guidelines when tapering a patient off a drug.

Medication-assisted treatment

- Requires a physician who provides medication-assisted treatment for addiction in accordance with federal law to offer each patient treatment with naltrexone.

(1) The drug is prescribed or furnished in an amount indicated for a period that exceeds three days;

(2) The morphine equivalent daily dose (MED) for the drug exceeds 50 milligrams.⁴ (MED is a numerical standard against which the potency of most opioids can be compared.)⁵

Seven-day limit

A primary care physician or general dentist may exceed the three-day – but not the 50 MED limit – if the opioid analgesic is prescribed or furnished in an amount indicated for a period of not more than seven days and the following conditions are met:

(1) The physician or dentist completes at least eight hours of training approved by the State Medical Board or State Dental Board relating to opioids and addiction;

(2) The physician or dentist, physician's or dentist's employer, or medical or dental practice utilizes an electronic medical records system that provides direct access to reports of patient information from the Ohio Automated Rx Reporting System (OARRS);

(3) The physician or dentist completes on an annual basis at least two hours of continuing education approved by the Medical or Dental Board relating to opioid prescribing;

(4) In the case of a dentist, the dentist is able to refer patients to treatment for opioid dependence or addiction, which may include medication-assisted treatment and behavioral health services;

(5) In the case of a physician, the physician is able to provide treatment for opioid dependence or addiction, which may include medication-assisted treatment and behavioral health services. (The physician may refer a patient to another individual for behavioral health services.)⁶

⁴ R.C. 4715.303(C) and 4731.059(C).

⁵ See Brandeis University, Prescription Drug Monitoring Program Training and Technical Assistance Center, *Daily Morphine Milligrams Equivalent Calculator and Guide*, available at <<http://www.pdmpassist.org/content/guidelines>>.

⁶ R.C. 4715.303(D) and 4731.059(D).

or addiction, (2) propose a written plan of treatment, (3) maintain records relating to the patient, and (4) periodically assess the patient's progress toward treatment objectives.¹¹

The additional conditions for treating chronic pain established by the bill are as follows:

(1) The physician must complete at least eight hours of training approved by the Medical Board relating to addiction;

(2) The physician must utilize an electronic medical records system that provides direct access to reports of patient information from OARRS;

(3) The physician must annually complete at least two hours of continuing education approved by the Medical Board relating to prescribing controlled substances.¹²

MED limit

The bill prohibits a physician from prescribing, furnishing, or administering a controlled substance or product containing tramadol for treatment of chronic pain if the drug's MED exceeds 50 milligrams.¹³

Tapering treatment

For a patient diagnosed as having chronic pain who a physician determines will no longer benefit from treatment with a controlled substance or product containing tramadol, the bill requires the physician to do both of the following:

(1) Review the guidelines regarding opioid tapering or discontinuation established by the federal Centers for Disease Control and Prevention;¹⁴

(2) Modify the patient's plan of treatment to cause the patient's dosage to be tapered until the drug is no longer prescribed, furnished, or administered.¹⁵

¹¹ R.C. 4731.052(D).

¹² R.C. 4731.052(D).

¹³ R.C. 4731.052(D).

¹⁴ See Centers for Disease Control and Prevention, *CDC Guideline for Prescribing Opioids for Chronic Pain*, available at <<https://www.cdc.gov/drugoverdose/prescribing/guideline.html>>.

¹⁵ R.C. 4731.052(D).



(3) Sign the consent form after it is signed by the patient;

(4) Place in the patient's medical record a copy of the consent form signed by the patient and physician.¹⁸

Counseling and other ancillary services

Federal law requires a physician seeking to prescribe or dispense buprenorphine as part of office-based treatment to certify to SAMHSA that the physician has the capacity to refer medication-assisted treatment patients for appropriate counseling and other ancillary services.¹⁹ The bill requires the Ohio Department of Mental Health and Addiction Services to develop and make available one or more online courses to provide such services. In developing the online courses, the Department may consult with one or more individuals or entities specializing in providing services, including counseling, educational, or vocational services, to persons treated for opioid dependence or addiction.²⁰

OARRS

The bill makes three changes to the law governing OARRS, the State Board of Pharmacy's database for monitoring the misuse and diversion of controlled substances,²¹ including adding naltrexone to the drugs monitored by the Board.

Naltrexone

The bill requires a pharmacist or prescriber after dispensing or personally furnishing naltrexone to report this information to OARRS.²²

Morphine equivalent daily dose (MED)

Existing law requires certain information concerning a drug to be provided to OARRS after the drug is dispensed or furnished, including its name, strength, and quantity. The bill requires the report to also include, if applicable, the drug's MED.²³

¹⁸ R.C. 4731.058.

¹⁹ 21 Code of Federal Regulations (C.F.R.) 1301.28(b)(1)(ii).

²⁰ R.C. 5119.373.

²¹ R.C. 4729.75.

²² R.C. 4729.77 and 4729.79.

²³ R.C. 4729.77 and 4729.79.

| Chronic Pain Treatment – Current Law and S.B. 119 | | |
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| Topic | Current Law | S.B. 119 (As Introduced) |
| Are there any conditions placed on a physician's authority to treat chronic pain with controlled substances or tramadol? | No provision. | To be authorized to treat chronic pain with a controlled substance or tramadol, requires a physician to do all three of the following: (1) Complete at least eight hours of training approved by the State Medical Board relating to addiction; (2) Utilize an electronic medical records system that provides direct access to patient information from the Ohio Automated Rx Reporting System; (3) Complete on an annual basis at least two hours of continuing education approved by the Medical Board related to the prescribing of controlled substances. (Lines 239 through 250.) |
| What is required of the physician before prescribing a controlled substance or product containing tramadol to treat a patient's chronic pain? | Requires the physician to do both of the following: (1) Consider the potential for abuse, dependence, or diversion; (2) Address with the patient the risks associated with protracted treatment with controlled substances or products containing tramadol, including the potential for dependence, tolerance, and addiction as well as the monitoring tools the physician may use if signs of addiction, abuse, or diversion are present. (R.C. 4731.052(E).) | Same. |
| What is required of the physician when treating chronic pain with controlled substances or tramadol? | No provision. | Prohibits a physician from prescribing, furnishing, or administering a controlled substance or tramadol if the drug's morphine equivalent daily dose (MED) exceeds 50 milligrams. (Lines 251-254.) |

| Chronic Pain Treatment – Current Law and S.B. 119 | | |
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| | (6) Copies of any records or reports made by physicians consulted with for the purpose of diagnosing the patient's chronic pain. (R.C. 4731.052(D).) | |
| What is required when the physician determines that a patient will no longer benefit from treatment with a controlled substance or tramadol? | No provision. | Requires the physician to do both of the following: (1) Review federal Centers for Disease Control and Prevention guidelines regarding opioid tapering or discontinuation; (2) Modify the patient's treatment plan to cause the patient's dosage to be tapered until the drug is no longer prescribed, furnished, or administered. (Lines 293-306.) |

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