



# Ohio Legislative Service Commission

## Bill Analysis

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### H.B. 332

130th General Assembly  
(As Introduced)

**Reps.** Wachtmann and Antonio, Sprague, Sheehy

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## BILL SUMMARY

- Establishes standards and procedures for licensed health professionals when prescribing opioids to patients under 50 with chronic pain.
- Requires that professional disciplinary action be taken against a health professional who fails to comply with the standards and procedures.

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## CONTENT AND OPERATION

### Standards and procedures for opioid treatment

The bill establishes standards and procedures a licensed health professional must follow when undertaking opioid treatment of a patient under 50 years of age with chronic pain caused by a condition other than cancer.<sup>1</sup> A "licensed health professional authorized to prescribe drugs" includes a dentist, clinical nurse specialist, certified nurse-midwife, certified nurse practitioner, optometrist, physician, physician assistant, or veterinarian.<sup>2</sup> Opioids are drugs that relieve pain by reducing the intensity of pain signals reaching the brain and affecting the brain response controlling emotion; they include drugs such as hydrocodone (Vicodin), oxycodone (Oxycontin, Percocet), morphine, and related drugs.<sup>3</sup>

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<sup>1</sup> R.C. 3719.62(A).

<sup>2</sup> R.C. 4729.01(I).

<sup>3</sup> National Institute of Health (NIH), National Institute on Drug Abuse, *Prescription Drugs: Abuse and Addiction*, available at <http://www.drugabuse.gov/publications/research-reports/prescription-drugs/opioids/what-are-opioids>.

The bill requires that before considering a prescription for opioids to treat chronic, intractable pain, such as low back pain, the prescriber must make a referral to a pain medicine specialist to evaluate other treatment options. The bill prohibits a prescriber from considering opioid treatment on a long-term basis without first exhausting other treatment options.<sup>4</sup>

If opioid therapy is deemed appropriate, the prescriber may initiate and maintain treatment. The bill requires the prescriber to monitor opioid treatment by doing all of the following:

- (1) Documenting the diagnosis for which the treatment is undertaken;
- (2) Documenting the evaluation performed for the diagnosis;
- (3) Obtaining the patient's informed consent, including discussing alternate treatments, risks and benefits of opioid treatment, and the conditions the patient must meet for continuing the opioid therapy, including an opioid agreement to be signed by the patient;
- (4) Assessing the patient's pain and function levels before initiating the treatment;
- (5) Evaluating the patient's risk of addiction before initiating the treatment;
- (6) Evaluating the patient's function and pain routinely during treatment;
- (7) Documenting each treatment plan used and the rationale for any continuation of or change in the treatment regimen, while evaluating the patient's health status (including adverse effects of the treatment) and compliance with the treatment plan;
- (8) Identifying any misuse of opioids or other drugs by regularly obtaining a report from the Ohio Automated Rx Reporting System (OARRS) and conducting random drug testing during treatment.<sup>5</sup>

The bill permits a prescriber to simultaneously treat a patient with benzodiazepines<sup>6</sup> and opioids only rarely, because of the effects on respiratory depression. It also requires the prescriber to warn the patient of the risks associated

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<sup>4</sup> R.C. 3719.62(A)(1).

<sup>5</sup> R.C. 3719.62(A)(2).

<sup>6</sup> Benzodiazepines are depressants, sometimes referred to as sedatives or tranquilizers, such as diazepam (Valium) and alprazolam (Xanax). NIH *supra* note 3.

with combining opioids with other depressants, including alcohol, benzodiazepines, and other sedatives.

If a patient has requested a higher dosage, the prescriber must consider this a reason for reevaluating the patient and making another referral to a pain medicine specialist, a substance abuse specialist, or both.<sup>7</sup> If at any other time there is reason to believe that the patient is suffering from addiction or drug abuse, the bill requires the prescriber to consult with an addiction or substance abuse specialist.<sup>8</sup>

Existing law requires the State Medical Board to adopt standards and procedures for physicians to follow in the diagnosis and treatment of chronic pain. A physician who diagnoses a patient as having chronic pain must maintain a written record of (1) the patient's medical history and physical examination, (2) the diagnosis, including signs, symptoms, and causes, and (3) the plan of treatment proposed, patient's response to treatment, and modifications to the plan, including the following:

- Documentation that other medically reasonable treatments were offered or attempted;
- Periodic assessment and documentation of the patient's functional status, progress toward treatment objectives, and indicators of possible addiction, drug abuse, or drug diversion;
- Notation of adverse drug effects.<sup>9</sup>

The bill provides that the standards and procedures it establishes are in addition to those described above that already apply to physicians, but it also specifies that its standards and procedures prevail if they conflict with those established by the Medical Board for physicians.<sup>10</sup>

## **Professional disciplinary action**

The bill requires the relevant licensing board to take disciplinary action against a prescriber for failing to comply with the bill's standards and procedures.<sup>11</sup>

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<sup>7</sup> R.C. 3719.62(A)(5).

<sup>8</sup> R.C. 3719.62(A)(6).

<sup>9</sup> R.C. 4731.052, not in the bill.

<sup>10</sup> R.C. 3719.62(B).

<sup>11</sup> R.C. 4715.303 (Dental Board), 4723.283 (Board of Nursing), 4725.191 (Board of Optometry), 4730.252 (Medical Board for physician assistants), and 4731.229 (Medical Board for physicians).



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## HISTORY

ACTION

DATE

Introduced

11-05-13

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