



# Ohio Legislative Service Commission

## Bill Analysis

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### H.B. 341

130th General Assembly  
(As Introduced)

Rep. Smith

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#### BILL SUMMARY

- Prohibits certain controlled substances from being prescribed, dispensed, or furnished without review of the patient information in the State Board of Pharmacy's Ohio Automated Rx Reporting System.
- Authorizes disciplinary action against health care professionals who fail to request or review patient information before prescribing, dispensing, or furnishing certain controlled substances.

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#### CONTENT AND OPERATION

##### Review of patient information

The bill requires a health care professional who is considering prescribing, dispensing, or personally furnishing a controlled substance that is a schedule II drug or contains opioids to request, or have a delegate request, information related to the patient from the State Board of Pharmacy's drug database, which is known as the Ohio Automated Rx Reporting System (OARRS). The bill prohibits the health care professional from prescribing, dispensing, or personally furnishing the controlled substance without first reviewing the patient information in OARRS. The bill further requires that the health care professional keep this information in the patient's record.<sup>1</sup>

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\* The corrected version reflects that the State Board of Pharmacy has adopted rules regarding the review of patient information in OARRS by pharmacists. It also updates information on the status of rules pertaining to the review of patient information in OARRS by optometrists and physician assistants.

<sup>1</sup> R.C. 4715.302, 4723.487, 4725.092, 4729.282, 4730.53, and 4731.055.

## **Licensed health care professionals**

The bill applies to the following licensed health care professionals: dentists, advanced practice registered nurses holding certificates to prescribe, optometrists holding therapeutic pharmaceutical agents certificates, pharmacists, physician assistants holding certificates to prescribe, and physicians authorized to practice medicine, osteopathic medicine, or podiatry.<sup>2</sup>

## **Disciplinary action**

The bill authorizes the following boards to discipline health care professionals for failure to request or review patient information in OARRS before prescribing, dispensing, or personally furnishing controlled substances that are schedule II drugs or contain opioids: the State Dental Board, the Board of Nursing, the State Board of Optometry, the State Board of Pharmacy, and the State Medical Board.<sup>3</sup>

## **OARRS**

OARRS is the drug database established and maintained under current law by the State Board of Pharmacy.<sup>4</sup> Rules adopted by the Board require that when a reported drug (controlled substance, carisoprodol, or tramadol)<sup>5</sup> is dispensed by a pharmacy or personally furnished by a health care professional to an outpatient, this information must be reported to OARRS on a weekly basis.<sup>6</sup> Health care professionals and pharmacists may access patient information in the database.<sup>7</sup>

## **Accessing patient information in OARRS**

Under existing law, each of the boards listed above must adopt rules that establish standards and procedures to be followed by the health care professional the

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<sup>2</sup> R.C. 4715.302, 4723.487, 4725.092, 4729.282, 4730.53, and 4731.055.

<sup>3</sup> R.C. 4715.30, 4723.28, 4725.19, 4729.16, 4730.25, and 4731.22. The State Medical Board is responsible for the licensure of both physician assistants and physicians.

<sup>4</sup> R.C. 4729.75, not in the bill.

<sup>5</sup> Carisoprodol is a muscle relaxant used to relieve pain and discomfort caused by strains, sprains, and other muscle injuries. See <<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682578.html>>. Tramadol is an opiate analgesic used to relieve moderate to moderately severe pain. See <<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a695011.html>>.

<sup>6</sup> Ohio Administrative Code (O.A.C.) 4729-37-03 and 4729-37-07.

<sup>7</sup> R.C. 4729.80.

board regulates regarding the review of patient information available through OARRS.<sup>8</sup> These rules vary by profession.

### **Dentists, nurses, and physicians**

Under rules adopted by their respective boards, if a dentist, advanced practice registered nurse, or physician believes or has reason to believe that a patient may be abusing or diverting drugs, he or she must use sound clinical judgment in determining whether or not the reported drug should be prescribed or furnished under the circumstances.<sup>9</sup> The rules specify the extent to which patient information available from OARRS is to be accessed for assistance in making this determination if certain signs of drug abuse or diversion are exhibited.<sup>10</sup> A dentist is required to consider whether to access OARRS.<sup>11</sup> An advanced practice registered nurse cannot prescribe or furnish a reported drug without first reviewing a patient's OARRS report.<sup>12</sup> A physician is required to access OARRS.<sup>13</sup> When a dentist, advanced practice registered nurse, or physician accesses OARRS, the receipt and assessment of patient information must be documented.<sup>14</sup>

Regarding advanced practice nurses and physicians, current rules also provide that other signs of possible abuse or diversion may necessitate review of the patient's OARRS report.<sup>15</sup>

### **Pharmacists**

Under rules adopted by the State Board of Pharmacy, a pharmacist must review the patient profile for signs of drug abuse or misuse before dispensing a prescription drug. If the pharmacist recognizes these signs, he or she must take appropriate steps to

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<sup>8</sup> R.C. 4715.302, 4723.487, 4725.092, 4729.162, 4730.53, and 4731.055.

<sup>9</sup> O.A.C. 4715-6-01(B), 4723-9-12(B), and 4731-11-11(B).

<sup>10</sup> Some of the signs of drug abuse or diversion specified in the rules are having a history of drug-related criminal activity, refusing to participate in a drug screen, and having a family member express concern related to the patient's drug use. O.A.C. 4715-6-01(B), 4723-9-12(B), and 4731-11-11(B).

<sup>11</sup> O.A.C. 4715-6-01(B).

<sup>12</sup> O.A.C. 4723-9-12(B)(1).

<sup>13</sup> O.A.C. 4731-11-11(B)(1).

<sup>14</sup> O.A.C. 4715-6-01(B), 4723-9-12(B), and 4731-11-11(B).

<sup>15</sup> O.A.C. 4723-9-12(B)(2) and 4731-11-11(B)(2). Other signs of abuse or diversion may include frequently requesting early refills of reported drugs, recurring emergency department visits to obtain reported drugs, and appearing impaired or sedated during an office visit or examination.

avoid or resolve the potential problem, including requesting and reviewing an OARRS report.<sup>16</sup>

Current rules further require that, prior to dispensing a prescription drug, the pharmacist must, at a minimum, request and review the patient's OARRS report covering at least a one-year time period if he or she becomes aware of the patient currently exhibiting certain signs of drug abuse or diversion.<sup>17</sup> These signs may include receiving reported drugs from multiple prescribers, receiving reported drugs for more than 12 consecutive weeks, or presenting a prescription for reported drugs when residing outside the usual pharmacy geographic patient population.

### **Optometrists and physician assistants**

Although the State Board of Optometry and the State Medical Board have yet to adopt rules regarding the review of patient information available through OARRS, such rules have been proposed and are currently under consideration.<sup>18</sup>

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## **HISTORY**

<b>ACTION</b>	<b>DATE</b>
Introduced	11-07-13

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<sup>16</sup> O.A.C. 4729-5-20(A) and (B).

<sup>17</sup> O.A.C. 4729-5-20(D).

<sup>18</sup> Telephone conversation with representatives of the Ohio State Board of Optometry, December 10, 2013. E-mail correspondence with representatives of the State Medical Board of Ohio, December 11, 2013.

