



Network Notification

Date: June 27, 2011

Number: OH-P-2011-34

To: Ohio Providers

From: CareSource

Subject: Ohio Passes House Bill 93 on Prescription Drug Abuse

In response to the prescription drug abuse epidemic in our state, the state of Ohio just passed House Bill 93 on May 20, 2011. The new law governs the treatment of pain and chronic pain in an effort to fight prescription drug abuse in the State of Ohio.

Below is a summary of the legislation and the proposed rules from the Ohio State Medical Association (OSMA):

- **Licensure of Pain Management Clinics (effective 30 days after enactment)** - Require state licensure of Pain Management Clinics by the Board of Pharmacy (BOP) under a Terminal Distributor License classification and authorize the Medical Board to establish standards for owning and operating a Pain Management Clinic:
 - **Definition of a Pain Management Clinic** - Defined as a facility where the primary component of the practice is treating pain or chronic pain and a majority of the patients are prescribed controlled substances for the treatment of pain; this exempts hospitals, hospice, ambulatory surgery centers, academic medical centers and medical schools.
 - **Operating a Pain Management Clinic** – Pain Management Clinics must be owned and operated by physicians. Physician must have privileges at a local hospital and training or subspecialty board certification in pain medicine, physical medicine and rehabilitation, or practicing in pain medicine, hospice and palliative care for the last three years with a hospital or clinical professor at a medical school.

The OSMA is recommending removal of the requirement regarding privileges at a local hospital.

- **Penalties** - The BOP may impose a fine of up to \$5,000 on a pain management clinic licensee who violates this section. A separate fine may be imposed for each day the violation continues.

A copy of the proposed standards for licensure of pain clinics can be found [here](#).

- **OARRS Review** - Authorize the Medical Board to establish standards for when a physician must review the Ohio Automated Rx Reporting System (OARRS) database prior to prescribing controlled substances:
 - **Physician Becomes Aware of or Suspects Drug Abuse by the Patient** - If a physician becomes aware of a patient with a known history of substance abuse, failed drug screenings, exceeding dosage amounts, withholding information relevant to prescribing, receiving drugs from multiple prescribers, frequent emergency department visits, requesting brand name over generic, reporting early prescriptions, appearing overly sedated or intoxicated, reporting theft or loss of drugs, sharing drugs with others, concurrently using illicit drugs, arrest record for drug offense, jailed after becoming a patient.
 - **Reported Concerns with Patient's Drug Use** - Law enforcement, pharmacists, other health care professionals or members of the patient's family present concerns about the patient's use of drugs.
 - **Physician Treating Chronic Pain in Excess of 12 Weeks** - A physician must review OARRS when utilizing controlled substances for a chronic condition that exceeds twelve weeks.
 - **Medical Chart Documentation** - A physician must document in the patient's chart all OARRS reports.

Click [here](#) for a copy of the proposed rule on OARRS review.

- **Standard of Care for Pain Management** - Authorize the Medical Board to establish a standard of care for chronic pain management.
- **Restrict In-office Dispensing of Controlled Substances** – This restriction would allow providers to prescribe a 72-hour supply and 2,500 dosage unit limit over a 30 day period.
- **Penalties** - The BOP may impose a fine of up to \$5,000 on a prescriber who fails to comply with these limits. A separate fine may be imposed for each instance of failing to comply with the limits.

- **Establish a statewide drug take-back program**
- **Establish a Medicaid Pharmacy Lock-in Program** for Medicaid patients that have been found to abuse or divert medication.

CareSource supports the passing of House Bill 93, and recently instituted prior authorization around pain management interventional procedures, effective July 1. Visit the [Network Notification](#) on our website under ‘Provider Materials’ for more details.