OAAPN
Ohio Association of Advanced Practice Nurses

Prescribing Law Update – Chronic, Sub-Acute, and Acute Pain Rules

Jeana Singleton, JD
Christine Williams, APRN-CNP, FAANP

October 25, 2019

1

Objectives

- Review and discuss law and rules pertinent to APRN practice in Ohio.
- Identify and review OBON acute, sub acute and chronic pain prescribing law and rules.
- Review Ohio BON rules for use of OARRS and requirements for opioid prescriptions.
- Discuss updates to law and rules governing medication assisted treatment (MAT) in Ohio.

OAAPN

2

Where to Find APRN Law & Rules

- APRN State Law http://codes.ohio.gov/orc/4723
- APRN State Rules http://codes.ohio.gov/oac/4723
- APRN Federal Law
  - –Federal Code of Regulations
  - –Center for Medicare and Medicaid Services (CMS)

•https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Medicare-Information-for-APRNs-AAs-PAs-Booklet-ICN-901623.pdf

- Board of Nursing (BON)

http://www.nursing.ohio.gov/Practice.htm#AdvancedPractice

- Board of Medicine – No direct APRN authority
  - http://codes.ohio.gov/orc/4731
- Board of Pharmacy –If prescribing, must adhere to BOP rules http://codes.ohio.gov/orc/4729

OAAPN

3

Scope of Prescriptive Practice

Required provisions (OAC 4723-8-04) for SCA:

- Prescribing parameters for drugs or therapeutic devices established in the current formulary, http://www.nursing.ohio.gov/Practice-CTP.htm must include a statement regarding:
  - ***Use of drugs not approved by(FDA) for off label use***
  - ***Use of schedule II controlled substances.***
  - **If prescribing to minors**, must have provisions for complying with ORC 3719.061 when prescribing an opioid analgesic.
  - Use of OARRS and when to engage in physician consultation if needed c/w OAC 4723-9-12 .

OAAPN

4

EXCLUSIONARY FORMULARY

- Ohio uses an exclusionary formulary for APRN prescribing
- CNP, CNS and CNM shall not prescribe any drug in violation of federal or Ohio law.
- The prescriptive authority of CNP, CNM, CNS shall not exceed the prescriptive authority of CP or DPM. **Excluded**: abortifacients, schedule I, follow buprenorphine federal regulations and BOP rules, and must meet federal regulations and CE educational requirements for buprenorphine
  - APRN may not recommend medical marijuana

5

SCA and Prescriptive Practice continues …

- Procedure for APRN & CP, or a designated member of a **quality assurance committee, composed of at least one physician** of the institution, organization, or agency where APRN has practiced during period covered by review, to conduct a periodic review, **at least semiannually**, of:
  - A **representative sample** of prescriptions written by APRN with;
  - A **representative sample of schedule II** prescriptions written by APRN; and
- Provisions to ensure APRN is meeting OARRS requirements of OAC 4723-9-12 related to:
  - Review of a patient's OARRS report,
  - Consultation with CP prior to prescribing based on the OARRS report if potential signs of red flags, drug abuse or diversion
  - Documentation of receipt & assessment of OARRS report information in the patient's record.

OAAPN

6

SCA and Prescriptive Practice continues …

- APRN's prescriptive authority shall not exceed the CP's prescriptive authority, including restrictions imposed on CP's practice by action of the U.S. DEA or state medical board.
  - Example: If the Internal medicine CP does not prescribe chemotherapy; nor can the APRN.
  - Exception: Psych CNS and PMHNP may have SCA with Family Medicine, Internal Medicine or Pediatrician (OAC **4723-8-04(B)**)

OAAPN

7

A Word on Newly Approved FDA Drugs…

- **REVIEW OF DRUGS BY THE CPG Rule 4723-10**
- **New drugs(s)** approved by the FDA, **may be prescribed** by the APRN **unless drug is added to exclusionary formulary** by the CPG if all the following are met:
  - Ability to prescribe the drug is within the APRN's scope of practice and CP also prescribes
  - Drug type is **NOT** included in the OBON exclusionary formulary.

OAAPN

8

SCA: Quality Assurance Measures

(OAC 4723-8-05)

Is a process for improvement that includes:

- **QA Committee Members**: Must include at least one physician (could be part of the prescriptive chart review)
- **Chart Review**: regular (once a year minimum with document outcomes and improvement, if applicable).
- **Prescriptive review** (twice a year minimum and document) inclusive of a representative sampling of schedule II, if applicable.
- **NOT Required: CP review of referrals and referral outcomes eliminated from SCA**

OAAPN

9

Prescribing Principles and Standards

- APRN License confers prescribing authority.
- SCA must include statement of prescribing authority of APRN to include off label and Schedule II (OAC 4723-9-10). Must prescribe within scope of practice: congruent with specialty area of CP & APRN
- May not prescribe any drug/device that induces an abortion
- Follow Federal and State Laws
- **No restrictions on sample or stock drugs except**
  - No samples of DEA controlled substances **(OAC 4723-10)**

OAAPN

10

Prescribing Principles and Safety Standards
OAC 4723-9-08, OAC 4723-9-10 & ORC 4723.481

- **Furnishing Standards for Stock Medications**
  - Provide directions
  - Affix label & include: name of APRN, name of patient, name and strength of drug: directions for use; date furnished
  - Must maintain record of all stock drugs and devices personally furnished by APRN
- **Prescribing Standards**:
  - **Valid prescriber-patient relationship:**
    - Assessment/exam, diagnosis, document (exam may not exist for on call)
    - Advised not to prescribe for friends or family members (**no controlled meds prescribed to friends or family)**
    - Must use DEA if prescribing controlled meds, **must have ICD 10 CM dx noted**
    - Colleagues: if in valid prescriber patient relationship- document

OAAPN

11

Prescribing Principles and Safety Standards

- **Issuance of a Prescription: (4729-5-30)**
  - **Must Have: Date, APRN n**ame, title, telephone, same identifiers for patient; drug, quantity, strength, directions for use; refills: no refills for schedule II , **physical address of prescriber's practice location,**
  - **No longer need APRN license number on prescription.**
  - **INCLUDE DEA for scheduled drugs**
  - Fax: not appropriate for schedule II: **exception in LTC and Hospice**
    - Follow Hospice Patient prescription format **(OAC 4729-5-13)**
  - All controlled drugs MUST HAVE quantity written numerically and alphabetically **(4729-5-13)**

OAAPN

12

Prescribing Principles and Safety Standards

- Issuance of a controlled substance prescription (OAC 4729-5-30 (B)(14) and (15)
  - DEA number on all.
  - ICD-10-CM medical diagnosis code of primary disease or condition that controlled substance is being used to treat.
    - Code shall, at a minimum, include the first four characters of the ICD-10-CM medical diagnosis code, sometimes referred to as the category and the etiology (ex. M16.5).
  - For all controlled substances and products containing gabapentin:
    - Indicate the days' supply of the prescription, and quantity is written numerically and alphabetically
      - **Example: twenty (20)** (OAC 4729-5-13)

OAAPN

13

Physician Rules: Non-Controlled Substances NEW

Physician shall meet all of the following requirements to prescribe non-controlled substances to patients not seen by Physician: OAC 4731-11-09(C)

- Establish patient's identity and physical location;
- Obtain patient's informed consent for treatment through a remote examination;
- Shall request patient's consent. If granted, forward medical record to patient's PCP, or refer patient to an appropriate health care provider or health care facility;
- Complete a medical evaluation appropriate for patient & condition that meets minimal standards of care, which may include portions of the evaluation having been conducted by other Ohio licensed healthcare providers acting within the scope of their professional license;

FAQs on Ohio BOM 4731-11-09

http://med.ohio.gov/Portals/0/DNN/PDF-FOLDERS/PRESCRIBER-RESOURCES-PAGE/4731-11-09%20FAQs.pdf

OAAPN

14

Prescribing to Persons, not seen by APRN OAC 4723-9-10(F)

"A nurse who holds a current valid certificate to prescribe (APRN license) shall prescribe in a valid prescriber-patient relationship. **This may include, but is not limited to:**

- **Obtaining relevant history of patient;**
- **Conducting physical or mental exam;**
- **Rendering a diagnosis;**
- **Prescribing medication**
- **Consulting with collaborating physician when necessary;**
- **Documenting these steps in patient's medical records"**

In addition, follow physician rules: OAC 4731-11-09(C)

- **See handout provided to attendees**

OAAPN

15

Schedule II Prescribing

- QA requiring representative sampling of schedule II drugs if prescribed
- Must adhere to standards & rules of OARRS

OAAPN

16

Schedule II Prescribing Highlights

- Pharmacist is prohibited from dispensing initial SCHEDULE II opioid script that is > 14 days old (14 days or more have elapsed since prescription was issued)
  - 14 day limit on age of script only applies to filling of the initial opioid analgesic, not to refills of schedule III-V opioid analgesics. (OBOP)
  - Subsequent prescriptions may be written in accordance with SCA.
  - If initial prescription is for > than 7 days, **must check OARRS**
  - Minors must have informed consent from legal guardians before prescribing opioids (**ORC 3719.061 (B)(3)** ***Effective until 3/22/2020***)

OAAPN

17

Approved Schedule II Sites

- Hospitals and any entity owned or controlled in whole or part by hospital
- County Home
- Health care facility operated by department of mental health or developmental disabilities
- Nursing Home
- Hospice care program (home, outpatient, inpatient etc.)
- Community Mental Health Facility
- Ambulatory Surgical Facility
- Free Standing Birthing Center
- FQHC or FQHC look a like
- Health Care Office/facility operated by ODH or board of health of city/general district
- Physician owned offices/practice
- Assisted Living

(O.A.C. 4723-9-10(H)).

OAAPN

18

Schedule II Prescribing

- Site Restrictions:
  - If not prescribing at authorized sites (must meet all 3):
    - Only in terminal condition where there can be no recovery
    - **Physician** initially prescribed substance for the patient
    - Amount does not exceed a **72 hour** supply (**ORC 4723.481 (C)(2)**)
  - **NO CONVENIENCE CARE CLINICS.** (**ORC 4723.481 (C)(3) and OAC 4723-9-10(I)**)

OAAPN

19

Schedule II Requirements for SCA

- SCA Must Include:
  The exact authority to prescribe schedule II drugs
  Example: *May prescribe all scheduled drugs **NOT** on OBON exclusionary formulary; or may prescribe all schedule II drugs with exception of stimulants; or May not prescribe schedule II drugs*
- **QA standards must be inclusive of schedule II** drugs with a representative sampling review (OAC **4723-8-04**)
- APRN must follow all standards & procedures for the utilization and review of OARRS reports (OAC 4723-9-12)

OAAPN

20

Requirements for Opioid Prescriptions

Prescriber may continue to issue multiple concurrent prescriptions for schedule II opioid analgesics **if all of the following apply (SB 319 dated January 4, 2017)**:

1.) Prescriber has provided **written instructions indicating the earliest date** on which the script may be filled

2.) Prescription is **one of multiple prescriptions for the opioid analgesic issued by prescriber to patient on same day**

3.) When combined the prescriptions **do not authorize the patient to receive more than 90 day supply of the opioid analgesic.**

OAAPN

21

ACUTE, SUBACUTE AND CHRONIC PAIN RULES

22

APRN Rules for Acute Pain OAC 4723-9-10

- For treatment of **acute pain**, APRN shall **not prescribe long-acting or extended release analgesics (all providers)**
- Before prescribing opioid analgesics, **APRN shall consider non-opioid treatment options (all providers)**
- If opioid prescription is required, it should be for **minimum quantity and potency needed (all providers)**
- **For adults, no more than 7-day supply with no refills (all providers)**
- **For minors, no more than 5-day supply with no refills**, see section 4723.481 of ORC – comply with 3719.061 of ORC regarding guardian consent
- **May exceed 7 day limit for adults and 5 day limit for minors if expect pain to persist for longer** Must document why limits are being exceeded and reason non-opioid analgesic medication was not utilized
- May prescribe **a different opioid medication if patient is allergic** to initial opioid medication.

OAAPN

23

Acute Pain Opiate Limits for APRN Prescribing

Total morphine equivalent dose (MED) **shall not exceed average of 30 MED per day for acute pain, (this is an average of the number of days the prescription covers)**

Patient has medical condition, surgical outcome or injury of severe pain that cannot be managed with only 30 MED **such as:**

- Traumatic crushing injury
- Amputation
- Orthopedic surgery (major)
- Severe burns (OBOM Rule 4731-11-13(A)(3)(c) OAC

- **Treating physician, (or department chair or director) , examples of conditions must be in SCA** with the APRN
- **APRN documents in record**, reasons for exceeding 30 MED average and reason dose is consistent with patient's medical condition
- **SCA must comply with rule 4731-11-13**

OAAPN

24

Acute Pain Opiate Limits for APRN Prescribing

SCA does not require the treating physician to supervise the APRN

Must have SCA with treating physician to prescribe MORE than 30 MED

APRN **must have approval by treating physician** and if not in SCA with them, cannot prescribe over 30 MED

APRNs not in hospital or institutional setting: Need the CP's approval, if the CP is the original – treating physician, of the **APRN exceeding the 30 MED, with notation of the need for exceeding the 30 MED must also be noted in the SCA. APRN then notes reason for exceeding the 30 MED on the chart.**

Example:

Hospital APRN(s) may have SCA with Chair of Department of surgery – representing the treating physicians (original physician prescribers – all surgeons): The APRN (s) may then write for more than 30 MED with agreement noted in the SCA for discharge or outpatient prescribing.

4723-9-10 OAC

OAAPN

25

Limits on Prescription Opiates for Acute Pain (cont.)

The requirements of this rule apply to treatment of acute pain and **DO NOT apply** when opioid analgesic is prescribed for non-acute:

- To **hospice patient** in hospice care program;
- To individual receiving **palliative care**;
- To individual diagnosed with **terminal condition**;
- To **individual with cancer or condition associated with individual's cancer or history of cancer**;
- **To chronic pain (per BOP)**
- Requirements **DO NOT apply to prescriptions for opioid analgesics for treatment of opioid addiction** utilizing controlled substances approved by FDA for opioid detox or maintenance treatment
- **DO NOT apply to Inpatient or Institutional Orders**
- **DOES apply to discharge prescriptions!**

OAAPN

26

Case Study #1 (Acute Pain)

- Question
- Answer

27

Case Study #2 (Acute Pain)

- Question
- Answer

28

New Requirements for Prescription Opiates for Chronic and Sub Acute Pain

Acute Pain: defined "not more than 6 weeks duration" (O.A.C. 4723-9-10(A)(1)).

Sub Acute Pain = the gap between acute and chronic (i.e. week 6 up to week 12) (O.A.C. 4723-9-10(A)(12)).

Chronic Pain: 12 weeks or more, but not pain associated with a terminal condition (O.A.C. 4723-9-10(A)(2)).

OARRS CHECK now required for opioid prescriptions for treatment of sub-acute or chronic pain (O.A.C. 4723-9-12(D)).

- Sub-acute/chronic pain rule language does not apply to hospice, terminal conditions including terminal cancer, or inpatient prescriptions.

Pain rules determined by average MED prescribed per day

BON requires that APRN prescriptions comply with ALL BOP rules

OAAPN

(OAC 4729-5-30)

29

Sub Acute and Chronic Pain OAC 4723-9-10

Sub-acute pain

- Pain that has persisted and continues episodically or continuously for more than six weeks and less than twelve weeks.
- Result of medical disease, injury, medical or surgical treatment, inflammation or unknown cause.

Chronic pain

- Pain that has persisted after reasonable medical efforts have been made to relieve it and continues episodically or continuously for twelve or more weeks, beyond initial onset of pain.
- Result from medical disease or condition, injury, medical treatment, inflammation or unknown cause.
- Chronic Pain does not include pain associated with a terminal condition or with a progressive disease that may result in terminal condition.

OAAPN

30

APRN Prescribing Rules for Sub Acute and Chronic Pain

- CNS, CNM, CNP, treating sub-acute and chronic pain, shall not exceed the prescriptive authority of the CP (ORC 4723.481).
- The APRN must first consider and document non-medication options.
- The APRN must prescribe minimum quantity and potency needed
- Before prescribing an opioid analgesic for sub-acute or chronic pain, the APRN shall complete/update in patient record an assessment to assure appropriateness and safety of the medication per rule 4731-11-14. (OAC **4723-9-10(M)**)

OAAPN

31

APRN Prescribing Rules for Sub Acute and Chronic Pain

Document:

- Completion of OARRS check in compliance with 4723-9-12
- Offer patient prescription for naloxone if:
  - Prior history of opioid overdose
  - Patient was co-prescribed a benzodiazepine, sedative, carisprodol, tramadol, or gabapentin;
  - Patient has concurrent substance use disorder; or
  - Dosage exceeds eighty MED
  - Offer naloxone script if dosage exceeds fifty MED
  - Provide periodic follow up assessment, documentation of functional status and progress toward objectives, note indicators of possible addiction, drug abuse or diversion or adverse effects

OAAPN

32

APRN Prescribing Rules for Sub Acute and Chronic Pain

Prior to increasing opioid dosage to **daily average of fifty MED or greater**:

- APRN shall complete and document in patient record information in rule 4731-11-14 OAC, including:
  - Update previous assessment to meet requirements of 4723-8 and 4723-9 OAC.
  - Consideration of consult with specialist in area of body affected by pain
  - Consideration of consultation with pain management specialist
  - Consideration of obtaining medication therapy review by a pharmacist
  - Consideration of consult with addiction medicine or addiction psychiatry specialist if patient has aberrant behaviors indicating medication misuse or substance use disorder
- **Offer patient naloxone if: dosage exceeds fifty MED**
- **Repeat assessment every three months** (OAC 4731-11-14(G))

OAAPN

33

APRN Prescribing Rules for Acute and Chronic Pain

Prior to increasing opioid dosage to **daily average of eighty MED or greater**:

- APRN shall complete and document in patient record information in rule 4731-11-14 OAC, including:
  - **Written pain management agreement** entered into with the patient, outlining the APRN's and patient's responsibilities during treatment, requiring agreement to all provisions in rule 4731-11-14 OAC
  - Consideration of consult with specialist in area of body affected by pain
  - Consideration of consultation with pain management specialist
  - Consideration of obtaining medication therapy review by a pharmacist
  - Consideration of consult with addiction medicine or addiction psychiatry specialist if patient has aberrant behaviors indicating medication misuse or substance use disorder
- **Offer patient naloxone if: dosage exceeds fifty MED**
- **Repeat assessment every three months** (OAC 4731-11-14(G))

OAAPN

34

APRN Prescribing Rules for Acute and Chronic Pain

Prior to increasing opioid dosage to **daily average of one hundred twenty MED (OAC 4723-9-10 (M)):**

- APRN **shall NOT** prescribe a dosage that **exceeds an average of one hundred twenty MED per day.**
- This prohibition shall not apply if:
  - APRN holds national certification in pain management or hospice and palliative care by national certifying organization, approved according to section 4723.46 of ORC;
  - APRN has received written recommendation for a dosage exceeding an average of one hundred twenty MED/day from board certified pain medicine physician, or hospice or palliative certified physician, who based the recommendation on face-to-face visit and examination of the patient. A written recommendation shall be maintained in patient's record; or
  - Patient received average daily dose greater than one hundred twenty MED prior to effective date of this rule.
  - Prior to escalating this dose the APRN shall receive written recommendation as above.
  - Patient is in hospice care program, has terminal cancer or other terminal condition, or with inpatient prescriptions

OAAPN

35

Requirements for Opioid Prescriptions

Prescriber may continue to issue multiple concurrent prescriptions for schedule II opioid analgesics **if all of the following apply**:

1.) Prescriber has provided **written instructions indicating the earliest date** on which the script may be filled

2.) Prescription is **one of multiple prescriptions for the opioid analgesic issued by prescriber to patient on same day**

3.) When combined the prescriptions **do not authorize the patient to receive more than 90 day supply of the opioid analgesic.**

OAAPN

36

Case Study #1 (Sub-Acute/Chronic Pain)

- Question
- Answer

37

Case Study #2 (Sub-Acute/Chronic Pain)

- Question
- Answer

38

References

Pharmacist FAQ: New Limits on Prescription Opioids for Acute Pain 2/22/2017.
https://www.pharmacy.ohio.gov/Documents/Pubs/Special/ControlledSubstances/For%20Pharmacists%20-%20New%20Limits%20on%20Prescription%20Opioids%20for%20Acute%20Pain.pdf

http://med.ohio.gov/Portals/0/DNN/PDF-FOLDERS/PRESCRIBER-RESOURCES-PAGE/AcuteRulesHandout.pdf

Ohio BON Acute Pain Rules
http://www.nursing.ohio.gov/PDFS/AdvPractice/4723-9-10_OAC%20Overview_Acute_Pain_Prescribing-3.pdf

Ohio BON Rules for OARRS and Prescribing Opioids for Sub-acute and Chronic Pain
http://www.nursing.ohio.gov/PDFS/Practice/APRN_Prescribing-Revised_Rules.pdf

BOP Morphine Equivalent Dose Calculator
www.pharmacy.ohio.gov/MEDtable

Prescribing Opioids for Chronic Pain Guidelines: To learn more about how to effectively prescribe for chronic pain, visit: **bit.ly/ChronicPainGuidelines**

For complete information see Ohio Administrative Codes 4731-11-01, 4731-11-02, 4731-11-13, 4729-5-30, med.ohio.gov

OAAPN
Ohio Association of Advanced Practice Nurses

39

MAT AND ADDICTION

- Neonatal Abstinence Syndrome: APRNs may treat.
- **A CNS (once SAMHSA adds to DATA-waiver program portal), CNM, or CNP who holds a current APRN license may provide medication-assisted treatment if the CNS (once added by SAMHSA), CNM, or CNP :**
  - Complies with **all federal and state laws and regulations governing the prescribing of the MAT medications**, **(APRNs must be registered providers with DEA waivers)**, including incorporation of Law and Rules covered under Chapter 4729 & Chapter 4731 of the ORC (which governs the APRN's CP), and adhere to 4723-9-13.
  - Completes at least **8 hours of CE every renewal period on substance use disorder and addiction**, these CEs will be accepted as part of the CE requirements for biennial renewal of APRN license.
  - Provides MAT if MAT is within the CP's normal course of practice and expertise. The CP must also have received a DATA waiver.
  - http://takechargeohio.ohio.gov/Portals/0/healthcare-professionals-toolkit/guidelines/CNP_Provision_of_Addiction_Treatment_with_Buprenorphine.pdf
- APRN and CP must follow BOM rules with addition of 8 hours of substance abuse/addiction CE required every two years (counts toward the total CE required every 2 years) (OAC – 4731-11-12-(B) (13).

OAAPN

40

Providing MAT

- A CNS (once added by SAMHSA), CNM, or CNP, certified to provide MAT, may provide OBOT, (office based opioid treatment), if the CNS (once added by SAMHSA), CNM, or CNP:
  - **SCA includes OBOT in statement of services** offered
  - APRN confirms the completion of and documents the assessment and adherence to rules: OAC 4723-9-13(C)(2)(a)-(l),(3)-(10)

OAAPN

41

Buprenorphine (Suboxone) to Treat Opioid Addiction

- **CNP/CNS/CNM's CP must also have a FEDERAL DATA-waiver (has X on DEA license)**
- **CNP/CNS/CNM must engage in practice consistent with ORC 4723.43**
- **CNP/CNS/CNM must incorporate the BOM OAC rule 4731-11-12**
- CNP/CNS/CNM **must complete 24 hours of required training** per CARA.
- Courses offered through SAMHSA. CNP/CNS/CNM may take 8-hour course offered free, and 16 or 24 hour CEs through AANP.
- **APRNs may treat up to 100 patients in certain settings or with appropriate board qualifications and education.**

OAAPN

42

Office-Based Opioid Treatment continues….

- **Exemptions to rules (O.R.C. 4729.553):**
  - **Hospitals; Opioid licensed Facilities owned by a hospital**
  - **Physician practices owned or controlled by hospital**
  - **Research Facilities – clinical research using opioids**
  - **Facilities with TD license, certified by SAMHSA**
  - **Programs/facilities certified by ODMHAS**
- **Rules mirror Pain Management Practices**
- **If prescribing Buprenorphine for chronic pain management, NO limit on numbers of patients (30 patients for addiction)**
- **More information: www.pharmacy.ohio.gov**

OAAPN

43

Terminal Distributor License Required for Office-Based Addiction Opioid RX

- Any location/facility where prescriber is treating > 30 patients for opioid dependence/addiction using a controlled substance must obtain a TD license with office-based opioid treatment classification from Board of Pharmacy O.R.C. 4723.553(B)
- Treating opioid addiction/dependence does not necessarily mean only on-site drugs. **It includes writing a prescription for these drugs.**

OAAPN

44

OARRS Highlights

- **Before initially prescribing benzodiazepines or opioids**, must obtain OAARS report that covers 12 months immediately preceding date of request.
- **Red flags**: an APRN shall obtain and review an OARRS report when any red flags pertain to patient (OAC 4723-9-12)
- If practice area adjoins **another state,** must request a report of any information available in that state's controlled drug database that pertains to prescriptions issued or drugs furnished to the patient. (ORC 4723.487)
- Must **request OARRS and other state report every 90 days** until prescription stopped.
- OARRS review for reported drugs that are **not opioid analgesics or benzodiazepines:**
  - Obtain and review an OARRS report following **a course of treatment for a period > 90 days** if treatment includes prescribing or personally furnishing of reported drugs that are not opioid analgesics or benzodiazepines;
  - Obtain and review OARRS report **at least annually** thereafter until course of treatment utilizing these reported drugs has ended.

OAAPN

45

OARRS continues…

- **APRN shall document** in the patient's record that report was received and information was assessed.

Exemptions to OAARS Requirement (OAC 4723-9-12):

- A drug database report is not available. APRN must document in the patient's record why the report is not available , if known
- Drug prescribed in an amount indicated for a period **not to exceed 7 days for new patient** and no previous opioid prescription.
- Drug prescribed for the treatment of cancer or another condition associated with cancer.
- Drug prescribed to a hospice patient in a hospice care program or any other patient diagnosed as terminally ill.
- Drug prescribed for administration in a hospital, nursing home, or residential care facility.
  - **Must check OAARS if prescribing benzos or opioids for any discharged patients.**

OARRS reports may be requested by the APRN's delegate but APRN must personally review.

OAAPN

46

OARRS continues…

- **Physician consultation:**
  - APRN **must first consult CP** prior to prescribing a scheduled drug at the patient's **next** visit when a determination has been made based on OAARS report or finding red flag(s) that there may be abuse or diversion of controlled substances (O.A.C. 4723-9-12(H)).
- **Consultation shall include and result in:**
  - **Review & documentation of the reason**(s) why APRN believes that the patient may be abusing or diverting drugs;
  - **Review and documentation of the patient's progress** toward treatment objectives over the course of treatment; and
  - **Review &documentation of patient's functional status** including ADL's, adverse effects, analgesia and aberrant behavior over the course of treatment.
  - (O.A.C. 4723-9-12(H)).

OAAPN

47

OARRS continues…

- Consultation **may include** and result in:
  - Utilization of patient treatment agreement that includes more frequent and periodic review of OARRS reports, more frequent office visits, different treatment options, drug screens, use of one pharmacy, use of one provider for the prescription or personally furnishing of reported drugs, and consequences for non-compliance with the terms of the agreement.
  - The patient treatment agreement shall be maintained as part of the patient record
  - Consultation with or referral to a substance use disorder specialist (O.A.C. 4723-9-12(H)(2)).

OAAPN

48

Reporting Gabapentin Products to OARRS (OAC 4729:8-2-02)

- Prescribers, who are **dispensing, or personally furnishing, or selling gabapentin wholesale, which is usually done by the pharmacist only, are required to submit** information on all products containing gabapentin to OARRS

OAAPN

Naloxone Prescription for a Non-Patient (ORC 4723.488)

- **APRNs may personally furnish/ issue naloxone (Narcan)** prescription to friend, family member, or other individual in a position to provide assistance to individuals at risk of experiencing an opioid-related overdose;
- **Grants immunity** from criminal or civil liability or professional disciplinary action when acting in good faith;
- **Requires health care professional to instruct** individual to whom the drug is furnished/prescription is issued to summon EMS immediately before or immediately after administering naloxone.

OAAPN

50

Reporting Naltrexone Products to OARRS NEW

- **Naltrexone drug products** used for treatment of ETOH dependence or prevention of relapse to opioid use are reported to OARRS (per product labeling)
- **Do NOT** report combination products such as bupropion/naltrexone (CONTRAVE), only Naltrexone
- **Report only Naltrexone drug products** that are dispensed pursuant to an outpatient prescription, this includes patient specific doses sent to prescriber offices for administration.
  - **Entities that WILL NOT be required** to report naltrexone data:
    - **Prescribers who personally furnish naltrexone products.**
- **Naltrexone is Not a controlled substance –** no requirement to check OARRS prior to prescribing or furnishing a product containing Naltrexone**.**
- **Purpose:** This information can be useful for H.C. providers who are considering use of controlled substances to treat patients, alerts them patient is in treatment for substance use disorder
- **Effective (ORC 4729.75) OARRS rule change (4729:8-2-02) Effective 3/19/19**

OAAPN

51

Case Study #1 (OARRS/Opioid Treatment)

- Question
- Answer

52

Case Study #2 (OARRS/Opioid Treatment)

- Question
- Answer

53

What is next?

Repeal and Retirement of the SCA, 2019-2020

- Will decrease costs and eliminate administrative red tape.
- What if I want a SCA? Does it decrease or increase my personal practice liability?
- What is PROFESSIONAL COLLABORATION?
- What happens to mandatory collaboration with a CP? What is happening in other states with mandatory collaboration**?**

- Status of the SCA Retirement legislative initiative

54

How can YOU help?

Become "Part of the Solution"

Go to our site and send a legislator a letter ASAP.

- **Join OAAPN NOW, Students pay only half price**
- **Recruit New Members to OAAPN. Join OAAPN TODAY**: The membership fee of $125 helps to fund legislative efforts ($45 FOR STUDENTS)
- **Contact your legislator: 38 new legislators** Contact your legislator by phone first, and by email, and most importantly, please visit.
  - **Educate the legislator: Tell your legislator about how difficult it is to practice in Ohio because of the mandatory physician contract.** Tell the legislator how restrictive APRN practice laws affect your patients. Talk about what you do, what your role is and how prepared you are to do what you do.
- **Become An OAAPN Key Person…** Answer the Calls to Action
- **Send copies of patient forms that require physician signature only, to OAAPN GRC Committee ASAP**
- **Look for updates on www.oaapn.org, Engage in OAAPN's Social Media**
- **Join the American Association of Nurse Practitioners: for removal of national barriers to practice.**
- **https://www.ohioansforhealthcareaccess.org/ GO TO THIS SITE**

OAAPN
Ohio Association of Advanced Practice Nurses

55

Questions?

- APRN Practice Questions are answered by an OAAPN attorney online.
- Members can submit questions at info@oaapn.org.

Christine Williams, APRN-NP, FAANP
christinewilliams01@gmail.com
216-536-3670, OAAPN Board of Directors:
Director for Reimbursement, Director for FPA

Jeana Singleton, JD
jmsingleton@bmdllc.com
330-253-2001
Brennan, Manna & Diamond, LLC
OAAPN – General Counsel

OAAPN
Ohio Association of Advanced Practice Nurses

56