

4730-1-06.1

Military provisions related to certificate to practice as a physician assistant.

(A) Definitions

(1) "Armed forces" means any of the following:

- (a) The armed forces of the United States, including the army, navy, air force, marine corps, and coast guard;
- (b) A reserve component of the armed forces listed in paragraph (A)(1)(a) of this rule;
- (c) The national guard, including the Ohio national guard or the national guard of any other state;
- (d) The commissioned corps of the United States public health service;
- (e) The merchant marine service during wartime;
- (f) Such other service as may be designated by Congress; or
- (g) The Ohio organized militia when engaged in full-time national guard duty for a period of more than thirty days.

(2) "Board" means the state medical board of Ohio.

(B) Education and service for eligibility for licensure.

In accordance with section 5903.03 of the Revised Code, the following military programs of training, military primary specialties, and lengths of service are substantially equivalent to or exceed the educational and experience requirements for licensure as a physician assistant and for the certificate to prescribe:

- (1) An individual serving in a military primary specialty listed in paragraph (B)(2) of this rule must be a graduate of a physician assistant education program approved by the accreditation review commission on education for the physician assistant.
- (2) Service in one of the following military primary specialties for at least three consecutive years while on active duty, with evidence of service under honorable conditions, including any experience attained while practicing as a physician assistant at a health care facility or clinic operated by the United States department of veterans affairs, may be substituted for a master's degree for eligibility for a license to practice as a physician assistant and for a certificate to prescribe, pursuant to sections 4730.11 and 4730.44 of the Revised Code:

- (a) Army: MOS 65D;
- (b) Navy: NOBC 0113;
- (c) Air Force: AFSC 42G;
- (d) The national guard of Ohio or any state;
- (e) Marine: Physician assistant services are provided by Navy personnel;
- (f) Coast Guard;
- (g) Public Health Service.

(C) Renewal of an expired license without a late fee or re-examination.

- (1) An expired license to practice as a physician assistant shall be renewed upon payment of the biennial renewal fee provided in section 4730.14 of the Revised Code and without a late fee or re-examination if the holder meets all of the following three requirements:
 - (a) The licensee is not otherwise disqualified from renewal because of mental or physical disability;
 - (b) The licensee meets the requirements for renewal under section 4730.14 of the Revised Code;
 - (c) Either of the following situations applies:
 - (i) The license was not renewed because of the licensee's service in the armed forces, or
 - (ii) The license was not renewed because the licensee's spouse served in the armed forces, and the service resulted in the licensee's absence from this state.
 - (d) The licensee or the licensee's spouse, whichever is applicable, has presented satisfactory evidence of the service member's discharge under honorable conditions or release under honorable conditions from active duty or national guard duty within six months after the discharge or release.
- (2) Pursuant to Section 4730.48 of the Revised Code, a certificate to prescribe expires on the same date as the physician assistant's license to practice as a physician assistant. There is no late fee or examination requirement for late renewal.

(D) Continuing education.

(1) Extension of the continuing education period for the licensure to practice as a physician assistant or for the certificate to prescribe:

(a) The holder of a physician assistant license or certificate to prescribe may apply for an extension of the current continuing education reporting period in the manner provided in section 5903.12 of the Revised Code by submitting both of the following:

(i) A statement that the licensee has served on active duty, whether inside or outside of the United States, for a period in excess of thirty-one days during the current continuing education reporting period.

(ii) Proper documentation certifying the active duty service and the length of that active duty service.

(b) Upon receiving the application and proper documentation, the board shall extend the current continuing education reporting period by an amount of time equal to the total number of months that the licensee spent on active duty during the current continuing education reporting period. Any portion of a month served shall be considered one full month.

(2) The board shall consider relevant education, training, or service completed by a licensee as a member of the armed forces in determining whether a licensee has met the continuing education requirements needed to renew the license or the certificate to prescribe.

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Rule Amplifies: 5903.03, 5903.12, 5903.121

4731-1-02 **Application of rules governing limited branches of medicine or surgery.**

- (A) Rules adopted by the board governing the practice of limited branches of medicine apply to practitioners of those limited branches listed in section 4731.15 and 4731.151 of the Revised Code.
- (B) Any person holding a valid certificate to practice one or more of the limited branches of medicine is subject to disciplinary action by the board, and may additionally be subject to criminal prosecution, if such person performs acts beyond the scope of the limited branch for which the person holds a certificate or which ~~are~~ otherwise ~~violative~~ violates of the rules governing practitioners of limited branches of medicine.
- (C) ~~The~~ For purposes of division (B)(18) of section 4731.22 of the Revised Code, the code of ethics and standards of practice of the American massage therapy association (AMTA) will apply applies to all persons holding a ~~valid~~ certificate to practice massage therapy. The code of ethics may be obtained from the Medical Board's website at [http://med.ohio.gov/Applicants/MassageTherapy\(MT\).aspx](http://med.ohio.gov/Applicants/MassageTherapy(MT).aspx).
- (D) ~~The~~ For purposes of division (B)(18) of section 4731.22 of the Revised Code, the code of ethics and standards of practice of the international guild of professional electrologists (IGPE) will society for clinical and medical hair removal, inc., apply applies to all persons holding a ~~valid~~ certificate to practice cosmetic therapy. The code of ethics may be obtained from the Medical Board's website at [http://med.ohio.gov/Applicants/CosmeticTherapy\(CT\).aspx](http://med.ohio.gov/Applicants/CosmeticTherapy(CT).aspx).

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4731-6-35

Processing applications from service members, veterans, or spouses of service members or veterans.

(A) The board shall include questions on all applications for licensure, biennial renewal, or restoration of licensure that inquire as to whether the applicant is:

(1) A service member;

(2) A veteran; or

(3) The spouse or surviving spouse of a service member or veteran.

(B) If the applicant for licensure, biennial renewal submitted by regular mail, or restoration of licensure responds affirmatively to any of the questions discussed in paragraph (A) of this rule, the board shall process the application in the following manner:

(1) Route the application to a board staff member who is responsible for monitoring the application and communicating with the applicant regarding the status of the application, including informing the applicant of any documentation needed for the board to process the application;

(2) Expedite the processing of the application, even if the application was received later in time than other applications that are pending processing;

(3) Provide information regarding available continuing education waivers to applicants if the applicant or their spouse will be imminently deployed;

(4) Request that the applicant who is seeking licensure as a physician assistant by meeting the requirements of division (C)(3) of section 4730.11 of the Revised Code or a certificate to prescribe by meeting the requirements of division (B)(4) of section 4730.44 of the Revised Code, submit documentation to the board demonstrating that the requirements of that section are met; and

(5) Track, on an annual basis, the total number of applications submitted by service members, veterans, spouses or surviving spouses of service members or veterans, and the average number of business days expended by the board to process those applications.

(C) For purposes of paragraph (B)(4) of this rule:

(1) Acceptable forms of documentation for the application for licensure as a physician assistant includes a document issued by the appropriate office of the armed forces, as that term is defined in section 5903.01 of the Revised Code, showing the applicant is a service member or veteran who has experience practicing as a physician assistant for at least three consecutive years while on active duty, with evidence of service under honorable conditions, in any of the armed forces.

(2) Acceptable forms of documentation for the applicant for a physician assistant's certificate to prescribe includes an affidavit from an appropriate office of the armed forces, as that term is defined in section 5903.01 of the Revised Code, attesting that the applicant has held valid authority to prescribe therapeutic devices and drugs, including at least some controlled substances during service in the armed forces.

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Rule Amplifies:	5903.04

4731-9-01 **Record of board meetings; recording, filming, and photographing of meetings.**

- (A) The minutes of board meetings, upon approval by the board, shall constitute the official record of its proceedings. Audio recordings of meetings made for the purpose of facilitating the transcription of minutes shall be considered transitory documents. ~~All board meetings shall be open to the public as provided in section 121.22 of the Revised Code.~~
- (B) In order to promote the orderly transaction of business, any party intending to broadcast, televise, record, or photograph any board meeting shall provide written notice of such intent to the board within at least twenty-four hours prior to the scheduled meeting; ~~provided, however, that the~~The board shall not refuse permission to broadcast, televise, record, or photograph a meeting based solely upon a determination that prior written notice was not provided in a timely fashion.
- (C) Board meetings may be broadcast, televised, recorded, or photographed ~~in accordance~~consistent with the following ~~guidelines~~standards:
- (1) The presiding officer of the board or his or her designee shall designate a reasonable location or locations within the meeting room from which ~~the~~ broadcasting, televising, recording, or photographing may take place;
 - (2) ~~The broadcasting~~Broadcasting, televising, recording, or photographic equipment ~~employed~~used at the board meeting shall be silent, unobtrusive, self-contained, and self-powered so as not to interfere with any individual's ability to hear, see ~~and~~or participate in the meeting and so as not to interfere with the orderly transaction of board business; and
 - (3) ~~If the~~The presiding officer or his or her designee may terminate or limit ~~the~~determines that such broadcasting, televising, recording, or photographing if it is determined that it is interfering with the orderly transaction of board business, is inhibiting a participant's presentation to the board, or is interfering with the dignity of the proceedings, ~~the presiding officer or his or her designee may terminate or limit such broadcasting, televising, recording or photographing in accordance with current requirements of law.~~
- (D) For purposes of this rule, the word "record" includes, but is not limited to, the use of a court reporter or similar method to record the meeting via shorthand, machine (stenotype) shorthand, stenomask methods, or a similar method.

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Prior Effective Dates: 1/1/82; 2/28/04

TO BE RESCINDED

4731-11-02 **General provisions.**

- (A) A physician shall not utilize a controlled substance other than in accordance with all of the provisions of this chapter of the Administrative Code.
- (B) Any other provisions of this chapter of the Administrative Code notwithstanding, a physician may utilize the schedule II controlled substance cocaine hydrochloride only as a topical anesthetic in situations in which it is properly indicated.
- (C) A physician shall not utilize a controlled substance without taking into account the drug's potential for abuse, the possibility the drug may lead to dependence, the possibility the patient will obtain the drug for a nontherapeutic use or to distribute to others, and the possibility of an illicit market for the drug.
- (D) A physician shall complete and maintain accurate medical records reflecting the physician's examination, evaluation, and treatment of all the physician's patients. Patient medical records shall accurately reflect the utilization of any controlled substances in the treatment of a patient and shall indicate the diagnosis and purpose for which the controlled substance is utilized, and any additional information upon which the diagnosis is based.
- (E) A physician shall obey all applicable provisions of sections 3719.06, 3719.07, 3719.08 and 3719.13 of the Revised Code, and all applicable provisions of federal law governing the possession, distribution, or use of controlled substances.
- (F) A violation of any provision of this rule, as determined by the board, shall constitute "failure to maintain minimal standards applicable to the selection or administration of drugs," as that clause is used in division (B)(2) of section 4731.22 of the Revised Code; and "a departure from, or the failure to conform to, minimal standards of care of similar physicians under the same or similar circumstances, whether or not actual injury to a patient is established," as that clause is used in division (B)(6) of section 4731.22 of the Revised Code. A violation of paragraph (B) of this rule shall further constitute "selling, prescribing, giving away, or administering drugs for other than legal and legitimate therapeutic purposes," as that clause is used in division (B)(3) of section 4731.22 of the Revised Code. A violation of paragraph (C) of this rule, if committed purposely, knowingly, or recklessly, as those words are defined in section 2901.22 of the Revised Code, shall further constitute "selling, giving away, personally furnishing, prescribing, or administering drugs for other than legal and legitimate therapeutic purposes," as that clause is used in division (B)(3) of section 4731.22 of the Revised Code.

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4731-11-02 **General provisions.**

- (A) A physician shall not utilize a controlled substance other than in accordance with all of the provisions of this chapter of the Administrative Code.
- (B) A physician shall not utilize a controlled substance without taking into account the drug's potential for abuse, the possibility the drug may lead to dependence, the possibility the patient will obtain the drug for a nontherapeutic use or to distribute to others, and the possibility of an illicit market for the drug.
- (C) A physician shall complete and maintain accurate medical records reflecting the physician's examination, evaluation, and treatment of all the physician's patients. Patient medical records shall accurately reflect the utilization of any controlled substances in the treatment of a patient and shall indicate the diagnosis and purpose for which the controlled substance is utilized, and any additional information upon which the diagnosis is based.
- (D) A physician shall obey all applicable provisions of sections 3719.06, 3719.07, 3719.08 and 3719.13 of the Revised Code, and all applicable provisions of federal law governing the possession, distribution, or use of controlled substances.
- (E) Violations of this rule:
- (1) A violation of any provision of this rule, as determined by the board, shall constitute any or all of the following: "failure to maintain minimal standards applicable to the selection or administration of drugs," as that clause is used in division (B)(2) of section 4731.22 of the Revised Code; and "a departure from, or the failure to conform to, minimal standards of care of similar physicians under the same or similar circumstances, whether or not actual injury to a patient is established," as that clause is used in division (B)(6) of section 4731.22 of the Revised Code.
 - (2) A violation of paragraph (C) of this rule shall further constitute "selling, prescribing, giving away, or administering drugs for other than legal and legitimate therapeutic purposes," as that clause is used in division (B)(3) of section 4731.22 of the Revised Code.

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4731-11-03

Schedule II controlled substance stimulants.

(A) A physician shall not utilize a schedule II controlled substance stimulant for any purpose except:

- (1) The treatment of narcolepsy, idiopathic hypersomnia, and hypersomnias due to medical conditions known to cause excessive sleepiness;
- (2) The treatment of abnormal behavioral syndrome (attention deficit disorder, hyperkinetic syndrome), and/or related disorders of childhood;
- (3) The treatment of drug-induced or trauma-induced brain dysfunction;
- (4) The differential diagnostic psychiatric evaluation of depression;
- (5) The treatment of depression shown to be refractory to other therapeutic modalities, including pharmacologic approaches, such as tricyclic antidepressants and MAO inhibitors;
- (6) As adjunctive therapy in the treatment of the following:
 - (a) Chronic severe pain;
 - (b) Closed head injuries;
 - (c) Cancer-related fatigue;
 - (d) Fatigue experienced during the terminal stages of disease;
 - (e) Depression experienced during the terminal stages of disease; or
 - (f) Intractable pain, as defined in rule 4731-21-01 of the Administrative Code.

(B) A physician shall not utilize a schedule II controlled substance stimulant for purposes of weight reduction or control.

(C) A physician may utilize a schedule II controlled substance stimulant when properly indicated for any purpose listed in paragraph (A) of this rule, provided that all of the following conditions are met:

- (1) Before initiating treatment utilizing a schedule II controlled substance stimulant, the physician obtains a thorough history, performs a thorough physical examination of the patient, and rules out the existence of any recognized contraindications to the use of the controlled substance stimulant to be utilized.
 - (2) The physician shall not utilize any schedule II controlled substance stimulant when he knows or has reason to believe that a recognized contra-indication to its use exists.
 - (3) The physician shall not utilize any schedule II controlled substance stimulant in the treatment of a patient who he knows or should know is pregnant.
 - (4) Upon ascertaining or having reason to believe that the patient has a history of or shows a propensity for alcohol or drug abuse, or that the patient has consumed or disposed of any controlled substance other than in strict compliance with the treating physician's directions, the physician shall reappraise the desirability of continued utilization of schedule II controlled substance stimulants and shall document in the patient record the factors weighed in deciding to continue their use. The physician shall actively monitor such a patient for signs and symptoms of drug abuse and drug dependency.
- (D) A violation of any provision of this rule, as determined by the board, shall constitute "failure to maintain minimal standards applicable to the selection or administration of drugs," as that clause is used in division (B)(2) of section 4731.22 of the Revised Code; "selling, giving away, personally furnishing, prescribing, or administering drugs for other than legal and legitimate therapeutic purposes," as that clause is used in division (B)(3) of section 4731.22 of the Revised Code; and "a departure from, or the failure to conform to, minimal standards of care of similar practitioners under the same or similar circumstances, whether or not actual injury to a patient is established," as that clause is used in division (B)(6) of section 4731.22 of the Revised Code.

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4731-11-03

Utilization of anabolic steroids, schedule II controlled substance cocaine hydrochloride, and schedule II controlled substance stimulants.

(A) A physician shall not:

- (1) Utilize anabolic steroids, growth hormones, testosterone or its analogs, human chorionic gonadotropin ("HCG"), or other hormones for the purpose of enhancing athletic ability.**
- (2) Utilize the schedule II controlled substance cocaine hydrochloride for a purpose other than one of the following:**
 - (a) As a topical anesthetic in situations in which it is properly indicated; or**
 - (b) For in-office diagnostic testing for pupillary disorders.**
- (3) Utilize a schedule II controlled substance stimulant in any of the following circumstances:**
 - (a) For purposes of weight reduction or control;**
 - (b) When the physician knows or has reason to believe that a recognized contra-indication to its use exists; or**
 - (c) In the treatment of a patient who the physician knows or should know is pregnant.**

(B) Utilizing a schedule II controlled substance stimulant:

- (1) Before initiating treatment utilizing a schedule II controlled substance stimulant, the physician shall perform all of the following:**
 - (a) Obtain a thorough history;**
 - (b) Perform an appropriate physical examination of the patient; and**
 - (c) Rule out the existence of any recognized contra-indications to the use of the controlled substance stimulant to be utilized.**
- (2) A physician may utilize a schedule II controlled substance stimulant only for one of the following purposes:**
 - (a) The treatment of narcolepsy, idiopathic hypersomnia, and hypersomnias due to medical conditions known to cause excessive sleepiness;**
 - (b) The treatment of abnormal behavioral syndrome (attention deficit disorder, hyperkinetic syndrome), and/or related disorders;**

- (c) The treatment of drug-induced or trauma-induced brain dysfunction;
- (d) The differential diagnostic psychiatric evaluation of depression;
- (e) The treatment of depression shown to be refractory to other therapeutic modalities, including pharmacologic approaches, such as antidepressants;
- (f) As adjunctive therapy in the treatment of the following:
 - (i) Chronic severe pain;
 - (ii) Closed head injuries;
 - (iii) Cancer-related fatigue;
 - (iv) Fatigue experienced during the terminal stages of disease;
 - (v) Depression experienced during the terminal stages of disease; or
 - (vi) Intractable pain, as defined in rule 4731-21-01 of the Administrative Code.

(3) Upon ascertaining or having reason to believe that the patient has a history of or shows a propensity for alcohol or drug abuse, or that the patient has consumed or disposed of any controlled substance other than in strict compliance with the treating physician's directions, the physician shall perform both of the following:

- (a) Reappraise the desirability of continued utilization of schedule II controlled substance stimulants and shall document in the patient record the factors weighed in deciding to continue their use; and
- (b) Actively monitor such patient for signs and symptoms of drug abuse and drug dependency.

(C) A violation of any provision of this rule, as determined by the board, shall constitute any or all of the following:

- (1) "Failure to maintain minimal standards applicable to the selection or administration of drugs." as that clause is used in division (B)(2) of section 4731.22 of the Revised Code;
- (2) "Selling, giving away, personally furnishing, prescribing, or administering drugs for other than legal and legitimate therapeutic purposes." as that clause is used in division (B)(3) of section 4731.22 of the Revised Code;

(3) "A departure from, or the failure to conform to, minimal standards of care of similar practitioners under the same or similar circumstances, whether or not actual injury to a patient is established," as that clause is used in division (B)(6) of section 4731.22 of the Revised Code.

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TO BE RESCINDED

4731-11-04

Controlled substances: utilization for weight reduction.

(A) A physician shall not utilize a schedule III or IV controlled substance for purposes of weight reduction unless it has an F.D.A. approved indication for this purpose and then only in accordance with all of the provisions of this rule.

(B) Before initiating treatment for weight reduction utilizing any schedule III or IV controlled substance:

(1) The physician shall determine through review of the physician's own records of prior treatment, or through review of the records of prior treatment which another treating physician or weight-loss program has provided to the physician, that the patient has made a substantial good-faith effort to lose weight in a treatment program utilizing a regimen of weight reduction based on caloric restriction, nutritional counseling, behavior modification, and exercise, without the utilization of controlled substances, and that said treatment has been ineffective.

(2) The physician shall obtain a thorough history, perform a thorough physical examination of the patient, determine that the patient has a BMI of at least thirty, or at least twenty-seven with comorbid factors, and rule out the existence of any recognized contraindications to the use of the controlled substance to be utilized.

(3) The physician shall assess and document the patient's freedom from signs of drug or alcohol abuse, and the presence or absence of contraindications and adverse side effects.

(C) A physician may utilize a schedule III or IV controlled substance, that bears appropriate F.D.A. approved labeling for weight loss or the maintenance of weight loss, in the treatment of obesity only as an adjunct, in a regimen of weight reduction based on caloric restriction, provided that:

(1) The physician shall personally meet face-to-face with the patient, at a minimum, every thirty days when controlled substances are being utilized for weight reduction, and shall record in the patient record information demonstrating the patient's continuing efforts to lose weight, the patient's dedication to the treatment program and response to treatment, and the presence or absence of contraindications, adverse effects, and indicators of possible substance abuse that would necessitate cessation of treatment utilizing controlled substances.

(2) The controlled substance is prescribed strictly in accordance with the F.D.A.

approved labeling;

- (a) If the F.D.A. approved labeling of the controlled substance being utilized for weight loss states that it is indicated for use for "a few weeks", the total course of treatment using that controlled substance shall not exceed twelve weeks. That time period includes any interruption in treatment that may be permitted under paragraph (C)(3) of this rule; and
 - (b) If the F.D.A. approved labeling of the controlled substance being utilized for weight loss states that it is indicated for use for maintenance of weight loss, that use cannot exceed the time period indicated as effective as reported in the clinical studies' information contained in the F.D.A. approved labeling. That time period includes any interruption in treatment permitted under paragraph (C)(3) of this rule.
- (3) A physician shall not initiate a course of treatment utilizing a controlled substance for purposes of weight reduction if the patient has received any controlled substance for purposes of weight reduction within the past six months. However, the physician may resume utilizing a controlled substance following an interruption of treatment of more than seven days if the interruption resulted from one or more of the following:
- (a) Illness of or injury to the patient justifying a temporary cessation of treatment; or
 - (b) Unavailability of the physician; or
 - (c) Unavailability of the patient, if the patient has notified the physician of the cause of the patient's unavailability; or
 - (d) If the physician utilizes a controlled substance that bears F.D.A. approved labeling for "weight loss and the maintenance of that weight loss" and based on sound medical judgment believes that an interruption of that treatment was medically indicated so long as its use is in accordance with paragraph (C) of this rule.
- (4) After initiating treatment, the physician may elect to switch to a different controlled substance for weight loss based on sound medical judgment, but the total course of treatment for any combination of controlled substances each of which is indicated for "a few weeks" shall not exceed twelve weeks.
- (5) If the patient has continued to lose weight under the short term treatment, the

physician may continue therapy utilizing a controlled substance that bears F.D.A. approved labeling for "weight loss and the maintenance of that weight loss" so long as its use is in accordance with paragraph (C) of this rule.

- (6) The physician shall not initiate or shall discontinue utilizing all controlled substances for purposes of weight reduction immediately upon ascertaining or having reason to believe:
 - (a) That the patient has a history of or shows a propensity for alcohol or drug abuse, or has made any false or misleading statement to the physician relating to the patient's use of drugs or alcohol; or
 - (b) That the patient has consumed or disposed of any controlled substance other than in strict compliance with the treating physician's directions.
 - (7) The physician shall not initiate or shall discontinue utilizing all schedule III or IV controlled substances that do not bear F.D.A. Approved labeling which permits long-term use immediately upon ascertaining or having reason to believe:
 - (a) That the patient has failed to lose weight while under treatment with a controlled substance or controlled substances over a period of thirty days during the current course of treatment, which determination shall be made by weighing the patient at least every thirtieth day, except that a patient who has never before received treatment for obesity utilizing any controlled substance who fails to lose weight during the first thirty days of the first such treatment attempt may be treated for an additional thirty days; or
 - (b) That the patient has repeatedly failed to comply with the physician's treatment recommendations.
 - (8) The physician shall not utilize any schedule III or IV controlled substance for purposes of weight reduction in the treatment of a patient the physician knows or should know is pregnant.
- (D) A violation of any provision of this rule, as determined by the board, shall constitute "failure to maintain minimal standards applicable to the selection or administration of drugs," as that clause is used in DIVISION (B)(2) of section 4731.22 of the Revised Code; "Selling, giving away, personally furnishing, prescribing, or administering drugs for other than legal and legitimate therapeutic purposes," as that clause is used in division (B)(3) of section 4731.22 of the Revised Code; and "a

departure from, or the failure to conform to, minimal standards of care of similar practitioners under the same or similar circumstances, whether or not actual injury to a patient is established," as that clause is used in division (B)(6) of section 4731.22 of the Revised Code.

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4731-11-04

Controlled substances: Utilization of short term anorexiant for weight reduction.

(A) A physician shall utilize a schedule III or IV controlled substance short term anorexiant for purposes of weight reduction only if it has an F.D.A. approved indication for this purpose and then only in accordance with all of the provisions of this rule.

(B) Before initiating treatment for weight reduction utilizing any schedule III or IV controlled substance short term anorexiant, the physician shall complete all of the following requirements:

(1) The physician shall review the physician's own records of prior treatment or review the records of prior treatment by another treating physician, dietician, or weight-loss program to determine the patient's past efforts to lose weight in a treatment program utilizing a regimen of weight reduction based on caloric restriction, nutritional counseling, behavior modification, and exercise, without the utilization of controlled substances, and that the treatment has been ineffective.

(2) The physician shall complete and document the findings of all of the following:

(a) Obtain a thorough history;

(b) Perform an appropriate physical examination of the patient;

(c) Determine the patient's BMI;

(d) Rule out the existence of any recognized contraindications to the use of the controlled substance to be utilized;

(e) Assess and document the patient's freedom from signs of drug or alcohol abuse, and the presence or absence of contraindications and adverse side effects.

(f) Access OARRS for the patient's prescription history during the preceding twelve month period and document in the patient's record the receipt and assessment of the report received; and

(g) Develop and record in the patient record a treatment plan that includes, at a minimum, a diet and exercise program for weight loss.

(3) The physician shall not initiate treatment utilizing a controlled substance short term anorexiant upon ascertaining or having reason to believe any one or more of the following:

(a) The patient has a history of or shows a propensity for alcohol or drug abuse, or has made any false or misleading statement to the physician

related to the patient's use of drugs or alcohol:

- (b) The patient has consumed or disposed of any controlled substance other than in strict compliance with the treating physician's directions;
- (c) The physician knows or should know the patient is pregnant;
- (d) The patient has a BMI of less than thirty, unless the patient has a BMI of at least twenty seven with comorbid factors;
- (e) The review of the physician's own records of prior treatment or review of records of prior treatment provided by another physician, dietician, or weight-loss program indicate that the patient made less than a substantial good faith effort to lose weight in a treatment program utilizing a regimen of weight reduction based on caloric restriction, nutritional counseling, behavior modification, and exercise without the utilization of controlled substances.

(C) A physician may utilize a schedule III or IV controlled substance short term anorexiant, that bears appropriate F.D.A. approved labeling for weight loss, in the treatment of obesity as an adjunct, in a regimen of weight reduction based on caloric restriction, provided that:

- (1) The physician shall personally meet face-to-face with the patient, at a minimum, every thirty days when controlled substances are being utilized for weight reduction, and shall record in the patient record information demonstrating the patient's continuing efforts to lose weight, the patient's dedication to the treatment program and response to treatment, and the presence or absence of contraindications, adverse effects, and indicators of possible substance abuse that would necessitate cessation of treatment utilizing controlled substances.
- (2) The controlled substance short term anorexiant is prescribed strictly in accordance with the F.D.A. approved labeling. If the F.D.A. approved labeling of the controlled substance short term anorexiant being utilized for weight loss states that it is indicated for use for "a few weeks," the total course of treatment using that controlled substance shall not exceed twelve weeks. That time period includes any interruption in treatment that may be permitted under paragraph (C)(3) of this rule.
- (3) A physician shall not initiate a course of treatment utilizing a controlled substance short term anorexiant for purposes of weight reduction if the patient has received any controlled substance for purposes of weight reduction within the past six months. However, the physician may resume utilizing a controlled substance short term anorexiant following an interruption of treatment of more than seven days if the interruption resulted from one or more of the following:

- (a) Illness of or injury to the patient justifying a temporary cessation of treatment; or
 - (b) Unavailability of the physician; or
 - (c) Unavailability of the patient, if the patient has notified the physician of the cause of the patient's unavailability.
 - (4) After initiating treatment, the physician may elect to switch to a different controlled substance short term anorexiant for weight loss based on sound medical judgment, but the total course of treatment for any short term anorexiant combination of controlled substances each of which is indicated for "a few weeks" shall not exceed twelve weeks.
 - (5) The physician shall not initiate or shall discontinue utilizing all controlled substance short term anorexiant for purposes of weight reduction immediately upon ascertaining or having reason to believe:
 - (a) That the patient has a history of or shows a propensity for alcohol or drug abuse, or has made any false or misleading statement to the physician relating to the patient's use of drugs or alcohol;
 - (b) That the patient has consumed or disposed of any controlled substance other than in strict compliance with the treating physician's directions;
 - (c) That the patient has failed to lose weight while under treatment with a controlled substance or controlled substances over a period of thirty days during the current course of treatment, which determination shall be made by weighing the patient at least every thirtieth day, except that a patient who has never before received treatment for obesity utilizing any controlled substance who fails to lose weight during the first thirty days of the first such treatment attempt may be treated for an additional thirty days;
 - (d) That the patient has repeatedly failed to comply with the physician's treatment recommendations; or
 - (e) That the physician knows or should know the patient is pregnant.
- (D) A violation of any provision of this rule, as determined by the board, shall constitute the following:
- (1) "Failure to maintain minimal standards applicable to the selection or administration of drugs," as that clause is used in division (B)(2) of section 4731.22 of the Revised Code;

- (2) "Selling, giving away, personally furnishing, prescribing, or administering drugs for other than legal and legitimate therapeutic purposes," as that clause is used in division (B)(3) of section 4731.22 of the Revised Code; and
- (3) "A departure from, or the failure to conform to, minimal standards of care of similar practitioners under the same or similar circumstances, whether or not actual injury to a patient is established," as that clause is used in division (B)(6) of section 4731.22 of the Revised Code.

Replaces: 4731-11-04

Effective:

Five Year Review (FYR) Dates:

Certification

Date

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Statutory Authority: 4731.05
Rule Amplifies: 4731.22
Prior Effective Dates: 11/17/86; 10/31/98; 6/30/00

4731-11-04.1

Controlled substances: Utilization for chronic weight management.

(A) A physician shall determine whether to utilize a controlled substance anorexiant for purposes of chronic weight management as an adjunct to a reduced calorie diet and increased physical activity. The determination shall be made in compliance with the provisions of this rule.

(1) Before initiating treatment utilizing any controlled substance anorexiant, the physician shall complete all of the following requirements:

(a) Obtain a thorough history;

(b) Perform a physical examination of the patient;

(c) Determine the patient's BMI;

(d) Review the patient's attempts to lose weight in the past for indications that the patient has made a substantial good faith effort to lose weight in a regimen for weight reduction based on caloric restriction, nutritional counseling, behavior modification, and exercise without the utilization of controlled substance anorexiant. The review shall include available records from the physician's own prior treatment of the patient, prior treatment provided by another physician, prior participation in a weight-loss program, or prior treatment by a dietitian;

(e) Rule out the existence of any recognized contraindications to the use of the controlled substance anorexiant to be utilized;

(f) Assess and document the patient's freedom from signs of drug or alcohol abuse;

(g) Access OARRS and document in the patient's record the receipt and assessment of the information received; and

(h) Develop and record in the patient record a treatment plan that includes, at a minimum, a diet and exercise program for weight loss.

(2) The physician shall not initiate treatment utilizing a controlled substance anorexiant upon ascertaining or having reason to believe any one or more of the following:

(a) The patient has a history of, or shows a propensity for, alcohol or drug abuse, or has made any false or misleading statement to the physician or physician assistant relating to the patient's use of drugs or alcohol;

(b) The patient has consumed or disposed of any controlled substance other than in strict compliance with the treating physician's directions; or

and the physician assistant formulary adopted by the board.

(3) When treatment for chronic weight management is provided by a physician assistant, the following requirements apply:

(a) The supervising physician shall personally review the medical records of each patient to whom the physician assistant has prescribed a controlled substance anorexiant following each visit; and

(b) A physician assistant shall not initiate utilization of a different controlled substance anorexiant, but may recommend such change for the supervising physician's initiation.

(4) A physician shall discontinue utilizing any controlled substance anorexiant immediately upon ascertaining or having reason to believe:

(a) That the patient has repeatedly failed to comply with the physician's treatment recommendations; or

(b) That the patient is pregnant.

(C) A violation of any provision of this rule, as determined by the board, shall constitute the following as applicable:

(1) For a physician:

(a) "Failure to maintain minimal standards applicable to the selection or administration of drugs," as that clause is used in division (B)(2) of section 4731.22 of the Revised Code;

(b) "Selling, giving away, personally furnishing, prescribing, or administering drugs for other than legal and legitimate therapeutic purposes," as that clause is used in division (B)(3) of section 4731.22 of the Revised Code; and

(c) "A departure from, or the failure to conform to, minimal standards of care of similar practitioners under the same or similar circumstances, whether or not actual injury to a patient is established," as that clause is used in division (B)(6) of section 4731.22 of the Revised Code.

(2) For a physician assistant:

(a) "A departure from, or failure to conform to, minimal standards of care of similar physician assistants under the same or similar circumstances, regardless of whether actual injury to a patient is established," as that clause is used in division (B)(19) of section 4730.25 of the Revised Code;

- (b) "Failure to comply with the requirements of this chapter, Chapter 4731. of the Revised Code, or any rules adopted by the board," as that clause is used in division (B)(2) of section 4730.25 of the Revised Code; and
- (c) "Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision of this chapter, Chapter 4731. of the Revised Code, or the rules adopted by the board," as that clause is used in division (B)(3) of section 4730.25 of the Revised Code.

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Date

Promulgated Under:	119.03
Statutory Authority:	4731.05
Rule Amplifies:	4731.22

TO BE RESCINDED

4731-11-05

Use of drugs to enhance athletic ability.

- (A) A physician shall not utilize anabolic steroids, growth hormones, testosterone or its analogs, human chorionic gonadotropin (HCG), or other hormones for the purpose of enhancing athletic ability.
- (B) A physician shall complete and maintain patient medical records which accurately reflect the utilization of any substance or drug described in this rule. Patient medical records shall indicate the diagnosis and purpose for which the substance or drug is utilized, and any additional information upon which the diagnosis is based.
- (C) A violation of any provision of this rule, as determined by the board, shall constitute "failure to maintain minimal standards applicable to the selection or administration of drugs," as that clause is used in division (B)(2) of section 4731.22 of the Revised Code; and "a departure from, or the failure to conform to, minimal standards of care of similar practitioners under the same or similar circumstances, whether or not actual injury to a patient is established," as that clause is used in division (B)(6) of section 4731.22 of the Revised Code. A violation of paragraph (A) of this rule shall further constitute "selling, giving away, personally furnishing, prescribing, or administering drugs for other than legal and legitimate therapeutic purposes," as that clause is used in division (B)(3) of section 4731.22 of the Revised Code.

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Date

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Rule Amplifies: 4731.22
Prior Effective Dates: 2/1/88, 9/1/00

TO BE RESCINDED

4731-11-07

Research utilizing controlled substances.

The provisions of this chapter of the Administrative Code shall not apply to or in any way prohibit research conducted under the auspices of an accredited medical school, or research which meets both of the following conditions:

- (1) The research is conducted in conformance with the approval granted by an institutional review board of a hospital or medical center accredited by the JCAHO or other accrediting body approved by the board; and
- (2) The U.S. food and drug administration has approved an investigational new drug (IND) application for the research or has notified the researchers that the proposed study is exempt from the IND regulations.

Effective:

Five Year Review (FYR) Dates: 07/01/2015

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Date

Promulgated Under: 119.03
Statutory Authority: 4731.05
Rule Amplifies: 4731.22
Prior Effective Dates: 6/06/08, 6/06/13

4731-11-07

Research utilizing controlled substances.

The provisions of this chapter of the Administrative Code shall not apply to or in any way prohibit research conducted under the auspices of an accredited medical school, or research which meets both of the following conditions:

- (A) The U.S. food and drug administration has approved an investigational new drug ("IND") application for the research or has notified the researchers that the proposed study is exempt from the "IND" regulations; and
- (B) The research is conducted in conformance with the approval granted by either of the following:
- (1) An institutional review board of a hospital or medical center accredited by the "Joint Commission," "Healthcare Facilities Accreditation Program" or other accrediting body approved by the board; or
 - (2) An institutional review board accredited by the association for the accreditation of human research protection programs.

Replaces: 4731-11-07

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Five Year Review (FYR) Dates:

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Date

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Statutory Authority: 4731.05
Rule Amplifies: 4731.22
Prior Effective Dates: 6/6/08; 6/6/13

4731-24-05

Military provisions related to certificate to practice as an anesthesiologist assistant.(A) Definitions.

(1) "Armed forces" means any of the following:

- (a) The armed forces of the United States, including the army, navy, air force, marine corps, or coast guard;
- (b) A reserve component of the armed forces listed in paragraph (A)(1)(a) of this rule;
- (c) The national guard, including the Ohio national guard or the national guard of any other state;
- (d) The commissioned corps of the United States public health service;
- (e) The merchant marine service during wartime;
- (f) Such other service as may be designated by Congress; or
- (g) The Ohio organized militia when engaged in full-time national guard duty for a period of more than thirty days.

(2) "Board" means the state medical board of Ohio.

(B) Eligibility for licensure.

For the purposes of section 5903.03 of the Revised Code, the board has determined that there are no military programs of training, military primary specialties, or lengths of service that are substantially equivalent to or exceed the educational and experience requirements for licensure as an anesthesiologist assistant.

(C) Renewal of an expired license.

An expired license to practice as an anesthesiologist assistant shall be renewed upon payment of the biennial renewal fee provided in section 4760.06 of the Revised Code and without a late fee or re-examination if the holder meets all of the following requirements:

- (1) The licensee is not otherwise disqualified from renewal because of mental or physical disability;
- (2) The licensee meets the requirements for renewal under section 4760.06 of the Revised Code;
- (3) Either of the following situations applies:

(a) The license was not renewed because of the licensee's service in the armed forces, or

(b) The license was not renewed because the licensee's spouse served in the armed forces, and the service resulted in the licensee's absence from this state.

(4) The licensee or the licensee's spouse, whichever is applicable, has presented satisfactory evidence of the service member's discharge under honorable conditions or release under honorable conditions from active duty or national guard duty within six months after the discharge or release.

(D) For purposes of sections 5903.12 and 5903.121 of the Revised Code, anesthesiologist assistants are not required to report continuing education coursework to the board.

Effective:

Five Year Review (FYR) Dates:

Certification

Date

Promulgated Under:	119.03
Statutory Authority:	5903.03, ; 4731.05
Rule Amplifies:	5903.03, 5903.12, 5903.121

4731-31-01

Requirements for assessing and granting clearance for return to practice or competition.

- (A) A physician holding a current license to practice medicine and surgery or osteopathic medicine and surgery issued under Chapter 4731. of the Revised Code meets the minimum education requirements to assess and clear athletes for return to practice or competition under section 3313.539 or 3707.511 of the Revised Code.
- (B) A physician shall diagnose and treat concussions and determine the return-to-play protocol for athletes under section 3313.539 or 3707.511 of the Revised Code in accordance with the Consensus Statement on Concussion in Sports issued by the 4th International Conference on Concussion in Sport held in Zurich, November 2012. (Available from the website of the State Medical Board of Ohio at: med.ohio.gov.)
- (C) A physician shall use the model form developed by the Ohio youth sports concussion and head injury return-to-play guidelines committee to document written clearance for the return to practice or competition. The model form may be found on the website of the Ohio department of health at: <http://www.healthy.ohio.gov/vipp/concussion.aspx>.

Effective:

Five Year Review (FYR) Dates:

Certification

Date

Promulgated Under:	119.03
Statutory Authority:	3707.521; 4731.05
Rule Amplifies:	3313.539; 3707.511

4774-1-02.1 **Military provisions related to certificate to practice as a radiologist assistant.**

(A) Definitions

(1) "Armed forces" means any of the following:

- (a) The armed forces of the United States, including the army, navy, air force, marine corps, and coast guard;
- (b) A reserve component of the armed forces listed in paragraph (A)(1)(a) of this rule;
- (c) The national guard, including the Ohio national guard or the national guard of any other state;
- (d) The commissioned corps of the United States public health service;
- (e) The merchant marine service during wartime;
- (f) Such other service as may be designated by Congress; or
- (g) The Ohio organized militia when engaged in full-time national guard duty for a period of more than thirty days.

(2) "Board" means the state medical board of Ohio.

(B) Eligibility for licensure

For the purposes of section 5903.03 of the Revised Code, the board has determined that there are no military programs of training, military primary specialties, or lengths of service that are substantially equivalent to or exceed the educational and experience requirements for licensure as a radiologist assistant.

(C) Renewal of an expired license

An expired license to practice as a radiologist assistant shall be renewed upon payment of the biennial renewal fee provided in section 4774.06 of the Revised Code and without a late fee or re-examination if the holder meets all of the following three requirements

- (1) The licensee is not otherwise disqualified from renewal because of mental or physical disability;
- (2) The licensee meets the requirements for renewal under section 4774.06 of the Revised Code;
- (3) Either of the following situations applies:

(a) The license was not renewed because of the licensee's service in the armed forces, or

(b) The license was not renewed because the licensee's spouse served in the armed forces, and the service resulted in the licensee's absence from this state.

(4) The licensee or the licensee's spouse, whichever is applicable, has presented satisfactory evidence of the service member's discharge under honorable conditions or release under honorable conditions from active duty or national guard duty within six months after the discharge or release.

(D) For purposes of sections 5903.12 and 5903.121 of the Revised Code, radiologist assistants are not required to report continuing education coursework to the board.

Effective:

Five Year Review (FYR) Dates:

Certification

Date

Promulgated Under: 119.03
Statutory Authority: 5903.03, 4774.11
Rule Amplifies: 5903.03; 5903.12, 5903.121

4778-1-02.1

Military provisions related to certificate to practice as a genetic counselor.**(A) Definitions**

(1) "Armed forces" means any of the following:

(a) The armed forces of the United States, including the army, navy, air force, marine corps, and coast guard;

(b) A reserve component of the armed forces listed in paragraph (A)(1)(a) of this rule;

(c) The national guard, including the Ohio national guard or the national guard of any other state;

(d) The commissioned corps of the United States public health service;

(e) The merchant marine service during wartime;

(f) Such other service as may be designated by Congress; or

(g) The Ohio organized militia when engaged in full-time national guard duty for a period of more than thirty days.

(2) "Board" means the state medical board of Ohio.

(B) Eligibility for licensure.

For the purposes of section 5903.03 of the Revised Code, the board has determined that there are no military programs of training, military primary specialties, or lengths of service that are substantially equivalent to or exceed the educational and experience requirements for licensure as a genetic counselor:

(C) Renewal of an expired license.

An expired license to practice as a genetic counselor shall be renewed upon payment of the biennial renewal fee provided in section 4778.06 of the Revised Code and without a late fee or re-examination if the holder meets all of the following three requirements:

(1) The licensee is not otherwise disqualified from renewal because of mental or physical disability;

(2) The licensee meets the requirements for renewal under section 4778.06 of the Revised Code;

(3) Either of the following situations applies:

(a) The license was not renewed because of the licensee's service in the armed forces, or

(b) The license was not renewed because the licensee's spouse served in the armed forces, and the service resulted in the licensee's absence from this state.

(4) The licensee or the licensee's spouse, whichever is applicable, has presented satisfactory evidence of the service member's discharge under honorable conditions or release under honorable conditions from active duty or national guard duty within six months after the discharge or release.

(D) Extension of the continuing education period

(1) The holder of a genetic counselor license may apply for an extension of the current continuing education reporting period in the manner provided in section 5903.12 of the Revised Code by submitting both of the following:

(a) A statement that the licensee has served on active duty, whether inside or outside of the United States, for a period in excess of thirty-one days during the current continuing education reporting period.

(b) Proper documentation certifying the active duty service and the length of that active duty service

(2) Upon receiving the application and proper documentation, the board shall extend the current continuing education reporting period by an amount of time equal to the total number of months that the licensee spent on active duty during the current continuing education reporting period. Any portion of a month served shall be considered one full month.

Effective:

Five Year Review (FYR) Dates:

Certification

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Rule Amplifies:	5903.03; 5903.12