



State Medical Board of
Ohio

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Policy Committee Agenda

September 9, 2020

9:00 am

1. Minutes Review
 2. Rule Review Update
 3. PAPC input on Light-based Medical Device rules
 4. Legislative Update
 5. Introduction of Legislative Tracker
 6. Board of Pharmacy Rule on Vaccinations
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State Medical Board of Ohio

POLICY COMMITTEE MEETING

August 12, 2020

via live-streamed video conference

<p>Members: Amol Soin, M.D., Chair Robert Giacalone, R.Ph., J.D. Mark Bechtel, M.D. Betty Montgomery Sherry Johnson, D.O.</p> <p>Other Board Members present: Michael Schottenstein, M.D. Kim Rothermel, M.D. Bruce Saferin, D.P.M. Jonathan Feibel, M.D. Harish Kakarala, M.D.</p>	<p>Staff: Stephanie Loucka, Executive Director Kimberly Anderson, Chief Legal Counsel Nathan Smith, Senior Legal and Policy Counsel Joe Turek, Deputy Director for Licensure Angela Canepa, Jill Reardon, Deputy Director of Strategic Services Chelsea Wonski, Legislative Director Tessie Pollock, Chief Communications Officer</p>
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Dr. Soin called the meeting to order at 9:12 a.m.

Minutes Review

Dr. Bechtel moved to approve the draft minutes of the July 8, 2020 meeting of the Policy Committee. Mr. Giacalone seconded the motion. The motion carried.

Rule Review Update

Ms. Anderson stated that progress continues to be made on the five-year rule review process. A public hearing on proposed rules was held in July, and those rules will be discussed by the full Board at this afternoon's meeting.

Legislative Update

Ms. Loucka introduced Chelsea Wonski, who recently joined the Board staff as Legislative Director. Ms. Wonski briefly related her educational and professional background. Ms. Wonski graduated from Ohio University, was employed by the Ohio Industrial Commission, and served as a policy analyst for the Ohio Department of Insurance before joining the Medical Board staff.

Ms. Wonski stated that the Board created the *ad hoc* Telehealth Committee to address the Board's approach to House Bill 679. House Bill 679 passed the House and was introduced to the Senate, but it has not yet been assigned to a Senate committee. With guidance from the *ad hoc* Telehealth Committee, Board staff continues to draft and refine proposed amendments to House Bill 679 concerning initial patient visits, consistency of the standards of care, the Board's rule-making authority, and synchronous interactive technology.

Ms. Wonski continued that the policy team worked with the sponsors of Senate Bill 246, the occupational licensing bill. Proposed amendment language has been submitted to the Legislative Services Commission (LSC) to address the Board's concerns that the bill as written would diminish the Board's ability to adequately review out-of-state licensure applications. It is not certain when the bill will continue through the legislative process because no hearings are scheduled at this time. The bill is expected to be voted out of committee at the next hearing.

In response to a question from Ms. Montgomery, Ms. Wonski stated that the sponsors of Senate Bill 246 were very receptive to the Board's concerns. Ms. Wonski commented that the sponsors were actually the ones who sent the Board's proposed amendments to LSC for drafting. The goal of the draft amendments is to ensure the Board has the ability to review out-of-state licensure applications with the same standard that is used for in-state applications. Ms. Wonski stated that the Board's timeframe for reviewing applications will not be affected and that the bill sponsors had been impressed with the Board's turn-around time for application reviews.

Ms. Montgomery commented that the *ad hoc* Telehealth Committee has made substantial progress. Dr. Soin stated that the Telehealth Committee will need to remain vigilant to make sure access to telemedicine is preserved while protecting the public from potential pitfalls. The members of the Committee have been responsive between Board meetings and donated an evening of their time to meet and provide feedback to the staff. The Telehealth Committee will meet again today after the full Board meeting to review the latest draft amendments. Dr. Soin thanked all the Telehealth Committee members, and also thanked Ms. Loucka for helping lead this initiative.

Dr. Soin thanked Ms. Wonski for the update and asked that future updates be accompanied by a master list outlining all pending legislation that may impact the Board. Ms. Montgomery agreed, stating that such a master list would give the Committee a broader view and allow the members to ask questions about bills that may not appear to be moving at that time. Dr. Soin specified that the master list of legislation should include three key components:

- The bill number of description
- Where the bill is in the legislative process, such as House, Senate, or a committee
- The Board's stance or opinion on the bill and how it would impact the Board

Ms. Wonski stated that she will create such a master list going forward. Dr. Soin agreed that a master list should accompany a shorter list of higher-priority bills for Committee discussion. Dr. Soin stated that bills that impact the Board that are moving rapidly or coming out of a legislative committee should be reviewed by the Committee, but the master list will be helpful in becoming involved with other bills early in the process. Ms. Reardon commented that the Board members will be provided with a link to a bill tracker document once that document is complete.

Dr. Feibel asked about the recently-introduced bill concerning hydroxychloroquine. Ms. Loucka answered that that legislation was introduced yesterday and it may be impacted by what the Board of Pharmacy decides to do with its hydroxychloroquine rule. At this stage, it is difficult to determine if the bill will gain traction and move through the legislative process.

Rules at Common Sense Initiative

Ms. Anderson stated that the proposed CME rule, as discussed by the Committee last month, is still with the Common Sense Initiative (CSI). On July 17, Dr. Johnson and members of the staff met by

telephone with representatives of the Ohio Osteopathic Association (OOA) about their concerns regarding the added allowance of Category 2-A CME's for osteopathic physicians. During the meeting, Dr. Johnson proposed changing references to "Category 1-A" to simply "Category 1" and deleting reference to Category 2-A. The OOA representatives indicated they would be in favor of that change. Ms. Anderson stated that the Committee materials include pages from the American Osteopathic Association (AOA) guide to CME that explains what types of activities constitute the different categories. Ms. Anderson noted that there may be differences from what is included in the American Medical Association (AMA) Category 1 CME for allopathic physicians.

Dr. Johnson commented that the telephone meeting with OOA was very productive.

Dr. Bechtel moved to approve amendments to Rule 4731-10-02(A)(1)(c), (A)(2)(b) and delete paragraph (A)(3) and provide information to CSI. Ms. Montgomery seconded the motion. The motion carried.

Interstate Medical Licensure Compact

Ms. Reardon stated that the Board received a request from a coalition of hospitals and associations requesting that the Board consider joining the Interstate Medical Licensure Compact. The coalition included Akron Children's Hospital, the Cleveland Clinic Foundation, Kettering Health Network, Mercy Medical Center, OhioHealth, the Ohio Hospital Association, the Ohio State Medical Association, UC Health, and University Hospitals Health Systems. Ms. Reardon noted that the Board received and opined on a similar request in 2015, and those materials have been provided to the Committee as well.

Ms. Reardon continued that the major goals of the compact is to streamline licensing processes and reduce the administrative licensing burden. While these goals are commendable, Mr. Reardon noted that Ohio's licensing process is recognized as both quick and efficient. The requirements of the Compact would be somewhat burdensome because it would create additional processes by bifurcating Ohio's licensing system, it would have to be implemented by Ohio's licensure staff, and it would be a burden on Ohio's eLicense system. Ms. Reardon added that the Compact would inhibit the Ohio Board's ability to regulate its licensees independently and adequately, impose unnecessary fees on applicants, reduce the Board's ability of self-determination, and the additional bureaucracy would increase the time to issue a license.

Dr. Bechtel asked if the Board has contacted other medical boards that currently belong to the Compact for their input. Ms. Loucka replied that other medical boards have not been contacted, but agreed that it would be a good idea to seek out that feedback. Ms. Loucka commented that there seems to be an advantage to joining the Compact for states that have a less robust medical community than Ohio's. Ms. Loucka observed that joining the Compact would mean a lose of the Board's authority over its licensing process. Ohio would become simply one voting member of the Compact, compared to the Ohio Board's current ability to work directly with the legislature to respond directly to the needs of Ohio. Dr. Bechtel agreed with Ms. Loucka.

Mr. Giacalone stated that there was a reference to South Dakota's medical board entering into litigation with the Federation of State Medical Boards over the Compact. Ms. Anderson did not have further information on that litigation, but that matter can be researched. Mr. Giacalone commented that there does not seem to be any benefit for Ohio joining the Compact, but felt it would be helpful to understand South Dakota's issue.

Dr. Bechtel expressed concern with joining the Compact at the same time that the Board is trying to expand telehealth. Dr. Bechtel stated there would be a potential for abuse of the system and could impact the quality of medical care in Ohio, with potential for fraud and other concerns.

In response to a question from Mr. Giacalone, Ms. Reardon stated that there is legislation that would require the Ohio Board of Nursing to enter into a similar interstate compact for nurse licensure. Ms. Reardon and other staff meet with a Nursing Board representative earlier this week and noted that the Board of Nursing are still considering what their position on that legislation should be.

Ms. Montgomery thanked Ms. Reardon and Ms. Wonski for writing a very good memo and doing a thorough job outlining the pros and cons of this subject.

Board of Pharmacy Rule

Ms. Loucka stated that on July 29, it was learned that the Board of Pharmacy would have a rule, effective July 30, that would have prevented the use of hydroxychloroquine for treatment of COVID-19. However, that rule was pulled on July 30 and did not become effective. Ms. Loucka clarified that activity on that rule was suspended but it has not yet been officially rescinded. The Board of Pharmacy had a meeting and, with possible encouragement from the Governor, determined that it would be appropriate to reach out to the Medical Board for input or insight as to possible next steps.

On August 10, Dr. Schottenstein, Dr. Bechtel, Mr. Giacalone, and Ms. Loucka met with some members of the Board of Pharmacy, as well as their Executive Director and some staff members. Specifically, the Board of Pharmacy asked for the Medical Board's input on two options, as outlined in the memo to the Committee. The first option is to permanently withdraw the proposed rule, basically leaving it to the Medical Board to do something with respect to hydroxychloroquine. The second option is to create an emergency rule which would limit the supply that could be prescribed to patients to a one-day supply. Ms. Loucka commented that this rule began to be promulgated in the very early days of the COVID-19 pandemic, when there was a shortage of that medication. The purpose of the rule was to prevent future shortages.

Ms. Loucka asked the Committee to consider its advice regarding these two options, keeping in mind what the Medical Board's role should be with regard to the use of hydroxychloroquine.

Dr. Schottenstein commented that he is very respectful of however the Board of Pharmacy wants to proceed, and he felt that the Medical Board's role at this time is advisory. Dr. Schottenstein noted that while there was talk of a shortage of hydroxychloroquine in the Spring, there no longer seems to be a concern with a shortage now or in the future. Dr. Schottenstein felt that in the absence of a concern for shortages, it is premature to implement restrictions on supplies for the public. Dr. Schottenstein stated that if a shortage presents itself, the matter could be reviewed again. Dr. Schottenstein therefore recommended the first option.

Dr. Bechtel agreed with Dr. Schottenstein, stating that it would be difficult in the absence of a shortage to justify restrictions on the length of time a physician could prescribe a medication or banning its use. Dr. Bechtel opined that if there is no shortage, such a rule interferes with the physician/patient relationship.

Dr. Feibel stated that this brings up an interesting policy issue that may warrant discussion in the future. Dr. Feibel referred to the question of whether the Board of Pharmacy or the Medical Board can regulation what medications can be prescribed by a physician. Dr. Feibel commented that some

specialists in surgery have had a difficult time with some pharmacists who will not fill their prescriptions because they feel it violates the Medical Board's limit of 30 morphine-equivalent dosage (MED). Dr. Soin stated that he would welcome such a discussion at some point. Dr. Soin noted that patients who have undergone major surgery, including specifically orthopedic surgery, are an exemption in the Board's 30 MED rule. Dr. Schottenstein opined that the Board of Pharmacy is not acting in a way contrary to the Medical Board, but rather individual pharmacists are reading the situation through their particular prisms. Dr. Schottenstein suggested that guidance to pharmacists from the Board of Pharmacy may be helpful. Mr. Giacalone commented that the situation with opioids is somewhat unique because it involves a third party, namely the Drug Enforcement Administration, which can complicate the matter.

Regarding hydroxychloroquine, Mr. Giacalone opined that the Board of Pharmacy had been well-intentioned in initiating creation of the rule due to the shortage at that time. However, Mr. Giacalone felt it was not proper for the Board of Pharmacy to try to regulate off-label use of a medication, stating that that is a prerogative of the medical profession. Mr. Giacalone agreed with Dr. Schottenstein's comments regarding option #1.

Based on its discussion, the Committee developed a consensus to advise the Board of Pharmacy to adopt the first option, to permanently withdraw the proposed rule.

Adjourn

Dr. Bechtel moved to adjourn the meeting. Ms. Montgomery seconded the motion. All Committee members voted aye. The motion carried.

The meeting adjourned at 9:52 a.m.

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MEMORANDUM

TO: Amol Soin, M.D., Chair, Policy Committee
Members, Policy Committee

FROM: Kimberly C. Anderson, Chief Legal Counsel

RE: Rule Review Update

DATE: August 27, 2020

Attached are the updated rule schedule and rule spreadsheet.

Action Requested: No action requested

Legal Dept. Rules Schedule

As of 8/27/20

To September Board Meeting for Adoption

4730-1-06	4730-1-07	4730-1-08
4730-2-04	4730-2-05	4730-2-06
4730-2-07	4730-2-10	4761-5-01
4761-5-04	4761-6-01	4761-9-01
4761-9-05	4761-9-07	4761-10-03

RULES AT CSI

Comment Deadline 12/20/19

Military Rules for all license types

Comment Deadline 2/28/20

4731-36-04

Comment Deadline 5/27/20

4731-18 – Light Based Medical Device Rules

Comment Deadline 6/12/20

4731-10-CME Rules

Approved to File with CSI

4731-11-02	4731-11-03	4731-11-04
4731-11-04.1	4731-11-07	4731-11-11
4774-1-01	4759-4-04	4759-4-08
4774-1-02	4759-6-02	
4774-1-03		
4774-1-04		
4731-8-01		
4731-8-02		
4731-8-03		
4731-8-04		
4731-8-05		
4731-8-06		

RULES SENT FOR INITIAL CIRCULATION

Comment Deadline – September 18, 2020

4731-13	Hearing rules
4731-17	Exposure Prone Invasive Procedures

RULES AT JCARR

Filed 8/24/20 – Hearing Scheduled 9/24/20

4761-9-04

Post-Hearing Changes Made – JCARR jurisdiction ends 9/13/20

4730-1-01	4730-1-05	4730-2-01
4730-4-01	4730-4-02	4731-11-01
4731-11-14	4731-33-01	4731-33-02
4731-35-01	4731-35-02	4761-5-02
4761-5-06	4761-7-04	

Rule Number	Rule Description	Sent for Initial Comment	Board Approval to File with CSI	CSI filing	CSI recommendation	JCARR filing	Rules Hearing	JCARR Hearing	Board Adoption	New Effective Date	Current Review Date
4730-1-01	Regulation of Physician Assistants - Definitions		06/12/19	07/16/19	11/07/19	06/18/20	No change rule			09/16/20	06/18/25
4730-1-05	Quality Assurance System		06/12/19	07/16/19	11/07/19	06/19/20	No change rule			09/17/20	06/29/25
4730-1-06	Licensure as a physician assistant	03/22/19	06/12/19	12/04/19		06/18/20	07/23/20	08/17/20		09/30/18	09/30/23
4730-1-06.1	Military provisions related to certificate to practice as a physician assistant	03/22/19	06/12/19	12/04/19				08/17/20		09/30/15	09/30/20
4730-1-07	Miscellaneous Provisions		06/12/19	07/16/19	11/07/19	06/18/20	07/23/20	08/17/20		09/30/18	09/30/23
4730-1-08	Physician assistant delegation of medical tasks and administration of drugs		06/12/19	07/16/19	11/07/19	06/18/20	07/23/20	08/17/20		07/31/16	07/31/21
4730-2-01	Physician Delegated Prescriptive Authority - Definitions		06/12/19	07/16/19	11/07/19	06/18/20	No change rule			09/18/20	06/18/25
4730-2-04	Period of on-site supervision of physician-delegated prescriptive authority		06/12/19	07/16/19	11/07/19	06/18/20	07/23/20	08/17/20		11/30/18	11/15/23
4730-2-05	Addition of valid prescriber number after initial licensure		06/12/19	07/16/19	11/07/19	06/18/20	07/23/20	08/17/20		11/30/18	11/15/23
4730-2-06	Physician Assistant Formulary		06/12/19	07/16/19	11/07/19	06/18/20	07/23/20	08/17/20		06/30/14	12/27/19
4730-2-07	Standards for Prescribing		06/12/19	07/16/19	11/07/19	06/18/20	07/23/20	08/17/20		9/30/18	12/27/19
4730-2-10	Standards and Procedures for use of OARRS		06/12/19	07/16/19	11/07/19	06/18/20	07/23/20	08/17/20		09/30/18	09/30/23
4730-4-01	Definitions	05/09/19		11/15/19	05/20/20	06/18/20	07/23/20	08/17/20		04/30/19	04/30/24
4730-4-02	Standards and procedures for withdrawal management for drug or alcohol addiction	05/09/19		11/15/19	05/20/20	06/18/20	07/23/20	08/17/20			
4730-4-03	Office Based Treatment for Opioid addiction									04/30/19	04/30/24
4730-4-04	Medication assisted treatment using naltrexone									04/30/19	04/30/24
4731-1-01	Limited Practitioners - Definition of Terms									03/30/20	03/30/25
4731-1-02	Application of Rules Governing Limited Branches of Medicine or Surgery									07/31/19	07/31/24
4731-1-03	General Prohibitions										08/31/23
4731-1-04	Scope of Practice: Mechanotherapy									12/31/18	12/31/23
4731-1-05	Scope of Practice: Massage Therapy				04/24/19	Refiled 8/20/19 4/29/19	06/05/19		10/16/19	11/05/19	11/05/24

Rule Number	Rule Description	Sent for Initial Comment	Board Approval to File with CSI	CSI filing	CSI recommendation	JCARR filing	Rules Hearing	JCARR Hearing	Board Adoption	New Effective Date	Current Review Date
4731-1-06	Scope of Practice: Naprapathy									08/31/18	08/31/23
4731-1-07	Eligibility of Electrologists Licensed by the Ohio State Board of Cosmetology to Obtain Licensure as Cosmetic Therapists Pursuant to Chapter 4731 ORC and Subsequent Limitations									12/31/18	12/31/23
4731-1-08	Continuing Cosmetic Therapy Education Requirements for Registration or Reinstatement of a License to Practice Cosmetic Therapy									09/30/19	09/30/24
4731-1-09	Cosmetic Therapy Curriculum Requirements										08/31/23
4731-1-10	Distance Education									01/31/19	01/31/24
4731-1-11	Application and Certification for certificate to practice cosmetic therapy									03/30/20	03/30/25
4731-1-12	Examination									11/30/16	11/30/21
4731-1-15	Determination of Standing of School, College or Institution									12/31/18	12/31/23
4731-1-16	Massage Therapy curriculum rule (Five year review)									01/31/19	11/30/21
4731-1-17	Instructional Staff									05/31/19	05/31/24
4731-1-18	Grounds for Suspension, Revocation or Denial of Certificate of Good Standing, Hearing Rights									03/30/20	03/30/25
4731-1-19	Probationary Status of a limited branch school									03/30/20	03/30/25
4731-1-24	Massage Therapy Continuing Education	03/09/16		10/26/16	04/24/19	04/29/19	06/05/19				
4731-1-25	Determination of Equiv. Military Educ. For CT/MT	03/22/19	06/12/19	12/04/19						12/31/15	12/31/20
4731-2-01	Public Notice of Rules Procedure									12/07/17	12/07/22
4731-4-01	Criminal Records Checks - Definitions									09/30/19	09/30/24
4731-4-02	Criminal Records Checks									09/30/19	09/30/24
4731-5-01	Admission to Examinations									06/09/17	06/09/22
4731-5-02	Examination Failure; Inspection and Regrading									06/09/17	06/09/22
4731-5-03	Conduct During Examinations									06/09/17	06/09/22
4731-5-04	Termination of Examinations									06/09/17	06/09/22

Rule Number	Rule Description	Sent for Initial Comment	Board Approval to File with CSI	CSI filing	CSI recommendation	JCARR filing	Rules Hearing	JCARR Hearing	Board Adoption	New Effective Date	Current Review Date
4731-6-01	Medical or Osteopathic Licensure: Definitions									07/31/19	07/31/24
4731-6-02	Preliminary Education for Medical and Osteopathic Licensure									07/31/19	07/31/24
4731-6-04	Demonstration of proficiency in spoken English									06/09/17	06/09/22
4731-6-05	Format of Medical and Osteopathic Examination									07/31/19	07/31/24
4731-6-14	Examination for physician licensure									07/31/19	07/31/24
4731-6-15	Eligibility for Licensure of National Board Diplomats and Medical Council of Canada Licentiates									07/31/19	07/31/24
4731-6-21	Application Procedures for Certificate Issuance; Investigation; Notice of Hearing Rights									07/31/19	07/31/24
4731-6-22	Abandonment and Withdrawal of Medical and Osteopathic Licensure Applications									07/31/19	07/31/24
4731-6-30	Training Certificates									07/31/19	07/31/24
4731-6-31	Limited Preexamination Registration and Limited Certification									07/31/19	07/31/24
4731-6-33	Special Activity Certificates									07/31/19	07/31/24
4731-6-34	Volunteer's Certificates									07/31/19	07/31/24
4731-6-35	Processing applications from service members, veterans, or spouses of service members or veterans.			12/04/19						07/31/19	07/31/24
4731-7-01	Method of Notice of Meetings									07/31/19	07/31/24
4731-8-01	Personal Information Systems	04/29/20								04/21/16	04/21/21
4731-8-02	Definitions	04/29/20								04/21/16	04/21/21
4731-8-03	Procedures for accessing confidential personal information	04/29/20								04/21/16	04/21/21
4731-8-04	Valid reasons for accessing confidential personal information	04/29/20								04/21/16	04/21/21
4731-8-05	Confidentiality Statutes	04/29/20								07/31/16	07/31/21
4731-8-06	Restricting & Logging access to confidential personal information	04/29/20								04/21/16	04/21/21
4731-9-01	Record of Board Meetings; Recording, Filming, and Photographing of Meetings									09/15/19	06/17/24
4731-10-01	Definitions	10/25/19		05/26/20						02/02/18	02/02/23

Rule Number	Rule Description	Sent for Initial Comment	Board Approval to File with CSI	CSI filing	CSI recommendation	JCARR filing	Rules Hearing	JCARR Hearing	Board Adoption	New Effective Date	Current Review Date
4731-10-02	Requisite Hours of Continuing Medical Education for License Renewal or Reinstatement	10/25/19		05/26/20						05/31/18	05/31/23
4731-10-03	CME Waiver	10/25/19		05/26/20						05/31/18	05/31/23
4731-10-04	Continuing Medical Education Requirements for Restoration of a License	10/25/19		05/26/20						05/31/18	05/31/23
4731-10-05	Out-of-State Licensees	10/25/19		05/26/20						05/31/18	05/31/23
4731-10-06	Licensure After Cutoff for Preparation of Registration Notices	10/25/19		05/26/20						05/31/18	05/31/23
4371-10-07	Internships, Residencies and Fellowships	10/25/19		05/26/20						05/31/18	05/31/23
4371-10-08	Evidence of Continuing Medical Education	10/25/19		05/26/20						05/31/18	05/31/23
4731-10-09	Continuing Medical Education Requirement for Mid-term Licensees	10/25/19		05/26/20						05/31/18	05/31/23
4731-10-10	Continuing Medical Education Requirements Following License Restoration	10/25/19		05/26/20						05/31/18	05/31/23
4731-10-11	Telemedicine Certificates	10/25/19		05/26/20						05/31/18	05/31/23
4731-11-01	Controlled substances; General Provisions Definitions				11/14/19	corrected-7/16/20 6/18/2020	07/23/20	08/17/20		12/23/18	12/07/22
4731-11-02	Controlled Substances - General Provisions	07/26/19								04/30/19	12/31/20
4731-11-03	Schedule II Controlled Substance Stimulants	07/26/19								12/31/15	12/31/20
4731-11-04	Controlled Substances: Utilization for Weight Reduction	07/26/19								02/29/16	02/28/21
4731-11-04.1	Controlled substances: Utilization for chronic weight management	07/26/19								12/31/15	12/31/20
4731-11-07	Research Utilizing Controlled Substances	07/26/19								09/30/15	09/30/20
4731-11-08	Utilizing Controlled Substances for Self and Family Members									08/17/16	08/17/21
4731-11-09	Prescribing to persons the physician has never personally examined.									03/23/17	03/23/22
4731-11-11	Standards and procedures for review of "Ohio Automated Rx Reporting System" (OARRS).	07/26/19								12/31/15	12/31/20
4731-11-13	Prescribing of Opioid Analgesics for Acute Pain									08/31/17	08/31/22

Rule Number	Rule Description	Sent for Initial Comment	Board Approval to File with CSI	CSI filing	CSI recommendation	JCARR filing	Rules Hearing	JCARR Hearing	Board Adoption	New Effective Date	Current Review Date
4731-11-14	Prescribing for subacute and chronic pain			3/21/19	11/14/19	corrected-7/16/20 6/18/2020	07/23/20	08/17/20		12/23/18	12/23/23
4731-12-01	Preliminary Education for Licensure in Podiatric Medicine and Surgery									06/30/17	06/30/22
4731-12-02	Standing of Colleges of Podiatric Surgery and Medicine									06/30/17	06/30/22
4731-12-03	Eligibility for the Examination in Podiatric Surgery and Medicine (see note below)									04/19/17	04/19/22
4731-12-04	Eligibility of Licensure in Podiatric Medicine and Surgery by Endorsement from Another State									06/30/17	06/30/22
4731-12-05	Application Procedures for Licensure in Podiatric Medicine and Surgery, Investigation, Notice of Hearing Rights.									06/30/17	06/30/22
4731-12-06	Visiting Podiatric Faculty Certificates									06/30/17	06/30/22
4731-12-07	Podiatric Training Certificates									06/30/17	06/30/22
4731-13-01	Conduct of Hearings - Representative; Appearances	08/26/20								07/31/16	07/31/21
4731-13-02	Filing Request for Hearing	08/26/20								07/31/16	07/31/21
4731-13-03	Authority and Duties of Hearing Examiners	08/26/20								09/30/18	07/31/21
4731-13-04	Consolidation	08/26/20									04/21/21
4731-13-05	Intervention	08/26/20									04/21/21
4731-13-06	Continuance of Hearing	08/26/20								09/30/16	09/30/21
4731-13-07	Motions	08/26/20								09/30/18	04/21/21
4731-13-07.1	Form and page limitations for briefs and memoranda	08/26/20								09/30/18	09/30/23
4731-13-08	Filing	08/26/20								07/31/16	07/31/21
4731-13-09	Service	08/26/20								07/31/16	07/31/21
4731-13-10	Computation and Extension of Time	08/26/20								07/31/16	07/31/21
4731-13-11	Notice of Hearings	08/26/20								07/31/16	07/31/21
4731-13-12	Transcripts	08/26/20								07/31/16	07/31/21
4731-13-13	Subpoenas for Purposes of Hearing	08/26/20								07/31/16	07/31/21
4731-13-14	Mileage Reimbursement and Witness Fees	08/26/20									04/21/21
4731-13-15	Reports and Recommendations	08/26/20								07/31/16	07/31/21
4731-13-16	Reinstatement or Restoration of Certificate	08/26/20								07/31/16	07/31/21
4731-13-17	Settlements, Dismissals, and Voluntary Surrenders	08/26/20								04/21/16	04/21/21

Rule Number	Rule Description	Sent for Initial Comment	Board Approval to File with CSI	CSI filing	CSI recommendation	JCARR filing	Rules Hearing	JCARR Hearing	Board Adoption	New Effective Date	Current Review Date
4731-13-18	Exchange of Documents and Witness Lists	08/26/20								07/31/16	07/31/21
4731-13-20	Depositions in Lieu of Live Testimony and Transcripts in place of Prior Testimony	08/26/20								07/31/16	07/31/21
4731-13-20.1	Electronic Testimony	08/26/20								07/31/16	07/31/21
4731-13-21	Prior Action by the State Medical Board	08/26/20								04/21/16	04/21/21
4731-13-22	Stipulation of Facts	08/26/20								04/21/16	04/21/21
4731-13-23	Witnesses	08/26/20								09/14/16	09/30/21
4731-13-24	Conviction of a Crime	08/26/20								04/21/16	04/21/21
4731-13-25	Evidence	08/26/20								07/31/16	07/31/21
4731-13-26	Broadcasting and Photographing Administrative Hearings	08/26/20								04/21/16	04/21/21
4731-13-27	Sexual Misconduct Evidence	08/26/20								04/21/16	04/21/21
4731-13-28	Supervision of Hearing Examiners	08/26/20								04/21/16	04/21/21
4731-13-30	Prehearing Conference	08/26/20								04/21/16	04/21/21
4731-13-31	Transcripts of Prior Testimony	08/26/20								04/21/16	04/21/21
4731-13-32	Prior Statements of the Respondent	08/26/20								04/21/16	04/21/21
4731-13-33	Physician's Desk Physician	08/26/20								04/21/16	04/21/21
4731-13-34	Ex Parte Communication	08/26/20								07/31/16	07/31/21
4731-13-35	Severability	08/26/20								04/21/16	04/21/21
4731-13-36	Disciplinary Actions	08/26/20								07/31/16	07/31/21
4731-14-01	Pronouncement of Death									06/30/16	06/30/21
4731-15-01	Licensee Reporting Requirement; Exceptions									11/17/17	11/17/22
4731-15-02	Healthcare Facility Reporting Requirement									11/17/17	11/17/22
4731-15-03	Malpractice Reporting Requirement									11/17/17	11/17/22
4731-15-04	Professional Society Reporting									11/17/17	11/17/22
4731-15-05	Liability; Reporting Forms; Confidentially and Disclosure									11/17/17	11/17/22
4731-16-01	Rules governing impaired physicians and approval of treatments programs - Definitions									11/17/17	11/17/22
4731-16-02	General Procedures in Impairment Cases									11/17/17	11/17/22
4731-16-04	Other Violations									11/17/17	11/17/22
4731-16-05	Examinations									11/17/17	11/17/22
4731-16-06	Consent Agreements and Orders for Reinstatement of Impaired Practitioners									11/17/17	11/17/22
4731-16-07	Treatment Provider Program Obligations									11/17/17	11/17/22
4731-16-08	Criteria for Approval									11/17/17	11/17/22

Rule Number	Rule Description	Sent for Initial Comment	Board Approval to File with CSI	CSI filing	CSI recommendation	JCARR filing	Rules Hearing	JCARR Hearing	Board Adoption	New Effective Date	Current Review Date
4731-16-09	Procedures for Approval									11/17/17	11/17/22
4731-16-10	Aftercare Contracts									11/17/17	11/17/22
4731-16-11	Revocation, Suspension, or Denial of Certificate of Good Standing									11/17/17	11/17/22
4731-16-12	Out-of-State Impairment Cases									11/17/17	11/17/22
4731-16-13	Patient Consent; Revocation of Consent									11/17/17	11/17/22
4731-16-14	Caffeine, Nicotine, and Over-The Counter Drugs									11/17/17	11/17/22
4731-16-15	Patient Rights									11/17/17	11/17/22
4731-16-17	Requirements for the one-bite program									01/31/19	01/31/24
4731-16-18	Eligibility for the one-bite program									01/31/19	01/31/24
4731-16-19	Monitoring organization for one-bite program									01/31/19	01/31/24
4731-16-20	Treatment providers in the one-bite program									01/31/19	01/31/24
4731-16-21	Continuing care for the one-bite program									01/31/19	01/31/24
4731-17-01	Exposure-Prone Invasive Procedure Precautions - Definitions	08/26/20								12/31/16	12/31/21
4731-17-02	Universal Precautions	08/26/20								11/30/16	11/30/21
4731-17-03	Hand Washing	08/26/20									08/17/21
4731-17-04	Disinfection and Sterilization	08/26/20								12/31/16	12/31/21
4731-17-05	Handling and Disposal of Sharps and Wastes	08/26/20									08/17/21
4731-17-06	Barrier Techniques	08/26/20									08/17/21
4731-17-07	Violations	08/26/20								11/09/16	11/30/21
4731-18-01	Definitions	01/10/18	01/20/20	05/12/20							
4731-18-02	Use of Light Based Medical Devices	01/10/18	01/20/20	05/12/20						05/31/02	06/30/05
4731-18-03	Delegation of the Use of Light Based Medical Devices	01/10/18	01/20/20	05/12/20						06/30/00	06/30/05
4731-18-04	Delegation of phototherapy and photodynamic therapy	01/10/18	01/20/20	05/12/20						05/31/02	05/31/07
4731-20-01	Surgery Privileges of Podiatrist - Definition of Foot									05/31/18	05/31/23
4731-20-02	Surgery: Ankle Joint									05/31/18	05/31/23
4731-22-01	Emeritus Registration - Definitions									08/31/17	08/31/22
4731-22-02	Application									08/31/17	08/31/22
4731-22-03	Status of Registrant									05/12/17	05/12/22
4731-22-04	Continuing Education Requirements									05/12/17	05/12/22

Rule Number	Rule Description	Sent for Initial Comment	Board Approval to File with CSI	CSI filing	CSI recommendation	JCARR filing	Rules Hearing	JCARR Hearing	Board Adoption	New Effective Date	Current Review Date
4731-22-06	Renewal of Cycle of Fees									05/12/17	05/12/22
4731-22-07	Change to Active Status									08/31/17	08/31/22
4731-22-08	Cancellation of or Refusal to Issue an Emeritus Registration									05/12/17	05/12/22
4731-23-01	Delegation of Medical Tasks - Definitions									11/30/16	11/30/21
4731-23-02	Delegation of Medical Tasks									11/30/16	11/30/21
4731-23-03	Delegation of Medical Tasks: Prohibitions									08/17/16	08/17/21
4731-23-04	Violations									08/17/16	08/17/21
4731-24-01	Anesthesiologist Assistants - Definitions									07/31/19	07/31/24
4731-24-02	Anesthesiologist Assistants; Supervision									07/31/19	07/31/24
4731-24-03	Anesthesiologist Assistants; Enhanced Supervision									07/31/19	07/31/24
4731-24-05	Military Provisions Related to Certificate to Practice as an Anesthesiologist Assistant			12/04/19						07/31/19	07/31/24
4731-25-01	Office-Based Surgery - Definition of Terms										03/01/23
4731-25-02	General Provisions									05/31/18	05/31/23
4731-25-03	Standards for Surgery Using Moderate Sedation/Analgesia									05/31/18	08/31/23
4731-25-04	Standards for Surgery Using Anesthesia Services									05/31/18	05/31/23
4731-25-05	Liposuction in the Office Setting									03/01/18	03/01/23
4731-25-07	Accreditation of Office Settings									05/31/18	05/31/23
4731-25-08	Standards for Surgery									09/30/19	09/30/24
4731-26-01	Sexual Misconduct - Definitions									06/30/16	06/30/21
4731-26-02	Prohibitions									06/14/16	06/14/21
4731-26-03	Violations; Miscellaneous									06/30/16	06/30/21
4731-27-01	Definitions									02/04/19	02/02/24
4731-27-02	Dismissing a patient from the medical practice									05/31/19	05/31/24
4731-27-03	Notice of termination of physician employment or physician leaving a practice, selling a practice, or retiring from the practice of medicine									05/31/19	05/31/24
4731-28-01	Mental or Physical Impairment									08/31/17	08/31/22
4731-28-02	Eligibility for confidential monitoring program									08/31/18	08/31/23
4731-28-03	Participation in the confidential monitoring program									08/31/18	08/31/23

Rule Number	Rule Description	Sent for Initial Comment	Board Approval to File with CSI	CSI filing	CSI recommendation	JCARR filing	Rules Hearing	JCARR Hearing	Board Adoption	New Effective Date	Current Review Date
4731-28-04	Disqualification from continued participation in the confidential monitoring program									08/31/18	08/31/23
4731-28-05	Termination of the participation agreement for the confidential monitoring program									08/31/18	08/31/23
4731-29-01	Standards and procedures for operation of a pain management clinic.									06/30/17	06/30/22
4731-30-01	Internal Management Definitions									09/23/18	09/23/23
4731-30-02	Internal Management Board Metrics	07/26/19								09/23/18	09/23/23
4731-30-03	Approval of Licensure Applications					05/07/20				10/17/19	10/17/24
4731-31-01	Requirements for assessing and granting clearance for return to practice or competition. (concussion rule)					04/10/19	05/13/19			11/30/19	11/30/24
4731-32-01	Definition of Terms									09/08/17	09/08/22
4731-32-02	Certificate to Recommend Medical Marijuana									09/08/17	09/08/22
4731-32-03	Standard of Care									09/08/17	09/08/22
4731-32-04	Suspension and Revocation of Certificate to Recommend									09/08/17	09/08/22
4731-32-05	Petition to Request Additional Qualifying Condition or Disease									09/08/17	09/08/22
4731-33-01	Definitions	05/09/19		11/15/19	05/20/20	06/18/20	07/23/20	08/17/20		04/30/19	04/30/24
4731-33-02	Standards and procedures for withdrawal management for drug or alcohol addiction	05/09/19		11/15/19	05/20/20	06/18/20	07/23/20	08/17/20			
4731-33-03	Office-Based Treatment for Opioid Addiction									04/30/19	04/30/24
4731-33-04	Medication Assisted Treatment Using Naltrexone									04/30/19	04/30/24
4731-34-01	Standards and Procedures to be followed by physicians when prescribing a dangerous drug that may be administered by a pharmacist by injection.									07/31/19	07/31/24
4731-35-01	Consult Agreements	01/18/19		03/21/19	11/14/19	06/18/20	07/23/20	08/17/20			
4731-35-02	Standards for managing drug therapy	01/18/19		03/21/19	11/14/19	06/18/20	07/23/20	08/17/20			
4731-36-01	Military provisions related to education and experience requirements for licensure	03/22/19	06/12/19	12/04/19							
4731-36-02	Military provisions related to renewal of license and continuing education	03/22/19	06/12/19	12/04/19							

Rule Number	Rule Description	Sent for Initial Comment	Board Approval to File with CSI	CSI filing	CSI recommendation	JCARR filing	Rules Hearing	JCARR Hearing	Board Adoption	New Effective Date	Current Review Date
4731-36-03	Processing applications from service members, veterans, or spouses of service members or veterans.	03/22/19	06/12/19	12/04/19							
4731-36-04	Temporary license for military spouse	02/11/20	02/12/20	02/14/20							
4759-2-01	Definitions	04/19/18	07/11/18	09/25/18						11/30/19	11/30/24
4759-4-01	Applications	04/19/18	07/11/18	09/25/18						11/30/19	11/30/24
4759-4-02	Preprofessional experience	04/19/18	07/11/18	09/25/18							08/28/24
4759-4-03	Examination	04/19/18	07/11/18	09/25/18						11/30/19	11/30/24
4759-4-04	Continuing Education	08/27/19								11/30/19	11/30/24
4759-4-08	Limited permit	8/27/19 4/19/18	07/11/18	09/25/18						11/30/19	11/30/24
4759-4-09	License certificates and permits	04/19/18	07/11/18	09/25/18						11/30/19	11/30/24
4759-4-12	<i>Consideration of military experience, education, training and term of service</i>	03/22/19	06/12/19	12/04/19						11/30/19	11/30/24
4759-4-13	<i>Temporary license for military spouse</i>	03/22/19	06/12/19	12/04/19						11/30/19	11/30/24
4759-5-01	Supervision of persons claiming exemption									08/28/19	08/28/24
4759-5-02	Student practice exemption	04/19/18	07/11/18	09/25/18						11/30/19	11/30/24
4759-5-03	Plan of treatment exemption	04/19/18	07/11/18	09/25/18						11/30/19	11/30/24
4759-5-04	Additional nutritional activities exemption										07/01/24
4759-5-05	Distribution of literature exemption										07/01/24
4759-5-06	Weight control program exemption										07/01/24
4759-6-01	Standards of practice innutrition care	04/19/18	07/11/18	09/25/18						11/30/19	11/30/24
4759-6-02	Standards of professional performance	04/19/18	07/11/18	09/25/18							12/18/17
4759-6-03	Interpretation of standards	04/19/18	07/11/18	09/25/18						11/30/19	11/30/24
4759-9-01	Severability	04/19/18	07/11/18	09/25/18						11/30/19	11/30/24
4759-11-01	Miscellaneous Provisions	04/19/18	07/11/18	09/25/18						11/30/19	11/30/24
4761-2-03	Board Records									02/28/19	02/28/24
4761-3-01	Definition of terms									02/28/19	02/28/24
4761-4-01	Approval of educational programs									02/28/19	02/28/24
4761-4-02	Monitoring of Ohio respiratory care educational programs									02/28/19	02/28/24
4761-4-03	Recognition of military educational programs for active duty military members and/or military veterans			12/04/19						11/15/18	11/15/23
4761-5-01	Waiver of licensing requirements pursuant to division (B) of section 4761.04 or the Revised Code	04/23/19	06/12/19	11/06/19	01/10/20	06/18/20	07/23/20	08/17/20		04/24/13	04/24/18

Rule Number	Rule Description	Sent for Initial Comment	Board Approval to File with CSI	CSI filing	CSI recommendation	JCARR filing	Rules Hearing	JCARR Hearing	Board Adoption	New Effective Date	Current Review Date
4761-5-02	Admission to the Ohio credentialing examination	04/23/19	06/12/19	11/06/19	01/10/20	06/19/20	No change rule			09/19/20	06/19/25
4761-5-04	License application procedure	04/23/19	06/12/19	11/06/19	01/10/20	06/18/20	07/23/20	08/17/20		08/12/13	08/15/18
4761-5-06	Respiratory care practice by polysomnographic technologists	04/23/19	06/12/19	11/06/19	01/10/20	06/18/20	No change rule			09/18/20	06/18/25
4761-6-01	Limited permit application procedure	04/23/19	06/12/19	11/06/19	01/10/20	06/18/20	07/23/20	08/17/20		02/28/19	02/28/24
4761-7-01	Original license or permit, identification card or electronic license verification									02/28/19	02/28/24
4761-7-03	Scope of respiratory care defined										11/15/23
4761-7-04	Supervision			11/06/19	01/10/20	06/18/20	07/23/20	08/17/20			11/15/23
4761-7-05	Administration of medicines										11/15/23
4761-8-01	Renewal of license or permits	03/22/19	06/12/19	12/04/19							08/15/18
4761-9-01	Definition of respiratory care continuing education			11/06/19	01/10/20	06/18/20	07/23/20	08/17/20			02/28/24
4761-9-02	General RCCE requirements and reporting mechanism	03/22/19	06/12/19	12/04/19							05/06/15
4761-9-03	Activities which do not meet the Ohio RCCE requirements									02/28/19	02/28/24
4761-9-04	Ohio respiratory care law and professional ethics course criteria			11/06/19	01/10/20	6/18/2020	9/24/20 7/23/2020	08/17/20			02/28/24
4761-9-05	Approved sources of RCCE			11/06/19	01/10/20	06/18/20	07/23/20	08/17/20			02/28/24
4761-9-07	Auditing for compliance with RCCE requirements			11/06/19	01/10/20	06/18/20	07/23/20	08/17/20			05/06/15
4761-10-01	Ethical and professional conduct									02/28/19	02/28/24
4761-10-02	Proper use of credentials										11/15/23
4761-10-03	Providing information to the Board	04/23/19	06/12/19	11/06/19	01/10/20	06/18/20	07/23/20	08/17/20			05/06/15
4761-12-01	Initial application fee			12/04/19						06/04/14	05/06/15
4761-15-01	Miscellaneous Provisions									02/28/19	02/28/24
4762-1-01	Military Provisions Related to Certificate to Practice Acupuncture or Oriental Medicine	03/22/19	06/12/19	12/04/19						12/31/15	12/31/20
4774-1-01	Definitions	04/29/20								12/31/16	12/31/21
4774-1-02	Application for Certificate to Practice	04/29/20								11/30/16	11/30/21
4774-1-02.1	Military Provisions related to Certificate to Practice as a Radiologist Assistant	04/29/20								09/30/15	09/30/20
4774-1-03	Renewal of Certificate to Practice	04/29/20								11/30/16	11/30/21
4774-1-04	Miscellaneous Provisions	04/29/20								08/17/16	08/17/21
4778-1-01	Definition									01/29/19	01/24/24



Legislative Update: September 9, 2020

Bills of high interest or with significant activity since the last board meeting:

SB 246 – Occupational Licensing (Sen. Roegner, McColley) Companion HB432

To require an occupational licensing authority to issue a license or government certification to an applicant who holds a license, government certification, or private certification or has satisfactory work experience in another state under certain circumstances.

Areas of Interest:

- The policy team has worked with the bill sponsors to submit language that addresses the concern of the ability of the Board to adequately review out of state applications. The legislative service commission is currently drafting our proposed changes to be reviewed by staff and the legislature before being submitted as an amendment to the bill language.
- A substitute bill will likely be introduced including the requested changes from the policy team.
- The requested amendments would allow the board to retain current standards of review but if the bill passes, license reciprocity would still be granted to out of state license holders.
- The sub bill would retain a lookback limitation from criminal convictions of five years. The original bill only allowed a two-year lookback.
- The policy team will advocate an extension of the 5-year period to 10 years or more.

Board Position: Interested party

Status: 7/21/2020 Senate General Government and Agency Review, (Sixth Hearing)

- There are no currently scheduled hearings.

HB 203 – Specifies requirements for mobile dental facility operations (Rep. Lipps)

To specify requirements for the operation of mobile dental facilities and to authorize pharmacists to enter consult agreements with certain physician assistants and advanced practice registered nurses.

Areas of interest:

- Establishes a greater framework for a statewide mobile dental facility database
- Allow the medical records of a mobile dental facility patient to transfer to a dental office so that those patients can receive more effective and efficient follow up services.
- The as passed version of the bill was amended to include language from SB 303 (Pharmacy Consult Agreements).

- Authorizes pharmacists to enter into consult agreements with certain advanced practice registered nurses and physician assistants for the management of patient drug therapies.
- Maintains existing law provisions allowing pharmacists to enter into consult agreements with physicians.
- Authorizes a pharmacist, when managing a patient's drug therapy under a consult agreement, to order and evaluate laboratory and diagnostic tests for the patient, rather than limiting it to blood and urine tests as under current law.
- Requires the board of pharmacy to consult with the medical board to develop rules to be followed by pharmacists.
- Requires the medical board to consult with the board of pharmacy to develop rules to be followed by physicians.
- Requires the board of nursing to consult with both the medical board and the board of pharmacy to develop rules to be followed by clinical nurse specialist, certified nurse-midwives and certified nurse practitioners.

Board Position: Interested Party

Status: Passed out of both chambers 9/1/2020. Awaiting signature from Governor DeWine

HB 263 – Occupational Licensing (Rep. Koehler)

To revise the initial occupational licensing restrictions applicable to individuals convicted of criminal offenses

Areas of interest: Limited look back period for criminal convictions check of five years. Removal of references to good moral character and "moral turpitude"

- Requires state licensing authorities to provide a list of disqualifying offenses that would bar an individual from licensure.
- The licensing authority may only consider the listed disqualifying offenses when deciding whether to license an individual and for no more than five years preceding the application for licensure.
- The five-year lookback limitation does not apply to offenses that are violent or sexual in nature.
- Prohibits a state licensing authority from refusing to issue an initial license to an individual based solely on being charged with or convicted of a criminal offense or a nonspecific qualification such as "moral turpitude" or lack of "moral character."
- If an individual is denied licensure, the licensing authority must provide a reason for the refusal along with the earliest date that the individual may reapply and the individual's ability to offer evidence of rehabilitation upon reapplication.
- In conjunction with the boards of pharmacy, nursing, chiropractic and dental, amendments have been requested to the language to create a new ORC section to apply to healthcare licensing agencies. Those requested amendments were included in the House passed version of the bill.
- The addition of the amendments specify that licensing authorities can consider disciplinary actions taken against an individual who has already been licensed with no lookback limitation.

Board Position: Interested Party

Status: First hearing held in Senate Health, Human Services and Medicaid 9/2/2020

HB 341- Addiction Treatment Drugs (Rep. Ginter)

Regarding the administration of addiction treatment drugs, federal agency access to the Ohio Automated Rx Reporting System, the Board of Pharmacy's exemption from open meetings requirements, the occasional sale of certain drugs at wholesale, and naloxone access and education.

Areas of interest:

- Authorizes a pharmacist to administer by injection any long-acting or extended-release drug prescribed by a physician to treat drug addiction, instead of limiting the pharmacist's authority to the administration of opioid antagonists as under current law.
- Also permits the state's prescription drug monitoring program, The Ohio Automated RX Reporting System (OARRS), to share data with the Defense Health Agencies (DHA) prescription drug monitoring program.
- An amendment was added to authorize certain advanced practice registered nurses and physician assistants to develop protocols to permit individuals and employees of service entities to personally furnish or administer naloxone.

Board Position: Interested Party

Status: Passed both chambers 9/1/2020. The bill was delivered to Governor DeWine 9/3/2020.

HB 492 – Physicians Assistants (Rep. Wiggam, Rep. Joe Miller)

To modify the laws regarding physician assistants.

Areas of Interest: Decouples national accreditation from licensure. Renames the PA/physician "supervision agreement" to "collaborative agreement" to more accurately represent the relationship between practitioners. Eliminates physician liability for the actions of a physician assistant. Allows a physician assistant to "pink-slip" a patient. Allows physician assistants to perform fluoroscopy. Permits a physician assistant to perform rapid intubation and procedural sedation, order fluoroscopy. Permits a physician assistant to perform rapid intubation and procedural sedation, order rapid intubation and procedural sedation, and order drugs needed to perform rapid intubation and procedural sedation in a health care facility

- Met with the lobbyist representing the PAs. This bill is unlikely to proceed through the entire legislative process. Alternatively, an amendment around procedural sedation is likely to be pursued.
- Discussions are currently in progress with Board members and the Ohio Association of Physicians Assistants.

Board Position: Interested Party

Status: Awaiting first hearing in House criminal justice.

HB 606- Grant Immunity to essential workers who transmit COVID-19 (Rep. Grendell)

To make temporary changes related to qualified civil immunity for health care and emergency services provided during a government-declared disaster or emergency and for exposure to or transmission or contraction of certain coronaviruses.

Areas of Interest:

- Grants temporary qualified immunity to specified health care providers who provide health care services or emergency services during a declared disaster or emergency;
- Grants immunity from tort liability and professional discipline for such services provided as a result of, and in response to, a disaster or emergency that results in injury, death, or loss allegedly resulting from (1) actions or omissions in the provision, withholding, or withdrawal of those services, (2) decisions related to the provision, withholding, or withdrawal of those services, and (3) compliance with an executive order or director's order;
- Grants immunity from tort liability and professional discipline for injury, death, or loss that allegedly resulted because a health care provider was unable to treat a person, including the inability to perform any elective procedure, due to an executive or director's order or a local health order issued in relation to an epidemic or pandemic disease or other public health emergency;
- Excludes from immunity in tort actions conduct that constitutes a reckless disregard of the consequences or intentional or willful or wanton misconduct on the part of the person against whom the action is brought.
- The legislation does not grant an immunity from tort or other civil liability or a professional disciplinary action to a health care provider for actions that are outside the skills, education, and training of the health care provider, unless the health care provider undertakes the action in good faith and in response to a lack of resources caused by a disaster or emergency.
- The legislation does not affect any legal responsibility of a health care provider to comply with any applicable law of this state or rule of an agency of this state.

Board Position: Interested Party

Status: Favorably passed both the House and Senate after a conference committee 9/2/2020. The bill was delivered to Governor DeWine 9/3/2020.

HB 679 – Telehealth (Rep Fraizer, Holmes)

To establish and modify requirements regarding the provision of telehealth services and to declare an emergency.

- The ad-hoc committee continues to discuss the bill provisions. Changes around initial visits, consistency in standard of care, Medical Board rulemaking authority and synchronous technology are proposed based on the last discussions with the committee.
- The legal team has drafted changes based on those discussions to be reviewed at the next ad-hoc committee meeting.

Board Position: Support- closely monitoring

Status: 6/09/2020 House Insurance, (Third Hearing) Reported

6/10/2020 House Vote, Passed 91/3

6/12/2020 Senate, Introduced

This bill has not been assigned to a Senate committee.

Bills that continue to be monitored but have not seen significant activity since the last board meeting:

SB 1 – Reduce the number of regulatory restrictions

To require certain agencies to reduce the number of regulatory restrictions in their administrative rules, to require the approval of the Joint Committee on Agency Rule Review for Department of Health orders to be effective for more than fourteen days, and to modify the Department's rulemaking authority.

Areas of interest: Requires state agencies to reduce regulatory restrictions in rules by 30% by 2022. Prohibits agencies from adopting rules that would increase the percentage of regulatory restrictions contained in its rules. Requires an agency to produce a base inventory of rules by 12/31/2019.

Board Position: Interested Party - the rule reductions only apply to cabinet level agencies

Status: Senate did not agree to House Amendments 5/28/2020 – Awaiting Conference Committee

SB 31 – Exempt EMS telecommunicator from public records law (Sen.Roegner)

To include emergency service telecommunicators, certain Ohio National Guard members, federal judges, regional physician advisory board members, and first responders as individuals whose residential and familial information is exempt from disclosure under the Public Records Law, to address matters related to contact tracing, and to require the Bureau of Workers' Compensation or Industrial Commission to disclose a claimant's name to a journalist upon written request.

Areas of interest: Exempts emergency medical service workers' personal records such as addresses from being made public, the House added an amendment requiring a signed consent before someone undergoes contact tracing, an important way to stem the spread of the coronavirus.

Board Position: Interested Party

Status: Senate did not agree to House Amendments 5/28/2020 – Awaiting Conference Committee

SB 105 – Massage Therapy Licensing (companion HB 374) (Sen.Brenner)

To make changes to the massage therapy licensing law.

Areas of interest: Requires any individual practicing massage within the state to obtain the current massage therapy license issued by the State Medical Board.

Board Position: Interested Party

Status: Awaiting third hearing in Senate Health and Human Services – Second hearing was held 9/18/2019

SB 156 – Prohibits Defrauding an Alcohol, Drug and Urine Screening Test (Sen.Gavarone)

To enact section 2925.15 of the Revised Code to prohibit defrauding an alcohol, drug, or urine screening test.

Areas of interest: Prohibits defrauding a drug or urine screening test, and bans the sale and use of fake urine for that purpose. Fake urine could be synthetic, the urine of another person, or the person's own urine if it was collected before the screening.

Board Position: Interested Party

Status: Awaiting third hearing in House Criminal Justice Committee. Second hearing was held 5/28/2020

SB 178- Podiatrists authority to administer the flu vaccine (Sen.Schuring)

To provide the authority of podiatrists to administer influenza vaccinations.

Areas of interest: Allows a podiatrist to administer a flu vaccine.

Board Position: Interested Party

Status: Awaiting third hearing in House Health. Second hearing was held 6/9/2020

SB 293 - Create Court of Claims Procedure for Open Meeting Violations (Sen. Manning)

To create a procedure within the Court of Claims to hear complaints alleging a violation of the Open Meetings Law.

Areas of interest: Creates a procedure within the Court of Claims to hear complaints alleging a violation of the Open Meetings Law

Board Position: Interested Party

Status: Awaiting a first hearing in House Civil Justice. Introduced in the House 6/25/2020

SB 308 Civil Liability - Emergency Services (Sen. Matt Huffman) (Companion HB 606)

To revise the law governing immunity from civil liability for health care providers during disasters, to provide qualified civil immunity to service providers providing services during and after a government-declared disaster or emergency due to COVID-19, and to declare an emergency.

Areas of interest: The requirement of proving gross negligence will make these minimal standard of care professional disciplinary violations, which are intended to protect public health and safety, very difficult to pursue

Board Position: Interested Party

Status: HB 606 passed out of both chambers 9/1/2020

SB 341 – Nursing Licensure Compact (Sen. Roegner)

To enact sections 4723.11 and 4723.111 of the Revised Code to enter into the Nurse Licensure Compact.

Areas of interest: No current concerns – monitoring due to potential for physician interstate compact language

Board Position: Interested Party

Status: Awaiting first hearing. Assigned to Senate Health and Human Services 9/1/2020

SB 348 – Regards boards of health (Sen. Schaffer, Roegner)

To prohibit local boards of health from using certain threatening words in notifications to the public, to allow local boards of health to reject Department of Health orders during an emergency, to allow health care professionals who serve on a board of health to receive continuing education credit, and to change the makeup of local boards of health.

Areas of interest: Allows up to five hours of CME credit for serving on a local board of health.

Board Position: Interested Party

Status: First hearing held in Senate Health, Human Services and Medicaid 9/1/2020

HB 374 – Massage Therapy License (Rep. Plummer, Manchester) (companion SB 105)

To make changes to the massage therapy licensing law.

Areas of interest: Requires any individual practicing massage within the state to obtain the current massage therapy license issued by the State Medical Board.

Board Position: Interested Party

Status: First hearing held in House Commerce and Labor 12/11/2019

HB 388 – Out-of-network care (Surprise Billing) (Rep. Holmes)

To enact sections 3902.50, 3902.51, 3902.52, 3902.53, and 3902.54 of the Revised Code regarding out-of-network care.

Areas of interest: Requires hospitals to provide upfront costs for basic items and services

Board Position: Interested Party

Status: Passed the House 5/20/2020. Pending Senate committee assignment

HB 455 – Surgical Assistants (Rep. Todd Smith, Rep. Kelly)

To regulate the practice of surgical assistants.

Areas of interest: Requires that all surgical assistants be registered with the State Medical Board - allows for the application of a waiver in areas where there are shortages - grants authority to the Board to create rules.

Board Position: Interested Party

Status: Awaiting first hearing in House Health. Referred 1/28/2020

HB 484 – Athletic Training (Rep. Abrams, Carfagna)

To amend sections 4755.60 and 4755.62 and to enact section 4755.621 of the Revised Code regarding the practice of athletic training.

Areas of interest: Eliminate language in current law that restricts ATs by only allowing administering of "topical" care".

Board Position: Interested Party

Status: Passed the House 6/12/2020. Pending Senate committee assignment.

HB 486 – Define Crime/ Civil Action – Assisted Reproduction (Rep. Powell)

To create the crime of fraudulent assisted reproduction and civil actions for an assisted reproduction procedure without consent.

Areas of Interest: "Prohibits a health care professional from purposely or knowingly using human reproductive material from a donor while performing an assisted reproduction procedure if the person receiving the procedure has not expressly consented to the use of that donor's material"

Board Position: Interested Party

Status: Awaiting first hearing in House criminal justice.

HB 547- Restrict Cost Sharing- Occupational Licensing/ Physical Therapists (Rep.LaRe)

To enact sections 3902.50 and 3902.51 of the Revised Code to restrict cost sharing requirements with regard to occupational and physical therapists.

Areas of Interest: Caps cost-sharing for occupational and physical therapy

Board Position: Interested Party

Status: Awaiting second hearing in House Insurance. First hearing held 5/12/2020

HB 629 – Staffing/Employment Conditions for Registered Nurses (Rep. Skindell)

To amend sections 3727.50, 3727.51, 3727.52, and 3727.53 and to enact sections 3727.80 to 3727.88 of the Revised Code regarding staffing ratios and other employment conditions for registered nurses employed by hospitals.

Areas of Interest: Addresses the staffing ratios of registered nurses in hospitals

Board Position: Interested Party

Status: Awaiting first hearing in House Commerce and Labor. Referred 5/19/2020

HB 629 – Staffing/Employment Conditions for Registered Nurses (Rep. Skindell)

To amend sections 3727.50, 3727.51, 3727.52, and 3727.53 and to enact sections 3727.80 to 3727.88 of the Revised Code regarding staffing ratios and other employment conditions for registered nurses employed by hospitals.

Areas of Interest: Addresses the staffing ratios of registered nurses in hospitals

Board Position: Interested Party

Status: Awaiting first hearing in House Commerce and Labor. Referred 5/19/2020

HB 641 – Medical Marijuana – Autism Spectrum Disorder (Rep. Brent)

To amend section 3796.01 of the Revised Code to authorize the use of medical marijuana for autism spectrum disorder.

Areas of Interest: Authorize medical marijuana for autism spectrum disorder

Board Position: Oppose - the Board has already declared positions on these allowed conditions

Status: Awaiting first hearing in House Health. Referred 5/27/2020

HB 650 – Medical Marijuana – Anxiety, Opioid Use Disorder (Rep. Upchurch)

To amend section 3796.01 of the Revised Code to authorize the use of medical marijuana for autism spectrum disorder.

Areas of Interest: Authorize medical marijuana for autism spectrum disorder

Board Position: Oppose - the Board has already declared positions on these allowed conditions

Status: Awaiting first hearing in House Health. Referred 5/27/2020

HB 641 – Medical Marijuana – Autism Spectrum Disorder (Rep. Brent)

To amend section 3796.01 of the Revised Code to authorize the use of medical marijuana for anxiety, autism spectrum disorder, and opioid use disorder.

Areas of Interest: Authorize the use of medical marijuana for anxiety, autism spectrum disorder, and opioid use disorder

Board Position: Oppose - the Board has already declared positions on these allowed conditions

Status: Awaiting first hearing in House Health. Referred 5/27/2020

HB 747 – Prescribing and Dispensing Drugs for off-label use (Rep. Grendell, Cutrona)

To enact sections 4723.283, 4729.261, 4730.253, and 4731.201 of the Revised Code regarding the prescribing and dispensing of drugs for off-label uses.

Areas of Interest: Prohibits the Board of Nursing and State Medical Board from taking actions on a license solely for issuing a prescription for a drug to be used in a manner other than the use approved by the U.S. FDA , except when the issuance of such a prescription conflicts with acceptable and prevailing standards of safe care.

- Applies to the following license types: Certified Nurse Practitioner, Clinical Nurse Specialist, Physician Assistant, Licensees practicing medicine in accordance with chapter 4731 of the Ohio revised code
- Feedback from the board is needed

Board Position: Interested Party

Status: Awaiting first hearing in House Health. Referred 8/31/2020

Bill Number	Current Bill Status	Committee Assignment	Board Position	Bill Sponsor(s)	Date Introduced	Areas of Interest	Action Taken	Action Needed
SB 1 - Reduce Regulatory Restrictions	Passed Senate and House with amendments 5/6/2020 - awaiting conference committee	Conference Committee for concurrence of House amendment	Interested Party - the rule reductions only apply to cabinet level agencies	Sen. Rob McColley (R-1) Sen. Christina Roegner (R- 27)	2/12/2019	Requires state agencies to reduce regulatory restrictions in rules by 30% by 2022. Prohibits agencies from adopting rules that would increase the percentage of regulatory restrictions contained in it's rules. Requires an agency to produce a base inventory of rules by 12/31/2019	None	The policy team will continue to monitor this bill throughout the legislative process
SB 31 - Exempt EMS telecommunicator info from Public Records Law	Passed Senate and House with amendments 5/28/2020 - awaiting conference committee	Conference Committee for concurrence of House amendment	Interested Party	Sen. Kristina Roegner (R-27)	2/12/2019	Exempts emergency medical service workers' personal records such as addresses from being made public, the House added an amendment requiring a signed consent before someone undergoes contact tracing, an important way to stem the spread of the coronavirus.	None	The policy team will continue to monitor this bill throughout the legislative process
SB 105 - Massage Therapy Licensing (companion HB 374)	Awaiting third hearing 2nd hearing held 9/18/2019	Senate Health and Human Services	Interested Party	Sen. Andrew Brenner (R- 19)	3/13/2019	Requires any individual practicing massage within the state to obtain the current massage therapy license issued by the State Medical Board.	Contact made to the lobbyist representing the massage therapists requesting a conversation regarding this bill.	The policy team will continue to monitor this bill throughout the legislative process
SB 156 - Prohibits Defrauding an Alcohol, Drug or Urine Screening Test	Passed Senate 2/12/2020 Referred to House Committee 5/12/2020 Awaiting third hearing	House Criminal Justice - 2nd Hearing 5/28/2020	Interested Party	Sen. Theresa Gavarone (R-2)	5/28/2020	Prohibits defrauding a drug or urine screening test, and bans the sale and use of fake urine for that purpose. Fake urine could be synthetic, the urine of another person, or the person's own urine if it was collected before the screening.	None	The policy team will continue to monitor this bill throughout the legislative process
SB 178- Podiatrists authority to administer the flu vaccine	Passed the Senate 2/12/2020 Awaiting third hearing in the House committee	House Health 5/12/2020 Second hearing held 6/9/2020	Support	Sen. Kirk Schuring (R-29)	7/17/2020	Allows a podiatrist to administer a flu vaccine	None	The policy team will continue to monitor this bill throughout the legislative process
SB 246 - Occupational licensing - reciprocity	Pending 7th Hearing – Vote is expected – No meeting scheduled	Senate General Government and Agency Review	Interested Party	Sen. Kristina Roegner (R-27); Senator Rob McColley (R-1)	11/26/2019	Ability of the Board to adequately assess applicants would be greatly reduced as written. The proposed amendments would remedy this issue.	Policy team has met with bill sponsors and committee chair to discuss concerns - -A sub bill will be introduced which includes the requested amendments -the amendments would allow the board to retain current standards of review but if the bill passes, reciprocity would still be granted to out of state license holders -the Policy team will continue to advocate for an	-Awaiting draft amendments from LSC – staff will review upon receipt
SB 293 - Create Court of Claims Procedure for Open Meeting Violations	Passed Senate 6/10/2020 Introduced in the House 6/25/2020	Pending assignment	Interested Party	Sen. Nathan Manning (R-13) Sen. Louis Blessing (R-8)	3/17/2020	Creates a procedure within the Court of Claims to hear complaints alleging a violation of the Open Meetings Law	None	The policy team will continue to monitor this bill throughout the legislative process

SB 303 - Pharmacist Consult Agreements - added as an amendment to HB 203	Amended into HB 203	House Health - First hearing 6/9/2020	Interested Party	Sen. Stephen Huffman (R-5) Sen. Nathan Manning (R-13)	4/20/2020	Establishes policies and protocols for pharmacist consult agreements	None	The policy team will continue to monitor this bill throughout the legislative process
SB 308 Civil Liability - Emergency Services	Passed the Senate 6/3/2020 Awaiting first House committee hearing	House Civil Justice 6/10/2020	Interested Party	Sen. Matt Huffman (R-12)	5/5/2020	Revise the law governing immunity from civil liability for health care providers during disasters, to provide qualified civil immunity to service providers providing services during and after a government-declared disaster or emergency due to COVID-19	None	The policy team will continue to monitor this bill throughout the legislative process
SB 341 - Nursing Licensure Compact	Awaiting first hearing	Senate Health and Human Services 9/1/2020	Interested Party	Sen. Kristina Roegner (R-27)	7/21/2020	No current concerns – monitoring due to potential for physician interstate compact language	-Policy analysis complete	The policy team will continue to monitor this bill as it progresses through the legislative process
SB 348 - Local Boards of Health	First hearing 9/1/2020	Senate Health, Human Services and Medicaid	Interested Party	Sen. Tim Schaffer(R-20)– Sen. Kristina Roegner (R- 27)	8/4/2020	Requires licensing boards of health care providers to allow up to five CME credits for serving on a local board of health	-Policy analysis complete -Licensing has determined that implementation is not a problem -Awaiting legal feedback	-Determination on whether allowing CME credit for hours served on a local board of health is appropriate
HB 203 - Requirements for mobile dental facility operations	Concurrence with Senate Amendments passed 9/1/2020	N/A	Interested Party	Rep. Scott Lipps (R-62)	4/16/2019	Allows the services provided by Mobile Dental Facilities more effective in order to allow greater access to proper oral health care. AMENDED to included SB 303 language regarding pharmacy consult agreements	None	The policy team is currently reviewing the passed language for impact on the board
HB 263 - Occupational Licensing - criminal convictions	Passed out of the House 6/9/2020- Introduced in the Senate 6/10/20	House Transportation, Commerce and Workforce 6/24/2020 1st Hearing - 9/2/2020	Interested Party	Rep. Kyle Koehler (R-79)	5/28/2019	Limited look back period for criminal convictions check of five years. Removal of references to good moral character and "moral turpitude"	In conjunction with the boards of pharmacy, nursing, chiropractic and dental, amendments have been requested to the language to create a new ORC section to apply to healthcare licensing agencies.	The policy team will continue to monitor this bill as it progresses through the legislative process

HB 341- Addiction Treatment Drugs	Passed both chambers 6/24/2020 Concurrence in Senate Amendments 9/1/2020	N/A	Interested Party	Rep. Tim Ginter (R- 5)	9/23/2019	Authorizes a pharmacist to administer by injection any long-acting or extended-release drug prescribed by a physician to treat drug addiction, instead of limiting the pharmacist's authority to the administration of opioid antagonists as under current law Also permits the state's prescription drug monitoring program, The Ohio Automated RX Reporting System (OARRS), to share data with the Defense Health Agencies (DHA) prescription drug monitoring program. AMENDED - Authorizes certain advanced practice registered nurses and physician assistants to develop protocols to permit individuals and employees of service entities to personally furnish or administer naloxone.	None	The policy team will continue to monitor this bill as it progresses through the legislative process
HB 374 - Massage Therapy License (companion SB 105)	1st hearing in the House held 12/11/2020	House Commerce and Labor	Interested Party	Rep.Phil Plummer (R-40) Rep. Susan Manchester (R-84)	10/23/2019	Requires any individual practicing massage within the state to obtain the current massage therapy license issued by the State Medical Board.	None	The policy team will continue to monitor this bill as it progresses through the legislative process
HB 388 - Out-of-network care	Passed the House 5/20/2020 Introduced in the Senate 5/25/2020	Pending assignment	Interested Party	Rep. Adam Holmes (R-97)	11/5/2019	Addresses surprise billing Requires hospitals to provide upfront costs for basic items and services	None	The policy team will continue to monitor this bill as it progresses through the legislative process
HB 455 - Surgical Assistants	First Hearing 5/19/2020	House Health	Following closely - currently have concerns	Rep. Todd Smith (R- 43) Rep. Bridgid Kelly (D-31)	12/17/2020	Requires that all surgical assistants be registered with the State Medical Board - allows for the application of a waiver in areas where there are shortages - grants authority to the Board to create rules	None	The policy team will continue to monitor this bill as it progresses through the legislative process
HB 484- Athletic Training	Passed the House 6/10/2020 Introduced in the Senate 6/12/2020	Pending assignment	Interested Party	Rep. Cindy Abrams (R-29) Rep. Rick Carfagna (R-68)	1/28/2020	Allow ATs to work under a collaboration agreement with physicians. Eliminate language in current law that restricts ATs by only allowing administering of "topical" care	None	The policy team will continue to monitor this bill as it progresses through the legislative process
HB 486 - Define Crime/ Civil Action - Assisted Reproduction	Awaiting first hearing	House Criminal Justice 2/4/2020	Interested Party	Rep. Jena Powell (R-80)	1/29/2020	Prohibits a health care professional from purposely or knowingly using human reproductive material from a donor while performing an assisted reproduction procedure if the person receiving the procedure has not expressly consented to the use of that donor's material	None	The policy team will continue to monitor this bill as it progresses through the legislative process

<p>HB 492 - Physician Assistants</p>	<p>Awaiting first hearing</p>	<p>House Health 2/11/2020</p>	<p>Following closely - currently have concerns</p>	<p>Rep. Scott Wiggam (R-1) Rep. Joe Miller (D-56)</p>	<p>2/4/2020</p>	<p>Decouples national accreditation from licensure. Renames the PA/physician “supervision agreement” to “collaborative agreement” to more accurately represent the relationship between practitioners. Eliminates physician liability for the actions of a physician assistant. Allows a physician assistant to “pink-slip” a patient. Allows physician assistant’s to perform fluoroscopy. Permits a physician assistant to perform rapid intubation and procedural sedation, order rapid intubation and procedural sedation, and order drugs needed to perform rapid intubation and procedural sedation in a health care facility. Other technical corrections.</p>	<p>None</p>	<p>The policy team will continue to monitor this bill as it progresses through the legislative process</p>
<p>HB 547- Restrict Cost Sharing - Occupational/Physical Therapists</p>	<p>1st House hearing held 5/12/2020</p>	<p>House Insurance</p>	<p>Interested Party</p>	<p>Rep. Jeff LaRe (R-77)</p>	<p>3/10/2020</p>	<p>Caps cost-sharing for occupational and physical therapy</p>	<p>None</p>	<p>The policy team will continue to monitor this bill as it progresses through the legislative process</p>
<p>HB 606 - Grant immunity to essential workers who transmit COVID-19</p>	<p>Passed both chambers 6/30/2020 - Reported out of conference committee House passed the committee report</p>	<p>N/A</p>	<p>Interested Party</p>	<p>Rep. Diane Grendell (R-76)</p>	<p>4/10/2020</p>	<p>Grants immunity from tort liability and professional discipline for injury, death, or loss that allegedly resulted because a health care provider was unable to treat a person, including the inability to perform any elective procedure, due to an executive or director’s order or a local health order issued in relation to an epidemic or pandemic disease or other public health emergency; Excludes from immunity in tort actions conduct that constitutes a reckless disregard of the consequences or intentional or willful or wanton misconduct on the part of the person against whom the action is brought The final version of the bill extended the protections through September 2021</p>	<p>Memo drafted and sent to the bill sponsor</p>	<p>The policy team will continue to monitor this bill as it progresses through the legislative process</p>
<p>HB 629 - Staffing/Employment Conditions for Registered Nurses</p>	<p>Awaiting first hearing</p>	<p>House Commerce and Labor 5/19/2020</p>	<p>Interested Party</p>	<p>Rep. Michael Skindell (D-13)</p>	<p>5/12/2020</p>	<p>Addresses the staffing ratios of registered nurses in hospitals</p>	<p>None</p>	<p>The policy team will continue to monitor this bill as it progresses through the legislative process</p>

<p>HB 641 - Medical Marijuana - Autism Spectrum Disordered</p>	<p>Awaiting first hearing</p>	<p>House Health 5/27/2020</p>	<p>Oppose - the Board has already declared positions on these allowed conditions</p>	<p>Rep. Juanita Brent (D-12)</p>	<p>5/19/2020</p>	<p>Authorize medical marijuana for autism spectrum disorder</p>	<p>None</p>	<p>The policy team will continue to monitor this bill as it progresses through the legislative process</p>
<p>HB 650 - Medical Marijuana - Anxiety, Opioid Use Disorder</p>	<p>Awaiting first hearing</p>	<p>House Health 5/27/2020</p>	<p>Oppose - the Board has already declared positions on these allowed conditions</p>	<p>Rep. Terrence Upchurch (D-10)</p>	<p>5/19/2020</p>	<p>Authorize the use of medical marijuana for anxiety, autism spectrum disorder, and opioid use disorder</p>	<p>None</p>	<p>The policy team will continue to monitor this bill as it progresses through the legislative process</p>
<p>Sub. HB 679 - Telehealth</p>	<p>Introduced in the Senate 6/12/2020</p>	<p>Pending</p>	<p>Support - following closely</p>	<p>Rep. Mark Fraizer (R-71) Rep. Adam Holmes (R-97)</p>	<p>5/26/2020</p>	<p>Initial visits Consistency in standard of care Medical Board rulemaking authority Synchronous technology</p>	<p>Legal is drafting amendments based on discussion with the Ad-hoc telehealth committee</p>	<p>Approval of amendments for submission to the bill sponsors</p>
<p>HB 747 - Prescribing and Dispensing Drugs for Off-label Use</p>	<p>Introduced</p>	<p>Pending</p>	<p>Interested Party</p>	<p>Rep. Diane Grendell (R-76) Rep. Alessandro Cutrona (R-59)</p>	<p>8/11/2020</p>	<p>Prohibits the Board of Nursing and State Medical Board from taking actions on a license solely for issuing a prescription for a drug to be used in a manner other than the use approved by the U.S. FDA , except when the issuance of such a prescription conflicts with acceptable and prevailing standards of safe care.</p> <p>Applies to the following license types: Certified Nurse Practitioner, Clinical Nurse Specialist, Physician Assistant, Licensees practicing medicine in accordance with chapter 4731 of the Ohio revised code</p>	<p>Policy Analysis complete Awaiting feedback from legal and licensing</p>	<p>Determination on whether the board is concerned about the prohibitions set forth in the language</p>

Key

Monitoring - currently no impact on the Board

Monitoring - potential impact on the Board

Passed both Chambers or is enacted

Requires immediate action



MEMORANDUM

TO: Amol Soin, M.D., Chair, Policy Committee
Members, Policy Committee

FROM: Nathan T. Smith, Senior Legal and Policy Counsel

DATE: September 4, 2020

RE: Proposed Pharmacy Board Ohio Administrative Code rule 4729:1-3-02 Immunization Administration

Attached is the Pharmacy Board's proposed Ohio Administrative Code rule 4729:1-3-02 Immunization Administration for your review and consultation. Pursuant to R.C. 4729.41(E), prior to adopting rules regarding requirements for protocols to be followed by pharmacists and pharmacy interns engaging in the administration of immunizations, as well as rules specifying immunizations that may be administered, the Pharmacy Board shall consult with the Medical Board.

The new proposed rule is a combination of current rules 4729-5-36, 4729-5-37, and 4729-5-38. Relevant changes include the following:

1. Addition of an enforcement provision in (C)(2) which states: "Failure to adhere to the standard of care for administration of an immunization shall be considered a violation of this rule and may subject a pharmacist to discipline in accordance with rule 4729:1-4-01 of the Administrative Code".
 2. Separation of pharmacy interns into a separate rule 4729:2-3-03 that ties into the requirements of this proposed rule.
 3. Replacement of the requirement that the physician-established protocol contain specific information about epinephrine and diphenhydramine (including Name and strength; Precautions and contraindications; Intended audience or patient population; Appropriate dosage; Appropriate administration schedules; Appropriate routes of administration; and Appropriate injection sites) with the more generalized requirement that the protocol contain "A method to address emergency situations including, but not limited to, adverse reactions, anaphylactic reactions, and accidental needle sticks."
 4. Change to the timing and responsibility for renewing physician-established protocols:
Current rule: All physician-established protocols must be signed and dated by the physician prior to implementation and maintained by the administering pharmacist. **The pharmacist must renew the protocol annually with the physician.**
-

Proposed rule: (E) All physician-established protocols must be signed and dated by the physician prior to implementation and maintained by the terminal distributor of dangerous drugs. **The protocols shall be renewed by a physician on a biennial basis.**

5. Removal of Pharmacy Board optional review of protocols with Medical Board and Nursing Board. **Current rule 4729-4-37(C):** Upon the request of the state board of pharmacy, a pharmacist shall immediately provide the protocols for immunizations pursuant to division (B)(3) of section 4729.41 of the Revised Code and rule 4729-5-38 of the Administrative Code. The state board of pharmacy, after review, may approve the protocol or return it to the pharmacist for revision without approval. If a protocol has been returned for revision without approval, it may not be implemented until the board has approved it. **The state board of pharmacy may review the protocols with the state medical board and the board of nursing, as appropriate.**

Proposed rule: (F) Upon the request of the state board of pharmacy, a pharmacist or terminal distributor of dangerous drugs shall immediately provide the protocols for immunizations. The state board of pharmacy, after review, may approve the protocol or return it to the pharmacist or terminal distributor for revision without approval. If a protocol has been returned for revision without approval, it may not be implemented until the board has granted approval.

6. Addition of adult immunizations under certain circumstances:
 - (G) A pharmacist may administer the following immunizations in accordance with section 4729.41 of the Revised Code and this rule:
 - (6) Any immunization to an individual eighteen years of age or older pursuant to a prescription if all the following apply:**
 - (a) The pharmacist is authorized to administer the immunization pursuant to a physician-approved protocol established in paragraph (D) of this rule; and
 - (b) The pharmacist has the required training in accordance with this rule to administer the immunization.
7. Addition of COVID-19 immunization:
 - (G) A pharmacist may administer the following immunizations in accordance with section 4729.41 of the Revised Code and this rule:
 - (7) Any immunization approved by the United States food and drug administration for the prevention of COVID-19 in accordance with the limitations set forth in section 4729.41 of the Revised Code.**

Requested Action: Review proposed rule and provide comments, if any, to convey to Pharmacy Board.

4729:1-3-02**Immunization administration.**

(A) A course in the administration of immunizations developed pursuant to division (B)(1) of section 4729.41 of the Revised Code shall meet the following requirements:

- (1) The instructor shall be a licensed health care professional and have the appropriate education and experience to teach a course in the administration of immunizations.
- (2) The content must meet the standards established for such courses by the centers for disease control and prevention in the public health service of the United States department of health and human services.
- (3) The course shall be conducted by an accreditation council for pharmacy education (ACPE) accredited provider.
- (4) The course must be a minimum of five hours in length and include the following:
 - (a) A review of immunology that includes a discussion of the body's immune system reaction to immunizations.
 - (b) A review of each immunization authorized pursuant to paragraph (G) of this rule that includes the following:
 - (i) Disease states associated with the immunization;
 - (ii) Type or nature of activity of the immunization;
 - (iii) Administration schedules;
 - (iv) Routes of administration;
 - (v) Injection sites;
 - (vi) Dosages;
 - (vii) Monitoring and treatment of the patient for adverse reactions, including the use of diphenhydramine and epinephrine;
 - (viii) Patient populations;
 - (ix) Precautions and contraindications; and
 - (x) Proper storage requirements for the immunization.

- (c) A review of sterile technique in injectable dosage preparation and administration.
- (d) A minimum of one hour of instruction and physical participation in administration techniques.
- (e) A review of the proper disposal procedures for contaminated needles and immunizations.
- (f) A review of the proper procedures for accidental needle sticks.
- (5) The course must provide a method to evaluate the successful comprehension of the content.
- (6) The course must provide a method to demonstrate the participant has successfully completed the course.
- (B) Courses on immunization administration may be reviewed by the state board of pharmacy. A training course that fails to comply with the requirements set forth in this rule shall be considered in violation of this rule.
- (C)
 - (1) Pharmacists seeking to administer any immunization listed in paragraph (G) of this rule that was added after the completion of an initial immunization course shall, at a minimum, conduct a review of appropriate clinical resources to familiarize themselves with all the following prior to the administration of the immunization:
 - (a) Disease states associated with the immunization;
 - (b) Type or nature of activity of the immunization;
 - (c) Administration schedules;
 - (d) Routes of administration;
 - (e) Injection sites;
 - (f) Dosages;
 - (g) Monitoring and treatment of the patient for adverse reactions;
 - (h) Patient populations;

- (i) Precautions and contraindications; and
 - (j) Proper storage requirements for the immunization.
 - (2) Failure to adhere to the standard of care for administration of an immunization shall be considered a violation of this rule and may subject a pharmacist to discipline in accordance with rule 4729:1-4-01 of the Administrative Code.
- (D) Pursuant to section 4729.41 of the Revised Code, a physician-established protocol for the administration of immunizations shall include the following:
- (1) For each dangerous drug listed in paragraph (G) of this rule:
 - (a) Name and strength;
 - (b) Precautions and contraindications;
 - (c) Intended audience or patient population;
 - (d) Dosage;
 - (e) Administration schedules;
 - (f) Routes of administration; and
 - (g) Injection sites.
 - (2) The length of time the pharmacist or pharmacy intern under the direct supervision of a pharmacist must observe an individual for adverse effects, which shall be based on appropriate standards of care established by the physician. The location of the observation shall be in the general vicinity of the administering pharmacist or pharmacy intern to allow for on-going evaluation.
 - (3) A method to address emergency situations including, but not limited to, adverse reactions, anaphylactic reactions, and accidental needle sticks.
 - (4) A method to notify an individual's physician or the applicable board of health within thirty days after administering an immunization, except for influenza immunizations administered to individuals eighteen years of age and older.
 - (5) The locations that a pharmacist or pharmacy intern under the direct supervision of a pharmacist may engage in the administration of immunizations.

(E) All physician-established protocols must be signed and dated by the physician prior to implementation and maintained by the terminal distributor of dangerous drugs. The protocols shall be renewed by a physician on a biennial basis.

(1) A physician may sign one protocol for multiple locations licensed as terminal distributors of dangerous drugs.

(2) Each location licensed as a terminal distributor of dangerous drugs shall maintain a copy of the protocol on-site for inspection by an agent, inspector or employee of the state board of pharmacy.

(F) Upon the request of the state board of pharmacy, a pharmacist or terminal distributor of dangerous drugs shall immediately provide the protocols for immunizations. The state board of pharmacy, after review, may approve the protocol or return it to the pharmacist or terminal distributor for revision without approval. If a protocol has been returned for revision without approval, it may not be implemented until the board has granted approval.

(G) A pharmacist may administer the following immunizations in accordance with section 4729.41 of the Revised Code and this rule:

(1) Any immunization or vaccine that is included in either of the following schedules and is administered according to those schedules:

(a) The immunization schedule for persons aged zero through eighteen years recommended by the advisory committee on immunization practices of the centers for disease control and prevention in the United States department of health and human services (1/15/2020).

(b) Except as listed in paragraph (G)(2) of this rule, the adult immunization schedule recommended by the advisory committee on immunization practices of the centers for disease control and prevention in the United States department of health and human services (1/15/2020).

(2) The herpes zoster vaccine according to the age criteria specified in the United States food and drug administration's approved labeling.

(3) Except as provided in paragraphs (G)(4) and (G)(5) of this rule, any other immunization or vaccine recommended by the advisory committee on immunization practices of the centers for disease control and prevention in the United States department of health and human services if administered in accordance with the recommendations adopted by the committee.

(4) The rabies vaccine for post exposure, if all the following are met:

- (a) A pharmacist does not provide the initial dose of the rabies post exposure vaccine;
 - (b) Follow-up doses are administered pursuant to a prescription issued by a prescriber; and
 - (c) The follow-up doses are administered in accordance with recommendations adopted by the advisory committee on immunization practices of the centers for disease control and prevention in the United States department of health and human services (1/15/2020).
- (5) The requirements listed in paragraph (G)(4) of this rule do not apply to the rabies vaccine for preexposure if administered in accordance with recommendations adopted by the advisory committee on immunization practices of the centers for disease control and prevention in the United States department of health and human services (1/15/2020).
- (6) Any immunization to an individual eighteen years of age or older pursuant to a prescription if all the following apply:
 - (a) The pharmacist is authorized to administer the immunization pursuant to a physician-approved protocol established in paragraph (D) of this rule; and
 - (b) The pharmacist has the required training in accordance with this rule to administer the immunization.
- (7) Any immunization approved by the United States food and drug administration for the prevention of COVID-19 in accordance with the limitations set forth in section 4729.41 of the Revised Code.
- (H) A pharmacist shall obtain informed consent pursuant to rule 4729:5-5-04 of the Administrative Code to administer an immunization.
- (I) Immunization records shall be maintained in accordance with rule 4729:5-5-04 of the Administrative Code.
- (J) A pharmacist shall comply with the vaccine information statement requirements of the National Vaccine Childhood Injury Act, 42 USC Section 300aa-26 (12/14/1993).
- (K) An immunization or vaccine specified in this rule shall not be administered to any individual who is less than thirteen years of age, except in the following situations:
 - (1) The immunization for influenza is administered to individuals who are seven years of age or older; or

- (2) Pursuant to a prescription from a licensed prescriber, an immunization or vaccine is administered to individuals who are seven years of age or older but not more than thirteen years of age.
- (L) For each immunization administered to an individual by a pharmacist, other than an immunization for influenza administered to an individual eighteen years of age or older, the pharmacist shall notify the individual's family physician or, if the individual has no family physician, the board of health of the health district in which the individual resides or the authority having the duties of a board of health for that district under section 3709.05 of the Revised Code. The notice shall be given not later than thirty days after the immunization is administered. Notification shall be conducted using one of the following methods that is capable of confirming delivery of the required notification:
- (1) Electronic mail;
 - (2) Interoperable electronic medical records system;
 - (3) Facsimile;
 - (4) Electronic prescribing system;
 - (5) Electronic pharmacy record system;
 - (6) Documented verbal communication; or
 - (7) Any other method of notification that might reasonably be expected to allow for the confirmed transmission of the required notification.
- (M) A pharmacist administering immunizations in accordance with this rule shall receive and maintain certification to perform basic life-support procedures by successfully completing a basic life-support training course certified by the American red cross, American heart association or other training course approved by the board. Certification shall be obtained and maintained through courses that are conducted in-person or, at a minimum, offer an in-person training component.
- (N) A pharmacist who completed a course in the administration of immunizations that complied with the training requirements in effect immediately prior to the adoption of this rule shall be deemed in compliance with division (B)(1) of section 4729.41 of the Revised Code.
- (O) A pharmacist shall maintain the following records on file at the location(s) where the pharmacist administers immunizations in accordance with this rule:

- (1) Proof of successful completion of a training course specified in paragraph (A) of this rule; and
- (2) Proof of maintenance of certification to perform basic life-support procedures in accordance with paragraph (M) of this rule.

Replaces: 4729-5-36, 4729-5-37, 4729-5-38

Effective:

Five Year Review (FYR) Dates:

Certification

Date

Promulgated Under: 119.03
Statutory Authority: 4729.26, 4729.41
Rule Amplifies: 4729.41
Prior Effective Dates: 07/01/2001, 10/19/2007, 06/21/2009, 01/01/2011,
05/22/2014, 06/09/2014, 08/22/2014, 10/05/2015

4729-5-36 [Effective until 12/1/2020] Course requirements in the administration of immunizations..

(A) A course in the administration of immunizations developed pursuant to division (B)(1) of section [4729.41](#) of the Revised Code shall meet at least the following requirements:

(1) The instructor shall be a licensed health care professional and have the appropriate education and experience to teach a course in the administration of immunizations.

(2) The content must meet the standards established for such courses by the centers for disease control and prevention in the public health service of the United States department of health and human services.

(3) The course must be a minimum of five hours in length and include at least the following:

(a) A review of immunology that includes a discussion of the body's immune system reaction to the immunizations.

(b) A review of each medication listed in division (A)(3) of section [4729.41](#) of the Revised Code and each immunization or vaccination pursuant to rule [4729-5-38](#) of the Administrative Code that includes the following:

(i) Disease states associated with the immunization;

(ii) Type or nature of activity of the immunization;

(iii) Appropriate administration schedules;

(iv) Appropriate routes of administration;

(v) Appropriate injection sites;

(vi) Appropriate dosages;

(vii) Appropriate monitoring and treatment of the patient for adverse reactions, including the use of diphenhydramine and epinephrine;

(viii) Appropriate patient populations;

(ix) Precautions and contraindications;

(x) Proper storage requirements for the immunization.

(c) A review of sterile technique in injectable dosage preparation and administration.

(d) A minimum of one hour of instruction and physical participation in administration techniques.

(e) A review of the proper disposal procedures for contaminated needles and immunizations.

(f) A review of the proper procedures for accidental needle sticks.

(4) The course must provide a method to evaluate the successful mastery of the content.

(B) All courses in immunizations must be submitted to the state board of pharmacy for approval. The courses may be reviewed with the state medical board and the board of nursing, as appropriate. Any subsequent revisions to the course, after the initial approval, must be submitted to the state board of pharmacy for approval.

(C) A pharmacist or pharmacy intern acting under the direct supervision of a pharmacist who has not successfully completed a course in immunization administration that meets the requirements set forth in this rule, must complete a course that meets the requirements in this rule prior to the administration of any immunization listed in rule [4729-5-38](#) of the Administrative Code.

Effective: 10/5/2015

Five Year Review (FYR) Dates: 07/15/2015 and 10/05/2020

Promulgated Under: [119.03](#)

Statutory Authority: [4729.26](#), [4729.41](#)

Rule Amplifies: [4729.41](#)

Prior Effective Dates: 7/1/01, 10/19/07, 6/21/09

4729-5-37 [Effective until 12/1/2020] Protocols for the administration of immunizations..

(A) To be considered an approved protocol pursuant to division (B)(3) of section [4729.41](#) of the Revised Code, the physician-established protocol for the administration of immunizations must include at least the following:

(1) For each medication listed in division (A)(3) of section [4729.41](#) of the Revised Code and each immunization or vaccination pursuant to rule [4729-5-38](#) of the Administrative Code:

- (a) Name and strength;
- (b) Precautions and contraindications;
- (c) Intended audience or patient population;
- (d) Appropriate dosage;
- (e) Appropriate administration schedules;
- (f) Appropriate routes of administration;
- (g) Appropriate injection sites;

(2) The length of time the pharmacist or pharmacy intern under the direct supervision of a pharmacist must observe an individual for adverse effects, which shall be based on appropriate standards of care established by the physician. The location of the observation shall be in the general vicinity of the administering pharmacist or pharmacy intern to allow for on-going evaluation.

(3) A method to address emergency situations including, but not limited to, adverse reactions, anaphylactic reactions, and accidental needle sticks.

(4) A method to notify an individual's physician or the applicable board of health within thirty days after administering medication, except for influenza immunizations administered to individuals eighteen years of age and older.

(5) The locations that a pharmacist or pharmacy intern under the direct supervision of a pharmacist may engage in the administration of immunizations.

(B) All physician-established protocols must be signed and dated by the physician prior to implementation and maintained by the administering pharmacist. The pharmacist must renew the protocol annually with the physician.

(C) Upon the request of the state board of pharmacy, a pharmacist shall immediately provide the protocols for immunizations pursuant to division (B)(3) of section [4729.41](#) of the Revised Code and rule [4729-5-38](#) of the Administrative Code. The state board of pharmacy, after review, may approve the protocol or return it to the pharmacist for revision without approval. If a protocol has been returned for revision without approval, it may not be implemented until the board has approved it. The state board of pharmacy may review the protocols with the state medical board and the board of nursing, as appropriate.

Effective: 10/5/2015

Five Year Review (FYR) Dates: 07/15/2015 and 10/05/2020

Promulgated Under: [119.03](#)

Statutory Authority: [4729.26](#), [4729.41](#)

Rule Amplifies: [4729.41](#)

Prior Effective Dates: 7/1/01, 10/19/07, 6/21/09, 1/1/11

4729-5-38 [Effective until 12/1/2020] Immunization and vaccine administration..

(A) A pharmacist or pharmacy intern acting under the direct supervision of a pharmacist may administer in accordance with section [4729.41](#) of the Revised Code the following:

(1) Any immunization or vaccine that is included in either of the following schedules and is administered according to those schedules:

(a) The immunization schedule for persons aged zero through eighteen years recommended by the advisory committee on immunization practices of the centers for disease control and prevention in the United States department of health and human services (8/17/2015).

(b) Except as listed in paragraph (A)(2) of this rule, the adult immunization schedule recommended by the advisory committee on immunization practices of the centers for disease control and prevention in the United States department of health and human services (8/17/2015).

(2) The zoster vaccine according to the age criteria specified in the F.D.A. approved labeling.

(3) Except as provided in paragraphs (A)(4) and (A)(5) of this rule, any other immunization or vaccine recommended by the advisory committee on immunization practices of the centers for disease control and prevention in the United States department of health and human services if administered in accordance with the recommendations adopted by the committee.

(4) The rabies vaccine for post exposure if all the following are met:

(a) A pharmacist or pharmacy intern does not provide the initial dose of the rabies post exposure vaccine;

(b) Follow-up doses are administered pursuant to a prescription issued by a prescriber; and

(c) The follow-up doses are administered in accordance with recommendations adopted by the advisory committee on immunization practices of the centers for disease control and prevention in the United States department of health and human services (8/17/2015).

(5) The requirements listed in paragraph (A)(4) of this rule do not apply to the rabies vaccine for preexposure if administered in accordance with recommendations adopted by the advisory committee on immunization practices of the centers for disease control and prevention in the United States department of health and human services (8/17/2015).

(B) A pharmacist or pharmacy intern shall obtain informed consent to administer an immunization or vaccination pursuant to paragraph (O) of rule [4729-5-27](#) of the Administrative Code.

(C) A pharmacist or pharmacy intern shall comply with the vaccine information statement requirements of the National Vaccine Childhood Injury Act, 42 U.S.C. Section 300aa-26 (8/17/2015).

(D) A pharmacist or pharmacy intern who engages in the administration of an immunization or vaccination shall do so in accordance with rules [4729-5-36](#) and [4729-5-37](#) of the Administrative Code.

(E) An immunization or vaccine specified in this rule shall not be administered to any individual who is less than thirteen years of age, except in the following situations:

(1) The immunization for influenza is administered to individuals who are seven years of age or older; or

(2) Pursuant to a prescription from a licensed prescriber, an immunization or vaccine is administered to individuals who are seven years of age or older but not more than thirteen years of age.

(F) For each immunization administered to an individual by a pharmacist or pharmacy intern, other than an immunization for influenza administered to an individual eighteen years of age or older, the pharmacist or

pharmacy intern shall notify the individual's family physician or, if the individual has no family physician, the board of health of the health district in which the individual resides or the authority having the duties of a board of health for that district under section [3709.05](#) of the Revised Code. The notice shall be given not later than thirty days after the immunization is administered.

Replaces: 4729-5-38

Effective: 10/5/2015

Five Year Review (FYR) Dates: 10/05/2020

Promulgated Under: [119.03](#)

Statutory Authority: [4729.26](#), [4729.41](#)

Rule Amplifies: [4729.41](#)

Prior Effective Dates: 6/21/09, 5/22/14, 6/9/14 (Emer), 8/22/14

4729.41 Adult immunizations.

(A)

(1) A pharmacist licensed under this chapter who meets the requirements of division (B) of this section, and a pharmacy intern licensed under this chapter who meets the requirements of division (B) of this section and is working under the direct supervision of a pharmacist who meets the requirements of that division, may do any of the following:

(a) Administer immunizations for influenza to individuals who are seven years of age or older;

(b) Only pursuant to a prescription, administer to individuals who are seven years of age or older but not more than thirteen years of age any of the immunizations included in division (A)(2) of this section;

(c) Administer to individuals who are thirteen years of age or older any of the immunizations included in division (A)(2) of this section.

(2) A pharmacist or pharmacy intern may administer in accordance with divisions (A)(1)(b) and (c) of this section either of the following:

(a) Any immunization that on March 19, 2015, is included in either of the following immunization schedules recommended by the advisory committee on immunization practices of the centers for disease control and prevention in the United States department of health and human services:

(i) The recommended immunization schedule for persons aged zero through eighteen years;

(ii) The recommended adult immunization schedule.

(b) Any other immunization specified in rules adopted under division (E)(1)(d) of this section.

(3) As part of engaging in the administration of immunizations or supervising a pharmacy intern's administration of immunizations, a pharmacist may administer epinephrine or diphenhydramine, or both, to individuals in emergency situations resulting from adverse reactions to the immunizations administered by the pharmacist or pharmacy intern.

(B) For a pharmacist or pharmacy intern to be authorized to engage in the administration of immunizations pursuant to division (A) of this section, the pharmacist or pharmacy intern shall do all of the following:

(1) Successfully complete a course in the administration of immunizations that meets the requirements established in rules adopted under this section for such courses ;

(2) Receive and maintain certification to perform basic life-support procedures by successfully completing a basic life-support training course that is certified by the American red cross or American heart association or approved by the state board of pharmacy;

(3) Practice in accordance with a protocol that meets the requirements of division (C) of this section.

(C) All of the following apply with respect to the protocol required by division (B)(3) of this section:

(1) The protocol shall be established by a physician authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery.

(2) The protocol shall specify a definitive set of treatment guidelines and the locations at which a pharmacist or pharmacy intern may engage in the administration of immunizations.

(3) The protocol shall satisfy the requirements established in rules adopted under this section for protocols.

(4) The protocol shall include provisions for implementation of the following requirements:

(a) The pharmacist or pharmacy intern who administers an immunization shall observe the individual who receives the immunization to determine whether the individual has an adverse reaction to the immunization. The length of time and location of the observation shall comply with the rules adopted under this section establishing requirements for protocols. The protocol shall specify procedures to be followed by a pharmacist when administering epinephrine, diphenhydramine, or both, to an individual who has an adverse reaction to an immunization administered by the pharmacist or a pharmacy intern.

(b) For each immunization administered to an individual by a pharmacist or pharmacy intern, other than an immunization for influenza administered to an individual eighteen years of age or older, the pharmacist or pharmacy intern shall notify the individual's family physician or, if the individual has no family physician, the board of health of the health district in which the individual resides or the authority having the duties of a board of health for that district under section [3709.05](#) of the Revised Code. The notice shall be given not later than thirty days after the immunization is administered.

(c) For each immunization administered by a pharmacist or pharmacy intern to an individual younger than eighteen years of age pursuant to division (A)(1) of this section, the pharmacist or a pharmacy intern shall obtain permission from the individual's parent or legal guardian in accordance with the procedures specified in rules adopted under this section.

(D)

(1) No pharmacist shall do either of the following:

(a) Engage in the administration of immunizations unless the requirements of division (B) of this section have been met;

(b) Delegate to any person the pharmacist's authority to engage in or supervise the administration of immunizations.

(2) No pharmacy intern shall engage in the administration of immunizations unless the requirements of division (B) of this section have been met.

(E)

(1) The state board of pharmacy shall adopt rules to implement this section. The rules shall be adopted in accordance with Chapter 119. of the Revised Code and shall include the following:

(a) Requirements for courses in administration of immunizations, including requirements that are consistent with any standards established for such courses by the centers for disease control and prevention;

(b) Requirements for protocols to be followed by pharmacists and pharmacy interns in engaging in the administration of immunizations ;

(c) Procedures to be followed by pharmacists and pharmacy interns in obtaining from the individual's parent or legal guardian permission to administer immunizations to an individual younger than eighteen years of age pursuant to division (A)(1) of this section;

(d) Provisions specifying any immunizations that may be administered under division (A)(2)(b) of this section.

(2) Prior to adopting rules regarding requirements for protocols to be followed by pharmacists and pharmacy interns in engaging in the administration of immunizations, the state board of pharmacy shall consult with the state medical board and the board of nursing.

(3) Prior to adopting rules specifying any immunizations that may be administered under division (A)(2)(b) of this section, the state board of pharmacy shall consult with the state medical board.

(F) In addition to the rules it adopts under division (E) of this section, the state board of pharmacy may adopt rules that change the immunizations authorized by division (A)(2)(a) of this section to reflect changes in the

recommendations of the advisory committee on immunization practices. The rules shall be adopted in accordance with Chapter 119. of the Revised Code.

Amended by 132nd General Assembly File No. TBD, HB 101, §1, eff. 4/8/2019.

Amended by 132nd General Assembly File No. TBD, HB 541, §1, eff. 3/22/2019.

Amended by 130th General Assembly File No. TBD, HB 394, §1, eff. 3/19/2015.

Effective Date: 06-26-2003; 2007 SB58 08-30-2007; 2008 HB283 09-12-2008 .



MEMORANDUM

TO: Amol Soin, M.D., Chair, Policy Committee
Members, Policy Committee

FROM: Stephanie Loucka, Executive Director

RE: September 3 letter from the Medical Association Coalition (MAC)

DATE: September 9, 2020

Attached to this memo, please find a letter from the Medical Association Coalition, a consortium of the Board's key stakeholder associations. The MAC brings concerns, and potential action items, regarding the mental and emotional well-being of our licensees and other healthcare providers.

The MAC asks us to consider the following:

- 1). Review the current initial and renewal applications to have questions align with a "current" condition or impairment. Additionally, review whether the applications ensure that appropriate differentiation is made between the illness with which a physician has been diagnosed and the impairments that may result. (Current physician application questions attached)
- 2). Explore changes to limit the personal health information of licensees related to an illness or diagnosis that is disclosed publicly as part of a SMBO's disciplinary process.
- 3). Establish a new confidential non-disciplinary program, or amending the existing program established through Ohio Administrative Code 4731-28, to allow for the confidential treatment and monitoring of mental health disorders and other conditions impacting a practitioner's health and well-being. The MAC asks that the program be established and managed by an external organization with appropriate clinical expertise and training.

Board staff requests to research each of the above items and bring those back to the Policy Committee with recommendations.



August 25, 2020

Stephanie Loucka, Executive Director
c/o Jill Reardon, Director of External Affairs
State Medical Board of Ohio
30 E. Broad Street, 3rd Floor
Columbus, Ohio 43215
[Via Email – Stephanie.loucka@med.ohio.gov]

Dear Director Loucka,

The undersigned members of the Medical Association Coalition (MAC) appreciate the opportunity to provide a communication to the State Medical Board of Ohio (SMBO) on concerns that the COVID-19 pandemic impact is having on the mental and emotional well-being of physicians and other healthcare professionals in Ohio.

Before the COVID-19 pandemic, more than 50 percent of physicians treating patients reported that they had experienced symptoms of burnout, “a syndrome characterized by high emotional exhaustion, high depersonalization, and a low sense of personal accomplishment from work.”ⁱ Many physicians are reluctant to seek help for burnout or any of its many underlying causes for fear that they will be perceived as weak or unfit to practice medicine by their colleagues or employers, or because they assume that seeking such care may have a detrimental effect on their ability to renew or retain their state medical license, arguably the most important credential a physician receives during their professional career.

In addition to already high rates of burnout, there are elevated rates of mental health disorders among the medical community. According to studies published in the Journal of the American Medical Association, approximately 29 percent of resident physician’s experience depression or depressive symptoms over the course of their training. The Academic Psychiatry’s DEPRESS study indicated that of the Ohio medical residents that were at least moderately depressed, over 31 percent had thoughts of suicide, and over 72 percent were not receiving treatment. Multiple studies and journals report that physicians, especially women, have a higher risk of suicide than the general population.

The stigma attached to asking for support can lead doctors to suffer in silence, use negative coping mechanisms, like alcohol or drugs to self-medicate, or to ultimately decide to take their own lives.

The COVID-19 pandemic only compounds the concerns of depression, burnout, and suicide among the medical profession. Physicians and other healthcare professionals are now risking their lives, threatened not only by exposure to the virus but also by pervasive and harmful effects on their mental health. In a recent survey of healthcare workers at a New York Hospital during the height of the coronavirus surge, 57 percent reported acute stress, 48 percent reported symptoms of depression,

and 33 percent reported symptoms of anxiety.ⁱⁱ Tragically, there are already reports of clinicians dying by suicide amid the pandemic, including the highly publicized death of a prominent emergency medicine physician in Manhattan.

Now more than ever, the MAC encourages swift action to promote the health, well-being, and resilience of Ohio's healthcare professionals to ensure recovery from the COVID-19 pandemic as well as its damaging impact on the medical community. The MAC believes that a multi-faceted approach is necessary to improve the environment for Ohio's healthcare professionals, creating a culture that is supportive of seeking mental health treatment, without stigma or repercussion.

The MAC encourages the SMBO to review the current initial and renewal applications with hopes that the applications will be further aligned with the recommendations made by the Federation of State Medical Boards (FSMB) Policy on Wellness and Burnout. Among other criteria, the FSMB recommends considering language such as, "are you *currently* suffering from any condition for which you are not being appropriately treated that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical and professional manner." Additionally, we encourage the SMBO to review whether these applications ensure that appropriate differentiation is made between the illness with which a physician has been diagnosed and the impairments that may result.

The MAC encourages the SMBO to also consider exploring changes that would limit the personal health information of licensees related to an illness or diagnosis that is disclosed publicly as part of a SMBO's disciplinary process. As recommended by the FSMB, information disclosed should relate only to impairment of professional abilities, medical malpractice, and professional misconduct.

Lastly, the MAC encourages the SMBO to consider establishing a new confidential non-disciplinary program, or amending the existing program established through Ohio Administrative Code 4731-28, to allow for the confidential treatment and monitoring of mental health disorders and other conditions impacting a practitioner's health and well-being. We believe that it is important that this be established and managed by an external organization with appropriate clinical expertise and training. The One-Bite Program provides excellent guidance on the creation of such a program that would encourage early intervention, ensure confidentiality, and promote physicians and other healthcare professionals to seek help for mental health disorders. The MAC encourages the SMBO to consider an expanded partnership with the Ohio Physicians Health Program to establish such a confidential program.

When it comes to mental health, we know that physicians often do not seek out the kind of care they recommend to their patients, whether out of shame, fear of being stigmatized or silent acceptance to the unwritten stoic norms of the profession. The existing burnout epidemic and high rates of existing mental health disorders, coupled with the COVID-19 pandemic, is causing extraordinary stresses on healthcare professionals. It is clear how vital it is to establish a culture that encourages healthcare professionals to seek help for their mental health.

The MAC members thank you for reviewing this matter and stand ready to partner with the SMBO to address this issue urgently. The future of Ohio's healthcare professionals is dependent on the actions we take today. Jennifer Hayhurst, the Ohio State Medical Association's Director of Regulatory Affairs, has agreed to act as the contact and coordinator for our group. Ms. Hayhurst can be reached at jhayhurst@osma.org or (614) 527-6766.

Sincerely,



Todd Baker, Chief Executive Officer
Ohio State Medical Association



Matt Harney, MBA, Executive Director
Ohio Osteopathic Association



Janet Shaw, MBA, Executive Director
Ohio Psychiatric Physicians Association



Ann Spicer, Executive Vice-President
Ohio Academy of Family Physicians



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The Academy of Medicine of Cleveland &
Northern Ohio



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Ohio Foot and Ankle Medical Association



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Columbus Medical Association



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American Academy of Pediatrics, Ohio Chapter



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Ohio Chapter, American College of Emergency
Physicians



Joan M. Englund, Executive Director
Mental Health & Addiction Advocacy Coalition



Terry Russell, Executive Director
NAMI Ohio

ⁱ National Academies of Sciences, Engineering, and Medicine. 2019. *Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being*. Washington, DC: The National Academies Press.

ⁱⁱ Psychological distress, coping behaviors, and preferences for support among New York healthcare workers during the COVID-19 pandemic. *Gen Hospital Psychiatry*. 2020 September-October; 66: 1-8. Published online 2020 Jun 16.

Relevant Questions on Physician Initial Application:

Question - In the past five years, have you been diagnosed as having, or been hospitalized for a medical condition which in any way impairs or limits your ability to practice medicine with reasonable skill and safety? You may answer "NO" to this question if you hold a current training certificate to pursue training in Ohio and the only such medical condition is chemical dependency or substance abuse, and you have successfully completed or are currently receiving treatment at a program approved by this board and have adhered to all statutory requirements as contained in Section 4731.224 and 4731.25, O.R.C., and related provisions. Any questions concerning approval can be directed to the board offices.

Question - Are the limitations or impairment caused by your medical condition reduced or ameliorated because you receive ongoing treatment or received treatment in the past (with or without medication) or participate in a monitoring program?

Question - Are the limitation or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting, or the manner in which you have chosen to practice?

Question - Do you use chemical substance(s) which in any way impair or limit your ability to practice medicine with reasonable skill and safety?

Question - Are the limitations or impairment caused by your use of chemical substances reduced or ameliorated because you receive ongoing treatment (with or without medication) or participate in a monitoring program?

Question - Are the limitation or impairments caused by your use of chemical substances reduced or ameliorated because of the field of practice, the setting, or the manner in which you have chosen to practice?

Question - Are you currently engaged in the illegal use of controlled substances?

Question - Are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not using illegal controlled substances?

Relevant Questions on Physician Renewal Application

Question - At any time since submission of your last application for renewal have you been addicted to or dependent upon alcohol or any chemical substance; or been treated for, or been diagnosed as suffering from, drug or alcohol dependency or abuse? You may answer NO to this question if you have successfully completed treatment at, or are currently enrolled in, a program approved by this Board and have adhered to all statutory requirements during and subsequent to treatment. You must answer YES if you have ever relapsed.

Question - At any time since signing your last application for renewal of your certificate have you had admissions monitored, had clinical privileges or other similar institutional authority limited, restricted, suspended, revoked, terminated, or placed on probation for any reason, or have resigned privileges at any institution?