



Telemedicine, Emergency Licensure and Continuing Education

Changes for State Medical Board of Ohio Licensees

The State Medical Board of Ohio (SMBO, Medical Board) met on Wednesday, March 18, 2020 and voted on the below to better allow licensees to respond and provide essential health care during the COVID-19 pandemic.

Telemedicine

Effective March 9, 2020 until Executive Order 2020-01D expires, providers can use telemedicine in place of in-person visits, without enforcement from SMBO. This includes, but is not limited to:

- Prescribing controlled substances
- Prescribing for subacute and chronic pain
- Prescribing to patients not seen by the provider
- Pain management
- Medical marijuana recommendations and renewals
- Office-based treatment for opioid addiction

Providers must document their use of telemedicine and meet minimal standards of care. The Medical Board will provide advance notice before resuming enforcement of the above regulation when the state emergency orders are lifted.

Continuing Education

- Effective March 9, 2020 - March 1, 2021, SMBO will suspend enforcement of CE requirements for all license renewals, including physicians
- This does NOT include any existing board orders and consent agreements for individual licensees. Those remedial education expectations must be met.
- Licensees are reminded that this does not excuse the legal requirement for CE, the Board is only suspending enforcement. Licensees who do not complete their required CE by the time of their renewal will indicate that on their license renewal and enforcement will not be taken.

Emergency Licensure

The Medical Board will partner with the Ohio Emergency Management Agency (EMA) or other necessary government entity if the need arises to temporarily license out-of-state physicians and physician assistants.

Ohio Regulations Affected by SMBO's 3/18/20 Special Meeting

Statutes

4731.74(B)(1) and (2) Adoption of rules governing prescriptions given to persons without examination: Requires rules to establish a physician-patient relationship by use of appropriate technology that permits a medical evaluation that is consistent with the minimal standard for in-person care.

4731.30(C)(1)(b)(i) and (D)(2) Certificate to recommend medical use of marijuana: requires an in-person physical examination to establish a bona fide physician-patient relationship and requires a physical examination for the issuance of a recommendation after the expiration of the original recommendation and three renewals.

Rules

4731-11-04(B)(2)(b): Controlled substances: Utilization of short term anorexiant for weight reduction: Before initiating treatment for weight reduction utilizing schedule III or IV controlled substances, the physician shall perform an appropriate physical examination of the patient.

4731-11-04(C)(1): When using schedule III or IV controlled substances, the physician shall meet face-to-face with the patient at a minimum of every thirty days.

4731-11-04.1(A)(1)(b): Controlled substances: utilization for chronic weight management: Before initiating treatment utilizing any controlled substance anorexiant for the purposes of chronic weight management, the physician shall perform a physical examination of the patient.

4731-11-04.1(B)(1): A physician shall meet face-to-face with the patient for the initial visit and at least every thirty days during the first three months of treatment.

4731-11-09 (C) (4) and (9): Prescribing to Patients Not Seen: Requires physician to complete a medical evaluation that is appropriate for the patient and the condition with which the patient presents and that meets minimal standards of care. Requires the physician to use appropriate technology that is sufficient for the physician to conduct all steps as if the medical evaluation occurred in an in-person visit.

4731-11-14(B)(1) Prescribing for subacute and chronic pain: Before prescribing an opioid analgesic for subacute or chronic pain, the physician shall complete and document in the patient record assessment activities to assure the appropriateness and safety of the medication including a physical examination.

4731-11-14(G) If the treatment includes opioids at doses at or above the average of 50 MED per day, the physician shall, every three months, complete an assessment which includes a physical examination.

4731-29-01(E)(6)(a)(i) Standards and procedures for the operation of a pain management clinic: Patient records must contain information regarding physical examination.

4731-32-03(B)(9): Standard of Care/Medical Marijuana: The physician shall create and maintain a medical record that documents the provision of medical services, including the performance of a physical examination relevant to the patient's current medical condition.

4731-32-03(E): Physician shall be available to provide follow-up care and treatment to the patient, including physical examinations relevant to the patient's condition.

4731-33-01(B)(1)(e): Office-based treatment for opioid addiction: Physician must perform an assessment including an appropriate physical examination.

Resources

- State Medical Board of Ohio COVID-19 updates: med.ohio.gov/COVID-19
- State of Ohio's website: Coronavirus.Ohio.Gov
- Department of Health hotline: 1-833-4-ASK-ODH
- Ohio Department of Health on social media: facebook.com/OHdeptofhealth/ & twitter.com/OHdeptofhealth

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