



Committee on Prescriptive Governance (CPG)

DRAFT MINUTES

March 5, 2018, 10:00 a.m.

Members Attending: Sherri Sievers, Chair, APRN-CNP; Barbara Douglas, APRN-CRNA; Kristine Scordo, APRN-CNP; Richard Bakker, MD; Katherine Clark, DO (arrived 10:20 a.m.); Megan Keller, R.Ph

Members Absent: Richard Edgin, MD

Board Staff Attending: Lisa Emrich; Holly Fischer (Rules discussion, only); Anita DiPasquale; Chantelle Sunderman

Guests Attending: Keeley Harding, APRN

Call to Order

Sherri Sievers, Chair, recognized a quorum, called the meeting to order at 10:00 a.m. and welcomed members and guests.

Review/Approval of October 16, 2017 Meeting Minutes

Kristine Scordo moved to approve the minutes as written, Barbara Douglas seconded. The motion passed unanimously.

Acute Pain Rule and Resources

Lisa Emrich stated the revisions to Rule 4723-9-10, OAC, acute pain prescribing, were effective January 1, 2018. Related resource materials have been on the Board website and were included in the meeting packet. Questions related to the rule have decreased significantly since the rule became effective and the publishing of the resource materials.

Rules: Medication Assisted Treatment; Use of Opioid Analgesics to Treat Chronic Pain

Medication Assisted Treatment Rule

Holly Fischer, Chief Legal Counsel, stated that Section 4723.51, ORC, requires the Nursing and Medical Board to adopt consistent Medication Assisted Treatment (MAT) rules. She and staff from the Medical Board, Pharmacy Board, Dr. Hurst, Ohio Department of Mental Health and Addiction Services, and Dr. Applegate, Ohio Department of Medicaid, have been meeting to discuss the content. The statute specifies topics the rules must address, including treatment of opioid addiction, relapse, detoxification, and other addiction-related parameters and treatment. She referred to the cover memorandum and the latest MAT rule outline disseminated by the Medical Board for review.

The Medical Board will draft a separate rule at a later date that addresses detoxification. The plan is that the Medical Board's MAT Rules for physicians and physician assistants will be the same, and the requirements for APRNs will also be the same, except that the APRN collaborating physician's practice will need to include opioid addiction treatment. There is a plan to exempt certain regulated facilities from the MAT rules, such as prisons and addiction

treatment facilities. The rule is intended to apply to physician or APRN clinics or locations where MAT may be provided but are not licensed or regulated by federal or other state law.

CARA 2016 authorized only Certified Nurse Practitioners to obtain a DATA-waiver. New federal legislation has been introduced to expand the types of APRNs authorized to provide MAT, but since CARA 2.0 has not been passed, the Ohio MAT rule will be drafted to include an APRN who is federally authorized to provide MAT. This will eliminate the need to revise the rule if additional APRN designations are authorized.

H. Fischer stated that after discussions with Dr. Hurst, it was determined that the detoxification rules would apply to correctional facilities and jails because detoxification is currently occurring in those settings. The boards have been working with NaphCare, a health service provider that contracts with various county jails. H. Fischer is awaiting the Medical Board's detoxification proposed rule in order to draft the Nursing Board rules which must mirror the Medical Board language. This will be done quickly to meet the June filing date for a July public hearing.

H. Fischer invited any CPG member with expertise in this topic or who has comments to send them to her. Chair S. Sievers asked how the APRN community could comment on the Medical Board rules. H. Fischer responded that anyone could access the rules through the Medical Board website and make individual comments. H. Fischer stated that the Nursing Board has submitted comments pertaining to inclusion of the Clinical Nurse Specialist as a behavioral health provider, and the control over naltrexone that seems unnecessary.

Chair S. Sievers stated that she does not have enough clinical knowledge in addiction treatment to make comment. H. Fischer stated that the Medical Board rule outline and content is being vetted by state experts in the field of addiction, such as Dr. Hurst. H. Fischer asked members to address any follow up or questions with her at anytime.

Chronic Pain Rule

H. Fischer stated the Governor's Office is asking boards to adopt rules regarding prescribing opioids for chronic pain. The Medical Board has existing rules that will be revised to include 2013 Guidelines published by the Governor's Cabinet Opioid Action Team (GCOAT) for chronic pain prescribing and treatment. Schedule II prescribing limitations established in current law will continue to apply to APRN prescribers.

APRNs are required to follow the current Medical Board Rule on chronic pain prescribing. The Medical Board plans to add Morphine Equivalent Dose (MED) parameters and incorporate the GCOAT chronic pain guidelines, requiring specific actions to be taken by the prescriber based on the MED and number of days at the dose. For example, after a prescription for seven days of a 50 MED, certain actions by the prescriber are triggered. There are additional actions to be taken after seven days of 80 MED for the prescriber to continue the prescription, including pain management consultation. The MED thresholds are being based on the number of drug overdoses in patients receiving prescriptions exceeding 80 MED.

In 2016, fifteen percent of drug overdoses were patients exceeding an 80 MED prescription. According to OARRS, there are 55,309 patients receiving opioids at the 80 MED level. Dr. Hurst and Dr. Applegate have been the primary drafters of this content. It is not anticipated that there will be special provisions or exceptions for physicians or other prescribers in the treatment of chronic pain.

H. Fischer again stated that the goal is to have the rules hearing in July for both the MAT and the chronic pain rules. The CPG may meet again prior to the June rules filing to review the draft rules, or could provide comments on behalf of the CPG at today's meeting. The Committee discussed the available options to submit comments on behalf of the CPG and as individuals. The CPG determined it would not submit comments and that members may submit their individual comments.

Review New Approved FDA Drugs and Recommended Exclusionary Formulary

After reviewing new drugs approved by the FDA through October 2017, the CPG agreed by consensus not to add drugs to the Exclusionary Formulary. The CPG recommends continuation of the current Exclusionary Formulary.

Practice Inquiry: Prescribing HCG for Weight Loss

L. Emrich stated the Board received a question about APRNs prescribing Human Chorionic Gonadotropin (HCG) for the purpose of weight loss. Prior to the new Exclusionary Formulary, the Formulary had prohibited the APRN from prescribing HCG for weight loss. The current Exclusionary Formulary no longer prohibits this prescribing.

The Board has received additional inquiries and been provided a 1972 article as supportive evidence. The CPG members reviewed the materials agreed that there was no evidence that prescribing HCG for weight loss was consistent with acceptable standards of practice, and could be reviewed on an individual basis as a standard of practice issue.

Chair S. Sievers recommended publishing an article addressing standards of practice and off-label prescribing. Megan Keller stated that with respect to HCG there is concern with prescribing a formulation of a drug for other administration routes.

CARA 2016

L. Emrich referred to *The Hannah Report* regarding Senator Rob Portman co-sponsoring CARA 2.0 that would expand the authorization for a DATA-waiver, obtained from the Substance Abuse and Mental Health Services Administration (SAMHSA), to more APRNs in order for them to administer Buprenorphine for substance abuse treatment.

Meeting Dates for 2017

The remaining scheduled CPG meeting dates for 2018: July 23 and October 23.

Adjournment

Having no further business the meeting adjourned at 11:03 a.m.