
STATE MEDICAL BOARD

Physician licensure

- Eliminates references to certificates to practice issued to physicians and instead refers to licenses to practice.
- Repeals the law requiring the State Medical Board to administer an examination for physicians seeking to practice in Ohio and instead requires each physician to pass an examination prescribed in rules adopted by the Board.
- Makes changes to the process by which physicians seek licensure.
- Modifies the schedule for renewal of physician licenses.
- Combines the renewal fee and penalty required to reinstate or restore a physician license that has been suspended due to nonrenewal.
- Authorizes the Board to permit a physician who has failed to complete continuing medical education requirements to agree in writing to complete the education and pay a fine of up to \$5,000, in lieu of the Board taking disciplinary action.

Clinical research faculty certificates

- Authorizes the Board to issue a clinical research faculty certificate to a podiatrist licensed in another jurisdiction who wishes to practice podiatric medicine and surgery incidental to teaching or research duties in Ohio.
- Requires the Board to provide a renewal notice at least one month before the expiration of any clinical research faculty certificate.

Training certificates

- Makes valid for an initial period of three years, instead of one year, a training certificate to practice medicine and surgery or osteopathic medicine and surgery.

Medication-assisted treatment – standards for prescribers

- Requires a prescriber to give a patient for whom medication-assisted treatment for drug addiction is clinically appropriate (or that patient's representative) information about all drugs approved by the U.S. Food and Drug Administration (FDA) for medication-assisted treatment.



- Imposes referral requirements on prescribers when a patient chooses to be treated with, and meets clinical criteria for, treatment with methadone or a controlled substance containing buprenorphine and the prescriber does not meet federal requirements to prescribe those drugs.
- Requires the Medical and Nursing Boards to adopt rules establishing procedures to be followed by Board-regulated prescribers in the use of all FDA-approved drugs used in medication-assisted treatment, and requires the rules to be consistent for all prescribers.
- Authorizes the Department of Mental Health and Addiction Services to determine a prescriber's compliance with the act's provisions on medication-assisted treatment if the prescriber works for a community addiction services provider.
- Limits to 30 the number of patients that a prescriber who fails to comply with the act's provisions on medication-assisted treatment may treat with medication-assisted treatment at one time, regardless of where the prescriber practices.

Limited branches of medicine

- Requires the Board to provide a renewal notice one month before the expiration of a certificate to practice a limited branch of medicine.
- Combines the renewal fee and the penalty required to reinstate or restore a certificate to practice a limited branch of medicine that has been suspended due to nonrenewal.
- Requires an individual who provides cosmetic therapy, massage therapy, or other professional service in a salon to maintain an electronically generated license certification or registration or the individual's professional license or certificate.

Criminal records checks – radiologist assistants and genetic counselors

- Includes radiologist assistants and genetic counselors in the general law governing criminal records checks of applicants for professional licensure and makes conforming changes.

Physician Assistant Policy Committee

- Eliminates the per diem compensation for members of the Physician Assistant Policy Committee.



Physician licensure

(R.C. 4731.14 and 4731.52 (primary), 4731.09, 4731.091, 4731.281, and 4731.56 with conforming changes in R.C. 102.02, 102.022, 102.03, 124.93, 911.11, 2925.01, 3702.304, 3702.307, 3702.72, 4503.15, 4765.01, 5123.47, 5120.22, and numerous sections in Chapter 4731.; repealed R.C. 4731.11, 4731.12, 4731.13, 4731.141, 4731.29, 4731.53, 4731.54, 4731.55, 4731.57, and 4731.571)

Licenses to practice

With respect to physicians, including podiatrists, who are authorized to practice by the State Medical Board, the act eliminates references to certificates to practice issued by the Board and instead refers to licenses to practice; however, the Board may continue to issue the following certificates: certificates to practice massage therapy or cosmetic therapy, training certificates, certificates to practice in state-operated institutions, clinical research faculty certificates, special activity certificates, telemedicine certificates, certificates of conceded eminence, visiting clinical professional development certificates, and certificates to recommend medical marijuana.¹²⁷

Examination requirements

The act repeals the requirement that the Board administer an examination for individuals seeking to practice in Ohio as physicians, including as podiatrists. The individual must instead pass an examination prescribed in rules adopted by the board.

The act repeals related provisions regarding applications for examination, issuing certificates of preliminary education, and qualifications for examination.

Applications for physician licensure

In place of the age, character, and educational qualifications required for examination under prior law, the act instead requires these same conditions to be satisfied when an individual applies for a license.

The act eliminates both the \$300 issuance fee that must be paid before the Board authorizes a physician, including a podiatrist, to practice in Ohio and the \$35 certificate of preliminary education fee. It instead requires an applicant for licensure to pay a \$305 fee when submitting an application.

The act also eliminates the law establishing a separate application procedure for physicians, including podiatrists, who are licensed in another state and seek to practice

¹²⁷ R.C. 4731.17, not in the act, 4731.291, 4731.292, 4731.293, 4731.294, 4731.295, 4731.296, 4731.297, not in the act, 4731.298, and 4731.30, not in the act.



in Ohio. It instead requires most applicants seeking to practice in Ohio to comply with a single application procedure. However, a separate procedure is maintained for those seeking an expedited license to practice by endorsement, under which applicants who meet specific eligibility requirements receive enhanced services from the Board.¹²⁸

English language proficiency

The act exempts the following from the requirement that an individual educated outside of the U.S. demonstrate proficiency in spoken English before the Board may authorize the individual to practice as a physician (other than as a podiatrist) in Ohio:

(1) An individual licensed in another state who has been actively engaged in practice for the five years before the individual sought authority to practice from the Board;

(2) An individual who, at the beginning of that five-year period, was receiving graduate medical education and, upon completion, has been licensed in another state and actively engaged in practice.

Limited osteopathic medicine and surgery

The act repeals the law allowing a person who was authorized to practice limited osteopathic medicine and surgery on January 1, 1980, to continue to practice in accordance with statutory limits in effect on that date.

Renewals

The act modifies the schedule governing the renewal of licenses held by physicians and podiatrists, including the deadlines for the Board to provide renewal notices and for license holders to submit renewal applications. It also eliminates the requirement that a renewal application list the names and addresses of advanced practice registered nurses with whom the physician or podiatrist collaborates. It instead requires the application to indicate whether the applicant for renewal currently collaborates with any advanced practice registered nurse.

Reinstatement or restoration

When seeking to reinstate a license that has been suspended for two years or less following a failure to renew, the act requires the physician or podiatrist to pay to the Board a single fee of \$405, rather than pay the \$305 renewal fee and \$100 penalty. Similarly, to restore a license that has been suspended for more than two years due to a

¹²⁸ R.C. 4731.291.



failure to renew, the physician or podiatrist must pay a single fee of \$505, rather than the \$305 renewal fee and \$200 penalty.

Failure to complete continuing medical education

(R.C. 4731.282 (primary), 4731.22, and 4731.281)

If the Board finds that a physician (including a podiatrist) who certified completion of the continuing medical education required to renew, reinstate, or restore a license did not complete those requirements, the act permits the Board to do either of the following:

(1) Take disciplinary action against the physician, impose a fine, or both;

(2) Permit the physician to agree in writing to complete the continuing medical education and pay a fine.

If the Board takes disciplinary action, its finding must be made pursuant to an adjudication under the Administrative Procedure Act and by an affirmative vote of at least six of its 12 members. A fine, whether paid voluntarily by the physician or imposed by the Board, must be an amount specified by the Board, not exceeding \$5,000.

Under prior law, the Board likewise was authorized to impose a fine of up to \$5,000, in addition to or instead of disciplinary action, if it found that a physician (including a podiatrist) failed to complete continuing education requirements. But the prior law provided that, if the Board imposed only a fine and took no other action, it could not conduct an adjudication under the Administrative Procedure Act. Also, prior law did not explicitly provide for a physician to agree in writing to a civil penalty.

Clinical research faculty certificates

(R.C. 4731.293)

The act authorizes the Board to issue a clinical research faculty certificate to practice podiatric medicine and surgery under similar terms and conditions as a clinical research faculty certificate to practice medicine and surgery or osteopathic medicine and surgery under law unchanged by the act. A podiatrist who holds the certificate is permitted to practice podiatric medicine and surgery incidental to teaching or research duties at a college of podiatric medicine and surgery or a teaching hospital affiliated with such a college.

The act changes the deadline for the Board to provide a renewal notice to the holder of a clinical research faculty certificate from three months to one month before expiration.



Training certificates

(R.C. 4731.291)

Under law unchanged by the act, a training certificate may be granted to an unlicensed individual seeking to pursue an internship, residency, or clinical fellowship related to the practice of medicine and surgery or osteopathic medicine and surgery. The act makes a training certificate valid for an initial period of three years, with annual renewal thereafter for up to two additional years. Under former law, the certificate was valid for an initial period of one year and it could be renewed annually for a maximum of five years.

Medication-assisted treatment – standards for prescribers

(R.C. 3715.08, 4723.50, 4723.51, 4723.52, 4730.40, 4730.55, 4730.56, 4731.83, and 5119.363)

Information on all FDA-approved drugs

The act requires a prescriber to give to a patient for whom medication-assisted treatment for drug addiction is clinically appropriate (or that patient's representative) information about all drugs approved by the U.S. Food and Drug Administration for medication-assisted treatment. A "prescriber" for this purpose is a physician or an advanced practice registered nurse (APRN) or physician assistant (PA) with prescriptive authority.

The drug information must be provided orally and in writing. The prescriber or the prescriber's delegate must note in the patient's medical record when the information was provided and make the record available to Medical and Nursing Board employees on their request. If the patient chooses treatment with a controlled substance containing buprenorphine and the treatment is clinically appropriate for the patient and meets generally accepted standards of medicine, the prescriber must refer the patient to a prescriber who meets federal requirements.¹²⁹ If the patient chooses treatment with methadone and the treatment is clinically appropriate for the patient and meets generally accepted standards of medicine, the prescriber must refer the patient to a community addiction services provider licensed by the Department of Mental Health

¹²⁹ The federal requirements were established by the Drug Addiction Treatment Act of 2000. Under them, a qualified physician may apply for a waiver to treat opioid dependency with approved buprenorphine products. U.S. Substance Abuse and Mental Health Services Administration, *Qualify for a Physician Waiver*, <https://www.samhsa.gov/medication-assisted-treatment/buprenorphine-waiver-management/qualify-for-physician-waiver>. The Comprehensive Addiction and Recovery Act, enacted in 2016, authorizes APRNs and PAs to prescribe controlled substances containing buprenorphine in office-based settings until October 1, 2021. U.S. Substance Abuse and Mental Health Services Administration, *CARA Act*, <https://www.samhsa.gov/medication-assisted-treatment/qualify-nps-pas-waivers>.



and Addiction Services (DMHAS). In either case, the prescriber or the prescriber's delegate must make a notation in the patient's medical record naming the practitioner or provider to whom the patient was referred and specifying when the referral was made.

Rules on prescribing standards and procedures

The Medical and Nursing Boards must adopt rules in accordance with the Administrative Procedure Act establishing standards and procedures to be followed by the prescribers regulated by them in the use of all drugs approved for medication-assisted treatment, including controlled substances in schedules III, IV, and V. The rules must address detoxification, relapse prevention, patient assessment, individual treatment planning, counseling and recovery supports, diversion control, and other topics selected by the boards after considering best practices in medication-assisted treatment. Each board may apply the rules to all circumstances in which a prescriber prescribes drugs for use in medication-assisted treatment, or limit their application to prescriptions for patients being treated in office-based practices or other practice types or locations specified by each board. The rules for each type of prescriber must be consistent with each other.

DMHAS authority to determine compliance

The act authorizes the Director of Mental Health and Addiction Services to adopt rules that authorize DMHAS to determine a prescriber's compliance with the provisions on medication-assisted treatment, described above, if the prescriber works for a community addiction services provider.

Penalties

A prescriber who fails to comply with the act's requirements is prohibited from treating more than 30 patients at one time with medication-assisted treatment. This has the effect of preventing a noncompliant prescriber from treating up to 100 patients through a federal law that allows a prescriber, in some cases, to obtain a waiver of the federal 30-patient limit that otherwise applies.¹³⁰ The act specifies that its 30-patient limit on noncompliant prescribers applies even if the treatment occurs at a drug treatment facility or other related locations.

¹³⁰ U.S. Substance Abuse and Mental Health Services Administration, *Qualify for a Physician Waiver*, <https://www.samhsa.gov/medication-assisted-treatment/buprenorphine-waiver-management/qualify-for-physician-waiver>.



Formularies for APRNs and PAs

The act requires both the exclusionary drug formulary adopted by the Nursing Board that applies to APRNs with prescriptive authority and the PA drug formulary adopted by the Medical Board to permit eligible APRNs and PAs to prescribe both:

--A controlled substance containing buprenorphine used in medication-assisted treatment; and

--Oral and long-acting opioid antagonists.¹³¹

Certificates to practice limited branches of medicine

(R.C. 4731.15)

The act changes the deadline for the Board to provide a renewal notice for a certificate to practice a limited branch of medicine from six months to one month before expiration. Accordingly, it eliminates a requirement that the certificate holder submit a renewal application and fee three months before the certificate expires. The limited branches of medicine are: massage therapy, cosmetic therapy, naprapathy, and mechanotherapy.

The act also combines renewal fees and penalties for late renewal of a certificate. Under prior law, if a certificate was suspended for failure to timely renew, it could be reinstated within two years after the suspension date for a \$100 renewal fee and a \$25 penalty. If the certificate had been suspended for more than two years, it could be restored for the \$100 fee and a \$50 penalty. The act combines the renewal fee with the respective penalties, resulting in a \$125 fee for reinstatement and a \$150 fee for restoration.

Documentation to provide certain services in a salon

(R.C. 4713.56)

The act adds an option to the documentation that an individual who provides cosmetic therapy, massage therapy, or other professional service in a salon must maintain and that can be produced upon inspection or request. It requires an individual

¹³¹ An "opioid antagonist" is a drug that (1) binds to the opioid receptors and competes with or displaces opioid agonists at the opioid receptor site but does not activate the receptors, effectively blocking the receptor and preventing or reversing the effect of an opioid agonist and (2) is not a controlled substance. Examples are naloxone and naltrexone (brand name, Vivitrol®). National Alliance of Advocates for Buprenorphine Treatment, *Thorough Technical Explanation of Buprenorphine*, available at https://www.naabt.org/education/technical_explanation_buprenorphine.cfm.



to maintain either an electronically generated license certification or registration or the individual's professional license or certificate, as under continuing law. The act retains the requirement that the individual maintain state-issued photo identification.

Criminal records checks – radiologist assistants and genetic counselors

(R.C. 4776.01 and 4776.20)

The act includes radiologist assistants and genetic counselors in the general law governing criminal records checks of applicants for professional licensure and makes conforming changes.

Physician Assistant Policy Committee

(R.C. 4730.05)

The act eliminates per diem compensation for members of the Physician Assistant Policy Committee for the discharge of official duties. Members continue to be reimbursed for necessary and actual expenses incurred in the performance of official duties.

