



State Medical Board of

**Ohio**

# Medical Board Updates

Ohio Foot and Ankle Medical Association  
November 10, 2018

# About the Medical Board

*Protecting the public through  
effective medical regulation*

The Medical Board is the state agency charged with regulating the practice of medicine and selected other health professions

12 persons appointed by the governor to 5-year terms; may be reappointed

- 9 doctors: 7 MDs, 1 DO, and 1 DPM
- 3 consumer members

Board meets monthly - approves licensure applications, issues disciplinary orders, and addresses policy issues



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# Board Member updates

Appointments/Reappointments Nov. 2017 – October 2018

Board Member	Appointment/Reappointment	Term
Bruce Saferin, DPM Podiatry – Toledo	Reappointed December 2017	term ends 12/27/2022
Michael Schottenstein, MD Psychiatry – Bexley	Reappointed March 2018	Term ends 3/18/2023
Amol Soin, MD Pain Management – Dayton	Reappointed March 2018	Term ends 3/18/2023
Anita Steinbergh, DO Family Medicine – Columbus	Served 25 years on the Board	Retired from Board 4/25/18
Sherry L. Johnson, DO OB/GYN – Cincinnati	Appointed May 3, 2018	Term ends 4/25/2023



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**Regulating  
> 86,000  
Licensees**

<b>Medical Doctors 42,265</b>	<b>Anesthesiologist Assistants 249</b>	<b>Massage Therapists 12,090</b>
<b>Osteopathic Physicians 6,676</b>	<b>Physician Assistants 3,706</b>	<b>Cosmetic Therapists 169</b>
<b>Podiatric Physicians 956</b>	<b>Radiologist Assistants 16</b>	<b>Acupuncturists 226</b>
<b>Training Certificates MD-DO-DPM 5,998</b>	<b>Genetic Counselors 288</b>	<b>Oriental Medicine Practitioners 47</b>
<b><i>New license types added January 2018</i></b>	<b>Dietitians 4,298</b>	<b>Respiratory Care 9,016</b>

Licensee Last Name	License Expiration Date	Next Expiration Date
A-B	July 1 – odd years	7/1/2019
C-D	April 1 – odd years	4/1/2019
<b>E-F-G</b>	<b>January 1 – odd years</b>	<b>1/1/2019</b>
H-I-J-K	October 1 – even years	10/1/2020
L-M	July 1 – even years	7/1/2020
N-O-P-Q-R	April 1 – even years	4/1/2020
S	January 1 – even years	1/1/2020
T-W-X-Y-Z	October 1 – odd years	10/1/2019

# License Renewal Date Chart

# CME Cycle Changes

**New CME cycle in sync with renewal cycle**

**\*CME dates include 3 more months for this renewal only due to phase in of new CME cycle**

First initial of licensee's last name	License expiration date	CME cycle
A-B	7/1/19	4/2/17 - 7/1/19 *
C-D	4/1/19	1/2/17 - 4/1/19 *
E-F -G	1/1/19	10/2/16 – 1/1/19 *
H-K	10/1/18	10/2/18 - 10/1/20
L-M	7/1/20	7/2/18 - 7/1/20
N-R	4/1/20	4/2/18 – 4/1/20
S	1/1/20	1/2/18 – 1/1/20
T-Z	10/1/19	10/2/17 – 10/1/19



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## MD – DO – DPM – Physician Assistants

May earn 1 hour of CME for every 60 minutes spent volunteering to provide health care services to indigent and uninsured patients

Up to 33 volunteer hours can be credited toward the CME requirement for the two year renewal cycle – LICENSEE must keep track of volunteer hours

Counts as Category II CME for MD-DO-DPM



**Volunteer – earn CME hours**



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## PA Supervision Agreements

**PA Supervision Agreements  
no longer submitted to, and  
reviewed by, Medical Board**

**PA Supervision Agreements  
renewal eliminated**



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# PA Supervision Agreements

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## STILL REQUIRED:

**Physician and PA enter into supervision agreement**

**Supervising physician must maintain the completed and signed agreements on-site**

**Physician cannot supervise more than 3 PAs at one time, but may have supervision agreements with multiple PAs**

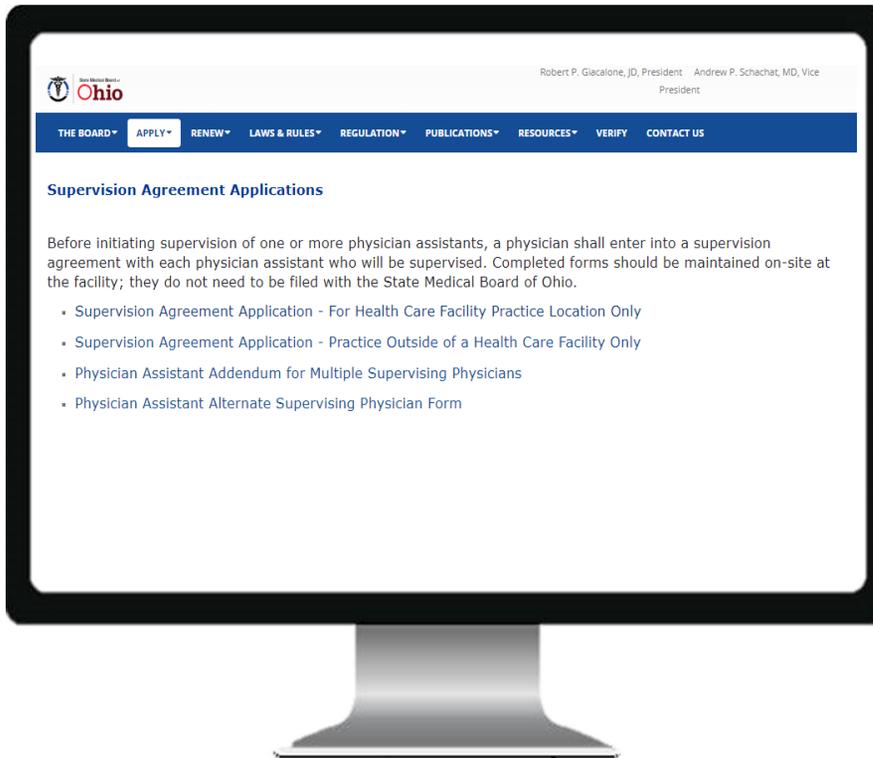
**Board will audit for compliance – may impose \$5,000 fine if doctor does not comply with PA supervision law**



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med.ohio.gov



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**Model supervision agreement forms may be downloaded  
med.ohio.gov >Apply > Physician Assistant**

# Confidential Monitoring Program

Rules in Chapter 4731-28, Ohio Administrative Code, Mental or Physical Impairment, define the confidential monitoring program

**Not applicable to those with substance use disorders**

Program is part of the Board's confidential investigatory process

Board Secretary and Supervising Member may determine that an individual investigated by the Board concerning a mental or physical illness is appropriate for ongoing investigative observation and monitoring by the Board rather than formal disciplinary action.



Rules effective 8-31-2018

# Confidential Monitoring Program

Candidate will sign a confidential participation agreement with the Board

- stipulates the mental/physical illness
- individual's authorization for release of info needed by board
- agreement to undertake or maintain treatment
- comply with all laws
- submit declarations of compliance to the terms of agreement to board
- periodically meet with Board representatives
- consent to random drug screening
- continue under agreement - in most cases minimum of two years, but may be longer depending on specifics of case as determined by Board Secretary/Supervising Member



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## Shave or Punch Biopsies of the HAND or LOWER LEG

**Within DPM Scope of Practice**

**Concurrently refer patient to MD/DO for treatment of systemic disease**

**Conform to minimal standards of care**



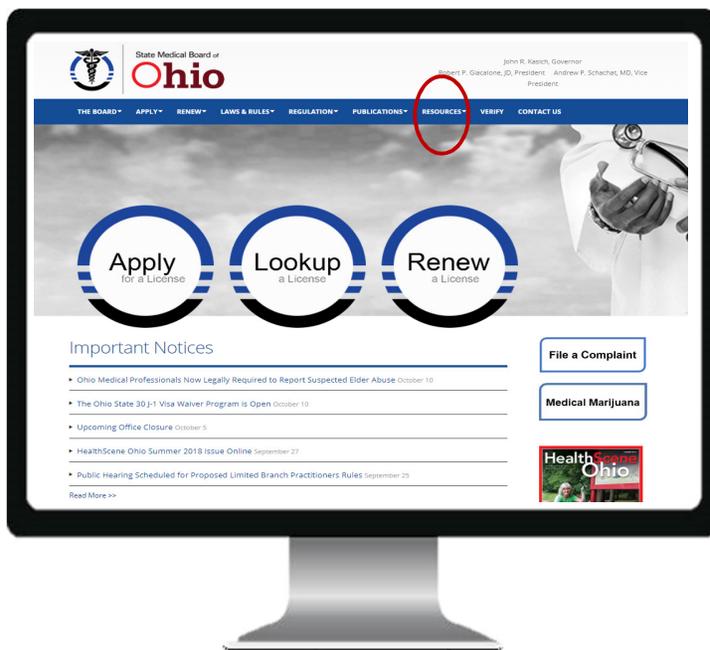
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**Include  
ICD-10 Codes  
on every  
Controlled  
Substance Rx**

Pharmacy Board Rule 4729-5-30 (Manner of Issuance of a Prescription) requires prescribers to include the first four alphanumeric characters (ex. M16.5) of the diagnosis code (ICD-10) on **every controlled substance prescription** which will then be entered by the pharmacy into Ohio's prescription monitoring program, OARRS.

# Prescribing Resources



med.ohio.gov > Resources > Prescribing Resources

### New Limits on Prescription Opioids for Acute Pain

The new rules for prescribing opioid analgesics for the treatment of acute pain are effective August 9, 2017. These rules apply only to the use of opioids for the treatment of acute pain.

#### The New Rules for Physicians and Physician Assistants

Generally, the maximum daily prescribing of opioid analgesics for acute pain follows:

1. Do not issue more than three days of opioid analgesics for the first prescription for acute pain.
2. Do not issue more than five days of opioid analgesics for the first prescription for chronic pain, and only after the patient is on a long-term opioid analgesic.
3. These rules do not apply to patients who are on a long-term opioid analgesic.
4. These rules do not apply to patients who are on a long-term opioid analgesic and are prescribed a short-acting opioid analgesic for acute pain.
5. These rules do not apply to patients who are on a long-term opioid analgesic and are prescribed a long-acting opioid analgesic for acute pain.

For complete information see Ohio Administrative Code 4733-1-01.

#### Tools for Educating Patients on Opioid Use

Take Charge Ohio  
Pain Relief Medication Review

Brought to you by:

### Ohio's Acute Pain Opioid Prescribing Limits

Many individuals who are addicted to opioids received their first pill through a prescription

Rx OR

from a valid prescription OR from a friend or family member

### Issuing a Valid Prescription: What Every Prescriber Needs to Know

Prescribers are required to adhere to Board of Pharmacy rules for what constitutes a valid prescription. A document provides an overview of the prescription requirements set forth in rule 4729-9-03 of the Administrative Code. Compliance with this rule ensures that a pharmacist has all the information needed to dispense your patient's medication in a timely manner.

#### Written Prescriptions

Below is an example of a written prescription that complies with Board of Pharmacy's prescription requirements:

1. Contains the normally printed, typewritten, or prepared full name, professional title (MD, DO, DPM, etc.), and address of the prescriber. NOTE: The prescriber's address shall include the physical address of the prescriber's practice location (cannot include a PO box).
2. Indicates a telephone number where the prescriber can be personally contacted during normal business hours.
3. Is signed as of and on the day when issued.
4. Indicates the drug name and strength. NOTE: To ensure clarity, it is recommended to avoid using abbreviations for drug names.
5. Indicates the appropriate and explicit directions for use.
6. All written prescriptions must be manually signed on the day issued by the prescriber in the name of the prescriber who would sign a check or legal document.
7. For controlled substances only, indicate the Drug Enforcement Administration registration number of the prescriber.
8. For controlled substances and products containing glycoprotein IIb/IIIa receptor antagonists (does not apply to veterinarians) indicate the days' supply of the prescription.
9. For controlled substances only, a prescriber must determine at the time of prescribing the extended days' supply (maximum number of days) the prescriber for a controlled substance or glycoprotein IIb/IIIa receptor antagonist should see the patient. Prescribers of "as needed" medications should consider the following:
  - Patients may not need the maximum daily dose every day or may have doses after a few days of use.
  - Patients may not be consuming the medication continuously (i.e., around the clock).

IMPORTANT! Effective December 31, 2017, a prescriber must determine at the time of prescribing the extended days' supply (maximum number of days) the prescriber for a controlled substance or glycoprotein IIb/IIIa receptor antagonist should see the patient.

Prescribers of "as needed" medications should consider the following:

- Patients may not need the maximum daily dose every day or may have doses after a few days of use.
- Patients may not be consuming the medication continuously (i.e., around the clock).



## **Bruce R. Saferin, DPM**

**Supervising Member  
State Medical Board of Ohio**

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