



Healthcare Providers, Beware of New OARRS Requirements!

by Isabelle Bibet-Kalinyak

OHIO FACES AN epidemic of prescription drug abuse and overdose. Since 2007, there are more deaths from drug overdose than from motor vehicle traffic crashes in Ohio. Ohio legislators have vowed to reverse this alarming trend. Recent revisions to the Ohio Automated Rx Reporting System (OARRS) regulations aim to do just that. This article highlights some of the key changes affecting health care providers.

What is OARRS?

OARRS is Ohio's Prescription Monitoring Program (PMP) administered by the Ohio State Board of Pharmacy. OARRS is a web-based system that tracks outpatient prescriptions for controlled substances in order to curb substance abuse. OARRS regulations apply to all licensed prescribers — for example, physicians, dentists, nurse practitioners (NPs), physician assistants (PAs), etc. — and pharmacies in Ohio.

What's New with OARRS?

Beginning January 1, 2015, all providers who prescribe or personally furnish opioid analgesics or benzodiazepines¹ (Prescribers) and pharmacies that dispense controlled substances must register an OARRS account.² In the past, Prescribers only had to access OARRS history if they suspected drug abuse. The requirements now apply to all patients. Beginning April 1, 2015, Prescribers must request, assess, and document receipt of an OARRS history report for every patient as follows:

- + Request OARRS information covering at least the previous 12 months before initially prescribing or personally furnishing an opioid analgesic or benzodiazepine.
- + Request periodic OARRS updates at intervals not exceeding 90 days if the prescription is for more than 90 days. Prescribers must document receiving and assessing OARRS information in the patient's medical report.

What Are the Exceptions?

Mandatory checks do not apply in the following provider-specific circumstances:

- + All Prescribers — OARRS is not available

- + All Prescribers except optometrists — prescription period does not exceed 7 days
- + Physicians, NPs, PAs, but not dentists and optometrists — (i) Patient is terminally ill or in hospice; (ii) Patient is being treated for cancer; (iii) Drug is prescribed in a hospital, nursing home, or residential care facility
- + Physicians only — Drug is prescribed to treat acute pain following surgery, invasive procedure, or delivery

Documentation — What's Sufficient?

Prescribers must document in the medical records that they have accessed and interpreted the OARRS report. Beginning March 20, 2015, Prescribers may also include a copy of the OARRS report in the medical records. This is not a requirement. Once a part of the medical records, the report becomes subject to disclosure.³ Providers should consult their legal advisor before including the OARRS report in the medical records.

Is Delegation Permitted?

Prescribers may designate one or several delegates on their personal OARRS account. Using their own OARRS account (not Prescriber's), delegates may run reports on behalf of Prescribers who supervise or employ them. Delegates are, however, prohibited from assessing or documenting the results on behalf of Prescribers.

Prescribers beware! In tackling prescription drug abuse and overdose, Ohio legislators have made significant changes in OARRS. Become familiar with these updates and take appropriate actions to become compliant.

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References:

1. "Benzodiazepine" does not include sleep medications such as Ambien or Lunesta.
2. See ohiopmp.gov.
3. See Ohio Revised Code Section 3701.74.

