Ohio House Bill 314: Prescribing Opioids to Minors Effective September 17, 2014

Effective September 17, 2014, HB 314 requires all authorized prescribers to obtain and document informed consent when prescribing a controlled substance containing opioids to a minor, unless the prescribing is done in response to a medical emergency or meets other specific circumstances set forth in statute.

The informed consent requirement has three components: assessing the minor's mental health and substance abuse history; discussing with the minor and the minor's parent, guardian, or another authorized adult certain risks and dangers associated with taking a controlled substance containing an opioid; and obtaining the signature of the parent, guardian, or authorized adult on a consent form. Additionally, when another adult authorized by the minor's parent or guardian gives the required consent, the new law limits the quantity of a controlled substance containing an opioid that a prescriber may prescribe to a minor to not more than a 72-hour supply.

Exemptions

The law specifies that the informed consent requirement does not apply when any of the following is the case:

- (1) The minor's treatment is associated with or incident to a medical emergency;
- (2) The minor's treatment is associated with or incident to surgery, regardless of whether the surgery is performed on an inpatient or outpatient basis;
- (3) In the prescriber's professional judgment, fulfilling the bill's informed consent requirement would be a detriment to the minor's health or safety;
- (4) The minor's treatment is rendered in a hospital, ambulatory surgical facility, nursing home, pediatric respite care program, residential care facility, freestanding rehabilitation facility, or similar institutional facility. This exemption does not apply, however, when the treatment is rendered in a prescriber's office that is located on the premises of or adjacent to any of the foregoing facilities or locations; OR
- (5) The prescription is for a compound that is a controlled substance containing an opioid that a prescriber issued to a minor at the time of discharge from a facility or other location described in (4), above.

Documentation

Please note: HB 314 requires written documentation of informed consent when prescribing opioids to a minor. A signed "Start Talking" consent form must be maintained in the minor's medical record and the form must be separate from any other document the prescriber uses to obtain informed consent for other treatment provided to the minor.

To assist prescribers with the informed consent documentation requirement, the State Medical Board of Ohio has developed a "Start Talking" Consent Form, that can be accessed here:

http://www.med.ohio.gov/DNN/PDF-Folders/Center-Panel/Start-Talking-Model-Consent-Form.pdf

To assist with the processing of the prescription at the pharmacy, prescribers may choose to include a signed copy of the informed consent document with the prescription or document on the prescription itself that consent was obtained. If informed consent was not obtained consistent with statutory exemptions, prescribers may instead choose to document on the prescription which of the statutory exemptions applies.

Definitions

"Another adult authorized to consent to the minor's medical treatment" means an adult to whom a minor's parent or guardian has given written authorization to consent to the minor's medical treatment.

A "medical emergency" is a situation that in the prescriber's good faith medical judgment creates an immediate threat of serious risk to the life or physical health of a minor.

A "minor" is a person under 18 years of age who is not emancipated. (For purposes of the law's informed consent requirement only, the law specifies that a person under 18 years of age is to be considered emancipated only if the person has married, entered the armed services of the United States, became employed and self-sustaining, or has otherwise become independent from the care and control of the person's parent, guardian, or custodian.)

More Information

For more information on the law, see the following links:

Law Text:

http://archives.legislature.state.oh.us/bills.cfm?ID=130_HB_314

Legislative Service Commission Bill Analysis:

http://www.lsc.state.oh.us/analyses130/h0314-rs-130.pdf

What is an Opioid?

An opioid (analgesic) is a drug derived from or related to opium used in the management of pain through the activation of the mu receptor. It may also be utilized for its antitussive effects. Opioid analgesics include, but are not limited to, the following drugs:

| Generic Name Buprenorphine Butorphanol Codeine (acetaminophen and other combination products) | Brand Name BUTRANS, BUPRENEX BUTORPHANOL NS TYLENOL W. CODEINE #3, TYLENOL W. CODEINE #4 | Schedule Schedule III Schedule IV Schedule III |
|---|--|---|
| Dihydrocodeine/ASA/caff eine | SYNALGOS-DC | Schedule III |
| Fentanyl | DURAGESIC, ACTIQ, ABSTRAL, LAZANDA, FENTORA, SUBSYS, SUBLIMAZE, ONSOLIS, IONSYS | Schedule II |
| Hydrocodone Hydrocodone (acetaminophen combination products) | ZOHYDRO ER XODOL, MAXIDONE, ZYDONE, LORCET, HYCET, ZAMICET, CO-GESIC, ZOLVIT, STAGESIC, LIQUICET, LORTAB, | Schedule II Schedule II (Effective October 6, 2014) |
| Hydrocodone (ibuprofen combination products) | VICODIN, NORCO IBUDONE, REPREXAIN, VICOPROFEN | Schedule II |
| Hydromorphone Meperidine Methadone Morphine Sulfate | DILAUDID, EXALGO DEMEROL DOLOPHINE, METHADOSE MS CONTIN, AVINZA, DURAMORPH, KADIAN, DEPODUR, ASTRAMORPH, IMFUMORPH | Schedule II Schedule II Schedule II Schedule II |
| Oxycodone | OXECTA, ROXICODONE, OXYCONTIN | Schedule II |
| Oxycodone (acetaminophen, aspirin and other combination products) | PERCODAN, PERCOCET, ROXICET, ENDOCET, XOLOX, TYLOX, PRIMLEV, MAGNACET, XARTEMIS XR | Schedule II |
| Oxymorphone Tapentadol Tramadol | OPANA, NUMORPHAN NUCYNTA ULTRAM, ULTRACET, RYZOLT, CONZIP, RYBIX | Schedule II Schedule II Schedule IV |