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## CLINICAL QUICKNOTES ON SUBSTANCE USE DISORDERS

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### Ohio Medical Board Amends Rules for Medication Treatment of Opioid Use Disorders

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On October 11, 2024, the State Medical Board of Ohio (SBMO) released amended rules for the treatment of opioid use disorder by Ohio physicians and physician assistants (PAs). The amended rules go into effect October 31, 2024. Amendments to similar rules affecting prescribing nurse practitioners and clinical nurse specialists are in process through the [Ohio Board of Nursing](#).

These revisions decrease administrative burdens that have discouraged some physicians and PAs from prescribing medications for opioid use disorder (MOUD) and have led some patients to reject such treatment due to the inconvenience of the prior treatment requirements. The revised rules should improve access to MOUD--an essential and life-saving treatment for many individuals.

The amended rules align closely with [TIP 63: Medications for Opioid Use Disorder](#) from the Substance Abuse and Mental Health Services Administration, guidelines from professional organizations such as the [American Society of Addiction Medicine \(ASAM\)](#), and were vetted by Ohio physicians with expertise in addiction treatment.

Summary of Revised Rules for MOUD—State Medical Board of Ohio	
Previous Rule	Amended Rule
DATA 2000 Waiver required	DATA 2000 requirement eliminated
8 hours of Category 1 CME/biennium required	8 hours of Category 1 CME/biennium required
Full assessment required before implementing treatment	Sufficient information to justify treatment, with complete assessment as soon as possible
Psychosocial treatment required	Psychosocial treatment offered, not required
Methadone prohibited to treat withdrawal	Methadone may be utilized to treat withdrawal consistent with <a href="#">Federal Rule 21 C.F.R. 1306.07(b)</a>
Induction phase: Buprenorphine dose within FDA limits, unless medically indicated and documented	Induction phase: Buprenorphine dose within FDA limits, unless medically indicated and documented
Maintenance phase: Documentation required for buprenorphine doses > 16 mg; 24 mg ceiling dose	Maintenance phase: No increased documentation up to 24 mg. Doses up to 32 mg permitted based upon specific certification or consultation

The SUD COE commends the SBMO for these amendments, which should encourage more providers to prescribe MOUD and result in easier access and improved patient outcomes. Providers are encouraged to review the rule summary provided by the SBMO and the specific rules for [physicians](#) and [PAs](#) before changing their current practice protocols.