

4729:4-1-04

Monitoring contracts.

- (A) Within one week of completing treatment, in the absence of extenuating circumstances, the licensee or registrant shall enter into a monitoring contract with an approved monitoring program regardless of whether the licensee or registrant is under a period of suspension or probation.
- (B) The monitoring program contract shall include all of the following requirements, unless otherwise approved by the board or its probation committee:
- (1) Group therapy, support groups, or, when appropriate, individual counseling, or a combination thereof.
 - (2) Periodic, random, unannounced blood and/or urine screens at a frequency of at least monthly and sixteen times per year for the length of the contract, unless otherwise approved by the board or the board's probation committee and to provide additional random, observed urine and/or blood samples as may be requested by the intervenor or designated person.
 - (a) The urine sample must be given within twelve hours of notification.
 - (b) The dilution standard will be creatinine clearance and/or specific gravity.
 - (c) Results of all drug screens must be negative and the refusal of a drug screen or a diluted drug screen is equivalent to a positive result. Any positive results, including those which may have resulted from ingestion of food but excluding false positives which resulted from medication legitimately prescribed, indicates a violation of the contract and shall be reported to the board or the board's probation committee.
 - (d) In the event of a negative diluted screen, a hair sample test must be completed at the cost of the probationer in a time frame consistent with the drug laboratory's recommended policy, but in any event no later than twelve days after the negative diluted screen.
 - (3) Mandatory participation in alcoholics anonymous, narcotics anonymous, or a similar twelve-step program, or its equivalent, as set forth in rule 4729:4-1-01 of the Administrative Code.
 - (a) To obtain the signatures of either the secretary or chairperson of the meeting for attendance verification or, in the absence of both, a meeting representative.
 - (b) To be responsible for keeping a personal record of names and phone numbers of the persons signing attendance verification at meetings.

- (c) To record meeting attendance dates in a chronological order and collect the attendance verification signatures at the meeting.
 - (d) To attend another meeting that same week in order to meet the quota of meetings for the week if attendance verification is not obtained.
 - (e) To obtain a sponsor and home group in a twelve-step program, or its equivalent, as set forth in rule 4729:4-1-01 of the Administrative Code that is not a representative of the monitoring program by a date specified by the approved monitor.
- (4) Abstinence from use of alcohol and from use of drugs, except those prescribed, administered or personally furnished by a licensed prescriber who has knowledge of the patient's history and of the disease of addiction, or those administered by another person so authorized by law during a medical emergency.
- (a) To notify the intervenor or designated person in advance and provide documentation of the need for any medication (to include a copy of the prescription or note from the prescriber) within forty eight hours of receipt of treatment, if any mood altering and/or potentially addictive medications are required or recommended by the prescriber.
 - (b) To renew verification with the intervenor or designated person every ninety days if the need for medication is ongoing.
 - (c) To update medication list with the intervenor or designated person any time a new prescription or over-the-counter medication is added.
 - (d) To abstain from dispensing own prescriptions.
 - (e) To avoid exposure to anything that may cause drug screen tests to be positive, including "hemp oil," "hemp products," "coca tea," and poppy seeds.
 - (f) To abstain from using ethyl alcohol in any form including, but not limited to, the following:
 - (i) Alcohol free wine or beer;
 - (ii) Over-the-counter drugs containing alcohol, cough syrups or their similar drugs or supplements;

- (iii) Mouthwash or other hygiene products containing ethanol, including sanitizing hand or body gels;
 - (iv) Foods or beverages containing alcohol; and
 - (v) Any other form of ethyl alcohol.
- (5) Acknowledgment of the relinquishment of the right to self-medicate other than use of single entity over-the-counter non-steroidal anti-inflammatories or acetaminophen.
- (6) Regular contact with a licensed chemical dependency counselor, or with a physician qualified by training or experience, or both, to treat chemically dependent persons, who assumes responsibility for monitoring defined aspects of aftercare contract compliance, and who agrees to:
 - (a) Report any noncompliance to the approved monitoring program; and
 - (b) Report any relapse to the approved monitoring program and the board.
- (7) A length of contract specified with a minimum of at least five years and at least fifty-two weekly aftercare sessions, with missed sessions to be made up.
- (8) Professional therapy, where indicated, to resolve family and work-related issues.
- (9) Treatment of any ongoing medical problems to be managed by a licensed prescriber. Treatment of any conditions requiring the use of a mind-altering, mood-changing substance shall require consultation with a physician qualified by training or experience, or both, to provide medical care to chemically dependent persons.
 - (a) Agreement to identify a single primary care physician and utilize that physician (or physician to whom referred) exclusively for all medical care for the duration of the contract.
 - (b) Agreement for identified physician to share with approved monitor information on any drugs prescribed or, if over-the-counter drugs, approved, and the information pertinent to recovery and/or compliance with the contract.
 - (c) Intervenor or designated person approved surgery packet prior to any non-emergency medical procedures.
- (10) Referral to other forms of extended care, when indicated.

- (11) Any required supervision or restrictions of practice during aftercare.
- (12) Personal contact with the assigned intervenor once a week, leaving a message shall not meet the personal contact requirement.
- (13) An agreement to attend the pharmacist peer assistance group meetings each month for the duration of the contract, unless otherwise excused by the designated person or the designated person's designee.
- (14) A restriction on the hours able to be worked in a facility licensed by the board to no more than forty hours in one week and/or no more than eighty hours in a two-week timeframe.

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CERTIFIED ELECTRONICALLY

Certification

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Date

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