



March 1, 2022

Kimberly Anderson
Chief Legal Counsel
Ohio State Medical Board
30 E. Broad St., 30th Floor
Columbus, OH 43215

RE: Rule 4731-11-04

Dear Ms. Anderson:

Thank you for the opportunity to comment on Rule 4731-11-04. We appreciate the ongoing discussion the board has had on this issue with interested parties.

The Academy of Medicine of Cleveland & Northern Ohio (AMCNO), founded in 1824, is the region's professional medical association, and the oldest professional association in Ohio. We are a non-profit 501(c)6 representing physicians and medical students from all the contiguous counties in Northern Ohio. We are proud to be the stewards of Cleveland's medical community of the past, present and future.

The mission of the Academy of Medicine of Cleveland & Northern Ohio is to support physicians in being strong advocates for all patients and promote the practice of the highest quality of medicine. With that in mind, we offer the following comments.

Proposed Language: C(1)

The prescriber shall assess the patient, at a minimum, every thirty days for the first three months of utilization of controlled substances for weight reduction, and shall record in the patient record information demonstrating the patient's continuing efforts to lose weight, the patient's dedication to the treatment program and response to treatment, and the presence or absence of contraindications, adverse effects, and indicators of possible substance abuse

that would necessitate cessation of treatment utilizing controlled substances.

We believe that obesity should be treated as a chronic illness, and therefore would recommend that the prescriber follow-up once with the patient in the first three months of treatment, versus the proposed monthly requirement. We also believe this will help expand access to treatment for individuals who may have restrictions in accessing their provider three times in the first three months of treatment.

Proposed Language: C(2)

The prescriber shall not personally furnish or prescribe more than a 30-day supply of controlled substances, at one time, for weight reduction or chronic weight management.

We do not believe phentermine for the purpose of weight loss should be restricted to 30-days. Many patients need to continue this medication to aid in weight loss, and the 30-day requirement causes undue burden to the prescriber and could hinder patient access to the medication.

Proposed Language: C(4)(a)

The prescriber shall assess the patient at least once every three months and shall check the patient's weight, blood pressure, pulse, heart and lungs. The findings shall be entered in the patient's record.

As stated previously we do not believe patients need to be seen monthly while on phentermine. Providers are responsible for communicating risks of any prescription medication to patients, and the patient can reach out to their provider should any concerns arise while taking a medication. Additionally, many patients now use heart rate and blood pressure monitors at home which can help assist in determining the presences of uncommon side effect with this medication.

Proposed Language: C(5)(c)

That the patient has failed to lose weight while under treatment with a controlled substance or controlled substances for weight reduction over a period of thirty days during the current course of treatment, which determination shall be made by weighing the patient at least every

thirtieth day, except that a patient who has never before received treatment for obesity utilizing any controlled substance who fails to lose weight during the first thirty days of the first such treatment attempt may be treated for an additional thirty days;

Again, we do not believe patients need to be seen in person to be weighed by the provider at every 30 days while on these medications. Each patient responds differently to medication and should be assessed on an individual basis by the provider. We also believe assessing weight and assuming weight loss is consistent does not consider the physiological response known as metabolic adaptation that occurs with weight loss. Additionally, with the improvements offered via telemedicine, much of the care delivered can be done remotely, helping to increase access to patients suffering from obesity.

Thank you again for the opportunity to provide comment.

A handwritten signature in cursive script that reads "Kristin Englund, MD, MLS." The signature is written in black ink and is positioned to the left of the typed name and title.

Kristin Englund, MD, MLS
President, AMCNO