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*Bill Analysis*  
Legislative Service Commission

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(As Reported by S. Health, Human Services & Aging)

**Sen. Wachtmann**

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**BILL SUMMARY**

**Physician assistant authority to practice**

- Effective January 1, 2008, requires a person to have a master's or higher degree to obtain a certificate to practice as a physician assistant.
- Requires supervising physicians of physician assistants to obtain the State Medical Board's approval of a physician supervisory plan, rather than a physician assistant utilization plan, when supervising a physician assistant who has not been credentialed or otherwise approved to provide services for a health care facility.
- Specifies that a physician assistant's practice in a health care facility is generally governed by the policies of the facility, rather than by a physician supervisory plan approved by the Board.
- Specifies that the services a physician assistant is permitted to provide in a health care facility may be provided in any setting approved by the supervising physician.
- Establishes procedures for the approval of "special services" that may be performed by a physician assistant under a physician supervisory plan.
- Eliminates the requirement that a supervising physician be on the premises and personally evaluate a new patient or an established patient

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\* This analysis was prepared before the report of the Senate Health, Human Services and Aging Committee appeared in the Senate Journal. Note that the list of co-sponsors and the legislative history may be incomplete.

with a new condition before a physician assistant's treatment plan can be initiated.

- Permits a physician assistant's medical order to be executed prior to being countersigned by a supervising physician.
- Provides that physician assistants are prohibited from prescribing drugs and devices to perform or induce an abortion or from otherwise performing or inducing an abortion.

**Physician-delegated prescriptive authority**

- Establishes procedures under which a supervising physician is permitted to grant physician-delegated prescriptive authority to a physician assistant.
- Provides that a physician assistant may be authorized to prescribe any drug or therapeutic device listed on a formulary of items that can be prescribed by any physician assistant, as adopted by the Board pursuant to the recommendation of the Board's Physician Assistant Policy Committee.
- Provides for the use of the formulary established for the prescriptive authority of advanced practice nurses until a formulary has been adopted for physician assistants.
- Includes two pharmacists on the Physician Assistant Policy Committee, but only for purposes of developing policy and procedures pertaining to the physician-delegated prescriptive authority of physician assistants.
- Permits a physician assistant with physician-delegated prescriptive authority to provide samples and supplies of drugs and therapeutic devices to patients.
- Specifies that when a physician assistant exercises physician-delegated prescriptive authority in a health care facility, the prescriptive authority portion of the physician assistant's practice must be governed by a physician supervisory plan.
- Requires a supervising physician to provide the Board with documentation that a physician assistant is qualified to be granted physician-delegated prescriptive authority.

- Requires the Board to issue a "certificate to prescribe" to a physician assistant after the supervising physician has submitted the required documentation.
- Requires a physician assistant to participate in a provisional period when first granted physician-delegated prescriptive authority.
- Limits the provisional period to not more than one year, unless extended by a supervising physician for not more than one additional year, and to not more than 1,800 hours unless the provisional period is extended.
- Specifies that a physician assistant may qualify to participate in a provisional period by holding a master's or higher degree or, for a limited time, by having ten years of clinical experience as a physician assistant.
- Requires all physician assistants to complete at least 65 contact hours of pharmacology training as a condition of being eligible to participate in a provisional period.
- Requires a physician assistant to complete, every two years, 12 hours of continuing education in pharmacology as a condition of remaining eligible to be granted physician-delegated prescriptive authority.

**Administrative powers and duties of the State Medical Board**

- Provides that a recommendation from the Board's Physician Assistant Policy Committee is generally necessary before the Board may take any action that is subject to the Committee's review.
- Establishes staggered terms for the members of the Committee.
- Requires the Board to provide physician assistants written notice of the specific laws and rules that have been violated when it imposes administrative sanctions for the violations.
- Establishes exemptions from penalties, extensions for completing continuing education requirements, and extensions of certification periods when a physician assistant has been serving in the military or is subject to hardship.
- Requires the Board to adopt rules for physician-delegated prescriptive authority not later than six months after receiving recommendations from

the Committee, and to adopt rules to implement the bill's remaining provisions not later than six months after the bill's effective date.

**Supplies of drugs and devices furnished by advanced practice nurses**

- Eliminates the restriction on the types of drugs and devices an advanced practice nurse may provide in complete or partial supplies to patients, as well as the restriction on the locations where the supplies may be furnished.

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**CONTENT AND OPERATION**

**Overview**

The practice of a physician assistant in Ohio is established through a three-part process. First, the physician assistant must obtain a certificate of registration from the State Medical Board by being certified through a national organization. Second, the physician seeking to supervise one or more physician assistants must obtain the Board's approval of a physician assistant utilization plan that specifies how each physician assistant will practice and be supervised. Third, each physician assistant and supervising physician must enter into a supervision agreement that is approved by the Board before the physician is permitted to begin supervising the physician assistant.

The bill modifies each of the three parts of the process that governs the practice of physician assistants. The primary changes are as follows:

(1) For physician assistants, beginning in 2008, the bill requires a master's or higher degree to obtain a certificate to practice. This is in addition to maintaining certification by a national organization.

(2) For supervising physicians, the bill provides for the approval of physician supervisory plans that deal more with the conditions of supervision than the services that physician assistants may perform. If a physician assistant has been credentialed or otherwise approved to provide services for a health care facility, the supervising physician is to supervise the physician assistant in accordance with the facility's policies. A physician supervisory plan is required when practicing in a facility only when the physician assistant is granted the physician-delegated prescriptive authority established by the bill.

(3) A supervision agreement continues to be required, but when a supervising physician intends to grant prescriptive authority to a physician assistant, the physician's application for approval and biennial renewal of the agreement must include evidence of each physician assistant's qualifications to be given that authority.

## PHYSICIAN ASSISTANT AUTHORITY TO PRACTICE

### Certificates to practice as a physician assistant

(R.C. 4730.091)

Under current law, the document issued by the Board authorizing the practice of a physician assistant is a "certificate of registration as a physician assistant." Under the bill, this document is a "certificate to practice as a physician assistant."

The bill specifies that for purposes of the Revised Code and any rules adopted under it, a certificate to practice as a physician assistant issued by the Board constitutes Ohio's licensure of the certificate holder to practice as a physician assistant. The bill further specifies that the certificate holder may present the certificate as evidence of Ohio's licensure of the holder to any health care insurer, accrediting body, or other entity that requires evidence of licensure by a government entity to be recognized or authorized to practice as a physician assistant.

### Master's degree requirement

(R.C. 4730.10(A)(4) and 4730.11)

Current law does not specify the educational requirements that must be met to receive a certificate of registration as a physician assistant. Instead, it requires that an individual be certified by the National Commission on Certification of Physician Assistants or a successor organization recognized by the Board.

Effective January 1, 2008, the bill establishes a master's degree requirement as a condition of eligibility to receive a certificate to practice as a physician assistant. The bill continues the requirement of certification by the National Commission on Certification of Physician Assistants or a successor organization.

The bill's master's degree requirement may be fulfilled by complying with one of the following:

(1) The applicant must hold a master's or higher degree obtained from a program accredited by the Accreditation Review Commission on Education for the Physician Assistant or a predecessor or successor organization recognized by the Board;

(2) If the applicant holds a degree other than a master's or higher degree obtained from a program accredited by the Accreditation Review Commission on Education for the Physician Assistant or a predecessor or successor organization

recognized by the Board, the applicant must also hold a master's or higher degree in a course of study with clinical relevance to the practice of physician assistants obtained from a program accredited by a regional or specialized and professional accrediting agency recognized by the Council for Higher Education Accreditation.

**Exceptions to the master's degree requirement**

(R.C. 4730.11(B) and (C))

The bill provides that it is not necessary for an applicant to hold a master's or higher degree if the applicant presents evidence satisfactory to the Board of holding a current, valid license or other form of authority to practice issued by another jurisdiction prior to January 1, 2008.

The bill also provides that it does not require an individual to obtain a master's or higher degree as a condition of retaining or renewing a certificate to practice if either of the following is the case:

(1) Prior to January 1, 2008, the individual received a certificate to practice without holding a master's or higher degree;

(2) On or after January 1, 2008, the individual received a certificate to practice on the basis of holding a license issued in another jurisdiction.

**Temporary certificates**

(R.C. 4730.10 (primary); 2305.113, 4730.02(A), and 4730.25(B)(21))

Under current law, the Board is permitted to issue a temporary certificate of registration to practice as a physician assistant to an applicant who is not yet certified by the National Commission on Certification of Physician Assistants. To receive a temporary certificate, the applicant must be eligible for and have applied to take the National Commission's examination. A temporary certificate is valid only until the results of the next examinations are available to the Board.

The bill eliminates the issuance of temporary certificates to physician assistants.

## **PHYSICIAN SUPERVISORY PLANS, HEALTH CARE FACILITY POLICIES, AND SUPERVISION AGREEMENTS**

### **Physician supervisory plans**

(R.C. 4730.15 (new), 4730.16, and 4730.17 (new and repealed))

Under current law, a physician seeking to supervise one or more physician assistants is required to obtain the State Medical Board's approval of a standard physician assistant utilization plan. The types of services that a supervising physician may authorize a physician assistant to perform under a standard utilization plan are specified in statute and include taking patient histories, performing physical examinations, assessing patients, implementing treatment plans, and assisting in surgery in a hospital. If the supervising physician seeks to authorize a physician assistant to perform other services or to supervise a physician assistant in a manner that is different from the supervision that must be provided under a standard utilization plan, the supervising physician must obtain approval of a supplemental utilization plan.

The bill eliminates the approval of standard and supplemental physician assistant utilization plans. In place of these plans, the bill provides for the approval of physician supervisory plans.

### **Specifications in physician supervisory plans**

(R.C. 4730.06(A) and 4730.16)

The bill requires the existing Physician Assistant Policy Committee of the State Medical Board to review and submit to the Board recommendations concerning criteria to be included in applications for approval of physician supervisory plans. To be approved, a plan must meet the requirements of any applicable rules adopted by the Board and specify all of the following:

- (1) The responsibilities to be fulfilled by the supervising physician;
- (2) The responsibilities to be fulfilled by a physician assistant when performing services under the plan;
- (3) Circumstances under which a physician assistant is required to refer a patient to the supervising physician;
- (4) The conditions that the supervising physician may place on the physician-delegated prescriptive authority granted to a physician assistant;

(5) Procedures to be followed by a physician assistant when writing medical orders, including prescriptions for drugs;

(6) Procedures to be followed when a supervising physician is not on the premises but a patient requires immediate attention;

(7) Any special services that the supervising physician may delegate to a physician assistant.

### **Model plans**

(R.C. 4730.06(B) and 4730.15 (new and repealed))

Current law requires the Physician Assistant Policy Committee to develop one or more model plans that may be used by a physician in applying for approval of a standard utilization plan. The Committee is permitted to develop model plans reflecting various specialties in the field of medicine as it pertains to physician assistants. Each plan developed is submitted to the Board as a recommendation for the Board's approval. A model plan can be used by a physician when applying for approval of a standard utilization plan or as the basis of an application for approval of a supplemental utilization plan.

Under the bill, the Committee is no longer required to adopt model utilization plans. Instead, the Committee is permitted to submit recommendations to the Board concerning the adoption of one or more model physician supervisory plans. The bill also permits recommendations to be submitted concerning the adoption of one or more models for the special services portion of the recommended physician supervisory plans. In a manner similar to current law, the model plans may reflect various medical specialties and may be used when applying for approval of a physician supervisory plan, including the special services portion of the plan.

### **Process for approval of plans**

(R.C. 4730.15 and 4730.17)

The bill establishes a review and approval process for physician supervisory plans that is similar to the process currently used by the Board for review and approval of standard utilization plans. In the case of special services, the process the bill establishes is similar to the process currently used for approval of supplemental utilization plans.

In the same manner provided under existing law for standard and supplemental utilization plans, the bill provides that a physician supervisory plan is valid until the supervising physician for whom the plan was approved notifies

the Board that the plan should be canceled or replaced. The bill extends this provision to circumstances in which a group of supervising physicians has received approval for the same physician supervisory plan.

**Approval of plans for standard services**

(R.C. 4730.17(A)(1))

Under the bill, when the Board receives a complete application for approval of a physician supervisory plan, the Board has 60 days to approve or disapprove the plan or that portion of the plan that does not apply to special services. The Board must provide written notice of its decision to the applicant.

**Approval of plans for special services**

(R.C. 4730.17(A)(2))

If the applicant is seeking approval of a plan under which the supervising physician will delegate to one or more physician assistants the performance of special services, the Board must submit the special services portion of the plan to the Board's Physician Assistant Policy Committee. The plan is to be submitted at the Committee's next regularly scheduled meeting.

The Committee must review the special services portion of the plan and form a recommendation as to whether the Board should approve or disapprove inclusion of all or some of the special services in the plan. On a case-by-case basis, the Committee is permitted to request documentation from the applicant certifying that additional education and training will have been provided to or obtained by each physician assistant who is given authority to perform the special services to ensure that the physician assistant is qualified to perform the services.

The Committee must submit its recommendation for approval or disapproval to the Board. The recommendation must be submitted not later than 60 days after receiving the special services portion of the plan.

Not later than 60 days after receiving the Committee's recommendation, the Board must approve or disapprove the special services portion of the plan. The Board is required to provide written notice of its decision to the applicant and the Committee.

**Plan addendum for special services**

(R.C. 4730.17(B))

After a physician supervisory plan has been approved, the holder of the plan may apply for an addendum to the plan for authorization to delegate to one or more physician assistants the performance of a special service that was not included at the time the plan was approved. An application for an addendum to an approved plan must be submitted and processed in the same manner as an application for approval of an original plan.

**Health care facility policies on physician assistant practice and supervision**

(R.C. 4730.01, 4730.02, 4730.09(A), 4730.25(B)(1), and 4731.22 (not in the bill))

Current law requires a physician assistant to practice in accordance with the utilization plan or supplemental utilization plan that has been approved for the physician who is supervising the physician assistant. In turn, the supervising physician is governed by the terms of the approved plan when authorizing a physician assistant to perform services. There is no distinction made according to where the physician assistant is practicing.

Under the bill, when a physician assistant is being supervised by a physician under the policies of a health care facility, the physician assistant is required to practice in accordance with the policies of the facility. The bill defines "health care facility" as a hospital and any facility other than a hospital, if it is licensed by Ohio and has standards and procedures for considering and acting on applications for staff membership or professional privileges to practice within the facility such that the facility is a "health care entity" under the laws providing immunity from liability in the conduct of peer review activities.<sup>1</sup>

The bill provides that a physician supervisory plan is not required unless a supervising physician has authorized a physician assistant to exercise physician-delegated prescriptive authority within the facility. If so, the physician assistant must exercise that authority within the facility in accordance with the supervisory plan that applies to the supervising physician.

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<sup>1</sup> Under R.C. 2305.25, a "health care entity" is a government entity, a for-profit or nonprofit corporation, a limited liability company, a partnership, a professional corporation, a utilization committee of a state or local society composed of physicians or podiatrists, or another health care organization, whether acting on its own behalf or on behalf of or in affiliation with other health care entities, that conducts as part of its purpose professional credentialing or quality review activities involving the competence or professional conduct of health care practitioners or providers.

The bill prohibits a supervising physician from authorizing a physician assistant to perform services that are inconsistent with the policies of the health care facility in which the physician assistant is practicing. A physician who violates this provision is guilty of a first degree misdemeanor on a first offense and a fourth degree felony on each subsequent offense. The physician is also subject to provisions of existing law that permit the State Medical Board to take disciplinary actions against the physician for failing to provide proper supervision of a physician assistant.

The bill prohibits a physician assistant from practicing in a manner that is inconsistent with the policies of the health care facility. It imposes the same criminal penalties for violating the prohibition that apply to the supervising physician. The bill also permits the Board to take disciplinary actions against the physician assistant for practicing in a manner that is inconsistent with the policies of the health care facility.

**Facility policies applicable to other settings**

(R.C. 4730.09(A)(3))

The bill specifies that the services a physician assistant is permitted to provide in a health care facility may be provided in any setting approved by the supervising physician.

**Copies of facility policies to other health care workers**

(R.C. 4730.22)

Under current law, a health care facility that permits physician assistants to practice within that facility is required to make reasonable efforts to explain to each individual who may work with a particular physician assistant the scope of that physician assistant's practice. The appropriate credentialing body within the facility must provide, on request of an individual practicing in the facility with a physician assistant, a copy of each utilization plan applicable to the physician assistant.

Instead of requiring the facility's credentialing body to provide a copy of the utilization plan, which the bill eliminates, the bill requires the credentialing body to provide a copy of the facility's policies on the practice of physician assistants with the facility. The bill also requires the facility to provide a copy of each physician supervisory plan and supervision agreement applicable to the physician assistant.

### **Supervision agreements**

(R.C. 4730.09, 4730.18, 4730.19, 4730.20, and 4730.21(B))

Current law requires each supervising physician and physician assistant to enter into a supervision agreement. The supervising physician must obtain the State Medical Board's approval of the agreement before the physician may initiate supervision of the physician assistant. An application for approval of a supervision agreement must list each physician assistant who will be supervised. The Board's approval of a supervision agreement consists of issuance of a letter acknowledging its approval, which expires biennially and may be renewed. Additional physician assistants may be added to the agreement by submitting an application for approval to the Board.

The bill continues the requirement for approval and biennial renewal of a supervision agreement before a supervising physician is permitted to begin supervising a physician assistant. It specifies that the requirement applies before the supervising physician may initiate supervision of one or more physician assistants under a physician supervisory plan, the policies of a health care facility, or both, as applicable.

The bill establishes a specific deadline for the Board to issue its approval of a supervision agreement. Under the bill, the Board's letter acknowledging its approval must be issued not later than 30 days after the complete application is received. This 30-day deadline also applies to the Board's approval of additions to supervision agreements.

## **SERVICES PERFORMED BY PHYSICIAN ASSISTANTS**

### **Services performed without requiring special approval**

(R.C. 4730.09)

The bill specifies the services that may be performed by a physician assistant when authorized by the physician supervising the physician assistant. The services are not required to be approved by the Board as special services under a physician supervisory plan. The services can be provided in any setting in which the physician assistant is practicing.

Under the bill, the services a physician assistant may provide in any setting without being approved as special services under a physician supervisory plan include any or all of the following:

- Obtaining comprehensive patient histories;

- Performing physical examinations, including audiometry screening, routine visual screening, and pelvic, rectal, and genital-urinary examinations, when indicated;
- Ordering, performing, or ordering and performing routine laboratory, radiologic, and diagnostic procedures and therapeutic services, as indicated;
- Identifying normal and abnormal findings on histories, physical examinations, and commonly performed diagnostic studies;
- Assessing patients and developing and implementing treatment plans for patients;
- Monitoring the effectiveness of therapeutic interventions;
- Providing patient education;
- Instituting and changing orders on patient charts as directed by the supervising physician;
- Exercising physician-delegated prescriptive authority to the extent permitted by the bill;
- Performing developmental screening examinations on children with regard to neurological, motor, and mental functions;
- Performing minor surgical procedures, including wound care management, suturing lacerations and removing the sutures, and incision and drainage of noncomplicated subcutaneous abscesses;
- Applying casts or splints and removing the casts or splints;
- Administering medication and intravenous fluids;
- Removing superficial foreign bodies;
- Inserting a foley or cudae catheter into the urinary bladder and removing the catheter;
- Performing cardio-pulmonary resuscitation;
- Carrying out or relaying the supervising physician's orders for the administration of medication, to the extent permitted under laws pertaining to drugs;

- Removing intrauterine devices;
- Performing biopsies of superficial lesions;
- Inserting and removing arterial lines;
- Inserting and removing central venous catheters;
- Inserting and removing nasogastric tubes;
- Applying and adjusting skeletal traction, excluding cervical traction;
- Injecting contrast for an intravenous pyelogram;
- Making appropriate referrals as directed by the supervising physician;
- Emergency insertion of chest tubes;
- Removing chest tubes;
- Removing intra-aortic balloon pumps;
- Removing Norplant capsules;
- Performing noninvasive cardiovascular studies;
- Performing penile duplex ultrasound;
- Removing Swan-Ganz catheters;
- Changing a tracheostomy;
- Performing bone marrow aspirations from the posterior iliac crest;
- Performing bone marrow intravenous infusion;
- Performing bone marrow biopsies from the posterior iliac crest;
- Performing cystograms;
- Performing nephrostograms after physician placement of nephrostomy tubes;
- Performing urodynamic studies;

- Instillation of intravesical chemotherapeutic agents using agents as ordered by the supervising physician;
- Fitting or inserting family planning devices, including intrauterine devices, diaphragms, and cervical caps;
- Removing cervical polyps;
- Performing nerve conduction testing;
- Performing endometrial biopsies;
- Inserting filiform and follower catheters;
- Performing diagnostic arthrocentesis of the knee;
- Performing endotracheal intubation with successful completion of an advanced cardiac life support course;
- Vein and artery harvesting as part of cardiovascular surgery using open or endoscopic techniques;
- Performing lumbar punctures;
- Reduction of dislocated joints;
- Application of light-based medical devices for the purpose of hair removal;
- Performing other services that are within the supervising physician's normal course of practice and expertise, if either (1) the services are included in any model physician supervisory plan approved under the bill or (2) the services are designated by the State Medical Board by rule or other means as services that are not subject to approval under a physician supervisory plan as special services.

**Services performed under health care facility policies**

(R.C. 4730.09)

The bill specifies the services that may be performed by a physician assistant who has been credentialed or otherwise approved to provide services of a health care facility. The bill provides that these services include, but are not limited to, the following:

- Any or all of the services the health care facility has credentialed or otherwise approved the physician assistant to provide;
- Assisting in surgery in the facility, a service that is permitted under current law with respect to hospitals and outpatient surgical care centers affiliated with a hospital;
- Any or all of the services specified by the bill as services that do not require approval as special services.

The bill specifies that the services the facility has credentialed or otherwise approved the physician assistant to provide may be provided by the physician assistant in any setting approved by the supervising physician.

**Special services**

(R.C. 4730.01 and 4730.06(A))

Special services are designated by the bill as services that are not included in the list of services that may be performed by a physician assistant without specific approval and that a physician assistant may be authorized to provide under the special services portion of a physician supervisory plan. If a special service is included in an approved physician supervisory plan, a supervising physician is permitted to authorize any physician assistant to perform that service.

The bill requires the Board's Physician Assistant Policy Committee to review and submit recommendations to the Board concerning the criteria to be included in applications for approval of a physician supervisory plan that includes the delegation of special services that are within the physician's normal course of practice and expertise.

**Restrictions against performing or inducing abortions**

(R.C. 4730.02(G), 4730.03(G), 4730.06(A)(2), 4730.062, 4730.21, 4730.24, and 4730.241)

The bill excludes performing or inducing abortions from the services a physician assistant may provide by doing all of the following:

(1) Prohibiting a physician assistant from (a) prescribing a drug or device to perform or induce an abortion or (b) otherwise performing or inducing an abortion;

(2) Providing that nothing in the bill is to be construed as authorizing a physician assistant to prescribe any drug or device to perform or induce an

abortion, or as otherwise authorizing a physician assistant to perform or induce an abortion;

(3) Providing that the formulary recommended to the Board for physician-delegated prescriptive authority must specify all drugs and devices used to perform or induce an abortion as a class of drugs and devices that a physician may not include in physician-delegated prescriptive authority granted to a physician assistant;

(4) Requiring the Board's rules to include a specific prohibition against prescribing any drug or device to perform or induce an abortion;

(5) Requiring the formulary adopted by the Board to specify all drugs and devices used to perform or induce an abortion as a class of drugs and devices that a physician may not include in physician-delegated prescriptive authority granted to a physician assistant;

(6) Prohibiting a supervising physician from granting physician-delegated prescriptive authority for any drug or device to perform or induce an abortion;

(7) Specifying that a drug or device intended to be used to perform or induce an abortion cannot be included in the physician-delegated prescriptive authority granted by a supervising physician to a physician assistant.

## **ELEMENTS OF PHYSICIAN SUPERVISION**

### **Descriptions of supervision**

(R.C. 1.64(D), 4730.01(A), 4730.02(B) and (E)(1), and 4730.21(A) and (B))

Under existing law, the definition of "physician assistant" specifies that a physician assistant provides services to patients under the supervision and direction of one or more physicians who are responsible for the physician assistant's performance. Another provision provides that a person is subject to criminal penalties for practicing as a physician assistant without the supervision and direction of a physician. Related provisions specify that the supervising physician exercises oversight, control, and direction of the physician assistant.

The bill modifies the provisions described above, as follows:

(1) Specifies in the definition of "physician assistant" that the physician assistant performs services under the *control* of one or more physicians;

(2) Specifies that a person who practices without the control of a physician is subject to criminal penalties;

(3) Provides that the supervising physician exercises supervision, rather than oversight, of the physician assistant.

**Treatment of new patients and patients with new conditions**

(R.C. 4730.21)

Current law provides that a patient new to a physician's practice may be seen by a physician assistant only when a supervising physician is on the premises, except in those situations specified in a standard or supplemental utilization plan under which the presence of the physician is not necessary. A new patient or an established patient with a new condition must be seen and personally evaluated by a supervising physician prior to initiation of any treatment plan proposed by a physician assistant.

The bill eliminates the provisions requiring that a supervising physician be on the premises and to see and personally evaluate a new patient or an established patient with a new condition before a physician assistant's treatment plan can be initiated.

**Review and countersignature of medical orders**

(R.C. 4730.21(D))

Under current law, each time a physician assistant writes a medical order, the physician assistant must clearly identify the supervising physician that authorized the physician assistant to write the order. The supervising physician must review each medical order not later than 24 hours after it is written, unless a longer period is specifically authorized by the supervising physician's utilization plan. After reviewing an order, the supervising physician must countersign the order if the physician agrees that the order is appropriate. Countersignature is necessary before any person may execute the physician assistant's order. The only exceptions to the countersignature requirement are when a patient requires immediate attention and any other circumstances specified in a supplemental utilization plan.

The bill permits a physician assistant's medical order to be executed prior to the order being countersigned by the supervising physician. It requires that the order be reviewed and countersigned within a period of time the supervising physician considers reasonable, but is not more than 14 days after the order is written and is in compliance with the physician supervisory plan, the policies of the health care facility in which the supervising physician and physician assistant are practicing, or both, as applicable.

The bill provides that in circumstances in which a physician assistant's medical order itself is not available to be countersigned, the supervising physician must countersign the patient's medical record or any other record documenting the medical order. The bill specifies that this may be the case with prescriptions written by a physician assistant when exercising physician-delegated prescriptive authority.

**Execution of medical orders**

(R.C. 4730.03(D) and 4730.21(D))

The bill provides that a physician assistant's medical order may be executed by any person authorized to execute the order. In the case of a registered nurse or licensed practical nurse, the bill specifies that a physician assistant may independently order or direct the execution of procedures or techniques by the nurse only to the extent authorized under the physician supervisory plan and supervision agreement under which the physician assistant is practicing.<sup>2</sup>

**Immunity from liability and disciplinary actions**

(R.C. 4730.22)

With respect to liability for following the orders of a physician assistant practicing in a health care facility, current law provides that the individual following the orders is not liable for damages in a civil action regarding the performance of services pursuant to the orders if the individual reasonably believed that the physician assistant was acting with the proper scope of practice or was relaying medical orders from a supervising physician. The immunity does not apply if the individual's action constitutes willful or wanton misconduct.

The bill specifies that the individual is also not subject to disciplinary action by any administrative agency that governs the person's conduct. Again, the immunity does not apply if the individual's action constitutes willful or wanton misconduct.

**Supervision in an emergency department**

(R.C. 4730.21(C))

Under current law, a supervising physician is permitted to authorize a physician assistant to practice in any setting within which the supervising

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<sup>2</sup> *This provision of the bill does not address physician assistants who are being supervised by a physician under the policies of a health care facility.*

physician routinely practices. When a physician assistant is authorized to practice in a facility's emergency department, the supervising physician must provide on-site supervision.

The bill establishes distinctions in the supervision of a physician assistant practicing in a facility's emergency department according to whether the supervising physician routinely practices in that department. Under these distinctions, the bill provides the following:

(1) If a supervising physician routinely practices in the emergency department, the physician must provide on-site supervision when the physician assistant practices in the emergency department.

(2) If a supervising physician does not routinely practice in the emergency department, the physician may, on occasion, send the physician assistant to the emergency department to assess and manage a patient. In supervising the physician assistant's assessment and management of the patient, the physician must determine the appropriate level of supervision according to the general laws on supervision of physician assistants. The supervising physician, however, must be available to go to the emergency department to personally evaluate the patient and must go to that department when requested by an emergency department physician.

## **PHYSICIAN-DELEGATED PRESCRIPTIVE AUTHORITY**

### **Policy and procedures**

(R.C. 4730.06, 4730.061, and 4730.062)

The bill requires the State Medical Board's Physician Assistant Policy Committee to review and submit recommendations to the Board concerning policy and procedures regarding physician-delegated prescriptive authority for physician assistants. The Committee's initial recommendations must be submitted to the Board not later than six months after the bill's effective date. Not later than six months after receiving the initial recommendations, the Board must adopt rules governing physician-delegated prescriptive authority for physician assistants.

After the Board's adoption of initial rules, the Committee must conduct an annual review of the policy and procedures applicable to physician-delegated prescriptive authority. Based on its review, the Committee must submit recommendations to the Board as the Committee considers necessary. Likewise, the Board must conduct an annual review of its rules, and based on its review, the Board must make any necessary modifications to the rules.

The bill specifies that the Board must respond to the Committee's initial recommendations and any recommendations resulting from its annual review according to the same procedures and 90-day time frame that current law establishes for approval or disapproval of other recommendations made by the Committee. All rules adopted by the Board for physician-delegated prescriptive authority must be adopted in accordance with the Administrative Procedure Act.

### **Formulary**

(R.C. 4730.06(A)(1)(d), 4730.061, and 4730.062)

The recommendations submitted by the Committee and the rules adopted by the Board for physician-delegated prescriptive authority must include a formulary listing the drugs and therapeutic devices that may be included in physician-delegated prescriptive authority for physician assistants. The drugs and devices must be listed "by class and specific generic nomenclature."<sup>3</sup>

### **Interim formulary**

(R.C. 4730.062(C) and 4730.063)

Until a formulary has been established for physician assistants, the bill provides for the use of the formulary that has been established for advanced practice nurses who hold certificates to prescribe from the Board of Nursing. For purposes of the interim formulary, the bill provides the following:

(1) From the bill's effective date until the Medical Board adopts initial rules establishing a formulary for physician assistants, the formulary that applies to physician assistants is to be the same as the formulary established for advanced practice nurses.

(2) All changes relative to the nurses' formulary are to apply in like manner to the interim physician assistant formulary.

(3) The initial formulary established by the Medical Board cannot be more restrictive than the interim formulary.

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<sup>3</sup> *The bill does not specify the meaning of "class" or "specific generic nomenclature."*

(4) Even though the nurses' formulary includes the authority to prescribe Schedule II controlled substances for terminally ill patients, the interim formulary for physician assistants cannot include Schedule II controlled substances.<sup>4</sup>

**Pharmacist members of the Physician Assistant Policy Committee**

(R.C. 4730.05; Section 4(A))

Under current law, the Physician Assistant Policy Committee consists of seven members: three physician assistants, three physicians, and one consumer member. The bill provides for the Committee to include two additional members who are pharmacists when the Committee is developing or revising policy and procedures for physician-delegated prescriptive authority for physician assistants.

As is the case with the other members of the Committee, the pharmacist members are to be appointed by the President of the Board. One pharmacist must be appointed from a list of five clinical pharmacists recommended by the Ohio Pharmacist Association. The other pharmacist must be appointed from among the pharmacist members of the State Board of Pharmacy, preferably from among the members who are clinical pharmacists.

The bill specifies that the pharmacist members of the Committee have voting privileges only for purposes of developing or revising policy and procedures for physician-delegated prescriptive authority for physician assistants. It also specifies that the presence of the pharmacist members is not required for the transaction of any other business. Neither of the pharmacist members may be elected as the Committee's chairperson.

Terms of office for the pharmacist members are two years. The initial appointees, however, are to serve for terms ending on the same date as the terms of the other members of the Committee in office immediately prior to the bill's effective date.

The pharmacist members are to be reimbursed for each day they are employed in the discharge of official duties as members. They also are to receive necessary and actual expenses incurred in the performance of official duties.

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<sup>4</sup> *Schedule II controlled substances are drugs that have accepted medicinal uses, but also have a high potential for abuse and addiction. Examples are opium, morphine, codeine, methadone, hydromorphone (Dilaudid), oxycodone (Percodan), and methylphenidate (Ritalin). (R.C. Chapter 3719. and U.S. Department of Justice Drug Enforcement Administration, "Controlled Substances Security Manual," <http://www.deadiversion.usdoj.gov/pubs/manuals/sec/security.pdf>.)*

**Physician submission of information to initiate prescriptive authority**

(R.C. 4730.191)

When a supervising physician applies for approval of a supervision agreement to supervise one or more physician assistants who will be granted physician-delegated prescriptive authority, the bill requires the physician to submit information regarding the qualifications of each of the physician assistants. Under this provision, the supervising physician is responsible for the following:

(1) Specifying whether the physician assistant will be granted the authority based on the physician assistant's eligibility to participate in an initial provisional period, as required by the bill;

(2) Specifying whether the physician assistant will be granted the authority based on having successfully completed the provisional period;

(3) Submitting documentation that ensures the physician assistant is qualified to be granted the authority.

The bill specifies that the documentation submitted by the supervising physician must consist of the documentation submitted by the physician assistant to the physician evidencing the physician assistant's eligibility to participate in a provisional period or successful completion of a provisional period. The bill further specifies that the evidence of successful completion of a provisional period may consist of a letter or copy of a letter attesting to the physician assistant's successful completion of the provisional period, written by a supervising physician at the time of completion.

**Certificates to prescribe**

(R.C. 4730.191(C))

The bill requires the Board to issue a "certificate to prescribe" to a physician assistant when the appropriate documentation has been submitted by a supervising physician. If the physician assistant is to participate in a provisional period, the Board must issue a "provisional certificate to prescribe."

The certificates are to be issued in the name of the physician assistant. The Board must notify the supervising physician at the time the certificate is issued. The Board is required to include the names of the certificate holders and their supervising physicians in the information the Board maintains on the Internet.

**Physician submission of information to renew prescriptive authority**

(R.C. 4730.20 (primary); 4730.06(A), 4730.061, and 4730.062(B)(3))

If a supervising physician seeks renewal of a supervision agreement to continue the authority to grant physician-delegated prescriptive authority to one or more physician assistants, the supervising physician must submit an application for renewal to the Board and include all of the following:

(1) Evidence satisfactory to the Board that the physician assistant has completed the 12 hours of continuing education in pharmacology that the bill requires to be completed every two years;

(2) A recommendation from the applicant for renewal of the authority to grant physician-delegated prescriptive authority to the physician assistant under the supervision agreement;

(3) Any other information the Board requires pursuant to rules the Board adopts under the bill in accordance with recommendations made by the Physician Assistant Policy Committee.

**Specific approval for each physician assistant**

(R.C. 4730.19(C))

When the Board approves a supervision agreement for a supervising physician to supervise one or more physician assistants, the Board is required to specify in its letter acknowledging its approval that the approval is specific to each physician assistant.

**Requirements to be met by the supervising physician**

(R.C. 4730.24 (primary); 4730.21(A))

When a supervising physician grants physician-delegated prescriptive authority to a particular physician assistant, the bill provides that the supervising physician is subject to all of the following:

(1) The supervising physician cannot grant physician-delegated prescriptive authority for any drug or therapeutic device that is not listed on the formulary as a drug or therapeutic device that may be included in the physician-delegated prescriptive authority granted to a physician assistant.

(2) The supervising physician cannot grant physician-delegated prescriptive authority that exceeds the supervising physician's prescriptive authority.

(3) The supervising physician must supervise the physician assistant in accordance with the general requirements that apply to the supervision of all physician assistants. These requirements provide for off-site supervision of a physician assistant, as long as the supervising physician remains continuously available for direct communication with the physician assistant and the supervising physician is not more than 60 minutes travel time away from the location where the physician assistant is practicing. When supervising a physician assistant completing the first 500 hours of a provisional period of physician-delegated prescriptive authority, the supervising physician must provide on-site supervision of the physician assistant's exercise of that authority.

(4) The supervising physician must act in accordance with the supervisory plan approved for the supervising physician, the policies of the health care facility in which the physician and physician assistant are practicing, or both, as applicable.

(5) The supervising physician must act in accordance with the supervision agreement that applies to the supervising physician and the physician assistant.

**Requirements to be met by the physician assistant**

(R.C. 4730.16(B) and 4730.24(B))

The bill provides that to the extent a supervising physician grants physician-delegated prescriptive authority to a particular physician assistant, the physician assistant is authorized to prescribe, personally furnish, and administer drugs and therapeutic drugs. In exercising physician-delegated prescriptive authority, a physician assistant must comply with all conditions placed on the authority, as specified in the physician supervisory plan applicable to the supervising physician and the physician assistant. The conditions that may be placed on physician-delegated prescriptive authority include the following:

(1) Identification by class and specific generic nomenclature of any drugs and therapeutic devices that the physician chooses not to include in the physician-delegated prescriptive authority granted to a physician assistant;

(2) Any limitations on the dosage units or refills that may be prescribed by a physician assistant in the exercise of the physician-delegated prescriptive authority granted the physician assistant;

(3) The conditions under which a physician assistant is required to refer patients to the supervising physician or another physician when exercising physician-delegated prescriptive authority;

(4) The responsibilities of the supervising physician when a physician assistant exercises physician-delegated prescriptive authority;

(5) Procedures to be followed by the supervising physician in performing quality assurance reviews of a physician assistant who has been granted physician-delegated prescriptive authority.

The bill specifies that if a physician assistant possesses physician-delegated prescriptive authority for controlled substances, the physician assistant must register with the federal Drug Enforcement Administration.

**Drugs and devices that may be prescribed**

(R.C. 4730.241)

The bill provides that a drug or therapeutic device may be included in the physician-delegated prescriptive authority granted by a supervising physician to a physician assistant unless one of the following applies:

(1) The drug or therapeutic device is not listed on the formulary as a drug or therapeutic device that may be included in physician-delegated prescriptive authority;

(2) The drug or therapeutic device is identified in the physician supervisory plan approved for the supervising physician as a drug or therapeutic device that the physician chooses not to include in the physician-delegated prescriptive authority granted to a physician assistant.

Subject to the restrictions described above, the bill provides that the physician-delegated prescriptive authority granted by a supervising physician to a physician assistant may apply to any or all of the following drugs:

(1) Schedule III, IV, and V controlled substances;<sup>5</sup>

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<sup>5</sup> *Schedule III controlled substances are drugs with a potential for abuse and dependence that is lower than the potential that applies to a Schedule II controlled substance. Schedule III controlled substances include nonnarcotic drugs, as well as preparations containing limited quantities of certain narcotics. Schedule IV controlled substances are drugs with the next lowest potential for abuse and dependence. Examples are barbital, phenobarbital, chlordiazepoxide (Librium), diazepam (Valium), and alprazolam (Xanax). Schedule V controlled substances have the next lowest potential for abuse and*

(2) Drugs, other than Schedule II controlled substances, that under state or federal law may be dispensed only pursuant to a prescription by a licensed health professional authorized to prescribe drugs;<sup>6</sup>

(3) Any drug that is not a dangerous drug.<sup>7</sup>

**Receiving professional samples of drugs**

(R.C. 4730.241(C))

Under the bill, a physician assistant who has been granted physician-delegated prescriptive authority is permitted to request, receive, and sign for professional samples of the drugs and therapeutic devices that are included in the physician-delegated prescriptive authority granted to that physician assistant.

**Furnishing samples of drugs to patients**

(R.C. 4730.242)

Under the bill, a physician assistant who has been granted physician-delegated prescriptive authority is permitted to personally furnish to a patient samples of drugs and therapeutic devices that are included in the physician assistant's physician-delegated prescriptive authority. This authority is subject to all of the following:

(1) The amount of the sample furnished must not exceed a 72 hour supply, except when the minimum available quantity of the sample is packaged in an amount that is greater than a 72 hour supply, in which case the physician assistant may furnish the sample in the package amount;

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*dependence. In Ohio, they may be distributed only through a licensed terminal distributor of dangerous drugs, but a prescription may not be necessary. Examples include cough syrup with codeine and certain antidiarrheal preparations containing limited quantities of narcotic drugs. (R.C. Chapter 3719. and "Controlled Substances Security Manual.")*

<sup>6</sup> *Not all drugs that require a prescription are classified as controlled substances.*

<sup>7</sup> *The practical effect of this provision is to authorize a physician assistant to prescribe over-the-counter drugs. Under Ohio's drug laws, dangerous drugs include drugs that require a prescription, drugs such as certain forms of insulin that may be purchased without a prescription but are intended for administration by injection, and other drugs that may be purchased without a prescription but contain a Schedule V controlled substance (R.C. 4729.01, not in the bill).*

- (2) No charge may be imposed for the sample or for furnishing it;
- (3) Samples of controlled substances cannot be personally furnished.

**Furnishing complete or partial supplies of drugs to patients**

(R.C. 4730.242(B))

Under the bill, a physician assistant who has been granted physician-delegated prescriptive authority is permitted to personally furnish to a patient a complete or partial supply of the drugs and therapeutic devices that are included in the physician assistant's physician-delegated prescriptive authority.

**Provisional period of prescriptive authority**

(R.C. 4730.062(B)(4) and (C)(2) and 4730.243(A))

The bill requires a physician assistant to participate in a provisional period of physician-delegated prescriptive authority when first granted the authority in Ohio. The provisional period is to be conducted by one or more supervising physicians. It cannot last more than one year, unless it is extended for not more than one additional year at the direction of a supervising physician.

Pursuant to recommendations submitted by the Physician Assistant Policy Committee, the State Medical Board must adopt rules specifying standards and procedures for the appropriate conduct of a provisional period. The bill specifies that the standards for appropriate conduct of a provisional period cannot require a physician assistant to participate in a provisional period that exceeds 1,800 hours. An exception to the 1,800 hour limitation applies to physician assistants who are required by a supervising physician to participate in an extended provisional period.

**Eligibility**

(R.C. 4730.243(B))

To be eligible to participate in a provisional period, the physician assistant must submit to the supervising physician evidence of holding a master's or higher degree and completing instruction in pharmacology. A time-limited exception to the master's degree requirement applies if a physician assistant meets certain clinical experience requirements. The physician assistant also must submit to the supervising physician any other information the State Medical Board requires to be submitted pursuant to rules the Board is to adopt.

**Master's degree**

(R.C. 4730.243(C)(1))

Generally, a physician assistant is required to hold a master's or higher degree to be eligible to participate in a provisional period. To qualify, the physician assistant must meet one of the following requirements:

(1) The physician assistant must hold a master's or higher degree that was obtained from a program accredited by the Accreditation Review Commission on Education for the Physician Assistant or a predecessor or successor organization recognized by the Board;

(2) If the physician assistant holds a non-master's degree that was obtained from a school or program accredited by the Accreditation Review Commission on Education for the Physician Assistant or a predecessor or successor organization recognized by the Board, the physician assistant must hold a master's or higher degree in a course of study with clinical relevance to the practice of physician assistants that was obtained from a program accredited by a regional or specialized and professional accrediting agency recognized by the Council for Higher Education Accreditation.

**Clinical experience without a master's degree**

(R.C. 4730.243(C)(2))

Until two years after the effective date of the initial rules adopted by the State Medical Board for the physician-delegated prescriptive authority of physician assistants, a physician assistant may be eligible to participate in a provisional period without holding a master's or higher degree if both of the following apply:

(1) The physician assistant holds a degree other than a master's or higher degree that was obtained from a program accredited by the Accreditation Review Commission on Education for the Physician Assistant or a predecessor or successor organization recognized by the State Medical Board;

(2) The physician assistant has not less than ten years of clinical experience as a physician assistant in Ohio or another jurisdiction. Three years of the experience must have been obtained in the five-year period immediately preceding the date the evidence is submitted to the supervising physician to participate in the provisional period.

**Pharmacology instruction**

(R.C. 4730.243(D) (primary); 4730.062(B)(2))

Regardless of the educational path a physician assistant uses to be eligible to participate in a provisional period, the bill requires the physician assistant to complete instruction in pharmacology. The content of the instruction must include all of the following:

(1) A minimum of 30 contact hours of training in pharmacology that includes pharmacokinetic principles and clinical application and the use of drugs and therapeutic devices in the prevention of illness and maintenance of health;

(2) A minimum of 20 contact hours of clinical training in pharmacology;

(3) A minimum of 15 contact hours including training in the fiscal and ethical implications of prescribing drugs and therapeutic devices and training in the state and federal laws that apply to the authority to prescribe;

(4) Any additional training required pursuant to rules the State Medical Board is to adopt in accordance with recommendations made by the Physician Assistant Policy Committee.

The bill requires that the pharmacology instruction be completed not longer than three years prior to submitting the evidence of completion to the supervising physician. It also requires that the instruction be obtained through a course of study consisting of planned classroom or continued education and clinical study. This study must meet either of the following conditions:

--Be accredited by the Accreditation Review Commission on Education for the Physician Assistant or a predecessor or successor organization recognized by the Board;

--Be approved by the Board in accordance with the Board's rules adopted pursuant to the Physician Assistant Policy Committee's recommendations.

**Prescriptive authority after the provisional period**

(R.C. 4730.244)

The bill specifies that the physician-delegated prescriptive authority granted to a physician assistant based on participation in a provisional period may be continued by each supervising physician who received approval of a supervision agreement to grant the authority during the provisional period. The supervising

physician's authority to continue the physician assistant's authority ends if either of the following occur:

(1) The supervision agreement expires or is terminated;

(2) A decision is made by the State Medical Board regarding an application submitted by the supervising physician for approval of a supervision agreement authorizing the supervising physician to grant the authority to the physician assistant based on having successfully completed a provisional period.

In the case of a physician assistant who does not successfully complete the provisional period, the bill requires each supervising physician to cease granting physician-delegated prescriptive authority to the physician assistant. The supervising physician with primary responsibility for conducting the provisional period must promptly notify the Board that the physician assistant did not successfully complete the provisional period.

The bill specifies that a physician assistant who successfully completed a provisional period cannot be required to complete another provisional period as a condition of being eligible to be granted physician-delegated prescriptive authority by a supervising physician who was not involved in the conduct of the provisional period.

### **Continuing education in pharmacology**

(R.C. 4730.245)

Under the bill, to maintain eligibility to be granted physician-delegated prescriptive authority after successfully completing a provisional period, a physician assistant must complete continuing education in pharmacology. The continuing education in pharmacology is in addition to all other continuing education the physician assistant must complete for renewal of a certificate to practice as a physician assistant.

The continuing education in pharmacology must consist of at least 12 hours of education every two years. The education must be obtained from an accredited institution recognized by the State Medical Board.

In general, the education must be completed not later than January 31 of each odd-numbered year. An exception applies when the physician assistant is granted an extension for being on active military duty. Also, the Board must provide for pro rata reductions by month of the number of hours of continuing education in pharmacology that a physician assistant is required to complete if any of the following is the case:

(1) The next January 31 of an odd-numbered year will occur less than two years from the date the physician assistant successfully completed the provisional period;

(2) The physician assistant has been disabled due to illness or accident;

(3) The physician assistant has been absent from the country;

(4) The physician assistant has been on active duty in any branch of the armed forces.

### **Revisions to drug laws**

(R.C. 2925.02, 2925.03, 2925.11, 2925.12, 2925.14, 2925.23, 2925.36, 3719.06, 3719.81, 4729.01, and 4729.51)

Existing law establishes prohibitions against selling, possessing, prescribing, and distributing drugs unless expressly authorized to engage in those activities. The bill includes physician assistants among the licensed health professionals who are authorized to engage in these otherwise prohibited activities.

## **STATE MEDICAL BOARD ADMINISTRATIVE POWERS AND DUTIES**

### **Physician Assistant Policy Committee**

(R.C. 4730.05; Section 4(B))

Under current law, the terms of all members of the Board's Physician Assistant Policy Committee expire simultaneously after serving two years. The bill provides for staggered terms when appointments are made after the bill's effective date. Specifically, the bill requires the Board to make the appointments as follows:

(1) Two physicians for two-year terms and one physician for a one-year term;

(2) Two physician assistants for two-year terms and one physician assistant for a one-year term;

(3) One pharmacist for a two-year term and one pharmacist for a one-year term;

(4) The remaining member, who is not affiliated with any health care profession, for a one-year term.

### **Committee recommendations required**

(R.C. 4730.06(C) and 4730.07)

Current law requires the Board's Physician Assistant Policy Committee to review issues related to the practice and regulation of physician assistants. The Committee is permitted to submit recommendations to the Board, and the Board is required to take into consideration all recommendations submitted. It is not necessary for the Committee to make a recommendation before the Board is permitted to take action regarding a particular matter.

The bill provides that a Committee recommendation is necessary before the Board may take action. This restriction applies to any matter that is subject to the Committee's review. The bill extends the restriction to the Board's existing authority to adopt any rules necessary to govern the practice of physician assistants and their supervising physicians.

An exception applies under the bill to the requirement that the Committee make a recommendation before the Board may take action. If the Board submits a request for a recommendation regarding a matter that is subject to the Committee's review and the Committee does not provide a recommendation before the 61st day after the request is submitted, the Board is permitted to take action regarding the matter without a recommendation.

### **Identifying information on applications for certificates to practice**

(R.C. 4730.10)

In addition to other information that must be included on an application for a certificate to practice as a physician assistant, the bill requires the applicant to include the applicant's name, residential address, business address, if any, and Social Security number.

### **Notice of reason for imposition of sanctions**

(R.C. 4720.25(L))

Current law lists the reasons for which the Board is permitted or required to impose licensing and other disciplinary actions against a physician assistant or applicant to practice as a physician assistant. Included as reasons for which sanctions must be imposed are the following:

(1) Failure to comply with the requirements of the laws applicable to the practice of physician assistants, the laws applicable to the practice of medicine, or any rules adopted by the Board;

(2) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate any of those laws or rules.

Under the bill, when any action is taken by the Board pursuant to either of the provisions listed above, the action must be accompanied by a written explanation of the specific requirements of the law or rules that formed the basis for taking the action.

**Prohibition against advertising and soliciting for patients**

(R.C. 4730.02(H) and 4730.25(B)(25))

Current law prohibits a physician assistant from advertising except for purposes of seeking employment. The bill clarifies that the form of advertising being prohibited is advertising by a person to perform services as a physician assistant.

To correspond with the prohibition against advertising, the bill eliminates a provision of law that permits the Board to take disciplinary action against a physician assistant for making a false, fraudulent, deceptive, or misleading statement in soliciting or advertising for patients. Instead, the bill includes soliciting or advertising for patients as one of the reasons for which the Board may take disciplinary action against a physician assistant.

**Reinstatement and restoration of inactive certificates to practice**

(R.C. 4730.12(G) and 4730.28)

Under current law, a physician assistant whose certificate of registration has been suspended for two years or less for failure to renew can have the certificate reinstated by paying the biennial renewal fee, paying a \$25 penalty, and completing the number of hours of continuing education necessary for reinstatement. In the case of a certificate that has been suspended or inactive for any cause for more than two years, the Board is permitted to impose terms and conditions on its reinstatement. The terms and conditions include (1) requiring the physician assistant to obtain additional training and pass an examination on completion of the training and (2) restricting or limiting the extent, scope, or type of practice of the physician assistant.

The bill uses different terms to distinguish between certificates that have been suspended for two years or less and those that have been suspended or inactive for more than two years. Under the bill, "reinstatement" applies only to certificates that have been suspended for two years or less for failure to renew. "Restoration" applies to certificates that have been suspended or inactive for more than two years.

### **Exemptions from penalties when on active military duty**

(R.C. 4730.14(G)(4) and 4730.28)

In the case of a physician assistant who has been on active duty in any branch of the armed forces, the bill provides the following:

(1) The Board cannot impose the \$25 penalty for reinstatement or restoration of a certificate to practice as a physician assistant;

(2) The Board is prohibited from imposing terms and conditions for restoration of a certificate to practice.

In both cases, the person must submit documentation certifying that during the period of suspension the applicant was on active duty in a branch of the armed forces.

### **Reductions and extensions of continuing education for military service**

(R.C. 4730.14(B)(2), (F), and (G)(4), 4730.254(B)(4), and 5903.12)

Current law requires a number of professional licensing boards to provide extensions for completion of continuing education requirements for their licensees who have been called to active duty as a member of the Ohio National Guard, the Ohio Military Reserve, the Ohio Naval Militia, or a reserve component of the armed forces of the United States. The extension must be equal to the number of months the licensee spent on active duty. The duty may have occurred in either the current or a prior continuing education reporting period. The licensee must submit proper documentation certifying that the licensee has been called to active duty for more than 31 days because of an executive order issued by the U.S. President or an act of Congress.

For physician assistants who have been called to active duty, the bill requires the State Medical Board to provide an extension for completing their continuing education requirements. The extension may apply to the continuing education required to renew a certificate to practice, the continuing education in pharmacology required for continuation of physician-delegated prescriptive authority, or both. The Board and the physician assistant must comply with the procedures specified in current law for granting and receiving the extension.

In a separate provision, the bill requires the Board to provide for pro rata reductions by month of the number of hours of continuing education that must be completed for the continuation of physician-delegated prescriptive authority by physician assistants who have been on active duty in any branch of the armed forces.

### **Extensions of certification period**

(R.C. 4730.14(F))

Under specified circumstances, the bill provides for a physician assistant to have an extension of the two-year period during which a certificate to practice as a physician assistant is valid. To qualify for the extension, the physician assistant must have been (1) in the first certification period, (2) disabled due to illness or accident, (3) absent from the country, or (4) on active duty in any branch of the armed forces. If the physician assistant qualifies for the extension, the Board must grant the extension by an amount of time equal to the total number of months that the physician assistant missed during the certification period. For purposes of the extension, any portion of a month missed is to be considered a full month.

### **Deadline for modifying rules**

(Section 3)

In addition to the rules the State Medical Board must adopt to govern physician-delegated prescriptive authority for physician assistants, the bill requires the Board to adopt, amend, and rescind any other rules necessary to implement the remaining provisions of the bill. The bill requires the Board to take these actions not later than six months after the bill's effective date. Until the Board has taken these actions, the Board's existing rules are to continue in effect.

### **Continuation of current supervision agreement**

(Section 5)

The bill specifies that it does not require the Board to invalidate the supervision agreements between physicians and physician assistants that are in effect immediately prior to the bill's effective date.

### **Conforming and technical changes**

(R.C. 1.64, 1751.01, 2305.113, 3327.10, 3331.02, 4730.02, 4730.03, 4730.13, 4730.14, 4730.25, 4730.251, 4730.27, 4730.31, 4730.32, 4730.33, and 4731.141)

The bill includes changes to several provisions of existing law for purposes of making conforming changes, corrections, and other technical changes. Examples of these changes include the following:

(1) Replacing references to certificates *of registration* as a physician assistant with references to certificates *to practice* as a physician assistant;

(2) Replacing references to physician assistant utilization plans with references to physician supervisory plans;

(3) Removing gender-specific language;

(4) Correcting statutory cross references;

(5) Removing obsolete references to judicial findings of eligibility for *treatment* in lieu of conviction, which are now referred to as judicial findings of eligibility for *intervention* in lieu of conviction;

(6) Replacing references to certificates *of registration* with references to certificates *to practice* in a provision of existing law pertaining to persons who practice limited osteopathic medicine and surgery.

## **ADVANCED PRACTICE NURSES**

### **Furnishing supplies of drugs and devices**

(R.C. 4723.481 and 4723.50)

Current law permits a certified nurse practitioner, certified nurse-midwife, or clinical nurse specialist who holds a certificate to prescribe from the Board of Nursing to personally furnish to a patient a complete or partial supply of a drug or therapeutic device. The drug or device must be included in the formulary applicable to the prescriptive authority of advanced practice nurses. In providing the supplies, the nurse must follow safety standards established in rules adopted by the Board and is subject to the following conditions:

(1) The nurse may personally furnish only antibiotics, antifungals, scabicides, contraceptives, and prenatal vitamins.

(2) The nurse cannot furnish the drugs and devices in locations other than a local health department, a federally funded comprehensive primary care clinic, or a nonprofit health care clinic or program.

The bill eliminates the restriction on the types of drugs and devices that an advanced practice nurse may personally furnish in complete or partial supplies, as well as the restriction on the locations where the supplies may be furnished. Under the bill, the nurse is permitted to personally furnish any drug or device included on the formulary applicable to the prescriptive authority for advanced practice nurses. The nurse remains responsible for following safety standards established in rules adopted by the Board.

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## HISTORY

ACTION	DATE	JOURNAL ENTRY
Introduced Reported, S. Health, Human Services & Aging	11-07-03 ---	p. 1153 ---

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