



**Am. Sub. S.B. 279**  
127th General Assembly  
(As Passed by the General Assembly)

**Sens. Schuring, Harris, Niehaus, Padgett, Stivers, Wilson**

**Reps. Bacon, Batchelder, Boyd, Chandler, DeBose, Domenick, Dyer, Fende, Flowers, Gibbs, Grady, Hughes, Luckie, Nero, Schindel, Sears, Stebelton, Strahorn, Wachtmann, B. Williams, Yuko**

**Effective date:** \*

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**ACT SUMMARY**

**HOSPITAL PERFORMANCE MEASURES**

- Prohibits the Director of Health from adopting rules that require a hospital to submit information regarding a performance, quality, or service measure for which the hospital does not provide the service, or a children's hospital to report a performance, quality, or service measure for patients age 18 or older.
- Requires the Director of Health to appoint a group of pediatric medicine experts who are to submit to the Hospital Measures Advisory Council recommendations regarding measures for services provided by children's hospitals.

**PHYSICIANS**

- Modifies the procedures used by the State Medical Board for the biennial renewal of certificates to practice held by physicians.

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\* The Legislative Service Commission had not received formal notification of the effective date at the time this analysis was prepared. Additionally, the analysis may not reflect action taken by the Governor.

## **VISITING MEDICAL FACULTY**

- Increases the maximum duration of a visiting medical faculty certificate to three years.
- Allows a physician who received a visiting medical faculty certificate before the act's effective date to apply for a second certificate.

## **PHYSICIAN ASSISTANTS**

- Exempts medical personnel employed by the Veterans Administration from the laws governing the practice of physician assistants.
- Permits physician assistants to apply or remove casts or splints.
- Allows a physician assistant to certify that a person is eligible for a windshield disability placard or disability license plates.

## **EXPANDED FUNCTION DENTAL AUXILIARIES**

- Adds the American Safety and Health Institute to the organizations that may certify completion of the life-support training course required of individuals seeking to register with the State Dental Board as expanded function dental auxiliaries.

## **PRACTITIONERS OF LIMITED BRANCHES OF MEDICINE**

- Requires the State Medical Board to implement a staggered biennial renewal schedule for certificates to practice limited branches of medicine that is substantially similar to the renewal schedule used for physicians.
- Allows an applicant for a certificate to practice massage therapy or cosmetic therapy to be admitted to the Board's examination on the basis of being licensed in another state or holding national certification.

## **EMERGENCY**

- Declares an emergency.

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## CONTENT AND OPERATION

### HOSPITAL PERFORMANCE MEASURES

#### Submission of information on hospital performance measures

(R.C. 3727.33 (not in the act); R.C. 3727.41)

Continuing law requires each hospital to semiannually submit to the Director of Health information that shows the hospital's performance in meeting certain inpatient and outpatient service measures. Under law generally unchanged by the act, the Director is to adopt rules specifying those inpatient and outpatient service measures, as well as rules governing the submission of the information. The Director is to adopt the rules in accordance with the Administrative Procedure Act (R.C. Chapter 119.).

The act prohibits the Director from adopting rules that require either of the following: (1) a hospital to submit information regarding a performance, quality, or service measure for which the hospital does not provide the service, or (2) a children's hospital to report a performance, quality, or service measure for patients age 18 or older.

**Pediatric medicine expert group**

(R.C. 3727.322; R.C. 3727.312 (not in the act))

The act requires the Director to appoint a group of pediatric medicine experts consisting of physician representatives from Ohio's children's hospitals and other hospitals that provide pediatric services. Experts are to serve without compensation or reimbursement unless the service is part of their regular employment. The group is to develop recommendations on an ongoing basis regarding measures for children's hospital inpatient and outpatient services and submit the recommendations to the Hospital Measures Advisory Council. The Council, which was created by Sub. H.B. 197 of the 126th General Assembly, is required under law unchanged by the act to study the issue of hospitals reporting information regarding performance in meeting measures for inpatient and outpatient services and advise the Director on the reporting and dissemination of the information.

**PHYSICIANS**

**Biennial renewal procedures for physicians**

(R.C. 4731.281)

Under continuing law, a physician who holds a certificate to practice from the State Medical Board must renew the certificate biennially by applying for a certificate of registration.<sup>1</sup> In the application for biennial registration, the physician must certify to the Board completion of 100 hours of continuing medical education in the preceding two years.

The act modifies the procedures used by the Board for biennial registration renewal as follows:

- (1) Requires the Board to mail or cause to be mailed to each physician a notice of registration renewal, rather than an application for registration;
- (2) Requires that the notice inform the applicant of the renewal procedure;

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<sup>1</sup> A physician is a doctor of medicine, osteopathic medicine, or podiatric medicine.

(3) Specifies that the notice be sent to the last known address of the person, rather than last known post-office address;

(4) Eliminates provisions specifying the format of the renewal application, including provisions requiring that the application contain spaces for specific information, and instead requires the Board to provide the application for registration renewal in a form determined by the Board;

(5) Eliminates provisions requiring that the applicant "write or cause to be written" certain information on the renewal application, and instead requires that the applicant "provide" the information without reference to the manner in which it is to be provided;

(6) Eliminates provisions requiring that the applicant include with the renewal application facts for the identification of the applicant as a person holding a certificate to practice as a physician, but requires the applicant to provide any other information required by the Board;

(7) Requires the application to be executed and delivered to the Board in a manner prescribed by the Board, rather than by mail or in person;

(8) Requires the applicant to report any criminal offense that occurred in the preceding two-year period, rather than only those offenses that constitute grounds for the Board's refusal of registration.

### **Printed lists of physicians**

(R.C. 4731.281(C))

Prior law required the Board, on request, to publish and mail to a physician a printed list of all registered physicians. The act eliminates this requirement.

## **VISITING MEDICAL FACULTY**

### **Duration of visiting medical faculty certificates**

(R.C. 4731.293)

Law largely retained by the act permits the Board to issue a visiting medical faculty certificate to a physician licensed in another state or country who has been appointed to serve in Ohio on the academic staff of a medical school. Formerly, a visiting medical faculty certificate was valid for the shorter of one year or the duration of the certificate holder's appointment and could not be renewed. The fee for the certificate was \$125.

The act increases the period during which a visiting medical faculty certificate may be valid to the shorter of three years or the duration of the certificate holder's appointment and correspondingly raises the fee to \$375. Continuing law prohibits the certificate from being renewed.

The act specifies that the Board may issue only one visiting medical faculty certificate to a physician. But it allows a physician who was granted a certificate prior to the act's effective date to apply for a second certificate that is valid for the length of time extended by the act. To be eligible for the second certificate, a physician must not have had the first certificate revoked.

The act permits the Board to adopt any rules it considers necessary to implement the laws governing visiting medical faculty certificates. The rules must be adopted in accordance with the Administrative Procedure Act (R.C. Chapter 119.).

## **PHYSICIAN ASSISTANTS**

### **Effect of physician assistant laws on Veterans Administration employees**

(R.C. 4730.03; R.C. 4730.08 (not in the act))

Under continuing law, to practice in Ohio a physician assistant must hold a certificate to practice from the State Medical Board and practice in accordance with a physician supervisory plan or the policies of a health care facility. Formerly, an exemption applied only to medical personnel who are in active military service.

The act creates another exemption and applies it to medical personnel employed by the United States Veterans Administration. Specifically, the act provides that nothing in the laws governing the practice of physician assistants can be construed to affect or interfere with the performance of duties of any medical personnel employed by the Veterans Administration while so employed.

### **Authority of physician assistants to apply or remove casts or splints**

(R.C. 4730.09)

Law largely unchanged by the act contains a list of services that may be performed by a physician assistant without approval by the Board as special services under a physician supervisory plan. The list also applies to the services that a physician assistant may be authorized to perform under the policies of a health care facility. Examples of these services include obtaining patient histories, performing physical examinations, administering intravenous fluids, inserting

specified types of catheters, performing lumbar punctures, and administering local anesthesia.

The act adds applying or removing a cast or splint to the services physician assistants are authorized to provide.

**Certification for disability placard or license plates**

(R.C. 4503.44)

Former law permitted only physicians, chiropractors, and advanced practice nurses to certify that a person with an impaired or limited walking ability<sup>2</sup> is eligible for a removable windshield disability placard or special disability license plates. The act adds physician assistants to the health care providers who may certify that such a person is eligible for the placard or license plates.

**EXPANDED FUNCTION DENTAL AUXILIARIES**

**Training for expanded function dental auxiliaries**

(R.C. 4715.62)

Under continuing law, a person applying for registration with the State Dental Board as an expanded function dental auxiliary is to include with the application proof that the applicant is certified to perform basic life-support procedures. Former law specified that only the American Red Cross or the American Heart Association could provide the certification. The act adds the American Safety and Health Institute as an organization that may provide certification.

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<sup>2</sup> A person has a limited or impaired walking ability if the person: (1) cannot walk 200 feet without stopping to rest, (2) cannot walk without a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive device, (3) is restricted by a lung disease and meets certain medical respiratory measurements, (4) uses portable oxygen, (5) has a cardiac condition classified in severity as class III or class IV according to American Heart Association standards, (6) is severely limited in the ability to walk due to an arthritic, neurological, or orthopedic condition, or (7) is blind (R.C. 4503.44(A)(1)).

## **PRACTITIONERS OF LIMITED BRANCHES OF MEDICINE**

### **Certificate renewal cycle for practitioners of limited branches of medicine**

(R.C. 4731.15 and 4731.155; Section 3)

Under prior law, certificates to practice a limited branch of medicine<sup>3</sup> were to be renewed on June 1 of each odd-numbered year. The act requires the State Medical Board to implement a staggered biennial renewal schedule for certificates to practice limited branches of medicine that is substantially similar to the renewal schedule for physicians. The Board is to begin implementation in the 2009 registration period. After a transitional period, certificates are to expire over the course of a 24-month period according to the first letter of a practitioner's last name.

The renewal fee remains \$50; however the renewal fees during the transitional period are to vary in proportion to the length of the transitional period for each practitioner. For example, practitioners with last names beginning with the letters "H" through "K" are to pay a fee of \$30 due on or before August 31, 2009, but have the shortest transition period (13 months), while practitioners with last names beginning with "L" through "M" are to pay a fee of \$70, but have the longest transition period (34 months). As of July 2012, practitioners of limited branches of medicine are to be fully transitioned into the staggered biennial renewal schedule.

The act makes conforming changes to the laws governing certificate renewal.

### **Change of address**

(R.C. 4731.15(D))

Continuing law requires a practitioner of a limited branch of medicine to notify the Board of a change of address. The act specifies that the notice must be given not later than 30 days after the change of address.

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<sup>3</sup> These limited branches of medicine are massage therapy, cosmetic therapy, naprapathy, and mechanotherapy.

**Criteria for admission to massage or cosmetic therapist examinations**

(R.C. 4731.16 (not in the act); R.C. 4731.19)

Continuing law requires the State Medical Board to conduct examinations of applicants for certification to practice massage therapy and cosmetic therapy.<sup>4</sup> Law retained by the act requires, as a condition of admission to the examination, that an applicant have a diploma or certificate from a school, college, or institution in good standing as determined by the Board, showing completion of the required courses of instruction.

The act establishes the following additional methods of qualifying for admission to the massage therapy or cosmetic therapy examination:

- (1) Having a current license, registration, or certificate that is in good standing in another state for massage therapy or cosmetic therapy, as applicable;
- (2) Having certification from a national certification body and a diploma or certificate from a school, college, or institution showing completion of a course of instruction that meets course requirements determined by the Board.

**TECHNICAL CORRECTIONS**

**References pertaining to hospitals and health professionals**

(R.C. 3727.01, 3727.02, 3727.321, 3727.41, 4731.281(A), and 4760.131)

The act changes references in laws concerning hospitals to the "joint commission on accreditation of hospitals" to "joint commission" and defines "joint commission" as "the commission formerly known as the joint commission on accreditation of healthcare organizations or the joint commission on accreditation of hospitals."

The act corrects statutory cross-references in a provision of existing law that requires the Board to take disciplinary actions when an anesthesiologist assistant is in default under a child support order.

The act removes an obsolete provision of the law regarding rules governing continuing education requirements for physician certificate renewal.

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<sup>4</sup> "Cosmetic therapy" is defined in current law as the permanent removal of hair from the human body through the use of electric modalities approved by the Board for use in cosmetic therapy. It may also include the systematic friction, stroking, slapping, and kneading of the face, neck, scalp, or shoulders. (R.C. 4731.15 (not in the act).)

The act also replaces language referring to a podiatrist's "certificate to practice podiatry" with the phrase "certificate to practice podiatric medicine and surgery" to correspond with other provisions of existing law governing the practice of podiatrists.

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## HISTORY

ACTION	DATE
Introduced	01-24-08
Reported, S. Health, Human Services & Aging	04-24-08
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Reported, H. Health	12-09-08
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