



**Sub. S.B. 279**  
127th General Assembly  
(As Reported by H. Health)

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

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**BILL SUMMARY**

**HOSPITAL MEASURES ADVISORY COUNCIL**

- Prohibits the Hospital Measures Advisory Council (HMAC) data collection and analysis experts group from recommending, and the Director of Health from adopting rules, regarding hospital performance, quality, or service measures that are identified as time-limited, temporary, or investigational.
- Requires that all measures for which information must be submitted by hospitals be measures developed or endorsed by one of the entities listed in current law.
- Prohibits the Director of Health from adopting rules that require a hospital to submit information regarding a measure for which the hospital does not provide the service, or a children's hospital to report a measure for patients age 18 or older.
- Allows the HMAC data collection and analysis experts group to recommend, and requires the Director of Health to adopt, rules that include measures for hospitals reporting MRSA and CDI/F consistent with the United States Centers for Disease Control (CDC) National Healthcare Safety Network definitions.
- Requires the Director of Health to adopt rules regarding measures recommended by the pediatric medicine expert group created by the bill.
- Requires hospital reporting rules adopted by the Director of Health to be reviewed by the Public Health Council prior to adoption.

## **PHYSICIANS**

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

## **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 bill'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 providers of basic life-support training for those who register with the State Dental Board as expanded function dental auxiliaries.

## **LIMITED BRANCH PRACTITIONERS**

- Requires the State Medical Board to establish a staggered biennial renewal schedule for limited branch practitioners that is similar to the renewal schedule for physicians and begin implementation in the 2009 registration period.
- Allows an applicant for a certificate to practice massage therapy or cosmetic therapy to be admitted to the Board's examinations on the basis of being licensed in another state or holding national certification.

## **OTHER**

- Declares an emergency.

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## CONTENT AND OPERATION

### HOSPITAL MEASURES ADVISORY COUNCIL

#### Background

(R.C. 3727.312)

The Hospital Measures Advisory Council (HMAC), created by H.B. 197 of the 126th General Assembly, is required to do all of the following: (1) study the issue of hospitals reporting information regarding their performance in meeting measures for hospital inpatient and outpatient services, including how such reports

are made in other states, (2) provide the Director of Health ongoing advice on the issue of hospitals reporting information regarding their performance in meeting measures for hospital inpatient and outpatient services, disseminating the information reported by hospitals, making improvements to the reports and dissemination of information, and making changes to the information collection requirements and dissemination methods, and (3) convene a group of selected individuals to provide information about infection issues to HMAC.

**Recommendations on hospital service measures**

(R.C. 3727.321)

Currently, within the HMAC, a data collection and analysis experts group is required to develop, on an ongoing basis, recommendations regarding measures for hospital inpatient and outpatient services. The recommendations are to be submitted to the Director of Health for consideration when adopting rules regarding hospital reporting measures. The group may recommend that the rules include some or all of the following measures:

(1) Hospital quality measures publicly reported by the Centers for Medicare and Medicaid Services;

(2) Hospital quality measures publicly reported by the Joint Commission on Accreditation of Healthcare Organizations;

(3) Measures included in the patient safety indicators and inpatient quality indicators developed by the Agency for Health Care Research and Quality;

(4) Measures included in the "National Voluntary Consensus Standards for Hospital Care" endorsed by the National Quality Forum.

The bill does both of the following: (1) prohibits the group from recommending measures identified as time-limited, temporary, or investigational, and (2) permits the group to recommend rules that include measures for hospitals reporting methicillin-resistant staphylococcus aureus (MRSA) and clostridium difficile (CDIFF) consistent with the United States Centers for Disease Control (CDC) National Healthcare Safety Network definitions.

**Submission of information on hospital performance measures**

(R.C. 3727.33--not in the bill; R.C. 3727.41)

No later than the first day of each April and October, each hospital must submit information to the Director of Health that shows the hospital's performance in meeting each of inpatient and outpatient service measures specified in rules.

Under current law, the Director must adopt rules governing hospitals in their submission of the information and adopt the rules in accordance with the Administrative Procedure Act (R.C. Chapter 119.). The rules may include any of the measures recommended by the HMAC data analysis and collection experts group. Current law also requires the rules to include measures from the following:

(1) Hospital quality measures publicly reported by the Centers for Medicare and Medicaid Services;

(2) Hospital quality measures publicly reported by the Joint Commission on Accreditation of Healthcare Organizations;

(3) Measures that examine volume of cases, adjusted length of stay, complications, infections, or mortality rates and are developed by the Agency for Health Care Research and Quality;

(4) Measures included in the "national voluntary consensus standards for hospital care" endorsed by the National Quality Forum.

The bill requires the rules to be reviewed by the Public Health Council prior to adoption and requires that all measures for which information must be submitted by hospitals be measures developed or endorsed by one or more of the entities listed above, but no other entity.

The bill prohibits the rules from requiring any 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, (2) a children's hospital to report a performance, quality, or service measure for patients age 18 or older, and (3) a hospital to report a measure identified as time-limited, temporary, or investigational.

However, under the bill, the rules adopted by the Director governing hospital submission of performance information must include both of the following: (1) measures for hospitals reporting methicillin-resistant staphylococcus aureus (MRSA) and clostridium difficile (CDIFF) consistent with the United States Centers for Disease Control (CDC) National Healthcare Safety Network definitions and (2) measures recommended by the pediatric medicine expert group appointed by the Director under the bill.

**Pediatric medicine expert group**

(R.C. 3727.322)

The bill requires the Director of Health to appoint a group of pediatric medicine experts consisting of physician representatives of Ohio's children's

hospitals. The group must develop recommendations regarding measures for children's hospital inpatient and outpatient services on an ongoing basis and submit the recommendations to the Director. Members are to serve without compensation or reimbursement unless the service is part of their regular employment.

## PHYSICIANS

### *Biennial renewal procedures for physicians*

(R.C. 4731.281)

Under current 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 bill 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, requires that the notice inform the applicant of the renewal procedure, and specifies that the notice be sent to the last known address of the person, rather than last known post-office address;

(2) 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;

(3) 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 provided;

(4) 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;

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

(5) 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;

(6) 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 and podiatrists**

(R.C. 4731.281(C))

Current law requires the Board, on request, to publish and mail to a physician a printed list of all registered physicians. The bill eliminates this requirement.

**VISITING MEDICAL FACULTY**

**Duration of visiting medical faculty certificates**

(R.C. 4731.293)

Current law 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. A visiting medical faculty certificate is valid for the shorter of one year or the duration of the certificate holder's appointment and cannot be renewed. The fee for the certificate is \$125.

The bill increases the maximum 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. The fee is correspondingly raised to \$375.

The bill 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 bill's effective date to apply for a second certificate that is valid for the length of time extended by the bill. To be eligible for the second certificate, a physician must not have had the first certificate revoked.

The bill 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)

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. An exemption applies to medical personnel who are in active military service.

The bill creates another exemption and applies it to medical personnel employed by the United States Veterans Administration. Specifically, the bill 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)

Current law 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 bill adds applying or removing a cast or splint to the services physician assistants are authorized to provide.

### *Certification for disability placard or license plate*

(R.C. 4503.44)

Current law permits certain health care providers--physicians, chiropractors, and advance practice nurses--to certify that a person who has an impaired or limited walking ability<sup>2</sup> is eligible for a removable windshield

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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

disability placard or special disability license plate. The bill 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)

Currently, a person applying for registration with the State Dental Board as an expanded function dental auxiliary must include with the application proof that the applicant is certified by either the American Red Cross or the American Heart Association to perform basic life-support procedures. The bill adds the American Safety and Health Institute to those who may certify an applicant in basic life-support procedures.

## **LIMITED BRANCH PRACTITIONERS**

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

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

Under current law, certificates to practice a limited branch of medicine<sup>3</sup> expire on September 1 of each odd-numbered year. The bill requires the State Medical Board to implement a staggered biennial certificate renewal schedule for limited branch practitioners that is substantially similar to the renewal schedule for physicians. The Board must 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 may be more or less than \$50. For example, limited branch practitioners with last names beginning with the letters "H" through "K" will 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" will pay a fee of \$70, but have the longest transition period (34

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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)).

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

months). As of July 2012, limited branch practitioners are to be fully transitioned into the staggered biennial certificate renewal schedule.

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

**Change of address**

(R.C. 4731.15(D))

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

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

(R.C. 4731.19)

Current law requires the State Medical Board to conduct examinations of applicants for certification to practice massage therapy and cosmetic therapy.<sup>4</sup> As a condition of admission to the examination, an applicant must produce 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 bill 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 through rules.

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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 bill.)

## OTHER

### Technical corrections

(R.C. 4731.281(A) and 4760.131)

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

The bill 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
Passed Senate (32-0)	05-07-08
Reported, H. Health	12-09-08

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