



Ohio Legislative Service Commission

Bill Analysis

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Sub. H.B. 412

130th General Assembly
(As Reported by H. Health and Aging)

Reps. Gonzales, Bishoff, Hood, Terhar, Young, Wachtmann, Schuring, Brown

BILL SUMMARY

- Changes the "certificate to practice" issued to a physician assistant by the State Medical Board to a "license" and requires the State Medical Board to begin issuing licenses instead of certificates not later than 90 days after the bill takes effect.
- Eliminates the requirement that a physician assistant practicing outside a health care facility practice under a physician supervisory plan approved by the Board.
- Eliminates a criminal penalty for practice by a physician assistant in a manner that is inconsistent with a physician supervisory plan or the policies of a health care facility.
- Retains a requirement that a supervision agreement entered into by a supervising physician and physician assistant be submitted to the Board, but authorizes the Board to review the agreement for compliance with the licensing law rather than approve or disapprove it.
- Provides that a supervision agreement takes effect at the end of the fifth day after it is submitted, unless the Board earlier notifies the supervising physician that the agreement does not comply with the law.
- Eliminates a requirement that a physician assistant receive Board approval to provide services other than those specified in the Revised Code.
- Eliminates a requirement that a physician assistant who seeks to exercise physician delegated prescriptive authority obtain a certificate to prescribe and provides that prescriptive authority may be delegated to a physician assistant as long as the physician assistant has a master's or higher degree or certain experience and a prescriber number issued by the Board.

- Revises laws governing physician supervision of physician assistants, including allowing a physician to supervise up to three (rather than two) physician assistants at any one time.
- Permits a physician assistant, when implementing a patient's plan of care, to delegate to any person the administration of drugs and performance of tasks.
- Increases license fees to be paid by a physician assistant to \$500 (from \$200) for an initial license and to \$200 (from \$100) for a license renewal and creates a fee, to be effective until July 1, 2015, of \$25 for submitting a supervisory agreement to the Board.
- Modifies the law governing licensure of physician assistants with experience in other jurisdictions or the military.

CONTENT AND OPERATION

Physician assistants – background

Under current law, a physician assistant practices under the supervision, control, and direction of one or more physicians who are responsible for the physician assistant's performance.¹ The services a physician assistant may perform are governed by either (1) a physician supervisory plan approved by the State Medical Board for the supervising physician or (2) the policies of the health care facility in which the physician and physician assistant are practicing.²

A physician supervisory plan lists the services the physician may delegate to the physician assistant. The services permitted under a physician supervisory plan are listed in the Revised Code, but additional "special services" may be delegated with the approval of the Board.³ The services permitted under the policies of a health care facility include any of the services that are permitted under a physician supervisory plan, as well as assisting in surgery in the facility and any other services permitted by the facility's policies.⁴

Regardless of whether a physician assistant's practice is governed by a physician supervisory plan or the policies of a health care facility, each supervising physician

¹ R.C. 4730.01.

² R.C. 4730.02 and 4730.08.

³ R.C. 4730.09(A) and 4730.16.

⁴ R.C. 4730.09(B).

must enter into a supervision agreement with each physician assistant the physician supervises. The physician must submit the agreement to the Board for its approval.⁵

A physician assistant who meets certain requirements may be granted a certificate to prescribe. This certificate is maintained separately from the physician assistant's certificate to practice and grants the physician assistant authority to prescribe drugs if that authority is delegated by a supervising physician.⁶

License

The bill changes the name of the certificate under which physician assistants currently practice to "license" and eliminates a provision of current law under which a certificate to practice is to be treated as a license.⁷ The State Medical Board is permitted by the bill to continue to issue certificates to practice for not longer than 90 days after the bill takes effect. Thereafter, the Board must issue licenses to physician assistants. Existing certificates to practice and certificates to prescribe are to be honored until January 31 of the first even-numbered year following the bill's effective date.⁸

Physician supervisory plan

For a physician assistant who practices outside a health care facility, the bill eliminates the requirement that the supervising physician have a Board-approved physician supervisory plan and that the physician assistant practice under that plan.⁹ The bill adds several provisions to the law governing supervision agreements that currently apply to supervisory plans, such as the circumstances under which a physician assistant must refer a patient to the supervising physician. It eliminates others, including the procedures a physician assistant must follow when writing medical orders.¹⁰ As under current law, each supervision agreement must be submitted to the Board. The bill eliminates, effective July 1, 2015, the current \$25 fee for each supervisory agreement filed with the Board.¹¹

⁵ R.C. 4730.18 and 4730.19.

⁶ R.C. 4730.41.

⁷ R.C. 1.64, 2133.211, 2305.113, 4503.44, 4730.02, 4730.03, 4730.06, 4730.08, 4730.081 (repealed), 4730.10, 4730.101, 4730.12, 4730.13, 4730.14, 4730.25, 4730.251, 4730.27, 4730.28, 4730.31, 4730.32, 4730.33, 4730.49, 4730.51, 4730.53, 4765.01, and 5123.47.

⁸ Section 3.

⁹ R.C. 4730.02, 4730.08, 4730.15 (repealed), and 4730.17 (repealed).

¹⁰ R.C. 4730.16(D) (repealed).

¹¹ R.C. 4730.18 (repealed) and 4730.19.



Supervision agreement

The bill retains the current requirement that each supervising physician and each physician assistant being supervised enter into a supervision agreement. In addition to meeting the requirement of current law that a supervision agreement contain a statement that the physician agrees to supervise the physician assistant and that the physician assistant agrees to practice under the physician's supervision, each supervision agreement entered into under the bill must clearly state that the supervising physician is legally responsible and assumes legal liability for the services provided by the physician assistant.¹²

If the physician assistant will practice in a health care facility, the agreement must include terms that require the physician assistant to practice in accordance with the facility's policies.¹³

If the physician assistant will practice outside a health care facility, the agreement must include terms that specify all of the following:¹⁴

- (1) The responsibilities to be fulfilled by the supervising physician;
- (2) The responsibilities to be fulfilled by the physician assistant when performing services under the supervising physician;
- (3) Any limitations on the responsibilities to be fulfilled by the physician assistant;
- (4) The circumstances under which the physician assistant is required to refer a patient to the supervising physician;
- (5) If the supervising physician chooses to designate physicians to act as alternate supervising physicians, the names, business addresses, and business telephone numbers of the physicians who have agreed to act in that capacity.

Under the bill, the Board has five business days to review a proposed supervision agreement for compliance with the above requirements, verify the licensure of the physician and physician assistant, and determine that the services to be performed by the physician assistant are part of the supervising physician's normal course of practice and expertise. If the physician assistant will practice in a health care facility, the Board must also determine all of the following:

¹² R.C. 4730.19(A).

¹³ R.C. 4730.19(B)(1).

¹⁴ R.C. 4730.19(B)(2).



(1) That the services to be performed do not exceed the services the facility has authorized the physician assistant to perform;

(2) That the facility has not authorized the physician assistant to perform a service that is prohibited by the Revised Code;

(3) That a supervising physician within the facility who wishes to add additional limitations on the practice of the physician assistant has been able to establish those limits.¹⁵

The agreement goes into effect at the end of the fifth business day after the Board receives it, unless before then, the Board notifies to the supervising physician that the supervision agreement fails to comply with the law.

If a supervision agreement is not approved, the physician may revise the agreement and resubmit it to the Board.¹⁶ The resubmitted agreement is subject to the same five-day review process. However, the bill does not require the \$25 fee for a revised agreement submission.

Supervision agreements are effective for two years and may be renewed. Under current law, the Board's approval of a supervision agreement expires on January 31 of each odd-numbered year and may be renewed by the Board.

The bill also permits amending an active supervision agreement to add one or more physician assistants.¹⁷ Like initial or renewed agreements, an amendment must be submitted to the Board; amendment does not alter the agreement's expiration date. No fee is required for amendment of the agreement.

The bill requires that a supervision agreement be kept in the records maintained by the supervising physician.¹⁸ The Board is required to maintain a record of the supervision agreement and post on its Internet website a copy of each agreement that is submitted or amended. The posting must be made not later than five business days after the effective date of the agreement or amendment.¹⁹

¹⁵ R.C. 4730.19(C)(1)(a) and 4730.20(B).

¹⁶ R.C. 4730.19(C)(1).

¹⁷ R.C. 4730.19(C)(2).

¹⁸ R.C. 4730.19(D).

¹⁹ R.C. 4730.19(E).

Prescriptive authority

Under current law, a physician assistant who holds a certificate to practice and meets certain other requirements may be granted a provisional certificate to prescribe and, after completing a provisional period, a certificate to prescribe. This authorizes the physician assistant to exercise "physician-delegated prescriptive authority."²⁰

The bill eliminates the certificate to prescribe and the provisional certificate.²¹ Under the bill, a physician assistant who holds a valid prescriber number issued by the Board is authorized to prescribe and personally furnish drugs and therapeutic devices in the exercise of physician-delegated prescriptive authority.²² The bill does not indicate how a prescriber number is obtained from the Board.

The bill specifies that a physician assistant's first 500 hours of the first 1,000 hours physician-delegated prescriptive authority must be under the on-site supervision of a physician.²³ It does not, however, indicate how the second 500 hours differ from a supervising physician's regular, ongoing supervision of a physician assistant or the significance of specifying 1,000 hours. Under current law, the first 500 hours must consist of on-site supervision as part of a physician assistant's provisional period.²⁴

Education or experience requirements

The bill provides that a physician assistant who holds a license issued by the Board may exercise physician-delegated prescriptive authority if the physician assistant holds a master's or higher degree or had prescriptive authority while practicing in another jurisdiction or in the military. With limited exceptions, current law requires a person who applies after January 1, 2008 for authority to practice as a physician assistant to have a master's or higher degree.

The bill permits the Board to grant authority to exercise physician-delegated prescriptive authority to a physician assistant who obtained a license without having first obtained a master's or higher degree if the physician assistant later obtains such a degree. The physician assistant must provide evidence satisfactory to the Board of having obtained a master's or higher degree from a program accredited by the

²⁰ R.C. 4729.01 and 4730.44 (repealed).

²¹ R.C. 4730.11, 4730.12, 4730.19, 4730.38, 4730.39, 4730.40, 4730.41, 4730.42, 4730.43, 4730.44 (repealed), 4730.45 (repealed), 4730.46 (repealed), 4730.47 (repealed), 4730.48 (repealed), 4730.49, 4730.50 (repealed), 4730.51, 4730.52 (repealed), and 4730.53.

²² R.C. 4730.43.

²³ R.C. 4730.12(C).

²⁴ R.C. 4730.45(B) (repealed).



Accreditation Review Commission on Education for the Physician Assistant or a predecessor or successor organization recognized by the Board, or a program accredited by a regional or a specialized and professional accrediting agency recognized by the Council for Higher Education Accreditation, if the degree is in a course of study with clinical relevance to the practice of physician assistants.²⁵

Other jurisdictions

The bill permits the Board to issue a license to a person who holds a current license from another jurisdiction and has been in active practice in any jurisdiction throughout the immediately preceding three-year period. Under current law, the physician assistant must have received the license from another jurisdiction prior to January 1, 2008.

The bill also permits the Board to issue a license to an applicant who has at least three years experience practicing as a physician assistant while in active duty in the United States Public Health Service Commissioned Corps, as long as the applicant holds a degree from a program accredited by the Accreditation Review Commission on Education for the Physician Assistant. Currently this provision applies only to applicants whose experience is with the Armed Forces of the United States.

The bill specifies that a license issued on the basis of licensure by another jurisdiction or experience in the Armed Forces or the Public Health Service does not authorize the license holder to exercise physician-delegated prescriptive authority unless the license holder has a master's or higher degree.²⁶

Services within supervising physician's expertise

Under the bill, a physician assistant may perform any services authorized by the supervising physician that are part of the physician's normal course of practice and expertise.²⁷ "Service" is defined as "a medical activity that requires training in the diagnosis, treatment, or prevention of disease."²⁸

²⁵ R.C. 4730.11.

²⁶ R.C. 4730.11.

²⁷ R.C. 4730.20.

²⁸ R.C. 4730.01(C).

If the supervising physician gives authorization and the services are within the physician's normal course of practice and expertise, the bill permits a physician assistant to perform any of the following:²⁹

- (1) Ordering diagnostic, therapeutic, and other medical services;
- (2) Prescribing physical therapy or referring a patient to physical therapy;
- (3) Ordering occupational therapy or referring a patient to an occupational therapist;
- (4) Identifying and complying with a do-not-resuscitate order;
- (5) Determining and pronouncing death;
- (6) Assisting in surgery;
- (7) If the physician assistant has been granted physician-delegated prescriptive authority, ordering, prescribing, personally furnishing, and administering drugs and medical devices;
- (8) Any other services that are part of the supervising physician's normal course of practice and expertise.

With respect to practicing in a health care facility, the bill retains a provision of existing law specifying that the services a physician assistant may provide under the facility's policies are limited to the service the facility authorizes the physician assistant to provide for the facility. It specifies that a facility may not authorize a physician assistant to perform a service that is prohibited under the laws governing physician assistants.³⁰ The bill also permits a physician who is supervising a physician assistant within a health care facility to impose limitations on the assistant's practice that are in addition to any limitations imposed by the facility.

Special services

The bill eliminates provisions dealing with Board approval of "special services" that may be performed by physician assistants. Under current law, "special services" are health care services that are not listed in the Revised Code or designated by Board rule or other means as services that a physician assistant may be authorized to perform. Special services may be performed by one or more physician assistants being

²⁹ R.C. 4730.20.

³⁰ R.C. 4730.09 (repealed) and 4730.20(B).

supervised by a physician if the Board approves the special services portion of an application for approval of a physician supervisory plan.³¹

Supervision

Current law includes a number of provisions concerning where a physician assistant may practice and how the practice is supervised. One provision specifies that a supervising physician may authorize a physician assistant to practice in any setting within which the supervising physician routinely practices. The bill provides instead that a physician assistant may practice in any setting within which the supervising physician has supervision, control, and direction of the physician assistant.³²

Another current law provision requires a supervising physician who is not physically present at the location where a physician assistant is practicing to be in a location that under normal conditions is not more than 60 minutes travel time from the physician assistant's location. The bill provides that the supervising physician must be a distance from the location where the physician is practicing that "reasonably allows the physician to assure proper care of patients."³³

The bill increases the number of physician assistants who may be supervised at any one time by a supervising physician. Currently, not more than two may be supervised at one time. Under the bill, not more than three may be supervised.³⁴

The bill eliminates provisions of current law that do the following:

(1) Prohibit a supervising physician from authorizing a physician assistant to perform a service unless the service is authorized under the physician supervisory plan approved for that physician or the policies of the health care facility in which the physician and physician assistant are practicing;

(2) Require the supervising physician to regularly review the condition of the patients treated by a physician assistant;

(3) Require a physician assistant who writes a medical order to clearly identify the physician under whose supervision the physician assistant is authorized to write the order;

³¹ R.C. 4730.01, 4730.06, 4730.09, 4730.15, and 4730.16.

³² R.C. 4730.21(A).

³³ R.C. 4730.21(A)(1)(b).

³⁴ R.C. 4730.21(B).



(4) Make records of the quality assurance activities of the physician and physician assistant available to any health care professional working with the supervising physician and the physician assistant.³⁵

Liability

Under continuing law, a physician assistant's supervising physician assumes legal liability for the services provided by the physician assistant.³⁶ The bill adds a requirement that a supervision agreement clearly state that the supervising physician is legally responsible and assumes legal liability for services provided by the physician assistant.³⁷ It also expressly provides that the physician assistant acts as the agent of the supervising physician when performing authorized services.³⁸

Criminal penalties

Current law prohibits a supervising physician from authorizing a physician assistant to perform services that are inconsistent with a supervisory plan or the policies of the health care facility in which the physician and physician assistant practice. It also prohibits a physician assistant from practicing in a manner that is inconsistent with the supervisory plan or health care facility policies. Violation of either prohibition is a misdemeanor of the first degree on a first offense and a felony of the fourth degree on any subsequent offense.

The bill eliminates the provision prohibiting a physician assistant from practicing in a manner that is inconsistent with the supervisory plan or health care facility policies.³⁹ It prohibits a supervising physician from authorizing a physician assistant to perform services that are inconsistent with the supervision agreement under which the physician assistant is being supervised, including, if applicable, the policies of a health care facility. A supervising physician who violates this prohibition could be found guilty of a first degree misdemeanor on a first offense or fourth degree felony on a subsequent offense.

Delegation and orders

The bill adds a provision that permits a physician assistant to delegate a task the physician assistant is authorized to perform to a medical assistant, a nurse aide who has

³⁵ R.C. 4730.21.

³⁶ R.C. 4730.22.

³⁷ R.C. 4730.19(A).

³⁸ R.C. 4730.22(A).

³⁹ R.C. 4730.02 and 4730.99, not in the bill.



successfully completed a training and competency evaluation program approved by the Director of Health, or other personnel.⁴⁰ The bill does not specify the other personnel who may perform these delegated tasks.

The bill permits a physician assistant acting pursuant to a supervision agreement to delegate to any person the administration of drugs and the performance of tasks to implement a patient's plan of care.⁴¹ However, continuing law provides that delegation to a registered nurse or licensed practical nurse must be authorized by the supervising physician and, if applicable, the policies of the health care facility in which the physician assistant is practicing. The bill requires the physician assistant to be physically present at the location where the task is performed or the drug administered.

Before delegating a task or the administration of a drug, the bill requires a physician assistant to determine that the task or drug is appropriate for the patient and that the person may safely perform the task or administer the drug.⁴² A physician assistant may delegate the administration of a drug only if all of the following additional conditions are met:

(1) The physician assistant has physician–delegated prescriptive authority to administer the drug;

(2) The drug is included in the formulary established under current law;

(3) The drug is not a controlled substance;

(4) The drug will not be administered intravenously;⁴³

(5) The drug will not be administered in a hospital inpatient care unit, a hospital emergency department, a freestanding emergency department, or an ambulatory surgical facility.⁴⁴

The bill grants authority to a person not otherwise authorized to do so to administer a drug or perform a specific task in accordance with the physician assistant's delegation.⁴⁵

⁴⁰ R.C. 4730.20(C).

⁴¹ R.C. 4730.203(A).

⁴² R.C. 4730.203(B).

⁴³ The drug may be administered via any other route, including orally, topically, or into a patient's bone marrow.

⁴⁴ R.C. 4730.203(C).



Loss of certification

Under continuing law, physician assistants are required to maintain certification by the National Commission on Certification of Physician Assistants or a successor organization recognized by the Board.⁴⁶ The bill requires a physician assistant to notify the Board if certification is suspended or revoked. The notice must be given within 14 days of the physician assistant's receipt of notice from the Commission. The bill also requires a physician assistant who fails to renew certification to notify the Board within 14 days of the certification's expiration.⁴⁷ It adds expiration, lapse, suspension, or revocation of national certification as grounds for discipline of a physician assistant by the Board.⁴⁸

License fees

The bill increases physician assistant license fees as follows:

--Increases to \$500 (from \$200) the fee for an initial license;⁴⁹

--Increases to \$200 (from \$100) the fee for a license renewal.⁵⁰

HISTORY

ACTION	DATE
Introduced	01-21-14
Reported, H. Health & Aging	04-02-14

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⁴⁵ R.C. 4730.203(D).

⁴⁶ R.C. 4730.11(A)(3).

⁴⁷ R.C. 4730.111.

⁴⁸ R.C. 4730.25(B)(25).

⁴⁹ R.C. 4730.10(B).

⁵⁰ R.C. 4730.14.

