Bill Analysis

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(As Reported by H. Health)

Sens. Wachtmann, Armbruster, Goodman, Hottinger, Mumper, Padgett, Spada, Schuring

Reps. Reidelbach, Peterson, Otterman, Martin, Hoops, Brown

BILL SUMMARY

PHYSICIAN ASSISTANTS: CERTIFICATES TO PRACTICE

- Provides for issuance by the State Medical Board of "certificates to practice," rather than "certificates of registration" as a physician assistant, and specifies that a certificate to practice constitutes the state's licensure of physician assistants.

- Requires, beginning January 1, 2008, that a person have a master's or higher degree to obtain a certificate to practice as a physician assistant.

- Exempts a physician assistant from the master's degree requirement if the physician assistant is licensed by another jurisdiction prior to January 1, 2008.

- Eliminates the Board's issuance of temporary certificates to physician assistants who have not yet obtained certification by the National Commission on Certification of Physician Assistants.

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

- Requires the supervising physician of a physician assistant to obtain the Board's approval of a physician supervisory plan, rather than a physician assistant utilization plan, when supervising a physician assistant outside a health care facility.

- Establishes procedures for approval of "special services" that a physician assistant may perform under a physician supervisory plan, in place of the Board's approval of supplemental utilization plans.

- Provides for a physician assistant's practice in a hospital or other specified health care facility to be governed by the policies of the facility, rather than a physician supervisory plan.

- Authorizes a physician supervising a physician assistant in a health care facility to impose limitations on the physician assistant's practice that are in addition to any limitations imposed by the facility.

- Allows the Board, in an investigation, to require a health care facility to provide information to identify the facility's policies on the practice of physician assistants and the services it has authorized a particular physician assistant to provide for the facility.

- Requires a supervising physician and physician assistant to enter into a supervision agreement when practicing under either the policies of a health care facility or a physician supervisory plan.

- Requires the Board to notify a supervising physician of its approval of a supervision agreement, but eliminates the requirement that the notice be provided by issuing a letter.

SERVICES PERFORMED BY PHYSICIAN ASSISTANTS

- Lists the services that a physician assistant may perform under a physician supervisory plan without having to be approved by the Board as special services.

- Specifies that a health care facility may permit a physician assistant to perform any of the same services, plus assisting in surgery in the facility and any other services permitted by the facility's policies.

- Provides that a supervising physician applying for approval of a special services portion of a physician supervisory plan may be asked to certify that additional education and training will be provided to or obtained by the physician assistant.

- Specifies that the authority of a physician assistant to administer, monitor, or maintain local anesthesia does not include the authority to

administer any other type of anesthesia, including regional anesthesia or systemic sedation.

- Prohibits a physician assistant from prescribing a drug or device to perform or induce an abortion and from otherwise performing or inducing an abortion.

- Provides immunity from disciplinary actions of administrative agencies to an individual who follows the orders of a physician assistant in a health care facility.

SUPERVISION PROVIDED BY PHYSICIANS

- Eliminates the requirement that a supervising physician be on the premises and personally evaluate a new patient or an established patient with a new condition before a physician assistant's treatment plan can be initiated.

- Eliminates the requirement for a supervising physician's countersignature on a physician assistant's medical order before the order can be executed.

- Requires each supervising physician to establish a quality assurance system to be used in supervising the physician assistant and to include a process for routine review of a portion of the physician assistant's patient record entries and medical orders.

- Specifies that a supervising physician who does not routinely practice in an emergency department may occasionally send a physician assistant to the department to assess and manage a patient, but requires that the physician remain available to go to the department to evaluate the patient when requested by the department.

PHYSICIAN-DELEGATED PRESCRIPTIVE AUTHORITY

- Provides for the issuance of certificates to prescribe to physician assistants and permits supervising physicians to grant "physician-delegated prescriptive authority" to physician assistants who hold the certificates.

- Permits a physician assistant to be authorized to prescribe any drug or therapeutic device listed on a formulary of drugs and devices adopted by

the Board pursuant to recommendations of the Physician Assistant Policy Committee.

- Provides for the use of the Board of Nursing's formulary for advanced practice nurses with prescriptive authority until a formulary for physician assistants has been adopted.

- Allows a supervising physician to place conditions on the physician-delegated prescriptive authority granted to a physician assistant, and requires the physician to maintain a written record of the conditions to be made available to the Board on request.

- Includes, within a physician assistant's authority to prescribe, the authority to furnish patients with (1) limited quantities of samples of drugs and therapeutic devices other than controlled substances and (2) complete or partial supplies of specified drugs and devices at local health departments, federally funded primary care clinics, and nonprofit health care clinics or programs.

- Specifies that the supplies are to be provided only when pharmacy services are not reasonably available, when it is in the best interest of the patient, or when it is an emergency.

- Requires a physician assistant's initial certificate to prescribe to be issued as a provisional certificate for use during a provisional period of physician-delegated prescriptive authority.

- Provides that a physician assistant must hold a master's or higher degree to qualify for a provisional certificate to prescribe, but for a limited time permits a physician assistant to qualify 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.

- 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.

- Requires a physician assistant to complete, every two years, 12 hours of continuing education in pharmacology as a condition of renewing a certificate to prescribe.

STATE MEDICAL BOARD: ADMINISTRATIVE PROVISIONS

- 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.

- Establishes staggered terms for the members of the Committee.

- Specifies that the Committee members, employees, and representatives cannot be held liable in damages, except in the presence of fraud or bad faith, and requires the state to provide their defense on request.

- Requires the Board to adopt rules for physician-delegated prescriptive authority not later than six months after receiving recommendations from the Committee, which has six months to submit the recommendations.

- Requires the Board to adopt rules to implement the bill's remaining provisions not later than six months after the bill's effective date.

- Specifies that the bill's provisions do not require the Board to invalidate the supervision agreements between physicians and physician assistants that are in effect prior to the bill's effective date.

- Makes changes to the fees charged by the Board regarding physician assistant certificates and supervisory plans.

ADVANCED PRACTICE NURSES

- Expands the types of drugs and therapeutic devices an advanced practice nurse may furnish to patients in complete or partial supplies by including antihypertensives, drugs and devices used in the treatment of diabetes or asthma, and drugs used in the treatment of dyslipidemia.

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Background

The practice of a physician assistant in Ohio is established through a three-part process. Each part must be fulfilled before a physician assistant may practice and before a physician may supervise the physician assistant.

Certification: An individual seeking to practice as a physician assistant must obtain a certificate of registration from the State Medical Board. The primary qualification to receive the Board's certificate is to be certified by the National Commission on Certification of Physician Assistants.

Utilization plan: A physician seeking to supervise one or more physician assistants must obtain the Board's approval of a physician assistant utilization plan specifying how each physician assistant will practice and be supervised. To supervise a physician assistant in the performance of services that are not included in a standard utilization plan, the physician may apply for the Board's approval of a supplemental utilization plan.

Supervision agreement: Each physician assistant and supervising physician must enter into a supervision agreement and notify the Board. On receipt of a letter from the Board acknowledging its approval of the agreement, the physician may begin supervising the physician assistant and the physician assistant may begin practicing under that physician's supervision.

Certificate to practice

(R.C. 4730.081 and 4730.10 to 4730.13)

Under current law, the document issued by the State Medical Board to an individual seeking to practice as a physician assistant is a "certificate of registration" as a physician assistant. The bill changes the name of the document to a "certificate to practice."

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 to be certified by the National Commission on Certification of Physician Assistants or a successor organization.

The master's degree requirement may be fulfilled either of two ways:

(1) The applicant may obtain a master's or higher degree 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 may obtain a master's or higher degree in a course of study with clinical relevance to the practice of physician assistants. The degree must be 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))

Endorsement of licensure from other jurisdictions: 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.

Retaining or renewing certificates: The bill 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), 4730.10, 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. It also eliminates a corresponding requirement that all applicants submit to the Board information on their status with respect to eligibility to take the national certification examination.

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 differs 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)(6) 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) Procedures to be followed by a physician assistant when writing medical orders, including prescriptions written under the bill's provisions granting physician-delegated prescriptive authority to physician assistants;

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

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

Model plans

(R.C. 4730.06(B) and 4730.15 (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 Committee is also permitted to submit recommendations for one or more models for a special services portion of the one or more model plans.

As under current law, the bill's model plans may reflect various medical specialties. Also, the model plans may be used by physicians when applying for approval of physician supervisory plans.

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 bill's process for approval 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. 4730.01 and 4730.17(A)(2))

Under the bill, "special services" are health care services that are not listed in statute or by Board rule as services that a physician assistant may be authorized to perform. The services may be performed by one or more physician assistants being supervised by a physician if the Board approves the special services portion of an application for approval of a physician supervisory plan.

On receipt of a complete application, 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 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 must be submitted and processed in the same manner as an application for approval of an original plan.

Health care facility policies

(R.C. 4730.01, 4730.02, 4730.08, 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 and physician assistant are practicing.

Under the bill, when a physician assistant practices within a health care facility, the physician assistant is required to practice in accordance with the

policies of the health care facility. The Board's approval of a plan is no longer required. The facilities that may authorize a physician assistant to practice and be supervised in accordance with their policies are:

(1) Hospitals registered with the Department of Health;

(2) The health care facilities licensed by the Department: ambulatory surgical facilities, freestanding dialysis centers, freestanding inpatient rehabilitation facilities, freestanding birthing centers, freestanding radiation therapy centers, and freestanding or mobile diagnostic imaging centers;

(3) Any other facility designated by the Board in rules to be adopted under the bill. The Board's authority to adopt the rules is subject to review and recommendations by the Physician Assistant Policy Committee. The rules must be adopted in accordance with the Administrative Procedure Act.

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.

Limitations imposed by physicians within facilities

(R.C. 4730.09(B)(1))

Although the bill provides for a physician assistant practicing within a health care facility to be supervised in accordance with the facility's policies, it also permits a supervising physician within a facility to impose limitations on the physician assistant's practice that are in addition to any limitations applicable under the facility's policies. The bill specifies that the supervising physician's authority to impose additional limitations applies to all of the bill's provisions pertaining to the practice of a physician assistant under the policies of a health care facility.

Board access to facility policies in investigations

(R.C. 4730.26)

The bill provides that in an investigation involving the practice or supervision of a physician assistant pursuant to the policies of a health care facility, the Board may require the health care facility to provide any information the board considers necessary to identify either or both of the following:

(1) The facility's policies for the practice of physician assistants within the facility;

(2) The services that the facility has authorized a particular physician assistant to provide for the facility.

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 a health care 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. The requirements apply only to those facilities included in the bill's definition of "health care facility"--hospitals, certain health care facilities licensed by the Department of Health, and facilities specified in rules adopted by the State Medical Board.

Supervision agreements

(R.C. 4730.08, 4730.18, 4730.19, 4730.20, 4730.21(B), and 4730.23)

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 supervise a physician assistant. The bill specifies that the requirement applies before the physician may supervise physician assistants under either a physician supervisory plan or the policies of a health care facility.

The bill replaces the Board's duty to issue letters acknowledging the Board's approval of a supervision agreement with a requirement that the Board provide notice of approval. The notice of approval must be provided not later than 30 days after a complete application is received. The 30-day deadline also applies to the Board's approval of additions to supervision agreements.

SERVICES PERFORMED BY PHYSICIAN ASSISTANTS

Services performed without special approval under supervisory plans

(R.C. 4730.09(A))

The bill lists the services that may be performed by a physician assistant under a physician supervisory plan without requiring the State Medical Board's approval under the plan as special services. The services that may be performed without special approval 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 diagnostic procedures, 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;
- Exercising physician-delegated prescriptive authority pursuant to a certificate to prescribe issued under this chapter;
- Carrying out or relaying the supervising physician's orders for the administration of medication, to the extent permitted by law;
- Providing patient education;
- Instituting and changing orders on patient charts;
- Performing developmental screening examinations on children with regard to neurological, motor, and mental functions;
- Performing wound care management, suturing minor lacerations and removing the sutures, and incision and drainage of uncomplicated superficial abscesses;
- Removing superficial foreign bodies;
- Administering intravenous fluids;
- Inserting a foley or cudae catheter into the urinary bladder and removing the catheter;
- Removing intrauterine devices;
- Performing biopsies of superficial lesions;
- Making appropriate referrals as directed by the supervising physician;
- Removing Norplant capsules;
- Performing penile duplex ultrasound;
- Changing of a tracheostomy;
- Performing bone marrow aspirations from the posterior iliac crest;
- Performing bone marrow biopsies from the posterior iliac crest;
- Performing cystograms;

- Performing nephrostograms after physician placement of nephrostomy tubes;

- 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 arthrocentesis of the knee;

- Performing knee joint injections;

- Performing endotracheal intubation with successful completion of an advanced cardiac life support course;

- Performing lumbar punctures;

- In accordance with rules adopted by the Board, using light-based medical devices for the purpose of hair removal;

- Administering, monitoring, or maintaining local anesthesia;

- Performing other services that are within the supervising physician's normal course of practice and expertise, if the services are included in any model physician supervisory plan approved under the bill or the services are designated by the Board by rule or other means as services that are not subject to approval as special services.

Services performed under health care facility policies

(R.C. 4730.09(B))

Under the policies of a health care facility, the services a physician assistant may provide are limited to the services the facility has authorized the physician assistant to provide for the facility. The services that a physician assistant may be authorized to provide include the following:

- Any or all of the services specified in division (A) of this section;

- Assisting in surgery in the health care facility;

- Any other services permitted by the policies of the health care facility, except that the facility may not authorize a physician assistant to perform a service that is prohibited by statute.

Special services

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

Services not listed above may be provided by a physician assistant if the physician assistant's supervising physician has received approval of a special services portion of a physician supervisory plan. 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.

Local anesthesia

(R.C. 4730.03 and 4730.091)

Current law specifies that nothing in the laws governing the practice of physician assistants is to be construed as authorizing a physician assistant to administer, monitor, or maintain an anesthetic, other than the administration of a regional anesthetic, such as a "digital block," that is administered in connection with the care and suturing of minor lacerations. The bill eliminates this provision.

The bill authorizes a physician assistant to administer, monitor, or maintain local anesthesia. Local anesthesia services may be provided under either a physician supervisory plan or the policies of a health care facility. "Local anesthesia" is defined as the injection of a drug or combination of drugs to stop or prevent a painful sensation in a circumscribed area of the body where a painful procedure is to be performed. The term includes only local infiltration anesthesia, digital blocks, and pudendal blocks.

The bill specifies that a physician assistant may administer, monitor, or maintain local anesthesia as a component of a procedure the physician assistant is performing or as a separate service when the procedure requiring local anesthesia is to be performed by the physician assistant's supervising physician or another person. The bill prohibits a physician assistant from administering, monitoring or maintaining any other form of anesthesia, including regional anesthesia or any systemic sedation, regardless of whether the physician assistant is practicing under a physician supervisory plan or the policies of a health care facility.

Abortion services prohibited

(R.C. 4730.02(G), 4730.03(F), 4730.25(B)(24), 4730.39, 4730.40, and 4730.42(A)(2))

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) Specifying that prescribing any drug or device to perform or induce an abortion, or otherwise performing or inducing an abortion, is a reason for the State Medical Board to take disciplinary action against a physician assistant;

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

(5) Providing that the formulary recommended to the Board for physician-delegated prescriptive authority cannot include, and must specify that it does not include, any drug or device used to perform or induce an abortion;

(6) Prohibiting a supervising physician from granting physician-delegated prescriptive authority for any drug or device that may be used to perform or induce an abortion.

Immunity for following physician assistant orders

(R.C. 4730.22)

Current law provides that an individual following the orders of a physician assistant in a health care facility 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. The immunity does not apply if the individual's action constitutes willful or wanton misconduct. With the bill's definition of "health care facility," the provision on immunity from civil liability and disciplinary action will apply only in hospitals, specified health care facilities licensed by the Department of Health, and other facilities designated by the State Medical Board.

Execution of physician assistant orders by nurses

(R.C. 4730.03(D))

The bill specifies that a physician assistant may independently order or direct the execution of procedures or techniques by a registered nurse or licensed practical nurse only to the extent that the physician assistant is authorized to do so by the supervising physician's supervisory plan or the policies of the health care facility in which the physician assistant is practicing.

SUPERVISION PROVIDED BY PHYSICIANS

Descriptions of supervision

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

The existing law 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 of existing law specifies 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 a supervising physician to 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 eliminates the requirement of physician countersignature of physician assistant medical orders.

Quality assurance system

(R.C. 4730.06(B) and 4730.21(A)(4) and (F))

The bill requires each supervising physician of a physician assistant to establish a quality assurance system to be used in supervising the physician assistant. All or part of the system may be applied to other physician assistants who are supervised by the supervising physician. The system must be developed in consultation with each physician assistant to be supervised by the physician.

In establishing the quality assurance system, the supervising physician must describe a process to be used for all of the following:

(1) Routine review by the physician of selected patient record entries made by the physician assistant and selected medical orders issued by the physician assistant;

(2) Discussion of complex cases;

(3) Discussion of new medical developments relevant to the practice of the physician and physician assistant;

(4) Performance of any quality assurance activities required in rules adopted by the State Medical Board pursuant to any recommendations made by the Physician Assistant Policy Committee;

(5) Performance of any other quality assurance activities that the supervising physician considers to be appropriate.

The supervising physician and physician assistant must keep records of their quality assurance activities. On request, the records must be made available to the Board and any health care professional working with the supervising physician and physician assistant.

Supervision in an emergency department

(R.C. 4730.21(D))

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

Recommendations on policy and procedures

(R.C. 4730.38)

Not later than six months after the bill's effective date, the State Medical Board's Physician Assistant Policy Committee must submit to the Board its initial recommendations regarding physician-delegated prescriptive authority for physician assistants. The Committee's recommendations must address all of the following:

(1) Policy and procedures regarding physician-delegated prescriptive authority, including the issuance of certificates to prescribe under this chapter;

(2) A formulary listing the drugs and therapeutic devices by class and specific nomenclature[1] that a supervising physician may include in the physician-delegated prescriptive authority granted to a physician assistant who holds a certificate to prescribe;

(3) Any issue the Committee considers necessary to assist the Board in fulfilling its duty to adopt rules governing physician-delegated prescriptive authority, including the issuance of certificates to prescribe.

After the Board's adoption of initial rules, the Committee must conduct an annual review of its recommendations regarding physician-delegated prescriptive authority. Based on its review, the Committee must submit recommendations to the Board as the Committee considers necessary.

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.

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[1] *The bill does not specify the meaning of "class" or "specific generic nomenclature."*

Rules to be adopted by the Board

(R.C. 4730.39)

Not later than six months after receiving the initial recommendations of the Physician Assistant Policy Committee, the Board must adopt rules governing physician-delegated prescriptive authority for physician assistants, including the issuance of certificates to prescribe. The bill requires that the Board's rules establish all of the following:

(1) A formulary listing the drugs and therapeutic devices by class and specific generic nomenclature that a physician may include in the physician-delegated prescriptive authority granted to a physician assistant who holds a certificate to prescribe;

(2) Requirements regarding the pharmacology courses that a physician assistant is required to complete to receive a certificate to prescribe;

(3) Standards and procedures for the issuance and renewal of certificates to prescribe;

(4) Standards and procedures for the appropriate conduct of the provisional period that a physician assistant is required to complete after first obtaining physician-delegated prescriptive authority and for determining whether a physician assistant has successfully completed the provisional period;

(5) A specific prohibition against prescribing any drug or device to perform or induce an abortion;

(6) Standards and procedures to be followed by a physician assistant in personally furnishing samples of drugs or complete or partial supplies of drugs to patients;

(7) Any other requirements the Board considers necessary to implement the bill's provisions regarding physician-delegated prescriptive authority and the issuance of certificates to prescribe.

After adopting the initial rules, the Board must conduct an annual review of the rules. Based on its review, the Board must make any necessary modifications. All rules must be adopted in accordance with the Administrative Procedure Act (R.C. Chapter 119.) and in consideration of the recommendations made by the Physician Assistant Policy Committee.

Formulary

(R.C. 4730.40)

The formulary established by the Board listing the drugs and therapeutic devices by class and specific nomenclature that a supervising physician may include in the physician-delegated prescriptive authority granted to a physician assistant who holds a certificate to prescribe may include any or all of the following drugs:

(1) Schedule III, IV, and V controlled substances;[2]

(2) Drugs that under state or federal law may be dispensed only pursuant to a prescription by a licensed health professional authorized to prescribe drugs;[3]

(3) Any drug that is not a dangerous drug.[4]

The formulary established in the Board's rules cannot include, and must specify that it does not include, the following:

(1) Any Schedule II controlled substance;[5]

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[2] *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 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 U.S. Department of Justice Drug Enforcement Administration, "Controlled Substances Security Manual," http://www.deadiversion.usdoj.gov/pubs/manuals/sec/security.pdf.)

[3] *Not all drugs that require a prescription are classified as controlled substances.*

[4] *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 (a) drugs that require a prescription, (b) drugs, such as certain forms of insulin, that may be purchased without a prescription but are intended for administration by injection, and (c) other drugs that may be purchased without a prescription but contain a Schedule V controlled substance (R.C. 4729.01).*

(2) Any drug or device used to perform or induce an abortion.

Relation to formulary for advanced practice nurses

(R.C. 4730.39(C))

When adopting rules establishing the initial formulary, the Board is required to include provisions ensuring that a physician assistant who holds a certificate to prescribe may be granted physician-delegated prescriptive authority for all drugs and therapeutic devices that may be prescribed on the effective date of the rules by a holder of a certificate to prescribe issued by the Board of Nursing, with the exception of Schedule II controlled substances. The bill specifies that the initial formulary for physician assistants may include additional drugs or therapeutic devices.

Interim formulary

(R.C. 4730.401)

If the State Medical Board has adopted all rules necessary to issue certificates to prescribe to physician assistants other than the formulary, the bill requires the Board to begin issuing the certificates to prescribe, and provides that the formulary established by the Board of Nursing for advanced practice nurses will constitute the formulary for physician assistants. In applying the nurses' formulary to physician assistants, Schedule II controlled substances are not to be included.

The use of the nurses' formulary is to cease on the effective date of the initial rules establishing a formulary for physician assistants. During the period the nurses' formulary is used, all changes relative to the nurses' formulary are to apply in like manner to physician-delegated prescriptive authority for physician assistants.

Physician assistant authorities and duties under a certificate to prescribe

(R.C. 4730.41)

The bill specifies that a certificate to prescribe issued by the State Medical Board authorizes a physician assistant to prescribe and personally furnish drugs and therapeutic devices in the exercise of physician-delegated prescriptive

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[5] *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), oxycodon (Percodan), and methylphenidate (Ritalin). (R.C. Chapter 3719. and "Controlled Substances Security Manual.")*

authority. In exercising physician-delegated prescriptive authority, a physician assistant is subject to all of the following:

(1) The physician assistant must exercise the authority only to the extent that the physician supervising the physician assistant has granted that authority.

(2) The physician assistant must comply with all conditions placed on the physician-delegated prescriptive authority, as specified by the supervising physician who is supervising the physician assistant in the exercise of physician-delegated prescriptive authority.

(3) If the physician assistant possesses physician-delegated prescriptive authority for controlled substances, the physician assistant must register with the federal drug enforcement administration.

Responsibilities of the supervising physician

(R.C. 4730.42(A))

In granting physician-delegated prescriptive authority to a particular physician assistant who holds a certificate to prescribe, the supervising physician is subject to all of the following:

(1) The supervising physician must not grant physician-delegated prescriptive authority for any drug or therapeutic device that is not listed on the physician assistant 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 must not grant physician-delegated prescriptive authority for any drug or device that may be used to perform or induce an abortion.

(3) The supervising physician must not grant physician-delegated prescriptive authority in a manner that exceeds the supervising physician's prescriptive authority.

(4) The supervising physician must supervise the physician assistant in accordance with all of the following:

--The supervision requirements that apply in supervising the physician assistant in performing any other duty, with special requirements applicable during the physician assistant's initial period of prescriptive authority under a provisional certificate to prescribe.

--The physician supervisory plan approved for the supervising physician or the policies of the health care facility in which the physician and physician assistant are practicing.

--The Board-approved supervision agreement that applies to the supervising physician and the physician assistant.

Conditions specified by the supervising physician

(R.C. 4730.42(B))

The supervising physician may place conditions on the physician-delegated prescriptive authority granted to a physician assistant. If conditions are placed on that authority, the supervising physician must maintain a written record of the conditions and make the record available to the Board on request.

Under the bill, the conditions that a supervising physician may place on the physician-delegated prescriptive authority granted to a physician assistant include the following:

(1) Identification by class and specific generic nomenclature of drugs and therapeutic devices that the physician chooses not to permit the physician assistant to prescribe;

(2) Limitations on the dosage units or refills that the physician assistant is authorized to prescribe;

(3) Specification of circumstances under which the physician assistant is required to refer patients to the supervising physician or another physician when exercising physician-delegated prescriptive authority;

(4) Responsibilities to be fulfilled by the physician in supervising the physician assistant that are not otherwise specified in the physician supervisory plan or otherwise required by the laws governing physician assistants.

Drugs samples furnished by physician assistants

(R.C. 4730.43(A))

A physician assistant who holds a certificate to prescribe and has been granted physician-delegated prescriptive authority by a supervising physician may 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, however, 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.

(2) No charge may be imposed for the sample or for furnishing it.

(3) Samples of controlled substances may not be personally furnished.

Supplies of drugs furnished by physician assistants

(R.C. 4730.43(B))

A physician assistant who holds a certificate to prescribe and has been granted physician-delegated prescriptive authority by a supervising physician may personally furnish to patients a complete or partial supply of specified drugs and therapeutic devices that are included in the physician assistant's physician-delegated prescriptive authority. A physician assistant exercising this authority is subject to all of the following:

(1) The physician assistant may furnish only antibiotics, antifungals, scabicides, contraceptives, prenatal vitamins, antihypertensives, drugs and devices used in the treatment of diabetes, drugs and devices used in the treatment of asthma, and drugs used in the treatment of dyslipidemia.

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

(3) The physician assistant must comply with all standards and procedures for personally furnishing supplies of drugs and devices, as established in rules adopted by the State Medical Board.

Issuance of certificates to prescribe

(R.C. 4730.44)

Under the bill, a physician assistant seeking a certificate to prescribe must submit to the State Medical Board a written application on a form prescribed and supplied by the Board. The application must include all of the following information:

(1) The applicant's name, residential address, business address, if any, and Social Security number;

(2) Evidence of holding a valid certificate to practice as a physician assistant issued by the Board;

(3) Satisfactory proof that the applicant meets the bill's requirements to participate in a provisional period of physician-delegated prescriptive authority or satisfactory proof of successful completion of the provisional period, evidenced by a letter or copy of a letter attesting to the successful completion written by a supervising physician of the physician assistant at the time of completion;

(4) Any other information the Board requires.

At the time of making application for a certificate to prescribe, the applicant must pay the Board a nonrefundable fee of $100. Application fees are to be deposited into the state treasury to the credit of the State Medical Board Operating Fund.

The Board is required to review all applications received. If an application is complete and the Board determines that the applicant meets the requirements for a certificate to prescribe, the Board must issue the certificate to the applicant. The initial certificate to prescribe issued to an applicant must be issued as a provisional certificate to prescribe.

Provisional period

(R.C. 4730.45)

A provisional certificate to prescribe issued by the Board authorizes the physician assistant to participate in a provisional period of physician-delegated prescriptive authority. The physician assistant must successfully complete the provisional period as a condition of receiving a new certificate to prescribe.

The provisional period is to be conducted by one or more supervising physicians in accordance with rules adopted by the Board with recommendations from the Physician Assistant Policy Committee. When supervising a physician assistant who is completing the first 500 hours of a provisional period, the supervising physician is required to provide on-site supervision of the physician assistant's exercise of physician-delegated prescriptive authority.

The bill provides that the provisional period cannot last not longer than one year, unless it is extended for not longer than one additional year at the direction of a supervising physician. The bill provides that the physician assistant cannot be required to participate in the provisional period for more than 1,800 hours, except when a supervising physician has extended the physician assistant's provisional period.

If a physician assistant does not successfully complete the provisional period, each supervising physician must cease granting physician-delegated prescriptive authority to the physician assistant. The supervising physician with primary responsibility for conducting the provisional period is required to promptly notify the Board, and the Board must revoke the certificate.

The bill specifies that a physician assistant who successfully completes 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 provisional period.

Eligibility to participate in a provisional period

(R.C. 4730.46(A))

To be eligible to participate in a provisional period, the physician assistant must hold a master's or higher degree and complete instruction in pharmacology. A time-limited exception to the master's degree requirement applies if a physician assistant meets certain clinical experience requirements.

Master's degree

(R.C. 4730.46(B)(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. 4730.46(B)(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 is 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. 4730.46(C))

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.

Transition to a new certificate to prescribe

(R.C. 4730.47)

After a physician assistant successfully completes the bill's requirement for a provisional period of physician-delegated prescriptive authority, the physician assistant may apply for a new certificate to prescribe. The bill specifies that a supervising physician participating in the provisional period may continue to grant physician-delegated prescriptive authority to the physician assistant pursuant to the provisional certificate to prescribe until one of the following occurs:

(1) The supervision agreement between the supervising physician and the physician assistant expires;

(2) The supervision agreement is terminated;

(3) A decision is made by the Board regarding an application submitted by the physician assistant for a new certificate to prescribe.

Renewal of certificates to prescribe

(R.C. 4730.48)

Except in the case of a provisional certificate to prescribe, a physician assistant's certificate to prescribe expires on the same date as the physician assistant's certificate to practice. The certificate to prescribe may be renewed.

A person seeking renewal of a certificate to prescribe must, on or before the January 31 of each even-numbered year, apply for renewal of the certificate. The Board is required by the bill to send renewal notices at least one month prior to the expiration date. The notice may be sent as part of the notice sent for renewal of the certificate to practice.

Applications for renewal are to be submitted to the Board on forms the Board prescribes and furnishes. An application for renewal may be submitted in conjunction with an application for renewal of a certificate to practice.

Each application for renewal must be accompanied by a biennial renewal fee of $50. The Board must deposit the fees in the state treasury to the credit of the State Medical Board Operating Fund.

The bill requires the applicant to report any criminal offense that constitutes grounds for refusing to issue a certificate to prescribe to which the applicant has pleaded guilty, of which the applicant has been found guilty, or for which the applicant has been found eligible for intervention in lieu of conviction, since last signing an application for a certificate to prescribe.

The board must review all renewal applications received. If an applicant submits a complete renewal application and meets the bill's requirements for renewal, the Board must issue to the applicant a renewed certificate to prescribe.

Eligibility for renewal

(R.C. 4730.49)

To be eligible for renewal of a certificate to prescribe, an applicant must complete every two years at least 12 hours of continuing education in pharmacology from an accredited institution recognized by the Board. The continuing education must be completed not later than January 31 of each even-numbered year.

The bill requires that the Board provide for pro rata reductions by month of the number of hours of continuing education in pharmacology that is required to be completed for physician assistants who are in their first certification period after completing the provisional period, who have been disabled due to illness or accident, or who have been absent from the country. The board must adopt rules, in accordance with the Administrative Procedure Act (R.C. Chapter 119.), as necessary to implement this provision.

The bill specifies that the continuing education in pharmacology is in addition to the continuing education required to renew the physician assistant's certificate to practice.

Dual effect of sanctions on certificates to practice and prescribe

(R.C. 4730.50)

If a physician assistant holds a certificate to prescribe and the physician assistant's certificate to practice expires, the bill provides that the physician assistant's certificate to prescribe is lapsed until the certificate to practice is reinstated. If a sanction by the Board applies to a physician assistant's certificate to practice, the bill provides that the same sanction is placed on the physician assistant's certificate to prescribe while the sanction applies to the certificate to practice.

Internet information on certificates to prescribe

(R.C. 4730.51)

In the information the Board maintains on the Internet, the following must be included:

(1) The name of each physician assistant who holds a certificate to prescribe;

(2) For each physician assistant who holds a certificate to prescribe, the name of each supervising physician who has authority to grant physician-delegated prescriptive authority to the physician assistant.

Issuance of duplicate certificates to prescribe

(R.C. 4730.52)

On application by the holder of a certificate to prescribe issued, the Board must issue a duplicate certificate to replace one that is missing or damaged, to reflect a name change, or for any other reasonable cause. The bill set the fee for a duplicate certificate at $35. The fees are to be deposited in the state treasury to the credit of the State Medical Board Operating Fund.

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 PROVISIONS

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 Pharmacists 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 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.

Committee members appointed to staggered terms

(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 immunity from liability

(R.C. 4730.34)

The bill provides that, in the absence of fraud or bad faith, the Board's Physician Assistant Policy Committee, a current or former Committee member, an agent of the Committee, a person formally requested by the Committee to be the Committee's representative, or an employee of the Committee cannot be held liable in damages to any person as the result of any act, omission, proceeding, conduct, or decision related to official duties undertaken or performed pursuant to the laws governing physician assistants. If any such person requests to be defended by the state against any claim or action arising out of any act, omission, proceeding, conduct, or decision related to the person's official duties and the request is made in writing at a reasonable time before trial and the person requesting defense cooperates in good faith in the defense of the claim or action, the bill requires the state to provide and pay for the person's defense and to pay any resulting judgment, compromise, or settlement. The bill specifies that the state will not pay any part of a claim or judgment that is for punitive or exemplary damages.

Committee recommendations required before Board action

(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 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 may 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.

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. If a certificate 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. The bill provides that the Board may charge a penalty of $50 when reinstating a certificate, and $100 when restoring a certificate.

Changes to fees

(R.C. 4730.10, 4730.14 and 4730.15)

Current law authorizes the State Medical Board to charge the following fees regarding physician assistant certificates and supervisory plans:

(1) A $100 application fee for a certificate of registration (changed to a certificate to practice by the bill);

(2) A $50 certificate renewal fee;

(3) A $75 fee for each application for approval of a physician assistant utilization plan (changed to a physician assistant supervisory plan by the bill).

The bill modifies these fees as follows:

(1) The application fee for a certificate to practice is increased to $200;

(2) The certificate renewal fee is increased to $100;

(3) The fee for each application for approval of a physician assistant supervisory plan is eliminated.

Deadline for modifying rules

(Section 3)

In addition to the rules the 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 agreements

(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, 4730.49, 4731.141, and 5903.12)

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* with references to certificates to *practice* as a physician assistant;

(2) Replacing references to 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) Includes references to physician assistants in the laws requiring the Board and other professional licensing agencies to provide extensions for completing continuing education requirements to 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 U.S. armed forces;

(7) Replacing references to certificates of *registration* with references to certificates to *practice* in existing laws 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 patients a complete or partial supply of specified drugs and therapeutic devices. The authority of these advanced practice nurses to provide supplies of drugs and devices is subject to the following:

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

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

(3) The nurse must comply with all safety standards for personally furnishing supplies of drugs and devices, as established in the Board's rules.

The bill expands the types of drugs and devices that these advanced practice nurses may personally furnish in the authorized locations by including all of the following:

--Antihypertensives;

--Drugs and devices used in the treatment of diabetes;

--Drugs and devices used in the treatment of asthma;

--Drugs used in the treatment of dyslipidemia.

HISTORY

ACTION	DATE
Introduced	06-14-05
Reported, S. Health, Human Services & Aging	10-20-05
Passed Senate (30-1)	10-25-05
Reported, H. Health	01-12-06

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