



# Ohio Legislative Service Commission

## Bill Analysis

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### Sub. H.B. 412\*

130th General Assembly

(As Reported by S. Medicaid, Health, and Human Services)

**Reps.** Gonzales, Bishoff, Terhar, Young, Wachtmann, Schuring, Brown, Anielski, Baker, Blessing, Carney, Green, Grossman, Hackett, Huffman, Landis, Perales, Pillich, Rogers, Scherer, Batchelder

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## BILL SUMMARY

### PHYSICIAN ASSISTANTS

- Changes the "certificate to practice" issued to a physician assistant by the State Medical Board to a "license" and requires the 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.
- Authorizes the Board to review supervision agreements for physician assistants for compliance with the licensing law in place of a process for approving or disapproving them.
- 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 or the Board's rules.

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

- Eliminates a requirement that a physician assistant who seeks to exercise physician delegated prescriptive authority obtain a certificate to prescribe and instead 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.
- Permits a licensed practical nurse to practice under the direction of a physician assistant and a respiratory care services provider to practice pursuant to an order issued by a physician assistant.
- Increases license fees.
- Modifies the law governing licensure of physician assistants with experience in other jurisdictions or the military.

### **ADVANCED PRACTICE REGISTERED NURSES**

- Permits certain advanced practice registered nurses to delegate to persons not otherwise authorized to do so the authority to administer drugs under specified conditions.
- Requires that the Ohio Board of Nursing establish standards and procedures for the delegation of the authority to administer drugs.
- Modifies the structure of the course in advanced pharmacology and related topics that an APRN must complete to obtain a certificate to prescribe.

### **PARKS AND CAMPS**

- Exempts a motorsports park that holds at least one annual event sanctioned by NASCAR or NHRA during a motor sports racing event and provides parking for recreational vehicles, dependent recreational vehicles, and portable camping units belonging to participants in the event from licensure under the Recreational Vehicle Parks, Recreation Camps, Combined-Park Camps, and Temporary Park-Camps Law.



- Specifies that the exemption applies to participant-only areas during the time of preparation for and operation of the event.
- Allows a person subject to that Law to apply to the Director of Health for a waiver or variance from it or rules adopted under it.
- Authorizes the Director to grant such a waiver or variance if the person demonstrates, to the Director's satisfaction, that the waiver or variance will not result in any adverse effect on the public health or safety.

## **COURT-ORDERED MENTAL ILLNESS TREATMENT**

- Modifies the laws governing proceedings for court-ordered treatment of a mentally ill person.

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## **CONTENT AND OPERATION**

### **PHYSICIAN ASSISTANTS**

#### **Current regulation of physician assistants**

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. 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.<sup>1</sup>

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. 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.<sup>2</sup>

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 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.<sup>3</sup>

A physician assistant who meets certain requirements may be granted a certificate to prescribe. This certificate is maintained separately from the physician

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<sup>1</sup> R.C. 4730.01, 4730.02 and 4730.08.

<sup>2</sup> R.C. 4730.09 and 4730.16.

<sup>3</sup> R.C. 4730.18 and 4730.19.



assistant's certificate to practice and grants the physician assistant authority to prescribe drugs if that authority is delegated by a supervising physician.<sup>4</sup>

## **License**

The bill changes the name of the certificate under which physician assistants practice to "license" and eliminates a provision of current law providing that a certificate to practice is to be treated as a license. The Board is permitted by the bill to continue to issue certificates to practice for not longer than 90 days after the bill takes effect. 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.<sup>5</sup>

## **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. However, supervision agreements are still required. 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. 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 supervision agreement filed with the Board.<sup>6</sup>

## **Supervision agreement**

The bill retains the 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.

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<sup>4</sup> R.C. 4730.41.

<sup>5</sup> 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, 5123.47 and Section 6.

<sup>6</sup> R.C. 4730.02, 4730.08, 4730.15 (repealed), 4730.16(D) (repealed), 4730.17 (repealed), 4730.18 (repealed), and 4730.19.



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.

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

- (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.<sup>7</sup>

Under the bill, the Board may review a submitted supervision agreement at any time for compliance with the above requirements and verify the licensure of the physician and physician assistant.

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. 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.

If a supervision agreement fails to comply with the law, the physician may revise the agreement and resubmit it to the Board. The resubmitted agreement is subject to the same potential review process. However, the bill does not require the \$25 fee for a revised agreement submission.

The bill also permits amending an active supervision agreement to add one or more physician assistants. Like initial or renewed agreements, an amendment must be

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<sup>7</sup> R.C. 4730.19.

submitted to the Board. An 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. The bill permits the Board to impose a civil penalty of not more than \$1,000 if it finds that a supervision agreement fails to comply with the law and a physician assistant has practiced pursuant to the noncompliant supervision agreement or a physician has acted as the supervising physician pursuant to the agreement. A finding must be made through an adjudication conducted in accordance with the Administrative Procedure Act (R.C. Chapter 119.). The bill specifies that the Board may impose the civil penalty in addition to or in lieu of any other disciplinary action that the Board is otherwise authorized to take.<sup>8</sup>

### **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."

The bill eliminates the certificate to prescribe and the provisional certificate. 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. 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. 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.<sup>9</sup>

### **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

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<sup>8</sup> R.C. 4730.19.

<sup>9</sup> R.C. 4729.01, 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.



holds a master's or higher degree, held a valid certificate to prescribe on the bill's effective date, 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 and is not otherwise authorized to exercise physician-delegated authority 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 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.<sup>10</sup>

### **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.<sup>11</sup>

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<sup>10</sup> R.C. 4730.11.

<sup>11</sup> R.C. 4730.11.





## 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. "Service" is defined as "a medical activity that requires training in the diagnosis, treatment, or prevention of disease."<sup>12</sup>

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 do any of the following:

- (1) Order diagnostic, therapeutic, and other medical services;
- (2) Prescribe physical therapy or refer a patient to physical therapy;
- (3) Order occupational therapy or refer a patient to an occupational therapist;
- (4) Identify and comply with a do-not-resuscitate order;
- (5) Determine and pronounce death;
- (6) Assist in surgery;
- (7) If the physician assistant has been granted physician-delegated prescriptive authority, order, prescribe, personally furnish, and administer drugs and medical devices;
- (8) Perform any other services that are part of the supervising physician's normal course of practice and expertise.<sup>13</sup>

With respect to practicing in a health care facility, the bill retains a provision of current 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. 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.<sup>14</sup>

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<sup>12</sup> R.C. 4730.01 and 4730.20.

<sup>13</sup> R.C. 4730.20.

<sup>14</sup> R.C. 4730.09 (repealed) and 4730.20.



## Special services

The bill eliminates current law provisions dealing with Board approval of "special services" that may be performed by physician assistants. "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 currently 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.<sup>15</sup>

## 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.<sup>16</sup>

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."<sup>17</sup>

The bill increases to three 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.<sup>18</sup>

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;

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<sup>15</sup> R.C. 4730.01, 4730.06, 4730.09 (repealed), 4730.15, and 4730.16.

<sup>16</sup> R.C. 4730.21(A).

<sup>17</sup> R.C. 4730.21(A)(1)(b).

<sup>18</sup> R.C. 4730.21(B).



(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;

(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.<sup>19</sup>

## **Liability**

Under law continued by the bill, a physician assistant's supervising physician assumes legal liability for the services provided by the physician assistant.<sup>20</sup> 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.<sup>21</sup> It also expressly provides that the physician assistant acts as the agent of the supervising physician when performing authorized services.<sup>22</sup>

## **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.<sup>23</sup> 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

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<sup>19</sup> R.C. 4730.21.

<sup>20</sup> R.C. 4730.22.

<sup>21</sup> R.C. 4730.19(A).

<sup>22</sup> R.C. 4730.22(A).

<sup>23</sup> R.C. 4730.02 and 4730.99, not in the bill.

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.

### **Direction, 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 any person, including a nurse aide who has successfully completed a training and competency evaluation program approved by the Director of Health.<sup>24</sup> The bill does not specify the other persons 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.<sup>25</sup> However, law unchanged by the bill 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.<sup>26</sup> 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 to whom the delegation is to be made may safely perform the task or administer the drug.<sup>27</sup> 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;
- (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; (the drug may be administered via any other route, which could be orally, topically, or into a patient's bone marrow).

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<sup>24</sup> R.C. 4730.203(A).

<sup>25</sup> R.C. 4730.203(A).

<sup>26</sup> R.C. 4730.03(D).

<sup>27</sup> R.C. 4730.203(B).



(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.<sup>28</sup>

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.<sup>29</sup>

### **Licensed practical nurses**

The bill modifies the definition of "the practice of nursing as a licensed practical nurse," as used in the laws governing nurses, by specifying that it includes providing nursing care under the direction of a physician assistant. The current definition includes providing nursing care only under the direction of a physician (including a podiatrist), dentist, optometrist, or registered nurse.<sup>30</sup> A separate provision of current law permits a physician assistant to order or direct the execution of procedures by a licensed practical nurse (LPN) if the physician assistant is authorized to do so by the supervising physician.<sup>31</sup>

The bill makes a conforming revision by permitting an LPN to perform limited intravenous (IV) therapy procedures on an adult patient under the direction of a physician assistant if the nurse is authorized by the Board of Nursing to administer IV therapy to an adult and the physician assistant is present and readily available at the facility where the procedure is performed. The physician assistant is not required to be present if the procedure is performed in a long-term care facility or an intermediate care facility for individuals with intellectual disabilities and a registered nurse is present on the premises or accessible by telecommunication. The bill also permits a qualified LPN to perform specified IV therapy procedures on any patient under the direction of a physician assistant if the physician assistant is present or accessible by telecommunication.<sup>32</sup>

### **Respiratory care services providers**

The bill permits a respiratory care services provider to practice under the supervision of a physician assistant and pursuant to a prescription or other order issued

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<sup>28</sup> R.C. 4730.203.

<sup>29</sup> R.C. 4730.203(D).

<sup>30</sup> R.C. 4723.01

<sup>31</sup> R.C. 4730.03(D).

<sup>32</sup> R.C. 4723.18 and 4723.181.



by a physician assistant if the physician assistant's physician-delegated prescriptive authority allows the physician assistant to prescribe or order respiratory care services. Current law permits a respiratory care services provider to practice only under the supervision of and pursuant to a prescription or other order issued by a physician or a certified nurse practitioner or clinical nurse specialist. Under the bill, when practicing under the supervision of or pursuant to an order issued by a physician assistant, a respiratory care services provider is permitted to administer only those prescription drugs that the physician assistant is authorized to prescribe pursuant to the physician assistant's physician-delegated prescriptive authority.<sup>33</sup>

## **Loss of certification**

Under law unchanged by the bill, physician assistants are required to maintain certification by the National Commission on Certification of Physician Assistants or a successor organization recognized by the Board.<sup>34</sup> 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.<sup>35</sup> It adds expiration, lapse, suspension, or revocation of national certification as grounds for discipline of a physician assistant by the Board.<sup>36</sup>

## **License fees**

The bill increases physician assistant license fees as follows:

--Increases to \$500 (from \$200) the fee for an initial license;<sup>37</sup>

--Increases to \$200 (from \$100) the fee for a license renewal.<sup>38</sup>

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<sup>33</sup> R.C. 4761.17.

<sup>34</sup> R.C. 4730.11(A)(3).

<sup>35</sup> R.C. 4730.111.

<sup>36</sup> R.C. 4730.25(B)(25).

<sup>37</sup> R.C. 4730.10(B).

<sup>38</sup> R.C. 4730.14.



## ADVANCED PRACTICE REGISTERED NURSES

### Delegation of the authority to administer drugs

The bill allows an advanced practice registered nurse (APRN) to delegate to a person not otherwise authorized to administer drugs the authority to administer a drug to a specified patient if certain conditions are met.<sup>39</sup> The APRN must be a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner and hold a certificate to prescribe issued by the Ohio Board of Nursing.

Under current law, physicians are authorized to delegate the authority to administer drugs.<sup>40</sup> Registered nurses and licensed practical nurses may delegate the authority to administer drugs in limited circumstances. These include: (1) delegating to medication aides employed in nursing homes or residential care facilities the authority to administer prescription drugs to residents and (2) delegating to personnel providing certain services to individuals with developmental disabilities the authority to administer oral and topical medications and insulin in specified locations.<sup>41</sup>

### Conditions on APRN delegation

Prior to delegating the authority to administer a drug, the bill requires that the APRN assess the patient and determine that the drug is appropriate for the patient.<sup>42</sup> The APRN must also determine that the person to whom the authority will be delegated has met the condition of having successfully completed education based on a recognized body of knowledge concerning drug administration and demonstrated to the person's employer the knowledge, skills, and ability to administer the drug safely. The delegation must be in accordance with standards and procedures established in rules adopted by the Board.

### Authority to administer a drug

Under the bill, a person is authorized to administer a drug under APRN delegation only if the following conditions are satisfied:

- (1) The drug will be administered to a specified patient;

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<sup>39</sup> R.C. 4723.48(C).

<sup>40</sup> R.C. 4731.053, not in the bill.

<sup>41</sup> R.C. 4723.67 and 5123.42.

<sup>42</sup> R.C. 4723.48(C), not in the bill.



(2) The authority to administer the drug is delegated to the person by an APRN described in the bill;

(3) The drug is listed in the formulary established by the Board for APRNs with authority to prescribe drugs and is not a controlled substance or to be administered intravenously;<sup>43</sup>

(4) The drug is to be administered at a location other than a hospital inpatient care unit, a hospital emergency department, a freestanding emergency department, or an ambulatory surgical facility;

(5) The person has successfully completed education based on a recognized body of knowledge concerning drug administration and demonstrates to the person's employer the knowledge, skills, and ability to administer the drug safely;

(6) The person's employer has given the APRN access to documentation, in written or electronic form, showing that the person has successfully completed the required education and demonstrates to the employer the knowledge, skills, and ability required by the bill;

(7) The APRN is physically present at the location where the drug is administered.<sup>44</sup>

### **Standards and procedures for delegation**

The bill requires that the Board establish standards and procedures for delegation of the authority to administer drugs.<sup>45</sup>

### **Pharmacology course**

The bill modifies the structure of the course in advanced pharmacology and related topics that an APRN must complete to obtain a certificate to prescribe. The bill removes the requirement that the course consist of planned classroom and clinical instruction. Under law unchanged by the bill, the course must consist of at least 45 contact hours and be approved by the Board.<sup>46</sup>

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<sup>43</sup> R.C. 4723.50, not in the bill.

<sup>44</sup> R.C. 4723.488.

<sup>45</sup> R.C. 4723.07(Q) and 4723.48(C).

<sup>46</sup> R.C. 4723.482 (primary), 4723.06, and 4723.50.





## **PARKS AND CAMPS**

### **License exemption for motorsports parks**

The bill exempts a motorsports park that holds at least one annual event sanctioned by the National Association for Stock Car Auto Racing or the National Hot Rod Association during a motor sports racing event and provides parking for recreational vehicles, dependent recreational vehicles, and portable camping units that belong to participants in the event from the requirement to obtain a license under the Recreational Vehicle Parks, Recreation Camps, Combined Park-Camps, and Temporary Park-Camps Law. The bill specifies that this exemption only applies to participant-only areas during the time of preparation for and operation of the event.<sup>47</sup> Current law requires every person who intends to operate a recreational vehicle park, recreation camp, combined park-camp, or temporary park-camp to obtain a license to do so.<sup>48</sup>

### **Regulation waivers and variances for parks and camps**

The bill allows a person subject to the laws governing parks and camps to apply to the Director of Health for a waiver or variance from those laws or rules adopted under these laws. The bill then authorizes the Director to grant such a waiver or variance if the person demonstrates, to the Director's satisfaction, that the waiver or variance will not result in any adverse effect on the public health or safety. The Director must adopt rules establishing requirements and procedures governing the application for and granting of a waiver or variance.<sup>49</sup>

## **COURT-ORDERED TREATMENT OF A MENTALLY ILL PERSON**

### **Probate court and affidavit**

The bill permits proceedings for court-ordered treatment of a mentally ill person to be in the probate court of any county. Current law requires the proceedings to be in the probate court of the county where the mentally ill person resides.

The bill also modifies the affidavit form used to initiate the proceedings by allowing the affidavit to be sworn to and signed in the presence of a probate judge,

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<sup>47</sup> R.C. 3729.05(F).

<sup>48</sup> R.C. 3729.05(A)(1) and (2).

<sup>49</sup> R.C. 3729.05(G).



deputy clerk, or a notary public. Current law requires the affidavit to be sworn to and signed in the presence of both a probate judge and deputy clerk.<sup>50</sup>

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## HISTORY

ACTION	DATE
Introduced	01-21-14
Reported, H. Health & Aging	04-02-14
Passed House (89-1)	05-14-14
Reported, S. Medicaid, Health & Human Services	---

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<sup>50</sup> R.C. 5122.11 and 5122.111.

