

**As Introduced**

**132nd General Assembly  
Regular Session  
2017-2018**

**S. B. No. 259**

**Senator Hackett**

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**A BILL**

To amend sections 4730.06, 4730.11, 4730.201, 1  
4730.203, 4730.21, 4730.38, 4730.39, 4730.41, 2  
4730.42, and 4730.43, to enact section 4730.15, 3  
and to repeal section 4730.40 of the Revised 4  
Code to revise the law regulating physician 5  
assistant practice. 6

**BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF OHIO:**

**Section 1.** That sections 4730.06, 4730.11, 4730.201, 7  
4730.203, 4730.21, 4730.38, 4730.39, 4730.41, 4730.42, and 8  
4730.43 be amended and section 4730.15 of the Revised Code be 9  
enacted to read as follows: 10

**Sec. 4730.06.** (A) The physician assistant policy committee 11  
of the state medical board shall review, and shall submit to the 12  
board recommendations concerning, all of the following: 13

(1) Requirements for issuing a license to practice as a 14  
physician assistant, including the educational requirements that 15  
must be met to receive the license; 16

(2) Existing and proposed rules pertaining to the practice 17  
of physician assistants, the supervisory relationship between 18  
physician assistants and supervising physicians, and the 19

administration and enforcement of this chapter;	20
(3) In accordance with section 4730.38 of the Revised Code, physician-delegated prescriptive authority for physician assistants <del>and proposed changes to the physician assistant formulary the board adopts pursuant to division (A) (1) of section 4730.39 of the Revised Code;</del>	21 22 23 24 25
(4) Application procedures and forms for a license to practice as a physician assistant;	26 27
(5) Fees required by this chapter for issuance and renewal of a license to practice as a physician assistant;	28 29
(6) Any issue the board asks the committee to consider.	30
(B) In addition to the matters that are required to be reviewed under division (A) of this section, the committee may review, and may submit to the board recommendations concerning quality assurance activities to be performed by a supervising physician and physician assistant under a quality assurance system established pursuant to division (F) of section 4730.21 of the Revised Code.	31 32 33 34 35 36 37
(C) The board shall take into consideration all recommendations submitted by the committee. Not later than ninety days after receiving a recommendation from the committee, the board shall approve or disapprove the recommendation and notify the committee of its decision. If a recommendation is disapproved, the board shall inform the committee of its reasons for making that decision. The committee may resubmit the recommendation after addressing the concerns expressed by the board and modifying the disapproved recommendation accordingly. Not later than ninety days after receiving a resubmitted recommendation, the board shall approve or disapprove the	38 39 40 41 42 43 44 45 46 47 48

recommendation. There is no limit on the number of times the  
committee may resubmit a recommendation for consideration by the  
board.

(D) (1) Except as provided in division (D) (2) of this  
section, the board may not take action regarding a matter that  
is subject to the committee's review under division (A) or (B)  
of this section unless the committee has made a recommendation  
to the board concerning the matter.

(2) If the board submits to the committee a request for a  
recommendation regarding a matter that is subject to the  
committee's review under division (A) or (B) of this section,  
and the committee does not provide a recommendation before the  
sixty-first day after the request is submitted, the board may  
take action regarding the matter without a recommendation.

**Sec. 4730.11.** (A) To be eligible to receive a license to  
practice as a physician assistant, all of the following apply to  
an applicant:

(1) The applicant shall be at least eighteen years of age.

(2) The applicant shall be of good moral character.

(3) The applicant shall hold current certification by the  
national commission on certification of physician assistants or  
a successor organization that is recognized by the state medical  
board.

(4) The applicant shall meet either of the following  
requirements:

(a) The educational requirements specified in division (B)  
(1) or (2) of this section;

(b) The educational or other applicable requirements

specified in division (C) (1), (2), or (3) of this section. 77

(B) For purposes of division (A) (4) (a) of this section, an 78  
applicant shall meet either of the following educational 79  
requirements: 80

(1) The applicant shall hold a master's or higher degree 81  
obtained from a program accredited by the accreditation review 82  
commission on education for the physician assistant or a 83  
predecessor or successor organization recognized by the board. 84

(2) The applicant shall hold both of the following 85  
degrees: 86

(a) A degree other than a master's or higher degree 87  
obtained from a program accredited by the accreditation review 88  
commission on education for the physician assistant or a 89  
predecessor or successor organization recognized by the board; 90

(b) A master's or higher degree in a course of study with 91  
clinical relevance to the practice of physician assistants and 92  
obtained from a program accredited by a regional or specialized 93  
and professional accrediting agency recognized by the council 94  
for higher education accreditation. 95

(C) For purposes of division (A) (4) (b) of this section, an 96  
applicant shall present evidence satisfactory to the board of 97  
meeting one of the following requirements in lieu of meeting the 98  
educational requirements specified in division (B) (1) or (2) of 99  
this section: 100

(1) The applicant shall hold a current, valid license or 101  
other form of authority to practice as a physician assistant 102  
issued by another jurisdiction and have been in active practice 103  
in any jurisdiction ~~throughout the three-year period immediately~~ 104  
~~preceding the date of application.~~ 105

(2) The applicant shall hold a degree obtained as a result 106  
of being enrolled on January 1, 2008, in a program in this state 107  
that was accredited by the accreditation review commission on 108  
education for the physician assistant but did not grant a 109  
master's or higher degree to individuals enrolled in the program 110  
on that date, and completing the program on or before December 111  
31, 2009. 112

(3) The applicant shall hold a degree obtained from a 113  
program accredited by the accreditation review commission on 114  
education for the physician assistant and meet either of the 115  
following experience requirements: 116

(a) Have experience practicing as a physician assistant 117  
~~for at least three consecutive years~~ while on active duty, with 118  
evidence of service under honorable conditions, in any of the 119  
armed forces of the United States or the national guard of any 120  
state, including any experience attained while practicing as a 121  
physician assistant at a health care facility or clinic operated 122  
by the United States department of veterans affairs; 123

(b) Have experience practicing as a physician assistant 124  
~~for at least three consecutive years~~ while on active duty in the 125  
United States public health service commissioned corps. 126

~~(D) Unless the applicant had prescriptive authority while 127  
practicing as a physician assistant in another jurisdiction, in 128  
the military, or in the public health service, the license 129  
issued to an applicant who does not hold a master's or higher 130  
degree described in division (B) of this section does not 131  
authorize the holder to exercise physician-delegated 132  
prescriptive authority and the state medical board shall not 133  
issue a prescriber number. 134~~

~~(E) (1)~~ This section does not require an individual to 135  
obtain a master's or higher degree as a condition of retaining 136  
or renewing a license to practice as a physician assistant if 137  
the individual received the license without holding a master's 138  
or higher degree as provided in either of the following: 139

~~(a) (1)~~ Before the educational requirements specified in 140  
division (B) (1) or (2) of this section became effective January 141  
1, 2008; 142

~~(b) (2)~~ By meeting the educational or other applicable 143  
requirements specified in division (C) (1), (2), or (3) of this 144  
section. 145

~~(2) A license described in division (E) (1) of this section~~ 146  
~~authorizes the license holder to exercise physician-delegated~~ 147  
~~prescriptive authority if, on October 15, 2015, the license~~ 148  
~~holder held a valid certificate to prescribe issued under former~~ 149  
~~section 4730.44 of the Revised Code, as it existed immediately~~ 150  
~~prior to October 15, 2015.~~ 151

~~(3) On application of an individual who received a license~~ 152  
~~without having first obtained a master's or higher degree and is~~ 153  
~~not authorized under division (E) (2) of this section to exercise~~ 154  
~~physician-delegated prescriptive authority, the board shall~~ 155  
~~grant the individual the authority to exercise physician-~~ 156  
~~delegated prescriptive authority if the individual meets either~~ 157  
~~of the following requirements:~~ 158

~~(a) The individual provides evidence satisfactory to the~~ 159  
~~board of having obtained a master's or higher degree from either~~ 160  
~~of the following:~~ 161

~~(i) A program accredited by the accreditation review~~ 162  
~~commission on education for the physician assistant or a~~ 163

~~predecessor or successor organization recognized by the board;~~ 164

~~(ii) A program accredited by a regional or 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.~~ 165  
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~~(b) The individual meets the requirements specified in division (C) (1) or (3) of this section and had prescriptive authority while practicing as a physician assistant in another jurisdiction, in any of the armed forces of the United States or the national guard of any state, or in the United States public health service commissioned corps.~~ 170  
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Sec. 4730.15. (A) A license issued by the state medical board under section 4730.12 of the Revised Code authorizes the license holder to exercise physician-delegated prescriptive authority if the holder meets either of the following requirements: 176  
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(1) Holds a master's or higher degree described in division (B) of section 4730.11 of the Revised Code; 181  
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(2) Had prescriptive authority while practicing as a physician assistant in another jurisdiction, in any of the armed forces of the United States or the national guard of any state, or in the United States public health service commissioned corps. 183  
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(B) A license described in division (D) of section 4730.11 of the Revised Code authorizes the license holder to exercise physician-delegated prescriptive authority if, on October 15, 2015, the license holder held a valid certificate to prescribe issued under former section 4730.44 of the Revised Code, as it 188  
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existed immediately prior to that date. 193

(C) On application of an individual who holds a license 194  
issued under this chapter but is not authorized to exercise 195  
physician-delegated prescriptive authority, the board shall 196  
grant the authority to exercise physician-delegated prescriptive 197  
authority if the individual meets either of the following 198  
requirements: 199

(1) The individual provides evidence satisfactory to the 200  
board of having obtained a master's or higher degree from either 201  
of the following: 202

(a) A program accredited by the accreditation review 203  
commission on education for the physician assistant or a 204  
predecessor or successor organization recognized by the board; 205

(b) A program accredited by a regional or specialized and 206  
professional accrediting agency recognized by the council for 207  
higher education accreditation, if the degree is in a course of 208  
study with clinical relevance to the practice of physician 209  
assistants. 210

(2) The individual meets the requirements specified in 211  
division (C) (1) or (3) of section 4730.11 of the Revised Code 212  
and had prescriptive authority while practicing as a physician 213  
assistant in another jurisdiction, in any of the armed forces of 214  
the United States or the national guard of any state, or in the 215  
United States public health service commissioned corps. 216

(D) The board shall issue a prescriber number to each 217  
physician assistant licensed under this chapter who is 218  
authorized to exercise physician-delegated prescriptive 219  
authority. 220

**Sec. 4730.201.** (A) As used in this section, "local" 221

anesthesia" means the injection of a drug or combination of 222  
drugs to stop or prevent a painful sensation in a circumscribed 223  
area of the body where a painful procedure is to be performed. 224  
"Local anesthesia" includes only local infiltration anesthesia, 225  
digital blocks, and pudendal blocks. 226

(B) (1) A physician assistant may administer, monitor, or 227  
maintain local anesthesia as a component of a procedure the 228  
physician assistant is performing or as a separate service when 229  
the procedure requiring local anesthesia is to be performed by 230  
the physician assistant's supervising physician or another 231  
person. ~~A~~ Except as provided in division (B) (2) of this section, 232  
a physician assistant shall not administer, monitor, or maintain 233  
any other form of anesthesia, including regional anesthesia or 234  
any systemic sedation. 235

(2) In a health care facility, a physician assistant may 236  
perform rapid intubation and procedural sedation, order rapid 237  
intubation and procedural sedation, and order drugs needed to 238  
perform rapid intubation and procedural sedation. 239

**Sec. 4730.203.** (A) Acting pursuant to a supervision 240  
agreement, a physician assistant may delegate performance of a 241  
task to implement a patient's plan of care or, if the conditions 242  
in division (C) of this section are met, may delegate 243  
administration of a drug. Subject to division (D) of section 244  
4730.03 of the Revised Code, delegation may be to any person. 245  
The physician assistant must be physically present at the 246  
location where the task is performed or the drug administered. 247

(B) Prior to delegating a task or administration of a 248  
drug, a physician assistant shall determine that the task or 249  
drug is appropriate for the patient and the person to whom the 250  
delegation is to be made may safely perform the task or 251

administer the drug.	252
(C) A physician assistant may delegate administration of a drug only if all of the following conditions are met:	253
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(1) The physician assistant has been granted physician-delegated prescriptive authority <u>and is authorized to prescribe the drug.</u>	255
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(2) <del>The drug is included in the formulary established under division (A) of section 4730.39 of the Revised Code.</del>	258
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<del>(3)</del> The drug is not a controlled substance.	260
<del>(4)</del> <u>(3)</u> The drug will not be administered intravenously.	261
<del>(5)</del> <u>(4)</u> The drug will not be administered in a hospital inpatient care unit, as defined in section 3727.50 of the Revised Code; a hospital emergency department; a freestanding emergency department; or an ambulatory surgical facility licensed under section 3702.30 of the Revised Code.	262
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(D) A person not otherwise authorized to administer a drug or perform a specific task may do so in accordance with a physician assistant's delegation under this section.	267
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<b>Sec. 4730.21.</b> (A) The supervising physician of a physician assistant exercises supervision, control, and direction of the physician assistant. A physician assistant may practice in any setting within which the supervising physician has supervision, control, and direction of the physician assistant.	270
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In supervising a physician assistant, all of the following apply:	275
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(1) The supervising physician shall be continuously available for direct communication with the physician assistant	277
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by either of the following means:	279
(a) Being physically present at the location where the physician assistant is practicing;	280 281
(b) Being readily available to the physician assistant through some means of telecommunication and being in a location that is a distance from the location where the physician assistant is practicing that reasonably allows the physician to assure proper care of patients.	282 283 284 285 286
(2) The supervising physician shall personally and actively review the physician assistant's professional activities.	287 288 289
(3) The supervising physician shall ensure that the quality assurance system established pursuant to division (F) of this section is implemented and maintained.	290 291 292
(4) The supervising physician shall regularly perform any other reviews of the physician assistant that the supervising physician considers necessary.	293 294 295
(B) A physician may enter into supervision agreements with any number of physician assistants, but the physician may not supervise more than <del>three</del> <u>five</u> physician assistants at any one time. A physician assistant may enter into supervision agreements with any number of supervising physicians.	296 297 298 299 300
(C) A supervising physician may authorize a physician assistant to perform a service only if the physician is satisfied that the physician assistant is capable of competently performing the service. A supervising physician shall not authorize a physician assistant to perform any service that is beyond the physician's or the physician assistant's normal course of practice and expertise.	301 302 303 304 305 306 307

(D) In the case of a health care facility with an emergency department, if the supervising physician routinely practices in the facility's emergency department, the supervising physician shall provide on-site supervision of the physician assistant when the physician assistant practices in the emergency department. If the supervising physician does not routinely practice in the facility's emergency department, the supervising physician may, on occasion, send the physician assistant to the facility's emergency department to assess and manage a patient. In supervising the physician assistant's assessment and management of the patient, the supervising physician shall determine the appropriate level of supervision in compliance with the requirements of divisions (A) to (C) of this section, except that the supervising physician must be available to go to the emergency department to personally evaluate the patient and, at the request of an emergency department physician, the supervising physician shall go to the emergency department to personally evaluate the patient.

(E) Each time a physician assistant writes a medical order, including prescriptions written in the exercise of physician-delegated prescriptive authority, the physician assistant shall sign the form on which the order is written and record on the form the time and date that the order is written.

(F) (1) The supervising physician of a physician assistant shall 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 shall be developed in consultation with each physician assistant to be supervised by the physician.

(2) In establishing the quality assurance system, the 338  
supervising physician shall describe a process to be used for 339  
all of the following: 340

(a) Routine review by the physician of selected patient 341  
record entries made by the physician assistant and selected 342  
medical orders issued by the physician assistant; 343

(b) Discussion of complex cases; 344

(c) Discussion of new medical developments relevant to the 345  
practice of the physician and physician assistant; 346

(d) Performance of any quality assurance activities 347  
required in rules adopted by state medical board pursuant to any 348  
recommendations made by the physician assistant policy committee 349  
under section 4730.06 of the Revised Code; 350

(e) Performance of any other quality assurance activities 351  
that the supervising physician considers to be appropriate. 352

(3) The supervising physician and physician assistant 353  
shall keep records of their quality assurance activities. On 354  
request, the records shall be made available to the board. 355

**Sec. 4730.38.** (A) ~~Except as provided in division (B) of~~ 356  
~~this section, the~~ The physician assistant policy committee of 357  
the state medical board shall, at such times the committee 358  
determines to be necessary, submit to the board recommendations 359  
regarding physician-delegated prescriptive authority for 360  
physician assistants. The committee's recommendations shall 361  
address both of the following: 362

(1) Policy and procedures regarding physician-delegated 363  
prescriptive authority; 364

(2) Any issue the committee considers necessary to assist 365

the board in fulfilling its duty to adopt rules governing 366  
physician-delegated prescriptive authority. 367

~~(B) Not less than every six months, the committee shall 368  
review the physician assistant formulary the board adopts 369  
pursuant to division (A) (1) of section 4730.39 of the Revised 370  
Code and, to the extent it determines to be necessary, submit 371  
recommendations proposing changes to the formulary. 372~~

~~(C) Recommendations submitted under this section are 373  
subject to the procedures and time frames specified in division 374  
(C) of section 4730.06 of the Revised Code. 375~~

**Sec. 4730.39.** (A) The state medical board shall ~~do all of 376  
the following: 377~~

~~(1) Adopt a formulary listing the drugs and therapeutic 378  
devices by class and specific generic nomenclature that a 379  
physician may include in the physician-delegated prescriptive 380  
authority granted to a physician assistant who holds a valid 381  
prescriber number issued by the state medical board; 382~~

~~(2) Adopt adopt rules governing physician-delegated 383  
prescriptive authority for physician assistants; 384~~

~~(3) Establish standards and procedures for delegation 385  
under division (A) of section 4730.203 of the Revised Code of 386  
the authority to administer drugs. The rules shall be adopted in 387  
accordance with Chapter 119. of the Revised Code. 388~~

(B) The board's rules governing physician-delegated 389  
prescriptive authority ~~adopted pursuant to division (A) (2) of 390  
this section shall be adopted in accordance with Chapter 119. of 391  
the Revised Code and shall establish all of the following: 392~~

(1) Requirements regarding the pharmacology courses that a 393

physician assistant is required to complete; 394

(2) A specific prohibition against prescribing any drug or 395  
device to perform or induce an abortion; 396

(3) Standards and procedures to be followed by a physician 397  
assistant in personally furnishing samples of drugs or complete 398  
or partial supplies of drugs to patients under section 4730.43 399  
of the Revised Code; 400

(4) Any other requirements the board considers necessary 401  
to implement the provisions of this chapter regarding physician- 402  
delegated prescriptive authority. 403

~~(C) (1) After considering recommendations submitted by the 404  
physician assistant policy committee pursuant to sections 405  
4730.06 and 4730.38 of the Revised Code, the board shall review 406  
either or both of the following, as appropriate according to the 407  
submitted recommendations:— 408~~

~~(a) The formulary the board adopts under division (A) (1) 409  
of this section;— 410~~

~~(b) The rules the board adopts under division (A) (2) of 411  
this section regarding physician-delegated prescriptive 412  
authority.— 413~~

~~(2) Based on its review, the board shall make any 414  
necessary modifications to the formulary or rules.— 415~~

**Sec. 4730.41.** (A) A physician assistant who holds a valid 416  
prescriber number issued by the state medical board is 417  
authorized to prescribe and personally furnish drugs and 418  
therapeutic devices in the exercise of physician-delegated 419  
prescriptive authority. 420

(B) In exercising physician-delegated prescriptive 421

authority, a physician assistant is subject to all of the 422  
following: 423

(1) The physician assistant shall exercise physician- 424  
delegated prescriptive authority only to the extent that the 425  
physician supervising the physician assistant has granted that 426  
authority. 427

(2) The physician assistant shall comply with all 428  
conditions placed on the physician-delegated prescriptive 429  
authority, as specified by the supervising physician who is 430  
supervising the physician assistant in the exercise of 431  
physician-delegated prescriptive authority. 432

(3) If the physician assistant possesses physician- 433  
delegated prescriptive authority for controlled substances, the 434  
physician assistant shall register with the federal drug 435  
enforcement administration. 436

(4) If the physician assistant possesses physician- 437  
delegated prescriptive authority for schedule II controlled 438  
substances, the physician assistant shall comply with section 439  
4730.411 of the Revised Code. 440

(5) If the physician assistant possesses physician- 441  
delegated prescriptive authority to prescribe for a minor an 442  
opioid analgesic, as those terms are defined in sections 443  
3719.061 and 3719.01 of the Revised Code, respectively, the 444  
physician assistant shall comply with section 3719.061 of the 445  
Revised Code. 446

(6) The physician assistant shall comply with the 447  
requirements of section 4730.44 of the Revised Code. 448

(C) A physician assistant shall not prescribe any drug in 449  
violation of state or federal law. 450

**Sec. 4730.42.** (A) In granting physician-delegated 451  
prescriptive authority to a particular physician assistant who 452  
holds a valid prescriber number issued by the state medical 453  
board, the supervising physician is subject to all of the 454  
following: 455

~~(1) The supervising physician shall not grant physician-~~ 456  
~~delegated prescriptive authority for any drug or therapeutic~~ 457  
~~device that is not listed on the physician assistant formulary~~ 458  
~~adopted under section 4730.39 of the Revised Code as a drug or~~ 459  
~~therapeutic device that may be included in the physician-~~ 460  
~~delegated prescriptive authority granted to a physician~~ 461  
~~assistant.~~ 462

~~(2)~~ The supervising physician shall not grant physician- 463  
delegated prescriptive authority for any drug or device that may 464  
be used to perform or induce an abortion. 465

~~(3)~~ (2) The supervising physician shall not grant 466  
physician-delegated prescriptive authority in a manner that 467  
exceeds the supervising physician's prescriptive authority, 468  
including the physician's authority to treat chronic pain with 469  
controlled substances and products containing tramadol as 470  
described in section 4731.052 of the Revised Code. 471

~~(4)~~ (3) The supervising physician shall supervise the 472  
physician assistant in accordance with both of the following: 473

(a) The supervision requirements specified in section 474  
4730.21 of the Revised Code; 475

(b) The supervision agreement entered into with the 476  
physician assistant under section 4730.19 of the Revised Code, 477  
including, if applicable, the policies of the health care 478  
facility in which the physician and physician assistant are 479

practicing. 480

(B) (1) The supervising physician of a physician assistant 481  
may place conditions on the physician-delegated prescriptive 482  
authority granted to the physician assistant. If conditions are 483  
placed on that authority, the supervising physician shall 484  
maintain a written record of the conditions and make the record 485  
available to the state medical board on request. 486

(2) The conditions that a supervising physician may place 487  
on the physician-delegated prescriptive authority granted to a 488  
physician assistant include the following: 489

(a) Identification by class and specific generic 490  
nomenclature of drugs and therapeutic devices that the physician 491  
chooses not to permit the physician assistant to prescribe; 492

(b) Limitations on the dosage units or refills that the 493  
physician assistant is authorized to prescribe; 494

(c) Specification of circumstances under which the 495  
physician assistant is required to refer patients to the 496  
supervising physician or another physician when exercising 497  
physician-delegated prescriptive authority; 498

(d) Responsibilities to be fulfilled by the physician in 499  
supervising the physician assistant that are not otherwise 500  
specified in the supervision agreement or otherwise required by 501  
this chapter. 502

**Sec. 4730.43.** (A) A physician assistant who holds a valid 503  
prescriber number issued by the state medical board and has been 504  
granted physician-delegated prescriptive authority may 505  
personally furnish to a patient samples of drugs and therapeutic 506  
devices ~~that are included in the physician assistant's~~ 507  
~~physician-delegated prescriptive authority,~~ subject to all of 508

the following: 509

(1) The amount of the sample furnished shall not exceed a 510  
seventy-two-hour supply, except when the minimum available 511  
quantity of the sample is packaged in an amount that is greater 512  
than a seventy-two-hour supply, in which case the physician 513  
assistant may furnish the sample in the package amount. 514

(2) No charge may be imposed for the sample or for 515  
furnishing it. 516

(3) Samples of controlled substances may not be personally 517  
furnished. 518

(B) A physician assistant who holds a valid prescriber 519  
number issued by the state medical board and has been granted 520  
physician-delegated prescriptive authority may personally 521  
furnish to a patient a complete or partial supply of the drugs 522  
and therapeutic devices that are included in the physician 523  
assistant's physician-delegated prescriptive authority, subject 524  
to all of the following: 525

(1) The physician assistant shall personally furnish only 526  
antibiotics, antifungals, scabicides, contraceptives, prenatal 527  
vitamins, antihypertensives, drugs and devices used in the 528  
treatment of diabetes, drugs and devices used in the treatment 529  
of asthma, and drugs used in the treatment of dyslipidemia. 530

(2) The physician assistant shall not furnish the drugs 531  
and devices in locations other than a health department operated 532  
by the board of health of a city or general health district or 533  
the authority having the duties of a board of health under 534  
section 3709.05 of the Revised Code, a federally funded 535  
comprehensive primary care clinic, or a nonprofit health care 536  
clinic or program. 537

(3) The physician assistant shall comply with all 538  
standards and procedures for personally furnishing supplies of 539  
drugs and devices, as established in rules adopted under section 540  
4730.39 of the Revised Code. 541

**Section 2.** That existing sections 4730.06, 4730.11, 542  
4730.201, 4730.203, 4730.21, 4730.38, 4730.39, 4730.41, 4730.42, 543  
and 4730.43 and section 4730.40 of the Revised Code are hereby 544  
repealed. 545

**Section 3.** Section 4730.41 of the Revised Code is 546  
presented in this act as a composite of the section as amended 547  
by S.B. 110 of the 131st General Assembly and H.B. 394 and S.B. 548  
276 both of the 130th General Assembly. The General Assembly, 549  
applying the principle stated in division (B) of section 1.52 of 550  
the Revised Code that amendments are to be harmonized if 551  
reasonably capable of simultaneous operation, finds that the 552  
composite is the resulting version of the section in effect 553  
prior to the effective date of the section as presented in this 554  
act. 555