

**As Passed by the Senate**

**132nd General Assembly**

**Regular Session**

**2017-2018**

**Sub. S. B. No. 259**

**Senator Hackett**

**Cosponsors: Senators Tavares, Brown, Burke, Hoagland, Manning, McColley,  
O'Brien, Schiavoni, Thomas, Yuko**

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**A BILL**

To amend sections 4730.05, 4730.06, 4730.11, 1  
4730.19, 4730.203, 4730.21, 4730.38, 4730.39, 2  
4730.41, 4730.42, 4730.43, and 4730.44, to enact 3  
section 4730.15, and to repeal section 4730.40 4  
of the Revised Code to revise the law regulating 5  
physician assistant practice. 6

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

**Section 1.** That sections 4730.05, 4730.06, 4730.11, 7  
4730.19, 4730.203, 4730.21, 4730.38, 4730.39, 4730.41, 4730.42, 8  
4730.43, and 4730.44 be amended and section 4730.15 of the 9  
Revised Code be enacted to read as follows: 10

**Sec. 4730.05.** (A) There is hereby created the physician 11  
assistant policy committee of the state medical board. The 12  
president of the board shall appoint the members of the 13  
committee. The committee shall consist of the seven members 14  
specified in divisions (A) (1) to (3) of this section. When the 15  
committee is developing or revising policy and procedures for 16  
physician-delegated prescriptive authority for physician 17  
assistants, the committee shall include the ~~two~~ additional 18

~~members~~member specified in division (A) (4) of this section. 19

(1) Three members of the committee shall be physicians. Of 20  
the physician members, one shall be a member of the state 21  
medical board, one shall be appointed from a list of five 22  
physicians recommended by the Ohio state medical association, 23  
and one shall be appointed from a list of five physicians 24  
recommended by the Ohio osteopathic association. At all times, 25  
the physician membership of the committee shall include at least 26  
one physician who is a supervising physician of a physician 27  
assistant, preferably with at least two years' experience as a 28  
supervising physician. 29

(2) Three members shall be physician assistants appointed 30  
from a list of five individuals recommended by the Ohio 31  
association of physician assistants. 32

(3) One member, who is not affiliated with any health care 33  
profession, shall be appointed to represent the interests of 34  
consumers. 35

(4) ~~The two~~One ~~additional members~~member, appointed to 36  
serve only when the committee is developing or revising policy 37  
and procedures for physician-delegated prescriptive authority 38  
for physician assistants, shall be ~~pharmacists~~a pharmacist. ~~Of~~ 39  
~~these members, one~~The member shall be appointed from a list of 40  
five clinical pharmacists recommended by the Ohio pharmacists 41  
association ~~and one shall be or~~ appointed from the pharmacist 42  
members of the state board of pharmacy, preferably from among 43  
the members who are clinical pharmacists. 44

The pharmacist ~~members~~member shall have voting privileges 45  
only for purposes of developing or revising policy and 46  
procedures for physician-delegated prescriptive authority for 47

physician assistants. Presence of the pharmacist ~~members~~member 48  
shall not be required for the transaction of any other business. 49

(B) Terms of office shall be for two years, with each term 50  
ending on the same day of the same month as did the term that it 51  
succeeds. Each member shall hold office from the date of being 52  
appointed until the end of the term for which the member was 53  
appointed. Members may be reappointed, except that a member may 54  
not be appointed to serve more than three consecutive terms. As 55  
vacancies occur, a successor shall be appointed who has the 56  
qualifications the vacancy requires. A member appointed to fill 57  
a vacancy occurring prior to the expiration of the term for 58  
which a predecessor was appointed shall hold office as a member 59  
for the remainder of that term. A member shall continue in 60  
office subsequent to the expiration date of the member's term 61  
until a successor takes office or until a period of sixty days 62  
has elapsed, whichever occurs first. 63

(C) Each member of the committee shall receive the 64  
member's necessary and actual expenses incurred in the 65  
performance of official duties as a member. 66

(D) The committee members specified in divisions (A) (1) to 67  
(3) of this section by a majority vote shall elect a chairperson 68  
from among those members. The members may elect a new 69  
chairperson at any time. 70

(E) The state medical board may appoint assistants, 71  
clerical staff, or other employees as necessary for the 72  
committee to perform its duties adequately. 73

(F) The committee shall meet ~~at least four times a year~~ 74  
~~and at such other times as may be necessary to carry out its~~ 75  
responsibilities. 76

(G) The board may permit meetings of the physician assistant policy committee to include the use of interactive videoconferencing, teleconferencing, or both if all of the following requirements are met: 77  
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(1) The meeting location is open and accessible to the public. 81  
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(2) Each committee member is permitted to choose whether the member attends in person or through the use of the meeting's videoconferencing or teleconferencing; 83  
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(3) Any meeting related materials available before the meeting are sent to each committee member by electronic mail, facsimile, or United States mail, or are hand delivered. 86  
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(4) If interactive videoconferencing is used, there is a clear video and audio connection that enables all participants at the meeting location to see and hear each committee member. 89  
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(5) If teleconferencing is used, there is a clear audio connection that enables all participants at the meeting location to hear each committee member. 92  
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(6) A roll call vote is recorded for each vote taken. 95

(7) The meeting minutes specify for each member whether the member attended by videoconference, teleconference, or in person. 96  
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**Sec. 4730.06.** (A) The physician assistant policy committee of the state medical board shall review, and shall submit to the board recommendations concerning, all of the following: 99  
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(1) Requirements for issuing a license to practice as a physician assistant, including the educational requirements that must be met to receive the license; 102  
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(2) Existing and proposed rules pertaining to the practice 105  
of physician assistants, the supervisory relationship between 106  
physician assistants and supervising physicians, and the 107  
administration and enforcement of this chapter; 108

(3) In accordance with section 4730.38 of the Revised 109  
Code, physician-delegated prescriptive authority for physician 110  
~~assistants and proposed changes to the physician assistant~~ 111  
~~formulary the board adopts pursuant to division (A) (1) of~~ 112  
~~section 4730.39 of the Revised Code;~~ 113

(4) Application procedures and forms for a license to 114  
practice as a physician assistant; 115

(5) Fees required by this chapter for issuance and renewal 116  
of a license to practice as a physician assistant; 117

(6) Any issue the board asks the committee to consider. 118

(B) In addition to the matters that are required to be 119  
reviewed under division (A) of this section, the committee may 120  
review, and may submit to the board recommendations concerning 121  
quality assurance activities to be performed by a supervising 122  
physician and physician assistant under a quality assurance 123  
system established pursuant to division (F) of section 4730.21 124  
of the Revised Code. 125

(C) The board shall take into consideration all 126  
recommendations submitted by the committee. Not later than 127  
ninety days after receiving a recommendation from the committee, 128  
the board shall approve or disapprove the recommendation and 129  
notify the committee of its decision. If a recommendation is 130  
disapproved, the board shall inform the committee of its reasons 131  
for making that decision. The committee may resubmit the 132  
recommendation after addressing the concerns expressed by the 133

board and modifying the disapproved recommendation accordingly. 134  
Not later than ninety days after receiving a resubmitted 135  
recommendation, the board shall approve or disapprove the 136  
recommendation. There is no limit on the number of times the 137  
committee may resubmit a recommendation for consideration by the 138  
board. 139

(D) (1) Except as provided in division (D) (2) of this 140  
section, the board may not take action regarding a matter that 141  
is subject to the committee's review under division (A) or (B) 142  
of this section unless the committee has made a recommendation 143  
to the board concerning the matter. 144

(2) If the board submits to the committee a request for a 145  
recommendation regarding a matter that is subject to the 146  
committee's review under division (A) or (B) of this section, 147  
and the committee does not provide a recommendation before the 148  
sixty-first day after the request is submitted, the board may 149  
take action regarding the matter without a recommendation. 150

**Sec. 4730.11.** (A) To be eligible to receive a license to 151  
practice as a physician assistant, all of the following apply to 152  
an applicant: 153

(1) The applicant shall be at least eighteen years of age. 154

(2) The applicant shall be of good moral character. 155

(3) The applicant shall hold current certification by the 156  
national commission on certification of physician assistants or 157  
a successor organization that is recognized by the state medical 158  
board. 159

(4) The applicant shall meet either of the following 160  
requirements: 161

(a) The educational requirements specified in division (B)	162
(1) or (2) of this section;	163
(b) The educational or other applicable requirements	164
specified in division (C) (1), (2), or (3) of this section.	165
(B) For purposes of division (A) (4) (a) of this section, an	166
applicant shall meet either of the following educational	167
requirements:	168
(1) The applicant shall hold a master's or higher degree	169
obtained from a program accredited by the accreditation review	170
commission on education for the physician assistant or a	171
predecessor or successor organization recognized by the board.	172
(2) The applicant shall hold both of the following	173
degrees:	174
(a) A degree other than a master's or higher degree	175
obtained from a program accredited by the accreditation review	176
commission on education for the physician assistant or a	177
predecessor or successor organization recognized by the board;	178
(b) A master's or higher degree in a course of study with	179
clinical relevance to the practice of physician assistants and	180
obtained from a program accredited by a regional or specialized	181
and professional accrediting agency recognized by the council	182
for higher education accreditation.	183
(C) For purposes of division (A) (4) (b) of this section, an	184
applicant shall present evidence satisfactory to the board of	185
meeting one of the following requirements in lieu of meeting the	186
educational requirements specified in division (B) (1) or (2) of	187
this section:	188
(1) The applicant shall hold a current, valid license or	189

other form of authority to practice as a physician assistant 190  
issued by another jurisdiction and either have been in active 191  
practice in any jurisdiction throughout the ~~three-year~~ two-year 192  
period immediately preceding the date of application or have met 193  
one or more of the following requirements as specified by the 194  
board: 195

(a) Passed an oral or written examination or assessment, 196  
or both types of examination or assessment, that determined the 197  
applicant's present fitness to resume practice; 198

(b) Obtained additional training and passed an examination 199  
or assessment on completion of the training; 200

(c) Agreed to limitations on the applicant's extent, 201  
scope, or type of practice. 202

(2) The applicant shall hold a degree obtained as a result 203  
of being enrolled on January 1, 2008, in a program in this state 204  
that was accredited by the accreditation review commission on 205  
education for the physician assistant but did not grant a 206  
master's or higher degree to individuals enrolled in the program 207  
on that date, and completing the program on or before December 208  
31, 2009. 209

(3) The applicant shall hold a degree obtained from a 210  
program accredited by the accreditation review commission on 211  
education for the physician assistant and meet either of the 212  
following experience requirements: 213

(a) ~~Have~~ Either have experience practicing as a physician 214  
assistant for at least ~~three~~ two consecutive years immediately 215  
preceding the date of application while on active duty, with 216  
evidence of service under honorable conditions, in any of the 217  
armed forces of the United States or the national guard of any 218

state, including any experience attained while practicing as a 219  
physician assistant at a health care facility or clinic operated 220  
by the United States department of veterans affairs or have met 221  
one or more of the following requirements as specified by the 222  
board: 223

(i) Passed an oral or written examination or assessment, 224  
or both types of examination or assessment, that determined the 225  
applicant's present fitness to resume practice; 226

(ii) Obtained additional training and passed an 227  
examination or assessment on completion of the training; 228

(iii) Agreed to limitations on the applicant's extent, 229  
scope, or type of practice; 230

(b) ~~Have~~ Either have experience practicing as a physician 231  
assistant for at least ~~three~~ two consecutive years immediately 232  
preceding the date of application while on active duty in the 233  
United States public health service commissioned corps or have 234  
met one or more of the following requirements as specified by 235  
the board: 236

(i) Passed an oral or written examination or assessment, 237  
or both types of examination or assessment, that determined the 238  
applicant's present fitness to resume practice; 239

(ii) Obtained additional training and passed an 240  
examination or assessment on completion of the training; 241

(iii) Agreed to limitations on the applicant's extent, 242  
scope, or type of practice. 243

(D) ~~Unless the applicant had prescriptive authority while~~ 244  
~~practicing as a physician assistant in another jurisdiction, in~~ 245  
~~the military, or in the public health service, the license~~ 246

~~issued to an applicant who does not hold a master's or higher-~~ 247  
~~degree described in division (E) of this section does not-~~ 248  
~~authorize the holder to exercise physician delegated-~~ 249  
~~prescriptive authority and the state medical board shall not-~~ 250  
~~issue a prescriber number.~~ 251

~~(E)(1)~~ This section does not require an individual to 252  
obtain a master's or higher degree as a condition of retaining 253  
or renewing a license to practice as a physician assistant if 254  
the individual received the license without holding a master's 255  
or higher degree as provided in either of the following: 256

~~(a)(1)~~ Before the educational requirements specified in 257  
division (B)(1) or (2) of this section became effective January 258  
1, 2008; 259

~~(b)(2)~~ By meeting the educational or other applicable 260  
requirements specified in division (C)(1), (2), or (3) of this 261  
section. 262

~~(2)~~ A license described in division (E)(1) of this section 263  
authorizes the license holder to exercise physician delegated 264  
prescriptive authority if, on October 15, 2015, the license 265  
holder held a valid certificate to prescribe issued under former 266  
section 4730.44 of the Revised Code, as it existed immediately 267  
prior to October 15, 2015. 268

~~(3)~~ On application of an individual who received a license 269  
without having first obtained a master's or higher degree and is 270  
not authorized under division (E)(2) of this section to exercise 271  
physician delegated prescriptive authority, the board shall 272  
grant the individual the authority to exercise physician- 273  
delegated prescriptive authority if the individual meets either 274  
of the following requirements: 275

~~(a) The individual provides evidence satisfactory to the board of having obtained a master's or higher degree from either of the following:~~ 276  
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~~(i) A program accredited by the accreditation review commission on education for the physician assistant or a predecessor or successor organization recognized by the board;~~ 279  
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~~(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.~~ 282  
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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.~~ 287  
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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: 293  
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(1) Holds a master's or higher degree described in division (B) of section 4730.11 of the Revised Code; 298  
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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. 300  
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(B) A license described in division (D) of section 4730.11 305  
of the Revised Code authorizes the license holder to exercise 306  
physician-delegated prescriptive authority if, on October 15, 307  
2015, the license holder held a valid certificate to prescribe 308  
issued under former section 4730.44 of the Revised Code, as it 309  
existed immediately prior to that date. 310

(C) On application of an individual who holds a license 311  
issued under this chapter but is not authorized to exercise 312  
physician-delegated prescriptive authority, the board shall 313  
grant the authority to exercise physician-delegated prescriptive 314  
authority if the individual meets either of the following 315  
requirements: 316

(1) The individual provides evidence satisfactory to the 317  
board of having obtained a master's or higher degree from either 318  
of the following: 319

(a) A program accredited by the accreditation review 320  
commission on education for the physician assistant or a 321  
predecessor or successor organization recognized by the board; 322

(b) A program accredited by a regional or specialized and 323  
professional accrediting agency recognized by the council for 324  
higher education accreditation, if the degree is in a course of 325  
study with clinical relevance to the practice of physician 326  
assistants. 327

(2) The individual meets the requirements specified in 328  
division (C) (1) or (3) of section 4730.11 of the Revised Code 329  
and had prescriptive authority while practicing as a physician 330  
assistant in another jurisdiction, in any of the armed forces of 331  
the United States or the national guard of any state, or in the 332  
United States public health service commissioned corps. 333

(D) The board shall issue a prescriber number to each 334  
physician assistant licensed under this chapter who is 335  
authorized to exercise physician-delegated prescriptive 336  
authority. 337

**Sec. 4730.19.** (A) Before initiating supervision of one or 338  
more physician assistants licensed under this chapter, a 339  
physician shall enter into a supervision agreement with each 340  
physician assistant who will be supervised. A supervision 341  
agreement may apply to one or more physician assistants, but, 342  
except as provided in division (B) (2) (e) of this section, may 343  
apply to not more than one physician. The supervision agreement 344  
shall specify that the physician agrees to supervise the 345  
physician assistant and the physician assistant agrees to 346  
practice under that physician's supervision. 347

The agreement shall clearly state that the supervising 348  
physician is legally responsible and assumes legal liability for 349  
the services provided by the physician assistant. The agreement 350  
shall be signed by the physician and the physician assistant. 351

(B) A supervision agreement shall include either or both 352  
of the following: 353

(1) If a physician assistant will practice within a health 354  
care facility, the agreement shall include terms that require 355  
the physician assistant to practice in accordance with the 356  
policies of the health care facility. 357

(2) If a physician assistant will practice outside a 358  
health care facility, the agreement shall include terms that 359  
specify all of the following: 360

(a) The responsibilities to be fulfilled by the physician 361  
in supervising the physician assistant; 362

(b) The responsibilities to be fulfilled by the physician 363  
assistant when performing services under the physician's 364  
supervision; 365

(c) Any limitations on the responsibilities to be 366  
fulfilled by the physician assistant; 367

(d) The circumstances under which the physician assistant 368  
is required to refer a patient to the supervising physician; 369

(e) If the supervising physician chooses to designate 370  
physicians to act as alternate supervising physicians, the 371  
names, business addresses, and business telephone numbers of the 372  
physicians who have agreed to act in that capacity. 373

~~(C) (1) The supervising physician shall submit a copy of 374  
each supervision agreement to the board. The board may review 375  
the supervision agreement at any time for compliance with this 376  
section and for verification of licensure of the supervising 377  
physician and the physician assistant. All of the following 378  
apply to the submission and review process: 379~~

~~(a) If the board reviews a supervision agreement, the 380  
board shall notify the supervising physician of any way that the 381  
agreement fails to comply with this section. 382~~

~~(b) A supervision agreement becomes effective at the end 383  
of the fifth business day after the day the board receives the 384  
agreement unless the board notifies the supervising physician 385  
that the agreement fails to comply with this section. 386~~

~~(c) If a physician receives a notice under division (C) (1) 387  
(a) of this section, the physician may revise the supervision 388  
agreement and resubmit the agreement to the board. The board may 389  
review the agreement as provided in division (C) (1) of this 390  
section. 391~~

~~(2) A supervision agreement expires two years after the day it takes effect. The agreement may be renewed by submitting a copy of it to the board.~~ 392  
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~~Before expiration, a A supervision agreement may be amended by including to modify the responsibilities of one or more physician assistants or to include one or more additional physician assistants. An amendment to a supervision agreement shall be submitted to the board for review in the manner provided for review of an initial agreement under division (C)(1) of this section. The amendment does not alter the agreement's expiration date.~~ 395  
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(D) A supervision agreement shall be kept in the records maintained by the supervising physician who entered into the agreement. 403  
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(E) (1) The board may impose a civil penalty of not more than ~~one~~ five thousand dollars if it finds through a review conducted under this section or through any other means ~~either~~ any of the following: 406  
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(a) That a physician assistant has practiced in a manner that departs from, or fails to conform to, the terms of a supervision agreement entered into under this section; 410  
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(b) That a physician has supervised a physician assistant in a manner that departs from, or fails to conform to, the terms of a supervision agreement entered into under this section; 413  
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(c) That a physician failed to comply with this section. 416

(2) The board's finding under division (A) (1) of this section shall be made pursuant to an adjudication conducted under Chapter 119. of the Revised Code. A civil penalty imposed under that division may be in addition to or in lieu of any 417  
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other action the board may take under section 4730.25 or 4731.22 421  
of the Revised Code. 422

**Sec. 4730.203.** (A) Acting pursuant to a supervision 423  
agreement, a physician assistant may delegate performance of a 424  
task to implement a patient's plan of care or, if the conditions 425  
in division (C) of this section are met, may delegate 426  
administration of a drug. Subject to division (D) of section 427  
4730.03 of the Revised Code, delegation may be to any person. 428  
The physician assistant must be physically present at the 429  
location where the task is performed or the drug administered. 430

(B) Prior to delegating a task or administration of a 431  
drug, a physician assistant shall determine that the task or 432  
drug is appropriate for the patient and the person to whom the 433  
delegation is to be made may safely perform the task or 434  
administer the drug. 435

(C) A physician assistant may delegate administration of a 436  
drug only if all of the following conditions are met: 437

(1) The physician assistant has been granted physician- 438  
delegated prescriptive authority and is authorized to prescribe 439  
the drug. 440

~~(2) The drug is included in the formulary established~~ 441  
~~under division (A) of section 4730.39 of the Revised Code.~~ 442

~~(3) The drug is not a controlled substance.~~ 443

~~(4) (3) The drug will not be administered intravenously.~~ 444

~~(5) (4) The drug will not be administered in a hospital~~ 445  
inpatient care unit, as defined in section 3727.50 of the 446  
Revised Code; a hospital emergency department; a freestanding 447  
emergency department; or an ambulatory surgical facility 448

licensed under section 3702.30 of the Revised Code. 449

(D) A person not otherwise authorized to administer a drug 450  
or perform a specific task may do so in accordance with a 451  
physician assistant's delegation under this section. 452

**Sec. 4730.21.** (A) The supervising physician of a physician 453  
assistant exercises supervision, control, and direction of the 454  
physician assistant. A physician assistant may practice in any 455  
setting within which the supervising physician has supervision, 456  
control, and direction of the physician assistant. 457

In supervising a physician assistant, all of the following 458  
apply: 459

(1) The supervising physician shall be continuously 460  
available for direct communication with the physician assistant 461  
by either of the following means: 462

(a) Being physically present at the location where the 463  
physician assistant is practicing; 464

(b) Being readily available to the physician assistant 465  
through some means of telecommunication and being in a location 466  
that is a distance from the location where the physician 467  
assistant is practicing that reasonably allows the physician to 468  
assure proper care of patients. 469

(2) The supervising physician shall personally and 470  
actively review the physician assistant's professional 471  
activities. 472

(3) The supervising physician shall ensure that the 473  
quality assurance system established pursuant to division (F) of 474  
this section is implemented and maintained. 475

(4) The supervising physician shall regularly perform any 476

other reviews of the physician assistant that the supervising 477  
physician considers necessary. 478

(B) A physician may enter into supervision agreements with 479  
any number of physician assistants, but the physician may not 480  
supervise more than ~~three~~five physician assistants at any one 481  
time. A physician assistant may enter into supervision 482  
agreements with any number of supervising physicians. 483

(C) A supervising physician may authorize a physician 484  
assistant to perform a service only if the physician is 485  
satisfied that the physician assistant is capable of competently 486  
performing the service. A supervising physician shall not 487  
authorize a physician assistant to perform any service that is 488  
beyond the physician's or the physician assistant's normal 489  
course of practice and expertise. 490

(D) In the case of a health care facility with an 491  
emergency department, if the supervising physician routinely 492  
practices in the facility's emergency department, the 493  
supervising physician shall provide on-site supervision of the 494  
physician assistant when the physician assistant practices in 495  
the emergency department. If the supervising physician does not 496  
routinely practice in the facility's emergency department, the 497  
supervising physician may, on occasion, send the physician 498  
assistant to the facility's emergency department to assess and 499  
manage a patient. In supervising the physician assistant's 500  
assessment and management of the patient, the supervising 501  
physician shall determine the appropriate level of supervision 502  
in compliance with the requirements of divisions (A) to (C) of 503  
this section, except that the supervising physician must be 504  
available to go to the emergency department to personally 505  
evaluate the patient and, at the request of an emergency 506

department physician, the supervising physician shall go to the 507  
emergency department to personally evaluate the patient. 508

(E) Each time a physician assistant writes a medical 509  
order, including prescriptions written in the exercise of 510  
physician-delegated prescriptive authority, the physician 511  
assistant shall sign the form on which the order is written and 512  
record on the form the time and date that the order is written. 513

(F) (1) The supervising physician of a physician assistant 514  
shall establish a quality assurance system to be used in 515  
supervising the physician assistant. All or part of the system 516  
may be applied to other physician assistants who are supervised 517  
by the supervising physician. The system shall be developed in 518  
consultation with each physician assistant to be supervised by 519  
the physician. 520

(2) In establishing the quality assurance system, the 521  
supervising physician shall describe a process to be used for 522  
all of the following: 523

(a) Routine review by the physician of selected patient 524  
record entries made by the physician assistant and selected 525  
medical orders issued by the physician assistant; 526

(b) Discussion of complex cases; 527

(c) Discussion of new medical developments relevant to the 528  
practice of the physician and physician assistant; 529

(d) Performance of any quality assurance activities 530  
required in rules adopted by state medical board pursuant to any 531  
recommendations made by the physician assistant policy committee 532  
under section 4730.06 of the Revised Code; 533

(e) Performance of any other quality assurance activities 534

that the supervising physician considers to be appropriate. 535

(3) The supervising physician and physician assistant 536  
shall keep records of their quality assurance activities. On 537  
request, the records shall be made available to the board. 538

**Sec. 4730.38.** (A) ~~Except as provided in division (B) of~~ 539  
~~this section, the~~ The physician assistant policy committee of 540  
the state medical board shall, at such times the committee 541  
determines to be necessary, submit to the board recommendations 542  
regarding physician-delegated prescriptive authority for 543  
physician assistants. The committee's recommendations shall 544  
address both of the following: 545

(1) Policy and procedures regarding physician-delegated 546  
prescriptive authority; 547

(2) Any issue the committee considers necessary to assist 548  
the board in fulfilling its duty to adopt rules governing 549  
physician-delegated prescriptive authority. 550

(B) ~~Not less than every six months, the committee shall~~ 551  
~~review the physician assistant formulary the board adopts~~ 552  
~~pursuant to division (A) (1) of section 4730.39 of the Revised~~ 553  
~~Code and, to the extent it determines to be necessary, submit~~ 554  
~~recommendations proposing changes to the formulary.~~ 555

~~(C)~~ Recommendations submitted under this section are 556  
subject to the procedures and time frames specified in division 557  
(C) of section 4730.06 of the Revised Code. 558

**Sec. 4730.39.** (A) The state medical board shall ~~do all of~~ 559  
~~the following:~~ 560

~~(1) Adopt a formulary listing the drugs and therapeutic~~ 561  
~~devices by class and specific generic nomenclature that a~~ 562

~~physician may include in the physician-delegated prescriptive authority granted to a physician assistant who holds a valid prescriber number issued by the state medical board;~~ 563  
564  
565

~~(2) Adopt adopt rules governing physician-delegated prescriptive authority for physician assistants;~~ 566  
567

~~(3) Establish standards and procedures for delegation under division (A) of section 4730.203 of the Revised Code of the authority to administer drugs. The rules shall be adopted in accordance with Chapter 119. of the Revised Code.~~ 568  
569  
570  
571

(B) The board's rules governing physician-delegated prescriptive authority ~~adopted pursuant to division (A) (2) of this section shall be adopted in accordance with Chapter 119. of the Revised Code and~~ shall establish all of the following: 572  
573  
574  
575

(1) Requirements regarding the pharmacology courses that a physician assistant is required to complete; 576  
577

(2) A specific prohibition against prescribing any drug or device to perform or induce an abortion; 578  
579

(3) 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 under section 4730.43 of the Revised Code; 580  
581  
582  
583

(4) Any other requirements the board considers necessary to implement the provisions of this chapter regarding physician-delegated prescriptive authority. 584  
585  
586

~~(C) (1) After considering recommendations submitted by the physician assistant policy committee pursuant to sections 4730.06 and 4730.38 of the Revised Code, the board shall review either or both of the following, as appropriate according to the~~ 587  
588  
589  
590

~~submitted recommendations:—~~ 591

~~(a) The formulary the board adopts under division (A)(1) of this section;—~~ 592  
593

~~(b) The rules the board adopts under division (A)(2) of this section regarding physician-delegated prescriptive authority.—~~ 594  
595  
596

~~(2) Based on its review, the board shall make any necessary modifications to the formulary or rules.—~~ 597  
598

**Sec. 4730.41.** (A) A physician assistant who holds a valid 599  
prescriber number issued by the state medical board is 600  
authorized to prescribe and personally furnish drugs and 601  
therapeutic devices in the exercise of physician-delegated 602  
prescriptive authority. 603

(B) In exercising physician-delegated prescriptive 604  
authority, a physician assistant is subject to all of the 605  
following: 606

(1) The physician assistant shall exercise physician- 607  
delegated prescriptive authority only to the extent that the 608  
physician supervising the physician assistant has granted that 609  
authority. 610

(2) The physician assistant shall comply with all 611  
conditions placed on the physician-delegated prescriptive 612  
authority, as specified by the supervising physician who is 613  
supervising the physician assistant in the exercise of 614  
physician-delegated prescriptive authority. 615

(3) If the physician assistant possesses physician- 616  
delegated prescriptive authority for controlled substances, the 617  
physician assistant shall register with the federal drug 618

enforcement administration. 619

(4) If the physician assistant possesses physician- 620  
delegated prescriptive authority for schedule II controlled 621  
substances, the physician assistant shall comply with section 622  
4730.411 of the Revised Code. 623

(5) If the physician assistant possesses physician- 624  
delegated prescriptive authority to prescribe for a minor an 625  
opioid analgesic, as those terms are defined in sections 626  
3719.061 and 3719.01 of the Revised Code, respectively, the 627  
physician assistant shall comply with section 3719.061 of the 628  
Revised Code. 629

(6) The physician assistant shall comply with the 630  
requirements of section 4730.44 of the Revised Code. 631

(C) A physician assistant shall not prescribe any drug in 632  
violation of state or federal law. 633

**Sec. 4730.42.** (A) In granting physician-delegated 634  
prescriptive authority to a particular physician assistant who 635  
holds a valid prescriber number issued by the state medical 636  
board, the supervising physician is subject to all of the 637  
following: 638

~~(1) The supervising physician shall not grant physician-~~ 639  
~~delegated prescriptive authority for any drug or therapeutic~~ 640  
~~device that is not listed on the physician assistant formulary~~ 641  
~~adopted under section 4730.39 of the Revised Code as a drug or~~ 642  
~~therapeutic device that may be included in the physician-~~ 643  
~~delegated prescriptive authority granted to a physician-~~ 644  
~~assistant.~~ 645

~~(2) The supervising physician shall not grant physician-~~ 646  
~~delegated prescriptive authority for any drug or device that may~~ 647

be used to perform or induce an abortion. 648

~~(3)~~ (2) The supervising physician shall not grant 649  
physician-delegated prescriptive authority in a manner that 650  
exceeds the supervising physician's prescriptive authority, 651  
including the physician's authority to treat chronic pain with 652  
controlled substances and products containing tramadol as 653  
described in section 4731.052 of the Revised Code. 654

~~(4)~~ (3) The supervising physician shall supervise the 655  
physician assistant in accordance with both of the following: 656

(a) The supervision requirements specified in section 657  
4730.21 of the Revised Code; 658

(b) The supervision agreement entered into with the 659  
physician assistant under section 4730.19 of the Revised Code, 660  
including, if applicable, the policies of the health care 661  
facility in which the physician and physician assistant are 662  
practicing. 663

(B) (1) The supervising physician of a physician assistant 664  
may place conditions on the physician-delegated prescriptive 665  
authority granted to the physician assistant. If conditions are 666  
placed on that authority, the supervising physician shall 667  
maintain a written record of the conditions and make the record 668  
available to the state medical board on request. 669

(2) The conditions that a supervising physician may place 670  
on the physician-delegated prescriptive authority granted to a 671  
physician assistant include the following: 672

(a) Identification by class and specific generic 673  
nomenclature of drugs and therapeutic devices that the physician 674  
chooses not to permit the physician assistant to prescribe; 675

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

(c) 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;

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

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

(1) The amount of the sample furnished shall not exceed a seventy-two-hour supply, except when the minimum available quantity of the sample is packaged in an amount that is greater than a seventy-two-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.

(B) A physician assistant who holds a valid prescriber number issued by the state medical board and has been granted physician-delegated prescriptive authority may personally

furnish to a patient a complete or partial supply of the drugs 705  
and therapeutic devices that are included in the physician 706  
assistant's physician-delegated prescriptive authority, subject 707  
to all of the following: 708

(1) The physician assistant shall personally furnish only 709  
antibiotics, antifungals, scabicides, contraceptives, prenatal 710  
vitamins, antihypertensives, drugs and devices used in the 711  
treatment of diabetes, drugs and devices used in the treatment 712  
of asthma, and drugs used in the treatment of dyslipidemia. 713

(2) The physician assistant shall not furnish the drugs 714  
and devices in locations other than a health department operated 715  
by the board of health of a city or general health district or 716  
the authority having the duties of a board of health under 717  
section 3709.05 of the Revised Code, a federally funded 718  
comprehensive primary care clinic, or a nonprofit health care 719  
clinic or program. 720

(3) The physician assistant shall comply with all 721  
standards and procedures for personally furnishing supplies of 722  
drugs and devices, as established in rules adopted under section 723  
4730.39 of the Revised Code. 724

**Sec. 4730.44.** (A) As used in this section: 725

(1) "Military" means the armed forces of the United States 726  
or the national guard of any state, including any health care 727  
facility or clinic operated by the United States department of 728  
veterans affairs. 729

(2) "Public health service" means the United States public 730  
health service commissioned corps. 731

(B) During the first five hundred hours of a physician 732  
assistant's exercise of physician-delegated prescriptive 733

authority, the physician assistant shall exercise that authority 734  
only under the on-site supervision of a supervising physician. 735  
This requirement is met by a physician assistant practicing in 736  
the military or the public health service if the supervision is 737  
provided by a person licensed, or otherwise authorized, by any 738  
jurisdiction to practice medicine and surgery or osteopathic 739  
medicine and surgery. 740

~~(B)~~ (C) A physician assistant shall be excused from the 741  
requirement established in division ~~(A)~~ (B) of this section if 742  
~~prior~~ either of the following is the case: 743

(1) Prior to application under section 4730.10 of the 744  
Revised Code, the physician assistant held a prescriber number, 745  
or the equivalent, from another jurisdiction and practiced with 746  
prescriptive authority in that jurisdiction for not less than 747  
one thousand hours. 748

(2) Prior to application under section 4730.10 of the 749  
Revised Code, the physician assistant practiced with 750  
prescriptive authority in the military or public health service 751  
for not less than one thousand hours. 752

~~(C)~~ (D) A record of a physician assistant's completion of 753  
the hours required by division ~~(A)~~ (B) of this section ~~or,~~ 754  
issuance of a prescriber number or equivalent by another 755  
jurisdiction, or practice in the military or public health 756  
service shall be kept in the records maintained by a supervising 757  
physician of the physician assistant. The record shall be made 758  
available for inspection by the board. 759

**Section 2.** That existing sections 4730.05, 4730.06, 760  
4730.11, 4730.19, 4730.203, 4730.21, 4730.38, 4730.39, 4730.41, 761  
4730.42, 4730.43, and 4730.44 and section 4730.40 of the Revised 762

Code are hereby repealed. 763

**Section 3.** Section 4730.41 of the Revised Code is 764  
presented in this act as a composite of the section as amended 765  
by S.B. 110 of the 131st General Assembly and H.B. 394 and S.B. 766  
276 both of the 130th General Assembly. The General Assembly, 767  
applying the principle stated in division (B) of section 1.52 of 768  
the Revised Code that amendments are to be harmonized if 769  
reasonably capable of simultaneous operation, finds that the 770  
composite is the resulting version of the section in effect 771  
prior to the effective date of the section as presented in this 772  
act. 773