

**As Reported by the Senate Health, Human Services and Medicaid
Committee**

132nd General Assembly

**Regular Session
2017-2018**

Sub. S. B. No. 259

Senator Hackett

Cosponsor: Senator Tavares

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
78
79
80

(1) The meeting location is open and accessible to the public. 81
82

(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
84
85

(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
87
88

(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
90
91

(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
93
94

(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
97
98

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
100
101

(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
103
104

(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
277
278

~~(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
280
281

~~(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
283
284
285
286

~~(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
288
289
290
291
292

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
294
295
296
297

(1) Holds a master's or higher degree described in division (B) of section 4730.11 of the Revised Code; 298
299

(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
301
302
303
304

(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
393
394

~~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
396
397
398
399
400
401
402

(D) A supervision agreement shall be kept in the records maintained by the supervising physician who entered into the agreement. 403
404
405

(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
407
408
409

(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
411
412

(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
414
415

(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
418
419
420

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; 676
677

(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; 678
679
680
681

(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. 682
683
684
685

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: 686
687
688
689
690
691
692

(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. 693
694
695
696
697

(2) No charge may be imposed for the sample or for furnishing it. 698
699

(3) Samples of controlled substances may not be personally furnished. 700
701

(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 702
703
704

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