4730-1-03 **Duties of a supervising physician.**

(A) The physician supervising a physician assistant assumes legal liability for the services provided by the physician assistant under a board-approved supervision agreement. A supervision agreement shall be terminated by one of the following means:

(1) The supervising physician fails to renew the supervision agreement;

(2) The physician notifies the board, in writing, that the supervision agreement has been terminated; or

(3) The certificate to practice held by either the physician or the physician assistant is inactive due to failure to renew or for any other reason.

(B) The supervising physician may enter into supervision agreements with any number of physician assistants, but shall not supervise more than two physician assistants at any one time.

(C) A supervising physician may authorize the physician assistant to perform a service only if all the following criteria are met:

(1) The supervising physician has a board-approved supervision agreement with the physician assistant;

(2) The service is listed on the board-approved physician supervisory plan or special services plan, if the practice is an office-based practice, or is in accordance with the policies of the health care facility in which the physician and physician assistant are practicing;

(3) The service is within the supervising physician's normal course of practice;

(4) The supervising physician is satisfied that the physician assistant is capable of competently performing the service; and

(5) The supervising physician is authorized to perform the service.

(D) When on-site supervision or direct supervision of the physician assistant is not required under rule 4730-1-04 of the Administrative Code, the supervisory plan or special services plan approved by the board, or the policies of the health care facility in which the supervising physician and physician assistant are practicing, the supervising physician shall be continuously available for direct communication

with the physician assistant by either of the following means:

(1) Being physically present at the location where the physician assistant is practicing; or

(2) Being in a location that under normal conditions is not more than sixty minutes travel time away from the practice location of the physician assistant and being readily available to the physician assistant through some means of telecommunication.

(E) The supervising physician shall perform all of the following supervisory activities:

(1) Personally and actively review the physician assistant's professional activities;

(2) Regularly review the condition of the patients treated by the physician assistant;

(3) Regularly perform any other reviews of the physician assistant that the supervising physician considers necessary;

(4) Establish, in consultation with each physician assistant supervised by the physician, implement, and maintain a quality assurance system, in accordance with the requirements of rule 4730-1-05 of the Administrative Code;

(5) Only grant prescriptive authority to a physician assistant in compliance with the formulary adopted in rule by the board;

(6) Supervise the physician assistant's provisional period of prescriptive authority in accordance with rule 4730-2-04 of the Administrative Code; and

(7) Maintain a written record of the following:

(a) Any conditions placed upon a specific physician assistant's practice in an office-based practice.

(b) Any limitations imposed in addition to any limitations applicable under the policies of a health care facility.

(8) Make the written record of conditions and/or limitations required in paragraph (E)(7) of this rule available upon request of the board or any health care professional working with the supervising physician and physician assistant.

(F) When a physician assistant is providing medical care precipitated by a disaster or emergency, as those terms are defined in section 4730.04 of the Revised Code, both of the following apply:

(1) The physician supervising a physician assistant pursuant to a supervisory plan approved under section 4730.17 of the Revised Code is not required to be physically present at the disaster or emergency site or be readily available to the physician assistant through some means of telecommunication and being in a location that under normal conditions is not more than sixty minutes travel time away from the disaster or emergency site.

(2) The physician designated as the medical director of the disaster or emergency may supervise the medical care provided by the physician assistant.

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4730-1-07 **Miscellaneous provisions.**

For purposes of Chapter 4730. of the Revised Code and Chapters 4730-1 and 4730-2 of the Administrative Code:

(A) An adjudication hearing held pursuant to the provisions of Chapter 119. of the Revised Code shall be conducted in conformance with the provisions of Chapter 4731-13 of the Administrative Code.

(B) The provisions of Chapters 4731-13, 4731-14, 4731-15, 4731-16, 4731-17, 4731-18, 4731-19, 4731-21, 4731-26, and 4731-28 of the Administrative Code and rules 4731-11-01, 4731-11-02, 4731-11-03, 4731-11-04, 4731-11-05, 4731-11-06, 4731-11-07, 4731-11-08, and 4731-11-09 of the Administrative Code are applicable to the holder of a certificate to practice as a physician assistant issued pursuant to section 4730.12 of the Revised Code, as though fully set forth in Chapter 4730-1 or 4730-2 of the Administrative Code.

(C) A holder of a certificate to practice as a physician assistant issued pursuant to section 4730.12 of the Revised Code shall not assist in surgery in an office setting, except where such authority is specified in a special services plan approved by the board pursuant to section 4730.17 of the Revised Code. Where a board-approved special services plan specifically authorizes the physician assistant to assist in office-based surgery, the requirements of paragraph (B) of this rule and the provisions of Chapter 4731-25 of the Administrative Code apply, as though fully set forth in Chapter 4730-1 or 4730-2 of the Administrative Code.

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4730-2-02 **Educational requirements for prescriptive authority.**

(A) For purposes of division ~~(B)(1)(b)~~(B)(2)(b) of section 4730.46 of the Revised Code, a course of study is clinically relevant to the practice of physician assistants if it is a biological science related to the anatomy and physiology of the human body.

(1) The course of study may include, but is not necessarily limited to, the following: anatomy, biochemistry, physiology, microbiology, pharmacology, genetics, neuro-science and molecular biology, occupational therapy, physical therapy, exercise physiology, public health, physician assistant studies, athletic training, medical sciences, and psychology.

(2) Courses of study not acceptable include, but are not necessarily limited to, business, economics, ethics, history, and other fields not related to biological science.

~~(B) Years of clinical experience as a physician assistant required by division (B)(2)(b) of section 4730.46 of the Revised Code, shall be established by the submission of a notarized affidavit from one or more supervising physicians containing all of the following:~~

~~(1) The dates, by month and year, that the physician supervised the physician assistant's practice; and~~

~~(2) The attestation of the physician who supervised the physician assistant's practice, or, if the supervising physician is deceased or no longer associated with the employer, an authorized representative of the employer, that the physician assistant was engaged in the clinical practice of providing physician assistant medical services as authorized by the law of the appropriate jurisdiction during the period of supervision.~~

~~(C)~~(B) Pharmacology instruction required by division (A)(2) of section 4730.46 of the Revised Code shall be met by completion of a course of study consisting of planned classroom or continuing education and clinical study as follows:

(1) The course of study meets one of the following requirements:

(a) It is provided as part of a physician assistant education program accredited by the ARC-PA; or

(b) It is approved by the board pursuant to paragraphs ~~(D), (E), and (F)~~(C), (D), and (E) of this rule.

(2) The content of the course of study includes all of the following:

(a) A minimum of thirty contact hours of training in pharmacology that includes pharmacokinetic principles and clinical application and the use of drugs and therapeutic devices in the prevention of illness and maintenance of health;

(b) A minimum of twenty contact hours of clinical training in pharmacology; and

(c) A minimum of fifteen contact hours including training in the fiscal and ethical implications of prescribing drugs and therapeutic devices and training in the state and federal laws that apply to the authority to prescribe.

~~(D)~~(C) Coursework meeting the course content required in paragraph ~~(C)(2)(a)~~(B)(2)(a) of this rule shall be deemed approved by the board if it meets one of the following requirements:

(1) The coursework is approved for category I CME credit by AAPA or an institution or organization accredited to provide CME by the ACCME; or

(2) The coursework is approved as an advanced instructional program in pharmacology by the Ohio board of nursing pursuant to rule 4723-9-02 of the Administrative Code.

~~(E)~~(D) Clinical training in pharmacology providing twenty contact hours in clinical pharmacology shall be deemed approved by the board for purposes of paragraph ~~(C)(2)(b)~~ (B)(2)(b) of this rule, if it meets one of the following requirements:

(1) The clinical training meets all of the following requirements:

(a) The clinical training is conducted under the on-site supervision and direction of a supervising physician;

(b) The clinical training includes a process for regular interaction between the supervising physician and the physician assistant for on-going discussion concerning the physician assistant's prescriptive decisions;

(c) The clinical training includes evaluation of the physician assistant's learning of the principles of the use of drugs and therapeutic devices in the prevention of illness and maintenance of health; and

(d) The clinical training requires the physician assistant to apply pharmacologic principles and precepts in prescribing for a variety of medical conditions.

(2) The clinical training of a physician assistant who has been granted physician delegated prescriptive authority in another jurisdiction shall be deemed approved by the board upon receipt of an affidavit, from the physician licensed in that state who supervised the physician assistant in the exercise of physician delegated prescriptive authority, stating that the physician assistant has met the clinical training requirements provided in this rule.

~~(F)~~(E) Coursework meeting the course content required in paragraph ~~(C)(2)(e)~~(B)(2)(c) of this rule shall be deemed approved by the board if it is approved for category I CME credit by AAPA or an institution or organization accredited to provide CME by the ACCME.

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4730-2-06 **Physician assistant formulary.**

(A) This formulary, as contained in the appendix to this rule, is established for individuals who hold a current, valid certificate to practice as a physician assistant and either a current, valid provisional certificate to prescribe or a certificate to prescribe issued by the board, and who have been authorized to prescribe pursuant to a board approved supervisory plan or the policies of the health care facility in which the physician assistant is practicing. The formulary does not authorize a physician assistant to prescribe any ~~schedule II controlled substance or any~~ drug or device used to perform or induce an abortion.

(B) For purposes of the physician assistant formulary:

(1) "CTP" means either a provisional certificate to prescribe or a certificate to prescribe issued by the board pursuant to section 4730.44 of the Revised Code.

(2) "CTP holder may not prescribe" means medications in the category may not be prescribed by any CTP holder for any indication.

(3) "CTP holder may prescribe" means medications in the category may be prescribed by any CTP holder as appropriate.

(4) "Physician initiated/consultation" means that either the supervising physician must initiate the drug after personally evaluating the patient or the physician assistant must consult with the supervising physician by direct, real time communication prior to initiating the drug.

(5) "Therapeutic device" means an instrument, apparatus, implement, machine, contrivance, implant, in vitro reagent, or other similar or related article, including a component part, or accessory which is intended to affect the structure or any function of the body and which does not achieve any of its primary intended purposes through chemical action within or on the body and which is not dependent upon being metabolized for the achievement of any of its primary intended purposes. Therapeutic device includes any device subject to regulation by the "Food and Drug Administration."

(C) All physician assistant prescribing shall be in compliance with the supervisory plan under which the physician assistant is prescribing or the policies of the health care facility in which the physician assistant is prescribing, as may be restricted by the supervising physician.

(D) All drugs and therapeutic devices shall be prescribed in accordance with the

manufacturer's package insert, the "United States Parmacopoeia," and the minimal standard of care.

(E) Drugs may be prescribed for purposes other than "Food and Drug Administration" indications when both of the following requirements are met:

(1) The purpose is supported by current peer review literature, which emanates from a recognized body of knowledge; and

(2) Prescribing for the purpose is authorized by the supervising physician under whom the physician assistant is prescribing or the policies of the health care facility in which the physician assistant is prescribing.

(F) In order for a physician assistant to prescribe a combination medication, each component drug must be listed on the formulary as "CTP holder may prescribe" or the combination medication itself must be listed on the formulary as "CTP holder may prescribe."

(G) For medications that are denoted "Physician initiated/consultation," both of the following requirements apply:

(1) The supervising physician's initiation of the drug or the prior consultation between the physician assistant and the supervising physician shall be documented in the patient record; and

(2) The physician assistant shall consult with the supervising physician before changing the dosage of the drug or before renewing a prescription when there is a change in patient status. The consultation shall be documented in the patient record.

(H) A drug ~~approved by the "Food and Drug Administration" subsequent to the effective date of this rule~~ for which the classification is not included on the formulary shall not be prescribed by a physician assistant until it is reviewed and added to the formulary.

(I) The prescription of oxygen and plasma expanders is regulated by the Ohio state board of pharmacy and requires the physician assistant to hold a current, valid certificate to prescribe.

(J) A physician assistant's prescription of therapeutic devices shall be in compliance with both of the following:

(1) The physician assistant may only prescribe a therapeutic device that has been approved by the "Food and Drug Administration" and which the supervising physician prescribes in the routine course of practice for the specific use approved by the "Food and Drug Administration;" and

(2) The physician assistant shall not prescribe a therapeutic device that federal or state statute, rule, or regulation prohibits the physician assistant from using.

(K) A physician assistant, with or without physician delegated prescriptive authority, may order blood products with physician initiation or consultation, consistent with the physician assistant's supervisory plan or the policies of the health care facility, as applicable.

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4730-2-07 **Standards for prescribing.**

For purposes of this rule, the term "certificate to prescribe" includes the provisional certificate to prescribe and the full certificate to prescribe issued by the board pursuant to section 4730.44 of the Revised Code.

(A) A physician assistant who holds a current valid certificate to prescribe and who has been granted physician-delegated prescriptive authority by a supervising physician may prescribe a drug or therapeutic device provided the prescription is in accordance with all of the following:

(1) The extent and conditions of the physician-delegated prescriptive authority, granted by the supervising physician who is supervising the physician assistant in the exercise of the authority, for the prescription of drugs and devices listed on the formulary set forth rules promulgated by the board;

(2) The requirements of Chapter 4730. of the Revised Code;

(3) The requirements of Chapters 4730-1, 4730-2, 4731-11, and 4731-21 of the Administrative Code; and

(4) The requirements of state and federal law pertaining to the prescription of drugs and therapeutic devices.

(B) A physician assistant who holds a current valid certificate to prescribe who has been granted physician-delegated prescriptive authority by a supervising physician shall prescribe in a valid prescriber-patient relationship. This includes, but is not limited to:

(1) Obtaining a thorough history of the patient;

(2) Conducting a physical examination of the patient;

(3) Rendering or confirming a diagnosis;

(4) Prescribing medication, ruling out the existence of any recognized contraindications;

(5) Consulting with the supervising physician when necessary; and

(6) Properly documenting these steps in the patient's medical record.

(C) The physician assistant's prescriptive authority shall not exceed the prescriptive authority of the supervising physician under whose supervision the prescription is being written, including but not limited to, any restrictions imposed on the physician's practice by action of the United States drug enforcement administration or the state medical board of Ohio.

(D) A physician assistant holding a current valid certificate to prescribe and who has been granted physician-delegated prescriptive authority by a supervising physician to prescribe controlled substances shall apply for and obtain the United States drug enforcement administration registration prior to prescribing any controlled substances.

(E) ~~A physician assistant holding a current valid certificate to prescribe and who has been granted physician-delegated prescriptive authority by a supervising physician shall not prescribe the following:~~A physician assistant holding a current valid certificate to prescribe and who has been granted physician-delegated prescriptive authority by a supervising physician shall not prescribe any drug or device to perform or induce an abortion.

~~(1) Any drug or device to perform or induce an abortion; or~~

~~(2) Any schedule II controlled substance.~~

(F) A physician assistant holding a current valid certificate to prescribe and who has been granted physician-delegated prescriptive authority by a supervising physician shall include on each prescription the certificate number of the physician assistant's certificate to prescribe, and, where applicable, shall include the physician assistant's DEA number.

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4730-2-10

4730-2-10 Standards and procedures for review of "Ohio Automated Rx Reporting System" (OARRS).

(A) For purposes of this rule:

(1) "OARRS" means the "Ohio Automated Rx Reporting System" drug database established and maintained pursuant to section 4729.75 of the Revised Code.

(2) "OARRS report" means a report of information related to a specified patient generated by the drug database established and maintained pursuant to section 4729.75 of the Revised Code.

(3) "Personally furnish" means the distribution of drugs by a prescriber to the prescriber's patients for use outside the prescriber's practice setting.

(4) "Protracted basis" means a period in excess of twelve continuous weeks.

(5) "Reported drugs" means all the drugs listed in rule 4729-37-02 of the Administrative Code that are required to be reported to the drug database established and maintained pursuant to section 4729.75 of the Revised Code, including:

(a) Controlled substances in schedules II, III, IV, and V, and

(b) All dangerous drug products containing tramadol.

(B) If a physician assistant believes or has reason to believe that a patient may be abusing or diverting drugs, the physician assistant shall use sound clinical judgment in determining whether or not the reported drug should be prescribed to the patient under the circumstances.

(1) To assist in this determination, the physician assistant shall access OARRS and document receipt and assessment of the information received if the patient exhibits the following signs of drug abuse or diversion:

(a) Selling prescription drugs;

(b) Forging or altering a prescription;

(c) Stealing or borrowing reported drugs;

(d) Increasing the dosage of reported drugs in amounts that exceed the prescribed amount;

(e) Having a drug screen result that is inconsistent with the treatment plan or refusing to participate in a drug screen;

(f) Having been arrested, convicted or received diversion, or intervention in

lieu of conviction for a drug related offense while under the physician's care;

(g) Receiving reported drugs from multiple prescribers, without clinical basis; or

(h) Having a family member, friend, law enforcement officer, or health care professional express concern related to the patient's use of illegal or reported drugs.

(2) Other signs of possible abuse or diversion which may necessitate accessing OARRS include, but are not limited to the following:

(a) A known history of chemical abuse or dependency;

(b) Appearing impaired or overly sedated during an office visit or exam;

(c) Requesting reported drugs by specific name, street name, color, or identifying marks;

(d) Frequently requesting early refills of reported drugs;

(e) Frequently losing prescriptions for reported drugs;

(f) A history of illegal drug use;

(g) Sharing reported drugs with another person; or

(h) Recurring emergency department visits to obtain reported drugs.

(C) A physician assistant prescribing reported drugs to treat a patient on a protracted basis shall, at a minimum, document receipt and assessment of an OARRS report in the following circumstances:

(1) Once the physician assistant has reason to believe that the treatment will be required on a protracted basis; and

(2) At least once annually, thereafter.

(D) A physician assistant shall document receipt and assessment of all OARRS reports in the patient record.

(1) Initial reports requested in compliance with this rule shall cover a time period of at least one year;

(2) Subsequent reports requested in compliance with this rule shall, at a minimum, cover the period from the date of the last report to present.

(E) In the event an OARRS report is not available prior to writing a prescription for a reported drug or personally furnishing the reported drug, the physician assistant shall document in the patient record why the OARRS report was not available.

(F) Paragraph (C) of this rule does not apply to a hospice patient in a hospice care program as those terms are defined in section 3712.01 of the Revised Code.

(G) Review of the physician assistant's compliance with this rule shall be included as an activity in the quality assurance plan required by division (F) of section 4730.21 of the Revised Code.

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4730-3-01 **Definitions.**

(A) "Applicant for an initial certificate to practice" means a person seeking an initial certificate to practice as a physician assistant pursuant to Chapter 4730. of the Revised Code.

(B) "Applicant for a restored certificate to practice" includes a person seeking restoration of a certificate to practice pursuant to Chapter 4730. of the Revised Code.

(C) "Criminal records check" has the same meaning as in division (E) of section 109.572 of the Revised Code.

(D) "~~BCI&I~~ BCI" means the "Ohio Bureau of Criminal Identification and Investigation."

(E) "FBI" mean the "Federal Bureau of Investigation."

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4730-3-02 **Criminal records checks.**

(A) An applicant for an initial certificate to practice or for a restored certificate to practice pursuant to Chapter 4730. of the Revised Code, shall submit fingerprints, required forms, and required fees to ~~BCI&I~~BCI for completion of ~~BCI&I~~BCI and FBI criminal records checks.

(1) An applicant who is present in Ohio shall use the services of an entity that has been designated by the Ohio attorney general to participate in the "National WebCheck" program~~,~~ (available at http://www.ohioattorneygeneral.gov/) pay any processing fee charged by the entity, and cause the entity to submit both of the following to ~~BCI&I~~BCI, with the "State Medical Board of Ohio" designated to receive the results:

(a) The applicant's electronic fingerprints; and

(b) The applicant's payment of fees for the ~~BCI&I~~BCI and FBI criminal records checks.

(2) An applicant who resides in a state or jurisdiction other than Ohio shall either appear in Ohio in order to comply with the requirements of paragraph (A)(1) of this rule or request that the board send the forms required for the criminal records checks to the applicant's address.

~~When an applicant requests that the required forms be mailed by the board, upon receipt of the forms the applicant shall have a local law enforcement agency process the forms. The~~ Upon receipt of the forms, the applicant shall have their fingerprints processed, pay any processing fees charged by the ~~local law enforcement agency~~entity and cause the ~~local law enforcement agency~~entity to submit to ~~BCI&I~~BCI all of the following, with the "State Medical Board of Ohio" designated to receive the results:

(a) A fingerprint card bearing the prints of the applicant's ten fingers;

(b) The applicant's completed request for exemption from the electronic fingerprint submission requirement; and

(c) The applicant's payment of fees for ~~BCI&I~~BCI and FBI criminal records checks.

~~(3) The applicant who submits the criminal records checks request via the fingerprint card bearing the prints of applicant's ten fingers, pursuant to paragraph (A)(2) of this rule, shall also ensure that any other forms required by the board are completed and submitted to the board.~~

(B) The board shall maintain the criminal records check reports in a manner that ensures the confidentiality of the results, prevents disclosure pursuant to a public records request, and complies with applicable state and federal requirements.

(C) The board shall not accept the results of a criminal records check submitted by an entity other than ~~BCI&I~~BCI.

(D) In reviewing the results of criminal records checks to determine whether the applicant should be granted an initial or restored certificate to practice, the board may consider all of the following:

(1) The nature and seriousness of the crime;

(2) The extent of the applicant's past criminal activity;

(3) The age of the applicant when the crime was committed;

(4) The amount of time that has elapsed since the applicant's last criminal activity;

(5) The conduct and work activity of the applicant before and after the criminal activity;

(6) Whether the applicant has completed the terms of any probation or deferred adjudication;

(7) Evidence of the applicant's rehabilitation;

(8) Whether the applicant fully disclosed the arrest or conviction to the board; and

(9) Any other factors the board considers relevant.

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