

**PHYSICIAN ASSISTANT POLICY COMMITTEE MINUTES**  
**March 11, 2014**

The meeting was called to order at approximately 1:47 p.m. on Tuesday, March 11, 2014.

Committee members present: Melissa Bowlby, PA-C; Anita Steinbergh, D.O.; James Fry, PA-C; and Eric Luckage.

Staff members present: Sallie Debolt, and Cathy Hacker

Guests: Beth Adamson, Executive Director, OAPA; and Steven Landerman, Executive Director, Ohio Orthopaedic Association.

***I. Review of the February 11, 2014 minutes:***

Dr. Steinbergh moved to approve the minutes from the February 11, 2014 meeting. Mr. Fry seconded the motion. All members voted aye. The motion carried.

***II. Review changes to applications:***

Ms. Debolt stated that she had just rearranged some things in the application for the model orthopaedic special service plan as requested by the PA committee. Ms. Bowlby thanked Ms. Debolt for her work on this application. Mr. Fry stated that he was unable to tell the difference between the application as originally submitted and the one that was presented.

Dr. Steinbergh stated that she had concerns with the language regarding the use of ultrasound guidance and requested that the language be changed to read as indicated so that it does not appear that ultrasound guidance is being required in this application. She further stated that the use of the ultrasound can be costly and not always needed. Ms. Bowlby stated that her practice does not always use ultrasound guidance when performing these types of injections, but agrees that if available and indicated, ultrasound could be used.

In regards to the physician assistant requirements, Dr. Steinbergh requested that the language regarding PA's with less than 1 year of orthopaedic experience be removed as she does not feel that PA's should be doing these injections until they have at least one year of experience. Additionally, Dr. Steinbergh felt that the supervising physician should evaluate every patient prior to the injection being performed. The committee further discussed this and thought that it would be reasonable that the supervising physician would evaluate new patients and develop the plan of care and if that included the injection, it could be performed by the PA at the next visit and the physician would not need to re-evaluate that patient before receiving the injection.

The discussion then turned to the supervision requirements and Dr. Steinbergh requested that the language regarding offsite supervision be removed as she feels a supervising physician should always be onsite while the PA is performing these injections. Ms. Bowlby suggested that the supervising physician would not need to be onsite 100% of the time if the patient is returning after the physician has already seen the patient and has prescribed the plan of care. Dr. Steinbergh felt comfortable with the physician seeing the patient and making the plan. Ms. Bowlby stated that if

the physician is at the hospital (ie offsite) and patients are just returning for follow up injections as per the physicians plan of care there is no need for the physician to be onsite. Mr. Luckage stated that as a consumer if he makes an appointment with a physician then he expects to see a physician. He further stated that if the physician is making the plan of care then he is ok with seeing the PA for the series of injections. However, if an established patient is not receiving relief from the plan of care then the PA needs to confer with the supervising physician and or the supervising physician should reevaluate the patient. Dr. Steinbergh, Ms. Debolt and Mr. Luckage all requested that the supervising physician see the patient and make the plan of care prior to the PA performing these injections. Mr. Luckage and Ms. Bowlby both agree that established patients with a physician's approved plan of care should be able to be seen by the PA for injections while the physician is not onsite. Mr. Luckage asked if there are any adverse reactions to the medication. Dr. Steinbergh stated that there are rarely any reactions. Ms. Bowlby stated that if needed there is usually an AED onsite and they would call 911 if there is an emergent reaction. Dr. Steinbergh requested the percentages of required supervision be replaced with a model protocol outlining supervision for when onsite and offsite supervision is acceptable be included in the application.

Dr. Steinbergh moved to table this application. Mr. Fry seconded the motion. All members voted aye. The motion carried.

The committee then reviewed the changes to the physician assistant supervision agreement application. it was noted that the changes are a way of making sure that the supervising physician knows that they are required to routinely practice at the site(s) that they wish to utilize their PA(s). Ms. Bowlby asked if "routinely practices" has been defined. Ms. Debolt stated that there is no quantitative amount of time indicated in the statute or the rules. Mr. Luckage requested that there be a reference to rule 4731-1-02(A)(2) on the application. Mr. Fry and Ms. Bowlby agreed with the request to reference the rule on the application.

Mr. Luckage moved to approve the supervision agreement application as amended. Mr. Fry seconded the motion. All members voted aye. The motion carried.

### ***III. Rules Review:***

Ms. Debolt informed the committee that the rules had been returned to us from the Common Sense Initiative and that of the 20 rules that were sent over there were no changes to 10, 9 were amended and 1 addition to the rules to include the use of the OARRS system. She further stated that there will be a couple of small changes to remove the prohibition of PA prescribing schedule II medications and adjustments to the numbering and lettering of the rules as a result of the removal of that section.

Ms. Debolt stated that the PA rules hearing had been set for April 23, 2014 at 2 p.m.

Dr. Steinbergh moved to approve the changes to the PA rules. Mr. Fry seconded the motion all members voted aye. The motion carried.

### ***IV. New Business matters***

Mr. Luckage informed the committee that April will be his last meeting as he is term limited and cannot be reappointed. Mr. Fry indicated that he wanted to be reappointed to the committee. Dr. Steinbergh stated that Dr. Stiltner will need to be replaced.

Ms. Debolt reminded the committee members to file their financial disclosure forms.

The Physician Assistant Policy Committee meeting was adjourned by Ms. Bowlby at approximately 3:00 p.m. on Tuesday, March 11, 2014.

I hereby attest that these are the true and accurate minutes of the Physician Assistant Policy Committee of the State Medical Board of Ohio, meeting on March 11, 2014.

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Melissa Bowlby, PA-C  
Chair, PAPC

Copies of documents and/or materials referenced in the minutes of the Physician Assistant Policy Committee meeting are available at the Board offices.