

PHYSICIAN ASSISTANT POLICY COMMITTEE MINUTES
September 9, 2014

The meeting was called to order at approximately 1:35 p.m. on Tuesday, September 9, 2014.

Committee members present: Anita Steinbergh, D.O.; James Fry, PA-C; Kim Routh D.O.; James Zedaker, PA-C.; Margaret Huwer, Pharm.D.; and Theresa Ash, Pharm.D;

Staff members present: Sallie Debolt, and Cathy Hacker

Guests: Beth Adamson, OAPA

I. Review of the June 10, 2014 minutes:

Dr. Steinbergh began the meeting with a review of the minutes from June 10, 2014. She requested that the word lamented be removed and replaced with commented in the fifth paragraph of the conversation regarding the family Medical Groups request for Cryotherapy. Mr. Fry noted that Ms. Bowlby's name was still on the last page of the minutes and requested that it be changed to reflect the current chair's name.

Dr. Steinbergh moved to approve the minutes from the May 13, 2014 meeting as amended. Mr. Zedaker seconded the motion. All members voted aye. The motion carried.

II. Formulary Review:

The committee considered the request from Christina DeBrosse, PA-C that is requesting that the status of antipsychotic medications be changed from physician initiated (PI) to CTP may prescribe. Ms. Ash stated that she would abstain from the conversation regarding the request to change the status of antipsychotic drugs in the formulary as she is associated with this group.

Dr. Steinbergh stated that physician assistants do not understand the difference between nurse practitioners (NP) and physician assistants (PA) and that the PA's are dependent practitioners. She stated that the physician could indicate that they would allow PA's to prescribe these medications in their supervision agreement. Mr. Fry stated that this would require a change in 4730.09 O.R.C. Ms. Debolt stated that this could be changed in the formulary if the committee agreed that this is an acceptable medication for the PA's to prescribe without physician initiation. Dr. Steinbergh stated that it should stay in the PI category as it is the intent of the Board that the physician see the patient and make the determination that this is the appropriate medication. Ms. Huwer stated that she feels that this should be PI due to the wide range of medications and some with serious adverse effects and the physician should be overseeing the patient care. Mr. Zedaker reminded the committee that this is a supervised practice and that the physician will review the charts. He further stated that the access to psychiatric care is very limited and it takes a long time for patients to get an appointment and in allowing PA's to

prescribe these medications would shorten a patients wait time for care. He further stated that patients that present into the ER that needs these medications are sent to a psychiatrist that the ER physicians do not prescribe these medications. Dr. Steinbergh reiterated that she feels that the physician needs to see the patient and make the decision for the medications. Mr. Zedaker stated that he feels that PA's do have an understanding of the dependent practice relationship and that it would be acceptable for the PA's to call the supervising physician and obtain authorization for the medications. Mr. Fry stated that in an inpatient setting that this would be done through a protocol but that the medications should remain in the PI category.

Dr. Steinbergh moved to deny the request to move antipsychotic medications to the CTP may prescribe category. Ms. Huwer seconded the motion. Ms. Ash abstained. All other members voted aye. The motion carried.

The committee then discussed the request from Stephanie Lenahan PA-C that is requesting a review and change to the formulary as it relates to hemostatic agents under blood formulation, coagulation and thrombosis section of the formulary. She is requesting that it was noted that DDAVP and aminocaproic acid (Amicar) are currently listed in the formulary as CTP may prescribe for the topical application and physician initiated for the parenteral however DDVAP is available as a nasal spray and Amicar is available for oral administration. The committee noted that DDAVP is a CTP may prescribe for nocturnal enuresis. It was further noted that DDAVP should continue to be PI due to it being used primarily in a surgical setting. The formulary was adjusted to add the nasal spray into the formulary as PI. The committee discussed Amicar and it was noted that the patient must be continuously monitored for side effects and that it is for adult use only and is very rarely used. For those reasons the committee added the oral administration to the formulary for Amicar under the PI category to make it clear.

Ms. Ash moved to approve the changes to these medications in the formulary. Dr. Steinbergh seconded the motion. All members voted aye. The motion carried.

The committee then reviewed the handout that shows that hydrocodone is now a schedule II medication. Ms. Ash noted that these medications are listed generically in the formulary and that no changes were needed.

The committee then reviewed a handout regarding the regulatory statement on Naloxone. Ms. Debolt indicated that the statement that is currently on the Board's website is incorrect and that this corrected statement once approved by the Board would replace the current statement on the Board's website. Ms. Huwer stated that the Pharmacy Board also wants all practitioners to be aware of this and that the Pharmacy Board will be putting more information on the website as well.

Ms. Debolt informed the committee that HB 341 will require that all prescribers of opioids and benzodiazepines will be required to utilize the OARRS system before prescribing these medications. It will also require that practitioners on the border of other states utilize the other states OARRS type system. Ms. Debolt reminded the committee that PA's that work in urgent care settings cannot prescribe hydrocodone unless the supervising physician owns that practice.

III. Special services application

The committee then discussed the special services plans from **Edward Westerheide, MD** that is requesting approval for the following procedures: CMC thumb joint injections AC joint injections, DeQuervain Injections, carpal tunnel injections and pesanserine injections:

Ms. Debolt pointed out that this application was not clear as to whether or not the supervising physician was seeing the patient and making the decision for the initial injections and then following up after the treatments are finished. Dr. Steinbergh stated that three of these injections are now part of the approved model supervisory plan for orthopaedics. She also commented that this application appears to reference a specific PA. Dr. Routh stated that it appears that orthopaedic physicians have been requesting approval of these injections for years and why does the Board not allow the physician to make the decision in his/her practice if the PA is competent to perform these injections. Dr. Steinbergh stated that the Board had recently approved a special services plan for orthopaedics so that on certain injections the Board would no longer need to consider these injections for approval. She further stated that the Board is required by statute to approve special service applications. She said that while there are many physicians who would not allow PA's to perform services that they are not competent to perform there are those that will allow the PA's to step outside of their scope of practice and potentially put patients at risk. She stated that a letter needs to be sent to this group and ask them to clarify whether or not the physician will see the patient pre and post procedure, remove the reference to a specific PA and to send them the application for the approved model supervisory plan for orthopaedics and have them complete it for the injections that are listed in that application.

Dr. Steinbergh moved to table all of these applications pending the recommended amendments. Mr. Zedaker seconded the motion. All members voted aye. The motion carried.

The committee then discussed the special services plans from **Beacon Orthopaedics** that is requesting approval for the following procedures: intra articular hip injection, pesanserine injection, ischial bursa injection, and sacro-iliac injection:

Dr. Steinbergh stated that these applications have the same issues as the applications from Dr. Westerheide. It was requested that they address the issue of the physician needs to see the patient pre and post procedure and make the determination that this is the appropriate treatment prior to the initial injection. It was suggested that this group be made aware of the 1 year orthopaedic practice experience requirement in the model supervisory plan for orthopaedics.

Dr. Steinbergh moved to table all of these applications pending the recommended amendments. Mr. Zedaker seconded the motion. All members voted aye. The motion carried.

V. *Review changes to the model orthopaedic plan:*

Ms. Debolt informed the committee that the application that was previously approved by the Board for the model orthopaedic supervisory plan did not include an actual application for the physician to sign and agree to the model supervisory

plan. This application is being presented to the committee for their approval so that staff will have the information regarding the physician and his practice. Mr. Fry suggested that the words "with formal training" be removed as there are very few formal training programs for PA's in orthopaedics, which would restrict this application to a tiny number of PA's.

Dr. Steinbergh moved to approve this application as amended. Mr. Zedaker seconded the motion all members voted aye. The motion carried.

VI. Review changes to the rules:

Ms. Debolt explained to the committee that the Board is working on rule for military personnel. She stated that 4730-1-06.1 adds a definition of all branches of the military and that it allows for PA's that are practicing in the military to renew their licenses late without a penalty and allows extra time for them to gain the required CME.

Mr. Zedaker moved to approve this rule. Dr. Steinbergh seconded the motion. All members voted aye. The motion carried.

The committee then discussed rule 4731-11-01.1 it was stated that the FDA had approved two new drugs for the purpose of chronic weight management. This rule indicates that the supervising physician must write the initial prescription, see the patient for two follow up visits and then the physician may allow the PA to continue with the treatment so long as there is no change in the treatment plan. It further allows for the physician to authorize up to five refills after the initial prescription date.

The committee then discussed rule 4731-11-09 this is the rule regarding physicians prescribing to patients that the physician has never examined. It is being rewritten to make it clearer and more user friendly. It will allow physicians in certain situations to write prescriptions for patients that he/she have not personally examined. It was requested that paragraph 4331-11-09(A)(2)(a) be amended to read the diagnostic medical equipment is capable of transmitting the patient's vital signs and physical data as indicated in real time.

Dr. Steinbergh moved to approve these rules as amended. Mr. Zedaker seconded the motion all members voted aye. The motion carried.

VI. New business matters:

No new business matters were discussed.

The Physician Assistant Policy Committee meeting was adjourned by Mr. Fry at approximately 3:35 p.m. on Tuesday, September 9, 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 September 9, 2014.

James Fry, PA-C,
Chair, PAPC