

**Q: What date does the Legislation become effective?**

**A: May 17, 2006**

**Q: Does the physician still need to see the new patients and existing patients with new conditions?**

**A:** No. The legislation eliminated the requirement that the supervising physician personally see each new patient or each established patient with a new condition prior to treatment being initiated (4730.21).

**Q: Is the physician still required to countersign orders prior to treatment being rendered?**

A: No. The legislation eliminated the requirement that a supervising physician must countersign every order before the order is carried out (4730.21(E)). The bill retains the requirement that a supervising physician be not more than 60 minutes travel time from the location where the PA is seeing patients, and to be readily available for communication (4730.21(A)). Language was added, requiring the supervising physician to establish a quality assurance system, to maintain documentation of the quality assurance activities, and to provide the documentation to the Board upon request (4730.06(B) and 4730.21(A)(4) and (F)).

**Q: Under what circumstances would a PA be required to refer a patient to the supervising physician?**

A: Section 4730.16(C) requires the supervisory plan to specify the circumstances under which a PA is required to refer a patient to the supervising physician. This would be subject to rule-making to set outside parameters. Section 4730.42 (B)(2)(d) also allows physicians to establish requirements concerning referring patients to the supervising physician as part of the conditions on which prescriptive authority is granted.

**Q: What type of Anesthesia are PA's allowed to administer?**

A: Pursuant to Sections 4730.09(A)(36) and 4730.091 PAs will be permitted to administer, monitor or maintain local anesthesia, as defined in 4730.091. Section 4730.091 also prohibits a PA from administering, monitoring or maintaining any other form of anesthesia, including regional anesthesia or any systemic sedation, regardless of the setting.

**Q: Who will need to submit a Supervisory plan?**

**A:** A physician supervising a physician assistant in a "health care facility" (HCF) will not need a physician supervisory plan. The HCF will control what services the physician assistant can provide within the facility by its own policies, within any limits contained in statutes. A physician who supervises a physician assistant outside a HCF will need a physician supervisory plan. (See, Section 4730.08.)

**Q: Who will need to submit a supervision agreement?**

**A:** In all cases, the supervising physicians and physician assistants must enter into a supervision agreement. (See, Section 4730.18.)

**Q: What services are allowed under a physician supervisory plan without specific approval as “special services”?**

A: Section 4730.09 lists out the services a physician assistant may perform without specific Board approval as a “special service.” If the supervising physician wants his/her PA to perform a service that is not listed in 4730.09, the supervising physician may request Board approval of additional duties by submitting a special services application.

**Q: What services will require a special services application?**

A: Any services not included in 4730.089 of the O.R.C., or services that are not covered under a model supervisory plan to be developed at a later date by the Physician Assistant Policy Committee and approved by the State Medical Board Of Ohio.

**Q: Can a Registered Nurse or Licensed Practical nurse Execute a PA orders?**

A: Section 4730.03 states that a physician assistant may independently order or direct the execution of procedures or techniques by a registered nurse or licensed practical nurse to the extent that the physician assistant is authorized to do so under their supervisory plan or the policies of the health care facility in which they are practicing.

**Q: What are the new Education requirements for a certificate to practice as a physician assistant?**

A: Beginning January 1, 2008, applicants for a certificate to practice will be required to have a master's or higher degree, unless they hold a current, valid license to practice from another jurisdiction that was issued prior to January 1, 2008 (Section 4730.11).

**Q: What is the fee for a certificate to practice as a physician assistant?**

**A:** The initial application fee is \$200 (Section 4730.10); the biennial renewal fee is \$100 (Section 4730.14).

**Q: When will I be able to apply for a certificate to prescribe?**

**A:** The Board must promulgate rules regarding prescriptive authority. This process could take up to one year.

**Q: What is the fee for a certificate to prescribe as a physician assistant?**

A: The physician assistants will apply for a provisional certificate to prescribe (application fee \$100). After passing the provisional period and the supervising physician notifies the Board that the physician assistant has successfully completed the provisional period, then the PA applies for a full certificate to prescribe (application fee \$100). Thereafter, the physician assistant may renew the certificate to prescribe every two years (renewal fee \$50).

**Q: If I change practices or supervising physicians do I need a new certificate to prescribe?**

**A:** No. If the physician assistant switches to a new supervising physician, the PA may maintain the certificate to prescribe; the new supervising physician will limit the prescriptive authority as suits his or her practice.

**Q: How do I terminate a supervision agreement?**

**A:** Send a letter to the State Medical Board of Ohio indicating the names of the physician assistants to be terminated and the termination date.

**Q: How do I add a physician assistant to an existing supervision agreement?**

**A:** Both the physician and the new physician assistant must complete an addendum to the supervision agreement. There is no fee to add a physician assistant to an existing supervision agreement. This is a new form available on the website.

**Q: How do I become approved as a supervising physician for physician assistants?**

**A:** If you will be utilizing physician assistants solely in a health care facility, you will need to complete a supervision agreement and pay the fee of \$25.00.

If you will be utilizing physician assistants solely in an office setting, you will need to complete a supervision agreement and a physician supervisory plan and pay the \$25.00 supervision agreement fee. Please note that each supervising physician will need to complete a separate supervisory plan and supervision agreement.

If you will be utilizing physician assistants in a health care facility and an office setting, you will need to complete a supervision agreement and a physician supervisory plan and pay the \$25.00 supervision agreement fee. Please note that each supervising physician will need to complete a separate supervisory plan and supervision agreement.

**Q: How will I know when a supervision agreement has been approved?**

**A:** Supervision agreements may be verified at [www.med.ohio.gov](http://www.med.ohio.gov), under the "Licensee Profile and Status" option.

**Q: How must a physician assistant be supervised?**

A: Pursuant to 4730.21(A) O.R.C. the supervising physician of a physician assistant exercised supervision, control and direction of the physician assistant. In supervising the physician assistant all of the following apply:

1. except when the on-site supervision requirements specified in 4730.45 of the revised code are applicable, the supervising physician shall be continuously available for direct communication with the physician assistant by either of the following means:
  - a. being physically present at the location where the physician assistant is practicing;
  - b. being 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 location where the physician assistant is practicing.
2. the supervising physician shall personally and actively review the physician assistant's professional activities.
3. the supervising physician shall regularly review the condition of the patients treated by the physician assistant.
4. the supervising physician shall ensure that the quality assurance system established pursuant to division (F) of this section is implemented and maintained.
5. the supervising physician shall regularly perform any other reviews of the physician assistant that the supervising physician considers necessary.