

**OHIO REVISED CODE
CHAPTER 4730**

Sec. 4730.01.

As used in this chapter:

- (A) "Physician assistant" means a skilled person qualified by academic and clinical training to provide services to patients as a physician assistant under the supervision, control, and direction of one or more physicians who are responsible for the physician assistant's performance.
- (B) "Physician" means an individual who is authorized under Chapter 4731. of the Revised Code to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery.
- (C) "Health care facility" means any of the following:
 - (1) A hospital registered with the department of health under section 3701.07 of the Revised Code;
 - (2) A health care facility licensed by the department of health under section 3702.30 of the Revised Code;
 - (3) Any other facility designated by the state medical board in rules adopted pursuant to division (B)(2) of section 4730.08 of the Revised Code.
- (D) "Special services" means the health care services that a physician assistant may be authorized to provide under the special services portion of a physician supervisory plan approved under section 4730.17 of the Revised Code.

Sec. 4730.02.

- (A) No person shall hold that person out as being able to function as a physician assistant, or use any words or letters indicating or implying that the person is a physician assistant, without a current, valid certificate to practice as a physician assistant issued pursuant to this chapter.
- (B) No person shall practice as a physician assistant without the supervision, control, and direction of a physician.
- (C) No person shall act as the supervising physician of a physician assistant without having received the state medical board's approval of a supervision agreement entered into with the physician assistant.
- (D) No person shall practice as a physician assistant without having entered into a supervision agreement that has been approved by the state medical board.
- (E) No person acting as the supervising physician of a physician assistant shall authorize the physician assistant to perform services if either of the following is the case:
 - (1) The services are not within the physician's normal course of practice and expertise;
 - (2) The services are inconsistent with the physician supervisory plan approved by the state medical board for the supervising physician or the policies of the health care facility in which the physician and physician assistant are practicing.
- (F) No person shall practice as a physician assistant in a manner that is inconsistent with the physician supervisory plan approved for the physician who is responsible for supervising the physician assistant or the policies of the health care facility in which the physician assistant is practicing.
- (G) No person practicing as a physician assistant shall prescribe any drug or device to perform or induce an abortion, or otherwise perform or induce an abortion.
- (H) No person shall advertise to provide services as a physician assistant, except for the purpose of seeking employment.
- (I) No person practicing as a physician assistant shall fail to wear at all times when on duty a placard, plate, or other device identifying that person as a "physician assistant."

Sec. 4730.03.

Nothing in this chapter shall:

- (A) Be construed to affect or interfere with the performance of duties of any medical personnel in active service in the army, navy, coast guard, marine corps, air force, public health service, or marine hospital service of the United States while so serving;

- (B) Prevent any person from performing any of the services a physician assistant may be authorized to perform, if the person's professional scope of practice established under any other chapter of the Revised Code authorizes the person to perform the services;
- (C) Prohibit a physician from delegating responsibilities to any nurse or other qualified person who does not hold a certificate to practice as a physician assistant, provided that the individual does not hold the individual out to be a physician assistant;
- (D) Be construed as authorizing a physician assistant independently to order or direct the execution of procedures or techniques by a registered nurse or licensed practical nurse in the care and treatment of a person in any setting, except to the extent that the physician assistant is authorized to do so by the physician supervisory plan approved under section 4730.17 of the Revised Code for the physician who is responsible for supervising the physician assistant or the policies of the health care facility in which the physician assistant is practicing;
- (E) Authorize a physician assistant to engage in the practice of optometry, except to the extent that the physician assistant is authorized by a supervising physician acting in accordance with this chapter to perform routine visual screening, provide medical care prior to or following eye surgery, or assist in the care of diseases of the eye;
- (F) Be construed as authorizing a physician assistant to prescribe any drug or device to perform or induce an abortion, or as otherwise authorizing a physician assistant to perform or induce an abortion.

Sec. 4730.05.

- (A) There is hereby created the physician assistant policy committee of the state medical board. The president of the board shall appoint the members of the committee. The committee shall consist of the seven members specified in divisions (A)(1) to (3) of this section. When the committee is developing or revising policy and procedures for physician-delegated prescriptive authority for physician assistants, the committee shall include the two additional members specified in division (A)(4) of this section.
 - (1) Three members of the committee shall be physicians. Of the physician members, one shall be a member of the state medical board, one shall be appointed from a list of five physicians recommended by the Ohio state medical association, and one shall be appointed from a list of five physicians recommended by the Ohio osteopathic association. At all times, the physician membership of the committee shall include at least one physician who is a supervising physician of a physician assistant, preferably with at least two years' experience as a supervising physician.
 - (2) Three members shall be physician assistants appointed from a list of five individuals recommended by the Ohio association of physician assistants.
 - (3) One member, who is not affiliated with any health care profession, shall be appointed to represent the interests of consumers.
 - (4) The two additional members, appointed to serve only when the committee is developing or revising policy and procedures for physician-delegated prescriptive authority for physician assistants, shall be pharmacists. Of these members, one shall be appointed from a list of five clinical pharmacists recommended by the Ohio pharmacists association and one shall be appointed from the pharmacist members of the state board of pharmacy, preferably from among the members who are clinical pharmacists.

The pharmacist members shall have voting privileges only for purposes of developing or revising policy and procedures for physician-delegated prescriptive authority for physician assistants. Presence of the pharmacist members shall not be required for the transaction of any other business.

- (B) Terms of office shall be for two years, with each term ending on the same day of the same month as did the term that it succeeds. Each member shall hold office from the date of being appointed until the end of the term for which the member was appointed. Members may be reappointed, except that a member may not be appointed to serve more than three consecutive terms. As vacancies occur, a successor shall be appointed who has the qualifications the vacancy requires. A member appointed to fill a vacancy occurring prior to the expiration of the term for which a predecessor was appointed

- shall hold office as a member for the remainder of that term. A member shall continue in office subsequent to the expiration date of the member's term until a successor takes office or until a period of sixty days has elapsed, whichever occurs first.
- (C) Each member of the committee shall receive an amount fixed pursuant to division (J) of section 124.15 of the Revised Code for each day employed in the discharge of official duties as a member, and shall also receive necessary and actual expenses incurred in the performance of official duties as a member.
 - (D) The committee members specified in divisions (A)(1) to (3) of this section by a majority vote shall elect a chairperson from among those members. The members may elect a new chairperson at any time.
 - (E) The state medical board may appoint assistants, clerical staff, or other employees as necessary for the committee to perform its duties adequately.
 - (F) The committee shall meet at least four times a year and at such other times as may be necessary to carry out its responsibilities.

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:
 - (1) Requirements for issuance of certificates to practice as a physician assistant, including the educational requirements that must be met to receive a certificate to practice;
 - (2) Existing and proposed rules pertaining to the practice of physician assistants, the supervisory relationship between physician assistants and supervising physicians, and the administration and enforcement of this chapter;
 - (3) Physician-delegated prescriptive authority for physician assistants, in accordance with section 4730.38 of the Revised Code;
 - (4) Application procedures and forms for certificates to practice as a physician assistant, physician supervisory plans, and supervision agreements;
 - (5) Fees required by this chapter for issuance and renewal of certificates to practice as a physician assistant;
 - (6) Criteria to be included in applications submitted to the board for approval of physician supervisory plans, including criteria to be included in applications for approval to delegate to physician assistants the performance of special services;
 - (7) Criteria to be included in supervision agreements submitted to the board for approval and renewal of the board's approval;
 - (8) Any issue the board asks the committee to consider.
- (B) In addition to the matters that are required to be reviewed under division (A) of this section, the committee may review, and may submit to the board recommendations concerning, either or both of the following:
 - (1) Quality assurance activities to be performed by a supervising physician and physician assistant under a quality assurance system established pursuant to division (F) of section 4730.21 of the Revised Code;
 - (2) The development and approval of one or more model physician supervisory plans and one or more models for a special services portion of the one or more model physician supervisory plans. The committee may submit recommendations for model plans that reflect various medical specialties.
- (C) The board shall take into consideration all recommendations submitted by the committee. Not later than ninety days after receiving a recommendation from the committee, the board shall approve or disapprove the recommendation and notify the committee of its decision. If a recommendation is disapproved, the board shall inform the committee of its reasons for making that decision. The committee may resubmit the recommendation after addressing the concerns expressed by the board and modifying the disapproved recommendation accordingly. Not later than ninety days after receiving a resubmitted recommendation, the board shall approve or disapprove the recommendation. There is no limit on the number of times the committee may resubmit a recommendation for consideration by the board.

- (D) (1) Except as provided in division (D)(2) of this section, the board may not take action regarding a matter that is subject to the committee's review under division (A) or (B) of this section unless the committee has made a recommendation to the board concerning the matter.
- (2) If the board submits to the committee a request for a recommendation regarding a matter that is subject to the committee's review under division (A) or (B) of this section, and the committee does not provide a recommendation before the sixty-first day after the request is submitted, the board may take action regarding the matter without a recommendation.

Sec. 4730.07.

In addition to rules that are specifically required or authorized by this chapter to be adopted, the state medical board may, subject to division (D) of section 4730.06 of the Revised Code, adopt any other rules necessary to govern the practice of physician assistants, the supervisory relationship between physician assistants and supervising physicians, and the administration and enforcement of this chapter. Rules adopted under this section shall be adopted in accordance with Chapter 119. of the Revised Code.

Sec. 4730.08.

- (A) A certificate to practice as a physician assistant issued under this chapter authorizes the holder to practice as a physician assistant, subject to all of the following:
 - (1) The physician assistant shall practice only under the supervision, control, and direction of a physician with whom the physician assistant has entered into a supervision agreement approved by the state medical board under section 4730.17 of the Revised Code.
 - (2) When the physician assistant practices outside a health care facility, the physician assistant shall practice in accordance with the physician supervisory plan approved under section 4730.17 of the Revised Code for the physician who is responsible for supervising the physician assistant.
 - (3) When the physician assistant practices within a health care facility, the physician assistant shall practice in accordance with the policies of the health care facility.
- (B) For purposes of division (A) of this section and all other provisions of this chapter pertaining to the practice of a physician assistant under the policies of a health care facility, both of the following apply:
 - (1) A physician who is supervising a physician assistant within a health care facility may impose limitations on the physician assistant's practice that are in addition to any limitations applicable under the policies of the facility.
 - (2) The state medical board may, subject to division (D) of section 4730.06 of the Revised Code, adopt rules designating facilities to be included as health care facilities that are in addition to the facilities specified in divisions (C)(1) and (2) of section 4730.01 of the Revised Code. The rules adopted shall be adopted in accordance with Chapter 119. of the Revised Code.

Sec. 4730.081.

For purposes of the Revised Code and any rules adopted under it, a certificate to practice as a physician assistant issued under this chapter constitutes the state's licensure of the certificate holder to practice as a physician assistant. The certificate holder may present the certificate as evidence of the state's licensure of the holder to any health care insurer, accrediting body, or other entity that requires evidence of licensure by a government entity to be recognized or authorized to practice as a physician assistant.

Sec. 4730.09.

- (A) Under a physician supervisory plan approved under section 4730.17 of the Revised Code, a physician assistant may provide any or all of the following services without approval by the state medical board as special services:
 - (1) Obtaining comprehensive patient histories;
 - (2) Performing physical examinations, including audiometry screening, routine visual screening, and pelvic, rectal, and genital-urinary examinations, when indicated;

- (3) Ordering, performing, or ordering and performing routine diagnostic procedures, as indicated;
 - (4) Identifying normal and abnormal findings on histories, physical examinations, and commonly performed diagnostic studies;
 - (5) Assessing patients and developing and implementing treatment plans for patients;
 - (6) Monitoring the effectiveness of therapeutic interventions;
 - (7) Exercising physician-delegated prescriptive authority pursuant to a certificate to prescribe issued under this chapter;
 - (8) Carrying out or relaying the supervising physician's orders for the administration of medication, to the extent permitted by law;
 - (9) Providing patient education;
 - (10) Instituting and changing orders on patient charts;
 - (11) Performing developmental screening examinations on children with regard to neurological, motor, and mental functions;
 - (12) Performing wound care management, suturing minor lacerations and removing the sutures, and incision and drainage of uncomplicated superficial abscesses;
 - (13) Removing superficial foreign bodies;
 - (14) Administering intravenous fluids;
 - (15) Inserting a foley or cudae catheter into the urinary bladder and removing the catheter;
 - (16) Removing intrauterine devices;
 - (17) Performing biopsies of superficial lesions;
 - (18) Making appropriate referrals as directed by the supervising physician;
 - (19) Removing norplant capsules;
 - (20) Performing penile duplex ultrasound;
 - (21) Changing of a tracheostomy;
 - (22) Performing bone marrow aspirations from the posterior iliac crest;
 - (23) Performing bone marrow biopsies from the posterior iliac crest;
 - (24) Performing cystograms;
 - (25) Performing nephrostograms after physician placement of nephrostomy tubes;
 - (26) Fitting or inserting family planning devices, including intrauterine devices, diaphragms, and cervical caps;
 - (27) Removing cervical polyps;
 - (28) Performing nerve conduction testing;
 - (29) Performing endometrial biopsies;
 - (30) Inserting filiform and follower catheters;
 - (31) Performing arthrocentesis of the knee;
 - (32) Performing knee joint injections;
 - (33) Performing endotracheal intubation with successful completion of an advanced cardiac life support course;
 - (34) Performing lumbar punctures;
 - (35) In accordance with rules adopted by the board, using light-based medical devices for the purpose of hair removal;
 - (36) Administering, monitoring, or maintaining local anesthesia, as defined in section 4730.091 of the Revised Code;
 - (37) Performing other services that are within the supervising physician's normal course of practice and expertise, if the services are included in any model physician supervisory plan approved under section 4730.06 of the Revised Code or the services are designated by the board by rule or other means as services that are not subject to approval as special services.
- (B) Under the policies of a health care facility, the services a physician assistant may provide are limited to the services the facility has authorized the physician assistant to provide for the facility. The services a health care facility may authorize a physician assistant to provide for the facility include the following:
- (1) Any or all of the services specified in division (A) of this section;
 - (2) Assisting in surgery in the health care facility;

- (3) Any other services permitted by the policies of the health care facility, except that the facility may not authorize a physician assistant to perform a service that is prohibited by this chapter.

Sec. 4730.091.

- (A) As used in this section, "local anesthesia" means the injection of a drug or combination of drugs to stop or prevent a painful sensation in a circumscribed area of the body where a painful procedure is to be performed. "Local anesthesia" includes only local infiltration anesthesia, digital blocks, and pudendal blocks.
- (B) A physician assistant may administer, monitor, or maintain local anesthesia as a component of a procedure the physician assistant is performing or as a separate service when the procedure requiring local anesthesia is to be performed by the physician assistant's supervising physician or another person. A physician assistant shall not administer, monitor, or maintain any other form of anesthesia, including regional anesthesia or any systemic sedation, regardless of whether the physician assistant is practicing under a physician supervisory plan or the policies of a health care facility.

Sec. 4730.10.

- (A) An individual seeking a certificate to practice as a physician assistant shall file with the state medical board a written application on a form prescribed and supplied by the board. The application shall include all of the following:
 - (1) The applicant's name, residential address, business address, if any, and social security number;
 - (2) Satisfactory proof that the applicant meets the age and moral character requirements specified in divisions (A)(1) and (2) of section 4730.11 of the Revised Code;
 - (3) Effective January 1, 2008, except as provided in division (B) of section 4730.11 of the Revised Code, satisfactory proof that the applicant meets one of the educational requirements specified in division (A)(4) of section 4730.11 of the Revised Code;
 - (4) Any other information the board requires.
- (B) At the time of making application for a certificate to practice, the applicant shall pay the board a fee of two hundred dollars, no part of which shall be returned. Such fees shall be deposited in accordance with section 4731.24 of the Revised Code.

Sec. 4730.11.

- (A) For an individual to be eligible to receive a certificate to practice as a physician assistant, all of the following apply:
 - (1) The applicant shall be at least eighteen years of age.
 - (2) The applicant shall be of good moral character.
 - (3) The applicant shall hold current certification by the national commission on certification of physician assistants or a successor organization that is recognized by the state medical board.
 - (4) Effective January 1, 2008, except as provided in division (B) of this section, the applicant shall meet one of the following educational requirements:
 - (a) The applicant shall hold a master's or higher degree that was obtained from a program accredited by the accreditation review commission on education for the physician assistant or a predecessor or successor organization recognized by the board;
 - (b) The applicant shall hold a degree other than a master's or higher degree that was obtained from a program accredited by the accreditation review commission on education for the physician assistant or a predecessor or successor organization recognized by the board and shall hold a master's or higher degree in a course of study with clinical relevance to the practice of physician assistants that was obtained from a program accredited by a regional or specialized and professional accrediting agency recognized by the council for higher education accreditation.

- (B) It is not necessary for an applicant to hold a master's or higher degree as a condition of receiving a certificate to practice as a physician assistant if the applicant presents evidence satisfactory to the board of holding a current, valid license or other form of authority to practice as a physician assistant that was issued by another jurisdiction prior to January 1, 2008.
- (C) This section does not require an individual to obtain a master's or higher degree as a condition of retaining or renewing a certificate to practice as a physician assistant if either of the following is the case:
 - (1) Prior to January 1, 2008, the individual received a certificate to practice as a physician assistant under this chapter without holding a master's or higher degree.
 - (2) On or after January 1, 2008, the individual received a certificate to practice as a physician assistant under this chapter on the basis of holding a license issued in another jurisdiction, as specified in division (B) of this section.

Sec. 4730.12.

- (A) The state medical board shall review all applications received under section 4730.10 of the Revised Code for certificates to practice as a physician assistant. Not later than sixty days after receiving a complete application, the board shall determine whether an applicant meets the requirements to receive a certificate to practice, as specified in section 4730.11 of the Revised Code. An affirmative vote of not fewer than six members of the board is required to determine that an applicant meets the requirements to receive a certificate to practice as a physician assistant.
- (B) If the board determines that an applicant meets the requirements to receive the certificate, the secretary of the board shall register the applicant as a physician assistant and issue to the applicant a certificate to practice as a physician assistant.

Sec. 4730.13.

Upon application by the holder of a certificate to practice as a physician assistant, the state medical board shall issue a duplicate certificate to replace one that is missing or damaged, to reflect a name change, or for any other reasonable cause. The fee for a duplicate certificate shall be thirty-five dollars. All fees collected under this section shall be deposited in accordance with section 4731.24 of the Revised Code.

Sec. 4730.14.

- (A) A certificate to practice as a physician assistant shall expire biennially and may be renewed in accordance with this section. A person seeking to renew a certificate to practice as a physician assistant shall, on or before the thirty-first day of January of each even-numbered year, apply for renewal of the certificate. The state medical board shall send renewal notices at least one month prior to the expiration date.

Applications shall be submitted to the board on forms the board shall prescribe and furnish. Each application shall be accompanied by a biennial renewal fee of one hundred dollars. The board shall deposit the fees in accordance with section 4731.24 of the Revised Code.

The applicant shall report any criminal offense that constitutes grounds for refusing to issue a certificate to practice under section 4730.25 of the Revised Code to which the applicant has pleaded guilty, of which the applicant has been found guilty, or for which the applicant has been found eligible for intervention in lieu of conviction, since last signing an application for a certificate to practice as a physician assistant.

- (B) To be eligible for renewal, a physician assistant shall certify to the board both of the following:
 - (1) That the physician assistant has maintained certification by the national commission on certification of physician assistants or a successor organization that is recognized by the board by meeting the standards to hold current certification from the commission or its successor, including completion of continuing medical education requirements and passing periodic recertification examinations;
 - (2) Except as provided in division (F) of this section and section 5903.12 of the Revised Code, that the physician assistant has completed during the current certification period not less than one hundred hours of continuing medical education acceptable to the board.

- (C) The board shall adopt rules in accordance with Chapter 119. of the Revised Code specifying the types of continuing medical education that must be completed to fulfill the board's requirements under division (B)(2) of this section. Except when additional continuing medical education is required to renew a certificate to prescribe, as specified in section 4730.49 of the Revised Code, the board shall not adopt rules that require a physician assistant to complete in any certification period more than one hundred hours of continuing medical education acceptable to the board. In fulfilling the board's requirements, a physician assistant may use continuing medical education courses or programs completed to maintain certification by the national commission on certification of physician assistants or a successor organization that is recognized by the board if the standards for acceptable courses and programs of the commission or its successor are at least equivalent to the standards established by the board.
- (D) If an applicant submits a complete renewal application and qualifies for renewal pursuant to division (B) of this section, the board shall issue to the applicant a renewed certificate to practice as a physician assistant.
- (E) The board may require a random sample of physician assistants to submit materials documenting certification by the national commission on certification of physician assistants or a successor organization that is recognized by the board and completion of the required number of hours of continuing medical education.
- (F) The board shall provide for pro rata reductions by month of the number of hours of continuing education that must be completed for individuals who are in their first certification period, who have been disabled due to illness or accident, or who have been absent from the country. The board shall adopt rules, in accordance with Chapter 119. of the Revised Code, as necessary to implement this division.
- (G)
 - (1) A certificate to practice that is not renewed on or before its expiration date is automatically suspended on its expiration date. Continued practice after suspension of the certificate shall be considered as practicing in violation of division (A) of section 4730.02 of the Revised Code.
 - (2) If a certificate has been suspended pursuant to division (G)(1) of this section for two years or less, it may be reinstated. The board shall reinstate a certificate suspended for failure to renew upon an applicant's submission of the biennial renewal fee, any applicable monetary penalty, and certification by signature of the applicant that the applicant has completed the number of hours of continuing education necessary to have a certificate reinstated, as specified in rules the board shall adopt in accordance with Chapter 119. of the Revised Code.

If a certificate has been suspended pursuant to division (G)(1) of this division for more than two years, it may be restored. In accordance with section 4730.28 of the Revised Code, the board may restore a certificate suspended for failure to renew upon an applicant's submission of a restoration application, the biennial renewal fee, and any applicable monetary penalty.

The penalty for reinstatement shall be fifty dollars and the penalty for restoration shall be one hundred dollars. The board shall deposit penalties in accordance with section 4731.24 of the Revised Code.

- (H) If an individual certifies that the individual has completed the number of hours and type of continuing medical education required for renewal or reinstatement of a certificate to practice as a physician assistant, and the board finds through a random sample conducted under division (E) of this section or through any other means that the individual did not complete the requisite continuing medical education, the board may impose a civil penalty of not more than five thousand dollars. The board's finding shall be made pursuant to an adjudication under Chapter 119. of the Revised Code and by an affirmative vote of not fewer than six members.

A civil penalty imposed under this division may be in addition to or in lieu of any other action the board may take under section 4730.25 of the Revised Code. The board shall deposit civil penalties in accordance with section 4731.24 of the Revised Code.

Sec. 4730.15.

A physician seeking to supervise one or more physician assistants through a physician supervisory plan shall submit to the state medical board an application for approval of a physician supervisory plan. The physician shall provide all information determined by the board to be necessary to process the application. The physician may include in the application the names, business addresses, and business telephone numbers of at least two physicians who have agreed to act as alternate supervising physicians during periods in which the physician will be unable to provide supervision in accordance with section 4730.21 of the Revised Code.

Application for approval of a physician supervisory plan shall be made on a form prescribed and furnished by the board. Each application shall include a copy of the proposed plan. The proposed plan may be based on any model physician supervisory plan approved under section 4730.06 of the Revised Code. If the plan includes a special services portion, that portion may be based on any model special services portion approved under section 4730.06 of the Revised Code.

The board shall develop a form that may be used when two or more physicians wish to apply at the same time for approval of the same physician supervisory plan. When making simultaneous applications with this form, the physicians are required to include only one copy of the proposed plan with all of their applications

Sec. 4730.16.

To be eligible for approval by the state medical board under section 4730.17 of the Revised Code, a physician supervisory plan shall meet the requirements of any applicable rules adopted by the board and shall specify all of the following:

- (A) The responsibilities to be fulfilled by the physician supervising a physician assistant under the plan;
- (B) The responsibilities to be fulfilled by a physician assistant when performing services under the plan;
- (C) Circumstances under which a physician assistant is required to refer a patient to the supervising physician;
- (D) Procedures to be followed by a physician assistant when writing medical orders, including prescriptions written in the exercise of the physician-delegated prescriptive authority granted to the physician assistant;
- (E) Any special services that the physician may delegate to a physician assistant.

Sec. 4730.17.

(A) On receipt of a complete application for approval of a physician supervisory plan submitted under section 4730.15 of the Revised Code, the state medical board shall process the application as follows:

- (1) Not later than sixty days after receiving the application, the board shall approve or disapprove the plan or that portion of the plan under which one or more physician assistants will be authorized to perform the services specified in division (A) of section 4730.09 of the Revised Code. The board shall provide written notice of its decision to the applicant.
- (2) If the applicant is seeking approval of a physician supervisory plan under which the supervising physician will delegate to one or more physician assistants the performance of special services, the board shall submit the special services portion of the plan to the board's physician assistant policy committee at the committee's next regularly scheduled meeting.

The committee shall review the special services portion of the physician supervisory plan and form a recommendation as to whether the board should approve or disapprove inclusion of all or some of the special services in the plan. The committee, on a case-by-case basis, may request documentation from the applicant certifying that additional education and training will have been provided to or obtained by each physician assistant who is given authority to perform the special services to ensure that the physician assistant is qualified to perform the services. The committee shall submit its recommendation for

approval or disapproval to the board not later than sixty days after receiving the special services portion of the plan.

Not later than sixty days after receiving the committee's recommendation, the board shall approve or disapprove the special services portion of the physician supervisory plan. The board shall provide written notice of its decision to the applicant and the committee.

- (B) After a physician supervisory plan has been approved, the holder of the plan may apply for an addendum to the plan for authorization to delegate to one or more physician assistants the performance of a special service that was not included at the time the plan was approved. An application for an addendum to an approved physician supervisory plan shall be submitted in the same manner that an application for approval of an original plan is submitted under section 4730.15 of the Revised Code. The application shall be processed in same manner that an application for approval of an original physician supervisory plan is processed under division (A) of this section.
- (C) A physician supervisory plan approved under this section is valid until the supervising physician for whom the plan was approved, or the group of supervising physicians for which the plan was approved, notifies the board that the plan should be canceled or replaced.

Sec. 4730.18.

Before initiating supervision of one or more physician assistants under a physician supervisory plan or the policies of a health care facility, a physician shall obtain approval from the state medical board under section 4730.19 of the Revised Code of a supervision agreement between the physician and each physician assistant who will be supervised.

A physician seeking approval of a supervision agreement shall submit an application to the board on a form the board shall prescribe and furnish. The application shall list each physician assistant who will be supervised. Each application shall be accompanied by a fee of twenty-five dollars. Fees shall be deposited in accordance with section 4731.24 of the Revised Code.

Sec. 4730.19.

- (A) For a supervision agreement to be approved by the board, all of the following apply:
 - (1) The supervision agreement shall specify that the physician agrees to supervise the physician assistant and the physician assistant agrees to practice in accordance with the conditions specified in the physician supervisory plan approved for that physician or the policies of the health care facility in which the supervising physician and physician assistant are practicing.
 - (2) The agreement shall be signed by the physician and the physician assistant.
 - (3) The physician assistant shall hold a current certificate to practice as a physician assistant.
 - (4) If a physician supervisory plan applies to the physician assistant's practice, the physician shall hold an approved physician supervisory plan.
 - (5) If the physician intends to grant physician-delegated prescriptive authority to a physician assistant, the physician assistant shall hold a certificate to prescribe issued under this chapter.
 - (6) If the physician holds approval of more than one physician supervisory plan, the agreement shall specify the plan under which the physician assistant will practice.
- (B) The board shall review each application received. If the board finds that the requirements specified in division (A) of this section have been met and the applicant has paid the fee specified in section 4730.18 of the Revised Code, the board shall approve the supervision agreement and notify the supervising physician of the board's approval. If physician-delegated prescriptive authority will be granted to more than one physician assistant under the supervision agreement, the board shall specify in the notice that its approval is specific to each physician assistant. The board shall provide notice of its approval of a supervision agreement not later than thirty days after the board receives a complete application for approval.
- (C) After a supervision agreement is approved, a physician may apply to the board for approval to initiate supervision of a physician assistant who is not listed on the agreement. There is no fee for applying for the addition of a physician assistant to a supervision agreement.

To receive the board's approval of the addition to the supervision agreement, the physician assistant shall hold a current certificate to practice as a physician assistant. If the physician intends to grant physician-delegated prescriptive authority to the physician assistant, the physician assistant shall hold a current certificate to prescribe. If these requirements are met, the board shall notify the physician of its approval of the addition to the supervision agreement. The board shall provide notice of its approval not later than thirty days after the board receives a complete application for approval.

Sec. 4730.20.

- (A) The state medical board's approval of a supervision agreement expires on the thirty-first day of January of each odd-numbered year and may be renewed. A supervising physician seeking renewal of the board's approval of a supervision agreement shall submit to the board an application for renewal on forms prescribed and furnished by the board. The application shall be accompanied by a renewal fee of twenty-five dollars. Renewal fees shall be deposited in accordance with section 4731.24 of the Revised Code.
- (B) For the board's approval of a supervision agreement to be renewed under this section, all of the following apply:
 - (1) The applicant shall submit a signed statement on a form prescribed by the board specifying that the physician intends to continue supervising the one or more physician assistants specified in the agreement.
 - (2) Each of the physician assistants specified in the agreement shall hold a current certificate to practice as a physician assistant.
 - (3) If physician-delegated prescriptive authority will be granted to one or more physician assistants under the supervision agreement, each of the physician assistants shall hold a valid certificate to prescribe issued under this chapter.
- (C) The board shall renew its approval of the supervision agreement if the fee has been paid and the requirements specified in division (B) of this section have been met.

Sec. 4730.21.

- (A) The supervising physician of a physician assistant exercises supervision, control, and direction of the physician assistant. In supervising a physician assistant, all of the following apply:
 - (1) Except when the on-site supervision requirements specified in section 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.
- (B) A physician may enter into supervision agreements with any number of physician assistants, but the physician may not supervise more than two physician assistants at any one time. A physician assistant may enter into supervision agreements with any number of supervising physicians, but when practicing under the supervision of a particular physician, the physician assistant's scope of practice is subject to the limitations of the physician supervisory plan that has been approved under

- section 4730.17 of the Revised Code for that physician or the policies of the health care facility in which the physician and physician assistant are practicing.
- (C) A supervising physician may authorize a physician assistant to perform a service only if the service is authorized under the physician supervisory plan approved for that physician or the policies of the health care facility in which the physician and physician assistant are practicing. A supervising physician may authorize a physician assistant to perform a service only if the physician is satisfied that the physician assistant is capable of competently performing the service. A supervising physician shall not authorize a physician assistant to perform any service that is beyond the physician's or the physician assistant's normal course of practice and expertise.
- (D) (1) A supervising physician may authorize a physician assistant to practice in any setting within which the supervising physician routinely practices.
- (2) In the case of a health care facility with an emergency department, if the supervising physician routinely practices in the facility's emergency department, the supervising physician shall provide on-site supervision of the physician assistant when the physician assistant practices in the emergency department. If the supervising physician does not routinely practice in the facility's emergency department, the supervising physician may, on occasion, send the physician assistant to the facility's emergency department to assess and manage a patient. In supervising the physician assistant's assessment and management of the patient, the supervising physician shall determine the appropriate level of supervision in compliance with the requirements of divisions (A) to (C) of this section, except that the supervising physician must be available to go to the emergency department to personally evaluate the patient and, at the request of an emergency department physician, the supervising physician shall go to the emergency department to personally evaluate the patient.
- (E) Each time a physician assistant writes a medical order, including prescriptions written in the exercise of physician-delegated prescriptive authority, the physician assistant shall sign the form on which the order is written and record on the form the time and date that the order is written. When writing a medical order, the physician assistant shall clearly identify the physician under whose supervision the physician assistant is authorized to write the order.
- (F) (1) The supervising physician of a physician assistant shall establish a quality assurance system to be used in supervising the physician assistant. All or part of the system may be applied to other physician assistants who are supervised by the supervising physician. The system shall be developed in consultation with each physician assistant to be supervised by the physician.
- (2) In establishing the quality assurance system, the supervising physician shall describe a process to be used for all of the following:
- (a) Routine review by the physician of selected patient record entries made by the physician assistant and selected medical orders issued by the physician assistant;
 - (b) Discussion of complex cases;
 - (c) Discussion of new medical developments relevant to the practice of the physician and physician assistant;
 - (d) Performance of any quality assurance activities required in rules adopted by state medical board pursuant to any recommendations made by the physician assistant policy committee under section 4730.06 of the Revised Code;
 - (e) Performance of any other quality assurance activities that the supervising physician considers to be appropriate.
- (3) The supervising physician and physician assistant shall keep records of their quality assurance activities. On request, the records shall be made available to the board and any health care professional working with the supervising physician and physician assistant.

Sec. 4730.22.

- (A) A physician assistant's supervising physician assumes legal liability for the services provided by the physician assistant.

The physician is not liable for any services provided by the physician assistant after their supervision agreement is terminated.

- (B) When a health care facility permits physician assistants to practice within that facility or any other health care facility under its control, the health care facility shall make reasonable efforts to explain to each individual who may work with a particular physician assistant the scope of that physician assistant's practice within the facility. The appropriate credentialing body within the health care facility shall provide, on request of an individual practicing in the facility with a physician assistant, a copy of the facility's policies on the practice of physician assistants within the facility and a copy of each physician supervisory plan and supervision agreement applicable to the physician assistant.

An individual who follows the orders of a physician assistant practicing in a health care facility is not subject to disciplinary action by any administrative agency that governs that individual's conduct and is not liable in damages in a civil action for injury, death, or loss to person or property resulting from the individual's acts or omissions in the performance of any procedure, treatment, or other health care service if the individual reasonably believed that the physician assistant was acting within the proper scope of practice or was relaying medical orders from a supervising physician, unless the act or omission constitutes willful or wanton misconduct.

Sec. 4730.25.

- (A) The state medical board, by an affirmative vote of not fewer than six members, may revoke or may refuse to grant a certificate to practice as a physician assistant or a certificate to prescribe to a person found by the board to have committed fraud, misrepresentation, or deception in applying for or securing the certificate.
- (B) The board, by an affirmative vote of not fewer than six members, shall, to the extent permitted by law, limit, revoke, or suspend an individual's certificate to practice as a physician assistant or certificate to prescribe, refuse to issue a certificate to an applicant, refuse to reinstate a certificate, or reprimand or place on probation the holder of a certificate for any of the following reasons:
- (1) Failure to practice in accordance with the conditions under which the supervising physician's supervision agreement with the physician assistant was approved, including the requirement that when practicing under a particular supervising physician, the physician assistant must practice only according to the physician supervisory plan the board approved for that physician or the policies of the health care facility in which the supervising physician and physician assistant are practicing;
 - (2) Failure to comply with the requirements of this chapter, Chapter 4731. of the Revised Code, or any rules adopted by the board;
 - (3) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision of this chapter, Chapter 4731. of the Revised Code, or the rules adopted by the board;
 - (4) Inability to practice according to acceptable and prevailing standards of care by reason of mental illness or physical illness, including physical deterioration that adversely affects cognitive, motor, or perceptive skills;
 - (5) Impairment of ability to practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs, alcohol, or other substances that impair ability to practice;
 - (6) Administering drugs for purposes other than those authorized under this chapter;
 - (7) Willfully betraying a professional confidence;
 - (8) Making a false, fraudulent, deceptive, or misleading statement in soliciting or advertising for employment as a physician assistant; in connection with any solicitation or advertisement for patients; in relation to the practice of medicine as it pertains to physician assistants; or in securing or attempting to secure a certificate to practice as a physician assistant, a certificate to prescribe, or approval of a supervision agreement.

As used in this division, "false, fraudulent, deceptive, or misleading statement" means a statement that includes a misrepresentation of fact, is likely to mislead or deceive because of a failure to disclose material facts, is intended or is likely to create false or unjustified

- expectations of favorable results, or includes representations or implications that in reasonable probability will cause an ordinarily prudent person to misunderstand or be deceived.
- (9) Representing, with the purpose of obtaining compensation or other advantage personally or for any other person, that an incurable disease or injury, or other incurable condition, can be permanently cured;
 - (10) The obtaining of, or attempting to obtain, money or anything of value by fraudulent misrepresentations in the course of practice;
 - (11) A plea of guilty to, a judicial finding of guilt of, or a judicial finding of eligibility for intervention in lieu of conviction for, a felony;
 - (12) Commission of an act that constitutes a felony in this state, regardless of the jurisdiction in which the act was committed;
 - (13) A plea of guilty to, a judicial finding of guilt of, or a judicial finding of eligibility for intervention in lieu of conviction for, a misdemeanor committed in the course of practice;
 - (14) A plea of guilty to, a judicial finding of guilt of, or a judicial finding of eligibility for intervention in lieu of conviction for, a misdemeanor involving moral turpitude;
 - (15) Commission of an act in the course of practice that constitutes a misdemeanor in this state, regardless of the jurisdiction in which the act was committed;
 - (16) Commission of an act involving moral turpitude that constitutes a misdemeanor in this state, regardless of the jurisdiction in which the act was committed;
 - (17) A plea of guilty to, a judicial finding of guilt of, or a judicial finding of eligibility for intervention in lieu of conviction for violating any state or federal law regulating the possession, distribution, or use of any drug, including trafficking in drugs;
 - (18) Any of the following actions taken by the state agency responsible for regulating the practice of physician assistants in another state, for any reason other than the nonpayment of fees: the limitation, revocation, or suspension of an individual's license to practice; acceptance of an individual's license surrender; denial of a license; refusal to renew or reinstate a license; imposition of probation; or issuance of an order of censure or other reprimand;
 - (19) A departure from, or failure to conform to, minimal standards of care of similar physician assistants under the same or similar circumstances, regardless of whether actual injury to a patient is established;
 - (20) Violation of the conditions placed by the board on a certificate to practice as a physician assistant, a certificate to prescribe, a physician supervisory plan, or supervision agreement;
 - (21) Failure to use universal blood and body fluid precautions established by rules adopted under section 4731.051 of the Revised Code;
 - (22) Failure to cooperate in an investigation conducted by the board under section 4730.26 of the Revised Code, including failure to comply with a subpoena or order issued by the board or failure to answer truthfully a question presented by the board at a deposition or in written interrogatories, except that failure to cooperate with an investigation shall not constitute grounds for discipline under this section if a court of competent jurisdiction has issued an order that either quashes a subpoena or permits the individual to withhold the testimony or evidence in issue;
 - (23) Assisting suicide as defined in section 3795.01 of the Revised Code;
 - (24) Prescribing any drug or device to perform or induce an abortion, or otherwise performing or inducing an abortion.
- (C) Disciplinary actions taken by the board under divisions (A) and (B) of this section shall be taken pursuant to an adjudication under Chapter 119. of the Revised Code, except that in lieu of an adjudication, the board may enter into a consent agreement with a physician assistant or applicant to resolve an allegation of a violation of this chapter or any rule adopted under it. A consent agreement, when ratified by an affirmative vote of not fewer than six members of the board, shall constitute the findings and order of the board with respect to the matter addressed in the agreement. If the board refuses to ratify a consent agreement, the admissions and findings contained in the consent agreement shall be of no force or effect.

- (D) For purposes of divisions (B)(12), (15), and (16) of this section, the commission of the act may be established by a finding by the board, pursuant to an adjudication under Chapter 119. of the Revised Code, that the applicant or certificate holder committed the act in question. The board shall have no jurisdiction under these divisions in cases where the trial court renders a final judgment in the certificate holder's favor and that judgment is based upon an adjudication on the merits. The board shall have jurisdiction under these divisions in cases where the trial court issues an order of dismissal upon technical or procedural grounds.
- (E) The sealing of conviction records by any court shall have no effect upon a prior board order entered under the provisions of this section or upon the board's jurisdiction to take action under the provisions of this section if, based upon a plea of guilty, a judicial finding of guilt, or a judicial finding of eligibility for intervention in lieu of conviction, the board issued a notice of opportunity for a hearing prior to the court's order to seal the records. The board shall not be required to seal, destroy, redact, or otherwise modify its records to reflect the court's sealing of conviction records.
- (F) For purposes of this division, any individual who holds a certificate issued under this chapter, or applies for a certificate issued under this chapter, shall be deemed to have given consent to submit to a mental or physical examination when directed to do so in writing by the board and to have waived all objections to the admissibility of testimony or examination reports that constitute a privileged communication.
 - (1) In enforcing division (B)(4) of this section, the board, upon a showing of a possible violation, may compel any individual who holds a certificate issued under this chapter or who has applied for a certificate pursuant to this chapter to submit to a mental examination, physical examination, including an HIV test, or both a mental and physical examination. The expense of the examination is the responsibility of the individual compelled to be examined. Failure to submit to a mental or physical examination or consent to an HIV test ordered by the board constitutes an admission of the allegations against the individual unless the failure is due to circumstances beyond the individual's control, and a default and final order may be entered without the taking of testimony or presentation of evidence. If the board finds a physician assistant unable to practice because of the reasons set forth in division (B)(4) of this section, the board shall require the physician assistant to submit to care, counseling, or treatment by physicians approved or designated by the board, as a condition for an initial, continued, reinstated, or renewed certificate. An individual affected under this division shall be afforded an opportunity to demonstrate to the board the ability to resume practicing in compliance with acceptable and prevailing standards of care.
 - (2) For purposes of division (B)(5) of this section, if the board has reason to believe that any individual who holds a certificate issued under this chapter or any applicant for a certificate suffers such impairment, the board may compel the individual to submit to a mental or physical examination, or both. The expense of the examination is the responsibility of the individual compelled to be examined. Any mental or physical examination required under this division shall be undertaken by a treatment provider or physician qualified to conduct such examination and chosen by the board.

Failure to submit to a mental or physical examination ordered by the board constitutes an admission of the allegations against the individual unless the failure is due to circumstances beyond the individual's control, and a default and final order may be entered without the taking of testimony or presentation of evidence. If the board determines that the individual's ability to practice is impaired, the board shall suspend the individual's certificate or deny the individual's application and shall require the individual, as a condition for initial, continued, reinstated, or renewed certification to practice or prescribe, to submit to treatment.

Before being eligible to apply for reinstatement of a certificate suspended under this division, the physician assistant shall demonstrate to the board the ability to resume practice or prescribing in compliance with acceptable and prevailing standards of care. The demonstration shall include the following:

- (a) Certification from a treatment provider approved under section 4731.25 of the Revised Code that the individual has successfully completed any required inpatient treatment;
- (b) Evidence of continuing full compliance with an aftercare contract or consent agreement;
- (c) Two written reports indicating that the individual's ability to practice has been assessed and that the individual has been found capable of practicing according to acceptable and prevailing standards of care. The reports shall be made by individuals or providers approved by the board for making such assessments and shall describe the basis for their determination.

The board may reinstate a certificate suspended under this division after such demonstration and after the individual has entered into a written consent agreement.

When the impaired physician assistant resumes practice or prescribing, the board shall require continued monitoring of the physician assistant. The monitoring shall include compliance with the written consent agreement entered into before reinstatement or with conditions imposed by board order after a hearing, and, upon termination of the consent agreement, submission to the board for at least two years of annual written progress reports made under penalty of falsification stating whether the physician assistant has maintained sobriety.

- (G) If the secretary and supervising member determine that there is clear and convincing evidence that a physician assistant has violated division (B) of this section and that the individual's continued practice or prescribing presents a danger of immediate and serious harm to the public, they may recommend that the board suspend the individual's certificate to practice or prescribe without a prior hearing. Written allegations shall be prepared for consideration by the board.

The board, upon review of those allegations and by an affirmative vote of not fewer than six of its members, excluding the secretary and supervising member, may suspend a certificate without a prior hearing. A telephone conference call may be utilized for reviewing the allegations and taking the vote on the summary suspension.

The board shall issue a written order of suspension by certified mail or in person in accordance with section 119.07 of the Revised Code. The order shall not be subject to suspension by the court during pendency of any appeal filed under section 119.12 of the Revised Code. If the physician assistant requests an adjudicatory hearing by the board, the date set for the hearing shall be within fifteen days, but not earlier than seven days, after the physician assistant requests the hearing, unless otherwise agreed to by both the board and the certificate holder.

A summary suspension imposed under this division shall remain in effect, unless reversed on appeal, until a final adjudicative order issued by the board pursuant to this section and Chapter 119. of the Revised Code becomes effective. The board shall issue its final adjudicative order within sixty days after completion of its hearing. Failure to issue the order within sixty days shall result in dissolution of the summary suspension order, but shall not invalidate any subsequent, final adjudicative order.

- (H) If the board takes action under division (B)(11), (13), or (14) of this section, and the judicial finding of guilt, guilty plea, or judicial finding of eligibility for intervention in lieu of conviction is overturned on appeal, upon exhaustion of the criminal appeal, a petition for reconsideration of the order may be filed with the board along with appropriate court documents. Upon receipt of a petition and supporting court documents, the board shall reinstate the certificate to practice or prescribe. The board may then hold an adjudication under Chapter 119. of the Revised Code to determine whether the individual committed the act in question. Notice of opportunity for hearing shall be given in accordance with Chapter 119. of the Revised Code. If the board finds, pursuant to an adjudication held under this division, that the individual committed the act, or if no hearing is requested, it may order any of the sanctions identified under division (B) of this section.

- (I) The certificate to practice issued to a physician assistant and the physician assistant's practice in this state are automatically suspended as of the date the physician assistant pleads guilty to, is found by a judge or jury to be guilty of, or is subject to a judicial finding of eligibility for intervention in lieu of conviction in this state or treatment or intervention in lieu of conviction in another state for any of the following criminal offenses in this state or a substantially equivalent criminal offense in another jurisdiction: aggravated murder, murder, voluntary manslaughter, felonious assault, kidnapping, rape, sexual battery, gross sexual imposition, aggravated arson, aggravated robbery, or aggravated burglary. Continued practice after the suspension shall be considered practicing without a certificate.

The board shall notify the individual subject to the suspension by certified mail or in person in accordance with section 119.07 of the Revised Code. If an individual whose certificate is suspended under this division fails to make a timely request for an adjudication under Chapter 119. of the Revised Code, the board shall enter a final order permanently revoking the individual's certificate to practice.

- (J) In any instance in which the board is required by Chapter 119. of the Revised Code to give notice of opportunity for hearing and the individual subject to the notice does not timely request a hearing in accordance with section 119.07 of the Revised Code, the board is not required to hold a hearing, but may adopt, by an affirmative vote of not fewer than six of its members, a final order that contains the board's findings. In that final order, the board may order any of the sanctions identified under division (A) or (B) of this section.
- (K) Any action taken by the board under division (B) of this section resulting in a suspension shall be accompanied by a written statement of the conditions under which the physician assistant's certificate may be reinstated. The board shall adopt rules in accordance with Chapter 119. of the Revised Code governing conditions to be imposed for reinstatement. Reinstatement of a certificate suspended pursuant to division (B) of this section requires an affirmative vote of not fewer than six members of the board.
- (L) When the board refuses to grant to an applicant a certificate to practice as a physician assistant or a certificate to prescribe, revokes an individual's certificate, refuses to issue a certificate, or refuses to reinstate an individual's certificate, the board may specify that its action is permanent. An individual subject to a permanent action taken by the board is forever thereafter ineligible to hold the certificate and the board shall not accept an application for reinstatement of the certificate or for issuance of a new certificate.
- (M) Notwithstanding any other provision of the Revised Code, all of the following apply:
- (1) The surrender of a certificate issued under this chapter is not effective unless or until accepted by the board. Reinstatement of a certificate surrendered to the board requires an affirmative vote of not fewer than six members of the board.
 - (2) An application made under this chapter for a certificate, approval of a physician supervisory plan, or approval of a supervision agreement may not be withdrawn without approval of the board.
 - (3) Failure by an individual to renew a certificate in accordance with section 4730.14 or section 4730.48 of the Revised Code shall not remove or limit the board's jurisdiction to take disciplinary action under this section against the individual.

Sec. 4730.251.

On receipt of a notice pursuant to section 3123.43 of the Revised Code, the state medical board shall comply with sections 3123.41 to 3123.50 of the Revised Code and any applicable rules adopted under section 3123.63 of the Revised Code with respect to a certificate issued pursuant to this chapter.

Effective 3/22/01.

Sec. 4730.26.

- (A) The state medical board shall investigate evidence that appears to show that any person has violated this chapter or a rule adopted under it. In an investigation involving the practice or supervision of a physician assistant pursuant to the policies of a health care facility, the board may require that the health care facility provide any information the board considers necessary to identify either or both of the following:

- (1) The facility's policies for the practice of physician assistants within the facility;
 - (2) The services that the facility has authorized a particular physician assistant to provide for the facility.
- (B) Any person may report to the board in a signed writing any information the person has that appears to show a violation of any provision of this chapter or rule adopted under it. In the absence of bad faith, a person who reports such information or testifies before the board in an adjudication conducted under Chapter 119. of the Revised Code shall not be liable for civil damages as a result of reporting the information or providing testimony. Each complaint or allegation of a violation received by the board shall be assigned a case number and be recorded by the board.
- (C) Investigations of alleged violations of this chapter or rules adopted under it shall be supervised by the supervising member elected by the board in accordance with section 4731.02 of the Revised Code and by the secretary as provided in section 4730.33 of the Revised Code. The president may designate another member of the board to supervise the investigation in place of the supervising member. A member of the board who supervises the investigation of a case shall not participate in further adjudication of the case.
- (D) In investigating a possible violation of this chapter or a rule adopted under it, the board may administer oaths, order the taking of depositions, issue subpoenas, and compel the attendance of witnesses and production of books, accounts, papers, records, documents, and testimony, except that a subpoena for patient record information shall not be issued without consultation with the attorney general's office and approval of the secretary and supervising member of the board. Before issuance of a subpoena for patient record information, the secretary and supervising member shall determine whether there is probable cause to believe that the complaint filed alleges a violation of this chapter or a rule adopted under it and that the records sought are relevant to the alleged violation and material to the investigation. The subpoena may apply only to records that cover a reasonable period of time surrounding the alleged violation.

On failure to comply with any subpoena issued by the board and after reasonable notice to the person being subpoenaed, the board may move for an order compelling the production of persons or records pursuant to the Rules of Civil Procedure.

A subpoena issued by the board may be served by a sheriff, the sheriff's deputy, or a board employee designated by the board. Service of a subpoena issued by the board may be made by delivering a copy of the subpoena to the person named therein, reading it to the person, or leaving it at the person's usual place of residence. When the person being served is a physician assistant, service of the subpoena may be made by certified mail, restricted delivery, return receipt requested, and the subpoena shall be deemed served on the date delivery is made or the date the person refuses to accept delivery.

A sheriff's deputy who serves a subpoena shall receive the same fees as a sheriff. Each witness who appears before the board in obedience to a subpoena shall receive the fees and mileage provided for witnesses in civil cases in the courts of common pleas.

- (E) All hearings and investigations of the board shall be considered civil actions for the purposes of section 2305.252 of the Revised Code.
- (F) Information received by the board pursuant to an investigation is confidential and not subject to discovery in any civil action.

The board shall conduct all investigations and proceedings in a manner that protects the confidentiality of patients and persons who file complaints with the board. The board shall not make public the names or any other identifying information about patients or complainants unless proper consent is given or, in the case of a patient, a waiver of the patient privilege exists under division (B) of section 2317.02 of the Revised Code, except that consent or a waiver is not required if the board possesses reliable and substantial evidence that no bona fide physician-patient relationship exists.

The board may share any information it receives pursuant to an investigation, including patient records and patient record information, with law enforcement agencies, other licensing boards, and other governmental agencies that are prosecuting, adjudicating, or investigating alleged violations of statutes or administrative rules. An agency or board that receives the information shall comply with the same requirements regarding confidentiality as those with which the state medical board must comply, notwithstanding any conflicting provision of the Revised Code or procedure of the agency or board that applies when it is dealing with other information in its possession. In a judicial proceeding, the information may be admitted into evidence only in accordance with the Rules of Evidence, but the court shall require that appropriate measures are taken to ensure that confidentiality is maintained with respect to any part of the information that contains names or other identifying information about patients or complainants whose confidentiality was protected by the state medical board when the information was in the board's possession. Measures to ensure confidentiality that may be taken by the court include sealing its records or deleting specific information from its records.

- (G) The state medical board shall develop requirements for and provide appropriate initial and continuing training for investigators employed by the board to carry out its duties under this chapter. The training and continuing education may include enrollment in courses operated or approved by the Ohio peace officer training council that the board considers appropriate under conditions set forth in section 109.79 of the Revised Code.
- (H) On a quarterly basis, the board shall prepare a report that documents the disposition of all cases during the preceding three months. The report shall contain the following information for each case with which the board has completed its activities:
 - (1) The case number assigned to the complaint or alleged violation;
 - (2) The type of certificate, if any, held by the individual against whom the complaint is directed;
 - (3) A description of the allegations contained in the complaint;
 - (4) The disposition of the case.

The report shall state how many cases are still pending, and shall be prepared in a manner that protects the identity of each person involved in each case. The report shall be submitted to the physician assistant policy committee of the board and is a public record for purposes of section 149.43 of the Revised Code.

Sec. 4730.27.

If the state medical board has reason to believe that any person who has been granted a certificate under this chapter is mentally ill or mentally incompetent, it may file in the probate court of the county in which such person has a legal residence an affidavit in the form prescribed in section 5122.11 of the Revised Code and signed by the board secretary or a member of the secretary's staff, whereupon the same proceedings shall be had as provided in Chapter 5122. of the Revised Code. The attorney general may represent the board in any proceeding commenced under this section.

If a physician assistant is adjudged by a probate court to be mentally ill or mentally incompetent, the individual's certificate shall be automatically suspended until the individual has filed with the board a certified copy of an adjudication by a probate court of being restored to competency or has submitted to the board proof, satisfactory to the board, of having been discharged as being restored to competency in the manner and form provided in section 5122.38 of the Revised Code. The judge of the court shall immediately notify the board of an adjudication of incompetence and note any suspension of a certificate in the margin of the court's record of the certificate.

Sec. 4730.28.

- (A) An individual whose certificate to practice as a physician assistant has been suspended or is in an inactive state for any cause for more than two years may apply to the state medical board to have the certificate restored.

- (B) (1) Before restoring a certificate under this section, the board shall determine the applicant's present fitness to resume practice. The board shall consider the moral background and the activities of the applicant during the period of suspension or inactivity.
- (2) When restoring a certificate, the board may impose terms and conditions, including the following:
 - (a) Requiring the applicant to obtain additional training and pass an examination upon completion of the training;
 - (b) Restricting or limiting the extent, scope, or type of practice as a physician assistant that the individual may resume.

Sec. 4730.31.

- (A) As used in this section, "prosecutor" has the same meaning as in section 2935.01 of the Revised Code.
- (B) Whenever any person holding a valid certificate issued pursuant to this chapter pleads guilty to, is subject to a judicial finding of guilt of, or is subject to a judicial finding of eligibility for intervention in lieu of conviction for a violation of Chapter 2907., 2925., or 3719. of the Revised Code or of any substantively comparable ordinance of a municipal corporation in connection with practicing as a physician assistant, the prosecutor in the case shall, on forms prescribed and provided by the state medical board, promptly notify the board of the conviction. Within thirty days of receipt of such information, the board shall initiate action in accordance with Chapter 119. of the Revised Code to determine whether to suspend or revoke the certificate under section 4730.25 of the Revised Code.
- (C) The prosecutor in any case against any person holding a valid certificate issued pursuant to this chapter shall, on forms prescribed and provided by the state medical board, notify the board of any of the following:
 - (1) A plea of guilty to, a judicial finding of guilt of, or judicial finding of eligibility for intervention in lieu of conviction for a felony, or a case where the trial court issues an order of dismissal upon technical or procedural grounds of a felony charge;
 - (2) A plea of guilty to, a judicial finding of guilt of, or judicial finding or eligibility for intervention in lieu of conviction for a misdemeanor committed in the course of practice, or a case where the trial court issues an order of dismissal upon technical or procedural grounds of a charge of a misdemeanor, if the alleged act was committed in the course of practice;
 - (3) A plea of guilty to, a judicial finding of guilt of, or judicial finding of eligibility for intervention in lieu of conviction for a misdemeanor involving moral turpitude, or a case where the trial court issues an order of dismissal upon technical or procedural grounds of a charge of a misdemeanor involving moral turpitude.

The report shall include the name and address of the certificate holder, the nature of the offense for which the action was taken, and the certified court documents recording the action.

Sec. 4730.32.

- (A) Within sixty days after the imposition of any formal disciplinary action taken by a health care facility against any individual holding a valid certificate to practice as a physician assistant, the chief administrator or executive officer of the facility shall report to the state medical board the name of the individual, the action taken by the facility, and a summary of the underlying facts leading to the action taken. Upon request, the board shall be provided certified copies of the patient records that were the basis for the facility's action. Prior to release to the board, the summary shall be approved by the peer review committee that reviewed the case or by the governing board of the facility.

The filing of a report with the board or decision not to file a report, investigation by the board, or any disciplinary action taken by the board, does not preclude a health care facility from taking disciplinary action against a physician assistant.

In the absence of fraud or bad faith, no individual or entity that provides patient records to the board shall be liable in damages to any person as a result of providing the records.

- (B) A physician assistant, professional association or society of physician assistants, physician, or professional association or society of physicians that believes a violation of any provision of this chapter, Chapter 4731. of the Revised Code, or rule of the board has occurred shall report to the board the information upon which the belief is based. This division does not require any treatment provider approved by the board under section 4731.25 of the Revised Code or any employee, agent, or representative of such a provider to make reports with respect to a physician assistant participating in treatment or aftercare for substance abuse as long as the physician assistant maintains participation in accordance with the requirements of section 4731.25 of the Revised Code and the treatment provider or employee, agent, or representative of the provider has no reason to believe that the physician assistant has violated any provision of this chapter or rule adopted under it, other than being impaired by alcohol, drugs, or other substances. This division does not require reporting by any member of an impaired practitioner committee established by a health care facility or by any representative or agent of a committee or program sponsored by a professional association or society of physician assistants to provide peer assistance to physician assistants with substance abuse problems with respect to a physician assistant who has been referred for examination to a treatment program approved by the board under section 4731.25 of the Revised Code if the physician assistant cooperates with the referral for examination and with any determination that the physician assistant should enter treatment and as long as the committee member, representative, or agent has no reason to believe that the physician assistant has ceased to participate in the treatment program in accordance with section 4731.25 of the Revised Code or has violated any provision of this chapter or rule adopted under it, other than being impaired by alcohol, drugs, or other substances.
- (C) Any professional association or society composed primarily of physician assistants that suspends or revokes an individual's membership for violations of professional ethics, or for reasons of professional incompetence or professional malpractice, within sixty days after a final decision, shall report to the board, on forms prescribed and provided by the board, the name of the individual, the action taken by the professional organization, and a summary of the underlying facts leading to the action taken.

The filing or nonfiling of a report with the board, investigation by the board, or any disciplinary action taken by the board, shall not preclude a professional organization from taking disciplinary action against a physician assistant.

- (D) Any insurer providing professional liability insurance to any person holding a valid certificate to practice as a physician assistant or any other entity that seeks to indemnify the professional liability of a physician assistant shall notify the board within thirty days after the final disposition of any written claim for damages where such disposition results in a payment exceeding twenty-five thousand dollars. The notice shall contain the following information:
- (1) The name and address of the person submitting the notification;
 - (2) The name and address of the insured who is the subject of the claim;
 - (3) The name of the person filing the written claim;
 - (4) The date of final disposition;
 - (5) If applicable, the identity of the court in which the final disposition of the claim took place.
- (E) The board may investigate possible violations of this chapter or the rules adopted under it that are brought to its attention as a result of the reporting requirements of this section, except that the board shall conduct an investigation if a possible violation involves repeated malpractice. As used in this division, "repeated malpractice" means three or more claims for malpractice within the previous five-year period, each resulting in a judgment or settlement in excess of twenty-five thousand dollars in favor of the claimant, and each involving negligent conduct by the physician assistant.
- (F) All summaries, reports, and records received and maintained by the board pursuant to this section shall be held in confidence and shall not be subject to discovery or introduction in evidence in any federal or state civil action involving a physician assistant, supervising physician, or health care facility arising out of matters that are the subject of the reporting required by this section. The board may use the information obtained only as the basis for an investigation, as evidence in a disciplinary

hearing against a physician assistant or supervising physician, or in any subsequent trial or appeal of a board action or order.

The board may disclose the summaries and reports it receives under this section only to health care facility committees within or outside this state that are involved in credentialing or recredentialing a physician assistant or supervising physician or reviewing their privilege to practice within a particular facility. The board shall indicate whether or not the information has been verified. Information transmitted by the board shall be subject to the same confidentiality provisions as when maintained by the board.

- (G) Except for reports filed by an individual pursuant to division (B) of this section, the board shall send a copy of any reports or summaries it receives pursuant to this section to the physician assistant. The physician assistant shall have the right to file a statement with the board concerning the correctness or relevance of the information. The statement shall at all times accompany that part of the record in contention.
- (H) An individual or entity that reports to the board or refers an impaired physician assistant to a treatment provider approved by the board under section 4731.25 of the Revised Code shall not be subject to suit for civil damages as a result of the report, referral, or provision of the information.
- (I) In the absence of fraud or bad faith, a professional association or society of physician assistants that sponsors a committee or program to provide peer assistance to a physician assistant with substance abuse problems, a representative or agent of such a committee or program, and a member of the state medical board shall not be held liable in damages to any person by reason of actions taken to refer a physician assistant to a treatment provider approved under section 4731.25 of the Revised Code for examination or treatment.

Sec. 4730.33.

The secretary of the state medical board shall enforce the laws relating to the practice of physician assistants. If the secretary has knowledge or notice of a violation of this chapter or the rules adopted under it, the secretary shall investigate the matter, and, upon probable cause appearing, file a complaint and prosecute the offender. When requested by the secretary, the prosecuting attorney of the proper county shall take charge of and conduct such prosecution.

In the prosecution of any person for violation of division (A) of section 4730.02 of the Revised Code it shall not be necessary to allege or prove want of a valid certificate to practice as a physician assistant, but such matters shall be a matter of defense to be established by the accused.

Sec. 4730.34.

In the absence of fraud or bad faith, the state medical board, the board's physician assistant policy committee, a current or former board or committee member, an agent of the board or committee, a person formally requested by the board to be the board's representative or by the committee to be the committee's representative, or an employee of the board or committee shall not be held liable in damages to any person as the result of any act, omission, proceeding, conduct, or decision related to official duties undertaken or performed pursuant to this chapter. If any such person requests to be defended by the state against any claim or action arising out of any act, omission, proceeding, conduct, or decision related to the person's official duties, and if the request is made in writing at a reasonable time before trial and the person requesting defense cooperates in good faith in the defense of the claim or action, the state shall provide and pay for the person's defense and shall pay any resulting judgment, compromise, or settlement. At no time shall the state pay any part of a claim or judgment that is for punitive or exemplary damages.

Sec. 4730.38.

- (A) Not later than six months after the effective date of this section, the physician assistant policy committee of the state medical board shall submit to the board its initial recommendations regarding physician-delegated prescriptive authority for physician assistants. The committee's recommendations shall address all of the following:
 - (1) Policy and procedures regarding physician-delegated prescriptive authority, including the issuance of certificates to prescribe under this chapter;

- (2) Subject to the limitations specified in section 4730.40 of the Revised Code, a formulary listing the drugs and therapeutic devices by class and specific nomenclature that a supervising physician may include in the physician-delegated prescriptive authority granted to a physician assistant who holds a certificate to prescribe issued under this chapter;
 - (3) Any issue the committee considers necessary to assist the board in fulfilling its duty to adopt rules governing physician-delegated prescriptive authority, including the issuance of certificates to prescribe.
- (B) After the board's adoption of initial rules under section 4730.39 of the Revised Code, the committee shall conduct an annual review of its recommendations regarding physician-delegated prescriptive authority. Based on its review, the committee shall submit recommendations to the board as the committee considers necessary.
- (C) Recommendations submitted under this section are subject to the procedures and time frames specified in division (C) of section 4730.06 of the Revised Code.

Sec. 4730.39.

- (A) Not later than six months after receiving the initial recommendations of the physician assistant policy committee submitted pursuant to division (A) of section 4730.38 of the Revised Code, the state medical board shall adopt rules governing physician-delegated prescriptive authority for physician assistants, including the issuance of certificates to prescribe under this chapter. The board's rules shall establish all of the following:
- (1) Subject to the limitations specified in section 4730.40 of the Revised Code, a formulary listing the drugs and therapeutic devices by class and specific generic nomenclature that a physician may include in the physician-delegated prescriptive authority granted to a physician assistant who holds a certificate to prescribe under this chapter;
 - (2) Requirements regarding the pharmacology courses that a physician assistant is required to complete to receive a certificate to prescribe;
 - (3) Standards and procedures for the issuance and renewal of certificates to prescribe to physician assistants;
 - (4) Standards and procedures for the appropriate conduct of the provisional period that a physician assistant is required to complete pursuant to section 4730.45 of the Revised Code and for determining whether a physician assistant has successfully completed the provisional period;
 - (5) A specific prohibition against prescribing any drug or device to perform or induce an abortion;
 - (6) 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;
 - (7) Any other requirements the board considers necessary to implement the provisions of this chapter regarding physician-delegated prescriptive authority and the issuance of certificates to prescribe.
- (B) After adopting the initial rules, the board shall conduct an annual review of the rules. Based on its review, the board shall make any necessary modifications to the rules.
- (C) All rules adopted under this section shall be adopted in accordance with Chapter 119. of the Revised Code. When adopting the initial rules, the board shall consider the recommendations of the physician assistant policy committee submitted pursuant to division (A) of section 4730.38 of the Revised Code. When making any modifications to the rules subsequent to its annual review of the rules, the board shall consider the committee's recommendations submitted pursuant to division (B) of section 4730.38 of the Revised Code.

Sec. 4730.40.

- (A) Subject to divisions (B) and (C) of this section, the formulary established by the state medical board in rules adopted under section 4730.39 of the Revised Code listing the drugs and therapeutic devices by class and specific nomenclature that a supervising physician may include in the physician-delegated prescriptive authority granted to a physician assistant who holds a certificate to prescribe issued under this chapter may include any or all of the following drugs:

- (1) Schedule III, IV, and V controlled substances;
 - (2) Drugs that under state or federal law may be dispensed only pursuant to a prescription by a licensed health professional authorized to prescribe drugs, as defined in section 4729.01 of the Revised Code;
 - (3) Any drug that is not a dangerous drug, as defined in section 4729.01 of the Revised Code.
- (B) The formulary established in the board's rules shall not include, and shall specify that it does not include, the following:
- (1) Any schedule II controlled substance;
 - (2) Any drug or device used to perform or induce an abortion.
- (C) When adopting rules establishing the initial formulary, the board shall include provisions ensuring that a physician assistant who holds a certificate to prescribe issued under this chapter may be granted physician-delegated prescriptive authority for all drugs and therapeutic devices that may be prescribed on the effective date of the rules by a holder of a certificate to prescribe issued by the board of nursing under Chapter 4723. of the Revised Code, with the exception of schedule II controlled substances. To the extent permitted by division (A) of this section, the initial formulary may include additional drugs or therapeutic devices.

Sec. 4730.401.

Notwithstanding the provisions of this chapter referring to the formulary established in rules adopted by the state medical board under section 4730.39 of the Revised Code, all of the following apply:

- (A) If the state medical board has adopted all rules necessary to issue certificates to prescribe under this chapter other than the formulary, the board shall begin issuing the certificates to prescribe, and the formulary established under Chapter 4723. of the Revised Code shall constitute the formulary of drugs and therapeutic devices that a physician may include in the physician-delegated prescriptive authority granted to a physician assistant who holds a certificate to prescribe issued under this chapter. The application of the formulary established under Chapter 4723. of the Revised Code shall cease on the effective date of the initial rules establishing a formulary under section 4730.39 of the Revised Code.
- (B) During the period specified in division (A) of this section, all changes relative to the formulary established under Chapter 4723. of the Revised Code shall apply in like manner to physician-delegated prescriptive authority for physician assistants.
- (C) Notwithstanding the inclusion of schedule II controlled substances in the formulary established under Chapter 4723. of the Revised Code, the formulary that applies to physician-delegated prescriptive authority for physician assistants under this section shall not include schedule II controlled substances.

Sec. 4730.41.

- (A) A certificate to prescribe issued under this chapter authorizes a physician assistant to prescribe and personally furnish drugs and therapeutic devices in the exercise of physician-delegated prescriptive authority.
- (B) In exercising physician-delegated prescriptive authority, a physician assistant is subject to all of the following:
- (1) The physician assistant shall exercise physician-delegated prescriptive authority only to the extent that the physician supervising the physician assistant has granted that authority.
 - (2) The physician assistant shall comply with all conditions placed on the physician-delegated prescriptive authority, as specified by the supervising physician who is supervising the physician assistant in the exercise of physician-delegated prescriptive authority.
 - (3) If the physician assistant possesses physician-delegated prescriptive authority for controlled substances, the physician assistant shall register with the federal drug enforcement administration.

Sec. 4730.42.

- (A) In granting physician-delegated prescriptive authority to a particular physician assistant who holds a certificate to prescribe issued under this chapter, the supervising physician is subject to all of the following:

- (1) The supervising physician shall not grant physician-delegated prescriptive authority for any drug or therapeutic device that is not listed on the formulary established in rules adopted under section 4730.39 of the Revised Code as a drug or therapeutic device that may be included in the physician-delegated prescriptive authority granted to a physician assistant.
 - (2) The supervising physician shall not grant physician-delegated prescriptive authority for any drug or device that may be used to perform or induce an abortion.
 - (3) The supervising physician shall not grant physician-delegated prescriptive authority in a manner that exceeds the supervising physician's prescriptive authority.
 - (4) The supervising physician shall supervise the physician assistant in accordance with all of the following:
 - (a) The supervision requirements specified in section 4730.21 of the Revised Code and, in the case of supervision provided during a provisional period of physician-delegated prescriptive authority, the supervision requirements specified in section 4730.45 of the Revised Code;
 - (b) The physician supervisory plan approved for the supervising physician or the policies of the health care facility in which the physician and physician assistant are practicing;
 - (c) The supervision agreement approved under section 4730.19 of the Revised Code that applies to the supervising physician and the physician assistant.
- (B)
- (1) The supervising physician of a physician assistant may place conditions on the physician-delegated prescriptive authority granted to the physician assistant. If conditions are placed on that authority, the supervising physician shall maintain a written record of the conditions and make the record available to the state medical board on request.
 - (2) The conditions that a supervising physician may place on the physician-delegated prescriptive authority granted to a physician assistant include the following:
 - (a) Identification by class and specific generic nomenclature of drugs and therapeutic devices that the physician chooses not to permit the physician assistant to prescribe;
 - (b) Limitations on the dosage units or refills that the physician assistant is authorized to prescribe;
 - (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;
 - (d) Responsibilities to be fulfilled by the physician in supervising the physician assistant that are not otherwise specified in the physician supervisory plan or otherwise required by this chapter.

Sec. 4730.43.

- (A) A physician assistant who holds a certificate to prescribe issued under this chapter and has been granted physician-delegated prescriptive authority by a supervising physician 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:
- (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.
 - (2) No charge may be imposed for the sample or for furnishing it.
 - (3) Samples of controlled substances may not be personally furnished.
- (B) A physician assistant who holds a certificate to prescribe issued under this chapter and has been granted physician-delegated prescriptive authority by a supervising physician may personally furnish to a patient a complete or partial supply of the drugs and therapeutic devices that are included in the physician assistant's physician-delegated prescriptive authority, subject to all of the following:
- (1) The physician assistant shall personally furnish only antibiotics, antifungals, scabicides, contraceptives, prenatal vitamins, antihypertensives, drugs and devices used in the

treatment of diabetes, drugs and devices used in the treatment of asthma, and drugs used in the treatment of dyslipidemia.

- (2) The physician assistant shall not furnish the drugs and devices in locations other than a health department operated by the board of health of a city or general health district or the authority having the duties of a board of health under section 3709.05 of the Revised Code, a federally funded comprehensive primary care clinic, or a nonprofit health care clinic or program.
- (3) The physician assistant shall comply with all standards and procedures for personally furnishing supplies of drugs and devices, as established in rules adopted under section 4730.39 of the Revised Code.

Sec. 4730.44.

- (A) A physician assistant seeking a certificate to prescribe shall submit to the state medical board a written application on a form prescribed and supplied by the board. The application shall include all of the following information:
 - (1) The applicant's name, residential address, business address, if any, and social security number;
 - (2) Evidence of holding a valid certificate to practice as a physician assistant issued under this chapter;
 - (3) Satisfactory proof that the applicant meets the requirements specified in section 4730.46 of the Revised Code to participate in a provisional period of physician-delegated prescriptive authority or satisfactory proof of successful completion of the provisional period, evidenced by a letter or copy of a letter attesting to the successful completion written by a supervising physician of the physician assistant at the time of completion;
 - (4) Any other information the board requires.
- (B) At the time of making application for a certificate to prescribe, the applicant shall pay the board a fee of one hundred dollars, no part of which shall be returned. The fees shall be deposited in accordance with section 4731.24 of the Revised Code.
- (C) The board shall review all applications received. If an application is complete and the board determines that the applicant meets the requirements for a certificate to prescribe, the board shall issue the certificate to the applicant. The initial certificate to prescribe issued to an applicant shall be issued as a provisional certificate to prescribe.

Sec. 4730.45.

- (A) A provisional certificate to prescribe issued under section 4730.44 of the Revised Code authorizes the physician assistant holding the certificate to participate in a provisional period of physician-delegated prescriptive authority. The physician assistant shall successfully complete the provisional period as a condition of receiving a new certificate to prescribe.
- (B) The provisional period shall be conducted by one or more supervising physicians in accordance with rules adopted under section 4730.39 of the Revised Code. When supervising a physician assistant who is completing the first five hundred hours of a provisional period, the supervising physician shall provide on-site supervision of the physician assistant's exercise of physician-delegated prescriptive authority.

The provisional period shall last not longer than one year, unless it is extended for not longer than one additional year at the direction of a supervising physician. The physician assistant shall not be required to participate in the provisional period for more than one-thousand-eight-hundred hours, except when a supervising physician has extended the physician assistant's provisional period.

- (C) If a physician assistant does not successfully complete the provisional period, each supervising physician shall cease granting physician-delegated prescriptive authority to the physician assistant. The supervising physician with primary responsibility for conducting the provisional period shall promptly notify the state medical board that the physician assistant did not successfully complete the provisional period and the board shall revoke the certificate.
- (D) A physician assistant who successfully completes a provisional period shall not be required to complete another provisional period as a condition of being eligible to be granted physician-

delegated prescriptive authority by a supervising physician who was not involved in the conduct of the provisional period.

Sec. 4730.46.

- (A) To be eligible to participate in the provisional period of physician-delegated prescriptive authority required by section 4730.45 of the Revised Code, both of the following apply:
- (1) The physician assistant shall meet the educational requirements specified in division (B)(1) of this section or the educational and clinical experience requirements specified in division (B)(2) of this section.
 - (2) The physician assistant shall successfully complete the pharmacology instruction specified in division (C) of this section.
- (B) (1) For purposes of division (A)(1) of this section, a physician assistant shall meet either of the following educational requirements unless division (B)(2) of this section applies:
- (a) The physician assistant shall hold a master's or higher degree that was obtained from a program accredited by the accreditation review commission on education for the physician assistant or a predecessor or successor organization recognized by the state medical board.
 - (b) The physician assistant shall hold a degree other than a master's or higher degree that was obtained from a school or program accredited by the accreditation review commission on education for the physician assistant or a predecessor or successor organization recognized by the board and shall hold a master's or higher degree in a course of study with clinical relevance to the practice of physician assistants that was obtained from a program accredited by a regional or specialized and professional accrediting agency recognized by the council for higher education accreditation.
- (2) Until two years after the effective date of the initial rules adopted under section 4730.39 of the Revised Code, a physician assistant who does not hold a master's or higher degree as specified in division (B)(1) of this section is eligible to participate in a provisional period if both of the following apply:
- (a) The physician assistant holds a degree other than a master's or higher degree that was obtained from a program accredited by the accreditation review commission on education for the physician assistant or a predecessor or successor organization recognized by the board.
 - (b) The physician assistant has obtained not less than ten years of clinical experience as a physician assistant in this state or another jurisdiction, three years of which were obtained in the five-year period immediately preceding the date the evidence is submitted to the supervising physician.
- (C) For purposes of division (A)(2) of this section, all of the following conditions shall be met:
- (1) The pharmacology instruction shall be completed not longer than three years prior to applying for the certificate to prescribe.
 - (2) The instruction shall be obtained through a course of study consisting of planned classroom or continued education and clinical study that meets either of the following conditions:
 - (a) It is accredited by the accreditation review commission on education for the physician assistant or a predecessor or successor organization recognized by the board.
 - (b) It is approved by the board in accordance with standards established in rules adopted under section 4730.39 of the Revised Code.
 - (3) The content of the instruction shall include 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;
 - (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) Any additional training required pursuant to rules adopted under section 4730.39 of the Revised Code.

Sec. 4730.47.

- (A) After a physician assistant successfully completes the provisional period of physician-delegated prescriptive authority required under section 4730.45 of the Revised Code, the physician assistant may apply for a new certificate to prescribe.
- (B) A supervising physician participating in the provisional period may continue to grant physician-delegated prescriptive authority to the physician assistant pursuant to the provisional certificate to prescribe until one of the following occurs:
 - (1) The supervision agreement between the supervising physician and the physician assistant expires;
 - (2) The supervision agreement is terminated;
 - (3) A decision is made by the state medical board regarding an application submitted by the physician assistant for a new certificate to prescribe.

Sec. 4730.48.

- (A) Except in the case of a provisional certificate to prescribe, a physician assistant's certificate to prescribe expires on the same date as the physician assistant's certificate to practice as a physician assistant, as provided in section 4730.14 of the Revised Code. The certificate to prescribe may be renewed in accordance with this section.

A person seeking to renew a certificate to prescribe shall, on or before the thirty-first day of January of each even-numbered year, apply for renewal of the certificate. The state medical board shall send renewal notices at least one month prior to the expiration date. The notice may be sent as part of the notice sent for renewal of the certificate to practice.

Applications for renewal shall be submitted to the board on forms the board shall prescribe and furnish. An application for renewal of a certificate to prescribe may be submitted in conjunction with an application for renewal of a certificate to practice.

Each application for renewal of a certificate to prescribe shall be accompanied by a biennial renewal fee of fifty dollars. The board shall deposit the fees in accordance with section 4731.24 of the Revised Code.

The applicant shall report any criminal offense that constitutes grounds under section 4730.25 of the Revised Code for refusing to issue a certificate to prescribe to which the applicant has pleaded guilty, of which the applicant has been found guilty, or for which the applicant has been found eligible for intervention in lieu of conviction, since last signing an application for a certificate to prescribe.

- (B) The board shall review all renewal applications received. If an applicant submits a complete renewal application and meets the requirements for renewal specified in section 4730.49 of the Revised Code, the board shall issue to the applicant a renewed certificate to prescribe.

Sec. 4730.49.

- (A) To be eligible for renewal of a certificate to prescribe, an applicant shall complete every two years at least twelve hours of continuing education in pharmacology from an accredited institution recognized by the state medical board. Except as provided in division (B) of this section and in section 5903.12 of the Revised Code, the continuing education shall be completed not later than the thirty-first day of January of each even-numbered year.
- (B) The state medical board shall provide for pro rata reductions by month of the number of hours of continuing education in pharmacology that is required to be completed for physician assistants who are in their first certification period after completing the provisional period required under section 4730.45 of the Revised Code, who have been disabled due to illness or accident, or who have been absent from the country. The board shall adopt rules, in accordance with Chapter 119. of the Revised Code, as necessary to implement this division.

- (C) The continuing education required by this section is in addition to the continuing education required under section 4730.14 of the Revised Code.

Sec. 4730.50.

If a physician assistant holds a certificate to prescribe and the physician assistant's certificate to practice expires, the physician assistant's certificate to prescribe is lapsed until the certificate to practice is reinstated. If a sanction under section 4730.25 of the Revised Code applies to a physician assistant's certificate to practice, the same sanction is placed on the physician assistant's certificate to prescribe while the sanction applies to the certificate to practice.

Sec. 4730.51.

In the information the board maintains on the internet, the state medical board shall include the following:

- (A) The name of each physician assistant who holds a certificate to prescribe under this chapter;
(B) For each physician assistant who holds a certificate to prescribe, the name of each supervising physician who has authority to grant physician-delegated prescriptive authority to the physician assistant.

Sec. 4730.52.

On application by the holder of a certificate to prescribe issued under this chapter, the state medical board shall issue a duplicate certificate to replace one that is missing or damaged, to reflect a name change, or for any other reasonable cause. The fee for a duplicate certificate is thirty-five dollars. All fees collected under this section shall be deposited in accordance with section 4731.24 of the Revised Code.

Sec. 4730.99

- (A) Whoever violates section 4730.02 of the Revised Code is guilty of a misdemeanor of the first degree on a first offense; on each subsequent offense, the person is guilty of a felony of the fourth degree.
(B) Whoever violates division (A), (B), (C), or (D) of section 4730.32 of the Revised Code is guilty of a minor misdemeanor on a first offense; on each subsequent offense the person is guilty of a misdemeanor of the fourth degree, except that an individual guilty of a subsequent offense shall not be subject to imprisonment, but to a fine alone of up to one thousand dollars for each offense.

Effective 3/5/96.