



State Medical Board of Ohio

**PHYSICIAN ASSISTANT POLICY COMMITTEE MEETING**

**January 8, 2021**

via live-streamed video conference

<b>Members:</b>	<b>Staff:</b>
Scott Cackler, PA, Chair Jonathan B. Feibel, MD Nishit Mehta, MD Karen Conger	Jill Reardon, Deputy Director of External Affairs Nathan Smith, Senior Legal and Policy Counsel Chelsea Wonski, Director of Legislative Affairs Julie Williams, Public Information Officer Benton Taylor, Board Parliamentarian

Ms. Reardon called the meeting to order at 2:06 p.m.

### Minutes Review

Ms. Reardon asked for a motion to approve the draft minutes of the Committee's October 10, 2020 meeting.

**Mr. Cackler moved to approve the draft minutes of the October 10, 2020 meeting of the Physician Assistant Policy Committee. Dr. Feibel seconded the motion. The motion carried.**

### Legislative Update

**Senate Bill 310, Capital Appropriations:** Ms. Wonski stated that this bill would waive supervision agreement requirements for physician assistants and advanced practice nurses, allowing those individuals to work with physicians other than those with which they have a supervision agreement.

Additionally, this bill would allow retired medical professionals to practice temporarily without reinstatement of their license during the COVID-19 pandemic. This excludes those whose licenses had been revoked, suspended, or surrendered to avoid disciplinary actions. These provisions will be effective until May 1, 2021 unless they are extended.

**House Bill 263:** Ms. Wonski stated that this bill creates licensing opportunities for individuals with former criminal convictions and limits the Board's ability to deny licensure based solely on prior criminal conviction. The Board would be required to create an inclusive list of criminal offenses that would prevent an applicant from becoming licensed. There would also be new reporting requirements for the board to report data to the Department of Administrative Services.

**House Bill 442:** Ms. Wonski stated that this bill initially applied to certified public accountants, but was amended late in the legislative process to remove Oriental medicine practitioners and cosmetic therapist from the regulatory authority of the Board. The bill would also reduce the education hour requirement for massage therapists, make changes to the requirements for the clinical research

faculty certificate, and increase the number of volunteer hours that may be applied for continuing medical education (CME) credits for physicians.

**House Bill 404:** Ms. Wonski stated that this bill extended many of the initial COVID-19 emergency measures, including the license renewal requirement. Licensees who are set to renew prior to April 1, 2021, now have until July 1, 2021. The bill also allows for continuation of virtual meetings of boards and commissions through July 1, 2021. The Board continues to recommend that licensees renew on their regular schedule so they don't forget to renew. Ms. Wonski stated that licensees' renewal dates remains the same regardless of when they renew.

## **Rule Review Update**

### **Comments on Weight Loss Prescribing Rules**

Mr. Smith stated that the proposed weight loss prescribing rules, 4731-11-04 and 4731-11-04.1, are currently pending at the Common Sense Initiative (CSI). There had been a suggestion that the Board consult with experts in obesity medicine to obtain comments regarding the proposed rules, and that meeting with experts was consequently convened. Mr. Smith asked if any member of the PAPC has comments on the rules for the Board's consideration.

Mr. Cackler noted that the expert panel met on November 23, 2020, and he asked if any changes to the proposed rules were made by the Board at its December 9, 2020 meeting. Mr. Smith answered that the Board did not amend the rules and the rules were circulated to interested parties for further comment.

Mr. Cackler observed that under these proposed rules, treatment involving weight-loss medications, unlike other treatments, would require a chart review by the physician following every follow-up visit rather than the physician assistant simply having a discussion with the physician. Dr. Mehta noted that the rule does require chart review by the physician following each visit, but it is not required to be done in real time. Mr. Cackler opined that the wording may be confusing from a physician assistant standpoint.

### **Initial Circulation of Rules**

Mr. Smith briefly reviewed rules that have been circulated to interested parties for comment:

- 4731-11-08, Prescribing to self and family: No change is proposed.
- 4731-14-01, Pronouncement of Death: Minor edits to reflect statutory changes.
- 4731-23-01, Definitions: No change is proposed.
- 4731-23-02, Delegation of Medical Tasks: Changes are needed for sections dealing with the Department of Developmental Disabilities (DODD) statutes which have been repealed.
- 4731-23-03, Delegation of Medical Tasks: No change is proposed.
- 4731-23-04, Violations: No change is proposed.
- 4731-26-01, Definitions: Updated to add and delete license types to reflect statutory changes; also updated the language to change the term "certificate" to "license."

- 4731-26-02, Prohibitions: Updated statutory authority and amplifying statutes.
- 4731-26-03, Violations: Updated to add and delete license types to reflect statutory changes; also updated statutory authority and amplifying statutes.

Mr. Smith asked if any Committee member wished to comment on these rules.

Mr. Cackler asked if references to “physician” in Rule 4731-11-08 also implied physician assistants. Mr. Smith replied that he will confer with Ms. Anderson to confirm, but he believed that the rule did apply to physician assistants as well.

Mr. Cackler commented that in some rules, such as the pain rules, he has been informed that references to “physician” also implied physician assistants. However, other rules spell out both physician and physician assistant, and this can lead to confusion as to what rules apply to both professions and which rules apply only to physicians. Dr. Feibel agreed, stating that it is important for the Board to be clear and avoid ambiguity in the rules.

Mr. Smith took note of these comments.

### **Proposed Changes to Light-Based Medical Device Rules**

Mr. Smith stated that the proposed changes to the light-based medical device rules as they relate to physician assistants relate to training, on-site supervision, and the number of physician assistants that a physician may supervise. Whereas a previous version of the rules included many details, the revised version only states that the authorization must meet the requirements of 4730.21, Ohio Revised Code.

Mr. Cackler opined that the differences between these rules, which state that follow-up must be in-person, and other codes which indicate that it can be delegated can result in confusion.

In response to a question from Dr. Feibel, Mr. Smith stated that there have been many temporary authorizations during the COVID-10 pandemic to allow telehealth. Although there were bills moving through the legislature that would expand telehealth permanently, those bills did not pass. The bills are likely to be reintroduced in the next General Assembly. Dr. Feibel supported allowing these visits to be conducted by telehealth, but opined that the rule should not reference telehealth unless and until a telehealth bill is passed by the legislature and becomes law. Dr. Mehta agreed.

Dr. Feibel suggested that Dr. Bechtel be given a chance to review this matter, as he is very familiar with the light-based medical devices rules.

Responding to questions from Mr. Cackler, Mr. Smith opined that under the language of 4731-18-03 and 4731-18-04, only two in-person encounters for a light-based medical device procedure would be needed. Once before treatment begins and once after the initial application. Mr. Smith stated that if the patient has subsequent treatments with the same vascular laser, 4731-18-04 would not require any additional physician visits.

Dr. Feibel agreed with Mr. Cackler’s reading of the rules, interpreting them as requiring the physician to see the patient before each treatment. Dr. Feibel stated that the language is ambiguous. Dr. Mehta opined that the intent of the rule is to require subsequent evaluation by the physician, noting that it was

written to have more guardrails after the Cleveland Clinic had expressed concerns about too much delegation to physician assistants.

Mr. Smith stated that he would take this back to the Board to see if 4731-18-04 should be clarified. Mr. Smith will also convey the Committees questions about telehealth in this regard.

Mr. Cackler asked about the status of the consult agreement rules and the detoxification rules. Mr. Smith answered that the consult agreement rules are currently in the rule-making process. Mr. Smith will find out the status of the detoxification rules and report back to the PAPC.

### **2021 Meeting Schedule**

Ms. Reardon stated that the PAPC will meet again on April 9, 2021.

### **Adjourn**

Ms. Reardon asked for a motion to adjourn.

**Mr. Cackler moved to adjourn the meeting. Dr. Mehta seconded the motion.** All Committee members voted aye. The motion carried.

The meeting adjourned at 2:48 p.m.

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