



www.lsc.ohio.gov

# OHIO LEGISLATIVE SERVICE COMMISSION

Office of Research  
and Drafting

Legislative Budget  
Office

H.B. 492  
133<sup>rd</sup> General Assembly

## Bill Analysis

**Version:** As Introduced

**Primary Sponsors:** Reps. Wiggam and J. Miller

Elizabeth Molnar, Attorney

### SUMMARY

- Eliminates the law requiring a physician assistant to practice under the **supervision, control, and direction** of a physician, and instead requires a physician assistant to practice with the **collaboration and direction** of a physician.
- Maintains the requirement that a physician assistant practice under a written agreement entered into with a physician, but refers to the agreement as a collaboration agreement rather than a supervision agreement as under current law.
- Removes provisions of current law governing the civil liability of a supervising physician.
- Adds to the services a physician assistant may provide if authorized by a collaborating physician, including conducting addiction assessments, taking actions regarding emergency hospitalization for mental illness, and performing fluoroscopic procedures.
- Revises the law governing a physician assistant's authority to administer anesthesia by excluding only general anesthesia.
- Removes the requirement that a physician assistant, during the first 500 hours of physician-delegated prescriptive authority, exercise that authority only under the on-site supervision of a supervising physician.
- Increases to a 72-hour period (from a 24-hour period) the length of time for which a PA may prescribe a schedule II controlled substance for a single use.
- Bases eligibility to renew a physician assistant's license on completion of continuing education required by the State Medical Board, in place of being required to maintain certification by the National Commission on Certification of Physician Assistants and completing its continuing education requirements.

---

## DETAILED ANALYSIS

### Collaboration with a physician

The bill eliminates the current law requirement that a physician assistant (PA) practice under the supervision, control, and direction of one or more physicians with whom the PA has entered into a supervision agreement.<sup>1</sup> Instead, the bill requires a PA to practice with the collaboration and direction of one or more physicians with whom the PA has entered into a collaboration agreement.

Corresponding changes are made by replacing references to supervision, supervising physician, or supervision agreement found in existing law with references to collaboration, collaborating physician, or collaboration agreement.<sup>2</sup> Just as current law does not specify a definition for supervision, the bill does not specify one for collaboration.

### Physician liability

The bill removes existing law provisions requiring the agreement between a PA and physician to clearly state that the supervising physician is legally responsible and assumes legal liability for services provided by the PA.<sup>3</sup>

It also eliminates provisions specifying the following:

- That a PA acts as an agent of his or her supervising physician when performing authorized services;
- That the supervising physician is legally responsible and assumes legal liability for the services provided by the PA;
- That the physician is not responsible or liable for any services provided by the PA after their agreement expires or is terminated.<sup>4</sup>

### Addiction and mental health

The bill permits a PA to provide the following services related to addiction and mental health treatment if authorized by a collaborating physician:

- Serving as a qualified health professional, for purposes of the law governing involuntary treatment for alcohol and other drug abuse, by conducting examinations for addiction

---

<sup>1</sup> R.C. 4730.02(B), 4723.08(A), and 4730.21(A).

<sup>2</sup> See R.C. 1.64, 2133.211, 3727.06, 4730.03, 4730.04, 4730.05, 4730.06, 4730.07, 4730.08, 4730.203, 4730.21, 4730.26, 4730.32, 4730.41, 4730.42, 4731.22, and 4761.17.

<sup>3</sup> R.C. 4730.19.

<sup>4</sup> R.C. 4730.22(A).

assessments and diagnoses and by issuing certifications that individuals meet the criteria for involuntary treatment;<sup>5</sup>

- Taking actions described in the law governing the emergency hospitalization of mentally ill individuals, often referred to as “pink slipping.”<sup>6</sup>

## Fluoroscopy

The bill allows a PA to perform fluoroscopy for imaging guidance during diagnostic and therapeutic procedures, but only if a collaborating physician has authorized such performance and the PA has successfully completed a fluoroscopy course approved by the State Medical Board.<sup>7</sup> To be eligible for approval, a course must consist of all of the following:

- 40 hours of training in the following topics as they relate to fluoroscopy – radiation physics, radiation biology, radiation safety, radiation management, and any other topic the Medical Board considers appropriate;
- 40 hours of clinical practice in the performance of fluoroscopic procedures, to be completed in collaboration with a collaborating physician;
- Any other requirement the Board considers necessary.<sup>8</sup>

The bill also provides that, by performing fluoroscopic procedures in accordance with its provisions, a PA is not subject to the law governing the licensure of radiology professionals.<sup>9</sup>

According to the federal Food and Drug Administration, fluoroscopy is a type of medical imaging that shows a continuous X-ray image on a monitor, much like an X-ray movie. During a fluoroscopy procedure, an X-ray beam is passed through the body. The image is transmitted to a monitor so the movement of a body part or of an instrument or contrast agent through the body can be seen in detail.<sup>10</sup>

## Administration of anesthesia

The bill makes several changes to the law governing a PA’s administration, monitoring, and maintenance of anesthesia. As a result, a PA may be authorized to perform these activities relative to any form of anesthesia, other than general anesthesia.<sup>11</sup> Specifically, the bill does the following:

---

<sup>5</sup> R.C. 4730.20(A)(9) and R.C. 5119.90 to 5119.98.

<sup>6</sup> R.C. 4730.20(A)(10), 5122.01, and 5122.10.

<sup>7</sup> R.C. 4730.20(A)(8) and 4730.204(A).

<sup>8</sup> R.C. 4730.204(B).

<sup>9</sup> R.C. 4773.02.

<sup>10</sup> See U.S. Food & Drug Administration, *Fluoroscopy*, <https://www.fda.gov/radiation-emitting-products/medical-x-ray-imaging/fluoroscopy>.

<sup>11</sup> R.C. 4730.201.

- Eliminates references to local anesthesia, which, under current law, is the only type of anesthesia that a PA may administer;
- Repeals existing law provisions prohibiting a PA from administering, monitoring, or maintaining any form of anesthesia other than local, including regional anesthesia and systemic sedation;
- Authorizes a PA to administer, monitor, or maintain anesthesia, except for general anesthesia.

## **Prescriptive authority**

Under current law maintained by the bill, a PA has prescriptive authority to the extent the PA's supervising, now collaborating, physician has granted that authority. This is referred to as physician-delegated prescriptive authority.<sup>12</sup> The bill makes two changes to the law governing that authority, as follows:

- First, the bill eliminates the requirement that, during the first 500 hours of exercising physician-delegated prescriptive authority, a PA exercise that authority only under the on-site supervision of a supervising physician.<sup>13</sup>
- Second, with respect to the conditions governing the prescribing of a schedule II controlled substance, the bill increases to a 72-hour period (from a 24-hour period) the length of time for which a PA may prescribe the drug for a single use.<sup>14</sup>

## **National certification**

The bill makes several changes to provisions of law addressing the certification of PAs by a national certifying organization. At present, to obtain a license to practice, a PA must hold current certification from the National Commission on Certification of Physician Assistants or a successor organization recognized by the Medical Board.<sup>15</sup> And, to be eligible to renew a license to practice, the PA must satisfy certain requirements, including by certifying to the Medical Board that the PA (1) has maintained National Commission certification and (2) has completed the Commission's continuing education requirements.<sup>16</sup>

With respect to license renewal, the bill eliminates the requirements that are based on maintaining national certification and completing the continuing education required for that certification. Instead, a PA must complete continuing education that is required by the Medical Board. The bill, however, does not specify the content or amount of the continuing education that must be completed.

---

<sup>12</sup> R.C. 4730.41, 4730.411, and 4730.42.

<sup>13</sup> R.C. 4730.44, repealed.

<sup>14</sup> R.C. 4730.411(A).

<sup>15</sup> R.C. 4730.11(A).

<sup>16</sup> R.C. 4730.14(B).

In a corresponding change, the bill removes the failure to maintain national certification from the law establishing grounds under which the Medical Board may discipline a PA.<sup>17</sup> The bill further eliminates the requirement that a PA notify the Medical Board of any change in the PA's national certification status.<sup>18</sup>

## Advertising services

The bill eliminates the law prohibiting a person from advertising to provide services as a PA.<sup>19</sup>

## Hospital staff membership and privileges

The bill adds PAs to the law prohibiting a hospital's governing body from discriminating against a qualified person – when considering and acting on an application for staff membership or professional privileges – solely on the basis of whether that person is licensed to practice a specified profession. Currently, this law applies to a person licensed as a physician, dentist, psychologist, or advanced practice registered nurse.<sup>20</sup>

---



---

## HISTORY

Action	Date
Introduced	02-04-20

---

H0492-I-133/ec

---

<sup>17</sup> R.C. 4730.25(B)(27).

<sup>18</sup> R.C. 4730.111, repealed.

<sup>19</sup> R.C. 4730.02(F).

<sup>20</sup> R.C. 3701.351(B).