Ohio Legislative Service Commission

Bill Analysis

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(As Reported by S. Health and Human Services)

Sens. Burke, Manning, Hite, Gardner, Beagle, Jones, Lehner

BILL SUMMARY

ADVANCED PRACTICE REGISTERED NURSES

- Permits certain advanced practice registered nurses (APRNs) to delegate to persons not otherwise authorized to administer drugs the authority to do so under specified conditions.
- Requires the Ohio Board of Nursing to adopt rules establishing standards and procedures for APRN delegation of the authority to administer drugs.
- Modifies the structure of the course in advanced pharmacology and related topics that an APRN must complete to obtain a certificate to prescribe.

PHYSICIAN ASSISTANTS

- Changes the "certificate to practice" issued to a physician assistant by the State Medical Board to a "license" and requires the Board to begin issuing licenses instead of certificates not later than 90 days after the bill takes effect.
- Eliminates the requirement that a physician assistant practicing other than in a health care facility practice under a physician supervisory plan approved by the Board.
- Eliminates a criminal penalty for practice by a physician assistant in a manner that is inconsistent with a physician supervisory plan or the policies of a health care facility.
- Authorizes the Board to review supervision agreements for physician assistants for compliance with the licensing law in place of a process involving approving or disapproving the agreements.

- Provides that a supervision agreement takes effect at the end of the fifth day after it is submitted, unless the Board earlier notifies the supervising physician that the agreement does not comply with the law.

- Eliminates a requirement that a physician assistant receive Board approval to provide services other that those specified in the Revised Code or the Board's rules.

- Eliminates a requirement that a physician assistant who seeks to exercise physician delegated prescriptive authority obtain a certificate to prescribe and instead provides that prescriptive authority may be delegated to a physician assistant as long as the physician assistant has a prescriber number issued by the Board.

ANATOMIC PATHOLOGY SERVICES

- Repeals a provision that permits a physician, under certain circumstances, to bill for having an anatomic pathology service performed on a dermatology specimen despite the general prohibition on physicians billing for anatomic pathology services they did not perform or supervise.

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CONTENT AND OPERATION

ADVANCED PRACTICE REGISTERED NURSES

Delegation of the authority to administer drugs

Overview

The bill allows an advanced practice registered nurse (APRN) to delegate to a person not otherwise authorized to administer drugs the authority to administer a drug to a specified patient if certain conditions are met.[1] The APRN must be a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner and hold a certificate to prescribe issued by the Ohio Board of Nursing.

Under current law, physicians are authorized to delegate the authority to administer drugs.[2] Registered nurses and licensed practical nurses may delegate the authority to administer drugs in limited circumstances. These include: (1) delegating to medication aides employed in nursing homes or residential care facilities the authority to administer prescription drugs to residents and (2) delegating to personnel providing certain services to individuals with developmental disabilities the authority to administer oral and topical medications and insulin in specified locations.[3]

Conditions on APRN delegation

Prior to delegating the authority to administer a drug, the bill requires that the APRN assess the patient and determine that the drug is appropriate for the patient.[4] The APRN must also determine that the person to whom the authority will be delegated has successfully completed education based on a recognized body of knowledge concerning drug administration and demonstrates to the person's employer the knowledge, skills, and ability to administer the drug safely. The delegation must be in accordance with standards and procedures established in rules adopted by the Board.

Authority to administer a drug

Under the bill, a person is authorized to administer a drug under an APRN's delegation only if the following conditions are satisfied:

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[1] R.C. 4723.48(C).

[2] R.C. 4731.053, not in the bill.

[3] R.C. 4723.67 and 5123.42, not in the bill.

[4] R.C. 4723.48(C).

(1) The drug will be administered to a specified patient;

(2) The drug is listed in the formulary established by the Board in rules for APRNs with authority to prescribe drugs and is not a controlled substance or to be administered intravenously;[5]

(3) The drug is to be administered at a location other than a hospital inpatient care unit, a hospital emergency department, a freestanding emergency department, or an ambulatory surgical facility;

(4) The person has successfully completed education based on a recognized body of knowledge concerning drug administration and demonstrates to the person's employer the knowledge, skills, and ability to administer the drug safely;

(5) The person's employer has given the APRN access to documentation, in written or electronic form, showing that the person has successfully completed the required education and demonstrates to the employer the knowledge, skills, and ability required by the bill;

(6) The APRN is physically present at the location where the drug is administered.[6]

Standards and procedures for delegation

The bill requires the Board to adopt rules establishing standards and procedures for APRN delegation of the authority to administer drugs pursuant to the bill. The rules must be adopted in accordance with the Administrative Procedure Act (R.C. Chapter 119.).[7]

Pharmacology course

The bill modifies the structure of the course in advanced pharmacology and related topics that an APRN must complete to obtain a certificate to prescribe. The bill eliminates a provision specifying that the course must consist of planned classroom and clinical instruction. In a corresponding change, the bill eliminates a provision that allowed certain APRNs to complete a portion of the instruction through an Internet-

[5] R.C. 4723.50.

[6] R.C. 4723.489.

[7] R.C. 4723.07(Q) and 4723.48(C).

based course of study. Under law unchanged by the bill, the course must consist of at least 45 contact hours and be approved by the Board.[8]

PHYSICIAN ASSISTANTS

Current regulation of physician assistants

Under current law, a physician assistant practices under the supervision, control, and direction of one or more physicians who are responsible for the physician assistant's performance. The services a physician assistant may perform are governed by either (1) a physician supervisory plan approved by the State Medical Board for the supervising physician or (2) the policies of the health care facility in which the physician and physician assistant are practicing.[9]

A physician supervisory plan lists the services the physician may delegate to the physician assistant. The services permitted under a physician supervisory plan are listed in the Revised Code, but additional "special services" may be delegated with the approval of the Board. The services permitted under the policies of a heath care facility include any of the services that are permitted under a physician supervisory plan, as well as assisting in surgery in the facility and any other services permitted by the facility's policies.[10]

Regardless of whether a physician assistant's practice is governed by a physician supervisory plan or the policies of a health care facility, each supervising physician must enter into a supervision agreement with each physician assistant the physician supervises. The physician must submit the agreement to the Board for its approval.[11]

A physician assistant who meets certain requirements may be granted a certificate to prescribe. This certificate is maintained separately from the physician assistant's certificate to practice and grants the physician assistant authority to prescribe drugs if that authority is delegated by a supervising physician.[12]

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[8] R.C. 4723.482 (primary), 4723.06, and 4723.50.

[9] R.C. 4730.01, 4730.02 and 4730.08.

[10] R.C. 4730.09 and 4730.16.

[11] R.C. 4730.18 and 4730.19.

[12] R.C. 4730.41.

License

The bill changes the name of the certificate under which physician assistants practice to "license" and eliminates a provision of current law providing that a certificate to practice is to be treated as a license. The Board is permitted by the bill to continue to issue certificates to practice for not longer than 90 days after the bill takes effect. Existing certificates to practice and certificates to prescribe are to be honored until January 31, 2016.[13]

Physician supervisory plan

For a physician assistant who practices outside a health care facility, the bill eliminates the requirement that the supervising physician have a Board-approved physician supervisory plan and that the physician assistant practice under that plan. However, supervision agreements are still required. The bill adds several provisions to the law governing supervision agreements that currently apply to supervisory plans, such as the circumstances under which a physician assistant must refer a patient to the supervising physician. It eliminates others, including the procedures a physician assistant must follow when writing medical orders. As under current law, each supervision agreement must be submitted to the Board. The bill eliminates the current $25 fee for each supervision agreement filed with the Board.[14]

Supervision agreement

The bill retains the requirement that each supervising physician and each physician assistant being supervised enter into a supervision agreement. In addition to meeting the requirement of current law that a supervision agreement contain a statement that the physician agrees to supervise the physician assistant and that the physician assistant agrees to practice under the physician's supervision, each supervision agreement entered into under the bill must clearly state that the supervising physician is legally responsible and assumes legal liability for the services provided by the physician assistant.

If the physician assistant will practice in a health care facility, the agreement must include terms that require the physician assistant to practice in accordance with the facility's policies.

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[13] R.C. 1.64, 2133.211, 2305.113, 4503.44, 4730.02, 4730.03, 4730.06, 4730.08, 4730.081 (repealed), 4730.10, 4730.101, 4730.12, 4730.13, 4730.14, 4730.25, 4730.251, 4730.27, 4730.28, 4730.31, 4730.32, 4730.33, 4730.49, 4730.51, 4730.53, 4765.01, 5123.47 and Section 3.

[14] R.C. 4730.02, 4730.08, 4730.15 (repealed), 4730.16(D) (repealed), 4730.17 (repealed), 4730.18 (repealed), and 4730.19.

If the physician assistant will practice outside a health care facility, the agreement must include terms that specify all of the following:

(1) The responsibilities to be fulfilled by the supervising physician;

(2) The responsibilities to be fulfilled by the physician assistant when performing services under the supervising physician;

(3) Any limitations on the responsibilities to be fulfilled by the physician assistant;

(4) The circumstances under which the physician assistant is required to refer a patient to the supervising physician;

(5) If the supervising physician chooses to designate physicians to act as alternate supervising physicians, the names, business addresses, and business telephone numbers of the physicians who have agreed to act in that capacity.[15]

Under the bill, the Board may review a submitted supervision agreement at any time for compliance with the above requirements and to verify the licensure of the physician and physician assistant.

The agreement goes into effect at the end of the fifth business day after the Board receives it, unless before then, the Board notifies the supervising physician that the supervision agreement fails to comply with the law. Under the bill, supervision agreements are effective for two years and may be renewed. Under current law, the Board's approval of a supervision agreement expires on January 31 of each odd-numbered year and may be renewed by the Board.

If a supervision agreement fails to comply with the law, the physician may revise the agreement and resubmit it to the Board. The resubmitted agreement is subject to the same potential review process.

The bill also permits a supervising physician to amend an active supervision agreement to add one or more physician assistants. Like initial or renewed agreements, an amendment must be submitted to the Board. An amendment does not alter the agreement's expiration date.

The bill requires that a supervision agreement be kept in the records maintained by the supervising physician. The bill permits the Board to impose a civil penalty of not more than $1,000 if it finds that a physician assistant has practiced in a manner that

[15] R.C. 4730.19.

does not conform to the terms of the supervision agreement or that a supervising physician has supervised a physician assistant in a manner that does not conform to the terms of the supervision agreement. A finding must be made through an adjudication conducted in accordance with the Administrative Procedure Act (R.C. Chapter 119.). The bill specifies that the Board may impose the civil penalty in addition to or in lieu of any other disciplinary action that the Board is authorized to take.[16]

Prescriptive authority

The bill modifies the steps a physician assistant must take to obtain authority to prescribe. Under current law, a physician assistant who holds a certificate to practice and meets certain other requirements may be granted a provisional certificate to prescribe and, after completing a provisional period, a certificate to prescribe. This authorizes the physician assistant to exercise "physician-delegated prescriptive authority."

The bill eliminates the certificate to prescribe and the provisional certificate. Under the bill, a physician assistant who holds a valid prescriber number issued by the Board is authorized to prescribe and personally furnish drugs and therapeutic devices in the exercise of physician-delegated prescriptive authority. The bill does not indicate how a prescriber number is obtained from the Board.

The bill specifies that a physician assistant's first 500 hours of physician-delegated prescriptive authority must be under the on-site supervision of a physician. Under current law, the first 500 hours must consist of on-site supervision as part of a physician assistant's provisional period. The bill excuses a physician assistant from the on-site supervision requirement if, prior to applying for a license to practice in Ohio, the physician assistant had prescriptive authority in another jurisdiction and practiced with that authority for at least 1,000 hours.

A physician assistant's supervising physician is required to keep a record of the physician assistant's completion of the supervised hours or the issuance of prescriptive authority by another jurisdiction. The record is to be made available for inspection by the board.[17]

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[16] R.C. 4730.19.

[17] R.C. 4729.01, 4730.11, 4730.19, 4730.38, 4730.39, 4730.40, 4730.41, 4730.42, 4730.43, 4730.44 (repealed and re-enacted), 4730.45 (repealed), 4730.46 (repealed), 4730.47 (repealed), 4730.48 (repealed), 4730.49, 4730.50 (repealed), 4730.51, 4730.52 (repealed), and 4730.53.

Education or experience requirements

The bill provides that a physician assistant who holds a license issued by the Board may exercise physician-delegated prescriptive authority if the physician assistant holds a master's or higher degree, held a valid certificate to prescribe on the bill's effective date, or had prescriptive authority while practicing in another jurisdiction or in the military. With limited exceptions, current law requires a person who applies after January 1, 2008 for a certificate to practice as a physician assistant to have a master's or higher degree.

The bill permits the Board to grant authority to exercise physician-delegated prescriptive authority to a physician assistant who obtained a license without having first obtained a master's or higher degree and is not otherwise authorized to exercise physician-delegated authority if the physician assistant later obtains such a degree. The physician assistant must provide evidence satisfactory to the Board of having obtained a master's or higher degree 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, or a program accredited by a regional or a specialized and professional accrediting agency recognized by the Council for Higher Education Accreditation, if the degree is in a course of study with clinical relevance to the practice of physician assistants.[18]

Other jurisdictions

The bill permits the Board to issue a license to a person who holds a current license from another jurisdiction and has been in active practice in any jurisdiction throughout the immediately preceding three-year period. Under current law, the physician assistant must have received the license from another jurisdiction prior to January 1, 2008.

The bill also permits the Board to issue a license to an applicant who has at least three years' experience practicing as a physician assistant while in active duty in the United States Public Health Service Commissioned Corps, as long as the applicant holds a degree from a program accredited by the Accreditation Review Commission on Education for the Physician Assistant. Currently this provision applies only to applicants whose experience is with the Armed Forces of the United States.

The bill specifies that a license issued on the basis of licensure by another jurisdiction or experience in the Armed Forces or the Public Health Service does not authorize the license holder to exercise physician-delegated prescriptive authority

[18] R.C. 4730.11.

unless the license holder has a master's or higher degree or had prescriptive authority in the previous practice.[19]

Services within supervising physician's expertise

Under the bill, a physician assistant may perform any services authorized by the supervising physician that are part of the physician's normal course of practice and expertise. "Service" is defined as "a medical activity that requires training in the diagnosis, treatment, or prevention of disease."[20]

If the supervising physician gives authorization and the services are within the physician's normal course of practice and expertise, the bill permits a physician assistant to do any of the following:

(1) Order diagnostic, therapeutic, and other medical services;

(2) Prescribe physical therapy or refer a patient to physical therapy;

(3) Order occupational therapy or refer a patient to an occupational therapist;

(4) Identify and comply with a do-not-resuscitate order;

(5) Determine and pronounce death;

(6) Assist in surgery;

(7) If the physician assistant has been granted physician-delegated prescriptive authority, order, prescribe, personally furnish, and administer drugs and medical devices;

(8) Perform any other services that are part of the supervising physician's normal course of practice and expertise.[21]

With respect to practicing in a health care facility, the bill retains a provision of current law specifying that the services a physician assistant may provide under the facility's policies are limited to the services the facility authorizes the physician assistant to provide for the facility. It specifies that a facility may not authorize a physician assistant to perform a service that is prohibited under the laws governing physician assistants. The bill also permits a physician who is supervising a physician assistant

[19] R.C. 4730.11.

[20] R.C. 4730.01 and 4730.20.

[21] R.C. 4730.20.

within a health care facility to impose limitations on the assistant's practice that are in addition to any limitations imposed by the facility.[22]

Special services

The bill eliminates current law provisions dealing with Board approval of "special services" that may be performed by physician assistants. "Special services" are health care services that are not listed in the Revised Code or designated by Board rule or other means as services that a physician assistant may be authorized to perform. Special services may currently be performed by one or more physician assistants being supervised by a physician if the Board approves the special services portion of an application for approval of a physician supervisory plan.[23]

Supervision

Current law includes a number of provisions concerning where a physician assistant may practice and how the practice is supervised. One provision specifies that a supervising physician may authorize a physician assistant to practice in any setting within which the supervising physician routinely practices. The bill provides instead that a physician assistant may practice in any setting within which the supervising physician has supervision, control, and direction of the physician assistant.[24]

Another current law provision requires a supervising physician who is not physically present at the location where a physician assistant is practicing to be in a location that under normal conditions is not more than 60 minutes travel time from the physician assistant's location. The bill provides that the supervising physician must be a distance from the location where the physician is practicing that "reasonably allows the physician to assure proper care of patients."[25]

The bill increases to three the number of physician assistants who may be supervised at any one time by a supervising physician. Currently, not more than two may be supervised at one time.[26]

The bill eliminates provisions of current law that do the following:

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[22] R.C. 4730.09 (repealed) and 4730.20.

[23] R.C. 4730.01, 4730.06, 4730.09 (repealed), 4730.15, and 4730.16.

[24] R.C. 4730.21(A).

[25] R.C. 4730.21(A)(1)(b).

[26] R.C. 4730.21(B).

(1) Prohibit a supervising physician from authorizing a physician assistant to perform a service unless 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;

(2) Require the supervising physician to regularly review the condition of the patients treated by a physician assistant;

(3) Require a physician assistant who writes a medical order to clearly identify the physician under whose supervision the physician assistant is authorized to write the order;

(4) Make records of the quality assurance activities of the physician and physician assistant available to any health care professional working with the supervising physician and the physician assistant.[27]

Liability

Under law continued by the bill, a physician assistant's supervising physician assumes legal liability for the services provided by the physician assistant.[28] The bill adds a requirement that a supervision agreement clearly state that the supervising physician is legally responsible and assumes legal liability for services provided by the physician assistant.[29] It also expressly provides that the physician assistant acts as the agent of the supervising physician when performing authorized services.[30]

Criminal penalties

Current law prohibits a supervising physician from authorizing a physician assistant to perform services that are inconsistent with a supervisory plan or the policies of the health care facility in which the physician and physician assistant practice. It also prohibits a physician assistant from practicing in a manner that is inconsistent with the supervisory plan or health care facility policies. Violation of either prohibition is a misdemeanor of the first degree on a first offense and a felony of the fourth degree on any subsequent offense.

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[27] R.C. 4730.21.

[28] R.C. 4730.22.

[29] R.C. 4730.19(A).

[30] R.C. 4730.22(A).

The bill eliminates the provision prohibiting a physician assistant from practicing in a manner that is inconsistent with the supervisory plan or health care facility policies.[31] It prohibits a supervising physician from authorizing a physician assistant to perform services that are inconsistent with the supervision agreement under which the physician assistant is being supervised, including, if applicable, the policies of a health care facility. A supervising physician who violates this prohibition could be found guilty of a first degree misdemeanor on a first offense or fourth degree felony on a subsequent offense.

Direction, delegation, and orders

The bill permits a physician assistant acting pursuant to a supervision agreement to delegate to any person the administration of drugs and the performance of tasks to implement a patient's plan of care.[32] However, law unchanged by the bill provides that the physician assistant law is not to 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 except to the extent the physician assistant is authorized to do so by the supervising physician and, if applicable, the policies of the health care facility in which the physician assistant is practicing.[33]

When a physician assistant delegates a task or administration of a drug, the bill requires the physician assistant to be physically present at the location where the task is performed or the drug administered.

Before delegating a task or the administration of a drug, the bill requires a physician assistant to determine that the task or drug is appropriate for the patient and that the person to whom the delegation is to be made may safely perform the task or administer the drug.[34] A physician assistant may delegate the administration of a drug only if all of the following additional conditions are met:

(1) The physician assistant has physician–delegated prescriptive authority;

(2) The drug is included in the formulary established under current law;

(3) The drug is not a controlled substance;

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[31] R.C. 4730.02 and 4730.99, not in the bill.

[32] R.C. 4730.203(A).

[33] R.C. 4730.03(D).

[34] R.C. 4730.203(B).

(4) The drug will not be administered intravenously; (the drug may be administered via any other route, which could be orally, topically, or into a patient's bone marrow);

(5) The drug will not be administered in a hospital inpatient care unit, a hospital emergency department, a freestanding emergency department, or an ambulatory surgical facility.[35]

The bill grants authority to a person not otherwise authorized to do so to administer a drug or perform a specific task in accordance with the physician assistant's delegation.[36]

Licensed practical nurses

The bill modifies the definition of "the practice of nursing as a licensed practical nurse," as used in the laws governing nurses, by specifying that it includes providing nursing care under the direction of a physician assistant. The current definition includes providing nursing care only under the direction of a physician (including a podiatrist), dentist, optometrist, or registered nurse.[37] A separate provision of current law permits a physician assistant to order or direct the execution of procedures by a licensed practical nurse (LPN) if the physician assistant is authorized to do so by the supervising physician.[38]

The bill makes a conforming revision by permitting an LPN to perform limited intravenous (IV) therapy procedures on an adult patient under the direction of a physician assistant if the nurse is authorized by the Board of Nursing to administer IV therapy to an adult and the physician assistant is present and readily available at the facility where the procedure is performed. The physician assistant is not required to be present if the procedure is performed in a long-term care facility or an intermediate care facility for individuals with intellectual disabilities and a registered nurse is present on the premises or accessible by telecommunication. The bill also permits a qualified LPN to perform specified IV therapy procedures on any patient under the direction of a physician assistant if the physician assistant is present or accessible by telecommunication.[39]

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[35] R.C. 4730.203.

[36] R.C. 4730.203(D).

[37] R.C. 4723.01

[38] R.C. 4730.03(D).

[39] R.C. 4723.18 and 4723.181.

Respiratory care services providers

The bill permits a respiratory care services provider to practice under the supervision of a physician assistant and pursuant to a prescription or other order issued by a physician assistant if the physician assistant's physician-delegated prescriptive authority allows the physician assistant to prescribe or order respiratory care services. Current law permits a respiratory care services provider to practice only under the supervision of and pursuant to a prescription or other order issued by a physician or a certified nurse practitioner or clinical nurse specialist. Under the bill, when practicing under the supervision of or pursuant to an order issued by a physician assistant, a respiratory care services provider is permitted to administer only those prescription drugs that the physician assistant is authorized to prescribe pursuant to the physician assistant's physician-delegated prescriptive authority.[40]

Loss of certification or clinical privileges

Under law unchanged by the bill, physician assistants are required to maintain certification by the National Commission on Certification of Physician Assistants or a successor organization recognized by the Board.[41] The bill requires a physician assistant to notify the Board if certification is suspended or revoked. The notice must be given within 14 days of the physician assistant's receipt of notice from the Commission. The bill also requires a physician assistant who fails to renew certification to notify the Board within 14 days of the certification's expiration.[42] It adds expiration, lapse, suspension, or revocation of national certification as grounds for discipline of a physician assistant by the Board.[43]

The bill also adds as grounds for discipline the revocation, suspension, restriction, reduction, or termination of clinical privileges by the U.S. Department of Defense or the Department of Veterans Affairs and the termination or suspension of a certificate of registration to prescribe drugs by the U.S. Drug Enforcement Administration.[44]

License fees

The bill increases physician assistant license fees as follows:

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[40] R.C. 4761.17.

[41] R.C. 4730.11(A)(3).

[42] R.C. 4730.111.

[43] R.C. 4730.25(B)(27).

[44] R.C. 4730.25(B)(28).

--Increases to $500 (from $200) the fee for an initial license;[45]

--Increases to $200 (from $100) the fee for a license renewal.[46]

ANATOMIC PATHOLOGY SERVICES

Billing for anatomic pathology services on dermatology specimens

Under law not modified by the bill, a physician is generally prohibited from charging, billing, or otherwise soliciting payment, directly or indirectly, for anatomic pathology services unless the services are personally rendered by the physician or rendered under the on-site supervision of the physician.[47] A physician who violates the prohibition is subject to disciplinary action by the State Medical Board.[48]

There are currently two exceptions to the prohibition: one applicable to physicians who perform the professional component of an anatomic pathology service,[49] and one applicable to physicians who have anatomic pathology services performed on dermatology specimens.[50] Under the latter exception, a physician may bill for having an anatomic pathology service performed on a dermatology specimen only if the billing physician discloses (1) the name and address of the clinical laboratory or physician who performed the service and (2) the amount the billing physician was charged by or paid to the clinical laboratory or physician who performed the service.[51]

The bill repeals the second exception applicable to dermatology specimens. Accordingly, under the bill, a physician is prohibited from billing for an anatomic pathology service on a dermatology specimen that the physician did not personally render or that was not rendered under the physician's on-site supervision unless the physician performs the professional component of the anatomic pathology service. If the physician performs the professional component, the physician may bill for the amount incurred in (1) having a clinical laboratory or another physician perform the technical component or (2) obtaining another physician's consultation regarding the patient specimen.

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[45] R.C. 4730.10(B).

[46] R.C. 4730.14.

[47] R.C. 4731.72(C).

[48] R.C. 4731.72(E).

[49] R.C. 4731.72(D)(1).

[50] R.C. 4731.72(D)(2).

[51] R.C. 4731.72(D)(2).

Law not modified by the bill defines the following terms:

"**Anatomic pathology services**" means all of the following:[52]

(1) Histopathology or surgical pathology – the gross and microscopic examination and histologic processing of organ tissue performed by a physician or under the supervision of a physician.[53] ("**Histologic processing**" is the fixation, processing, embedding, microtomy, and other special staining, including histochemical or immunohistochemical staining and in situ hybridization of clinical human tissues or cells, for pathological examination.[54])

(2) Cytopathology – the microscopic examination of cells from fluids, aspirates, washings, brushings, or smears, including a Papanicolau smear (PAP smear or test).[55]

(3) Hematology – the microscopic evaluation of bone marrow aspirates and biopsies performed by a physician or under the supervision of a physician and peripheral blood smears when the attending or treating physician or technologist requests that a blood smear be reviewed by a pathologist.[56]

(4) Subcellular or molecular pathology – the assessment of a patient specimen for the detection, localization, measurement, or analysis of one or more protein or nucleic acid targets performed or interpreted by or under supervision of a pathologist.[57]

"**Professional component of an anatomic pathology service**" means the entire anatomic pathology service other than histologic processing.[58]

HISTORY

ACTION	DATE
Introduced	03-03-15
Reported, S. Health & Human Services	04-22-15

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[52] R.C. 3701.86(A), not in the bill, and 4731.72(A)(1).

[53] R.C. 3701.86(G), not in the bill.

[54] R.C. 3701.86(F), not in the bill.

[55] R.C. 3701.86(D), not in the bill.

[56] R.C. 3701.86(E), not in the bill.

[57] R.C. 3701.86(K), not in the bill.

[58] R.C. 4731.72(A)(2).