



Ohio Legislative Service Commission

Bill Analysis

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S.B. 110

131st General Assembly
(As Introduced)

Sen. Burke

BILL SUMMARY

DRUG ADMINISTRATION

- Permits certain advanced practice registered nurses 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 the delegation of the authority to administer drugs.

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.

CONTENT AND OPERATION

DRUG ADMINISTRATION

Delegation of the authority to administer drugs

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

¹ R.C. 4723.48(C).

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:

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

(2) The drug is listed in the formulary established by the Board 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;

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).

⁵ R.C. 4723.50, not in the bill.

(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. The rules must be adopted in accordance with the Administrative Procedure Act (R.C. Chapter 119.).⁷

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.⁸ A physician who violates the prohibition is subject to disciplinary action by the State Medical Board.⁹

There are currently two exceptions to the prohibition: one applicable to physicians who perform the professional component of an anatomic pathology service,¹⁰ and one applicable to physicians who have anatomic pathology services performed on dermatology specimens.¹¹ 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

⁶ R.C. 4723.489.

⁷ R.C. 4723.07(Q) and 4723.48(C).

⁸ R.C. 4731.72(C).

⁹ R.C. 4731.72(E).

¹⁰ R.C. 4731.72(D)(1).

¹¹ R.C. 4731.72(D)(2).

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.¹²

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.

Law not modified by the bill defines the following terms:

"Anatomic pathology services" means all of the following:¹³

(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.¹⁴ ("**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.¹⁵)

(2) Cytopathology – the microscopic examination of cells from fluids, aspirates, washings, brushings, or smears, including a Papanicolaou smear (PAP smear or test).¹⁶

(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.¹⁷

¹² R.C. 4731.72(D)(2).

¹³ R.C. 3701.86(A), not in the bill, and 4731.72(A)(1).

¹⁴ R.C. 3701.86(G), not in the bill.

¹⁵ R.C. 3701.86(F), not in the bill.

¹⁶ R.C. 3701.86(D), not in the bill.

¹⁷ R.C. 3701.86(E), not in the bill.

(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.¹⁸

"Professional component of an anatomic pathology service" means the entire anatomic pathology service other than histologic processing.¹⁹

HISTORY

ACTION	DATE
Introduced	03-03-15

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¹⁸ R.C. 3701.86(K), not in the bill.

¹⁹ R.C. 4731.72(A)(2).

