



OHIO LEGISLATIVE SERVICE COMMISSION

Bill Analysis

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S.B. 259

132nd General Assembly
(As Introduced)

Sen. Hackett

BILL SUMMARY

- Eliminates provisions that limit the drugs a physician assistant may be authorized to prescribe to those included in a formulary established by the State Medical Board.
- Explicitly prohibits a physician assistant from prescribing any drug in violation of state or federal law.
- Permits a physician assistant to delegate to another person the task of administering a drug only if the physician assistant is authorized to prescribe that drug.
- Authorizes a physician assistant to personally furnish samples of drugs and therapeutic devices that are not in the physician assistant's physician-delegated prescriptive authority.
- Authorizes a physician assistant working in a health care facility to perform rapid intubation and procedural sedation, as well as to order such procedures or the drugs needed to perform them.
- Eliminates a requirement that a physician assistant seeking an Ohio license based on service in another jurisdiction, the U.S. armed forces, or the U.S. Public Health Service have practiced for at least three consecutive years in the other jurisdiction or service.
- Increases to five (from three) the number of physician assistants a physician may supervise at any one time.

CONTENT AND OPERATION

Physician assistant prescriptive authority

Formulary

The bill potentially expands the authority of physician assistants to prescribe drugs by eliminating the State Medical's Board's authority to adopt a physician assistant formulary. The formulary is the list of drugs and therapeutic devices a physician assistant's supervising physician may select from when deciding which drugs and therapeutic devices to authorize the physician assistant to prescribe. This authorization from the supervising physician to the physician assistant is called "physician-delegated prescriptive authority."¹ (Physician-delegated prescriptive authority is unique to each physician assistant, although physician assistants in the same practice may be granted the same authority at the discretion of the supervising physician.) The bill makes conforming changes to other provisions associated with the formulary's elimination.²

Although the bill eliminates the formulary, it maintains the Board's authority to adopt rules governing physician-delegated prescriptive authority.³ Continuing law not modified by the bill requires that the rules permit a physician assistant to exercise prescriptive authority only to the extent authorized by the supervising physician and require the physician assistant to comply with all conditions the supervising physician places on the authority.⁴

Prescriber number; compliance with state and federal law

Currently, a physician assistant who holds a valid prescriber number issued by the Medical Board is authorized to prescribe and personally furnish drugs and therapeutic devices in the exercise of physician-delegated prescriptive authority.⁵ The bill requires the Medical Board to issue a prescriber number to each physician assistant who is authorized to exercise physician-delegated prescriptive authority under a supervision agreement (see below).⁶ The bill also explicitly prohibits a physician

¹ R.C. 4730.39(A)(1) and (C), repealed by the bill.

² References to the formulary are removed from law governing the Physician Assistant Policy Committee (R.C. 4730.06 and 4730.38(B)), physician assistant delegation of tasks (R.C. 4730.203(C)(2)), and conditions on physician-delegated prescriptive authority (R.C. 4730.42(A)(1)).

³ R.C. 4730.39(A) and (B).

⁴ R.C. 4730.41(B)(1).

⁵ R.C. 4730.41(A).

⁶ R.C. 4730.15(D).



assistant from prescribing any drug in violation of state or federal law.⁷ Although the bill does not reference any particular law, federal law does prohibit, for example, possession or use of marijuana.⁸

Delegation of drug administration

Under existing law, a physician assistant may delegate administration of a drug if certain requirements are met. Since the bill eliminates the Medical Board's authority to adopt the physician assistant formulary, the bill eliminates the requirement that the drug delegated be one that is included on the formulary. The bill adds the requirement that the physician assistant must be authorized to prescribe the drug.⁹

The bill eliminates a provision requiring the Medical Board to establish standards and procedures for physician assistant delegation of drug administration.¹⁰

Authority to personally furnish samples

Currently, if certain requirements are met, a physician assistant who holds a valid prescriber number from the Medical Board may personally furnish samples of drugs and therapeutic devices that are included in the physician assistant's physician-delegated prescriptive authority. ("Personally furnish" means distribution of drugs by a prescriber to patients for use outside the prescriber's practice setting.¹¹) The bill removes the requirement that the drugs and therapeutic devices personally furnished as samples be in the physician assistant's physician-delegated prescriptive authority.¹² This change means that a physician assistant may personally furnish samples that are not in the physician assistant's physician-delegated prescriptive authority as long as other conditions on personally furnishing samples, unchanged by the bill, are met.

Anesthesia

The bill expands a physician assistant's scope of anesthesia care by authorizing a physician assistant in a health care facility to perform rapid intubation and procedural sedation, as well as to order those procedures or the drugs needed to perform them.

⁷ R.C. 4730.41(C).

⁸ 21 United States Code (U.S.C.) 812.

⁹ R.C. 4730.203(C).

¹⁰ R.C. 4730.39.

¹¹ Ohio Administrative Code (O.A.C.) 4729-5-01.

¹² R.C. 4730.43(A).



According to the American College of Emergency Physicians, rapid intubation (also known as rapid sequence intubation) is used for airway management of patients. In this technique, a potent sedative or induction agent is administered virtually simultaneously with a paralyzing dose of a neuromuscular blocking agent to facilitate rapid tracheal intubation. The technique includes specific protection against aspiration of gastric contents, provides access to the airway for intubation, and permits pharmacologic control of adverse responses to illness, injury, and the intubation itself.¹³ Procedural sedation is a technique of administering sedatives or dissociative agents with or without analgesics to induce a state that allows the patient to tolerate unpleasant procedures.¹⁴

Currently, a physician assistant is limited to administering, monitoring, or maintaining 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. This applies regardless of where the physician assistant works.¹⁵

Out-of-state, military, and U.S. Public Health Service physician assistants

Under current law, a physician assistant who has practiced for at least three consecutive years in another jurisdiction or in the U.S. armed forces or the U.S. Public Health Service Commissioned Corps may acquire Ohio licensure. This three-year service requirement is in lieu of the requirement that the physician assistant have either (1) a master's or higher degree from a program accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) or (2) a degree, other than a master's or higher, from an ARC-PA accredited program *and* a master's or higher degree in a course of study with clinical relevance to physician assistant practice from a program accredited by a regional or specialized and professional accrediting agency recognized by the Council for Higher Education Accreditation.¹⁶

The bill removes the three-year period of service requirement. Accordingly, a physician assistant who has practiced for any length of time in the other jurisdiction or in the U.S. armed forces or the U.S. Public Health Service may acquire Ohio licensure

¹³ American College of Emergency Physicians, *Rapid-Sequence Intubation*, available at <https://www.acep.org/Clinical---Practice-Management/Rapid-Sequence-Intubation/>.

¹⁴ American College of Emergency Physicians, *Procedural Sedation in the Emergency Department*, available at <https://www.acep.org/Clinical---Practice-Management/Procedural-Sedation-in-the-Emergency-Department/>.

¹⁵ R.C. 4730.201.

¹⁶ R.C. 4730.11



without meeting Ohio's educational requirements if the physician assistant satisfies all other requirements, unchanged by the bill, for licensure.¹⁷ An out-of-state, military, or U.S. Public Health Service physician assistant who acquires Ohio licensure is authorized to exercise physician-delegated prescriptive authority without meeting any other requirements if the physician assistant had prescriptive authority while practicing in the other jurisdiction or in the U.S. armed forces or U.S. Public Health Service.¹⁸

Supervision agreements

Under current law, each physician assistant and supervising physician must enter into a supervision agreement. On receipt of notice from the Medical Board acknowledging its approval of the agreement, the physician may begin supervising the physician assistant and the physician assistant may begin practicing under that physician's supervision.¹⁹ The bill increases to five (from three) the number of physician assistants that a physician may supervise at any one time.²⁰

HISTORY

ACTION	DATE
Introduced	02-20-18

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¹⁷ R.C. 4730.11.

¹⁸ R.C. 4730.15, which contains provisions – relocated but not substantively changed – from R.C. 4730.11(D) and (E)(2) and (3).

¹⁹ R.C. 4730.18 and 4730.19, not in the bill.

²⁰ R.C. 4730.21(B).

