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Committees:
Medicaid, Chairman
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Government Oversight & Reform
Finance
Rules & Reference
Financial Institutions
Agriculture

House Health and Aging Committee
Chairwoman Gonzales

Sponsor Testimony for Senate Bill 110
May 20th, 2015

Chairwoman Gonzales, Ranking Member Antonio, and members of the House Health and Aging Committee thank you for allowing me to present sponsor testimony on Senate Bill 110, which will permit advanced practice registered nurses with prescriptive authority to delegate the administration of certain medications for patients to qualified individuals and will also update and revise Ohio's laws governing the practice of physician assistants.

This legislation may look familiar to some of you, as it merges two pieces of legislation that were both passed out of the House Health and Aging Committee in the last General Assembly. House Bill 301, sponsored by Representatives Palenda and Bishoff, addressed scope of practice issues for advanced practices nurses and House Bill 412, sponsored by Representative Gonzales, addressed scope of practice and licensure issues for physician assistants. I introduced both pieces of legislation this general assembly as Senate Bill 55 and Senate Bill 110. Senate Bill 55 was amended into Senate Bill 110 in the Senate Health and Human Services Committee and voted unanimously out of committee, and later passed unanimously on the Senate floor.

Advanced practice registered nurses with the authority to prescribe practice as Certified Nurse Practitioners, Clinical Nurse Specialists and Certified Nurse Midwives. They can currently delegate nursing tasks to qualified individuals, such as medical assistants, but have been unable to delegate the administration of medications to these same persons. This legislation will allow them limited authority to delegate the administration of medication, such as flu shots, immunizations, asthma treatments and other medications that the advanced practice nurse prescribes, so that the patient can receive safe and timely care. While this bill does not provide a laundry list of items that may or may not be

delegated to administer, it is important to note that it does not allow controlled substances to be administered.

Senate Bill 110 also contains safeguards to ensure patient care is maintained. The advanced practice nurse can only delegate what the advanced practice nurse is permitted by law to prescribe. An advanced practice nurse must still assess the patient to ensure that the medication is appropriate for the patient and delegate according to established standards. The advanced practice nurse must be physically present at the location where the medication is to be administered.

In addition, the bill prohibits the delegation of medication administration by the advanced practice nurse in a hospital inpatient acute care unit or in freestanding or hospital emergency departments to individuals who are not registered nurses. Patients in these settings often tend to be unstable and require the attention of a registered nurse during the administration of all medications.

This bill also ensures that all medical assistants authorized to administer the medications must complete education based upon a recognized body of knowledge on drug administration and demonstrate to the employer the knowledge, skills and ability to administer the drug. It will also ensure the ability of the Board of Nursing to establish standards and procedures for the delegation of the authority to administer drugs.

The second part of this bill makes important changes to allow a physician assistant to practice to the full extent of their training by removing statutory barriers to practice and bringing provisions in line with other states.

First, the bill increases the number of physician assistants that a physician may supervise from two to three. Shortly after introducing this legislation, I received an email from a practicing physician assistant in West Virginia, by the name of Christina Johnson. Christina is looking to move back home to her hometown of Athens, Ohio and would like to practice as a physician's assistant. However, the physician prepared to hire her is unable to do so, being that they already have two physician's assistants practicing underneath them. This bill will help solve Christina's problem, but this story also highlights the solution this bill offers to help solve a bigger problem in this state. The problem being the growing demand for health services, and the shortage of qualified healthcare professionals to meet that demand, especially in the rural and Appalachia regions of our state.

The bill combines the current supervisory plan and supervision agreement into a single document and removes the statutory list of tasks a physician assistant may perform. Due

to the pace at which medical techniques and technologies evolve, the list currently contained in statute quickly becomes outdated. With this legislation, each supervising physician will make an individualized determination of the physician assistant's activities, based on his or her relationship with the physician assistant and that individual physician assistant's level of training or ability. The bill identifies physician assistants within the respiratory therapist code as a provider who may provide respiratory therapies. It also clarifies that a physician assistant may direct RNs and LPNs to administer certain tasks and medications.

This bill will replace the current Certificate to Practice and Certificate to Prescribe with a single license. Ohio is one of only two states that do not license physician assistants and this change will bring us into conformity. The bill also amends and clarifies the procedures by which a physician assistant from another state, the military, or health service may become licensed in Ohio to allow for a smooth transition for incoming physician assistants.

The bill removes Ohio State Medical Board approval of supervision agreements and instead requires the agreements to be filed with the Board and reviewed. This will help physician assistants quickly get to work with their supervising physician and help eliminate administrative delays. In addition, the bill ensures the Board's ability to audit supervision agreements, to ensure that physicians and physician assistants are practicing appropriately within the scope of the agreements.

Finally, the bill removes the restrictive 60-minute distance for a supervising physician while a physician assistant is practicing. This will allow the supervising physician greater discretion, while still requiring the physician to be continually available to the physician assistant. This also allows for the utilization of advances in telemedicine.

When reviewing scope of practice legislation, I take a special consideration to making sure individuals are practicing at the top of their scope, while ensuring there is still the proper chain of authority and dependability intact. This legislation achieves both of these two goals and is much needed in the State of Ohio. I urge your support for this piece of legislation, and would be glad to answer any questions that the committee may have at this time. Thank you.