

As Introduced

129th General Assembly
Regular Session
2011-2012

H. B. No. 284

Representatives Gonzales, Letson

Cosponsors: Representatives Stebelton, Wachtmann, Boyd, Slesnick,
Gerberry, O'Brien, Murray, Reece, Mallory

A BILL

To amend sections 185.01, 185.03, 185.05, 2105.35, 1
2108.40, 2133.211, 3719.06, 4730.06, 4730.09, 2
4730.38, 4730.39, 4730.40, 4730.41, 4730.42, 3
4730.44, 4730.45, 4755.48, 4755.481, 4765.01, 4
4765.35, 4765.36, 4765.37, 4765.38, 4765.39, 5
4765.49, and 4765.51, to enact sections 4730.411, 6
5111.0212, and 5111.051, and to repeal section 7
4730.401 of the Revised Code to modify the laws 8
governing physician assistants. 9

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF OHIO:

Section 1. That sections 185.01, 185.03, 185.05, 2105.35, 10
2108.40, 2133.211, 3719.06, 4730.06, 4730.09, 4730.38, 4730.39, 11
4730.40, 4730.41, 4730.42, 4730.44, 4730.45, 4755.48, 4755.481, 12
4765.01, 4765.35, 4765.36, 4765.37, 4765.38, 4765.39, 4765.49, and 13
4765.51 be amended and sections 4730.411, 5111.0212, and 5111.051 14
of the Revised Code be enacted to read as follows: 15

Sec. 185.01. As used in this chapter: 16

(A) "Advanced practice nurse" has the same meaning as in 17
section 4723.01 of the Revised Code. 18

(B) "Collaboration" has the same meaning as in section 19
4723.01 of the Revised Code. 20

(C) "Health care coverage and quality council" means the 21
entity established under section 3923.90 of the Revised Code. 22

(D) "Patient centered medical home education advisory group" 23
means the entity established under section 185.03 of the Revised 24
Code to implement and administer the patient centered medical home 25
education pilot project. 26

(E) "Patient centered medical home education pilot project" 27
means the pilot project established under section 185.02 of the 28
Revised Code. 29

(F) "Physician assistant" means an individual who holds a 30
valid certificate to practice as a physician assistant issued 31
under Chapter 4730. of the Revised Code. 32

Sec. 185.03. (A) The patient centered medical home education 33
advisory group is hereby created for the purpose of implementing 34
and administering the patient centered medical home pilot project. 35
The advisory group shall develop a set of expected outcomes for 36
the pilot project. 37

(B) The advisory group shall consist of the following voting 38
members: 39

(1) One individual with expertise in the training and 40
education of primary care physicians who is appointed by the dean 41
of the university of Toledo college of medicine; 42

(2) One individual with expertise in the training and 43
education of primary care physicians who is appointed by the dean 44
of the Boonshoft school of medicine at Wright state university; 45

(3) One individual with expertise in the training and 46
education of primary care physicians who is appointed by the 47
president and dean of the northeast Ohio medical university; 48

(4) One individual with expertise in the training and education of primary care physicians who is appointed by the dean of the Ohio university college of osteopathic medicine;	49 50 51
(5) Two individuals appointed by the governing board of the Ohio academy of family physicians;	52 53
(6) One individual appointed by the governing board of the Ohio chapter of the American college of physicians;	54 55
(7) One individual appointed by the governing board of the American academy of pediatrics;	56 57
(8) One individual appointed by the governing board of the Ohio osteopathic association;	58 59
(9) One individual with expertise in the training and education of advanced practice nurses who is appointed by the governing board of the Ohio council of deans and directors of baccalaureate and higher degree programs in nursing;	60 61 62 63
(10) One individual appointed by the governing board of the Ohio nurses association;	64 65
(11) One individual appointed by the governing board of the Ohio association of advanced practice nurses;	66 67
(12) <u>One individual appointed by the governing board of the Ohio association of physician assistants;</u>	68 69
<u>(13)</u> A member of the health care coverage and quality council, other than the advisory group member specified in division (C)(2) of this section, appointed by the superintendent of insurance.	70 71 72 73
(C) The advisory group shall consist of the following nonvoting, ex officio members:	74 75
(1) The executive director of the state medical board, or the director's designee;	76 77

(2) The executive director of the board of nursing or the director's designee;	78 79
(3) The chancellor of the Ohio board of regents, or the chancellor's designee;	80 81
(4) The individual within the department of job and family services who serves as the director of medicaid, or the director's designee;	82 83 84
(5) The director of health or the director's designee.	85
(D) Advisory group members who are appointed shall serve at the pleasure of their appointing authorities. Terms of office of appointed members shall be three years, except that a member's term ends if the pilot project ceases operation during the member's term.	86 87 88 89 90
Vacancies shall be filled in the manner provided for original appointments.	91 92
Members shall serve without compensation, except to the extent that serving on the advisory group is considered part of their regular employment duties.	93 94 95
(E) The advisory group shall select from among its members a chairperson and vice-chairperson. The advisory group may select any other officers it considers necessary to conduct its business.	96 97 98
A majority of the members of the advisory group constitutes a quorum for the transaction of official business. A majority of a quorum is necessary for the advisory group to take any action, except that when one or more members of a quorum are required to abstain from voting as provided in division (C)(1)(d) or (C)(2)(c) of section 185.05 of the Revised Code, the number of members necessary for a majority of a quorum shall be reduced accordingly.	99 100 101 102 103 104 105
The advisory group shall meet as necessary to fulfill its duties. The times and places for the meetings shall be selected by	106 107

the chairperson.	108
(F) Sections 101.82 to 101.87 of the Revised Code do not apply to the advisory group.	109 110
Sec. 185.05. (A) The patient centered medical home education advisory group shall accept applications for inclusion in the patient centered medical home education pilot project from primary care practices with educational affiliations, as determined by the advisory group, with one or more of the following:	111 112 113 114 115
(1) The Boonshoft school of medicine at Wright state university;	116 117
(2) The university of Toledo college of medicine;	118
(3) The northeastern Ohio universities colleges of medicine and pharmacy;	119 120
(4) The Ohio university college of osteopathic medicine;	121
(5) The college of nursing at the university of Toledo;	122
(6) The Wright state university college of nursing and health;	123 124
(7) The college of nursing at Kent state university;	125
(8) The university of Akron college of nursing;	126
(9) The school of nursing at Ohio university.	127
(B)(1) Subject to division (C)(1) of this section, the advisory group shall select for inclusion in the pilot project not more than the following number of physician practices:	128 129 130
(a) Ten practices affiliated with the Boonshoft school of medicine at Wright state university;	131 132
(b) Ten practices affiliated with the university of Toledo college of medicine;	133 134
(c) Ten practices affiliated with the northeastern Ohio	135

universities colleges of medicine and pharmacy;	136
(d) Ten practices affiliated with the centers for osteopathic research and education of the Ohio university college of osteopathic medicine.	137 138 139
(2) Subject to division (C)(2) of this section, the advisory group shall select for inclusion in the pilot project not less than the following number of advanced practice nurse primary care practices:	140 141 142 143
(a) One practice affiliated with the college of nursing at the university of Toledo;	144 145
(b) One practice affiliated with the Wright state university college of nursing and health;	146 147
(c) One practice affiliated with the college of nursing at Kent state university or the university of Akron college of nursing;	148 149 150
(d) One practice affiliated with the school of nursing at Ohio university.	151 152
(C)(1) All of the following apply with respect to the selection of physician practices under division (B) of this section:	153 154 155
(a) The advisory group shall strive to select physician practices in such a manner that the pilot project includes a <u>both of the following</u> :	156 157 158
(i) <u>A diverse range of primary care specialties, including practices specializing in pediatrics, geriatrics, general internal medicine, or family medicine;</u>	159 160 161
(ii) <u>Practices that utilize physician assistants as part of the health care delivery system.</u>	162 163
(b) When evaluating an application, the advisory group shall consider the percentage of patients in the physician practice who	164 165

are part of a medically underserved population, including medicaid recipients and individuals without health insurance. 166
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(c) The advisory group shall select not fewer than six practices that serve rural areas of this state, as those areas are determined by the advisory group. 168
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(d) A member of the advisory group shall abstain from participating in any vote taken regarding the selection of a physician practice if the member would receive any financial benefit from having the practice included in the pilot project. 171
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(2) All of the following apply with respect to the selection of advanced practice nurse primary care practices under division (B) of this section: 175
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(a) When evaluating an application, the advisory group shall consider the percentage of patients in the advanced practice nurse primary care practice who are part of a medically underserved population, including medicaid recipients and individuals without health insurance. 178
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(b) If the advisory group determines that it has not received an application from a sufficiently qualified advanced practice nurse primary care practice affiliated with a particular institution specified in division (B)(2) of this section, the advisory group shall make the selections required under that division in such a manner that the greatest possible number of those institutions are represented in the pilot project. To be selected in this manner, a practice remains subject to the eligibility requirements specified in division (B) of section 185.06 of the Revised Code. As specified in division (B)(2) of this section, the number of practices selected for inclusion in the pilot project shall be at least four. 183
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(c) A member of the advisory group shall abstain from participating in any vote taken regarding the selection of an 195
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advanced practice nurse primary care practice if the member would 197
receive any financial benefit from having the practice included in 198
the pilot project. 199

Sec. 2105.35. (A)(1) A person is dead if the person has been 200
determined to be and pronounced dead pursuant to standards 201
established under section 2108.40 of the Revised Code. 202

(2) A physician or physician assistant who makes a 203
determination and pronouncement of death in accordance with 204
section 2108.40 of the Revised Code and any person who acts in 205
good faith in reliance on a determination and pronouncement of 206
death made ~~by a physician~~ in accordance with ~~that~~ section ~~is~~ 207
2108.40 of the Revised Code by a physician or physician assistant 208
are each entitled to the immunity conveyed by ~~that~~ section 2108.40 209
of the Revised Code. 210

(B) A certified or authenticated copy of a death certificate 211
purporting to be issued by an official or agency of the place 212
where the death of a person purportedly occurred is prima-facie 213
evidence of the fact, place, date, and time of the person's death 214
and the identity of the decedent. 215

(C) A certified or authenticated copy of any record or report 216
of a domestic or foreign governmental agency that a person is 217
missing, detained, dead, or alive is prima-facie evidence of the 218
status and of the dates, circumstances, and places disclosed by 219
the record or report. 220

(D) In the absence of prima-facie evidence of death under 221
division (B) or (C) of this section, the fact of death may be 222
established by clear and convincing evidence, including 223
circumstantial evidence. 224

(E) Except as provided in division (F) of this section, a 225
presumption of the death of a person arises: 226

(1) When the person has disappeared and been continuously absent from the person's place of last domicile for a five-year period without being heard from during the period;

(2) When the person has disappeared and been continuously absent from the person's place of last domicile without being heard from and was at the beginning of the person's absence exposed to a specific peril of death, even though the absence has continued for less than a five-year period.

(F) When a person who is on active duty in the armed services of the United States has been officially determined to be absent in a status of "missing" or "missing in action," a presumption of death arises when the head of the federal department concerned has made a finding of death pursuant to the "Federal Missing Persons Act," 80 Stat. 625 (1966), 37 U.S.C.A. 551, as amended.

(G) In the absence of evidence disputing the time of death stipulated on a document described in division (B) or (C) of this section, a document described in either of those divisions that stipulates a time of death one hundred twenty hours or more after the time of death of another person, however the time of death of the other person is determined, establishes by clear and convincing evidence that the person survived the other person by one hundred twenty hours.

(H) The provisions of divisions (A) to (G) of this section are in addition to any other provisions of the Revised Code, the Rules of Criminal Procedure, or the Rules of Evidence that pertain to the determination of death and status of a person.

Sec. 2108.40. (A) An individual is dead if the individual has sustained either irreversible cessation of circulatory and respiratory functions or irreversible cessation of all functions of the brain, including the brain stem, as determined in accordance with accepted medical standards. If the respiratory and

circulatory functions of a person are being artificially 258
sustained, under accepted medical standards a determination that 259
death has occurred is made by a physician by observing and 260
conducting a test to determine that the irreversible cessation of 261
all functions of the brain has occurred. 262

(B) The determination and pronouncement of an individual's 263
death may be made by a physician or, subject to divisions (C) and 264
(D) of this section, a physician assistant. 265

(C) A physician assistant may determine and pronounce an 266
individual's death only if the individual's respiratory and 267
circulatory functions are not being artificially sustained and, at 268
the time the determination and pronouncement of death is made, 269
either or both of the following conditions are met: 270

(1) The individual was receiving care in one of the 271
following: 272

(a) A nursing home, residential care facility, or home for 273
the aging licensed under Chapter 3721. of the Revised Code; 274

(b) A county home or district home operated pursuant to 275
Chapter 5155. of the Revised Code; 276

(c) A residential facility licensed under section 5123.19 of 277
the Revised Code. 278

(2) The physician assistant is providing or supervising the 279
individual's care through a hospice care program licensed under 280
Chapter 3712. of the Revised Code or any other entity that 281
provides palliative care. 282

(D) If a physician assistant determines and pronounces an 283
individual's death, both of the following conditions apply: 284

(1) The physician assistant shall not complete any portion of 285
the individual's death certificate. 286

(2) The physician assistant shall notify the individual's 287

attending physician of the determination and pronouncement in 288
order for the physician to fulfill the physician's duties under 289
section 3705.16 of the Revised Code. The physician assistant shall 290
provide the notification within a reasonable period of time 291
following the determination and pronouncement of the individual's 292
death. 293

(E)(1) A physician who makes a determination and 294
pronouncement of death in accordance with this section and 295
accepted medical standards is not liable for damages, or subject 296
to, any of the following for the physician's acts, the acts of a 297
physician assistant who makes a determination and pronouncement of 298
death in accordance with this section and accepted medical 299
standards, or the acts of others based on a determination and 300
pronouncement of death in accordance with this section and 301
accepted medical standards: 302

(a) Damages in any civil action or subject to prosecution; 303

(b) Prosecution in any criminal proceeding for the 304
physician's acts or the acts of others based on that 305
determination; 306

(c) Professional disciplinary action pursuant to Chapter 307
4731. of the Revised Code. 308

(2) A physician assistant who makes a determination and 309
pronouncement of death in accordance with this section and 310
accepted medical standards is not liable for, or subject to, any 311
of the following for the physician assistant's acts or the acts of 312
others based on that determination and pronouncement: 313

(a) Damages in any civil action; 314

(b) Prosecution in any criminal proceeding; 315

(c) Professional disciplinary action pursuant to Chapter 316
4730. of the Revised Code. 317

(3) Any person who acts in good faith in reliance on a determination and pronouncement of death made by a physician or physician assistant in accordance with this section and accepted medical standards is not liable for damages in any civil action or subject to prosecution in any criminal proceeding for the person's actions.

Sec. 2133.211. A person who holds a certificate of authority to practice as a certified nurse practitioner or clinical nurse specialist issued under section 4723.42 of the Revised Code may take any action that may be taken by an attending physician under sections 2133.21 to 2133.26 of the Revised Code and has the immunity provided by section 2133.22 of the Revised Code if the action is taken pursuant to a standard care arrangement with a collaborating physician.

A person who holds a certificate to practice as a physician assistant issued under Chapter 4730. of the Revised Code may take any action that may be taken by an attending physician under sections 2133.21 to 2133.26 of the Revised Code and has the immunity provided by section 2133.22 of the Revised Code if the action is taken pursuant to a physician supervisory plan approved pursuant to section 4730.17 of the Revised Code or the policies of a health care facility in which the physician assistant is practicing.

Sec. 3719.06. (A)(1) A licensed health professional authorized to prescribe drugs, if acting in the course of professional practice, in accordance with the laws regulating the professional's practice, and in accordance with rules adopted by the state board of pharmacy, may, except as provided in division (A)(2) or (3) of this section, do the following:

(a) Prescribe schedule II, III, IV, and V controlled

substances; 348

(b) Administer or personally furnish to patients schedule II, 349
III, IV, and V controlled substances; 350

(c) Cause schedule II, III, IV, and V controlled substances 351
to be administered under the prescriber's direction and 352
supervision. 353

(2) A licensed health professional authorized to prescribe 354
drugs who is a clinical nurse specialist, certified nurse-midwife, 355
or certified nurse practitioner is subject to both of the 356
following: 357

(a) A schedule II controlled substance may be prescribed only 358
for a patient with a terminal condition, as defined in section 359
2133.01 of the Revised Code, only if the nurse's collaborating 360
physician initially prescribed the substance for the patient, and 361
only in an amount that does not exceed the amount necessary for 362
the patient's use in a single, twenty-four-hour period. 363

(b) No schedule II controlled substance shall be personally 364
furnished to any patient. 365

(3) A licensed health professional authorized to prescribe 366
drugs who is a physician assistant ~~shall not prescribe or~~ 367
~~personally furnish to patients any~~ is subject to all of the 368
following: 369

(a) A controlled substance that is not may be prescribed or 370
personally furnished only if it is included in the 371
physician-delegated prescriptive authority granted to the 372
physician assistant in accordance with Chapter 4730. of the 373
Revised Code. 374

(b) A schedule II controlled substance may be prescribed only 375
in accordance with division (B)(4) of section 4730.41 and section 376
4730.411 of the Revised Code. 377

(c) No schedule II controlled substance shall be personally furnished to any patient. 378
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(B) No licensed health professional authorized to prescribe drugs shall prescribe, administer, or personally furnish a schedule III anabolic steroid for the purpose of human muscle building or enhancing human athletic performance and no pharmacist shall dispense a schedule III anabolic steroid for either purpose, unless it has been approved for that purpose under the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301, as amended. 380
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(C) Each written prescription shall be properly executed, dated, and signed by the prescriber on the day when issued and shall bear the full name and address of the person for whom, or the owner of the animal for which, the controlled substance is prescribed and the full name, address, and registry number under the federal drug abuse control laws of the prescriber. If the prescription is for an animal, it shall state the species of the animal for which the controlled substance is prescribed. 388
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Sec. 4730.06. (A) The physician assistant policy committee of the state medical board shall review, and shall submit to the board recommendations concerning, all of the following: 396
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(1) Requirements for issuance of certificates to practice as a physician assistant, including the educational requirements that must be met to receive a certificate to practice; 399
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(2) Existing and proposed rules pertaining to the practice of physician assistants, the supervisory relationship between physician assistants and supervising physicians, and the administration and enforcement of this chapter; 402
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(3) ~~Physician-delegated~~ In accordance with section 4730.38 of the Revised Code, physician-delegated prescriptive authority for 406
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physician assistants, in accordance with <u>and proposed changes to</u>	408
<u>the physician assistant formulary the board adopts pursuant to</u>	409
<u>division (A)(1) of section 4730.38 4730.39</u> of the Revised Code;	410
(4) Application procedures and forms for certificates to	411
practice as a physician assistant, physician supervisory plans,	412
and supervision agreements;	413
(5) Fees required by this chapter for issuance and renewal of	414
certificates to practice as a physician assistant;	415
(6) Criteria to be included in applications submitted to the	416
board for approval of physician supervisory plans, including	417
criteria to be included in applications for approval to delegate	418
to physician assistants the performance of special services;	419
(7) Criteria to be included in supervision agreements	420
submitted to the board for approval and renewal of the board's	421
approval;	422
(8) Any issue the board asks the committee to consider.	423
(B) In addition to the matters that are required to be	424
reviewed under division (A) of this section, the committee may	425
review, and may submit to the board recommendations concerning,	426
either or both of the following:	427
(1) Quality assurance activities to be performed by a	428
supervising physician and physician assistant under a quality	429
assurance system established pursuant to division (F) of section	430
4730.21 of the Revised Code;	431
(2) The development and approval of one or more model	432
physician supervisory plans and one or more models for a special	433
services portion of the one or more model physician supervisory	434
plans. The committee may submit recommendations for model plans	435
that reflect various medical specialties.	436
(C) The board shall take into consideration all	437

recommendations submitted by the committee. Not later than ninety 438
days after receiving a recommendation from the committee, the 439
board shall approve or disapprove the recommendation and notify 440
the committee of its decision. If a recommendation is disapproved, 441
the board shall inform the committee of its reasons for making 442
that decision. The committee may resubmit the recommendation after 443
addressing the concerns expressed by the board and modifying the 444
disapproved recommendation accordingly. Not later than ninety days 445
after receiving a resubmitted recommendation, the board shall 446
approve or disapprove the recommendation. There is no limit on the 447
number of times the committee may resubmit a recommendation for 448
consideration by the board. 449

(D)(1) Except as provided in division (D)(2) of this section, 450
the board may not take action regarding a matter that is subject 451
to the committee's review under division (A) or (B) of this 452
section unless the committee has made a recommendation to the 453
board concerning the matter. 454

(2) If the board submits to the committee a request for a 455
recommendation regarding a matter that is subject to the 456
committee's review under division (A) or (B) of this section, and 457
the committee does not provide a recommendation before the 458
sixty-first day after the request is submitted, the board may take 459
action regarding the matter without a recommendation. 460

Sec. 4730.09. (A) Under a physician supervisory plan approved 461
under section 4730.17 of the Revised Code, a physician assistant 462
may provide any or all of the following services without approval 463
by the state medical board as special services: 464

(1) Obtaining comprehensive patient histories; 465

(2) Performing physical examinations, including audiometry 466
screening, routine visual screening, and pelvic, rectal, and 467
genital-urinary examinations, when indicated; 468

(3) Ordering, performing, or ordering and performing routine diagnostic procedures, as indicated;	469 470
(4) Identifying normal and abnormal findings on histories, physical examinations, and commonly performed diagnostic studies;	471 472
(5) Assessing patients and developing and implementing treatment plans for patients;	473 474
(6) Monitoring the effectiveness of therapeutic interventions;	475 476
(7) Exercising physician-delegated prescriptive authority pursuant to a certificate to prescribe issued under this chapter;	477 478
(8) Carrying out or relaying the supervising physician's orders for the administration of medication, to the extent permitted by law;	479 480 481
(9) Providing patient education;	482
(10) Instituting and changing orders on patient charts;	483
(11) Performing developmental screening examinations on children with regard to neurological, motor, and mental functions;	484 485
(12) Performing wound care management, suturing minor lacerations and removing the sutures, and incision and drainage of uncomplicated superficial abscesses;	486 487 488
(13) Removing superficial foreign bodies;	489
(14) Administering intravenous fluids;	490
(15) Inserting a foley or cudae catheter into the urinary bladder and removing the catheter;	491 492
(16) Removing intrauterine devices;	493
(17) Performing biopsies of superficial lesions;	494
(18) (17) Making appropriate referrals as directed by the supervising physician;	495 496

(19) Removing norplant capsules	497
<u>(18)</u> Removing birth control devices;	498
(20) <u>(19)</u> Performing penile duplex ultrasound;	499
(21) <u>(20)</u> Changing of a tracheostomy;	500
(22) <u>(21)</u> Performing bone marrow aspirations from the posterior iliac crest;	501 502
(23) <u>(22)</u> Performing bone marrow biopsies from the posterior iliac crest;	503 504
(24) <u>(23)</u> Performing cystograms;	505
(25) <u>(24)</u> Performing nephrostograms after physician placement of nephrostomy tubes;	506 507
(26) <u>(25)</u> Fitting or inserting family planning devices, including intrauterine devices, diaphragms, and cervical caps;	508 509
(27) <u>(26)</u> Removing cervical polyps;	510
(28) <u>(27)</u> Performing nerve conduction testing;	511
(29) <u>(28)</u> Performing endometrial biopsies;	512
(30) <u>(29)</u> Inserting filiform and follower catheters;	513
(31) <u>(30)</u> Performing arthrocentesis of the knee;	514
(32) <u>(31)</u> Performing knee joint injections;	515
(33) <u>(32)</u> Performing endotracheal intubation with successful completion of an advanced cardiac life support course;	516 517
(34) <u>(33)</u> Performing lumbar punctures;	518
(35) <u>(34)</u> In accordance with rules adopted by the board, using light-based medical devices for the purpose of hair removal;	519 520
(36) <u>(35)</u> Administering, monitoring, or maintaining local anesthesia, as defined in section 4730.091 of the Revised Code;	521 522
(37) <u>(36)</u> Applying or removing a cast or splint;	523

(38) (37) Inserting or removing chest tubes;	524
<u>(38) Prescribing physical therapy or referring a patient to a physical therapist for the purpose of receiving physical therapy;</u>	525 526
<u>(39) Ordering occupational therapy or referring a patient to an occupational therapist for the purpose of receiving occupational therapy;</u>	527 528 529
<u>(40) Taking any action that may be taken by an attending physician under sections 2133.21 to 2133.26 of the Revised Code, as specified in section 2133.211 of the Revised Code;</u>	530 531 532
<u>(41) Performing other services that are within the supervising physician's normal course of practice and expertise, if the services are included in any model physician supervisory plan approved under section 4730.06 of the Revised Code or the services are designated by the board by rule or other means as services that are not subject to approval as special services.</u>	533 534 535 536 537 538
(B) Under the policies of a health care facility, the services a physician assistant may provide are limited to the services the facility has authorized the physician assistant to provide for the facility. The services a health care facility may authorize a physician assistant to provide for the facility include the following:	539 540 541 542 543 544
(1) Any or all of the services specified in division (A) of this section;	545 546
(2) Assisting in surgery in the health care facility;	547
(3) Any other services permitted by the policies of the health care facility, except that the facility may not authorize a physician assistant to perform a service that is prohibited by this chapter.	548 549 550 551
Sec. 4730.38. (A) Not later than six months after the effective date <u>Except as provided in division (B) of this section,</u>	552 553

the physician assistant policy committee of the state medical 554
board shall, at such times the committee determines to be 555
necessary, submit to the board ~~its initial~~ recommendations 556
regarding physician-delegated prescriptive authority for physician 557
assistants. The committee's recommendations shall address ~~all~~ both 558
of the following: 559

(1) Policy and procedures regarding physician-delegated 560
prescriptive authority, including the issuance of certificates to 561
prescribe under this chapter; 562

~~(2) Subject to the limitations specified in section 4730.40~~ 563
~~of the Revised Code, a formulary listing the drugs and therapeutic~~ 564
~~devices by class and specific nomenclature that a supervising~~ 565
~~physician may include in the physician-delegated prescriptive~~ 566
~~authority granted to a physician assistant who holds a certificate~~ 567
~~to prescribe issued under this chapter;~~ 568

~~(3)~~ Any issue the committee considers necessary to assist the 569
board in fulfilling its duty to adopt rules governing 570
physician-delegated prescriptive authority, including the issuance 571
of certificates to prescribe. 572

(B) ~~After the board's adoption of initial rules under section~~ 573
~~4730.39 of the Revised Code, the committee shall conduct an annual~~ 574
~~review of its recommendations regarding physician-delegated~~ 575
~~prescriptive authority. Based on its review, the committee shall~~ 576
~~submit recommendations to the board as the committee considers~~ 577
~~necessary~~ Not less than every six months beginning on the first 578
day of June following the effective date of this amendment, the 579
committee shall review the physician assistant formulary the board 580
adopts pursuant to division (A)(1) of section 4730.39 of the 581
Revised Code and, to the extent it determines to be necessary, 582
submit recommendations proposing changes to the formulary. 583

(C) Recommendations submitted under this section are subject 584

to the procedures and time frames specified in division (C) of 585
section 4730.06 of the Revised Code. 586

~~Sec. 4730.39. (A) Not later than six months after receiving~~ 587
~~the initial recommendations of the physician assistant policy~~ 588
~~committee submitted pursuant to division (A) of section 4730.38 of~~ 589
~~the Revised Code, the~~ The state medical board shall ~~adopt~~ do both 590
of the following: 591

(1) Adopt a formulary listing the drugs and therapeutic 592
devices by class and specific generic nomenclature that a 593
physician may include in the physician-delegated prescriptive 594
authority granted to a physician assistant who holds a certificate 595
to prescribe under this chapter; 596

(2) Adopt rules governing physician-delegated prescriptive 597
authority for physician assistants, including the issuance of 598
certificates to prescribe under this chapter. ~~The~~ 599

(B) The board's rules governing physician-delegated 600
prescriptive authority adopted pursuant to division (A)(2) of this 601
section shall be adopted in accordance with Chapter 119. of the 602
Revised Code and shall establish all of the following: 603

~~(1) Subject to the limitations specified in section 4730.40~~ 604
~~of the Revised Code, a formulary listing the drugs and therapeutic~~ 605
~~devices by class and specific generic nomenclature that a~~ 606
~~physician may include in the physician-delegated prescriptive~~ 607
~~authority granted to a physician assistant who holds a certificate~~ 608
~~to prescribe under this chapter;~~ 609

~~(2)~~ Requirements regarding the pharmacology courses that a 610
physician assistant is required to complete to receive a 611
certificate to prescribe; 612

~~(3)~~(2) Standards and procedures for the issuance and renewal 613
of certificates to prescribe to physician assistants; 614

~~(4)(3)~~ Standards and procedures for the appropriate conduct 615
of the provisional period that a physician assistant is required 616
to complete pursuant to section 4730.45 of the Revised Code and 617
for determining whether a physician assistant has successfully 618
completed the provisional period; 619

~~(5)(4)~~ A specific prohibition against prescribing any drug or 620
device to perform or induce an abortion; 621

~~(6)(5)~~ Standards and procedures to be followed by a physician 622
assistant in personally furnishing samples of drugs or complete or 623
partial supplies of drugs to patients under section 4730.43 of the 624
Revised Code; 625

~~(7)(6)~~ Any other requirements the board considers necessary 626
to implement the provisions of this chapter regarding 627
physician-delegated prescriptive authority and the issuance of 628
certificates to prescribe. 629

~~(B)(C)(1)~~ After adopting the initial rules considering 630
recommendations submitted by the physician assistant policy 631
committee pursuant to sections 4730.06 and 4730.38 of the Revised 632
Code, the board shall conduct an annual review either or both of 633
the rules. Based following, as appropriate according to the 634
submitted recommendations: 635

(a) The formulary the board adopts under division (A)(1) of 636
this section; 637

(b) The rules the board adopts under division (A)(2) of this 638
section regarding physician-delegated prescriptive authority. 639

(2) Based on its review, the board shall make any necessary 640
modifications to the formulary or rules. 641

~~(C)~~ ~~All rules adopted under this section shall be adopted in~~ 642
~~accordance with Chapter 119. of the Revised Code. When adopting~~ 643
~~the initial rules, the board shall consider the recommendations of~~ 644

~~the physician assistant policy committee submitted pursuant to~~ 645
~~division (A) of section 4730.38 of the Revised Code. When making~~ 646
~~any modifications to the rules subsequent to its annual review of~~ 647
~~the rules, the board shall consider the committee's~~ 648
~~recommendations submitted pursuant to division (B) of section~~ 649
~~4730.38 of the Revised Code.~~ 650

Sec. 4730.40. (A) Subject to ~~divisions~~ division (B) and ~~(C)~~ 651
of this section, the physician assistant formulary ~~established~~ 652
adopted by the state medical board ~~in rules adopted~~ under section 653
4730.39 of the Revised Code ~~listing the drugs and therapeutic~~ 654
~~devices by class and specific nomenclature that a supervising~~ 655
~~physician may include in the physician-delegated prescriptive~~ 656
~~authority granted to a physician assistant who holds a certificate~~ 657
~~to prescribe issued under this chapter may include any or all of~~ 658
the following drugs: 659

(1) Schedule II, III, IV, and V controlled substances; 660

(2) Drugs that under state or federal law may be dispensed 661
only pursuant to a prescription by a licensed health professional 662
authorized to prescribe drugs, as defined in section 4729.01 of 663
the Revised Code; 664

(3) Any drug that is not a dangerous drug, as defined in 665
section 4729.01 of the Revised Code. 666

(B) The formulary ~~established in the board's rules~~ adopted by 667
the board shall not include, and shall specify that it does not 668
include, ~~the following:~~ 669

~~(1) Any schedule II controlled substance;~~ 670

~~(2) Any any drug or device used to perform or induce an~~ 671
abortion. 672

~~(C) When adopting rules establishing the initial formulary,~~ 673
~~the board shall include provisions ensuring that a physician~~ 674

~~assistant who holds a certificate to prescribe issued under this 675
chapter may be granted physician-delegated prescriptive authority 676
for all drugs and therapeutic devices that may be prescribed on 677
the effective date of the rules by a holder of a certificate to 678
prescribe issued by the board of nursing under Chapter 4723. of 679
the Revised Code, with the exception of schedule II controlled 680
substances. To the extent permitted by division (A) of this 681
section, the initial formulary may include additional drugs or 682
therapeutic devices. 683~~

Sec. 4730.41. (A) A certificate to prescribe issued under 684
this chapter authorizes a physician assistant to prescribe and 685
personally furnish drugs and therapeutic devices in the exercise 686
of physician-delegated prescriptive authority. 687

(B) In exercising physician-delegated prescriptive authority, 688
a physician assistant is subject to all of the following: 689

(1) The physician assistant shall exercise 690
physician-delegated prescriptive authority only to the extent that 691
the physician supervising the physician assistant has granted that 692
authority. 693

(2) The physician assistant shall comply with all conditions 694
placed on the physician-delegated prescriptive authority, as 695
specified by the supervising physician who is supervising the 696
physician assistant in the exercise of physician-delegated 697
prescriptive authority. 698

(3) If the physician assistant possesses physician-delegated 699
prescriptive authority for controlled substances, the physician 700
assistant shall register with the federal drug enforcement 701
administration. 702

(4) If the physician assistant possesses physician-delegated 703
prescriptive authority for schedule II controlled substances, the 704

physician assistant shall comply with section 4730.411 of the 705
Revised Code. 706

Sec. 4730.411. (A) Except as provided in division (B) or (C) 707
of this section, the physician assistant may prescribe to a 708
patient a schedule II controlled substance only if all of the 709
following are the case: 710

(1) The patient is in a terminal condition, as defined in 711
section 2133.01 of the Revised Code. 712

(2) The physician assistant's supervising physician initially 713
prescribed the substance for the patient. 714

(3) The prescription is for an amount that does not exceed 715
the amount necessary for the patient's use in a single, 716
twenty-four-hour period. 717

(B) The restrictions on prescriptive authority in division 718
(A) of this section do not apply if a physician assistant issues 719
the prescription to the patient from any of the following 720
locations: 721

(1) A hospital registered under section 3701.07 of the 722
Revised Code; 723

(2) A health care facility operated by the department of 724
mental health or the department of developmental disabilities; 725

(3) A nursing home licensed under section 3721.02 of the 726
Revised Code or by a political subdivision certified under section 727
3721.09 of the Revised Code; 728

(4) A county home or district home operated under Chapter 729
5155. of the Revised Code that is certified under Title XVIII or 730
XIX of the Social Security Act of 1935; 731

(5) A hospice care program, as defined in section 3712.01 of 732
the Revised Code; 733

(6) A community mental health facility, as defined in section 5122.01 of the Revised Code; 734
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(7) An ambulatory surgical facility, as defined in section 3702.30 of the Revised Code; 736
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(8) A freestanding birthing center, as defined in section 3702.51 of the Revised Code; 738
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(9) A federally qualified health center, as defined in section 1905(l)(2)(B) of the "Social Security Act," 103 Stat. 2264 (1989), 42 U.S.C. 1396d(l)(2)(B); 740
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(10) A health care office or facility operated by the board of health of a city or general health district or the authority having the duties of a board of health under section 3709.05 of the Revised Code. 743
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(C) A physician assistant shall not issue to a patient a prescription for a schedule II controlled substance from a convenience care clinic even if the convenience care clinic is owned or operated by an entity specified in division (B) of this section. 747
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Sec. 4730.42. (A) In granting physician-delegated prescriptive authority to a particular physician assistant who holds a certificate to prescribe issued under this chapter, the supervising physician is subject to all of the following: 752
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(1) The supervising physician shall not grant physician-delegated prescriptive authority for any drug or therapeutic device that is not listed on the physician assistant formulary ~~established in rules~~ adopted under section 4730.39 of the Revised Code as a drug or therapeutic device that may be included in the physician-delegated prescriptive authority granted to a physician assistant. 756
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(2) The supervising physician shall not grant 763

physician-delegated prescriptive authority for any drug or device 764
that may be used to perform or induce an abortion. 765

(3) The supervising physician shall not grant 766
physician-delegated prescriptive authority in a manner that 767
exceeds the supervising physician's prescriptive authority. 768

(4) The supervising physician shall supervise the physician 769
assistant in accordance with all of the following: 770

(a) The supervision requirements specified in section 4730.21 771
of the Revised Code and, in the case of supervision provided 772
during a provisional period of physician-delegated prescriptive 773
authority, the supervision requirements specified in section 774
4730.45 of the Revised Code; 775

(b) The physician supervisory plan approved for the 776
supervising physician or the policies of the health care facility 777
in which the physician and physician assistant are practicing; 778

(c) The supervision agreement approved under section 4730.19 779
of the Revised Code that applies to the supervising physician and 780
the physician assistant. 781

(B)(1) The supervising physician of a physician assistant may 782
place conditions on the physician-delegated prescriptive authority 783
granted to the physician assistant. If conditions are placed on 784
that authority, the supervising physician shall maintain a written 785
record of the conditions and make the record available to the 786
state medical board on request. 787

(2) The conditions that a supervising physician may place on 788
the physician-delegated prescriptive authority granted to a 789
physician assistant include the following: 790

(a) Identification by class and specific generic nomenclature 791
of drugs and therapeutic devices that the physician chooses not to 792
permit the physician assistant to prescribe; 793

(b) Limitations on the dosage units or refills that the physician assistant is authorized to prescribe; 794
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(c) Specification of circumstances under which the physician assistant is required to refer patients to the supervising physician or another physician when exercising physician-delegated prescriptive authority; 796
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(d) Responsibilities to be fulfilled by the physician in supervising the physician assistant that are not otherwise specified in the physician supervisory plan or otherwise required by this chapter. 800
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Sec. 4730.44. (A) A physician assistant seeking a certificate to prescribe shall submit to the state medical board a written application on a form prescribed and supplied by the board. The application shall include all of the following information: 804
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(1) The applicant's name, residential address, business address, if any, and social security number; 808
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(2) Evidence of holding a valid certificate to practice as a physician assistant issued under this chapter; 810
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(3) One of the following: 812

(a) Satisfactory proof that the applicant meets the requirements specified in section 4730.46 of the Revised Code to participate in a provisional period of physician-delegated prescriptive authority ~~or satisfactory;~~ 813
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(b) Satisfactory proof of successful completion of the provisional period, evidenced by a letter or copy of a letter attesting to the successful completion written by a supervising physician of the physician assistant at the time of completion; 817
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(c) Satisfactory proof that the applicant has practiced as a physician assistant in another state or was credentialed or employed as a physician assistant by the United States government, 821
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holds a master's or higher degree that was obtained from a program 824
accredited by the accreditation review commission on education for 825
the physician assistant or a predecessor or successor organization 826
recognized by the board, and held valid authority issued by the 827
other state or the United States government to prescribe 828
therapeutic devices and drugs, including at least some controlled 829
substances, evidenced by an affidavit issued by an appropriate 830
agency or office of the other state or the United States 831
government attesting to the prescriptive authority described in 832
division (A)(3)(c) of this section. 833

(4) Any other information the board requires. 834

(B) At the time of making application for a certificate to 835
prescribe, the applicant shall pay the board a fee of one hundred 836
dollars, no part of which shall be returned. The fees shall be 837
deposited in accordance with section 4731.24 of the Revised Code. 838

(C)(1) The board shall review all applications received. If 839
an application is complete and the board determines that the 840
applicant meets the requirements for a certificate to prescribe, 841
the board shall, subject to division (C)(2) of this section, issue 842
the certificate to the applicant. ~~The~~ 843

(2) The initial certificate to prescribe issued to an 844
applicant who meets the requirements of division (A)(3)(a) of this 845
section shall be issued as a provisional certificate to prescribe. 846

Sec. 4730.45. (A) A provisional certificate to prescribe 847
issued under division (C)(2) of section 4730.44 of the Revised 848
Code authorizes the physician assistant holding the certificate to 849
participate in a provisional period of physician-delegated 850
prescriptive authority. The physician assistant shall successfully 851
complete the provisional period as a condition of receiving a new 852
certificate to prescribe. 853

(B) The provisional period shall be conducted by one or more 854
supervising physicians in accordance with rules adopted under 855
section 4730.39 of the Revised Code. When supervising a physician 856
assistant who is completing the first five hundred hours of a 857
provisional period, the supervising physician shall provide 858
on-site supervision of the physician assistant's exercise of 859
physician-delegated prescriptive authority. 860

The provisional period shall last not longer than one year, 861
unless it is extended for not longer than one additional year at 862
the direction of a supervising physician. The physician assistant 863
shall not be required to participate in the provisional period for 864
more than ~~one thousand eight hundred~~ one thousand eight hundred 865
hours, except when a supervising physician has extended the 866
physician assistant's provisional period. 867

(C) If a physician assistant does not successfully complete 868
the provisional period, each supervising physician shall cease 869
granting physician-delegated prescriptive authority to the 870
physician assistant. The supervising physician with primary 871
responsibility for conducting the provisional period shall 872
promptly notify the state medical board that the physician 873
assistant did not successfully complete the provisional period and 874
the board shall revoke the certificate. 875

(D) A physician assistant who successfully completes a 876
provisional period shall not be required to complete another 877
provisional period as a condition of being eligible to be granted 878
physician-delegated prescriptive authority by a supervising 879
physician who was not involved in the conduct of the provisional 880
period. 881

Sec. 4755.48. (A) No person shall employ fraud or deception 882
in applying for or securing a license to practice physical therapy 883
or to be a physical therapist assistant. 884

(B) No person shall practice or in any way imply or claim to 885
the public by words, actions, or the use of letters as described 886
in division (C) of this section to be able to practice physical 887
therapy or to provide physical therapy services, including 888
practice as a physical therapist assistant, unless the person 889
holds a valid license under sections 4755.40 to 4755.56 of the 890
Revised Code or except for submission of claims as provided in 891
section 4755.56 of the Revised Code. 892

(C) No person shall use the words or letters, physical 893
therapist, physical therapy, physical therapy services, 894
physiotherapist, physiotherapy, physiotherapy services, licensed 895
physical therapist, P.T., Ph.T., P.T.T., R.P.T., L.P.T., M.P.T., 896
D.P.T., M.S.P.T., P.T.A., physical therapy assistant, physical 897
therapist assistant, physical therapy technician, licensed 898
physical therapist assistant, L.P.T.A., R.P.T.A., or any other 899
letters, words, abbreviations, or insignia, indicating or implying 900
that the person is a physical therapist or physical therapist 901
assistant without a valid license under sections 4755.40 to 902
4755.56 of the Revised Code. 903

(D) No person who practices physical therapy or assists in 904
the provision of physical therapy treatments under the supervision 905
of a physical therapist shall fail to display the person's current 906
license granted under sections 4755.40 to 4755.56 of the Revised 907
Code in a conspicuous location in the place where the person 908
spends the major part of the person's time so engaged. 909

(E) Nothing in sections 4755.40 to 4755.56 of the Revised 910
Code shall affect or interfere with the performance of the duties 911
of any physical therapist or physical therapist assistant in 912
active service in the army, navy, coast guard, marine corps, air 913
force, public health service, or marine hospital service of the 914
United States, while so serving. 915

(F) Nothing in sections 4755.40 to 4755.56 of the Revised 916

Code shall prevent or restrict the activities or services of a 917
person ~~pursing~~ pursuing a course of study leading to a degree in 918
physical therapy in an accredited or approved educational program 919
if the activities or services constitute a part of a supervised 920
course of study and the person is designated by a title that 921
clearly indicates the person's status as a student. 922

(G) ~~No~~ (1) Except as provided in division (G)(2) of this 923
section and subject to division (H) of this section, no person 924
shall practice physical therapy other than on the prescription of, 925
or the referral of a patient by, a person who is licensed in this 926
or another state to ~~practice~~ do at least one of the following: 927

(a) Practice medicine and surgery, chiropractic, dentistry, 928
osteopathic medicine and surgery, podiatric medicine and surgery, 929
~~or to practice;~~ 930

(b) Practice as a physician assistant; 931

(c) Practice nursing as a certified registered nurse 932
anesthetist, clinical nurse specialist, certified nurse-midwife, 933
or certified nurse practitioner, ~~within the scope of such~~ 934
~~practices, and whose license is in good standing, unless either of~~ 935
~~the following conditions is met:~~ 936

~~(1)~~(2) The prohibition in division (G)(1) of this section on 937
practicing physical therapy other than on the prescription of, or 938
the referral of a patient by, any of the persons described in that 939
division does not apply if either of the following applies to the 940
person: 941

(a) The person holds a master's or doctorate degree from a 942
professional physical therapy program that is accredited by a 943
national physical therapy accreditation agency recognized by the 944
United States department of education. 945

~~(2)~~(b) On or before December 31, 2004, the person has 946
completed at least two years of practical experience as a licensed 947

physical therapist. 948

(H) To be authorized to prescribe physical therapy or refer a patient to a physical therapist for physical therapy, a person described in division (G)(1) of this section must be in good standing with the relevant licensing board in this state or the state in which the person is licensed and must act only within the person's scope of practice. 949
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(I) In the prosecution of any person for violation of division (B) or (C) of this section, it is not necessary to allege or prove want of a valid license to practice physical therapy or to practice as a physical therapist assistant, but such matters shall be a matter of defense to be established by the accused. 955
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Sec. 4755.481. (A) If a physical therapist evaluates and treats a patient without the prescription of, or the referral of the patient by, a person ~~who is licensed to practice medicine and surgery, chiropractic, dentistry, osteopathic medicine and surgery, podiatric medicine and surgery, or nursing as a certified registered nurse anesthetist, clinical nurse specialist, certified nurse midwife, or certified nurse practitioner~~ described in division (G)(1) of section 4755.48 of the Revised Code, all of the following apply: 960
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(1) The physical therapist shall, upon consent of the patient, inform the ~~patient's physician, chiropractor, dentist, podiatrist, certified registered nurse anesthetist, clinical nurse specialist, certified nurse midwife, or certified nurse practitioner~~ relevant person described in division (G)(1) of section 4755.48 of the Revised Code of the evaluation not later than five business days after the evaluation is made. 969
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(2) If the physical therapist determines, based on reasonable evidence, that no substantial progress has been made with respect to that patient during the thirty-day period immediately following 976
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the date of the patient's initial visit with the physical	979
therapist, the physical therapist shall consult with or refer the	980
patient to a licensed physician, chiropractor, dentist,	981
pediatrist, certified registered nurse anesthetist, clinical nurse	982
specialist, certified nurse midwife, or certified nurse	983
practitioner <u>person described in division (G)(1) of section</u>	984
<u>4755.48 of the Revised Code</u> , unless either of the following	985
applies:	986
(a) The evaluation, treatment, or services are being provided	987
for fitness, wellness, or prevention purposes.	988
(b) The patient previously was diagnosed with chronic,	989
neuromuscular, or developmental conditions and the evaluation,	990
treatment, or services are being provided for problems or symptoms	991
associated with one or more of those previously diagnosed	992
conditions.	993
(3) If the physical therapist determines that orthotic	994
devices are necessary to treat the patient, the physical therapist	995
shall be limited to the application of the following orthotic	996
devices:	997
(a) Upper extremity adaptive equipment used to facilitate the	998
activities of daily living;	999
(b) Finger splints;	1000
(c) Wrist splints;	1001
(d) Prefabricated elastic or fabric abdominal supports with	1002
or without metal or plastic reinforcing stays and other	1003
prefabricated soft goods requiring minimal fitting;	1004
(e) Nontherapeutic accommodative inlays;	1005
(f) Shoes that are not manufactured or modified for a	1006
particular individual;	1007
(g) Prefabricated foot care products;	1008

(h) Custom foot orthotics;	1009
(i) Durable medical equipment.	1010
(4) If, at any time, the physical therapist has reason to believe that the patient has symptoms or conditions that require treatment or services beyond the scope of practice of a physical therapist, the physical therapist shall refer the patient to a licensed health care practitioner acting within the practitioner's scope of practice.	1011 1012 1013 1014 1015 1016
(B) Nothing in sections 4755.40 to 4755.56 of the Revised Code shall be construed to require reimbursement under any health insuring corporation policy, contract, or agreement, any sickness and accident insurance policy, the medical assistance program as defined in section 5111.01 of the Revised Code, or the health partnership program or qualified health plans established pursuant to sections 4121.44 to 4121.442 of the Revised Code, for any physical therapy service rendered without the prescription of, or the referral of the patient by, a licensed physician, chiropractor, dentist, podiatrist, certified registered nurse anesthetist, clinical nurse specialist, certified nurse midwife, or certified nurse practitioner <u>person described in division (G)(1) of section 4755.48 of the Revised Code.</u>	1017 1018 1019 1020 1021 1022 1023 1024 1025 1026 1027 1028 1029
(C) For purposes of this section, "business day" means any calendar day that is not a Saturday, Sunday, or legal holiday. "Legal holiday" has the same meaning as in section 1.14 of the Revised Code.	1030 1031 1032 1033
Sec. 4765.01. As used in this chapter:	1034
(A) "First responder" means an individual who holds a current, valid certificate issued under section 4765.30 of the Revised Code to practice as a first responder.	1035 1036 1037
(B) "Emergency medical technician-basic" or "EMT-basic" means	1038

an individual who holds a current, valid certificate issued under 1039
section 4765.30 of the Revised Code to practice as an emergency 1040
medical technician-basic. 1041

(C) "Emergency medical technician-intermediate" or "EMT-I" 1042
means an individual who holds a current, valid certificate issued 1043
under section 4765.30 of the Revised Code to practice as an 1044
emergency medical technician-intermediate. 1045

(D) "Emergency medical technician-paramedic" or "paramedic" 1046
means an individual who holds a current, valid certificate issued 1047
under section 4765.30 of the Revised Code to practice as an 1048
emergency medical technician-paramedic. 1049

(E) "Ambulance" means any motor vehicle that is used, or is 1050
intended to be used, for the purpose of responding to emergency 1051
medical situations, transporting emergency patients, and 1052
administering emergency medical service to patients before, 1053
during, or after transportation. 1054

(F) "Cardiac monitoring" means a procedure used for the 1055
purpose of observing and documenting the rate and rhythm of a 1056
patient's heart by attaching electrical leads from an 1057
electrocardiograph monitor to certain points on the patient's body 1058
surface. 1059

(G) "Emergency medical service" means any of the services 1060
described in sections 4765.35, 4765.37, 4765.38, and 4765.39 of 1061
the Revised Code that are performed by first responders, emergency 1062
medical technicians-basic, emergency medical 1063
technicians-intermediate, and paramedics. "Emergency medical 1064
service" includes such services performed before or during any 1065
transport of a patient, including transports between hospitals and 1066
transports to and from helicopters. 1067

(H) "Emergency medical service organization" means a public 1068
or private organization using first responders, EMTs-basic, 1069

EMTs-I, or paramedics, or a combination of first responders, 1070
EMTs-basic, EMTs-I, and paramedics, to provide emergency medical 1071
services. 1072

(I) "Physician" means an individual who holds a current, 1073
valid certificate issued under Chapter 4731. of the Revised Code 1074
authorizing the practice of medicine and surgery or osteopathic 1075
medicine and surgery. 1076

(J) "Registered nurse" means an individual who holds a 1077
current, valid license issued under Chapter 4723. of the Revised 1078
Code authorizing the practice of nursing as a registered nurse. 1079

(K) "Volunteer" means a person who provides services either 1080
for no compensation or for compensation that does not exceed the 1081
actual expenses incurred in providing the services or in training 1082
to provide the services. 1083

(L) "Emergency medical service personnel" means first 1084
responders, emergency medical service technicians-basic, emergency 1085
medical service technicians-intermediate, emergency medical 1086
service technicians-paramedic, and persons who provide medical 1087
direction to such persons. 1088

(M) "Hospital" has the same meaning as in section 3727.01 of 1089
the Revised Code. 1090

(N) "Trauma" or "traumatic injury" means severe damage to or 1091
destruction of tissue that satisfies both of the following 1092
conditions: 1093

(1) It creates a significant risk of any of the following: 1094

(a) Loss of life; 1095

(b) Loss of a limb; 1096

(c) Significant, permanent disfigurement; 1097

(d) Significant, permanent disability. 1098

(2) It is caused by any of the following:	1099
(a) Blunt or penetrating injury;	1100
(b) Exposure to electromagnetic, chemical, or radioactive energy;	1101 1102
(c) Drowning, suffocation, or strangulation;	1103
(d) A deficit or excess of heat.	1104
(O) "Trauma victim" or "trauma patient" means a person who has sustained a traumatic injury.	1105 1106
(P) "Trauma care" means the assessment, diagnosis, transportation, treatment, or rehabilitation of a trauma victim by emergency medical service personnel or by a physician, nurse, physician assistant, respiratory therapist, physical therapist, chiropractor, occupational therapist, speech-language pathologist, audiologist, or psychologist licensed to practice as such in this state or another jurisdiction.	1107 1108 1109 1110 1111 1112 1113
(Q) "Trauma center" means all of the following:	1114
(1) Any hospital that is verified by the American college of surgeons as an adult or pediatric trauma center;	1115 1116
(2) Any hospital that is operating as an adult or pediatric trauma center under provisional status pursuant to section 3727.101 of the Revised Code;	1117 1118 1119
(3) Until December 31, 2004, any hospital in this state that is designated by the director of health as a level II pediatric trauma center under section 3727.081 of the Revised Code;	1120 1121 1122
(4) Any hospital in another state that is licensed or designated under the laws of that state as capable of providing specialized trauma care appropriate to the medical needs of the trauma patient.	1123 1124 1125 1126
(R) "Pediatric" means involving a patient who is less than	1127

sixteen years of age.	1128
(S) "Adult" means involving a patient who is not a pediatric patient.	1129 1130
(T) "Geriatric" means involving a patient who is at least seventy years old or exhibits significant anatomical or physiological characteristics associated with advanced aging.	1131 1132 1133
(U) "Air medical organization" means an organization that provides emergency medical services, or transports emergency victims, by means of fixed or rotary wing aircraft.	1134 1135 1136
(V) "Emergency care" and "emergency facility" have the same meanings as in section 3727.01 of the Revised Code.	1137 1138
(W) "Stabilize," except as it is used in division (B) of section 4765.35 of the Revised Code with respect to the manual stabilization of fractures, has the same meaning as in section 1753.28 of the Revised Code.	1139 1140 1141 1142
(X) "Transfer" has the same meaning as in section 1753.28 of the Revised Code.	1143 1144
(Y) "Firefighter" means any member of a fire department as defined in section 742.01 of the Revised Code.	1145 1146
(Z) "Volunteer firefighter" has the same meaning as in section 146.01 of the Revised Code.	1147 1148
(AA) "Part-time paid firefighter" means a person who provides firefighting services on less than a full-time basis, is routinely scheduled to be present on site at a fire station or other designated location for purposes of responding to a fire or other emergency, and receives more than nominal compensation for the provision of firefighting services.	1149 1150 1151 1152 1153 1154
<u>(BB) "Physician assistant" means an individual who holds a valid certificate to practice as a physician assistant issued under Chapter 4730. of the Revised Code.</u>	1155 1156 1157

Sec. 4765.35. (A) A first responder shall perform the 1158
emergency medical services described in this section in accordance 1159
with this chapter and any rules adopted under it. 1160

(B) A first responder may provide limited emergency medical 1161
services to patients until the arrival of an emergency medical 1162
technician-basic, emergency medical technician-intermediate, or 1163
emergency medical technician-paramedic. In an emergency, a first 1164
responder may render emergency medical services such as opening 1165
and maintaining an airway, giving mouth to barrier ventilation, 1166
chest compressions, electrical interventions with automated 1167
defibrillators to support or correct the cardiac function and 1168
other methods determined by the board, controlling of hemorrhage, 1169
manual stabilization of fractures, bandaging, assisting in 1170
childbirth, and determining triage of trauma victims. 1171

(C) A first responder may perform any other emergency medical 1172
services approved pursuant to rules adopted under section 4765.11 1173
of the Revised Code. The board shall determine whether the nature 1174
of any such service requires that a first responder receive 1175
authorization prior to performing the service. 1176

(D)(1) Except as provided in division (D)(2) of this section, 1177
if the board determines under division (C) of this section that a 1178
service requires prior authorization, the service shall be 1179
performed only pursuant to the written or verbal authorization of 1180
a physician or of the cooperating physician advisory board, or 1181
pursuant to an authorization transmitted through a direct 1182
communication device by a physician, physician assistant 1183
designated by a physician, or registered nurse designated by a 1184
physician. 1185

(2) If communications fail during an emergency situation or 1186
the required response time prohibits communication, a first 1187
responder may perform services subject to this division, if, in 1188

the judgment of the first responder, the life of the patient is in 1189
immediate danger. Services performed under these circumstances 1190
shall be performed in accordance with the written protocols for 1191
triage of adult and pediatric trauma victims established in rules 1192
adopted under sections 4765.11 and 4765.40 of the Revised Code and 1193
any applicable protocols adopted by the emergency medical service 1194
organization with which the first responder is affiliated. 1195

Sec. 4765.36. In a hospital, an emergency medical 1196
technician-basic, emergency medical technician-intermediate, or 1197
emergency medical technician-paramedic may perform emergency 1198
medical services ~~only under the direction and supervision of a~~ 1199
~~physician or registered nurse designated by a physician and only~~ 1200
if the services are performed in accordance with both of the 1201
following conditions: 1202

(A) Only in the hospital's emergency department or while 1203
moving a patient between the emergency department and another part 1204
of the hospital; 1205

(B) Only under the direction and supervision of one of the 1206
following: 1207

(1) A physician; 1208

(2) A physician assistant designated by a physician; 1209

(3) A registered nurse designated by a physician. 1210

Sec. 4765.37. (A) An emergency medical technician-basic shall 1211
perform the emergency medical services described in this section 1212
in accordance with this chapter and any rules adopted under it by 1213
the state board of emergency medical services. 1214

(B) An emergency medical technician-basic may operate, or be 1215
responsible for operation of, an ambulance and may provide 1216
emergency medical services to patients. In an emergency, an 1217

EMT-basic may determine the nature and extent of illness or injury 1218
and establish priority for required emergency medical services. An 1219
EMT-basic may render emergency medical services such as opening 1220
and maintaining an airway, giving positive pressure ventilation, 1221
cardiac resuscitation, electrical interventions with automated 1222
defibrillators to support or correct the cardiac function and 1223
other methods determined by the board, controlling of hemorrhage, 1224
treatment of shock, immobilization of fractures, bandaging, 1225
assisting in childbirth, management of mentally disturbed 1226
patients, initial care of poison and burn patients, and 1227
determining triage of adult and pediatric trauma victims. Where 1228
patients must in an emergency be extricated from entrapment, an 1229
EMT-basic may assess the extent of injury and render all possible 1230
emergency medical services and protection to the entrapped 1231
patient; provide light rescue services if an ambulance has not 1232
been accompanied by a specialized unit; and after extrication, 1233
provide additional care in sorting of the injured in accordance 1234
with standard emergency procedures. 1235

(C) An EMT-basic may perform any other emergency medical 1236
services approved pursuant to rules adopted under section 4765.11 1237
of the Revised Code. The board shall determine whether the nature 1238
of any such service requires that an EMT-basic receive 1239
authorization prior to performing the service. 1240

(D)(1) Except as provided in division (D)(2) of this section, 1241
if the board determines under division (C) of this section that a 1242
service requires prior authorization, the service shall be 1243
performed only pursuant to the written or verbal authorization of 1244
a physician or of the cooperating physician advisory board, or 1245
pursuant to an authorization transmitted through a direct 1246
communication device by a physician, physician assistant 1247
designated by a physician, or registered nurse designated by a 1248
physician. 1249

(2) If communications fail during an emergency situation or 1250
the required response time prohibits communication, an EMT-basic 1251
may perform services subject to this division, if, in the judgment 1252
of the EMT-basic, the life of the patient is in immediate danger. 1253
Services performed under these circumstances shall be performed in 1254
accordance with the protocols for triage of adult and pediatric 1255
trauma victims established in rules adopted under sections 4765.11 1256
and 4765.40 of the Revised Code and any applicable protocols 1257
adopted by the emergency medical service organization with which 1258
the EMT-basic is affiliated. 1259

Sec. 4765.38. (A) An emergency medical 1260
technician-intermediate shall perform the emergency medical 1261
services described in this section in accordance with this chapter 1262
and any rules adopted under it. 1263

(B) An EMT-I may do any of the following: 1264

(1) Establish and maintain an intravenous lifeline that has 1265
been approved by a cooperating physician or physician advisory 1266
board; 1267

(2) Perform cardiac monitoring; 1268

(3) Perform electrical interventions to support or correct 1269
the cardiac function; 1270

(4) Administer epinephrine; 1271

(5) Determine triage of adult and pediatric trauma victims; 1272

(6) Perform any other emergency medical services approved 1273
pursuant to rules adopted under section 4765.11 of the Revised 1274
Code. 1275

(C)(1) Except as provided in division (C)(2) of this section, 1276
the services described in division (B) of this section shall be 1277
performed by an EMT-I only pursuant to the written or verbal 1278
authorization of a physician or of the cooperating physician 1279

advisory board, or pursuant to an authorization transmitted 1280
through a direct communication device by a physician, physician 1281
assistant designated by a physician, or registered nurse 1282
designated by a physician. 1283

(2) If communications fail during an emergency situation or 1284
the required response time prohibits communication, an EMT-I may 1285
perform any of the services described in division (B) of this 1286
section, if, in the judgment of the EMT-I, the life of the patient 1287
is in immediate danger. Services performed under these 1288
circumstances shall be performed in accordance with the protocols 1289
for triage of adult and pediatric trauma victims established in 1290
rules adopted under sections 4765.11 and 4765.40 of the Revised 1291
Code and any applicable protocols adopted by the emergency medical 1292
service organization with which the EMT-I is affiliated. 1293

(D) In addition to, and in the course of, providing emergency 1294
medical treatment, an emergency medical technician-intermediate 1295
may withdraw blood as provided under sections 1547.11, 4506.17, 1296
and 4511.19 of the Revised Code. An emergency medical 1297
technician-intermediate shall withdraw blood in accordance with 1298
this chapter and any rules adopted under it by the state board of 1299
emergency medical services. 1300

Sec. 4765.39. (A) An emergency medical technician-paramedic 1301
shall perform the emergency medical services described in this 1302
section in accordance with this chapter and any rules adopted 1303
under it. 1304

(B) A paramedic may do any of the following: 1305

(1) Perform cardiac monitoring; 1306

(2) Perform electrical interventions to support or correct 1307
the cardiac function; 1308

(3) Perform airway procedures; 1309

(4) Perform relief of pneumothorax; 1310

(5) Administer appropriate drugs and intravenous fluids; 1311

(6) Determine triage of adult and pediatric trauma victims; 1312

(7) Perform any other emergency medical services, including 1313
life support or intensive care techniques, approved pursuant to 1314
rules adopted under section 4765.11 of the Revised Code. 1315

(C)(1) Except as provided in division (C)(2) of this section, 1316
the services described in division (B) of this section shall be 1317
performed by a paramedic only pursuant to the written or verbal 1318
authorization of a physician or of the cooperating physician 1319
advisory board, or pursuant to an authorization transmitted 1320
through a direct communication device by a physician, physician 1321
assistant designated by a physician, or registered nurse 1322
designated by a physician. 1323

(2) If communications fail during an emergency situation or 1324
the required response time prohibits communication, a paramedic 1325
may perform any of the services described in division (B) of this 1326
section, if, in the paramedic's judgment, the life of the patient 1327
is in immediate danger. Services performed under these 1328
circumstances shall be performed in accordance with the protocols 1329
for triage of adult and pediatric trauma victims established in 1330
rules adopted under sections 4765.11 and 4765.40 of the Revised 1331
Code and any applicable protocols adopted by the emergency medical 1332
service organization with which the paramedic is affiliated. 1333

(D) In addition to, and in the course of, providing emergency 1334
medical treatment, an emergency medical technician-paramedic may 1335
withdraw blood as provided under sections 1547.11, 4506.17, and 1336
4511.19 of the Revised Code. An emergency medical 1337
technician-paramedic shall withdraw blood in accordance with this 1338
chapter and any rules adopted under it by the state board of 1339
emergency medical services. 1340

Sec. 4765.49. (A) A first responder, emergency medical 1341
technician-basic, emergency medical technician-intermediate, or 1342
emergency medical technician-paramedic is not liable in damages in 1343
a civil action for injury, death, or loss to person or property 1344
resulting from the individual's administration of emergency 1345
medical services, unless the services are administered in a manner 1346
that constitutes willful or wanton misconduct. A physician, 1347
physician assistant designated by a physician, or registered nurse 1348
designated by a physician, ~~who~~ any of whom is advising or 1349
assisting in the emergency medical services by means of any 1350
communication device or telemetering system, is not liable in 1351
damages in a civil action for injury, death, or loss to person or 1352
property resulting from the individual's advisory communication or 1353
assistance, unless the advisory communication or assistance is 1354
provided in a manner that constitutes willful or wanton 1355
misconduct. Medical directors and members of cooperating physician 1356
advisory boards of emergency medical service organizations are not 1357
liable in damages in a civil action for injury, death, or loss to 1358
person or property resulting from their acts or omissions in the 1359
performance of their duties, unless the act or omission 1360
constitutes willful or wanton misconduct. 1361

(B) A political subdivision, joint ambulance district, joint 1362
emergency medical services district, or other public agency, and 1363
any officer or employee of a public agency or of a private 1364
organization operating under contract or in joint agreement with 1365
one or more political subdivisions, that provides emergency 1366
medical services, or that enters into a joint agreement or a 1367
contract with the state, any political subdivision, joint 1368
ambulance district, or joint emergency medical services district 1369
for the provision of emergency medical services, is not liable in 1370
damages in a civil action for injury, death, or loss to person or 1371
property arising out of any actions taken by a first responder, 1372

EMT-basic, EMT-I, or paramedic working under the officer's or 1373
employee's jurisdiction, or for injury, death, or loss to person 1374
or property arising out of any actions of licensed medical 1375
personnel advising or assisting the first responder, EMT-basic, 1376
EMT-I, or paramedic, unless the services are provided in a manner 1377
that constitutes willful or wanton misconduct. 1378

(C) A student who is enrolled in an emergency medical 1379
services training program accredited under section 4765.17 of the 1380
Revised Code or an emergency medical services continuing education 1381
program approved under that section is not liable in damages in a 1382
civil action for injury, death, or loss to person or property 1383
resulting from either of the following: 1384

(1) The student's administration of emergency medical 1385
services or patient care or treatment, if the services, care, or 1386
treatment is administered while the student is under the direct 1387
supervision and in the immediate presence of an EMT-basic, EMT-I, 1388
paramedic, registered nurse, physician assistant, or physician and 1389
while the student is receiving clinical training that is required 1390
by the program, unless the services, care, or treatment is 1391
provided in a manner that constitutes willful or wanton 1392
misconduct; 1393

(2) The student's training as an ambulance driver, unless the 1394
driving is done in a manner that constitutes willful or wanton 1395
misconduct. 1396

(D) An EMT-basic, EMT-I, paramedic, or other operator, who 1397
holds a valid commercial driver's license issued pursuant to 1398
Chapter 4506. of the Revised Code or driver's license issued 1399
pursuant to Chapter 4507. of the Revised Code and who is employed 1400
by an emergency medical service organization that is not owned or 1401
operated by a political subdivision as defined in section 2744.01 1402
of the Revised Code, is not liable in damages in a civil action 1403
for injury, death, or loss to person or property that is caused by 1404

the operation of an ambulance by the EMT-basic, EMT-I, paramedic, 1405
or other operator while responding to or completing a call for 1406
emergency medical services, unless the operation constitutes 1407
willful or wanton misconduct or does not comply with the 1408
precautions of section 4511.03 of the Revised Code. An emergency 1409
medical service organization is not liable in damages in a civil 1410
action for any injury, death, or loss to person or property that 1411
is caused by the operation of an ambulance by its employee or 1412
agent, if this division grants the employee or agent immunity from 1413
civil liability for the injury, death, or loss. 1414

(E) An employee or agent of an emergency medical service 1415
organization who receives requests for emergency medical services 1416
that are directed to the organization, dispatches first 1417
responders, EMTs-basic, EMTs-I, or paramedics in response to those 1418
requests, communicates those requests to those employees or agents 1419
of the organization who are authorized to dispatch first 1420
responders, EMTs-basic, EMTs-I, or paramedics, or performs any 1421
combination of these functions for the organization, is not liable 1422
in damages in a civil action for injury, death, or loss to person 1423
or property resulting from the individual's acts or omissions in 1424
the performance of those duties for the organization, unless an 1425
act or omission constitutes willful or wanton misconduct. 1426

(F) A person who is performing the functions of a first 1427
responder, EMT-basic, EMT-I, or paramedic under the authority of 1428
the laws of a state that borders this state and who provides 1429
emergency medical services to or transportation of a patient in 1430
this state is not liable in damages in a civil action for injury, 1431
death, or loss to person or property resulting from the person's 1432
administration of emergency medical services, unless the services 1433
are administered in a manner that constitutes willful or wanton 1434
misconduct. A physician, physician assistant designated by a 1435
physician, or registered nurse designated by a physician, ~~who~~ any 1436

of whom is licensed to practice in the adjoining state and who is 1437
advising or assisting in the emergency medical services by means 1438
of any communication device or telemetering system, is not liable 1439
in damages in a civil action for injury, death, or loss to person 1440
or property resulting from the person's advisory communication or 1441
assistance, unless the advisory communication or assistance is 1442
provided in a manner that constitutes willful or wanton 1443
misconduct. 1444

(G) A person certified under section 4765.23 of the Revised 1445
Code to teach in an emergency medical services training program or 1446
emergency medical services continuing education program, and a 1447
person who teaches at the Ohio fire academy established under 1448
section 3737.33 of the Revised Code or in a fire service training 1449
program described in division (A) of section 4765.55 of the 1450
Revised Code, is not liable in damages in a civil action for 1451
injury, death, or loss to person or property resulting from the 1452
person's acts or omissions in the performance of the person's 1453
duties, unless an act or omission constitutes willful or wanton 1454
misconduct. 1455

(H) In the accreditation of emergency medical services 1456
training programs or approval of emergency medical services 1457
continuing education programs, the state board of emergency 1458
medical services and any person or entity authorized by the board 1459
to evaluate applications for accreditation or approval are not 1460
liable in damages in a civil action for injury, death, or loss to 1461
person or property resulting from their acts or omissions in the 1462
performance of their duties, unless an act or omission constitutes 1463
willful or wanton misconduct. 1464

(I) A person authorized by an emergency medical service 1465
organization to review the performance of first responders, 1466
EMTs-basic, EMTs-I, and paramedics or to administer quality 1467
assurance programs is not liable in damages in a civil action for 1468

injury, death, or loss to person or property resulting from the 1469
person's acts or omissions in the performance of the person's 1470
duties, unless an act or omission constitutes willful or wanton 1471
misconduct. 1472

Sec. 4765.51. Nothing in this chapter prevents or restricts 1473
the practice, services, or activities of any registered nurse 1474
practicing within the scope of ~~his~~ the registered nurse's 1475
practice. 1476

Nothing in this chapter prevents or restricts the practice, 1477
services, or activities of any physician assistant practicing in 1478
accordance with a physician supervisory plan approved pursuant to 1479
section 4730.17 of the Revised Code or the policies of the health 1480
care facility in which the physician assistant is practicing. 1481

Sec. 5111.0212. For any service a physician assistant 1482
provides to a medicaid recipient in accordance with Chapter 4730. 1483
of the Revised Code, the medicaid program shall reimburse the 1484
physician assistant an amount that is one hundred per cent of the 1485
amount, as contained in the medicaid fee schedule determined 1486
pursuant to rules adopted under section 5111.02 of the Revised 1487
Code, established as the medicaid maximum for the service. 1488

Sec. 5111.051. (A) As used in this section, "group practice" 1489
has the same meaning as in section 4731.65 of the Revised Code. 1490

(B) The department of job and family services shall establish 1491
a process by which a physician assistant may enter into a medicaid 1492
provider agreement. 1493

(C) Subject to division (D) of this section, a claim for 1494
reimbursement for a service provided by a physician assistant to a 1495
medicaid recipient may be submitted by either of the following: 1496

(1) The physician assistant who provided the service or 1497

another person the physician assistant designates to submit the 1498
claim on the physician assistant's behalf; 1499

(2) The physician, group practice, clinic, or other health 1500
care facility that employs or contracts with the physician 1501
assistant. 1502

(D) A claim for reimbursement may be submitted as described 1503
in division (C)(1) of this section only if the physician assistant 1504
has a valid medicaid provider agreement. When submitting the 1505
claim, the physician assistant or designated person shall use only 1506
the medicaid provider number the department has assigned to the 1507
physician assistant. 1508

Section 2. That existing sections 185.01, 185.03, 185.05, 1509
2105.35, 2108.40, 2133.211, 3719.06, 4730.06, 4730.09, 4730.38, 1510
4730.39, 4730.40, 4730.41, 4730.42, 4730.44, 4730.45, 4755.48, 1511
4755.481, 4765.01, 4765.35, 4765.36, 4765.37, 4765.38, 4765.39, 1512
4765.49, and 4765.51 and section 4730.401 of the Revised Code are 1513
hereby repealed. 1514