



## MEMORANDUM

**TO:** Sallie Debolt, State Medical Board of Ohio

**FROM:** Paula Steele, Regulatory Policy Advocate

**DATE:** February 27, 2014

**RE:** **CSI Review – Physician Assistant Rules** (OAC 4730-1-01 through 4730-1-08, 4730-2-01 through 4730-2-10, 4730-3-01 and 4730-3-02)

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On behalf of Lt. Governor Mary Taylor, and pursuant to the authority granted to the Common Sense Initiative (CSI) Office under Ohio Revised Code (ORC) section 107.54, the CSI Office has reviewed the abovementioned administrative rule package and associated Business Impact Analysis (BIA). This memo represents the CSI Office's comments to the Agency as provided for in ORC 107.54.

### Analysis

This rule package consists of twenty rules – ten no-change, nine amended and one new rule – being proposed by the State Medical Board of Ohio under the five-year review requirements of ORC 119.032. The rules address physician assistant practice, including prescriptive authority and criminal background checks. The rule package was filed with the CSI Office on November 7, 2013, and the comment period for the rule closed on November 22, 2013. Five comments were received during the public comment period.

The proposed rules implement Ohio statute and the amendments are primarily technical changes, such as the addition of the Board's web address and rule updates because of recent law changes. For example, rule 4730-1-03 adds language that lifts certain supervisory requirements of a licensed physician assistant during a disaster or medical emergency. Rule 4730-2-06 is being

amended to reflect changes in ORC 4730.411 which gives a physician assistant the authority to prescribe Schedule II drugs in certain circumstances; and the new rule, 4730-2-10, prescribes standards and procedures for using the Ohio Automated Rx Reporting System (OARRS) when physician assistants prescribe Schedule II drugs.

One of the comments, from the Ohio Association of Physician Assistants (OAPA), suggested the Board amend the proposed rules to change the definition of “setting in which the supervising physician routinely practices” – which impacts where and how a physician assistant may practice without direct supervision from a physician – to a less restrictive definition. According to the Board, the less restrictive language would require a legislative change. In follow-up with the OAPA, there are current efforts to enact a legislative change that would allow for a less restrictive definition.

Another comment noted that the proposed rules included language that was erroneously left in and the CSI Office confirmed with the Board staff that rules 4730-2-07 and 4730-2-08 are expected to be corrected by the Board prior to filing the rules. The remaining comments were in opposition to provisions included in or required by the Revised Code.

The BIA identified the adverse impact to business to be the loss of licensure due to noncompliance, the cost of continuing education, and criminal background checks. Upon review of the rules, the CSI Office identified some additional adverse impacts and requested a revised BIA to provide more information. Review of the proposed rules and revised BIA, the CSI Office has determined that the rules satisfactorily meet the standards espoused by the CSI Office, and the purpose of the rules justifies the adverse impact identified in the BIA.

### **Recommendation**

For the reasons explained above, this office does not have any recommendations regarding this rule package.

### **Conclusion**

Based on the above comments, the CSI Office concludes that the State Medical Board should proceed with the formal filing of this rule package with the Joint Committee on Agency Rule Review.

cc: Mark Hamlin, Lt. Governor’s Office