



S.B.110, NEW RULES FOR PHYSICIAN ASSISTANTS AND NURSE PRACTITIONERS, EFFECTIVE 10/15/2015

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OHIO LAWS GOVERNING the practice of physician Assistants (PAs) and nurse practitioners (NPs) are getting a significant face-lift effective October 15, 2015. This article focuses on the new delegation rules applicable to mid-level providers starting this fall. The recently enacted bill, S.B.110, contains several other changes beyond the scope of this article. Health care providers should carefully review all these changes.

Physician Assistants

Effective October 15, 2015, PAs may perform the following services, provided such services are part of the normal course of practice and expertise of their supervising physician:

- + Ordering diagnostic, therapeutic, and other medical services;

- + Prescribing physical therapy or occupational therapy, or referring a patient to a physical therapist or occupational therapist;

- + Any action that may be taken by an attending physician regarding do not resuscitate (DNR) identification and orders;

- + Determining and pronouncing death;

- + Assisting in surgery;

- + Ordering, prescribing, personally furnishing, and administering drugs and medical devices if the PA has physician-delegated prescriptive authority;

- + Administer “local anesthesia;”

- + Delegating tasks to implement a patient’s plan of care if certain conditions are met, as described below;

- + Delegating drug administration to any person, as further described below;

- + Ordering and supervising respiratory care; and

- + Performing any other services that are part of the supervising physician’s normal course of practice and expertise.

This last “catch-all” category may significantly broaden the scope of services a PA may perform.

Delegation of Tasks. A PA may delegate tasks to implement a patient’s plan of care to any person, including unlicensed individuals, if three conditions are met: the PA is physically present onsite; he/she determines that the task is appropriate for the patient; and he/she determines that the person to whom the delegation is to be made may safely perform the task.

Delegation of Drug Administration in Outpatient Setting. A PA can delegate drug administration to any person, including unlicensed individuals, in outpatient non-emergency settings, if the above three conditions are met and, additionally, the PA has prescriptive authority, the drug is listed on the state formulary, is not a controlled substance, and will not be administered intravenously.

Nurse Practitioners

S.B.110 does not revise NPs’ scope of practice. It does, however, authorize an NP to delegate drug administration to any person, including unlicensed individuals, in outpatient non-emergency settings, if the following conditions are met: the NP has prescriptive authority and determines that the drug is appropriate after assessing the specific patient; the person who will administer the drug has sufficient education and has demonstrated to his/her employer the knowledge, skills, and ability to administer the drug(s) safely; the NP has access to written or electronic documentation evidencing that the person has met the conditions specified above; the drug is listed in the State formulary and is not a controlled substance; and lastly, the NP is present onsite.

Delegation of tasks and drug administration is only one element of S.B.110. For information about other changes affecting mid-level providers, please contact Isabelle Bibet-Kalinyak.

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