

**PHYSICIAN ASSISTANT POLICY COMMITTEE MINUTES**  
**January 9, 2007**

The meeting was called to order at approximately 1:38 p.m. on Tuesday, January 9, 2007.

Committee members present: John Jonesco, D.O.; Eugene Imbrogno, M.D.; David Ballinger, PA-C.; Lance Talmage, M.D.; Anquetette Sloan, Michael Bowen, P.A.-C.; Robert Zaayer, P.A.-C.; Kevin Mitchell, R.Ph.; and Debra Parker, Pharm.D.

Staff members present: Michael Miller, Kay Rieve, Cathy Hacker and Sallie Debolt.

***I. Review of the December 12, 2006 minutes.***

Mr. Bowen moved to approve the December 12, 2006 minutes of the Physician Assistant Policy Committee. Dr. Talmage seconded the motion. All members voted aye. The motion carried.

***II. Review of correspondence.***

The committee considered a letter received from AOPHA requesting physician assistant's that work in skilled nursing facilities receive specialized training in gerontology before prescribing in a skilled nursing facility and to add the American Medical Director's Association (AMDA) to 4730-02-05 as a recognized provider of CME.

After a short discussion it was concluded that no other specialty requires specialized training in order to prescribe and that we should not mandate it for this specialty. It was further noted that the AMDA is already an accredited CME provider and they do not need to be listed separately in this rule.

It was suggested that a letter outlining the above information be sent to this group and thank them for their input.

***III. Review of the proposed Formulary.***

The committee then moved on to discuss the proposed formulary. They defined the categories by which physician assistant prescriptive authority would be determined as follows:

1. may prescribe
2. may not prescribe
3. may prescribe with physician consultation/initiation

Physician consultation/initiated medications would require that either the supervising physician initiate the drug or the physician assistant consult with the supervising

physician prior to initiating the drug. Documentation of the supervising physician's initiation or the physician assistant's prior consultation must be in the patient record. Whether physician or physician assistant initiated, the physician assistant would then need to consult with the supervising physician when there is a change in patient status or prior to changing the dosage of the drug, with documentation of the consultation in the patient record.

They reviewed and made recommendations for which category prescriptive authority would fall under for following classes of medications:

- Nutrients & Nutritional agents
- Hematological agents
- Endocrine & Metabolic agents

After this discussion the committee decided to adjourn and pick up this discussion next month starting with Cardiovascular agents.

The Physician Assistant Policy Committee meeting was adjourned at approximately 3:52 p.m. on Tuesday January 9, 2007.

I hereby attest that these are true and accurate minutes of the Physician Assistant Policy Committee of the State Medical Board of Ohio, meeting on January 9, 2007.

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Robert Zaayer, P.A.-C  
Chair

Copies of documents and/or materials referenced in the minutes of the Physician Assistant Policy Committee meeting are available at the Board offices.