

4730-1-06

**Licensure as a physician assistant.**

- (A) All applicants for a physician assistant license shall ~~file a written~~ submit an application under oath in the manner ~~provided by section 4730.10 of the Revised Code~~ prescribed by the board and provide such other facts and materials as the board requires.
- (B) No application shall be considered filed, and shall not be reviewed, until the fee required by section 4730.10 of the Revised Code has been received by the board.
- (C) An application shall be considered complete when all of the following requirements are met:
- (1) The fee required pursuant to section 4730.10 of the Revised Code has been received by the board;
  - (2) Verification of the applicant's current certification has been received by the board directly from the "National Commission on Certification of Physician Assistants";
  - (3) All information required by section 4730.10 of the Revised Code, including such other facts and materials as the board requires, has been received by the board; and
  - (4) The applicant has complied with the requirements of paragraph (A) of rule ~~4730-3-02~~ 4731-4-02 of the Administrative Code and the board has received the results of the criminal records checks, ~~and any other forms required to be submitted pursuant to paragraph (A) of rule 4730-3-02 of the Administrative Code.~~
  - (5) The board is not conducting an investigation, pursuant to section 4730.26 of the Revised Code, of evidence appearing to show that the applicant has violated section 4730.25 of the Revised Code or applicable rules adopted by the board.
- (D) All application materials submitted to the board will be thoroughly investigated. The board will contact individuals, agencies, or organizations for information about applicants as the board deems necessary. As part of the application process, an applicant may be requested to appear before the board or a representative thereof to answer questions or provide additional information.
- (E) Applications received from service members, veterans, or spouses of service members or veterans shall be identified and processed in accordance with rule ~~4731-6-35~~ 4731-36-03 of the Administrative Code.
- (F) The following processes apply when an application is not complete within six months of the date the application is filed with the board:

~~(1) If the application is not complete because required information, facts, or other materials have not been received by the board, the board may notify the applicant in writing that it intends to consider the application abandoned if the application is not completed.~~

~~(a) The written notice shall:~~

~~(i) Specifically identify the information, facts, or other materials required to complete the application; and~~

~~(ii) Inform the applicant that the information, facts, or other materials must be received by the deadline date specified; that if the application remains incomplete at the close of business on the deadline date the application may be deemed to be abandoned and no further review of the application will occur; and that if the application is abandoned the submitted fees shall neither be refundable nor transferable to a subsequent application.~~

~~(b) If all of the information, facts, or other materials are received by the board by the deadline date and the application is determined to be complete, the board shall process the application and may require updated information as it deems necessary.~~

(1) If an applicant fails to complete the application process within six months of initial application filing, the board may notify the applicant in writing of its intention to consider the application abandoned. If no response to that notice is received by the board within thirty days, the board shall consider the application as abandoned and no further processing shall be undertaken with respect to that application.

(2) If the application is not complete because the board is investigating, pursuant to section 4730.26 of the Revised Code, evidence appearing to show that the applicant has violated Chapter 4730. of the Revised Code or applicable rules adopted by the board, the board shall do both of the following:

(a) Notify the applicant that although otherwise complete, the application will not be processed pending completion of the investigation; and

(b) Upon completion of the investigation and the determination that the applicant is not in violation of statute or rule, process the application, including requiring updated information as it deems necessary.

~~(G). The holder of a physician assistant license issued under section 4730.11 of the Revised Code who did not have a qualifying master's degree or higher at the time of licensure~~

~~and did not receive a valid prescriber number with the license may obtain a valid prescriber number by meeting the requirements of division (E)(3) of section 4730.11 of the Revised Code.~~

~~(H)~~(G) A physician assistant license must be renewed in the manner and according to the requirements of section 4730.14 of the Revised Code.

~~(H)~~(H) To qualify for renewal of a physician assistant license, the holder shall comply with the following:

(1) Each applicant for renewal shall certify that the applicant has completed the requisite hours of CME since the start of the licensure registration period.

(2) Except as provided in paragraph (I)(4) of this rule, a physician assistant shall have completed one hundred hours of CME during the licensure registration period.

(3) Pursuant to the provisions of section 4745.04 of the Revised Code, the board shall permit a physician assistant to earn one hour of CME for each sixty minutes spent providing health care services in Ohio, as a volunteer, to indigent and uninsured persons, up to a maximum of thirty-three hours per CME period. Physician assistants seeking to receive credit toward CME requirements shall maintain a log of their qualifying activities. The log shall indicate the dates the health care services were provided, the number of hours spent providing health care services on those dates, the location where the health care services were provided, and the signature of the medical director or the medical director's designee.

(4) Proration of hours required:

(a) If the physician assistant license is initially issued prior to the first day of the second year of a licensure period, the licensee shall be required to earn fifty total hours; if the license is issued on or after the first day of the second year of the licensure period and prior to the first day of the eighteenth month of that licensure period, the licensee shall be required to earn twenty-five total hours; if the license is issued on or after the first day of the eighteenth month of a licensure period, the licensee shall not be required to earn any hours of CME for that licensure period.

(b) Pursuant to the provisions of section 4745.04 of the Revised Code, the board shall permit a physician assistant to earn one hour of CME for each sixty minutes spent providing health care services in Ohio, as a volunteer, to indigent and uninsured persons, when it is documented as required by paragraph (I)(3) of this rule, up to the following maximums:

- (i) For a physician assistant required to earn fifty total hours, a maximum of sixteen hours for that CME period.
  - (ii) For a physician assistant required to earn twenty-five total hours, a maximum of eight hours for that CME period.
- (5) Only those hours earned from the date of licensure to the end of the licensure period shall be used towards the total hour requirement as contained in this rule.
- (6) Completion of the CME requirement may be satisfied by courses acceptable for the individual to maintain NCCPA certification.
- ~~(H)~~(I) To qualify for renewal of a physician assistant license with a valid prescriber number, the physician assistant shall comply with all of the following requirements:
- (1) Completion of the requirements in paragraph ~~(H)~~(I) of the rule;
  - (2) Except as provided in paragraph ~~(H)~~(I)(4) of this rule, completion of at least twelve hours of category I continuing education in pharmacology, ~~as certified by the "Ohio Association of Physician Assistants," "Ohio State Medical Association," "Ohio Osteopathic Association," "Ohio Foot and Ankle Medical Association," a continuing medical education provider accredited by the ACCME and approved by the board, "American Academy of Physician Assistants," "American Council on Pharmacy Education," or and advanced instructional program in pharmacology approved by the Ohio board of nursing.~~
    - ~~(a) Certification is a process whereby ACCME accredited providers define their respective continuing medical education program requirements for periodic submission to the board for approval.~~
    - ~~(b) The board may approve each association's continuing medical education requirements which consist of continuing medical education category I courses and activities that are deemed acceptable for completing the requisite hours of continuing education in pharmacology by each licensee who has a valid prescriber number.~~
  - (3) If the physician assistant prescribes opioid analgesics or benzodiazepines, the applicant for renewal shall certify having been granted access to OARRS, unless one of the exemptions in section 4730.49 of the Revised Code is applicable.
  - (4) If the renewal of the license with a valid prescriber number is the first renewal after the holder has completed the five hundred hours of on site supervision required

by section 4730.44 of the Revised Code, the requisite hours of pharmacology continuing education are as follows:

- (a) If the five hundred hours were completed prior to the first day of the second year of the licensure period, the licensee shall be required to earn six total hours of pharmacology continuing education;
- (b) If the five hundred hours were completed on or after the first day of the second year of the licensure period and prior to the eighteenth month of that licensure period, the licensee shall be required to earn three total hours;
- (c) If the five hundred hours were completed on or after the first day of the eighteenth month of a licensure period, the licensee shall not be required to earn any hours of pharmacology continuing education for that licensure period.

~~(K) A physician assistant who served on active duty in any of the armed forces, as that term is defined in rule 4730-1-06.1 of the Administrative Code, during the licensure period may apply for an extension of the continuing education period by meeting the requirements of rule 4730-1-06.1 of the Administrative Code.~~

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4730.44, 4745.04, 4776.02  
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4730-1-07

**Miscellaneous provisions.**

For purposes of Chapter 4730. of the Revised Code and Chapters 4730-1 and 4730-2 of the Administrative Code:

- (A) An adjudication hearing held pursuant to the provisions of Chapter 119. of the Revised Code shall be conducted in conformance with the provisions of Chapter 4731-13 of the Administrative Code.
- (B) The provisions of Chapters ~~4731-4,~~ 4731-11, 4731-13, 4731-14, 4731-15, 4731-16, 4731-17, 4731-18, ~~4731-21,~~ 4731-23, 4731-25, 4731-26, 4731-28, and 4731-29 of the Administrative Code are applicable to the holder of a physician assistant license issued pursuant to section 4730.12 of the Revised Code, as though fully set forth in Chapter 4730-1 or 4730-2 of the Administrative Code.

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## TO BE RESCINDED

**4730-1-08 Physician assistant delegation of medical tasks and administration of drugs.**

## (A) As used in this rule:

- (1) "Administer" means the direct application of a drug, whether by injection, inhalation, ingestion, or any other means to a person.
- (2) "Delegate" means to transfer authority for the performance of a medical task or drug administration to an unlicensed person.
- (3) "On-site supervision" means that the physical presence of the physician assistant is required in the same location (for example, the medical practice office suite) as the unlicensed person to whom the medical task or drug administration has been delegated while the medical task or drug administration is being performed. On-site supervision does not require the physician assistant's presence in the same room.
- (4) "Physician" means an individual authorized by Chapter 4731. of the Revised Code to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery.
- (5) "Task" means a routine, medical service not requiring the special skills of a licensed provider.
- (6) "Unlicensed person" means an individual who is not licensed or otherwise specifically authorized by the Revised Code to perform the delegated medical task or drug administration.
- (7) "Drug" means the same as in division (E) of section 4729.01 of the Revised Code.
- (8) "Supervision agreement" means the document signed by the supervising physician and physician assistant in compliance with section 4730.19 of the Revised Code.

## (B) When acting pursuant to a supervision agreement, a physician assistant may delegate the performance of a medical task or, under the conditions specified in section 4730.203 of the Revised Code, the administration of a drug to an unlicensed person.

- (1) The physician assistant shall comply with all of the requirements of section 4730.203 of the Revised Code and this rule when delegating a medical task or the administration of a drug.

- (2) A physician assistant shall not authorize or permit an unlicensed person to whom a medical task or the administration of a drug is delegated to further delegate the performance of the task or administration to third person.
  - (3) The physician assistant shall provide on-site supervision of the unlicensed person to whom the medical task or administration of a drug is delegated.
- (C) Prior to the delegation of the performance of a medical task or the administration of a drug, the physician assistant shall ensure that each of the following requirements is met:
- (1) That the supervision agreement and any applicable healthcare facility policies authorize the physician assistant to delegate the performance of a medical task or the administration of a drug;
  - (2) That the task or administration of the drug is within that physician assistant's practice authority;
  - (3) That the task or administration of the drug is indicated for the patient;
  - (4) That no law prohibits the delegation;
  - (5) That the unlicensed person to whom the task or drug administration will be delegated is competent to perform that service;
  - (6) That the task or drug administration itself is one that should be appropriately delegated when considering the following factors:
    - (a) That the task or drug administration can be performed without requiring the exercise of judgment based on medical knowledge;
    - (b) That results of the task or drug administration are reasonably predictable;
    - (c) That the task or drug administration can safely be performed according to exact, unchanging directions;
    - (d) That the task or drug administration can be performed without a need for complex observations or critical decisions;
    - (e) That the task or drug administration can be performed without repeated medical assessments;

- (f) That the task or drug administration, if performed improperly, would not present life threatening consequences or the danger of immediate and serious harm to the patient; and
  - (7) That the delegation of the administration of a drug is in compliance with paragraph (D) of this rule.
- (D) In addition to the requirements of paragraph (C) of this rule, prior to delegating the administration of a drug, the physician assistant shall ensure that all of the following requirements are met:
- (1) The physician assistant holds a current license with a valid prescriber number issued under section 4730.11 of the Revised Code and has been granted physician-delegated prescriptive authority by the supervising physician.
  - (2) The drug is included in the formulary established under division (A) of section 4730.39 of the Revised Code;
  - (3) The drug is not a controlled substance;
  - (4) The drug will not be administered intravenously;
  - (5) The drug is not an anesthesia agent; and
  - (6) The drug will not be administered in any of the following locations:
    - (a) A hospital inpatient care unit, as defined in section 3727.50 of the Revised Code;
    - (b) A hospital emergency department;
    - (c) A freestanding emergency department; or
    - (d) An ambulatory surgical facility licensed under section 3702.30 of the Revised Code.
- (E) Violations of this rule.
- (1) A violation of any provision of this rule, as determined by the board, shall constitute "a departure from, or the failure to conform to, minimal standards of care of similar physician assistants under the same or similar circumstances regardless of whether actual injury to a patient is established," as that clause is used in division (B)(19) of section 4730.25 of the Revised Code.

- (2) A violation of any provision of this rule, as determined by the board, shall constitute “violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision of this chapter, Chapter 4731. of the Revised Code, or the rules of the board,” as that clause is used in division (B)(3) of section 4730.25 of the Revised Code.
- (3) A violation of any provision of this rule that pertains to the administration of drugs, as determined by the board, shall constitute "administering drugs for purposes other than those authorized under this chapter" as that clause is used in division (B)(6) of section 4730.25 of the Revised Code.

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4730-2-04

**Period of on-site supervision of physician-delegated prescriptive authority.**

(A) The following definitions are applicable to this rule:

- (1) "Supervision" means the supervising physician maintains oversight of the physician assistant's prescriptive decisions and provides timely review of prescriptions written by the physician assistant.
- (2) "On-site supervision" means the supervising physician is required to be physically present within the facility where the physician assistant is practicing and available for consultation. The supervising physician is not necessarily required to personally ~~evaluate~~evaluate a patient to whom a physician assistant is providing service.
- (3) "Supervising physician" includes a primary supervising physician in instances where the physician assistant has supervision agreements with multiple supervising physicians and one supervising physician is designated to have primary responsibility for the supervision of the physician assistant's prescribing activities during the on-site supervision period.

(B) Except as provided in division (B) of section 4730.44 of the Revised Code, the first five hundred hours of a physician assistant's exercise of physician-delegated prescriptive authority shall be under the on-site supervision of a supervising physician with whom the physician assistant has a supervision agreement.

- (1) The supervising physician shall review and evaluate the physician assistant's competence, knowledge, and skill in pharmacokinetic principles and the application of these principles to the physician assistant's area of practice. The supervising physician shall document the review and evaluation by signing patient charts in a legible manner or documenting the review and evaluation by the use of an electronically generated signature provided that reasonable measures have been taken to prevent the unauthorized use of the electronically generated signature.
- (2) The supervising physician shall maintain a record evidencing that the physician assistant has completed at least five hundred hours of on-site supervision and make the record available to the board upon request.

(C) On-site supervision period hours completed may be transferred to an on-site supervision period under a subsequent supervising physician pursuant to the following criteria:

- (1) Hours completed may be transferred, not more than one time, when both of the following criteria are met:

- (a) The initial supervising physician provides written verification of the activities and number of hours successfully completed by the physician assistant during the period; and
  - (b) The subsequent supervising physician approves the transfer of the period hours.
- (2) Hours completed under the supervision of the subsequent supervising physician may be transferred to an on-site supervision period under a third supervising physician only upon the board's approval when all of the following conditions are met:
- (a) The subsequent supervising physician provides both of the following:
    - (i) Written verification of the activities and number of hours successfully completed during the period to date; and
    - (ii) Written explanation of why the transfer of hours is being requested;
  - (b) The third supervising physician approves the transfer of the hours;
  - (c) The failure to transfer the hours would result in undue hardship to the physician assistant; and
  - (d) The granting of the transfer would not jeopardize patient care.
- (D) Where the exemption of division (B) of section 4730.44 of the Revised Code is claimed, the supervising physician shall maintain documentation establishing that the physician assistant practiced with prescriptive authority in the other jurisdiction for not less than one thousand hours. The ~~documentation~~ documentation may include a letter from one or more ~~physicians~~ physicians who supervised the physician assistant's prescribing in that jurisdiction verifying that the physician assistant practiced with prescriptive authority in that ~~jurisdiction~~ jurisdiction for not less than one thousand hours or a letter from an appropriate facility administrator verifying that the physician assistant practiced with prescriptive authority for not less than one thousand hours based upon documentation in the physician assistant's personnel file.

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4730-2-05

**Addition of valid prescriber number after initial licensure.**

- (A) All applicants for a ~~valid~~ prescriber number subsequent to initial licensure shall submit an endorsement application in the manner determined by the board.
- (B) An endorsement application shall be considered complete when all of the following requirements are met:
- (1) The records of the board establish that the applicant holds a current, valid license to practice as a physician assistant in Ohio;
  - (2) All information required by ~~division (E) of section 4730.11~~ section 4730.15 of the Revised Code, including evidence of meeting the educational requirements or practice requirements, as applicable, has been received by the board;

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## TO BE RESCINDED

4730-2-06                    **Physician assistant formulary.**

- (A) This formulary, as contained in the appendix to this rule, is established for individuals who hold a current, valid certificate to practice as a physician assistant and either a current, valid provisional certificate to prescribe or a certificate to prescribe issued by the board, and who have been authorized to prescribe pursuant to a board approved supervisory plan or the policies of the health care facility in which the physician assistant is practicing. The formulary does not authorize a physician assistant to prescribe any drug or device used to perform or induce an abortion.
- (B) For purposes of the physician assistant formulary:
- (1) “CTP” means either a provisional certificate to prescribe or a certificate to prescribe issued by the board pursuant to section 4730.44 of the Revised Code.
  - (2) “CTP holder may not prescribe” means medications in the category may not be prescribed by any CTP holder for any indication.
  - (3) “CTP holder may prescribe” means medications in the category may be prescribed by any CTP holder as appropriate.
  - (4) “Physician initiated/consultation” means that either the supervising physician must initiate the drug after personally evaluating the patient or the physician assistant must consult with the supervising physician by direct, real time communication prior to initiating the drug.
  - (5) “Therapeutic device” means an instrument, apparatus, implement, machine, contrivance, implant, in vitro reagent, or other similar or related article, including a component part, or accessory which is intended to affect the structure or any function of the body and which does not achieve any of its primary intended purposes through chemical action within or on the body and which is not dependent upon being metabolized for the achievement of any of its primary intended purposes. Therapeutic device includes any device subject to regulation by the “Food and Drug Administration.”
- (C) All physician assistant prescribing shall be in compliance with the supervisory plan under which the physician assistant is prescribing or the policies of the health care facility in which the physician assistant is prescribing, as may be restricted by the supervising physician.

- (D) All drugs and therapeutic devices shall be prescribed in accordance with the manufacturer's package insert, the "United States Pharmacopoeia," and the minimal standard of care.
- (E) Drugs may be prescribed for purposes other than "Food and Drug Administration" indications when both of the following requirements are met:
- (1) The purpose is supported by current peer review literature, which emanates from a recognized body of knowledge; and
  - (2) Prescribing for the purpose is authorized by the supervising physician under whom the physician assistant is prescribing or the policies of the health care facility in which the physician assistant is prescribing.
- (F) In order for a physician assistant to prescribe a combination medication, each component drug must be listed on the formulary as "CTP holder may prescribe" or the combination medication itself must be listed on the formulary as "CTP holder may prescribe."
- (G) For medications that are denoted "Physician initiated/consultation," both of the following requirements apply:
- (1) The supervising physician's initiation of the drug or the prior consultation between the physician assistant and the supervising physician shall be documented in the patient record; and
  - (2) The physician assistant shall consult with the supervising physician before changing the dosage of the drug or before renewing a prescription when there is a change in patient status. The consultation shall be documented in the patient record.
- (H) A drug for which the classification is not included on the formulary shall not be prescribed by a physician assistant until it is reviewed and added to the formulary.
- (I) The prescription of oxygen and plasma expanders is regulated by the Ohio state board of pharmacy and requires the physician assistant to hold a current, valid certificate to prescribe.
- (J) A physician assistant's prescription of therapeutic devices shall be in compliance with both of the following:
- (1) The physician assistant may only prescribe a therapeutic device that has been approved by the "Food and Drug Administration" and which the supervising

physician prescribes in the routine course of practice for the specific use approved by the “Food and Drug Administration;” and

- (2) The physician assistant shall not prescribe a therapeutic device that federal or state statute, rule, or regulation prohibits the physician assistant from using.
  
- (K) A physician assistant, with or without physician delegated prescriptive authority, may order blood products with physician initiation or consultation, consistent with the physician assistant's supervisory plan or the policies of the health care facility, as applicable.

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4730-2-07

**Standards for prescribing.**

- (A) A physician assistant who holds a ~~current valid~~ prescriber number and who has been granted physician-delegated prescriptive authority by a supervising physician may prescribe a drug or therapeutic device provided the prescription is in accordance with all of the following:
- (1) The extent and conditions of the physician-delegated prescriptive authority, granted by the supervising physician who is supervising the physician assistant in the exercise of the authority, ~~for the prescription of drugs and devices listed on the formulary set forth rules promulgated by the board;~~
  - (2) The requirements of Chapter 4730. of the Revised Code;
  - (3) The requirements of Chapters 4730-1, 4730-2, 4730-4, and 4731-11, ~~and 4731-21~~ of the Administrative Code; and
  - (4) The requirements of state and federal law pertaining to the prescription of drugs and therapeutic devices.
- (B) A physician assistant who holds a ~~current valid~~ prescriber number who has been granted physician-delegated prescriptive authority by a supervising physician shall prescribe in a valid prescriber-patient relationship. This includes, but is not limited to:
- (1) Obtaining a thorough history of the patient;
  - (2) Conducting a physical examination of the patient;
  - (3) Rendering or confirming a diagnosis;
  - (4) Prescribing medication, ruling out the existence of any recognized contraindications;
  - (5) Consulting with the supervising physician when necessary; and
  - (6) Properly documenting these steps in the patient's medical record.
- (C) The physician assistant's prescriptive authority shall not exceed the prescriptive authority of the supervising physician under whose supervision the prescription is being written, including but not limited to, any restrictions imposed on the physician's practice by action of the United States drug enforcement administration or the state medical board of Ohio.
- (D) A physician assistant holding a ~~current valid~~ prescriber number and who has been granted physician-delegated prescriptive authority by a supervising physician

to prescribe controlled substances shall apply for and obtain the United States drug enforcement administration registration prior to prescribing any controlled substances.

- (E) A physician assistant holding ~~a current valid~~ prescriber number and who has been granted physician-delegated prescriptive authority by a supervising physician shall not prescribe any drug or device to perform or induce an abortion.
- (F) A physician assistant holding ~~a current valid~~ prescriber number and who has been granted physician-delegated prescriptive authority by a supervising physician shall include on each prescription the physician assistant's license number, and, where applicable, shall include the physician assistant's DEA number.

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4730-2-10

**Standards and procedures for review of "Ohio Automated Rx Reporting System" (OARRS).**

(A) For purposes of this rule:

- (1) "Delegate" means an authorized representative who is registered with the Ohio board of pharmacy to obtain an OARRS report on behalf of the physician assistant.
- (2) "OARRS" means the "Ohio Automated Rx Reporting System" drug database established and maintained pursuant to section 4729.75 of the Revised Code.
- (3) "OARRS" report" means a report of information related to a specified patient generated by the drug database established and maintained pursuant to section 4729.75 of the Revised Code.
- (4) "Reported drugs" means all the drugs listed in rule ~~4729-37-02~~4729:8-2-01 of the Administrative Code that are required to be reported to the drug database established and maintained pursuant to section 4729.75 of the Revised Code, including controlled substances in schedules II, III, IV, and V.

(B) Standards of care:

- (1) The accepted and prevailing minimal standards of care require that when prescribing a reported drug, a physician assistant shall take into account all of the following:
  - (a) The potential for abuse of the reported drug;
  - (b) The possibility that use of the reported drug may lead to dependence;
  - (c) The possibility the patient will obtain the reported drug for a nontherapeutic use or distribute it to other persons; and
  - (d) The potential existence of an illicit market for the reported drug.
- (2) In considering whether a prescription for a reported drug is appropriate for the patient, the physician assistant shall use sound clinical judgment and obtain and review an OARRS report consistent with the provisions of this rule.

(C) A physician assistant shall obtain and review an OARRS report to help determine if it is appropriate to prescribe an opioid analgesic, benzodiazepine, or other reported drug to a patient as provided in this paragraph and paragraph (F) of this rule:

- (1) A physician assistant shall obtain and review an OARRS report before prescribing an opioid analgesic or benzodiazepine to a patient, unless an exception listed in paragraph (H) of this rule is applicable.
- (2) A physician assistant shall obtain and review an OARRS report when a patient's course of treatment with a reported drug other than an opioid analgesic or benzodiazepine has lasted more than ninety days, unless an exception listed in paragraph (H) of this rule is applicable.
- (3) A physician assistant shall obtain and review and OARRS report when any of the following red flags pertain to the patient:
  - (a) Selling prescription drugs;
  - (b) Forging or altering a prescription;
  - (c) Stealing or borrowing reported drugs;
  - (d) Increasing the dosage of reported drugs in amounts that exceed the prescribed amount;
  - (e) Suffering an overdose, intentional or unintentional;
  - (f) Having a drug screen result that is inconsistent with the treatment plan or refusing to participate in a drug screen;
  - (g) Having been arrested, convicted, or received diversion or intervention in lieu of conviction for a drug related offense while under the care of the physician assistant or the physician assistant's supervising physician;
  - (h) Receiving reported drugs from multiple prescribers, without clinical basis;
  - (i) Traveling with a group of other patients to the physician assistant's office where all or most of the patients request controlled substance prescriptions;
  - (j) Traveling an extended distance or from out of state to the physician assistant's office;
  - (k) Having a family member, friend, law enforcement officer, or health care professional express concern related to the patient's use of illegal or reported drugs;
  - (l) A known history of chemical abuse or dependency;

- (m) Appearing impaired or overly sedated during an office visit or exam;
  - (n) Requesting reported drugs by street name, color, or identifying marks;
  - (o) Frequently requesting early refills of reported drugs;
  - (p) Frequently losing prescriptions for reported drugs;
  - (q) A history of illegal drug use;
  - (r) Sharing reported drugs with another person; or
  - (s) Recurring visits to non-coordinated sites of care, such as emergency departments, urgent care facilities, or walk-in clinics to obtain reported drugs.
- (D) A physician assistant who decides to utilize an opioid analgesic, benzodiazepine, or other reported drug in any of the circumstances within paragraphs (C)(2) and (C)(3) of this rule shall take the following steps prior to issuing a prescription for the opioid analgesic, benzodiazepine, or other reported drug:
- (1) Review and document in the patient record the reasons why the physician assistant believes or has reason to believe that the patient may be abusing or diverting drugs;
  - (2) Review and document in the patient's record the patient's progress toward treatment objectives over the course of treatment;
  - (3) Review and document in the patient record the functional status of the patient, including activities for daily living, adverse effects, analgesia, and aberrant behavior over the course of treatment;
  - (4) Consider using a patient treatment agreement including more frequent and periodic reviews of OARRS reports and that may also include more frequent office visits, different treatment options, drug screens, use of one pharmacy, use of one provider for the prescription of reported drugs, and consequences for non-compliance with the terms of the agreement. The patient treatment agreement shall be maintained as part of the patient record; and
  - (5) Consider consulting with or referring the patient to a substance abuse specialist.
- (E) Frequency for follow-up OARRS reports:

- (1) For a patient whose treatment with an opioid analgesic or benzodiazepine lasts more than ninety days, a physician assistant shall obtain and review an OARRS report for the patient at least every ninety days during the course of treatment, unless an exception listed in paragraph (G) of this rule is applicable.
  - (2) For a patient who is treated with a reported drug other than an opioid analgesic or benzodiazepine for a period lasting more than ninety days, the physician assistant shall obtain and review an OARRS report for the patient at least annually following the initial OARRS report obtained and reviewed pursuant to paragraph (C)(2) of this rule until the course of treatment utilizing the reported drug has ended, unless an exception in ~~paragraph~~ paragraph (H) of this rule is applicable.
- (F) When a physician assistant or their delegate requests an OARRS report in compliance with this rule, a physician assistant shall document receipt and review of the OARRS report in the patient record, as follows:
- (1) Initial reports requested shall cover at least the twelve months immediately preceding the date of the request;
  - (2) Subsequent reports requested shall, at a minimum, cover the period from the date of the last report to present;
  - (3) If the physician assistant practices primarily in a county of this state that adjoins another state, the physician assistant or their delegate shall also request a report of any information available in the drug database that pertains to prescriptions issued or drugs furnished to the patient in the state adjoining that county; and
  - (4) If an OARRS report regarding the patient is not available, the physician assistant shall document in the patient's record the reason that the report is not available and any efforts made in follow-up to obtain the requested information.
- (G) Review of the physician assistant's compliance with this rule shall be included as an activity in the quality assurance plan required by division (F) of section 4730.21 of the Revised Code and rule 4730-1-05 of the Administrative Code.
- (H) A physician assistant shall not be required to review and assess an OARRS report when prescribing an opioid analgesic, benzodiazepine, or other reported drug under the following circumstances, unless a physician assistant believes or has reason to believe that a patient may be abusing or diverting reported drugs:
- (1) The reported drug is prescribed to a hospice patient in a hospice care program as those terms are defined in section 3712.01 of the Revised Code, or any other patient diagnosed as terminally ill;

- (2) The reported drug is prescribed for administration in a hospital, nursing home, or residential care facility;
- (3) The reported drug is prescribed in an amount indicated for a period not to exceed seven days;
- (4) The reported drug is prescribed for the treatment of cancer or another condition associated with cancer.

Effective: 9/30/2020

Five Year Review (FYR) Dates: 9/30/2023

CERTIFIED ELECTRONICALLY

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Certification

09/11/2020

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Date

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