

PHYSICIAN ASSISTANT POLICY COMMITTEE MINUTES
March 12, 2013

The meeting was called to order at approximately 2:00 p.m. on Tuesday March 12, 2013.

Committee members present: David Ballinger, P.A.-C.; James Fry, P.A.-C; Anita Steinbergh, D.O.; and Melissa Bowlby, P.A.-C.;

Staff members present: Sallie Debolt, and Cathy Hacker

Guests: Beth Adamson, Executive Director, OAPA.

I. Review of the February 12, 2013 minutes.

Mr. Ballinger began the meeting by requesting the approval of the minutes.

Dr. Steinbergh moved to approve the minutes from the February 12, 2013 PAPC meeting. Ms. Bowlby seconded the motion. All members voted aye. The motion carried.

II. Formulary Review

Ms. Hacker informed the committee that she had added the language from HB 284 regarding the prohibitions to Schedule II prescribing in section 5 of the formulary for their review and approval.

Mr. Fry moved to approve the change to the formulary. Ms. Bowlby seconded the motion. All members voted aye. The motion carried.

III. Review special services requests

The committee reviewed the special services request from **Encore Dermatology** requesting approval of: Botox injections.

It was noted during discussion that this application had been tabled at the November 2012 meeting pending the completion and approval of a model supervisory plan application for Botox injections. The staff had contacted the Ohio Dermatology Association for assistance with developing the application as the association had previously developed the model supervisory application that has been approved for cryotherapy. Dr. Jonathan Bass, M.D., President of the Ohio Dermatology Association submitted a letter to the Board indicating that they did not feel that this was an appropriate procedure for PA's to perform due to patient safety concerns.

Mr. Fry stated that we asked for an opinion and received an answer and we should respect the Associations input. Mr. Ballinger noted that if we were to go against the opinion of the Association we may be asking for trouble. Dr. Steinbergh agreed. Ms. Debolt stated that if this group were to appeal we could use someone from the Association as a witness in the hearing process. Dr. Steinbergh stated that Dr. Bechtel would be present at the PA committee meeting on Wednesday and could lend an opinion as well and noted that we have no other

data to support an approval. Mr. Fry stated that it is the PAPC's job to keep the PA's safe from performing procedures that are outside of their scope.

Mr. Fry moved to deny this application based on the association's patient safety concerns. Ms. Bowlby seconded the motion. All members voted aye. The motion carried

The committee reviewed the special services request from **Westerville Dermatology** requesting approval of: Botox injections.

It was noted during discussion that this application had been tabled at the January 2012 meeting pending the completion and approval of a model supervisory plan application for Botox injections. The staff had contacted the Ohio Dermatology Association for assistance with developing the application as the association had previously developed the model supervisory application that has been approved for cryotherapy. Dr. Jonathan Bass, M.D., President of the Ohio Dermatology Association submitted a letter to the Board indicating that they did not feel that this was an appropriate procedure for PA's to perform due to patient safety concerns.

Mr. Fry stated that we asked for an opinion and received an answer and we should respect the Association's input. Mr. Ballinger noted that if we were to go against the opinion of the Association we may be asking for trouble. Dr. Steinbergh agreed. Ms. Debolt stated that if this group were to appeal we could use someone from the Association as a witness in the hearing process. Dr. Steinbergh stated that Dr. Bechtel would be present at the PA committee meeting on Wednesday and could lend an opinion as well and noted that we have no other data to support an approval. Mr. Fry stated that it is the PAPC's job to keep the PA's safe from performing procedures that are outside of their scope.

Ms. Bowlby moved to deny this application based on the association's patient safety concerns. Mr. Fry seconded the motion. All members voted aye. The motion carried

The committee reviewed the special services request from **Medcentral Orthopaedic Institute** requesting approval of: subacromial bursa injections.

The committee felt that this application was in line with the applications that had been previously approved for this injection.

Ms. Bowlby moved to approve this application. Mr. Fry seconded the motion. All members voted aye. The motion carried

The committee then moved on to the rules review as required by the implementation of HB 284 and the five year rule review process.

Ms. Debolt stated that we needed to remove rule 4730-2-02(B) which references the 10 year grandfather clause for prescribing as that route to licensure for prescribing ended on 11/1/2008. She stated that she had gone through the rules and adjusted the paragraph numbers as needed. Ms. Hacker asked the committee if we could add the accreditation counsel for pharmacist education (ACPE) to the list of approved continuing education in 4730-2-05(E)(2) that is acceptable for the prescribing license. The committee agreed that

ACPE would be acceptable pharmacology for this license. Ms. Debolt stated that in 4730-2-06(A) the word appendix needed to be changed to the formulary as the formulary will no longer be an appendix of the rule and that the prohibition to schedule II controlled substances needed to be removed as well. The rule 4730-2-06 would be removed from the rule as the formulary will no longer be in rule as of 3/22/13. 4730-2-07(E)(2) needed to be removed as it is a prohibition on PA's prescribing schedule II medications. 4730-2-08(B)(2)(b) and 4730-2-09 (B)(3) would remove the reference to 4730-2-06 and replace it with "the drugs and devices are included among the drugs and devices in the formulary established by the Board".

After completion of the formulary discussion the committee then discussed the handout from the Ohio Association of Physician Assistants that requested 4730-1-01(B)(1) be amended to read: setting in which the supervising physician routinely practices means a practice in which the supervising physician has oversight and control instead of a practice environment in which the supervising physician ordinarily provides medical services.

Dr. Steinbergh stated that she had an issue with the supervising physician not working in the same setting as the physician assistant and feels that this is moving in the direction of independent practice. In this situation a physician could be the medical director and never practice at this site. Ms. Adamson stated that PA's do not want independent practice and that there are other safeguards in place such as the 60 minute travel time and being available by phone. Dr. Steinbergh asked Ms. Adamson to define oversight and control. Ms. Adamson indicated that she was not the one that wrote this request that she was presenting it on behalf of a member and that she did not have a definition. Mr. Fry indicated that when he worked in West Virginia that he worked in one office and his supervising physician worked in another office but had oversight and control of the office that he was working in. Dr. Steinbergh asked Mr. Fry if the supervising physician ever worked in the office with him and Mr. Fry indicated that he did not. The supervising physician would come by about 2 times per month and review charts. It was a way to provide access to health care to a rural area. Dr. Steinbergh stated that PA's in Ohio are not working in rural areas, they are working in the metro areas and the Board wants there to appropriate supervision of the PA's. Dr. Steinbergh stated that a supervising physician must have a relationship with the practice and the patients in that practice as he/she is responsible for those patients. She asked for a definition of oversight and control. Ms. Adamson indicated that she would withdraw her request at this time. Mr. Ballinger stated that if the Association wants to allow PA's to go to critical access in remote areas with no physician involved in the practice or the care of the patients then the Association will need to define oversight and control.

Ms. Bowlby moved to approve the changes to the rules and asked that they be brought back next month for another review. Dr. Steinbergh seconded the motion. All members voted aye. The motion carried.

The committee briefly discussed the question as to whether or not a PA could work in a Health Spot. The idea is that there is a pod of sorts that has a camera link to a physician and or a PA's office that the patient would enter and discuss via camera minor medical issues. There would be a medical assistant onsite to assist the patient if needed and to prepare/clean the pod after each patients use. Dr. Steinbergh stated that a group from the Medical Board had visited one of these at an area physicians building and felt that if the physician is onsite

while the PA is monitoring the Health Spot it would be appropriate. However, she was uncertain as to how others in the physician community felt about this due to the need for the physician/patient relationship. The committee referred this question to the PA committee for comments.

The Physician Assistant Policy Committee meeting was adjourned by Mr. Ballinger at approximately 3:30 p.m. on Tuesday, March 12, 2013.

I hereby attest that these are the true and accurate minutes of the Physician Assistant Policy Committee of the State Medical Board of Ohio, meeting on March 12, 2013.

Melissa Bowlby, PA-C
Chair, PAPC

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