

State Medical Board of Ohio Board Meeting & Committees Agendas for June 12, 2019

NOTE: Items listed on committee agendas may also be discussed during the "Reports of Assigned Committees" on the Board's Agenda. Additions or deletions to this agenda may become necessary after publication. Please check the agenda appearing on the board's website for the most current version.

Policy Committee

9:15 a.m. - Conference Room 336, 30 East Broad Street, Columbus, OH

- I. Minutes Review
- II. Rule Review Update
- III. Legislative Update
- IV. Proposed legislative change related to the loss of NCCPA certification
- V. Request to File Rules with CSI
 - A. Changes to Rule 4731-13-13, OAC regarding hearing subpoenas-Request to file with CSI
 - B. Changes to Chapters 4730-1, 4730-2, and 4730-3, OAC regarding PAs-Request to file with CSI
 - C. Changes to Chapter 4761, OAC-Respiratory Care-Request to file with CSI
 - D. Changes to Rules with Military Service Provisions-Request to file with CSI

State Medical Board of Ohio

POLICY COMMITTEE MEETING May 8, 2019 30 East Broad Street, Columbus, OH 43215, Room 336

Members:

Andrew P. Schachat, MD Robert Giacalone Mark Bechtel, MD Amol Soin, MD

Other Board Members present:

Michael Schottenstein, MD Sherry Johnson, DO Bruce Saferin, DPM Richard Edgin, MD Kim Rothermel, MD Ronan Factora, MD

Staff:

A.J. Groeber, Executive Director
Kimberly Anderson, Chief Legal Counsel
Sallie J. Debolt, Senior Counsel
Nathan Smith, Senior Legal and Policy Counsel
Joan Wehrle, Education & Outreach Program Manager
Rebecca Marshall, Chief Enforcement Attorney
James Roach, Chief of Investigations
Joe Turek, Deputy Director
David Fais, Deputy Director
Jerica Stewart, Communications and Outreach
Administrator

Dr. Soin called the meeting to order at 9:15 a.m.

Meeting Minutes Review

Dr. Soin reported that the draft minutes of the April 10, 2019 meeting had been distributed to the committee and were included in the agenda materials.

Dr. Bechtel moved to approve the draft minutes of the April 10, 2019 Policy Committee meeting. Mr. Giacalone seconded the motion. Motion carried.

Legislative Update

Mr. Groeber reported that Mr. LaCross was attending a legislative committee meeting this morning. He said that the primary focus is on the budget bill. The comparison document regarding the budget bill is included in the agenda materials. He noted that other legislation is waiting for the budget bill to get resolved.

Mr. Groeber reported that he provided testimony last week to the Senate Committee regarding the agency budget. There were no problems regarding the agency's allotment or the amendments proposed by the board. Final language from LSC regarding the amendments is pending.

Dr. Soin also noted that Mr. LaCross had provided the board members with the legislative update regarding pending legislation including:

HB63 Pharmacy Benefit Managers - Regarding pharmacy benefit managers, pharmacists, and the disclosure to patients of drug price information. House Health, third hearing

HB 133 Temporary State Occupational License Military - House Health State and Local Government, first hearing

SB7 Temporary State Occupational License Military - Referred to House Armed Services and Veterans Affairs

SB61 Nurse Anesthetists - Regarding the authority of certified registered nurse anesthetists to select, order, and administer certain drugs. Senate General Government and Agency

Review, second hearing

SB105 Massage Therapy Licensing - Standardizes, for purposes of regulation by the State

Medical Board, townships, and municipal corporations, terminology regarding massage therapy and individuals authorized to perform massage therapy. Senate Health,

Human Services and Medicaid, first hearing.

Rules Review Update

Ms. Anderson referred to the report included in the agenda materials. She noted that several rules are now moving out of CSI. She also reported that we are on track for the anticipated schedule of rules to be brought to the committee for review and initial circulation to interested parties.

Medication Assisted Treatment Detoxification Rule and Definitions: 4731-33-01 and 4731-33-02

Ms. Debolt referred to memo and draft rules included in the agenda materials. She said we are seeking authority to send the draft rules to interested parties. Ms. Debolt noted that we anticipate receiving many comments. Dr. Bechtel commented that the document was well outlined and straightforward.

Dr. Bechtel moved that the proposed MAT detox rules be sent to interested parties for review and comment. Mr. Giacalone seconded the motion. Motion carried.

Hearing Subpoena Rule 4731-13-13

Ms. Anderson said that the board had amended the rule in 2015 and 2016 and those amendments were outlined in the memo included in the agenda materials. She said that our Assistant Attorney's General have reported that there have been some unintended consequences because of the rule change in 2016.

She explained changes to the timeframe for the date of compliance for the *subpoena duces tecum*, which is records. Previously, we said that the request may specify a date of compliance not more than seven days prior to hearing. Consequently, we were concerned that people were asking for continuances because they were not receiving the records until such a close time to the hearing.

So, in 2016, the language was changed to state that such request may not specify a date of compliance **less than** fourteen days prior to hearing. But this puts the production of the documents early in the process, so it is like a discovery process and ORC Chapter 119 doesn't address discovery issues. Ms. Anderson said that our AAGs brought their concerns about the rule to our attention.

The proposed amendment to the rule:

(B) . . . With respect to the production of books, records and papers, such request may specify a date of compliance not more than fourteen days prior to hearing.

Ms. Anderson said that the proposed rule change would extend the time frame for receipt of the records from seven days to 14 days, which will help address the continuance issue. We are taking out the language that makes the production of documents earlier in the process to address the other concern.

Ms. Anderson said we are seeking approval to send the proposed amended rule to interested parties for comment.

Dr. Soin said that it seems a little confusing. Ms. Anderson explained that as the rule is currently written the records must be received at least 14 days before the hearing. However, in practice, the records are being requested months before the hearing, rather than a few weeks before the hearing which was the intent of the rule.

Dr. Schottenstein asked why there is a problem in getting the records early. Ms. Anderson said that ORC Chapter 119 does not allow a discovery period, and the current rule is being interpreted as allowing something that was not contemplated.

Dr. Schachat asked if we can we write it in a non-confusing way. Ms. Anderson said that comparing the past changes to the rule makes it confusing. We are trying to say that the documents need to be received within two weeks of the hearing. She said that feedback from interested parties will be helpful.

Dr. Schachat moved that the proposed Rule 4731-13-13 be sent to interested parties for review and comment. Dr. Bechtel seconded the motion. Motion carried.

CSI Decision on Rule 4731-1-05 Anti-Trust Review

Ms. Debolt referred to the memo included in the agenda materials. She reported that CSI said that the matter is resolved by the board's proposed change to Rule 4731-1-05, which will allow massage therapists to perform ultrasound, diathermy, and electrical muscle stimulation under the on-site supervision of specified licensed health professionals, including chiropractors, acting within the scope of their professional licenses.

No action is required by the board. The report is for information only.

Consultation on Pharmacy Board Rules Regarding Dispensing Epinephrine Without Prescription

Ms. Anderson said that a law recently passed that allows a pharmacist or pharmacy intern to dispense epinephrine without a prescription to adult patients under a protocol developed by a physician. The statute requires the Board of Pharmacy to adopt rules to implement this section not later than 90 days after the effective date and they are required to consult with the Medical Board about the rules.

Comments from the Medical Board are needed by the Pharmacy Board no later than 5-28-19. She said that she provided a copy of the statute and a copy of the proposed rules highlighting the portions required by the new law. Ms. Anderson said she did not have any concerns with the rules. We are bringing the matter to the Policy Committee and the full board today to see if there are any comments to be forward to the Pharmacy Board.

Dr. Schachat asked if the rule referred to the autoinjector of epinephrine. Ms. Anderson clarified that it is the autoinjector.

Dr. Bechtel asked if the intent was to allow the pharmacist to give epinephrine if a patent had an anaphylactic type reaction while in the pharmacy. Ms. Anderson agreed. Dr. Schottenstein said it may also address a situation where a person needs to have it with them, but the physician is unavailable, so they could get it at the pharmacy.

Ms. Anderson said that the rule also references dispensing the medication per a physician protocol.

Dr. Schachat raised the question of cost of the medicine. Ms. Anderson said that the rule requires that educational information be provided to the patient. Dr. Schachat also asked if the medication would be dispensed per a prescription or are they getting it without prescription. He suggested that the educational information include cost or potential financial liability if they don't have a prescription for the medicine as the medication is expensive. Mr. Giacalone said it may be as simple as noting in the materials that insurance may not cover the cost of the medication.

Ms. Anderson said that she will try to contact the Pharmacy Board before the full board discusses the issue later today to see if they have any information about insurance payment if the medication is provided without a prescription.

Dr. Schachat moved to refer the proposed Pharmacy Board rules regarding dispensing Epinephrine without a prescription to the full board. Motion seconded by Mr. Giacalone. Motion carried.

Cosmetology Board Rules on Standards of Practice for Estheticians and Cosmetologists

Ms. Debolt reported that the Cosmetology Board proposes to amend the rules for the scopes of practice for cosmetologists and estheticians to clarify the types of esthetic procedures that are "medical" and, therefore, may not be provided by a cosmetologist or esthetician. They are seeking board input regarding the rules. She said that Dr. Bechtel had reviewed the proposed rules.

Dr. Bechtel moved to refer the proposed Cosmetology Board rules on standards of practice for estheticians and cosmetologists to the full board. Motion seconded by Dr. Schachat. Motion carried.

Adjourn

Dr. Bechtel moved to adjourn the meeting. Motion seconded by Mr. Giacalone. Motion carried.

The meeting adjourned at 9:34 a.m.

jkw

Legal Dept. Rules Schedule

As of 5/29/19

To June Policy	<u>Committee</u>									
4731-13-13	4731-33-02	4731-33-01								
4761-5-01	4761-5-04	4761-5-06								
4761-6-01 4761-7-04 4761-5-0										
4761-9-01	4761-9-04	4761-10-03								
4761-9-05	4761-9-07	4761-8-01								
4761-9-02										
4730 Chapters	s 1, 2 and 3									
Military provis	sions for all licen	ise types								

RULES AT CSI

4731-18 Chapter (anti-trust review)

Comment Deadline 5/14/19 4731-9-01

Comment De	adline 5/13/19
4730-3-01	4730-3-02
4731-4-01	4731-4-02
4759-4-11	4774-2-01
4774-2-02	4778-2-01
4778-2-02	

Comment Deadline 4/10/19 4731-11-01 4731-35-01 4731-11-14 4731-35-02

<u>Comment deadline (resubmitted)</u> 4731-1-24

Comment deadline 8/24/17

4731-1-01 4731-1-13 4731-1-11 4731-1-18

4731-1-19

READY TO FILE WITH JCARR

4759 Chapter

RULES AT JCARR

Hearing Scheduled 6/5/19 4731-1-05 4731-1-24 4731-7-02 4731-24-05

Hearing Held 5	5/13/19 – To Jul	y Board Meeting
4731-18-01	4731-6-14	4731-6-31
4731-25-08	4731-6-15	4731-6-32
4731-6-01	4731-6-16	4731-6-33
4731-6-02	4731-6-21	4731-6-34
4731-6-03	4731-6-22	4731-6-35
4731-6-05	4731-24-01	4731-1-02
4731-6-07	4731-24-02	4731-16-16
4731-6-10	4731-24-03	4731-31-01
4731-34-01	4731-6-30	

Anticipated Schedule for 2019 Policy Committee

January: Consult Agreements – sent for initial

comment-deadline 2/8/19

February: 4731-7-01 (Method of Notice of

Meetings);4731-9-01 (Record of Board Meetings);4731-4-01;4731-4-02 (Criminal Records Checks) – to February Policy Committee

March: Military Rules for all License Types

April: Respiratory Care Rules $-4761 - 2^{nd}$

group

May: MAT Detox Rules

Hearing Rule 4731-13-13

June: Dietetics Rules – moved to July

July: 4731-11-03; 4731-11-04; 4731-11-

041; 4731-11-05; 4731-11-11 (Controlled Substance Rules)

Dietetics Rules

Rule Number	Rule Description	Committee Agenda Date	Comm approval to send for initial comment	Sent for Initial Comment	Comm/Bd Agenda to review comments	Board Approval to File with CSI	CSI filing	CSI recom- mendation	Approved to File with JCARR	JCARR filing	Rules Hearing	JCARR Hearing	Board Adoption	New Effective Date	Current Review Date
	Regulation of Physician														
4730-1-01	Assistants - Definitions		03/09/16			05/11/16	08/02/17			06/20/18			09/12/18	09/30/18	09/30/23
4730-1-02	Physician Assistant Practice		04/13/16	04/15/16		06/08/16	08/02/17			06/20/18	07/24/18			09/30/18	rescinded
4720 4 02	Duties of a Communician Dhysician		04/12/16	04/15/16		00/00/10	00/02/17			06/20/10	07/24/40			00/20/10	
4730-1-03 4730-1-04	Duties of a Supervising Physician Supervision		04/13/16 04/13/16	04/15/16 04/15/16		06/08/16 06/08/16	08/02/17 08/02/17			06/20/18 06/20/18				09/30/18 09/30/18	rescinded
4/30-1-04	Supervision		04/13/10	04/13/10		00/06/10	06/02/17			00/20/18	07/24/10			09/30/16	rescinded
4730-1-05	Quality Assurance System			12/22/17 3/11/2016		03/14/18	04/02/18			06/20/18	07/24/18				08/07/23
4730-1-06	Licensure as a physician assistant			3/22/19 6/20/17 4/15/2016		7/12/17 6/8/2016	8/2/2017			07/02/18 6/20/2018	07/24/18		09/12/18	09/30/18	09/30/23
	Military provisions related to certificate to practice as a														
4730-1-06.1	physician assistant			03/22/19						06/20/18					09/30/20
4730-1-07	Miscellaneous Provisions		04/13/16	04/15/16		06/08/16	08/02/17			06/20/18	07/24/18		09/12/18	09/30/18	09/30/23
4730-1-08	Physician assistant delegation of medical tasks and administration of drugs		11/04/15	11/06/15			02/01/16	04/13/16		05/05/16	06/13/16			07/31/16	07/31/21
4730-2-01	Physician Delegated Prescriptive Authority - Definitions			05/13/16		08/10/16	08/02/17	, ,		06/20/18			09/12/18	Amended 9/30/18	03/19/19
4730-2-02	Educational Requirements for Prescriptive Authority		03/09/16	03/11/16		05/11/16	08/02/17			06/20/18	07/24/18			09/30/18	rescinded
4730-2-03	Application for a Provisional Certificate to Prescribe			04/15/16		06/08/16	08/02/17			06/20/18	07/24/18			09/30/18	rescinded
4730-2-04	Period of on-site supervision of physician-delegated prescriptive authority			12/22/17		03/14/18	04/02/18			08/20/18	09/26/18		11/14/18	11/30/18	11/15/23
4730-2-05	Addition of valid prescriber number after initial licensure			12/22/17		03/14/18	04/02/18			08/20/18	09/26/18		11/14/18	11/30/18	11/15/23
4730-2-06	Physician Assistant Formulary			05/13/16											06/30/19
4730-2-07	Standards for Prescribing Standards for Personally			05/13/16		08/10/16	08/02/17			06/20/18	07/24/18			Amended 9/30/18	06/30/19
4730-2-08	Furnishing Drugs and Therapeutic Devices Standards for Personally			05/13/16		08/10/16	08/02/17			06/20/18	07/24/18			09/30/18	rescinded
4730-2-09	Furnishing Samples of Drugs and Therapeutic Devices			05/13/16		08/10/16	08/02/17			06/20/18	07/24/18			09/30/18	rescinded
4730-2-10	Standards and Procedures for use of OARRS		03/09/16	03/11/16		05/11/16	08/02/17			06/20/18	07/24/18		09/12/18	09/30/18	09/30/23

Rule Number	Rule Description	Committee Agenda Date	Comm approval to send for initial comment	Sent for Initial Comment	Comm/Bd Agenda to review comments	Board Approval to File with CSI	CSI filing	CSI recom- mendation	Approved to File with JCARR	JCARR filing	Rules Hearing	JCARR Hearing	Board Adoption	New Effective Date	Current Review Date
4730-3-01	Criminal Records Checks - (For Physician Assistants) - Definitions		04/13/16	04/15/16		06/08/16	04/23/19			06/20/18	07/24/18			Amended 9/30/18	06/30/19
4730-3-02	Criminal Records Checks		04/13/16	04/15/16		06/08/16	04/23/19			06/20/18	07/24/18			Amended 9/30/18	06/30/19
4730-4-01	Definitions			02/21/18		07/11/18	08/03/18			4/10/19 refiled 2/15/19 10/24/201 8	11/28/18		04/10/19	04/30/19	04/30/24
4730-4-03	Office Based Treatment for Opioid addiction			02/21/18		07/11/18	08/03/18			4/10/19 refiled 2/15/19 10/24/201 8	11/28/18		04/10/19	04/30/19	04/30/24
	Medication assisted treatment using naltrexone									4/10/19 refiled 2/15/19 10/24/201			, ,		
4730-4-04 4731-1-01	Limited Practitioners - Definition of Terms			02/21/18 5/15/17 7/13/2016		07/11/18 7/12/17 9/14/2016	08/03/18			8	11/28/18		04/10/19	04/30/19	04/30/24
4731-1-02	Application of Rules Governing Limited Branches of Medicine or Surgery		12/10/14 05/13/15	05/14/18		09/14/16	09/24/18			4/10/19 7/1/2015	05/13/19		09/09/15	09/30/15	09/30/20
4731-1-03	General Prohibitions			07/13/16		09/14/16	09/26/17			08/31/18			no change		08/31/23
4731-1-04	Scope of Practice: Mechanotherapy Scope of Practice: Massage		04/13/16	04/15/16		09/14/16	09/26/17			12/12/18 9/24/2018	10/25/18		12/12/18	12/31/18	12/31/23
4731-1-05	Therapy							04/24/19	04/24/19	04/29/19	06/05/19			12/31/18	12/31/23
4731-1-06	Scope of Practice: Naprapathy		04/13/16	04/15/16		09/14/16	09/26/17			08/31/18			no change		08/31/23
	Eligibility of Electrologists Licensed by the Ohio State Board of Cosmetology to Obtain Licensure as Cosmetic Therapists Pursuant to Chapter 4731 ORC and Subsequent Limitations					09/14/16	09/26/17			09/24/18	10/25/18		12/12/18	12/31/18	12/31/23

Rule Number	Rule Description	Committee Agenda Date	Comm approval to send for initial comment	Sent for Initial Comment	Comm/Bd Agenda to review comments	Board Approval to File with CSI	CSI filing	CSI recom- mendation	Approved to File with JCARR	JCARR filing	Rules Hearing	JCARR Hearing	Board Adoption	New Effective Date	Current Review Date
	Continuing Cosmetic Therapy														
	Education Requirements for Registration or Reinstatement of														
	a License to Practice Cosmetic						10/31/18								
4731-1-08	Therapy			07/18/18		09/14/16	2/20/2018								12/31/17
4724 4 00	Cosmetic Therapy Curriculum			07/42/46		00/44/46	00/26/47			00/24/40					00/24/22
4731-1-09 4731-1-10	Requirements Distance Education			07/13/16 07/13/16		09/14/16 09/14/16				08/31/18 09/24/18			no change 01/09/19	01/31/19	08/31/23 01/31/24
1,01110	Distance Education			0.720,20		03/11/10	03/20/27			03/2://20	20, 20, 20		02/03/23	02/02/23	02/02/21
				5/15/17		07/12/17									
4731-1-11 4731-1-12	Application and Certification Examination		12/09/15	7/13/2016 12/11/15		9/14/2016 02/10/16	08/07/17 03/07/16			08/16/16	09/19/16		11/09/16	11/30/16	01/24/17 11/30/21
4/31-1-12	Examination		12/09/13	12/11/13		02/10/10	03/07/10	03/11/10		08/10/10	09/19/10		11/09/10	11/30/10	11/30/21
	Examination Failure; Additional			5/15/17		7/12/17									
4731-1-13	Training			7/13/2016		9/14/2016	08/07/17								01/24/17
4731-1-14	Preliminary Education Certificate					09/14/16									rescinded
	Determination of Standing of														
4731-1-15	School, College or Institution			07/13/16		09/14/16	09/26/17			09/24/18	10/25/18		12/12/18	12/31/18	12/31/23
	Massage Therapy curriculum rule			6/20/18 12/11/201			8/24/18			10/24/18	11/28/18		1/9/19		
4731-1-16	(Five year review)		12/09/15			02/10/16		05/11/16		8/16/2016			11/9/2016	01/31/19	11/30/21
4731-1-17	Instructional Staff			07/13/16		09/14/16				09/24/18			05/08/19	05/31/19	05/31/24
	Grounds for Suspension,														
	Revocation or Denial of Certificate of Good Standing,			5/15/17		7/12/17									
4731-1-18	Hearing Rights			7/13/2016		9/14/2016	08/07/17								01/24/17
4731-1- 19	Probationary Status			5/15/17 7/13/2016		7/12/17 9/14/2016	08/07/17								01/24/17
4731-1-19	Home Study Schools			7/13/2010		9/14/2010	06/07/17								rescinded
			2nd -												
	Massage Therapy Continuing		3/29/17												
4731-1-24	Education Determination of Equiv. Military		3/9/2016	03/09/16 3/22/19			10/26/16	04/24/19		04/29/19 7/1/2015	06/05/19				
4731-1-25	Educ. For CT/MT		05/13/15				07/23/15			9/24/15	11/02/15		12/09/15	12/31/15	12/31/20
								11/08/17							
4731-2-01	Public Notice of Rules Procedure Criminal Records Checks -		10/14/15	04/15/16		06/08/16		7/12/2017		09/19/17	10/25/17			12/07/17	12/07/22
4731-4-01	Definitions			02/20/19			04/23/19								06/29/19
4731-4-02	Criminal Records Checks			02/20/19			04/23/19								06/29/19
			-	2/0/47											
4731-5-01	Admission to Examinations			2/8/17 5/13/2016		07/13/16				06/09/17	no change				06/09/22

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4731-5-02	Examination Failure; Inspection and Regrading			2/8/17 5/13/2016		07/13/16				06/09/17	no change				06/09/22
4731-5-03	Conduct During Examinations			2/8/17 5/13/2016		07/13/16				06/09/17	no change				06/09/22
4731-5-04	Termination of Examinations			2/8/17 5/13/2016		07/13/16				06/09/17	no change				06/09/22
4731-6-01	Medical or Osteopathic Licensure: Definitions			2/26/18 2/8/17 5/13/2016		07/13/16	09/25/18				5/13/19 6/23/17		08/09/17	08/31/17	08/31/22
4731-6-02	Preliminary Education for Medical and Osteopathic Licensure			2/26/18 2/8/17 5/13/2016		07/13/16				4/10/19 6/9/2017	05/13/19				06/09/22
4731-6-03	Eligibility for the Medical and Osteopathic Examination			2/26/18 2/8/17 5/13/2016		07/13/16	09/25/18			4/10/19 6/9/2017	05/13/19				06/09/22
4731-6-04	Demonstration of proficiency in spoken English			2/26/18 2/8/17 5/13/2016		07/13/16	09/25/18			06/09/17	no change				06/09/22
4731-6-05	Format of Medical and Osteopathic Examination			2/26/18 2/8/17 5/13/2016		07/13/16	09/25/18			4/10/19 5/23/17	5/13/19 6/23/17		06/09/17	08/31/17	08/31/22
4731-6-07	Passing Average on Examination			2/26/18 2/8/17 5/13/2016		07/13/16	09/25/18			4/10/19 6/9/2017	05/13/19				06/09/22
4731-6-10	Clinical Competency Examination			2/26/18 2/8/17 5/13/2016		07/13/16	09/25/18			4/10/19 5/23/17	5/13/19 6/23/17		06/09/17	08/31/17	06/09/22
4731-6-14	Examination for physician licensure Eligibility for Licensure of National Board Diplomats and			2/26/18 2/8/2017 2/26/18		07/13/16	09/25/18			4/10/19 6/9/2017	05/13/19				04/29/19
4731-6-15	Medical Council of Canada Licentiates Eligibility for Medical or			2/8/17 5/13/2016		07/13/16	09/25/18			4/10/19 6/9/2017	05/13/19				06/09/22
4731-6-16	Osteopathic Licensure by Endorsement of Licenses Granted by Other States			2/26/18 2/8/2017		07/13/16	09/25/18			4/10/19 6/9/2017	05/13/19				04/29/19

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	Requests for medical or														
4731-6-20	osteopathic licensure application Application Procedures for														rescinded
4731-6-21	Certificate Issuance; Investigation; Notice of Hearing Rights			2/26/18 2/8/17 5/13/2016		07/13/16	09/25/18				5/13/19 6/23/17		08/09/17	08/31/17	08/31/22
4724 6 22	Abandonment and Withdrawal of Medical and Osteopathic			2/26/18 2/8/17		07/12/16	09/25/18				5/13/19		00/00/47	00/24/47	00/24/22
4731-6-22	Licensure Applications			5/13/2016 2/26/18 2/8/17		07/13/16				4/10/19	6/23/17 5/13/19		08/09/17		08/31/22
4731-6-30	Training Certificates Limited Preexamination Registration and Limited			5/13/2016 2/26/18 2/8/17		07/13/16				4/10/19	6/23/17		08/09/17	08/31/17	08/31/22
4731-6-31	Certification			5/13/2016		07/13/16	09/25/18			6/9/2017	05/13/19				06/09/22
4731-6-32	Visiting Faculty Certificates			2/26/18 2/8/17 5/13/2016		07/13/16	09/25/18			4/10/19 5/23/17	5/13/19 6/23/17		08/09/17	08/31/17	08/31/22
4731-6-33	Special Activity Certificates			2/26/18 2/8/17 5/13/2016		07/13/16	09/25/18			4/10/19 5/23/17	5/13/19 6/23/17		08/09/17	08/31/17	08/31/22
4731-6-34	Volunteer's Certificates			2/26/18 2/8/17 5/13/2016		07/13/16	09/25/18			4/10/19 5/23/17	5/13/19 6/23/17		08/09/17	08/31/17	08/31/22
4731-6-35	Processing applications from service members, veterans, or spouses of service members or veterans.			3/22/19 2/26/18			9/25/18 1/8/2015			4/10/19 6/9/2017	05/13/19		09/09/15	09/30/15	09/30/20
4731-7-01	Method of Notice of Meetings								04/08/19	04/29/19	06/05/19			12/31/15	12/31/20
4731-8-01	Personal Information Systems			02/20/19										no change	04/21/21
4731-8-02	Definitions													no change	04/21/21
4731-8-03	Procedures for accessing confidential personal information Valid reasons for accessing													no change	04/21/21
4731-8-04	confidential personal information													no change	04/21/21

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4731-8-05	Confidentiality Statutes		comment	01/15/16				04/13/16		05/05/16	06/13/16			07/31/16	07/31/21
4731-8-03	Restricting & Logging access to			01/13/10				04/13/10		03/03/10	00/13/10			07/31/10	07/31/21
	confidential personal														
4731-8-06	information			01/15/16				04/13/16		04/21/16					04/21/21
1731 0 00	Record of Board Meetings;			01/15/10				0 1/ 13/ 10		0 1/21/10					01/21/21
	Recording, Filming, and														
4731-9-01	Photographing of Meetings			02/20/19		04/08/19	04/30/19								09/30/20
4731-10-01	Definitions		06/08/16	06/09/16		08/10/16	07/31/17			02/02/18					02/02/23
	Requisite Hours of Continuing Medical Education for License			6/20/17											
4731-10-02	Renewal or Reinstatement		06/08/16			08/10/16							05/09/18		
4731-10-03	CME Waiver		06/08/16	06/09/16		08/10/16	07/31/17			02/02/18			05/09/18	05/31/18	05/31/23
	Continuing Medical Education Requirements for Restoration of														
4731-10-04	a License		06/08/16			08/10/16				((05/09/18		05/31/23
4731-10-05	Out-of-State Licensees		06/08/16	06/09/16		08/10/16	07/31/17			02/02/18			05/09/18	05/31/18	05/31/23
4731-10-06	Licensure After Cutoff for Preparation of Registration Notices		06/08/16	06/09/16		08/10/16	07/31/17			02/02/18			05/09/18	05/31/18	05/31/23
.701 10 00	Internships, Residencies and		00/00/20	00/05/10		00/10/10	0.702727			02/02/10			03/03/10	00/01/10	00/01/20
4371-10-07	Fellowships		06/08/16	06/09/16		08/10/16	07/31/17			02/02/18			05/09/18	05/31/18	05/31/23
	Evidence of Continuing Medical			6/20/17											
4371-10-08	Education		06/08/16	6/9/2016		08/10/16	09/26/17						05/09/18	05/31/18	05/31/23
	Continuing Medical Education Requirement for Mid-term			6/20/17											
4731-10-09	Licensees		06/08/16			08/10/16	09/26/17						05/09/18	05/31/18	05/31/23
4731-10-10	Continuing Medical Education Requirements Following License Restoration			6/20/17		08/10/16							05/09/18		
4731-10-11	Telemedicine Certificates		06/08/16	06/09/16		08/10/16	07/31/17			02/02/18			05/09/18	05/31/18	05/31/23
				5/11/18 Revision 4/13/17 revision 9/19/16			refiled 3/21/19 6/14/18				9/26/18 10/25/17				
1	Controlled substances; General			1/22/15			05/11/17				07/26/17				
4731-11-01	Provisions Definitions		4/13/16	4/15/16		6/8/2016	7/5/2016	11/08/17		11/3/2016	12/8/2016		12/12/18	12/23/18	12/07/22

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4731-11-02	Controlled Substances - General Provisions		10/8/14	5/11/18 Revision 4/13/17			6/14/18 05/11/17 1/8/2015				9/26/18 07/26/17 11/2/2015		12/12/18	4/30/19 12/23/18	12/31/20
4731-11-03	Schedule II Controlled Substance Stimulants		10/8/14 5/13/15				01/08/15			8/24/15 7/1/2015	11/02/15		10/14/201 5	12/31/15	12/31/20
4731-11-04	Controlled Substances: Utilization for Weight Reduction Controlled substances:		11/12/14 05/13/15				01/08/15			1/5/16 8/24/15 7/1/2015	11/02/15			02/29/16	02/28/21
	Utilization for chronic weight management Use of Drugs to Enhance Athletic		9/10/14 05/13/15 <i>10/8/14</i>				01/08/15			8/24/15 7/1/2015 8/24/15	11/02/15		10/14/15	12/31/15	12/31/20
4731-11-05	Ability Waivers for new uses		05/13/15				01/08/15			7/1/2015	11/02/15		12/09/15	12/31/15	rescinded rescinded
4731-11-07	Research Utilizing Controlled Substances		9/10/14 05/13/15				01/08/15			07/01/15			09/09/15	09/30/15	09/30/20
4731-11-08	Utilizing Controlled Substances for Self and Family Members		12/09/15	12/11/15		02/10/16	03/07/16	05/11/16		08/17/16					08/17/21
4731-11-09	Prescribing to persons the physician has never personally examined.			1/22/2015 4/15/16		06/08/16	07/05/16			refiled 2/8/17 refiled (res &new) 1/13/17 11/3/2016	12/08/16			03/23/17	03/23/22
4731-11-11	Standards and procedures for review of "Ohio Automated Rx Reporting System" (OARRS).		revision 1/14/15 05/13/15	7/23/15 1/22/2015			07/23/15				11/02/15		12/09/15		
	Office-Based Opioid Treatment		08/31/14	_,,,			rescind filing 8/3/18 3/28/2014			4/10/19	11/28/18 11/24/14		04/10/19	04/30/19	
	Prescribing of Opioid Analgesics for Acute Pain		25,32,21	04/13/17			05/11/17			-,,	07/26/17		filed 8/21/17	08/31/17	08/31/22
	Prescribing for subacute and chronic pain			05/11/18			Refiled 3/21/19 6/14/2018			Refiled 10/16/18 8/20/2018	09/26/18		12/12/18	12/23/18	12/23/23

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	Preliminary Education for														
	Licensure in Podiatric Medicine			7/13/16											
4731-12-01	and Surgery		02/10/16	2/12/2016		04/13/16	07/11/16	09/14/16		03/28/17	05/03/17		06/14/17	06/30/17	06/30/22
	Standing of Colleges of Podiatric			7/13/16		0.4.4.0.4.6	07/44/46	00/44/46		00/00/47	05/00/47		05/44/47	05/20/47	05/20/20
4731-12-02	Surgery and Medicine		02/10/16	2/12/2016		04/13/16	07/11/16	09/14/16		03/28/17	05/03/17		06/14/17	06/30/17	06/30/22
4731-12-03	Eligibility for the Examination in Podiatric Surgery and Medicine (see note below)			7/13/16 2/12/2016		04/13/16	07/11/16	09/14/16		04/19/17	NA				04/19/22
	Eligibility of Licensure in Podiatric Medicine and Surgery by Endorsement from Another State			7/13/16 2/12/2016		04/13/16	07/11/16	09/14/16		03/28/17	05/03/17		06/14/17	06/30/17	06/30/22
4731-12-05	Application Procedures for Licensure in Podiatric Medicine and Surgery, Investigation, Notice of Hearing Rights.			7/13/16 2/12/2016		04/13/16	07/11/16	09/14/16		03/28/17	05/03/17		06/14/17	06/30/17	06/30/22
	Visiting Podiatric Faculty			7/13/16											
4731-12-06	Certificates		02/10/16	2/12/2016		04/13/16	07/11/16	09/14/16		03/28/17	05/03/17		06/14/17	06/30/17	06/30/22
4731-12-07	Podiatric Training Certificates			7/13/16 2/12/2016		04/13/16	07/11/16			03/28/17	05/03/17		06/14/17	06/30/17	06/30/22
4731-13-01	Conduct of Hearings - Representative; Appearances		11/04/15	11/06/15			02/01/16	04/13/16		05/05/16	06/13/16			07/31/16	07/31/21
4731-13-02	Filing Request for Hearing		11/04/15	11/06/15			02/01/16	04/13/16		05/05/16	06/13/16			07/31/16	07/31/21
	Authority and Duties of Hearing			12/12/16				6/13/18		6/20/18	7/24/18		00/42/40	00/20/40	07/24/24
4731-13-03 4731-13-04	Examiners Consolidation		11/04/15	11/6/2015 11/06/15			2/1/2016 02/01/16	4/13/2016 04/13/16		5/5/2016 04/21/16	6/13/2016		09/12/18	09/30/18	07/31/21 04/21/21
4731-13-04	Intervention		11/04/15				02/01/16	04/13/16		04/21/16					04/21/21
	Continuance of Hearing		11/04/15				02/01/16	04/13/16		8/4/16 5/5/2016	06/13/16		09/14/16	09/30/16	09/30/21
	Motions			12/12/16 11/6/2015			7/31/17 2/1/2016	6/13/18 4/13/2016		6/20/18 5/5/2016	07/24/18		09/12/18	09/30/18	04/21/21
	Form and page limitations for			42/42/45			07/04/4=	06/10/65		06/20/65	07/24/45		00/12/25	00/00/45	00/00/05
	briefs and memoranda		11/04/15	12/12/16 11/06/15			07/31/17			06/20/18	07/24/18		09/12/18		
	Filing Service		11/04/15				02/01/16 02/01/16			05/05/16				07/31/16 07/31/16	
	Computation and Extension of		11/04/13	11/00/15			02/01/10	04/13/10		03/03/10	00/13/10			07/31/10	07/31/21
	Time		11/04/15	11/06/15			02/01/16	04/13/16		05/05/16	06/13/16			07/31/16	07/31/21
	Notice of Hearings		11/04/15				02/01/16			05/05/16				07/31/16	
	Transcripts		11/04/15				02/01/16			05/05/16				07/31/16	

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	Subpoenas for Purposes of														
	Hearing	5/8/2019	05/08/19	05/09/19											07/31/21
	Mileage Reimbursement and														
4731-13-14	Witness Fees		11/04/15	11/06/15			02/01/16	04/13/16		04/21/16					04/21/21
	Reports and Recommendations		11/04/15	11/06/15			02/01/16	04/13/16		05/05/16	06/13/16			07/31/16	07/31/21
4731-13-16	Reinstatement or Restoration of Certificate		11/04/15	11/06/15			02/01/16	04/13/16		05/05/16	06/13/16			07/31/16	07/31/21
4731-13-17	Settlements, Dismissals, and Voluntary Surrenders		11/04/15	11/06/15			02/01/16	04/13/16		04/21/16					04/21/21
4731-13-18	Exchange of Documents and Witness Lists		11/04/15	11/06/15			02/01/16	04/13/16		05/05/16	06/13/16			07/31/16	07/31/21
	Prehearing conference Depositions in Lieu of Live														rescinded
	Testimony and Transcripts in place of Prior Testimony		11/04/15	11/06/15			02/01/16	04/13/16		05/05/16	06/13/16			07/31/16	07/31/21
	Electronic Testimony									05/05/16	06/13/16			07/31/16	07/31/21
	Prior Action by the State Medical		11/04/15	11/06/15			02/01/16	04/13/16		04/21/16					04/21/21
	Board Stipulation of Facts		11/04/15	11/06/15			02/01/16	04/13/16		04/21/16					04/21/21
4/31-13-22	Supulation of Facts		11/04/13	11/00/13			02/01/10	04/13/10		8/4/16					04/21/21
4731-13-23	Witnesses		11/04/15	11/06/15			02/01/16	04/13/16		5/5/2016	06/13/16			09/14/16	09/30/21
	Conviction of a Crime		11/04/15	11/06/15			02/01/16	04/13/16		04/21/16				05/11/10	04/21/21
	Evidence		, , ,	, , , ,			02/01/16	04/13/16		05/05/16	06/13/16			07/31/16	07/31/21
	Broadcasting and Photographing Administrative Hearings		11/04/15	11/06/15			02/01/16	04/13/16		04/21/16					04/21/21
4731-13-27	Sexual Misconduct Evidence		11/04/15	11/06/15			02/01/16	04/13/16		04/21/16					04/21/21
	Supervision of Hearing														
4731-13-28	Examiners		11/04/15	11/06/15			02/01/16	04/13/16		04/21/16					04/21/21
4731-13-29	Requirements for pre-hearing exchange of information		1.10.10.				20/04/40	21/21/2		2.10.11.2					rescinded
4731-13-30	Prehearing Conference		11/04/15	11/06/15			02/01/16	04/13/16		04/21/16					04/21/21
	Transcripts of Prior Testimony		11/04/15	11/06/15			02/01/16	04/13/16		04/21/16					04/21/21
	Prior Statements of the		11/04/15	11/06/15			02/01/16	04/13/10		04/21/10					04/21/21
	Respondent Physician's Desk Physician		11/04/15	11/06/15			02/01/16 02/01/16	04/13/16 04/13/16		04/21/16 04/21/16					04/21/21 04/21/21
	Ex Parte Communication		11/04/15				02/01/16			05/05/16				07/31/16	07/31/21
	Severability		11/04/15				02/01/16	04/13/16		03/03/10				07/31/10	04/21/21
	Disciplinary Actions		11/04/15				02/01/16	04/13/16		05/05/16				07/31/16	07/31/21
	Pronouncement of Death		11/04/15				02/01/16	03/09/16		03/15/16				06/30/16	06/30/21
	Licensee Reporting Requirement; Exceptions		06/08/16			08/10/16	07/31/17	, ,		11/17/17					11/17/22

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	Healthcare Facility Reporting														
4731-15-02	Requirement		06/08/16	06/09/16		08/10/16	07/31/17			11/17/17					11/17/22
	Malpractice Reporting														
4731-15-03	Requirement		06/08/16	06/09/16		08/10/16	07/31/17			11/17/17					11/17/22
4731-15-04	Professional Society Reporting		06/08/16	06/09/16		08/10/16	07/31/17			11/17/17					11/17/22
4731-15-05	Liability; Reporting Forms; Confidentially and Disclosure Rules governing impaired		06/08/16	06/09/16		08/10/16	07/31/17			11/17/17					11/17/22
4731-16-01	physicians and approval of treatments programs - Definitions		06/08/16	06/09/16		08/10/16	08/29/17			11/17/17					11/17/22
	General Procedures in														
4731-16-02	Impairment Cases		06/08/16	06/09/16		08/10/16	08/29/17			11/17/17					11/17/22
4731-16-03	Mental or physical impairment														rescinded
4731-16-04	Other Violations		06/08/16	06/09/16		08/10/16	08/29/17			11/17/17					11/17/22
4731-16-05	Examinations		06/08/16	06/09/16		08/10/16	08/29/17			11/17/17					11/17/22
4731-16-06	Consent Agreements and Orders for Reinstatement of Impaired Practitioners		06/08/16	06/09/16		08/10/16	08/29/17			11/17/17					11/17/22
4731-16-07	Treatment Provider Program Obligations		06/08/16	06/09/16		08/10/16	08/29/17			11/17/17					11/17/22
4731-16-08	Criteria for Approval		06/08/16	06/09/16		08/10/16	08/29/17			11/17/17					11/17/22
4731-16-09	Procedures for Approval		06/08/16	06/09/16		08/10/16	08/29/17			11/17/17					11/17/22
4731-16-10	Aftercare Contracts Revocation, Suspension, or Denial of Certificate of Good		06/08/16	06/09/16		08/10/16	08/29/17			11/17/17					11/17/22
4731-16-11	Standing		06/08/16	06/09/16		08/10/16	08/29/17			11/17/17					11/17/22
4731-16-12	Out-of-State Impairment Cases		06/08/16	06/09/16		08/10/16	08/29/17			11/17/17					11/17/22
4731-16-13	Patient Consent; Revocation of Consent		06/08/16	06/09/16		08/10/16	08/29/17			11/17/17					11/17/22
4724 16 14	Caffeine, Nicotine, and Over-The		00/00/10	00/00/10		00/10/16	00/20/47			11/17/17					11/17/22
4731-16-14 4731-16-15	Counter Drugs Patient Rights		06/08/16 06/08/16	06/09/16 06/09/16		08/10/16 08/10/16	08/29/17 08/29/17			11/17/17 11/17/17					11/17/22 11/17/22
4751-10-15	Fatient rights			12/17/18			1/11/19			4/10/19					11/1//22
4731-16-16	Practice Prohibition		06/08/16				8/29/2017			11/17/17	05/13/19				11/17/22
	Requirements for the one-bite			•											
4731-16-17	program Eligibility for the one-bite			03/21/18			05/30/18			10/24/18	11/28/18		01/09/19	01/31/19	01/31/24
4731-16-18	program Monitoring organization for one-			03/21/18			05/30/18			10/24/18	11/28/18		01/09/19	01/31/19	01/31/24
4731-16-19	bite program			03/21/18			05/30/18			10/24/18	11/28/18		01/09/19	01/31/19	01/31/24

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	Treatment providers in the one-														
4731-16-20	bite program			03/21/18			05/30/18			10/24/18	11/28/18		01/09/19	01/31/19	01/31/24
	Continuing care for the one-bite														
4731-16-21	program			03/21/18			05/30/18			10/24/18	11/28/18		01/09/19	01/31/19	01/31/24
	Exposure-Prone Invasive														
	Procedure Precautions -									10/20/16					
	Definitions		12/09/15	12/11/15		02/10/16	03/07/16			8/16/2016	09/19/16		12/14/16		
4731-17-02	Universal Precautions		12/09/15	12/11/15		02/10/16	03/07/16			08/16/16	09/19/16		11/09/16	11/30/16	11/30/21
4731-17-03	Hand Washing		12/09/15	12/11/15		02/10/16	03/07/16	05/11/16		08/17/16					08/17/21
4731-17-04	Disinfection and Sterilization		12/09/15	12/11/15		02/10/16	03/07/16	05/11/16		10/20/16 8/16/2016	09/19/16		12/14/16	12/31/16	12/31/21
4721 17 05	Handling and Disposal of Sharps		12/00/15	12/11/15		02/10/16	03/07/16	05/11/16		08/17/16					08/17/21
4731-17-05 4731-17-06	and Wastes Barrier Techniques		12/09/15 12/09/15	12/11/15		02/10/16	03/07/16			08/17/16					08/17/21
4731-17-07	Violations		12/09/15	12/11/15		02/10/16	03/07/16			08/17/16	09/19/16		10/19/16	11/09/16	11/30/21
	Standards for Surgery			1/17/18 1/15/2016		03/14/18	06/27/18	, ,		04/10/19	05/13/19			, ,	05/04/00
4731-18-02	Use of Light Based Medical Devices			1/17/18 1/15/2016		03/14/18									06/30/05
4731-18-03	Delegation of the Use of Light Based Medical Devices Delegation of the Use of Light			1/17/18 1/15/2016		03/14/18									06/30/05
4731-18-04	Based Medical Devices; Exceptions			1/17/18 1/15/2016		03/14/18									05/31/07
4731-19-01	Duty of License to Report HIV or HBV Infection; Confidentiality		12/09/15	12/11/15		02/10/16	03/07/16	05/11/16		08/16/16	09/19/16		Rescinded1 1/9/2016	11/30/16	Rescinded1 1/9/2016
4731-19-02	Licensee's Duty to Report Infection with HIV or HBV		12/09/15	12/11/15		02/10/16	03/07/16	05/11/16		08/16/16	09/19/16		Rescinded 11/9/2016	11/30/16	Rescinded 11/9/2016
4731-19-03	Confidentiality; Reporting by Board		12/09/15	12/11/15		02/10/16	03/07/16	05/11/16		08/16/16	09/19/16		Rescinded1 1/9/2016	11/30/16	Rescinded1 1/9/2016
4731-19-04	Voluntary Compliance		12/09/15	12/11/15		02/10/16	03/07/16	05/11/16		08/16/16	09/19/16		Rescinded 11/9/2016	11/30/16	Rescinded 11/9/2016
	Duty to Refrain from Certain Procedures		12/09/15	12/11/15		02/10/16	03/07/16	05/11/16		08/16/16	09/19/16		Rescinded1 1/9/2016		Rescinded1 1/9/2016

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4731-19-06	Board Procedures		12/09/15	12/11/15		02/10/16	03/07/16	05/11/16		08/16/16	09/19/16		Rescinded 11/9/2016	11/30/16	Rescinded 11/9/2016
			11, 03, 13	11, 11, 10		02,10,10	00,01,10	00,11,10		00,10,10	03/13/10			11,00,10	
	Confidential Monitoring Program		12/09/15	12/11/15		02/10/16	03/07/16	05/11/16		08/16/16	09/19/16		Rescinded1 1/9/2016	11/30/16	Rescinded1 1/9/2016
4731-20-01	Surgery Privileges of Podiatrist - Definition of Foot		03/09/16			05/11/16							05/09/18		
4731-20-02	Surgery: Ankle Joint		03/09/16	03/11/16			07/31/17	02/14/18					05/09/18	05/31/18	05/31/23
	Drug Treatment of Intractable Pain - Definitions		03/09/16	7/13/16 3/11/2016			6/14/18 7/11/2016	10/19/16		Refiled 10/16/18 rescind filed 8/20/18 5/23/2017	06/23/17		08/09/17	08/31/17	rescinded 12/23/18
	Utilizing Prescription Drugs for the Treatment of Intractable Pain		03/09/16	7/13/16 3/11/2016			6/14/18 7/11/2016	10/19/16		Refiled 10/16/18 rescind filed 8/20/18 5/23/2017	06/23/17		08/09/17	08/31/17	rescinded 12/23/18
4731-21-03	Continuing Medical Education		03/09/16	7/13/16 3/11/2016			6/14/18 7/11/2016	10/19/16		Refiled 10/16/18 rescind filed 8/20/18 5/23/2017	06/23/17		08/09/17	08/31/17	rescinded 12/23/18
	Tolerance, Physical Dependence and Addiction			7/13/16 3/11/2016			6/14/18 7/11/2016	10/19/16		Refiled 10/16/18 rescind filed 8/20/18 5/23/2017	06/23/17		08/09/17	08/31/17	rescinded 12/23/18
4731-21-05	Violations			7/13/16 3/11/2016			6/14/18 7/11/2016	10/19/16		Refiled 10/16/18 rescind filed 8/20/18 5/23/2017	no change				rescinded 12/23/18

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4731-21-06	Exceptions			7/13/16 3/11/2016			6/14/18 7/11/2016	10/19/16		Refiled 10/16/18 rescind filed 8/20/18 5/23/2017	06/23/17		08/09/17	08/31/17	rescinded 12/23/18
	Emeritus Registration -			7/13/16		06/13/18				(Revised 6-5- 17 for XML version)					
4731-22-01 4731-22-02	Definitions Application			3/11/2016 7/13/16 3/11/2016			07/11/16	09/14/16		5/23/2017 05/23/17	06/23/17		08/09/17 08/09/17	08/31/17 08/31/17	08/31/22
4731-22-03	Status of Registrant			7/13/16 3/11/2016			07/11/16	09/14/16		05/12/17					05/12/22
4731-22-04	Continuing Education Requirements			7/13/16 3/11/2016			07/11/16	09/14/16		05/12/17					05/12/22
4731-22-05 4731-22-06	Documentation of Status Renewal of Cycle of Fees			7/13/16 3/11/2016			07/11/16	09/14/16		05/12/17					rescinded 05/12/22
4731-22-07	Change to Active Status			7/13/16 3/11/2016			07/11/16	09/14/16		05/23/17	06/23/17		08/09/17	08/31/17	08/31/22
4731-22-08	Cancellation of or Refusal to Issue an Emeritus Registration Delegation of Medical Tasks -			7/13/16 3/11/2016			07/11/16	09/14/16		05/12/17					05/12/22
4731-23-01	Definitions			01/15/16			04/04/16	05/11/16		08/16/16	09/19/16		11/09/16	11/30/16	11/30/21
4731-23-02	Delegation of Medical Tasks			01/15/16			04/04/16	05/11/16		08/16/16	09/19/16		11/09/16	11/30/16	11/30/21
4731-23-03	Delegation of Medical Tasks: Prohibitions			01/15/16			04/04/16	05/11/16		08/17/16					08/17/21
4731-23-03	Violations			01/15/16			04/04/16	05/11/16		08/17/16		_			08/17/21
4731-24-01	Anesthesiologist Assistants - Definitions			10/30/18			1/11/19 11/7/2013			4/10/19 2/19/14	05/13/19				03/19/19
4731-24-02	Anesthesiologist Assistants; Supervision			10/30/18			1/11/19 11/7/2013			4/10/19 2/19/14	05/13/19				03/19/19

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	Anesthesiologist Assistants;						1/11/19			4/10/19					
	Enhanced Supervision			10/30/18			11/7/2013			2/19/14	05/13/19				03/19/19
	Anesthesiologist Assistants;			10/30/10			11/7/2013			2/13/14	03/13/13				03/13/13
	Prohibitions						11/07/13			06/17/14	04/23/14		06/11/14	06/17/14	rescinded
	o.m.o.t.o.no						11,07,10			00/17/17	0.720727		00,11,1	00/17/17	7.000.114.04
	Military Provisions Related to														
	Certificate to Practice as an														
	Anesthesiologist Assistant			03/22/19			01/11/19		04/08/19	04/29/19	06/05/19				09/30/20
	Office-Based Surgery - Definition		10/19/16												
4731-25-01	of Terms		05/11/16	01/15/16			07/31/17	02/14/18							03/01/23
4731-25-02	General Provisions			01/15/16		05/11/16	07/31/17	02/14/18					05/09/18	05/31/18	05/31/23
	Standards for Surgery Using														
	Moderate Sedation/Analgesia			01/15/16		05/11/16	07/31/17	02/14/18					05/09/18	05/31/18	08/31/23
	Standards for Surgery Using														
4731-25-04	Anesthesia Services			01/15/16		05/11/16	07/31/17	02/14/18					05/09/18	05/31/18	05/31/23
						4 4	4 4	4 4							
4731-25-05	Liposuction in the Office Setting			01/15/16		05/11/16	07/31/17	02/14/18							03/01/23
4704 05 07				04 /45 /46		05/44/46	07/04/47	00/44/40					05/00/40	05/04/40	05 /04 /00
	Accreditation of Office Settings			01/15/16		05/11/16	07/31/17	02/14/18		04/40/40	05/42/40		05/09/18	05/31/18	05/31/23
4731-25-08	Standards for Surgery			01/17/18			06/27/18			04/10/19	05/13/19				
4731-26-01	Sexual Misconduct - Definitions		11/04/15	11/06/15			02/01/16	03/09/16		03/15/16	04/20/16			06/30/16	06/30/21
	Prohibitions		11/04/15	11/06/15			02/01/16			03/15/16	04/20/16			00/30/10	06/14/21
	Violations; Miscellaneous		11/04/15	11/06/15			02/01/16			03/15/16	04/20/16			06/30/16	06/30/21
	Definitions		11/04/13	05/11/18			08/03/18	03/03/10		02/03/19	04/20/10			00/30/10	02/02/24
	Dismissing a patient from the			00/11/10			00/00/10			02/00/15					02/02/21
	medical practice			05/11/18			08/03/18			02/06/19	03/12/19		05/08/19	05/31/19	05/31/24
	Notice of termination of physician employment or physician leaving a practice, selling a practice, or retiring from												05/00/40		
4731-27-03	the practice of medicine			05/11/18			08/03/18			02/06/19	03/12/19		05/08/19	05/31/19	05/31/24
	Mental or Physical Impairment		12/09/15	12/11/15		02/10/16	03/07/16			05/23/17	06/23/17		08/09/17	08/31/17	08/31/22
	Eligibility for confidential														
4731-28-02	monitoring program			04/10/17			02/06/18			05/30/18	07/09/18		08/08/18	08/31/18	08/31/23
	Participation in the confidential														
4731-28-03	monitoring program			04/10/17			02/06/18			05/30/18	07/09/18		08/08/18	08/31/18	08/31/23
	Disqualification from continued participation in the confidential monitoring program			04/10/17			02/06/18			05/30/18	07/09/18		08/08/18	08/31/18	08/31/23

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	Termination of the participation agreement for the confidential monitoring program			04/10/17			02/06/18			05/30/18	07/09/18		08/08/18	08/31/18	08/31/23
	Standards and procedures for operation of a pain management clinic.			07/13/16			07/11/16	12/14/16		03/28/17			06/14/17	06/30/17	06/30/22
	Internal Management Definitions Internal Management Board												09/12/18	09/23/18	
4731-31-01	Requirements for assessing and granting clearance for return to practice or competition. (concussion rule)		05/13/15	02/26/18			5/16/18 6/2/2015			4/10/19 9/8/2015	05/13/19		09/12/18 09/09/15	09/23/18 09/18/15	09/18/20
4731-32-01	Definition of Terms Certificate to Recommend						03/23/17			06/09/17	07/10/17		08/09/17	09/08/17	09/08/22
4731-32-02	Medical Marijuana						03/23/17			06/09/17	07/10/17		08/09/17	09/08/17	09/08/22
	Standard of Care						03/23/17			06/09/17	07/10/17		08/09/17	09/08/17	09/08/22
	Suspension and Revocation of Certificate to Recommend						03/23/17			06/09/17	07/10/17		08/09/17	09/08/17	09/08/22
4731-32-05	Petition to Request Additional Qualifying Condtion or Disease Definitions	5/8/2019	05/08/19	05/09/19			03/23/17			06/09/17			08/09/17	09/08/17 04/30/19	09/08/22 04/30/24
	Standards and procedure for withdrawal managment for drug or alcohol addiction	5/8/2019	05/08/19	05/09/19											
4731-33-03	Office-Based Treatment for Opoid Addiction		02/14/18	02/21/18			08/03/18			4/10/19 refiled 2/15/19 10/24/201 8	11/28/18		04/10/19	04/30/19	04/30/24
	Medication Assisted Treatment Using Naltrexone						08/03/18			4/10/19 refiled 2/15/19 10/24/201 8	11/28/18		04/10/19	04/30/19	
	Standards and Procedures to be followed by physicians when prescribing a dangerous drug that may be administered by a pharmacist by injection.		04/11/18	04/19/18			06/27/18			04/10/19	05/13/19				

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			comment	Comment	comments	CSI			JCARK					Date	Date
	Consult Agreements			01/18/19			03/21/19								
	Standards for managing drug														
4731-35-02	therapy			01/18/19			03/21/19								
	Military provisions related to														
	education and experience requirements for licensure		03/13/19	03/22/19											
4/31-30-01	Military provisions related to		05/15/19	03/22/19											
	renewal of license and														
4731-36-02	continuing education		03/13/19	03/22/19											
	Processing applications from		, ,												
	service members, veterans, or														
	spouses of service members or														
4731-36-03	veterans.		03/13/19	03/22/19											
4750 4 04			0.4/4.4/4.0	04/40/40		07/44/40	00/05/40								To be
4759-1-01	Public notice of rule adoption		04/11/18	04/19/18		07/11/18	09/25/18								rescinded To be
4759-1-02	Notice of board meeting		04/11/18	04/19/18		07/11/18	09/25/18								rescinded
	, ,														То Ве
4759-1-03	Personal information systems		04/11/18	04/19/18		07/11/18	09/25/18								rescinded
4750 2 04	Definitions		04/11/18	04/10/10		07/11/10	00/25/10								To be
4759-2-01	Definitions		04/11/18	04/19/18		07/11/18	09/25/18								rescinded To be
4759-3-01	Duties of Board members		04/11/18	04/19/18		07/11/18	09/25/18								rescinded
	Executive secretary/executive														To be
4759-3-02	director		04/11/18	04/19/18		07/11/18	09/25/18								rescinded
4759-3-03	Minutes of board meetings		04/11/18	04/19/18		07/11/18	09/25/18								To be rescinded
1733 3 63	immutes of board meetings		01/11/10	0 1/ 15/ 10		07/11/10	03/23/10								resemueu
	Cooperation and communication														To be
4759-3-04	with professional organizations		04/11/18	04/19/18		07/11/18	09/25/18								rescinded
4750 2 05	Ad to a construction		04/44/40	04/40/40		07/44/40	00/25/40								To be
4759-3-05	Advisory committees		04/11/18	04/19/18		07/11/18	09/25/18								rescinded To be
4759-3-06	Parliamentary procedures		04/11/18	04/19/18		07/11/18	09/25/18								rescinded
			/ /			/ /	/ /								To be
	Adjudication hearings Applications		04/11/18 04/11/18	04/19/18 04/19/18		07/11/18 07/11/18	09/25/18 09/25/18								rescinded
	Preprofessional experience		04/11/18			07/11/18									
	Examination			04/19/18			09/25/18								
			J ., 11, 10	0.,15,10		0.,11,10	55, 25, 10								To be
4759-4-05	Licensure by reciprocity														rescinded
4759-4-06	Status categories														To be rescinded
4/33-4-00	Julius Luleyones														To be
4759-4-07	Failure to maintain licensure										<u> </u>	<u> </u>			rescinded
4759-4-08	Limited permit		04/11/18	04/19/18		07/11/18	09/25/18								
4759-4-09	License certificates and permits		04/11/18	04/19/18		07/11/18	09/25/18								

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4759-4-10	Prorated initial license fee														To be rescinded
4759-4-11	Criminal records check		04/11/18	04/19/18		07/11/18	04/23/19								To be rescinded
4750 4 40	Consideration of military experience, education, training			3/22/19											
4759-4-12	and term of service Temporary license for military		04/11/18	4/19/18 3/22/19		07/11/18	09/25/18								
4759-4-13	spouse		04/11/18			07/11/18	09/25/18								
4759-5-01	Supervision of persons claiming exemption		04/11/18	04/19/18		07/11/18	09/25/18								
4759-5-02	Student practice exemption		04/11/18	04/19/18		07/11/18	09/25/18								
4759-5-03	Plan of treatment exemption		04/11/18	04/19/18		07/11/18	09/25/18								
4759-5-04	Additional nutritional activities exemption		04/11/18	04/19/18		07/11/18	09/25/18								
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Distribution of literature		0 1/ 11/ 10	0 ./ 15/ 10		07/11/10	03/23/23								
4759-5-05	exemption Weight control program		04/11/18	04/19/18		07/11/18	09/25/18								
4759-5-06	exemption		04/11/18	04/19/18		07/11/18	09/25/18								
4759-6-01	Standards of practice innutrition care		04/11/18	04/19/18		07/11/18	09/25/18								
4759-6-02	Standards of professional performance		04/11/18	04/19/18		07/11/18	09/25/18								
4759-6-03	Interpretation of standards		04/11/18	04/19/18		07/11/18	09/25/18								
4759-7-01	Filing of complaints		04/11/18			07/11/18	09/25/18								To be rescinded
	Representatives; appearances communications; applicability		04/11/18			07/11/18									To be rescinded To be
4759-8-02	Filing Request for Hearing		04/11/18	04/19/18		07/11/18	09/25/18								rescinded
4759-8-03	Notice of hearings		04/11/18	04/19/18		07/11/18	09/25/18								To be rescinded
4759-8-04	Authority and duties of attorney hearing examiners		04/11/18	04/19/18		07/11/18	09/25/18								To be rescinded
4759-8-05	Consolidation		04/11/18	04/19/18		07/11/18	09/25/18								To be rescinded
4759-8-06	Intervention		04/11/18	04/19/18		07/11/18	09/25/18								To be rescinded
4759-8-07	Continuance of Hearing		04/11/18	04/19/18		07/11/18	09/25/18								To be rescinded
4759-8-08	Motions		04/11/18	04/19/18		07/11/18	09/25/18								To be rescinded
4759-8-09	Filing		04/11/18			07/11/18									To be rescinded
4759-8-10	Service on parties		04/11/18			07/11/18									To be rescinded
4759-8-11	Computation and Extension of Time		04/11/18	04/19/18		07/11/18	09/25/18								To be rescinded

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4759-8-12	Transcripts		04/11/18	04/19/18		07/11/18	09/25/18								To be rescinded
4759-8-13	Subpoenas for Purposes of Hearing		04/11/18			07/11/18	09/25/18								To be rescinded
4759-8-14	Mileage Reimbursement and Witness Fees		04/11/18	04/19/18		07/11/18	09/25/18								To be rescinded
4759-8-15	Reports and Recommendations		04/11/18	04/19/18		07/11/18	09/25/18								To be rescinded
4759-8-16	Exchange of Documents and Witness Lists		04/11/18	04/19/18		07/11/18	09/25/18								To be rescinded
4759-8-17	Pre-hearing conference		04/11/18	04/19/18		07/11/18	09/25/18								To be rescinded
4759-8-18	Requirements for pre-hearing exchange of information		04/11/18	04/19/18		07/11/18	09/25/18								To be rescinded
4759-8-19	Status conference		04/11/18	04/19/18		07/11/18	09/25/18								To be rescinded
4759-8-20	Depositions and transcripts of prior testimony		04/11/18	04/19/18		07/11/18	09/25/18								To be rescinded
4759-8-21	Prior action by the board		04/11/18	04/19/18		07/11/18	09/25/18								To be rescinded
4759-8-22	Stipulation of Facts		04/11/18	04/19/18		07/11/18	09/25/18								To be rescinded
4759-8-23	Witnesses		04/11/18	04/19/18		07/11/18	09/25/18								To be rescinded
4759-8-24	Conviction of a Crime		04/11/18	04/19/18		07/11/18	09/25/18								To be rescinded
4759-8-25	Rules of evidence		04/11/18	04/19/18		07/11/18	09/25/18								To be rescinded
4759-8-26	Broadcasting and Photographing Administrative Hearings		04/11/18	04/19/18		07/11/18	09/25/18								To be rescinded
4759-8-27	Sexual misconduct evidence		04/11/18	04/19/18		07/11/18	09/25/18								To be rescinded
4759-8-28	Reinstatement of license Settlements, Dismissals, and		04/11/18	04/19/18		07/11/18	09/25/18								To be rescinded
4759-8-29	Voluntary Surrenders		04/11/18	04/19/18		07/11/18	09/25/18								To be rescinded
4759-9-01	Severability		04/11/18	04/19/18		07/11/18	09/25/18								To be rescinded
4759-10-01	Definitions		04/11/18	04/19/18		07/11/18	09/25/18								To be rescinded
4759-10-02	Procedures for accessing confidential personal information		04/11/18	04/19/18		07/11/18	09/25/18								To be rescinded
4759-10-03	Valid reasons for accessing confidential personal information		04/11/18	04/19/18		07/11/18	09/25/18								To be rescinded
4759-10-04	Confidentiality Statutes		04/11/18	04/19/18		07/11/18	09/25/18								To be rescinded

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	Restricting & Logging access to confidential personal information in computerized personal information systems		04/11/18	04/19/18		07/11/18	09/25/18								To be rescinded
4759-11-01	Miscellaneous Provisions		04/11/18	04/19/18		07/11/18	09/25/18								rescinueu
	Public hearings on adoption, amendment, or rescission of		04/11/10	04/13/10		07/11/10	03/23/10							02/28/19	Received
	rules: methods of public notice Notice of board meetings													02/28/19	
	Board Organization									01/19/19				02/28/19	
	Personnel									01/19/19				02/28/19	
	Board Records		04/11/18	04/19/18		07/11/18	09/25/18			11/15/18	12/17/18			02/28/19	
	Personal information systems			· ·			· ·							02/28/19	
	Definition of terms		04/11/18	04/19/18		07/11/18	09/25/18			11/15/18	12/17/18			02/28/19	
4761-4-01	Approval of educational programs		04/11/18	04/19/18		07/11/18	09/25/18			11/15/18	12/17/18			02/28/19	02/28/24
	Monitoring of Ohio respiratory care educational programs									11/15/18	12/17/18			02/28/19	02/28/24
	Recognition of military educational programs for active duty military members and/or military veterans			03/22/19						11/15/18	no change				11/15/23
	Waiver of licensing requirements pursuant to division (B) of section 4761.04 or the Revised														
4761-5-01	Code		04/10/19	04/23/19											04/24/18
	Admission to the Ohio														
4761-5-02	credentialing examination		04/10/19	04/23/19											05/06/15
	License application procedure Non-resident practice of		04/10/19	04/23/19											
4761-5-05	respiratory care									01/19/19				02/28/19	Rescinded
4761-5-06	Respiratory care practice by polysomnographic technologists Criminal records check		04/10/19	04/23/19										02/28/19	12/31/17 Rescinded
	Limited permit application procedure		04/10/19	04/23/19											02/28/24
4761-7-01	Original license or permit, identification card or electronic license verification		04/11/18	04/19/18		07/11/18	09/25/18			11/15/18	12/17/18			02/28/19	02/28/24

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4761-7-03	Scope of respiratory care defined									11/15/18	no change				11/15/23
4761-7-04	Supervision		04/10/19	04/23/19						11/10/10	no onange				11/15/23
4761-7-05	Administration of medicines									11/15/18	no change				11/15/23
4761-8-01	Renewal of license or permits			03/22/19											08/15/18
	Licenses not in active practice			, ,						01/19/19				02/28/19	
	Defnition of respiratory care														
4761-9-01	continuing education		04/10/19	04/23/19											02/28/24
4761-9-02	Gemera; RCCE requirements and reporting mechanism			03/22/19											
4/61-9-02	Activities which do not meet the			03/22/19											
4761-9-03	Ohio RCCE requirements		04/11/18	04/19/18		07/11/18	09/25/18			11/15/18	12/17/18			02/28/19	02/28/24
	Ohio respiratory care law and					, ,	, ,			, ,	, , -			, ,	, ,
	professional ethics course														
4761-9-04	criteria		04/10/19												02/28/24
4761-9-05	Approved sources of RCCE		04/10/19	04/23/19											02/28/24
4761-9-07	Auditing for compliance with RCCE requirements		04/10/19	04/23/19											
4/61-9-07	RCCE requirements		04/10/19	04/23/19											
4761-10-01	Ethical and professional conduct		04/11/18	04/19/18		07/11/18	09/25/18			11/15/18	12/17/18			02/28/19	02/28/24
4761-10-02	Proper use of credentials									11/15/18	no change				11/15/23
4764 40 00	Providing information to the		0.4/4.0/4.0	04/00/40											
4761-10-03	Board		04/10/19	04/23/19											
4761-11-01	Filing of complaints									01/19/19				02/28/19	Rescinded
	Administrative procedure for refusal to issue or renew a license or permit, deny, suspend,														
4761-11-02	or revoke a certificate or license									01/19/19				02/28/19	Rescinded
	Board imposition of penalties									02/06/19	03/12/19		05/08/19	05/31/19	To be rescinded
4761-11-04	Representation; appearance; communication applicability													02/28/19	Rescinded
4761-11-05	Authority and duties of the board or hearing examiner													02/28/19	Rescinded
4761-11-06	Continuance of Hearing													02/28/19	Rescinded
4761-11-07	Filing									01/19/19				02/28/19	Rescinded
4761-11-08	Service													02/28/19	Rescinded
4761-11-09	Computation and Extension of Time													02/28/19	Rescinded

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4761-11-10	Motions													02/28/19	Rescinded
4761-11-11	Transcripts									01/19/19				02/28/19	Rescinded
4761-11-12	Subpoenas for Purposes of Hearing													02/28/19	Rescinded
4761-11-13	Mileage Reimbursement and Witness Fees									01/19/19				02/28/19	Rescinded
4761-11-14	Reports and Recommendations									01/19/19				02/28/19	Rescinded
4761-11-15	Exchange of Documents and Witness Lists													02/28/19	Rescinded
4761-11-16	Depositions and transcripts of prior testimony									01/19/19				02/28/19	Rescinded
4761-11-17	Witnesses													02/28/19	Rescinded
4761-11-18	Expert testimony									01/19/19				02/28/19	Rescinded
4761-11-19	Exhibits													02/28/19	Rescinded
4761-12-01	Initial application fee			03/22/19											
4761-12-02	Renewal fees									01/19/19				02/28/19	Rescinded
4761-12-03	Replacement of license or certificate													02/28/19	Rescinded
4761-13-01	Definitions for accessing confidential personal information									01/19/19				02/28/19	Rescinded
4761-13-02	Procedures for accessing confidential personal information									01/19/19				02/28/19	Rescinded
4761-13-03	Valid reasons for accessing confidential personal information									01/19/19				02/28/19	Rescinded
4761-13-04	Confidentiality Statutes									01/19/19				02/28/19	Rescinded
4761-13-05	Restricting & Logging access to confidential personal information in computerized personal information systems									01/19/19				02/28/19	Rescinded
4761-14-01	Accepting and storing hyperbaric technologist certifications													02/28/19	Rescinded
4761-15-01	Miscellaneous Provisions		04/11/18	04/19/18		07/11/18	09/25/18			11/15/18	12/17/18			02/28/19	02/28/24

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	Military Provisions Related to														
	Certificate to Practice														
	Acupuncture or Oriental		8/6/14				1/8/2015								
4762-1-01	Medicine		05/13/15	03/22/19			7/1/15			09/24/15	11/02/15		12/09/15	12/31/15	12/31/20
										10/20/16					
4774-1-01	Definitions			01/15/16			04/04/16			8/16/2016	09/19/16		12/14/16	12/31/16	12/31/21
	Application for Certificate to														11/31/202
4774-1-02	Practice			01/15/16			04/04/16			08/16/16	09/19/16		11/09/16	11/30/16	1
	Military Provisions related to														
	Certificate to Practice as a		8/6/14				1/8/2015								
4774-1-02.1	Radiologist Assistant		05/13/15	03/22/19			7/1/15						09/09/15	09/30/15	09/30/20
-			, -, -	, ,									, ,		
4774-1-03	Renewal of Certificate to Practice			01/15/16			04/04/16			08/16/16	09/19/16		11/09/16	11/30/16	11/30/21
	Miscellaneous Provisions			01/15/16			04/04/16			08/17/16	00, 00, 00				08/17/21
4774-2-01	Definitions			01/15/16			04/23/19			00/11/10					08/17/21
4774-2-02	Criminal Records Checks			01/15/16			04/23/19								11/30/21
4778-1-01	Definition			04/19/18			08/24/18			01/24/19					01/29/19
				0 1/ =0/ =0			55/= 1/=5			4/10/19					0 = 7 = 0
4778-1-02	Application			04/19/18			08/24/18			1/24/19			04/10/19	04/30/19	04/30/24
	Military Provisions related to		4/11/18	0 1, 20, 20			8/24/18			_,,			0 1/ 20/ 20	0 1,00,00	0 1,00,01
	Certificate to Practice as a			3/22/19			1/8/2015			4/10/19					
4778-1-02.1	Genetic Counselor			4/19/18			7/1/15			1/24/19			04/10/19	04/30/19	04/30/24
	Special Activity License		03/13/13	04/19/18			08/24/18			01/24/19			01/10/13	0 1/30/13	01/29/19
	opedian receivey Election			0 1/ 25/ 25			00/2:/10			4/10/19					01/20/10
4778-1-05	Collaboration Agreement		04/11/18	04/19/18			08/24/18			1/24/19			04/10/19	04/30/19	04/30/24
1770 1 03	condoration rigidement		01/11/10	01/15/10			00/21/10			4/10/19			01/10/13	0 1/30/13	01/30/21
4778-1-06	Miscellaneous Provisions		04/11/18	04/19/18			08/24/18			1/24/19			04/10/19	04/30/19	04/30/24
4778-1-00	IVIISCEIIAITEOUS I TOVISIONS		04/11/10	04/13/10			00/24/10			1/24/13			04/10/13	04/30/13	04/30/24
4778-2-01	Definitions		04/11/18	04/19/18			04/23/19			4/10/19 1/24/19			04/10/19	04/30/19	04/30/24
.,,0201	2		0 1/ 11/ 10	0 ., 13, 10			0 1, 20, 25			4/10/19			0 1, 10, 13	0 1/00/25	0 1,00, 2 1
4778-2-02	Criminal Records Check			04/19/18			04/23/19			1/24/19			04/10/19	04/30/19	04/30/24
1770 2 02	Criminal Records Circux			01/15/10			0 1/23/13			1/2 1/13			01/10/13	0 1/30/13	01/30/21
DRAFT	Misbranded Drugs														
	what had been known as NBPME Parts I, II, and III will now be designated as the American Podiatric Medical Licensing Examination (APMLE) Parts I, II, and III														

Revised Code Section	Explain Issue	Proposed Resolution			
		Removing the six vote requirement and establishing internal management rules- pharmacy			
4731.14(B)	Licensure approval	board for reference			
	Not all license types have the type of language found in 4731.222 for initial issuance and/or	Need to add initial and/or restoration fitness to practice language for ACU, OM, AA, RA, PA,			
	restoration a license. Also, Statute makes all restorations subject to 4731.222. Really only	LD, RCP, GC. Also language should combine initial and restoration two year clinical practice.			
	concerned about individuals who may not have been practicing at all while Ohio license has	I.e. "An applicant seeking issuance of a license or certificate, or restoration of a license or			
	been expired. Also should make clear that the two years is immediately preceding date of	certificatewho for more than two years, immediately preceding the date of application			
4731.222 and various others	application	has not been engaged"			
	Expedited statute needs clarification and/or review of requirements including malpractice				
4731.299	claim limitation language	Amend statute accordingly once eligibility requirements are reviewed.			
	Currently a 100 hour requirement. By rule, 60 hours can be category 2. Category 2	Change the statutory requirement to 50 hours. Note that the requirement for the hours to			
4731.282 and corresponding section in	continuing education requirements are difficult to audit. Physicians are also doing more	be all category 1 can be set out in statute or done by rule. Volunteer statute needs to be			
regards to CME credit for volunteering	than the required category one requirement to maintain certification	changed so that 1/3 of hours can't be fulfilled by volunteering			
4731.04 and 4731.291	Statute is not clear that an accredited clincal fellowhip is acceptable GME	Add clinical fellowhip to 4731.04(C)(1) and 4731.291(A)(2)(a)			
4731.19(A)(3)c)	Not clear if license must have been held for five years immediately preceding application	Add clarifying language			
		Eliminate specific CME requirements and require maintenance of certification (which			
4730.14, possibly 4730.49	PA CME requirement not aligned with PA certification requirements	requires CME in order to do so). Similar language to that of 4774.06 as applicable to RAs			
	Now that paper based renewal has been eliminated, both staggered and date-certain	Eliminate specific schedule of renewal. Licenses/permits are good for for one or two years,			
Various	renewal is unnecessary.	as applicable, from date of issuance			
Various	Need to update all license types from "certificate" to "license"				
4731.292	Limited Certificates	Rescind the ORC			
4731.291	Training Certificates	Add a 30 day late period for Training certificates accompanied by 50.00 late fee			
		Removes the supervising physician's ability to limit the PA's personally furnishing of drug			
		samples. It gives the PA free reign to personally furnish packaged samples that are not			
4730.43	PA personally furnished samples	controlled substances.			
		Amend Section 4730.02(H) to read similar to that of Section 4730.04. Section 4730.04			
		authorizes a PA to provide care in Ohio in an emergency or disaster without the			
		participation of the supervising physician. Instead, the PA practices under the supervision			
		of the medical director of the emergency or disaster. If similar language were added to			
		Section 4730.02(H), the medical director would determine the scope of practice of the PA,			
		and the PA could render services that are within the normal course of practice and			
4731.02(H)	PA volunteer work	expertise of the medical director at the emergency or disaster site.			
7752.02(11)	Triviance work	expense of the medical director at the emergency of disaster site.			
		Include the option of a civil penalty as an alternative to discipline for failure to timely			
4761.06	Respiratory Care CME	complete continuing education. Explore options of allowing for all CME statutes.			
7701.00	Incopriatory care civic	Use similar language for CME audit to provide for a non-disciplinary, administrative			
4730.19	Fining for supervision agreement violations must be pursuant to a 119 proceeding	resolution process for supervision agreement violations			
4730.19	Trining for supervision agreement violations must be pursuant to a 113 broceeding	resolution process for supervision agreement violations			

Revised Code Section	Explain Issue	Proposed Resolution	
4730.11, 4730.15	Eligibility requirements for physician assistant certificates and physician -delegated prescription authority	The individual meets the requirements specified in division (C)(1) or (3) of section 4730.11 of the Revised Code and had prescriptive authority while practicing as a physician assistant in another jurisdiction, at a health care facility or clinic operated by the United States department of veterans affairs or any of the armed forces of the United States, in any of the armed forces of the United States or the national guard of any state, or in the United States public health service commissioned corps.	
4730.111 4731.061	Duty to inform Board of PA change in certification status Teleconference committee meetings	A) A physician assistant whose certification by the national commission on certification of physician assistants or a successor organization recognized by the state medical board is suspended or revoked as a result of a disciplinary proceeding shall immediately cease practice and shall give notice of that occurrence to the board not later than fourteen days after the physician assistant receives notice of the change in certification status. A physician assistant may not resume practice until certification has been regained.	
4731.061	Teleconference committee meetings	Amend the statute to allow for teleconference of committee meetings	
4731.511	DPM Hyperbaric Training	Include the American College of Hyperbaric Medicine in the approved training courses	



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<u>M E M O R A N D U M</u>

TO: Policy Committee

FROM: Joe Turek, Deputy Director

DATE: May 9, 2019

RE: Physician Assistant Loss of Certification

Staff from various departments of the Board recently discussed the law surrounding the ramifications a physician assistant losing certification from the NCCPA, and how the board has previously dealt with such matters. We determined that there are inconsistencies in the law (i.e. there is nothing in the statute that prohibits a physician assistant to continue practicing, yet a physician assistant may be disciplined for losing certification), and questions of policy concerning the circumstances under which a physician assistant who loses certification should be subject to discipline.

In May, licensure committee discussed this matter and considered legislative language that, conceptually, would differentiate between PAs who lost certification due to discipline and those who lost certification due to failure to recertify or renew. Licensure committee was in favor of pursuing a statutory amendment to further clarify the law. The only revision to the proposed language is in paragraph (B) where the timeframe for recertification has been changed from 90 days to 120 days to reflect the NCCPA's rule that the recertification exam may be taken once every 90 days.

The proposed statutory language is attached for your review.

Motion by the Committee to:

"Move to approve that the board staff pursue legislative amendments to Ohio law related to loss of certification by physician assistants."

4730.111 Duty to inform board of change in certification status.

- (A) A physician assistant whose certification by the national commission on certification of physician assistants or a successor organization recognized by the state medical board is suspended or revoked as a result of a disciplinary proceeding shall immediately cease practice and shall give notice of that occurrence to the board not later than fourteen days after the physician assistant receives notice of the change in certification status. A physician assistant may not resume practice until certification has been regained.
- (B) A physician assistant whose certification lapses due to failures to recertify, or failure to renew the certification, and who does not regain certification within one hundred twenty days of expiration, must immediately cease practice, and shall not resume practice until certification has been regained shall notify the board not later than fourteen days after the certification expires.

4730.25 Disciplinary actions.

(27) Having certification by the national commission on certification of physician assistants or a successor organization expire, lapse, or be suspended or revoked; or violating the provisions of section 4730.111 of the Revised Code;



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MEMORANDUM

TO: Amol Soin, M.D., Chair, Policy Committee

Members, Policy Committee

FROM: Sallie Debolt, Senior Counsel

RE: Rule 4731-13-13

DATE: May 28, 2019

Rule 4731-13-13, Ohio Administrative Code, sets the timeframe for filing a subpoena requesting the production of books, records and papers (subpoenas duces tecum) for the purpose of an administrative hearing. The rule is proposed to be amended at paragraph (B) to clarify the filing deadline. The proposed amended rule is attached to this memo.

At the May 8, 2019 meeting the Policy Committee approved that proposed amended Rule 4731-13-13 be sent to interested parties for initial comment. No comments were received on the proposed amended rule.

The rule is now ready for submission to the Common Sense Initiative Office for its review.

REQUESTED ACTION: Please recommend that the Medical Board approve the proposed amended rule to be filed with the Common Sense Initiative Office.

4731-13-13 Subpoenas for purposes of hearing.

- (A) Upon written request, the board shall issue subpoenas for purposes of hearing to compel the attendance and testimony of witnesses and production of books, records and papers. Each subpoena shall indicate on whose behalf the witness is required to testify. Copies of such subpoenas shall be issued to each representative of record.
- (B) For purposes of a hearing conducted pursuant to Chapter 119. of the Revised Code, subpoena requests shall specify the name and address of the individual to be served and the date and time at which the individual is to appear. With respect to the production of books, records and papers, such request may net specify a date of compliance not more less than fourteen days prior to hearing.
- (C) Except upon leave of the board or its hearing examiner, subpoena requests are to be filed with the board as provided in rule 4731-13-08 of the Administrative Code at least twenty-one days in advance of the requested date of compliance in order to allow sufficient time for preparation and service of the subpoenas.
- (D) In the event that the number of subpoenas requested appears to be unreasonable, the board or its hearing examiner may require a showing of necessity therefore and, in the absence of such showing, may limit the number of subpoenas. Absent such a limitation, subpoenas shall be issued within seven days of request. Failure to issue subpoenas within this time may constitute sufficient grounds for the granting of a continuance.
- (E) After the hearing has commenced the hearing examiner may order the issuance of subpoenas for purposes of hearing to compel the attendance and testimony of witnesses and production of books, records and papers. Copies of such subpoenas shall be issued to each representative of record.
- (F) Upon motion and for good cause, the hearing examiner may order any subpoena be quashed. Motions to quash shall be made in the manner provided in rules 4731-13-07 and 4731-13-08 of the Administrative Code, except that motions to quash shall be filed at least seven days prior to the date of compliance. The non-moving party may file a response no later than five days after service of the motion to quash or at least one day prior to the date of compliance whichever is earlier. Unless a motion to quash has been granted, a witness shall attend the hearing to which he or she was subpoenaed. The board shall make a reasonable attempt to contact any witness whose subpoena has been quashed.
- (G) Witnesses shall not be subpoenaed to prehearing conferences.



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MEMORANDUM

TO: Amol Soin, M.D., Chair

Members, Policy Committee

FROM: Sallie Debolt, Senior Counsel

RE: Proposed amendment and rescission of physician assistant rules

DATE: May 24, 2019

The proposed changes to the physician assistant rules to reflect statutory changes enacted in Senate Bill 259 were circulated to interested parties. Only one comment was received, which was in support of the changes. This memo seeks approval to file the proposed rules with the Common Sense Initiative Office. The comment received and the proposed rules are attached to this memo for your review. In summary:

4730-1-01: Definitions – No changes proposed

4730-1-05: Quality assurance system – No changes proposed

4730-1-06: Licensure as a physician assistant – Proposed to be amended

(A): Amended to reflect on-line submission of applications.

(C)(4): Amended to reflect that the criminal records check procedure will be under the rules in Chapter 4731-4, ORC.

(F): Amended to conform to language used for physician applications

(G): Deleted as not consistent with new statutory language.

(H)(3): Typo is corrected

(J): Deleted because it is being moved to rule 4731-36-02.

4730-1-06.1: Military provisions related to certificate to practice as a physician assistant – Proposed to be rescinded as military provisions for all licensees will be in Chapter 4731-36.

4730-1-07: Miscellaneous provisions – Proposed to be amended

Amended to add Chapter 4731-4 (criminal records check procedures) and Chapter 4731-23 (delegation to unlicensed persons) and to delete Chapter 4731-21. With these amendments the following rules in Chapter 4731, Ohio Administrative Code, will be applicable to physician assistants:

Chapter 4731-4: Criminal records check requirements

Chapter 4731-11: Controlled substances

Chapter 4731-13: Hearings

Chapter 4731-14: Pronouncement of death Chapter 4731-16: Impaired practitioners

Chapter 4731-17: Exposure-prone Invasive procedure precautions

Chapter 4731-18: Surgery standards

Chapter 4371-23: Delegation of medical tasks

Chapter 4731-25: Office based surgery

Chapter 4731-26: Sexual misconduct and impropriety

Chapter 4731-28: Mental or physical impairment

Chapter 4731-29: Pain management clinics

Chapter 4731-36: Military provisions related to licensure requirements and

processes

4730-1-08: Physician assistant delegation of medical tasks and administration of drugs – Proposed to be rescinded.

The rule is proposed to be rescinded because the specific authority to adopt it was repealed in S.B. 259. However, a physician assistant's delegation to unlicensed persons will be under the rules in Chapter 4731-23 (see rule 4730-1-07) since a physician assistant's practice must be consistent with the supervising physician's normal course of practice.

- **4730-2-01:** Definitions No changes proposed
- **4730-2-04**: Period of on-site supervision of physician-delegated prescriptive authority Proposed to be amended by correcting typos
- **4730-2-05**: Addition of valid prescriber number after initial licensure Proposed to be amended
 - (A) The word "valid" is deleted as the term is now "prescriber number."
 - (B)(2): Statutory reference is updated.
- **4730-2-06**: Physician assistant formulary Proposed to be rescinded
- **4730-2-07**: Standards for prescribing Proposed to be amended

The phrase "current valid" is deleted throughout.

- (A)(1) References to the formulary are deleted
- (A)(3) Reference to rules in Chapter 4730-4 is added (MAT rules, effective April 30, 2019)
- **4730-2-10**: Standards and procedures for review of "Ohio Automated Rx Reporting System" (OARRS) Proposed to be amended
 - (A)(4) Reference to the Pharmacy Board rule is updated to the current rule.
- **4730-3-01**: Definitions Proposed to be rescinded as criminal records check requirements will be under Chapter 4731-4.
- **4730-3-02**: Criminal records checks Proposed to be rescinded as criminal records check requirements will be under Chapter 4731-4.

REQUESTED ACTION: Recommend that the Medical Board approve the proposed rules for filing with the Common Sense Initiative Office.

Those this email finds you well. I am a certified, licensed, practicing PA in the state of Ohio and I'm responding to the recent email from the State Board in support of the proposed revisions to OH PA State Law. Please note my support of the proposed revisions, specifically in support of the proposed recicined PA formulary. I thank you in advance for your time!

Matthew D. Hastings, MSPAS, PA-C, FAAPA, FSDPA, FPDPA
Immediate Past Vice President of the Pennsylvania Society of Dermatology Physician Assistants 2010-2018

Sent from my iPhone

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Other Questions: (614) 686-3627

4730-1-01 Definitions. NO CHANGES PROPOSED

- (A) For purposes of Chapter 4730. of the Administrative Code:
- (1) "On-site supervision" means the supervising physician is required to be physically present in the same location as the physician assistant, but does not require the supervising physician's physical presence in the same room.
- (2) "Health care facility" means either of the following:
- (a) A hospital registered with the department of health under section 3701.07 of the Revised Code;
- (b) A health care facility licensed by the department of health under section 3702.30 of the Revised Code.
- (3) "Office-based practice" means medical practice in a location other than a health care facility.
- (4) "Service" means a medical function, task, or activity which requires training in the diagnosis, treatment or prevention of disease, including the use and administration of drugs.
- (5) "Board" means the state medical board of Ohio.
- (6) "Local anesthesia" means the injection of a drug or combination of drugs to stop or prevent a painful sensation in a circumscribed area of the body where a painful procedure is to be performed, and is limited to local infiltration anesthesia, digital blocks, and pudendal blocks. Local anesthesia does not include regional anesthesia or any systemic sedation.
- (7) "Medical order" means one or more diagnostic or treatment directives generated by a physician or physician assistant that commands the execution of specific activities to be performed or delivered as part of a diagnostic or therapeutic regimen of a patient.
- (8) "CME" means continuing medical education.
- (9) "Licensure period" means the period between granting of the initial or renewed license and the next scheduled renewal date for the license.
- (B) For purposes of Chapter 4730. of the Revised Code: "Being readily available to the physician assistant through some means of telecommunication and in a location that is a distance from the location where the physician assistant is practicing that reasonably allows the physician to assure proper care of patients" as used in section 4730.21 of the Revised Code means the physician is available to the physician assistant for direct communication via telephone or other real-time electronic, active communication.

4730-1-05 Quality assurance system. NO CHANGES PROPOSED

- (A) A quality assurance system shall be developed to assess the physician assistant's performance.
- (B) The quality assurance system shall describe the process to be used for all of the following:

- (1) Review by the physician of selected patient record entries made by the physician assistant and selected medical orders issued by the physician assistant, to include, at a minimum, all of the following:
- (a) Assessment of the medical history and physical examination documented in the record;
- (b) Assessment of the appropriateness of the diagnosis and treatment plan based on the medical history and physical examination documented in the record;
- (c) Feedback to the physician assistant concerning appropriateness of the physician assistant's prescriptive decisions; and
- (d) Assessment of whether the physician assistant is practicing according to the supervisory plan or the policies of the health care facility, as applicable.
- (2) Discussion of complex cases;
- (3) Discussion of new medical developments relevant to the practice of the physician and physician assistant, including new pharmaceuticals;
- (4) Performance of any other quality assurance activities that the supervising physician considers to be appropriate.
- (C) The quality assurance assessment shall be conducted at least twice per year during the first year of a physician assistant's practice and at least once per year thereafter.
- (D) Each supervising physician and physician assistant shall keep records of their quality assurance activities for at least seven years, and shall make the records available to the board and any health care professional working with the supervising physician and physician assistant.
- (E) The quality assurance system developed pursuant to this rule shall not preclude a health care facility or other entity in which physician assistants practice from conducting quality assurance activities involving the assessment of physician assistant performance.
- (F) This provision allows, and does not preclude, multiple supervising physicians to assign the quality assurance process to one supervising physician.

4730-1-06 Licensure as a physician assistant. TO BE AMENDED

- (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 <u>4730.10</u> 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 $\frac{4731-6-35}{4731-36-03}$ 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) A physician assistant license must be renewed in the manner and according to the requirements of section 4730.14 of the Revised Code.
- $(\frac{1}{H})$ 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 unisured 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.
- $(\frac{J}{L})$ 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) of the rule;
- (2) Except as provided in paragraph (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<u>J</u>) 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.

4730-1-06.1 Military provisions related to certificate to practice as a physician assistant. TO BE RESCINDED

- (A) Definitions
- (1) "Armed forces" means any of the following:
- (a) The armed forces of the United States, including the army, navy, air force, marine corps, and coast guard;
- (b) A reserve component of the armed forces listed in paragraph (A)(1)(a) of this rule;
- (c) The national guard, including the Ohio national guard or the national guard of any other state;
- (d) The commissioned corps of the United States public health service;
- (e) The merchant marine service during wartime;
- (f) Such other service as may be designated by Congress; or
- (g) The Ohio organized militia when engaged in full-time national guard duty for a period of more than thirty days.
- (2) "Board" means the state medical board of Ohio.
- (B) Education and service for eligibility for licensure.

In accordance with section 5903.03 of the Revised Code, the following military programs of training, military primary specialties, and lengths of service are substantially equivalent to or exceed the educational and experience requirements for licensure as a physician assistant and for the certificate to prescribe:

- (1) An individual serving in a military primary specialty listed in paragraph (B)(2) of this rule must be a graduate of a physician assistant education program approved by the accreditation review commission on education for the physician assistant.
- (2) Service in one of the following military primary specialties for at least three consecutive years while on active duty, with evidence of service under honorable conditions, including any experience attained while practicing as a physician assistant at a health care facility or clinic operated by the United States department of veterans affairs, may be substituted for a master's degree for eligibility for a license to practice as a physician assistant and for a certificate to prescribe, pursuant to sections 4730.11 and 4730.44 of the Revised Code:
- (a) Army: MOS 65D;

- (b) Navy: NOBC 0113;
- (c) Air force: AFSC 42G;
- (d) The national guard of Ohio or any state;
- (e) Marine: Physician assistant services are provided by Navy personnel;
- (f) Coast guard;
- (g) Public health service.
- (C) Renewal of an expired license without a late free or re-examination.
- (1) An expired license to practice as a physician assistant shall be renewed upon payment of the biennial renewal fee provided in section 4730.14 of the Revised Code and without a late fee or reexamination if the holder meets all of the following three requirements:
- (a) The licensee is not otherwise disqualified from renewal because of mental or physical disability;
- (b) The licensee meets the requirements for renewal under section 4730.14 of the Revised Code;
- (c) Either of the following situations applies:
- (i) The license was not renewed because of the licensee's service in the armed forces, or
- (ii) The license was not renewed because the licensee's spouse served in the armed forces, and the service resulted in the licensee's absence from this state.
- (d) The licensee or the licensee's spouse, whichever is applicable, has presented satisfactory evidence of the service member's discharge under honorable conditions or release under honorable conditions from active duty or national guard duty within six months after the discharge or release.
- (2) Pursuant to section 4730.48 of the Revised Code, a certificate to prescribe expires on the same date as the physician assistant's license to practice as a physician assistant. There is no late fee or examination requirement for late renewal.
- (D) Continuing education.
- (1) Extension of the continuing education period for the licensure to practice as a physician assistant or for the certificate to prescribe:
- (a) The holder of a physician assistant license or certificate to prescribe may apply for an extension of the current continuing education reporting period in the manner provided in section 5903.12 of the Revised Code by submitting both of the following:
- (i) A statement that the licensee has served on active duty, whether inside or outside of the United States, for a period in excess of thirty-one days during the current continuing education reporting period.
- (ii) Proper documentation certifying the active duty service and the length of that active duty service.

- (b) Upon receiving the application and proper documentation, the board shall extend the current continuing education reporting period by an amount of time equal to the total number of months that the licensee spent on active duty during the current continuing education reporting period. Any portion of a month served shall be considered one full month.
- (2) The board shall consider relevant education, training, or service completed by a licensee as a member of the armed forces in determining whether a licensee has met the continuing education requirements needed to renew the license or the certificate to prescribe.

4730-1-07 Miscellaneous provisions. TO BE RESCINDED

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 <u>4731-4</u>, 4731-11, 4731-13, 4731-14, 4731-15, 4731-16, 4731-17, 4731-18, <u>4731-21</u>, <u>4731-23</u>, 4731-25, 4731-26, 4731-28, and 4731-29, and <u>4731-36</u> 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.

<u>4730-1-08 Physician assistant delegation of medical tasks and administration of drugs.</u> TO BE RESCINDED

- (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 $\underline{4730.39}$ 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.

Chapter 4730-2 Physician-Delegated Prescriptive Authority

4730-2-01 Definitions. NO CHANGES PROPOSED

As used in Chapter 4730-2 of the Administrative Code:

- (A) "ARC-PA" means the "Accreditation Review Commission on Education for the Physician Assistant."
- (B) "CHEA" means the "Council for Higher Education Accreditation."
- (C) "AAPA" means the "American Academy of Physician Assistants."
- (D) "NCCPA" means the "National Commission on Certification for Physician Assistants."
- (E) "CME" means continuing medical education.
- (F) "ACCME" means the "Accreditation Council for Continuing Medical Education."
- (G) "Contact hour" means a minimum of fifty minutes of education.
- (H) "Licensure registration period" means the period between granting of the initial or renewed license and the next scheduled renewal date for the license.
- (I) "Board" means the state medical board of Ohio.

4730-2-04 Period of on-site supervision of physician-delegated prescriptive authority. TO BE AMENDED to correct typos

- (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 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.

4730-2-05 Addition of valid prescriber number after initial licensure. TO BE AMENDED

- (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;

4730-2-06 Physician assistant formulary. TO BE RESCINDED

- (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 <u>4730.44</u> 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 Parmacopoeia," 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.

4730-2-07 Standards for prescribing. TO BE RESCINDED

(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, <u>4730-4</u>, <u>and 4731-11</u>, 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.

4730-2-10 Standards and procedures for review of "Ohio Automated Rx Reporting System" (OARRS). TO BE AMENDED

- (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 $\frac{4729-37-02}{4729:8-2-01}$ 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;
- (I) 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.

Chapter 4730-3 Criminal Records Checks PROPSED TO BE RESCINDED (Will be covered under Chapter 4731-4)

4730-3-01 Definitions.

- (A) "Applicant for an license" means a person seeking an initial license to practice as a physician assistant pursuant to Chapter 4730. of the Revised Code.
- (B) "Applicant for a restored license" includes a person seeking restoration of a license to practice pursuant to Chapter 4730. of the Revised Code.
- (C) "Criminal records check" has the same meaning as in division (E) of section $\underline{109.572}$ of the Revised Code.
- (D) "BCI" means the "Ohio Bureau of Criminal Identification and Investigation."
- (E) "FBI" mean the "Federal Bureau of Investigation."

4730-3-02 Criminal records checks.

- (A) An applicant for an initial license or for a restored license pursuant to Chapter 4730. of the Revised Code, shall submit fingerprints, required forms, and required fees to BCI for completion of BCI and FBI criminal records checks.
- (1) An applicant who is present in Ohio shall use the services of an entity that has been designated by the Ohio attorney general to participate in the "National WebCheck" program (available at http://www.ohioattorneygeneral.gov/) pay any processing fee charged by the entity, and cause the entity to submit both of the following to BCI, with the "State Medical Board of Ohio" designated to receive the results:
- (a) The applicant's electronic fingerprints; and
- (b) The applicant's payment of fees for the BCI and FBI criminal records checks.
- (2) An applicant who resides in a state or jurisdiction other than Ohio shall either appear in Ohio in order to comply with the requirements of paragraph (A)(1) of this rule or request that the board send the forms required for the criminal records checks to the applicant's address.

Upon receipt of the forms, the applicant shall have their fingerprints processed, pay any processing fees charged by the entity and cause the entity to submit to BCI all of the following, with the "State Medical Board of Ohio" designated to receive the results:

- (a) A fingerprint card bearing the prints of the applicant's ten fingers;
- (b) The applicant's completed request for exemption from the electronic fingerprint submission requirement; and
- (c) The applicant's payment of fees for BCI and FBI criminal records checks.

- (B) The board shall maintain the criminal records check reports in a manner that ensures the confidentiality of the results, prevents disclosure pursuant to a public records request, and complies with applicable state and federal requirements.
- (C) The board shall not accept the results of a criminal records check submitted by an entity other than BCI.
- (D) In reviewing the results of criminal records checks to determine whether the applicant should be granted an initial or restored certificate to practice, the board may consider all of the following:
- (1) The nature and seriousness of the crime;
- (2) The extent of the applicant's past criminal activity;
- (3) The age of the applicant when the crime was committed;
- (4) The amount of time that has elapsed since the applicant's last criminal activity;
- (5) The conduct and work activity of the applicant before and after the criminal activity;
- (6) Whether the applicant has completed the terms of any probation or deferred adjudication;
- (7) Evidence of the applicant's rehabilitation;
- (8) Whether the applicant fully disclosed the arrest or conviction to the board; and
- (9) Any other factors the board considers relevant.



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MEMORANDUM

TO: Amol Soin, M.D., Chair, Policy Committee

Members, Policy Committee

FROM: Nathan T. Smith, Senior Legal and Policy Counsel

DATE: June 6, 2019

RE: Proposed Ohio Administrative Code rules related to licensure, renewal and continuing

education for military service members

The attached proposed Ohio Administrative Code ("OAC") rules update and consolidate the Medical Board's current military rules which carry out the requirements of Ohio Revised Code sections 5903.03, 5903.04, 5903.10, 5903.12, and 5903.121 for occupational licensure, renewal of licensure, expedited processing of license applications, and continuing education.

Provisions from fourteen (14) different rules in seven (7) OAC chapters are proposed to be consolidated into three (3) rules in one OAC chapter. The following proposed new rules consistently apply the above referenced laws to all Medical Board license types:

4731-36-01 Military Provisions Related to Education and Experience Requirements for Licensure 4731-36-02 Military Provisions Related to Renewal of License and Continuing Education 4731-36-03 Processing applications from service members, veterans, or spouses of service members or veterans.

Also, the following rules are proposed to be rescinded so that the above listed proposed Chapter 4731-36 rules will constitute the Board's military rules for all licenses:

4730-1-06.1 Military provisions related to certificate to practice as a physician assistant 4731-1-25 Determination of equivalent military education for cosmetic therapy or massage

therapy.

4731-6-35 Processing applications from service members, veterans, or spouses of service members or veterans.

4731-24-05 Military provisions related to certificate to practice as an anesthesiologist assistant.

4759-4-12 Consideration of military experience, education, training and term of service.

4759-4-13 Temporary license for military spouse

4761-4-03 Recognition of military educational programs for active duty military members and/or military veterans

4761-12-01 Initial application fee

4762-1-01 Military provisions related to certificate to practice acupuncture or oriental medicine.

4774-1-02.1 Military provisions related to certificate to practice as a radiologist assistant.

4778-1-02.1 Military provisions related to certificate to practice as a genetic counselor.

Lastly, the following rules are proposed to be amended to remove existing military provisions. Among these amended rules, rules 4761-8-01 and 4761-9-02 have additional respiratory care licensure and continuing education changes requested by the Board's Licensure department for consistency with Medical Board processes and statutory changes in these areas:

4730-1-06 Licensure as a physician assistant 4761-8-01 Renewal of license or permits 4761-9-02 General RCCE requirements and reporting mechanism

Initial Circulation

On March 22, 2019, Medical Board staff posted the proposed rules on the Medical Board website and circulated the rules to interested parties. Subsequently, on March 25, 2019, the proposed rules were distributed via email to all Medical Board licensees. In addition, the Dietetics Advisory Council (on April 9, 2019) and the Respiratory Care Advisory Council (on May 7, 2019) reviewed the rules relevant to each council and recommended Medical Board approval for filing of the relevant proposed rules with CSI.

The comment period for interested parties and licensees remained open for three (3) weeks until April 12, 2019. The Medical Board received twenty-five (25) comments. Eight (8) of these comments supported the proposed rules. Several comments did not address the proposed rules substantively and offered commentary on other issues. Two other comments did not favor any changes to the current rules.

The Ohio Society for Respiratory Care expressed support for the proposed military rule changes and the continuing education changes in proposed rule 4761-9-02. As to the provisions relating to respiratory care licensure in proposed rule 4761-8-01, OSRC suggested adding language to specify what exam should be given in the event the Board ordered re-examination as a term or condition of restoration. While paragraph (D) of this rule references restoration, it focuses on the application process for reinstatement and restoration rather than the terms and conditions the Board can order. Accordingly, this change was not made as this is not the appropriate rule.

Two additional comments suggested that the rules did not go far enough in recognizing the contributions of veterans and national guard or reserve units of the military. The proposed rules accurately apply the Ohio Revised Code requirements for occupational licensing of service members, veterans, and spouses. Therefore, no changes were made in response to these comments.

Proposed Changes

The remaining relevant comments included five (5) comments that suggested explicitly recognizing the military medical school and/or military graduate medical education programs in proposed rule 4731-36-02(B)(3) for doctors. The rule as currently proposed states:

(3) For purposes of section 5903.03 of the Revised Code, the board has determined that there are no military programs of training, military primary specialties, or lengths of service that are substantially equivalent to or that exceed the educational and experience requirements for licensure to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery.

The comments suggested that the wording was confusing and that a more explicit inclusion of accredited military medical schools and accredited military graduate medical education is necessary for clarification. The following change is proposed for rule 4731-36-02(B)(3), (4):

(3) For purposes of section 5903.03 of the Revised Code, the board has determined that:

- (a) A diploma from a military medical school or military osteopathic medical school that at the time the diploma was issued was a medical school accredited by the liaison committee on medical education or an osteopathic medical school accredited by the American osteopathic association are substantially equivalent to the medical educational requirement for licensure to practice medicine and surgery or osteopathic medicine and surgery;
- (b) Military graduate medical education that is accredited by the Accreditation Council for Graduate Medical Education is substantially equivalent to the graduate medical educational requirement for licensure to practice medicine and surgery or osteopathic medicine and surgery; and
- (c) There are no military primary specialties or lengths of service that are substantially equivalent to or that exceed the educational and experience requirements for licensure to practice medicine and surgery or osteopathic medicine and surgery.

(4) For purposes of section 5903.03 of the Revised Code, the board has determined that:

- (a) A degree from a military college of podiatric medicine and surgery that at the time the degree was granted was a college of podiatric medicine and surgery accredited by the Council on Podiatric Medical Education is substantially equivalent to the medical educational requirement for licensure to practice podiatric medicine and surgery;
- (b) Military postgraduate training in a podiatric internship, residency, or clinical fellowship program accredited by the Council on Podiatric Medicine is substantially equivalent to the graduate medical educational requirement for licensure to practice podiatric medicine and surgery; and
- (c) There are no military primary specialties or lengths of service that are substantially equivalent to or that exceed the educational and experience requirements for licensure to practice podiatric medicine and surgery.

One additional comment expressed the need for a clear definition of veteran. In response, the following change incorporating the definitions of "service member" and "veteran" from R.C. 5903.01 is proposed to be added to the definitions in rule 4731-36-01(A):

(3) "Service member" means any person who is serving in the armed forces.

(4) "Veteran" means any person who has completed service in the armed forces, including the national guard of any state, or a reserve component of the armed forces, who has been discharged under honorable conditions from the armed forces or who has been transferred to the reserve with evidence of satisfactory service.

Lastly, two comments pointed out a typographical error, and the word "free" was changed to "fee" in proposed rule 4731-36-02(A) as stated below:

(A) Renewal of an expired license or certificate to practice without a late **fee** or re-examination.

All comments, a spreadsheet summarizing the comments, and the proposed rules with the amended language in bold are attached for your review.

Proposed Action:

Approve the amendments to the proposed rules and send the amended proposed rules to the full Board for approval for filing with the Common Sense Initiative.

4731-36-01 Military Provisions Related to Education and Experience Requirements for Licensure

(A) Definitions

For purposes of this chapter:

- (1) "Armed forces" means any of the following:
- (a) The armed forces of the United States, including the army, navy, air force, marine corps, and coast guard;
- (b) A reserve component of the armed forces listed in paragraph (A)(1)(a) of this rule;
- (c) The national guard, including the Ohio national guard or the national guard of any other state;
- (d) The commissioned corps of the United States public health service;
- (e) The merchant marine service during wartime;
- (f) Such other service as may be designated by Congress; or
- (g) The Ohio organized militia when engaged in full-time national guard duty for a period of more than thirty days.
- (2) "Board" means the state medical board of Ohio.
- (3) "Service member" means any person who is serving in the armed forces.
- (4) "Veteran" means any person who has completed service in the armed forces, including the national guard of any state, or a reserve component of the armed forces, who has been discharged under honorable conditions from the armed forces or who has been transferred to the reserve with evidence of satisfactory service.
- (B) Education and service for eligibility for licensure.
- (1) In accordance with section 5903.03 of the Revised Code, the following military programs of training, military primary specialties, and lengths of service are substantially equivalent to or exceed the educational and experience requirements for licensure as a physician assistant and for a prescriber number:
- (a) An individual serving in a military primary specialty listed in paragraph (B)(1)(b) of this rule must be a graduate of a physician assistant education program approved by the accreditation review commission on education for the physician assistant.
- (b) Service in one of the following military primary specialties for at least two consecutive years while on active duty, with evidence of service under honorable conditions, including any experience attained while practicing as a physician assistant at a health care facility or clinic operated by the United

States department of veterans affairs, may be substituted for a master's degree for eligibility for a license to practice as a physician assistant pursuant to section 4730.11 of the Revised Code and for a prescriber number pursuant to section 4730.15 of the Revised Code;

(i) Army: MOS 65D;

(ii) Navy: NOBC 0113;

(iii) Air force: AFSC 42G;

(iv) The national guard of Ohio or any state;

(v) Marine: Physician assistant services are provided by Navy personnel;

(vi) Coast guard;

(vii) Public health service.

- (2) For purposes of section 5903.03 of the Revised Code, the board has determined that there are no military programs of training, military primary specialties, or lengths of service that are substantially equivalent to or that exceed the educational and experience requirements for licensure as a cosmetic therapist or massage therapist.
- (3) For purposes of section 5903.03 of the Revised Code, the board has determined that:
- (a) A diploma from a military medical school or military osteopathic medical school that at the time the diploma was issued was a medical school accredited by the liaison committee on medical education or an osteopathic medical school accredited by the American osteopathic association are substantially equivalent to the medical educational requirement for licensure to practice medicine and surgery or osteopathic medicine and surgery;
- (b) Military graduate medical education that is accredited by the Accreditation Council for Graduate Medical Education is substantially equivalent to the graduate medical educational requirement for licensure to practice medicine and surgery or osteopathic medicine and surgery; and
- (c) There are no military primary specialties or lengths of service that are substantially equivalent to or that exceed the educational and experience requirements for licensure to practice medicine and surgery or osteopathic medicine and surgery.
- (4) For purposes of section 5903.03 of the Revised Code, the board has determined that:
- (a) A degree from a military college of podiatric medicine and surgery that at the time the degree was granted was a college of podiatric medicine and surgery accredited by the Council on Podiatric Medical Education is substantially equivalent to the medical educational requirement for licensure to practice podiatric medicine and surgery;

- (b) Military postgraduate training in a podiatric internship, residency, or clinical fellowship program accredited by the Council on Podiatric Medicine is substantially equivalent to the graduate medical educational requirement for licensure to practice podiatric medicine and surgery; and
- (c) There are no military primary specialties or lengths of service that are substantially equivalent to or that exceed the educational and experience requirements for licensure to practice podiatric medicine and surgery.
- (5) For purposes of section 5903.03 of the Revised Code, the board has determined that there are no military programs of training, military primary specialties, or lengths of service that are substantially equivalent to or that exceed the educational and experience requirements for licensure as a dietitian.
- (6) For purposes of section 5903.03 of the Revised Code, the board recognizes respiratory care educational programs offered by branches of the United States military that have been issued provisional accreditation, initial accreditation, continuing accreditation or other accreditation status conferred by the commission on accreditation for respiratory care (CoARC) or their successor organization that permits respiratory care programs offered by the United States military to continue to enroll and/or graduate students.
- (7) For purposes of section 5903.03 of the Revised Code, the board has determined that there are no military programs of training, military primary specialties, and lengths of service that are substantially equivalent to or exceed the educational and experience requirements for licensure as an acupuncturist or oriental medicine practitioner.
- (8) For the purposes of section 5903.03 of the Revised Code, the board has determined that there are no military programs of training, military primary specialties, or lengths of service that are substantially equivalent to or exceed the educational and experience requirements for licensure as a radiologist assistant.
- (9) For the purposes of section 5903.03 of the Revised Code, the board has determined that there are no military programs of training, military primary specialties, or lengths of service that are substantially equivalent to or exceed the educational and experience requirements for licensure as a genetic counselor.

4731-36-02 Military Provisions Related to Renewal of License and Continuing Education

- (A) Renewal of an expired license or certificate to practice without a late **fee** or re-examination.
- (1) An expired license or certificate to practice pursuant to Chapter 4730., 4731., 4759., 4761., 4762., 4774., or 4778. of the Revised Code shall be renewed upon payment of the renewal fee provided for in Chapter 4730., 4731., 4759., 4761., 4762., 4774., or 4778. of the Revised Code and without a late fee or re-examination if the holder meets all of the following requirements:
- (a) The licensee is not otherwise disqualified from renewal because of mental or physical disability;
- (b) The licensee meets the requirements for renewal for the particular license or certificate to practice pursuant to Chapter 4730., 4731., 4759., 4761., 4762., 4774., or 4778. of the Revised Code;
- (c) Either of the following situations applies:
- (i) The license was not renewed because of the licensee's service in the armed forces, or
- (ii) The license was not renewed because the licensee's spouse served in the armed forces, and the service resulted in the licensee's absence from this state.
- (d) The licensee or the licensee's spouse, whichever is applicable, has presented satisfactory evidence of the service member's discharge under honorable conditions or release under honorable conditions from active duty or national guard duty within six months after the discharge or release.
- (B) Continuing education.
- (1) Extension of the continuing education period for the license or certificate to practice pursuant to Chapter 4730., 4731., 4759., 4761., 4762., or 4778. of the Revised Code:
- (a) The holder of a license or certificate to practice may apply for an extension of the current continuing education reporting period in the manner provided in section 5903.12 of the Revised Code by submitting both of the following:
- (i) A statement that the licensee has served on active duty, whether inside or outside of the United States, for a specified period of time during the current continuing education reporting period.
- (ii) Proper documentation certifying the active duty service and the length of that active duty service.
- (b) Upon receiving the application and proper documentation, the board shall extend the current continuing education reporting period by an amount of time equal to the total number of months that the licensee spent on active duty during the current continuing education reporting period. Any portion of a month served shall be considered one full month.
- (2) The board shall consider relevant education, training, or service completed by a licensee as a member of the armed forces in determining whether a licensee has met the continuing education requirements needed to renew the license.

(3) For purposes of sections 5903.12 and 5903.121 of the Revised Code, anesthesiologist assistants in Chapter 4731. of the Revised Code, acupuncturists in Chapter 4762. of the Revised Code, and radiologist assistants in Chapter 4774. of the Revised Code are not required to report continuing education coursework to the board.

4731-36-03 Processing applications from service members, veterans, or spouses of service members or veterans

- (A) The board shall include questions on all applications for licensure, renewal, reinstatement or restoration of licensure for all applicants for licensure or certificate to practice pursuant to Chapters 4730., 4731., 4759., 4761., 4762., 4774., and 4778. that inquire as to whether the applicant is:
- (1) A service member;
- (2) A veteran; or
- (3) The spouse or surviving spouse of a service member or veteran.
- (B) If the applicant for licensure, biennial renewal, reinstatement, or restoration of licensure responds affirmatively to any of the questions discussed in paragraph (A) of this rule, the board shall process the application in the following manner:
- (1) Route the application to a board staff member who is responsible for monitoring the application and communicating with the applicant regarding the status of the application, including informing the applicant of any documentation needed for the board to process the application;
- (2) Expedite the processing of the application, even if the application was received later in time than other applications that are pending processing;
- (3) Provide information regarding available continuing education waivers to applicants if the applicant or the applicant's spouse will be imminently deployed; and
- (4) Track, on an annual basis, the total number of applications submitted by service members, veterans, spouses or surviving spouses of service members or veterans, and the average number of business days expended by the board to process those applications.

4730-1-06 Licensure as a physician assistant.

- (A) All applicants for a physician assistant license shall file a written application under oath in the manner provided by section <u>4730.10</u> of the Revised Code.
- (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 <u>4730.10</u> 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 <u>4730-3-02</u> 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 <u>4730-3-02</u> of the Administrative Code.
- (5) The board is not conducting an investigation, pursuant to section <u>4730.26</u> of the Revised Code, of evidence appearing to show that the applicant has violated section <u>4730.25</u> 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 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.
- (2) If the application is not complete because the board is investigating, pursuant to section <u>4730.26</u> 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 <u>4730.11</u> 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 <u>4730.11</u> of the Revised Code.
- (H) A physician assistant license must be renewed in the manner and according to the requirements of section <u>4730.14</u> of the Revised Code.
- (I) 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 unisured 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 <u>4745.04</u> 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.
- (J) 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 (I) of the rule;
- (2) Except as provided in paragraph (J)(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 <u>4730.49</u> 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 <u>4730.44</u> 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.

4761-8-01 Renewal of license or permits.

(A) Renewal applications:

At least one month prior to the license or limited permit expiration date established under paragraphs (D) and (E) of rule 4761-7-01 of the Administrative Code, the board shall send each license and limited permit holder a renewal application by first class mail to the holder's last known address of record.

$(\underline{A} \ \underline{B})$ License renewal:

On or before June thirtieth of every even year, persons holding a license to practice respiratory care shall apply for renewal in accordance with section <u>4761.06</u> of the Revised Code, complete the prescribed <u>application in the manner determined by the board, electronic or paper renewal form (form rcb-049, revised 12/12/2012)</u>, submit the renewal fee <u>established in rule <u>4761-12-02</u> of the Administrative Code, and complete the required continuing education in accordance with rule <u>4761-9-02</u> of the Administrative Code.</u>

- (1) Any license renewal application that is post-marked after the June thirtieth expiration date shall, in addition to the renewal fee, include a late renewal fee equal to one half the renewal fee established in rule 4761-12-02 of the Administrative Code.
- (2) Initial license holders that have held a license for less than six months before the June thirtieth biennial expiration date will not be required to file a renewal application or renewal fee for the following biennial term.

(B C) Limited permit renewal.

On or before the expiration date, June thirtieth of each year, persons holding a limited permit shall apply for renewal in accordance with section 4761.06 of the Revised Code, complete the prescribed application in the manner determined by the board, paper renewal form (form rcb-004, revised 12/2012), and submit the renewal fee. established in rule 4761-12-02 of the Administrative Code, and complete the following, as applicable:

- (1) Any limited permit renewal application that is post-marked after the June thirtieth expiration date shall, in addition to the renewal fee, include a late renewal fee equal to one half the renewal fee established in rule 4761 12 02 of the Administrative Code.
- (2) Initial limited permit holders that have held a limited permit for less than six months before the annual June thirtieth expiration date will not be required to file a renewal application or renewal fee for the following year.
- (3) Holders of a limited permit issued in accordance with paragraphs (A)(1)(a) and (A)(1)(b) of rule 4761-6-01 of the Administrative Code shall resubmit proof of meeting the requirements of those paragraphs.
- (4) Holders of limited permits issued in accordance with paragraph (A)(1)(c) of rule 4761-6-01 of the Administrative Code shall submit proof of current employment as a provider of respiratory care and proof

of meeting the continuing education requirements specified in paragraph (C)(2) of rule 4761-9-02 of the Administrative Code.

(D) The board shall provide an electronic license or limited permit verification website to allow the public, a license holder or limited permit holder to search for and verify the current authorization status, initial issue date and expiration date of a license or limited permit. Additionally, the electronic license or limited permit verification website shall inform the public if any administrative action has been taken against the license or limited permit holder.

(CE) A license or permit holder who fails to renew in accordance with the schedule established under this rule shall have the license or limited permit paragraphs (A) and (B) of this rule shall have the license or permit placed on lapsed or in expired status thirty days after the expiration date of the license or limited permit. In such cases, the expiration date recorded by the board will be the actual date of expiration in accordance with paragraphs (D) and (E) of rule 4761-7-01 of the Administrative Code, not the date the action is posted on the board's records.

(F) A license or limited permit holder who continues to practice respiratory care in Ohio for more than thirty days after the actual date of expiration in accordance with paragraphs (D) and (E) of rule <u>4761-7-01</u> of the Administrative Code shall be subject to disciplinary action under section <u>4761.09</u> of the Revised Code.

(DG) An expired lapsed license or license placed in an inactive status in accordance with rule 4761-8-02 of the Administrative Code—may be reinstated or restored, as applicable, in accordance with division (C) of section 4761.06 of the Revised Code. to active status by completing the following: If an applicant fails to complete the reinstatement or restoration application process within six months of 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.

(1) A complete license reinstatement application (form rcb-023, revised 4/17/2013)

available on the board's website www.respiratorycare.ohio.gov.

(2) If the license is lapsed or inactive less than five years, the applicant must provide a license verification letter from any state in which a license is or was held, if applicable, and notarized proof of respiratory care continuing education (RCCE) in accordance with paragraph (K) of this rule.

(3) If the license is lapsed or inactive more than five years from the last expiration date on record with the board,, the applicant must provide proof of current licensure in another state whose standards for licensure are at least equal to those in effect in the state of Ohio at the time of renewal application, or the applicant must successfully pass a re-examination equivalent to the examination recognized by the board to originally obtain a license in the state of Ohio pursuant to rule 4761-5-01 of the Administrative Code. This provision does not apply to a military service member or spouse of a military service member that was prevented from renewing a lapsed or inactive license within five years of the license expiration date due to active duty military service. If active duty military service applies, the board will extend the filing deadline for a period of time equal to the number of days in active duty military service beyond the five year date.

- (4) Payment of the appropriate renewal fees and late fees in accordance with rule 4761-12-02 of the Administrative Code. If the applicant is a military service member or spouse of a military service member and was unable to renew the license on or before the license expiration date due to active duty military service, the late fee shall be waived.
- (5) Incomplete license reinstatement applications will be held open for ninety days following notification of incomplete requirements by regular mail. After sixty days, a final notice of incomplete application will be mailed by certified mail, return-receipt requested. If the final notice is returned as unclaimed by the United States postal service, the board shall mail the final notice to the last address of record by regular mail. The final notice shall be deemed served on the date of mailing by regular mail. If, by the end of the ninety day period, the application remains incomplete, it will be considered abandoned. After ninety days, if desired, the applicant must submit a new application, including fee.
- (H) A lapsed limited permit may be reinstated by completing the following:
- (1) Contact the board to obtain the prescribed paper renewal application (form rcb 004, revised 12/2012).
- (2) Complete the prescribed paper renewal application.
- (3) If the limited permit was issued based on enrollment or graduate status under division (B)(1)(a) of section 4761.05 of the Revised Code, proof of meeting the requirements of division (A)(1) of section 4761.06 of the Revised Code.
- (4) If the limited permit was issued based on employment in the practice of respiratory care under division (B)(1)(b) of section $\frac{4761.05}{1000}$ of the Revised Code, proof of meeting the requirements of division (A)(2) of section $\frac{4761.05}{1000}$ of the Revised Code.
- (5) Incomplete limited permit reinstatement applications will be held open for ninety days following notification of incomplete requirements by regular mail. After sixty days, a final notice of incomplete application will be mailed by certified mail, return-receipt requested. If the final notice is returned as unclaimed by the United States postal service, the board shall mail the final notice to the last address of record by regular mail. The final notice shall be deemed served on the date of mailing by regular mail. If, by the end of the ninety day period, the application remains incomplete, it will be considered abandoned. After ninety days, if desired, the applicant must submit a new application, including fee.
- (E4) A license reinstated <u>or restored</u> in accordance with paragraph (\underline{DG}) of this rule will expire on the next biennial expiration date.
- (J) A limited permit reinstated in accordance with paragraph (H) of this rule will expire on the next annual expiration date.
- (FK) If a licensee has not completed the requisite RCCE contact hours, a license is not eligible for license renewal or reinstatement. The number of RCCE contact hours required for restoration reactivation of an expired lapsed license or limited permit issued in accordance with division (B)(1)(b) of section 4761.05 of the Revised Code shall be equal to the amount required of the applicant had the license or limited permit not lapsed expired and must have been completed within the two years prior to the date of application for restoration. The total number of contact hours required will include the hours due to be reported at

the time the license or permit lapsed and any due thereafter until the time of application for reinstatement. The continuing education requirements set forth in Chapter 4761-9 of the Administrative Code shall apply equally to an individual seeking reactivation of a lapsed license or limited permit issued in accordance with division (B)(1)(b) of section 4761.05 of the Revised Code. If a lapsed licensee holds an active license in another state, the board may consider the continuing education requirements of that state for the purposes of determining equivalence with Ohio's requirements. The board may require applicants to complete continuing education contact hours needed to equal the biennial requirement in the state of Ohio under rule 4761-9-02 of the Administrative Code. If the lapsed licensee is a military service member or spouse of a military service member, the board may consider any applicable waiver of continuing education under paragraph (G)(2) of rule 4761-9-02 of the Administrative Code for the purposes of determing the number of RCCE contact hours required for the reactivation of a lapsed license or limited permit.

4761-9-02 General RCCE requirements and reporting mechanism.

- (A) Licensees and limited permit holders shall verify the successful attainment of RCCE from sources approved by the board as set forth in rule 4761-9-05 of the Administrative Code.
- (B) RCCE contact hours shall be obtained during the term of collection as set forth in paragraphs (C)(1) and (C)(2) of this rule. RCCE contact hours shall be earned prior to the license or limited permit expiration date for the renewal period. RCCE contact hours earned during the term of collection in excess of required contact hours cannot be applied towards a subsequent renewal period, unless the RCCE contact hours are earned after the filing date of a completed renewal application that is filed prior to the end of the renewal cycle for the specific authorization type held. A renewal application will be deemed complete when the renewal application form is filled out in its entirety, all continuing education required has been reported and is valid and the full renewal fee has been submitted.
- (C) Continuing education earned for license or limited permit renewal must minimally include the following content requirements:
- (1) An applicant for license renewal shall complete twenty contact hours of relevant RCCE every two years, beginning with the license renewal date and ending on the license expiration date established under paragraph (D) of rule <u>4761-7-01</u> of the Administrative Code, unless a waiver is granted under paragraph (G) of this rule. RCCE earned for license renewal must include the following content requirement:
- (a) One contact hour of RCCE on Ohio respiratory care law or professional ethics as set forth in rule 4761-9-04 of the Administrative Code; and
- (b) At least fifteen of the required contact hours must include content relating to the provision of clinical respiratory care as defined under section 4761.01 of the Revised Code; and
- (c) The remaining four contact hours may include indirectly related content, including, but not limited to, activities relevant to specialized aspects of respiratory care, such as education, supervision, management, health care cost containment, cost management, health quality standards, disease prevention, health promotion, or abuse reporting.
- (2) An applicant for renewal of a limited permit issued under paragraph (A)(1)(c) of rule <u>4761-6-01</u> of the Administrative Code, shall complete ten contact hours of relevant RCCE every year, beginning with the limited permit renewal date and ending on the limited permit expiration date established under paragraph (E) of rule <u>4761-7-01</u> of the Administrative Code, unless a waiver is granted under paragraph (G)(2) of this rule. RCCE earned for license renewal must include the following content requirement:
- (a) One contact hour of RCCE on Ohio respiratory care law or professional ethics as set forth in rule <u>4761-9-04</u> of the Administrative Code; and
- (b) At least seven of the required contact hours must include content relating to the provision of clinical respiratory care as defined under section <u>4761.01</u> of the Revised Code; and
- (c) The remaining two contact hours may include indirectly related content, including, but not limited to activities relevant to specialized aspects of respiratory care, such as education, supervision,

management, health care cost containment, cost management, health quality standards, disease prevention, health promotion, or abuse reporting.

- (D) In lieu of completing RCCE contact hours required under paragraphs (C)(1)(b), (C)(1)(c), (C)(2)(b) and (C)(2)(c) of this rule, applicants may submit proof of successfully passing any written professional examination administered by the national board for respiratory care, inc. (NBRC), including the written registry examination for advanced respiratory therapists, the recredentialing examination for certified respiratory therapists, the written examination for certified pulmonary function technologists, the written examination for registered pulmonary function technologists, or the written examination for perinatal/pediatric respiratory care. The registered polysomnographic technologists (BRPT) and the certified asthma educator examination administered by the national asthma certification board (NACB) are also accepted written examinations.
- (E) If applicable, the application form for license or limited permit renewal shall include a section for recording RCCE compliance. Licensees or limited permit holders shall complete the section to certify the completion of the required contact hours of RCCE for the current renewal period.
- (E F) It shall be the responsibility of the licensee to maintain and keep all records to serve as documentation for any audit which may be conducted in accordance with rule 4761-9-07 of the Administrative Code pertaining to the completion of RCCE requirements; including, but not limited to certificates of completion, transcripts, letters of attendance, or attendance registers. Records shall be maintained for a period of one year after the end of a registration period. four years or two renewal periods for the holders of a license issued under section 4761.04 of the Revised Code and for a period of three years or three renewal periods for the holders of a limited permit issued under division (B)(1)(b) of section 4761.05 of the Revised Code. Legible copies shall be sent to the board only in response to an audit.
- (F G) Waiver of RCCE requirements.
- (1) A first time license holder in the state of Ohio who has been licensed for more than six months, but less than one year from the license expiration date must complete at least one half of the RCCE requirements listed in paragraph (C)(1) of this rule, including one contact hour on Ohio respiratory care law or professional ethics. First time license holders who have held a license for less than six months from the biennial license expiration date will not be required to complete the RCCE requirements for the current term of collection, but will have to complete the RCCE requirements for the following biennial renewal period.
- (2) At the time of filing an application for license or limited permit renewal, a request to waive the RCCE requirements may be filed. The board may grant the following waivers if documentation requested is provided:
- (a) The applicant is an active duty military service member or the spouse of an active duty service member serving outside of Ohio. Applicants for renewal of a license or limited permit presenting a copy of military service orders for self or a spouse may be eligible for the following:
- (i) Waiver of all RCCE required if on active duty military service and active duty service time exceed more than one half of the term of collection for the authorization type held.

- (ii) Extension of due date for completion of required RCCE, if on active duty military service for periods of time less than one half of the term of collection for the authorization type held. In these cases, the board shall extend the RCCE completion due date for a period of time equal the time spent in active duty military service.
- (b) Waiver of all RCCE required if applicant has been prevented from completing the RCCE requirement due to a documented medical disability for more than one half of the term of collection for the authorization type held.
- (2) For purposes of obtaining a RCCE waiver, the applicant or licensee shall have the burden of establishing that the illness or absence affected the reasonable opportunity to participate in RCCE activities. No more than 2 hours will be subtracted from the RCCE requirement for each month which is approved for reduction of hours. Application for RCCE waiver shall be completed by the applicant or licensee and submitted to the board at least sixty days prior to the end of the RCCE period. Applicants shall not sign and submit the renewal application prior to receiving approval from the board of the waiver request.
- (3) The board shall not waive the total RCCE requirement for any RCCE period.
- (4) The board shall not grant a RCCE waiver for consecutive RCCE periods.
- (5) Applicants shall be eligible to apply for RCCE waiver only if the applicant's illness or absence from the United States lasted a minimum of six consecutive months and occurred in its entirety within a single RCCE period.

4730-1-06.1 Military provisions related to certificate to practice as a physician assistant. (Propose to rescind)

- (A) Definitions
- (1) "Armed forces" means any of the following:
- (a) The armed forces of the United States, including the army, navy, air force, marine corps, and coast guard;
- (b) A reserve component of the armed forces listed in paragraph (A)(1)(a) of this rule;
- (c) The national guard, including the Ohio national guard or the national guard of any other state;
- (d) The commissioned corps of the United States public health service;
- (e) The merchant marine service during wartime;
- (f) Such other service as may be designated by Congress; or
- (g) The Ohio organized militia when engaged in full-time national guard duty for a period of more than thirty days.
- (2) "Board" means the state medical board of Ohio.
- (B) Education and service for eligibility for licensure.

In accordance with section <u>5903.03</u> of the Revised Code, the following military programs of training, military primary specialties, and lengths of service are substantially equivalent to or exceed the educational and experience requirements for licensure as a physician assistant and for the certificate to prescribe:

- (1) An individual serving in a military primary specialty listed in paragraph (B)(2) of this rule must be a graduate of a physician assistant education program approved by the accreditation review commission on education for the physician assistant.
- (2) Service in one of the following military primary specialties for at least three consecutive years while on active duty, with evidence of service under honorable conditions, including any experience attained while practicing as a physician assistant at a health care facility or clinic operated by the United States department of veterans affairs, may be substituted for a master's degree for eligibility for a license to practice as a physician assistant and for a certificate to prescribe, pursuant to sections 4730.11 and 4730.44 of the Revised Code:
- (a) Army: MOS 65D;
- (b) Navy: NOBC 0113;
- (c) Air force: AFSC 42G;
- (d) The national guard of Ohio or any state;
- (e) Marine: Physician assistant services are provided by Navy personnel;

- (f) Coast guard;
- (g) Public health service.
- (C) Renewal of an expired license without a late free or re-examination.
- (1) An expired license to practice as a physician assistant shall be renewed upon payment of the biennial renewal fee provided in section 4730.14 of the Revised Code and without a late fee or re-examination if the holder meets all of the following three requirements:
- (a) The licensee is not otherwise disqualified from renewal because of mental or physical disability;
- (b) The licensee meets the requirements for renewal under section 4730.14 of the Revised Code;
- (c) Either of the following situations applies:
- (i) The license was not renewed because of the licensee's service in the armed forces, or
- (ii) The license was not renewed because the licensee's spouse served in the armed forces, and the service resulted in the licensee's absence from this state.
- (d) The licensee or the licensee's spouse, whichever is applicable, has presented satisfactory evidence of the service member's discharge under honorable conditions or release under honorable conditions from active duty or national guard duty within six months after the discharge or release.
- (2) Pursuant to section <u>4730.48</u> of the Revised Code, a certificate to prescribe expires on the same date as the physician assistant's license to practice as a physician assistant. There is no late fee or examination requirement for late renewal.
- (D) Continuing education.
- (1) Extension of the continuing education period for the licensure to practice as a physician assistant or for the certificate to prescribe:
- (a) The holder of a physician assistant license or certificate to prescribe may apply for an extension of the current continuing education reporting period in the manner provided in section <u>5903.12</u> of the Revised Code by submitting both of the following:
- (i) A statement that the licensee has served on active duty, whether inside or outside of the United States, for a period in excess of thirty-one days during the current continuing education reporting period.
- (ii) Proper documentation certifying the active duty service and the length of that active duty service.
- (b) Upon receiving the application and proper documentation, the board shall extend the current continuing education reporting period by an amount of time equal to the total number of months that the licensee spent on active duty during the current continuing education reporting period. Any portion of a month served shall be considered one full month.
- (2) The board shall consider relevant education, training, or service completed by a licensee as a member of the armed forces in determining whether a licensee has met the continuing education requirements needed to renew the license or the certificate to prescribe.

4731-1-25 Determination of equivalent military education for cosmetic therapy or massage therapy. (Propose to rescind)

For purposes of section <u>5903.03</u> of the Revised Code, the board has determined that there are no military programs of training, military primary specialties, or lengths of service that are substantially equivalent to or that exceed the educational and experience requirements for licensure as a cosmetic therapist or massage therapist.

4731-6-35 Processing applications from service members, veterans, or spouses of service members or veterans. (Propose to rescind)

- (A) The board shall include questions on all applications for licensure, biennial renewal, or restoration of licensure that inquire as to whether the applicant is:
- (1) A service member;
- (2) A veteran; or
- (3) The spouse or surviving spouse of a service member or veteran.
- (B) If the applicant for licensure, biennial renewal submitted by regular mail, or restoration of licensure responds affirmatively to any of the questions discussed in paragraph (A) of this rule, the board shall process the application in the following manner:
- (1) Route the application to a board staff member who is responsible for monitoring the application and communicating with the applicant regarding the status of the application, including informing the applicant of any documentation needed for the board to process the application;
- (2) Expedite the processing of the application, even if the application was received later in time than other applications that are pending processing;
- (3) Provide information regarding available continuing education waivers to applicants if the applicant or their spouse will be imminently deployed;
- (4) Request that the applicant who is seeking licensure as a physician assistant by meeting the requirements of division (C)(3) of section 4730.11 of the Revised Code or a certificate to prescribe by meeting the requirements of division (B)(4) of section 4730.44 of the Revised Code, submit documentation to the board demonstrating that the requirements of that section are met; and
- (5) Track, on an annual basis, the total number of applications submitted by service members, veterans, spouses or surviving spouses of service members or veterans, and the average number of business days expended by the board to process those applications.
- (C) For purposes of paragraph (B)(4) of this rule:
- (1) Acceptable forms of documentation for the application for licensure as a physician assistant includes a document issued by the appropriate office of the armed forces, as that term is defined in section 5903.01 of the Revised Code, showing the applicant is a service member or veteran who has experience practicing as a physician assistant for at least three consecutive years while on active duty, with evidence of service under honorable conditions, in any of the armed forces.
- (2) Acceptable forms of documentation for the applicant for a physician assistant's certificate to prescribe includes an affidavit from an appropriate office of the armed forces, as that term is defined in section 5903.01 of the Revised Code, attesting that the applicant has held valid authority to prescribe therapeutic devices and drugs, including at least some controlled substances during service in the armed forces.

4731-24-05 Military provisions related to certificate to practice as an anesthesiologist assistant. (Propose to rescind)

- (A) Definitions.
- (1) "Armed forces" means any of the following:
- (a) The armed forces of the United States, including the army, navy, air force, marine corps, or coast guard;
- (b) A reserve component of the armed forces listed in paragraph (A)(1)(a) of this rule;
- (c) The national guard, including the Ohio national guard or the national guard of any other state;
- (d) The commissioned corps of the United States public health service;
- (e) The merchant marine service during wartime;
- (f) Such other service as may be designated by Congress; or
- (g) The Ohio organized militia when engaged in full-time natonal guard duty for a period of more than thirty days.
- (2) "Board" means the state medical board of Ohio.
- (B) Eligibility for licensure.

For the purposes of section <u>5903.03</u> of the Revised Code, the board has determined that there are no military programs of training, military primary specialties, or lengths of service that are substantially equivalent to or exceed the educational and experience requirements for licensure as an anesthesiologist assistant.

(C) Renewal of an expired license.

An expired license to practice as an anesthesiologist assistant shall be renewed upon payment of the biennial renewal fee provided in section <u>4760.06</u> of the Revised Code and without a late fee or reexamination if the holder meets all of the following requirements:

- (1) The licensee is not otherwise disqualified from renewal because of mental or physical disability;
- (2) The licensee meets the requirements for renewal under section 4760.06 of the Revised Code;
- (3) Either of the following situations applies:
- (a) The license was not renewed because of the licensee's service in the armed forces, or
- (b) The license was not renewed because the licensee's spouse served in the armed forces, and the service resulted in the licensee's absence from this state.
- (4) The licensee or the licensee's spouse, whichever is applicable, has presented satisfactory evidence of the service member's discharge under honorable conditions or release under honorable conditions from active duty or national guard duty within six months after the discharge or release.

(D) For purposes of sections <u>5903.12</u> and <u>5903.121</u> of the Revised Code, anesthesiologist assistants are not required to report continuing education coursework to the board.

4759-4-12 Consideration of military experience, education, training and term of service. (Propose to rescind)

(A) Eligibility for licensure.

In accordance with Chapter 5903. of the Revised Code, the board has determined that there are no military programs of training, military specialties and lengths of service that are substantially equivalent to or which exceed the educational and supervised training requirements for licensure as a dietitian.

- (B) Definitions related to military service and veteran status.
- (1) "Military," in accordance with division (A) of section <u>5903.03</u> of the Revised Code, means the armed forces of the United States or a reserve component of the armed forces of the United States, including the Ohio national guard or the national guard of any other state.
- (2) "Member" means any person who is serving in the military,
- (3) "Veteran" means any person who has completed service in the military, and who has been discharged under honorable conditions or who has been transferred to the reserve with evidence of satisfactory service.
- (C) License renewal and continuing education.
- (1) For military members in active duty, the board shall waive the requirements of paragraph (C) of rule 4759 4 04 of the Administrative Code for jurisprudence continuing education.
- (2) In accordance with section <u>5903.10</u> of the Revised Code, a licensee whose license expired due to the licensee's service in the armed forces of the United States or a reserve component of the armed forces of the United States, including the Ohio national guard or the national guard of any other state, shall be eligible for renewal of the expired license in accordance with section <u>4759.06</u> of the Revised Code, if the following conditions are met:

The licensee presents the board with satisfactory evidence that, not more than twelve months prior to the date the evidence is submitted to the board, the licensee was honorable discharged or separated under honorable conditions.

(D) Prorated initial license fee.

In accordance with paragraph (D) of rule <u>4759.08</u> of the Revised Code the board shall waive the prorated initial license fee for military service members.

(E) Prioritizing veterans and military members licensure applications.

Applications completed in accordance with section <u>4759.06</u> of the Revised Code will be processed within one to two business days.

4759-4-13 Temporary license for military spouse. (Propose to rescind)

- (A) An individual whose spouse is ordered to active military duty in this state is eligible for a temporary military spousal license to practice as a licensed dietitian in accordance with section 4759.06 of the Revised Code.
- (B) An application for a temporary military spousal license shall include the following:
- (1) Proof that the applicant is married to an active duty service member of the armed forces of the United States;
- (2) Proof that the applicant holds a valid, unrestricted license to practice dietetics in another jurisdiction of the United States;
- (3) Proof that the applicant's spouse is assigned to a duty station in Ohio and the applicant is also assigned to a duty station in Ohio pursuant to the spouses's active duty military orders; and
- (4) The initial application fee of one hundred twenty-five dollars.
- (C) A temporary military spouse license shall expire six months after the date of issuance and is not renewable.

4761-4-03 Recognition of military educational programs for active duty military members and/or military veterans. (Propose to rescind)

The board recognizes respiratory care educational programs offered by branches of the United States military that have been issued provisional accreditation, initial accreditation, continuing accreditation or other accreditation status conferred by the commission on accreditation for respiratory care (CoARC) or their successor organization that permits respiratory care programs offered by the United States military to continue to enroll and/or graduate students.

4761-12-01 Initial application fee. (Propose to rescind)

- (A) The fee for a license shall be seventy-five dollars.
- (B) The fee for a limited permit shall be twenty dollars.
- (C) A fifty per cent discount shall apply for veterans or persons on active duty military service.

4762-1-01 Military provisions related to certificate to practice acupuncture or oriental medicine. (Propose to rescind)

- (A) Definitions.
- (1) "Armed forces" means any of the following:
- (a) The armed forces of the United States, including the army, navy, air force, marine corps, or coast guard;
- (b) A reserve component of the armed forces listed in paragraph (A)(1)(a) of this rule;
- (c) The national guard, including the Ohio national guard or the national guard of any other state.
- (d) The commissioned corps of the United States public health service;
- (e) The merchant marine service during wartime;
- (f) Such other service as may be disignated by congress; or
- (g) The Ohio organized militia when engaged in full-time national guard duty for a period of more than thirty days.
- (2) "Board" means the state medical board of Ohio.
- (B) Eligibility for licensure.

In accordance with section <u>5903.03</u> of the Revised Code, the board has determined that there are no military programs of training, military primary specialties, and lengths of service that are substantially equivalent to or exceed the educational and experience requirements for licensure as an acupuncturist or oriental medicine practitioner.

(C) Renewal of an expired license.

An expired license to practice acupuncture or oriental medicine shall be renewed upon payment of the biennial renewal fee provided in section <u>4762.06</u> of the Revised Code and without a late fee or reexamination if the holder meets all of the following requirements:

- (1) The licensee is not otherwise disqualified from renewal because of mental or physical disability;
- (2) The licensee meets the requirements for renewal of the applicable licensure type under section 4762.06 of the Revised Code;
- (3) Either of the following situations applies:
- (a) The license was not renewed because of the licensee's service in the armed forces, or
- (b) The license was not renewed because the licensee's spouse served in the armed forces, and the service resulted in the licensee's absence from this state.
- (4) The licensee or the licensee's spouse, whichever is applicable, has presented satisfactory evidence of the service member's discharge under honorable conditions or release under honorable conditions from active duty or national guard duty within six months after the discharge or release.

- (D) Extension of the continuing education period.
- (1) An oriental medicine practitioner may apply for an extension of the current continuing education reporting period in the manner provided in section5903.12 of the Revised Code.
- (a) The licensee shall submit both of the following:
- (i) A statement that the licensee has served on active duty, whether inside or outside of the United States, for a period in excess of thirty-one days during the current continuing education reporting period.
- (ii) Proper documentation certifying the active duty service and the length of that active duty service.
- (b) Upon receiving the application and proper documentation, the board shall extend the current continuing education reporting period by an amount of time equal to the total number of months that the licensee spent on active duty during the current continuing education reporting period. Any portion of a month served shall be considered one full month.
- (2) An acupuncturist is not required to report continuing education coursework to the board.

4774-1-02.1 Military provisions related to certificate to practice as a radiologist assistant. (Propose to rescind)

- (A) Definitions
- (1) "Armed forces" means any of the following:
- (a) The armed forces of the United States, including the army, navy, air force, marine corps, and coast guard;
- (b) A reserve component of the armed forces listed in paragraph (A)(1)(a) of this rule;
- (c) The national guard, including the Ohio national guard or the national guard of any other state;
- (d) The commissioned corps of the United States public health service;
- (e) The merchant marine service during wartime;
- (f) Such other service as may be designated by Congress; or
- (g) The Ohio organized militia when engaged in full-time national guard duty for a period of more than thirty days.
- (2) "Board" means the state medical board of Ohio.
- (B) Eligibility for licensure

For the purposes of section <u>5903.03</u> of the Revised Code, the board has determined that there are no military programs of training, military primary specialties, or lengths of service that are substantially equivalent to or exceed the educational and experience requirements for licensure as a radiologist assistant.

(C) Renewal of an expired license

An expired license to practice as a radiologist assistant shall be renewed upon payment of the biennial renewal fee provided in section <u>4774.06</u> of the Revised Code and without a late fee or re-examination if the holder meets all of the following three requirements

- (1) The licensee is not otherwise disqualified from renewal because of mental or physical disability;
- (2) The licensee meets the requirements for renewal under section 4774.06 of the Revised Code;
- (3) Either of the following situations applies:
- (a) The license was not renewed because of the licensee's servicei n the armed forces, or
- (b) The license was not renewed because the licensee's spouse servedin the armed forces, and the service resulted in the licensee's absence from this state.
- (4) The licensee or the licensee's spouse, whichever is applicable, has presented satisfactory evidence of the service member's discharge under honorable conditions or release under honorable conditions from active duty or national guard duty within six months after the discharge or release.

(D) For purposes of sections <u>5903.12</u> and <u>5903.121</u> of the Revised Code, radiologist assistants are not required to report continuing education coursework to the board.

4778-1-02.1 Military provisions related to certificate to practice as a genetic counselor. (Propose to rescind)

- (A) Definitions
- (1) "Armed forces" means any of the following:
- (a) The armed forces of the United States, including the army, navy, air force, marine corps, and coast guard;
- (b) A reserve component of the armed forces listed in paragraph (A)(1)(a) of this rule;
- (c) The national guard, including the Ohio national guard or the national guard of any other state;
- (d) The commissioned corps of the United States public health service;
- (e) The merchant marine service during wartime;
- (f) Such other service as may be designated by Congress; or
- (g) The Ohio organized militia when engaged in full-time national guard duty for a period of more than thirty days.
- (2) "Board" means the state medical board of Ohio.
- (B) Eligibility for licensure.

For the purposes of section <u>5903.03</u> of the Revised Code, the board has determined that there are no military programs of training, military primary specialties, or lengths of service that are substantially equivalent to or exceed the educational and experience requirements for licensure as a genetic counselor:

(C) Renewal of an expired license.

An expired license to practice as a genetic counselor shall be renewed upon payment of the biennial renewal fee provided in section <u>4778.06</u> of the Revised Code and without a late fee or re-examination if the holder meets all of the following three requirements:

- (1) The licensee is not otherwise disqualified from renewal because of mental or physical disability;
- (2) The licensee meets the requirements for renewal under section 4778.06 of the Revised Code;
- (3) Either of the following situations applies:
- (a) The license was not renewed because of the licensee's service in the armed forces, or
- (b) The license was not renewed because the licensee's spouse served in the armed forces, and the service resulted in the licensee's absence from this state.
- (4) The licensee or the licensee's spouse, whichever is applicable, has presented satisfactory evidence of the service member's discharge under honorable conditions or release under honorable conditions from active duty or national guard duty within six months after the discharge or release.
- (D) Extension of the continuing education period

- (1) The holder of a genetic counselor license may apply for an extension of the current continuing education reporting period in the manner provided in section 5903.12 of the Revised Code by submitting both of the following:
- (a) A statement that the licensee has served on active duty, whether inside or outside of the United States, for a period in excess of thirty-one days during the current continuing education reporting period.
- (b) Proper documentation certifying the active duty service and the length of that active duty service.
- (2) Upon receiving the application and proper documentation, the board shall extend the current continuing education reporting period by an amount of time equal to the total number of months that the licensee spent on active duty during the current continuing education reporting period. Any portion of a month served shall be considered one full month.

Initial Circulation Comments: Military Rules for All Licensees

Name	Email	Organization	Comments
			Expressed concerns that proposed rules relating to physicians did not properly recognize the education
			occurring at the Uniform Services University, specifically at the F. Edward Hebert School of Medicine, as
			meeting or exceeding the educational and experience requirements for licensure to practice medicine and
Barber, James	drjbarberjr@gmail.com		surgery in the state of Ohio.
Beck, Ricard	rbeck3@woh.rr.com		He has no issues with military service qualifications in the proposed rules
			She does not believe that the proposed rules related to continuing education properly recognize the time
			spent by physicians that serve in Guard or Reserve units of the military. They are required to do active duty
			reserve one weekend per month and 2 weeks per year to maintain status. Since most physicians only get 2-
			3 weeks vacation and must use this for duty that does not leave time to obtain category 1 credits to
Benyi, Elizabeth	erbhedgehog@yahoo.com	DO	maintain medical license. The Board should take this into account on these rule changes.
			In proposed rule 4731-36-02(A), there is a typographical error that should be corrected to say "without a
Chevlen, Eric	<u>echevlen@neomed.edu</u>	MD	late fee" instead of "without a late free".
			OSRC supports the three new proposed rules, the rescission of 4761-4-03, and the proposed changes
			related to military sections currently in 4761-8-01 and 4761-9-02. For the non-military related proposed
			changes to 4761-8-01, OSRC recommends specifically defining the re-examination exam that could be
		Legislative Chair for Ohio	ordered by the Medical Board for a licensee applying for restoration. OSRC supports the non-military
Ciarlariello, Sue	susanciar@outlook.com	Society for Respiratory Care	related proposed changes to 4761-9-02.
Colville, Craig	cc@craigcolvillemd.com	MD	He asked for the text of rules and was directed to a link to access the text of the rules.
			She states the proposed rules are definitely within reason especially those that apply to late licensing and
Fitos, Wendy	w.fitos@gmail.com		continuing education due to either being on active duty or a spouse being on active duty.
			He is very much in favor of the proposed language for these rules. He thinks it is particularly important to
			allow a military PA to become licensed in Ohio without a masters degree as long as they have 2 years of PA
			experience in the service. Many military PA's are not able to obtain a masters degree while in the military
Gardiner, John	johngardinerpa62@yahoo.com	PA and Lt Col retired	due to deployments and the often long hours they must work.
			She suggests that the rules should be written more clearly. She does not offer any specifics as to what
Hale, Alice	doctoralice@hotmail.com	MD, USAF Lt Col (inactive)	parts are not clear.
			He shared concerns of other Air Force members that the proposed rules related to physicians as currently
			written could be misinterpreted. He sought assurance that the interpretation that ACGME accredited
			military graduate medical education programs would be accepted by the Board for licensure. Dr. Jacobson
			was provided with assurance of this interpretation and the Board's continuing efforts to make the language
Jacobson, Michael	michael.jacobson.6@us.af.mil	DO, MPH, Col USAF CFS	of the proposed rule clearer in this area.
			As to proposed rule 4731-36-01 (B)(3), he is proposing that the Medical Board explicitly recognize the US
			Military's fully accredited medical school, The Uniformed Services University of Health Sciences (USUHS),
			located in Bethesda Maryland. He believes the proposed rule creates the impression that the Medical
Janke, Igor	leap7@msn.com	MD	Board does not recognize this institution.
			Expresses confusion with 4731-36-01(B)(3) as to equivalent military education programs for physicians. He
			states the DOD has a medical school in Maryland and residency/fellowship training opportunities at every
Johnson, Robert	robert.a.johnson204mil@mail.mil	Col, MC	major DOD hospital.

have 5d and		14D 14C 144 US 1	He states that this a very forward-thinking document, especially for Advanced Practice Providers. He notes the typographical error in 4731-36-02(A) Renewal of an expired license or certificate to practice without a
Jones, Edward L. LaMonte, Marian	edward.l.jones387.mil@mail.mil mlamontemd@gmail.com	MD, MS MAJ USAR	late FREE or re-examination. This should be corrected to without a late FEE or re-examination. She thinks the changes are fine.
No name		IVID	He does not favor any changes in licensing.
NO name	bigdaddysmitty@zoominternet.net		ne does not ravor any changes in incensing.
			Her comment does not specifically address the substance of the proposed rules. She does not favor licensing by board certification base on a test. Instead, she believes that residency training feedback and prior work experience are much better judges of whether a physician is prepared to provide appropriate medical care. She believes that the rule change for physicians should be to abolish boards and focus more
Onderko, Svetlana	dockranky@aol.com	DO	on experience, prior patient care record, and maintenance of CMEs.
Polakovic, John	rampsara@gmail.com	LMT	He believes there should be more consideration for veterans. Also, he interprets the rules to take out the sections for acupuncture and massage. Note: the proposed rules did not eliminate acupuncture and massage, but rather relocated them into three consolidated new proposed rules.
Ramnallu	ramnallu@yahoo.com		Subject of email states "no military rules sir" Text of email states: Plz continue same rule:
Rogers, Thomas J.	thomas.j.rogers26.mil@mail.mil	MD, Colonel US Army	Expresses confusion regarding proposed rule 4731-36-01(B)(3) and is concerned that the rules are saying that military training for doctors is less rigorous than civilian training for doctors.
Roseman, John D., Jr.	drroseman@sssnet.com	DPM	He asked for clarification of the changes, and was directed to the memorandum attached to the rules that gives an overview of the changes.
		CEO and CISO American Institute of Alternative	
Sater-Wee, Diane	saterprez@gmail.com	Medicine	She does not see any issues regarding the proposed changes with respect to "acupuncture or AOM."
Sawyer, Robert N., Jr.	rcrsawy@hotmail.com	MD, USN CDR ret	He states that the language seems appropriate and sufficient
Smith, Bruce	matii64@yahoo.com	MD	He does not express any comments about the proposed rules. Instead, he shares comments about his negative experience with licensure in Ohio.
Talmage, Lance A.	latalmage@bex.net	MD	He states that the term "veteran" may need definition.
Taneja, Reema	reemataneja71@gmail.com		She had difficulty accessing the text of the rules. A new link to the text of the rules was provided to her.

From: Smith, Nathan

To: James Barber

Cc: Rodriguez, Judith

Subject: RE: Proposed Military rules

Date: Monday, March 25, 2019 3:44:55 PM

Col. Barber,

Thank you for submitting comments on the proposed rules. All comments will be reviewed.

Sincerely,

Nathan T. Smith Senior Legal & Policy Counsel State Medical Board of Ohio 30 East Broad St., 3rd Floor Columbus, OH 43215 (614) 466-4341 Nathan.Smith@med.ohio.gov med.ohio.gov

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From: James Barber <drjbarberjr@gmail.com>

Sent: Monday, March 25, 2019 3:39 PM

To: Smith, Nathan < Nathan. Smith@med.ohio.gov>

Subject: Proposed Military rules

Mr. Smith

In reviewing the Ohio Medical Boards new proposed Military Rules, I question the following proposed rule in regards to military training at the Uniform Services University, specifically at the F. Edward Hebert School of Medicine as meeting or exceeding the educational and experience requirements for licensure to practice medicine and surgery in the state of Ohio.

(3) For purposes of section 5903.03 of the Revised Code, the board has determined that there are no military programs of training, military primary specialties, or lengths of service that are substantially equivalent to or that exceed the educational and experience requirements for licensure to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery.

The Uniformed Services University of the Health Sciences (USUHS) located in Bethesda MD was founded in 1972 by an act of Congress. USUHS is comprised of 4 schools (Medical, Dental, Nursing and Allied Health Sciences) and has institutional accreditation from the Middle States Commission

on Higher Education as well as professional/specialized accreditation.

I look forward to the Medical Boards comments on this matter.

COL James Barber

From: Smith, Nathan
To: Ricard Beck
Cc: Rodriguez, Judith
Subject: RE: Military rules

Date: Tuesday, March 26, 2019 12:12:41 PM

Mr. Beck,

Thank you for submitting comments on the proposed rules. All comments will be reviewed.

Sincerely,

Nathan T. Smith Senior Legal & Policy Counsel State Medical Board of Ohio 30 East Broad St., 3rd Floor Columbus, OH 43215 (614) 466-4341 Nathan.Smith@med.ohio.gov med.ohio.gov

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----Original Message-----

From: Ricard Beck <rbeck3@woh.rr.com> Sent: Monday, March 25, 2019 6:25 PM

To: Smith, Nathan <Nathan.Smith@med.ohio.gov>

Subject: Military rules

I have no issues with military service qualifications as stated.

Sent from my iPhone

From: Smith, Nathan

To: elizabeth benyi

Cc: Rodriguez, Judith

Subject: RE: public input on rules proposals

Date: Monday, March 25, 2019 3:57:38 PM

Dr. Benyi,

Thank you for submitting comments on the proposed rules. All comments will be reviewed.

Sincerely,

Nathan T. Smith Senior Legal & Policy Counsel State Medical Board of Ohio 30 East Broad St., 3rd Floor Columbus, OH 43215 (614) 466-4341 Nathan.Smith@med.ohio.gov med.ohio.gov

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From: elizabeth benyi <erbhedgehog@yahoo.com>

Sent: Monday, March 25, 2019 12:21 PM

To: Smith, Nathan < Nathan. Smith@med.ohio.gov>

Subject: public input on rules proposals

I do not think your rule changes recognizes physicians that serve in Guard or Reserve units of the military. They are required to do active duty reserve one weekend per month and 2 weeks per year to maintain status. Since most physicians only get 2-3 weeks vacation and must use this for duty that does not leave time to obtain category 1 credits to maintain medical license. You must take this into account on these rule changes since it has been proven several times in the past that these physicians are ready reserve to serve and save limbs and lives of soldiers in conflict zones.

Elizabeth Benyi, D.O.

Calumet, MI

 From:
 Smith, Nathan

 To:
 Eric Chevlen

 Cc:
 Rodriguez, Judith

Subject: RE: Military rules for all Medical Board licensees, etc.

Date: Monday, March 25, 2019 3:56:15 PM

Mr. Chevlen,

Thank you for submitting comments on the proposed rules. All comments will be reviewed.

Sincerely,

Nathan T. Smith Senior Legal & Policy Counsel State Medical Board of Ohio 30 East Broad St., 3rd Floor Columbus, OH 43215 (614) 466-4341 Nathan.Smith@med.ohio.gov med.ohio.gov

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have received this communication in error, please notify me immediately by telephone.

From: Eric Chevlen <echevlen@neomed.edu> Sent: Monday, March 25, 2019 12:43 PM

To: Smith, Nathan < Nathan. Smith@med.ohio.gov>

Subject: Military rules for all Medical Board licensees, etc.

Mr. Smith,

On page 3 of the document you submitted for comment I find a scrivener's error. The document states:

4731-36-02 Military Provisions Related to Renewal of License and Continuing Education

(A) Renewal of an expired license or certificate to practice without a late free or re-examination.

Clearly, the intention is that the document should say "fee" rather than "free."

Eric Chevlen, MD 1383 Virginia Trail Youngstown, OH 44505 From: Smith, Nathan
To: Rodriguez, Judith
Subject: FW: Rules

Date: Monday, March 25, 2019 4:11:52 PM

Nathan T. Smith Senior Legal & Policy Counsel State Medical Board of Ohio 30 East Broad St., 3rd Floor Columbus, OH 43215 (614) 466-4341 Nathan.Smith@med.ohio.gov med.ohio.gov

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From: Smith, Nathan

Sent: Monday, March 25, 2019 4:11 PM

To: 'Craig Colville, M.D.' <cc@craigcolvillemd.com>

Subject: RE: Rules

Dr. Colville,

If you click on the link below, it should bring you to the page where there is a link for Military rules concerning all Medical Board licensees. Please click on that link and you will find a brief overview of the rules followed by the proposed text of the rules themselves.

https://med.ohio.gov/Military-rules-for-all-Medical-Board-licensees-and-respiratory-care-rules-for-licensure-and-continuing-education-with-military-provisions

Thank you for submitting comments on the proposed rules. All comments will be reviewed.

Sincerely,

Nathan T. Smith Senior Legal & Policy Counsel State Medical Board of Ohio 30 East Broad St., 3rd Floor Columbus, OH 43215 (614) 466-4341 Nathan.Smith@med.ohio.gov med.ohio.gov **Confidentiality Notice:** This message is intended for use only by the individual or entity to whom or which it is addressed and may contain information that is privileged, confidential and/or otherwise exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify me immediately by telephone.

From: Craig Colville, M.D. < cc@craigcolvillemd.com>

Sent: Monday, March 25, 2019 11:50 AM

To: Smith, Nathan < <u>Nathan.Smith@med.ohio.gov</u>>

Subject: Rules

What are the rules? I've clicked on 2 attachments

Craig Colville MD

CraigColvilleMD.com
BellaViaDaySpa.com
Facebook.com/craigcolvillemd
Search Dr Colville at *ThePlasticSurgeryChannel*.com w 419.534.6551

 From:
 Smith, Nathan

 To:
 Wendy Fitos

 Cc:
 Rodriguez, Judith

Subject: RE: Comments on Military Rules

Date: Monday, March 25, 2019 3:47:26 PM

Thank you for submitting comments on the proposed rules. All comments will be reviewed.

Sincerely,

Nathan T. Smith Senior Legal & Policy Counsel State Medical Board of Ohio 30 East Broad St., 3rd Floor Columbus, OH 43215 (614) 466-4341 Nathan.Smith@med.ohio.gov med.ohio.gov

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From: Wendy Fitos <w.fitos@gmail.com> Sent: Monday, March 25, 2019 2:16 PM

To: Smith, Nathan < Nathan. Smith@med.ohio.gov>

Subject: Comments on Military Rules

Good afternoon Mr. Smith,

As written, these rules are definitely within reason especially those that apply to late licensing and continuing education due to either being on active duty or a spouse being on active duty.

Thank you, Wendy Fitos

__

Just "Brows"ing Skincare & Makeup Services 20033 Detroit Road Suite 400 Rocky River, Ohio 44116 440.333.5114

www.justbrowsingskincareandmakeup.com

From: Smith, Nathan
To: John Gardiner
Cc: Rodriguez, Judith

Subject: RE: Proposed Rule Changes (Military)
Date: Monday, March 25, 2019 3:46:52 PM

Thank you for submitting comments on the proposed rules. All comments will be reviewed.

Sincerely,

Nathan T. Smith Senior Legal & Policy Counsel State Medical Board of Ohio 30 East Broad St., 3rd Floor Columbus, OH 43215 (614) 466-4341 Nathan.Smith@med.ohio.gov med.ohio.gov

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From: John Gardiner < johngardinerpa62@yahoo.com>

Sent: Monday, March 25, 2019 2:19 PM

To: Smith, Nathan < Nathan. Smith@med.ohio.gov>

Subject: Proposed Rule Changes (Military)

Dear Mr. Smith:

Please accept this email as my comments on the proposed language for "Military Rules concerning all Medical Board Licensees".

I am a licensed Physician Assistant in Ohio and a retired US Army Physician Assistant with 35 years of service. I am very much in favor of the proposed language for these rules. I think it is particularly important to allow a military PA to become licensed in Ohio without a masters degree as long as they have 2 years of PA experience in the service.

Many military PA's are not able to obtain a masters degree while in the military due to deployments and the often long hours they must work. This new language would allow excellent providers who have given so much to America the opportunity to serve the people of Ohio.

Thank you for the opportunity to submit my comments.

John Gardiner, PA-C Lieutenant Colonel, USA (ret)

Smith, Nathan From: Alice Hale To: Rodriguez, Judith Cc:

Subject: RE: Rules

Date: Monday, March 25, 2019 4:01:11 PM

Dr. Hale,

Thank you for submitting comments on the proposed rules. All comments will be reviewed.

Sincerely,

Nathan T. Smith Senior Legal & Policy Counsel State Medical Board of Ohio 30 East Broad St., 3rd Floor Columbus, OH 43215 (614) 466-4341 Nathan.Smith@med.ohio.gov med.ohio.gov

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----Original Message-----

From: Alice Hale <doctoralice@hotmail.com> Sent: Monday, March 25, 2019 12:16 PM

To: Smith, Nathan <Nathan.Smith@med.ohio.gov>

Subject: Rules

Please write more clearly.

Respectfully yours,

Alice Hale MD

LtCol (inactive) USAF

Sent from my iPhone

From: Smith, Nathan

To: "JACOBSON, MICHAEL D COI USAF AFMC USAFSAM/FEEG"

Subject: RE: Concerning Military Language in the Proposed Changes to the Ohio Medical License (UNCLASSIFIED)

Date: Thursday, March 28, 2019 10:57:00 AM

Dr. Jacobson,

Thank you for your email with the attached analysis. This is my understanding as well of the proposed rules. After the comment period has closed, we will review all comments and see if there are ways to improve the language to make that more clear. Thank you to you and all of your colleagues for your interest in these rules. Please let us know if you have any additional comments or suggestions.

Best regards,

Nathan T. Smith Senior Legal & Policy Counsel State Medical Board of Ohio 30 East Broad St., 3rd Floor Columbus, OH 43215 (614) 466-4341 Nathan.Smith@med.ohio.gov med.ohio.gov

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----Original Message-----

From: JACOBSON, MICHAEL D Col USAF AFMC USAFSAM/FEEG <michael.jacobson.6@us.af.mil>

Sent: Thursday, March 28, 2019 9:01 AM

To: Smith, Nathan < Nathan. Smith@med.ohio.gov>

Cc: MICHAEL JACOBSON - USAF (michael.jacobson@wright.edu) <michael.jacobson@wright.edu> Subject: FW: Concerning Military Language in the Proposed Changes to the Ohio Medical License (UNCLASSIFIED)

Nathan -

Your other email was received, in response to my query. Thank you.

Please find attached a review from one of our USAF medical-legal attorneys. It appears that we military physicians should not have any concerns regarding this legislation. If you could just confirm whether or not we're interpreting properly, that would be helpful.

I apologize for my spotty communication, as I am traveling with family out West for the next several days.

Respectfully,

Dr. Jacobson

Michael Jacobson, DO MPH Col USAF CFS

711 HPW/USAFSAM; Director, OGME Asst Professor of Family Medicine, USUHS/WSU 937.938.2782 office.513.403.3900 mobile usafsam.op.med@us.af.mil

----Original Message----

From: Moran, Susan O Col USAF AF-SG (USA) <susan.o.moran.mil@mail.mil>

Sent: Wednesday, March 27, 2019 11:48 PM

To: JACOBSON, MICHAEL D Col USAF AFMC USAFSAM/FEEG

<michael.jacobson.6@us.af.mil>; Deflorio, Paul T Lt Col USAF 436 MDG (US)

<paul.t.deflorio.mil@mail.mil>; Lettieri, Christine F COL USARMY HQDA OTSG

(USA) <christine.f.lettieri.mil@mail.mil>; FORGIONE, MICHAEL A Col USAF AFPC

AFPC/DP2NP <michael.forgione@us.af.mil>; HILTON, ALDEN D Col USAF AFMC

USAFSAM/CC <alden.hilton@us.af.mil>; LLOYD, BRADLEY A Col USAF AFMC 88

MEDICAL GP/SGH2
bradley.lloyd@us.af.mil>; Foutch, Michael D Col USAF 88 MDG

(USA) <michael.d.foutch.mil@mail.mil>

Cc: DeZee, Kent J COL USARMY HQDA OTSG (USA) <kent.j.dezee.mil@mail.mil>; KOENIGER, MARK A Brig Gen USAF AFMC 711 HPW/CC <mark.koeniger@us.af.mil>; GORDON, DAVID K II Lt Col USAF AFDW 579 MEDICAL GP/SGH <david.gordon.1@us.af.mil>; ZEMKOSKY, DAVID J GS-12 USAF AFPC AFRC/DP2NP

<david.zemkosky.1@us.af.mil>

Subject: RE: Concerning Military Language in the Proposed Changes to the

Ohio Medical License (UNCLASSIFIED)

Mike - thanks.

ALCON - thanks to Col Foutch and his MLC for the speedy review (attached). That BLUF: The proposed language from the OH Med Board won't impact AF GME programs or military members seeking an OH license.

v/r, sm

SUSAN O. MORAN, Colonel, USAF, MC Director, Air Force Medical Corps HAF/SG1/8AM
Office of the Air Force Surgeon General 7700 Arlington Blvd
Falls Church, VA 22042
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https://kx2.afms.mil/kj/kx5/AFMedicalCorps/ (Medical Corps Site) https://mypers.af.mil/app/answers/detail/a_id/29350/p/8,9/c/447 (Medical Special Pay)

https://www.facebook.com/AFMSMedicalCorps/ (Official Facebook Page)

----Original Message-----

From: JACOBSON, MICHAEL D Col USAF AFMC USAFSAM/FEEG

[mailto:michael.jacobson.6@us.af.mil] Sent: Wednesday, March 27, 2019 1:28 PM

To: Moran, Susan O Col USAF AF-SG (USA) <susan.o.moran.mil@mail.mil>; Deflorio, Paul T Lt Col USAF 436 MDG (US) <paul.t.deflorio.mil@mail.mil>;

Lettieri, Christine F COL USARMY HQDA OTSG (USA)

<christine.f.lettieri.mil@mail.mil>; Forgione, Michael A Col USAF (US)

<michael.forgione@us.af.mil>; Hilton, Alden D Col USAF (US)

<alden.hilton@us.af.mil>; Lloyd, Bradley A Col USAF 88 MDG (US)

<bradley.a.lloyd.mil@mail.mil>; Foutch, Michael D Col USAF 88 MDG (USA)

<michael.d.foutch.mil@mail.mil>

Cc: DeZee, Kent J COL USARMY HQDA OTSG (USA) <kent.j.dezee.mil@mail.mil>; Koeniger, Mark A Brig Gen USAF 711 HPW (USA) <mark.koeniger@us.af.mil>; Gordon, David K II Lt Col USAF AF-SG (USA) <david.k.gordon12.mil@mail.mil>; Zemkosky, David J CIV USAF AFPC (USA) <david.zemkosky.1@us.af.mil> Subject: RE: Concerning Military Language in the Proposed Changes to the Ohio Medical License (UNCLASSIFIED)

My apologies for multiple emails, but since it appears that the MLC is out, I put in a call and email to the State Medical Board of Ohio, as I'm a licensee here. I'll pick up the thread and reply all as soon as I hear back from the Board POC. Mike

Michael Jacobson, DO MPH Col USAF CFS 711 HPW/USAFSAM; Director, OGME Asst Professor of Family Medicine, USUHS/WSU 937.938.2782 office.513.403.3900 mobile usafsam.op.med@us.af.mil

----Original Message----

From: JACOBSON, MICHAEL D Col USAF AFMC USAFSAM/FEEG

Sent: Wednesday, March 27, 2019 1:14 PM

To: 'Moran, Susan O Col USAF AF-SG (USA)' <susan.o.moran.mil@mail.mil>;

Deflorio, Paul T Lt Col USAF 436 MDG (US) <paul.t.deflorio.mil@mail.mil>;

Lettieri, Christine F COL USARMY HQDA OTSG (USA)

<christine.f.lettieri.mil@mail.mil>; FORGIONE, MICHAEL A Col USAF AFPC

AFPC/DP2NP <michael.forgione@us.af.mil>; HILTON, ALDEN D Col USAF AFMC

USAFSAM/CC <alden.hilton@us.af.mil>; LLOYD, BRADLEY A Col USAF AFMC 88

MEDICAL GP/SGH2
bradley.lloyd@us.af.mil>; Foutch, Michael D Col USAF 88 MDG

(USA) <michael.d.foutch.mil@mail.mil>

Cc: DeZee, Kent J COL USARMY HQDA OTSG (USA) <kent.j.dezee.mil@mail.mil>; KOENIGER, MARK A Brig Gen USAF AFMC 711 HPW/CC <mark.koeniger@us.af.mil>; GORDON, DAVID K II Lt Col USAF AFDW 579 MEDICAL GP/SGH

<david.gordon.1@us.af.mil>; ZEMKOSKY, DAVID J GS-12 USAF AFPC AFRC/DP2NP
<david.zemkosky.1@us.af.mil>

Subject: RE: Concerning Military Language in the Proposed Changes to the Ohio Medical License (UNCLASSIFIED)

From my read, I would concur with Paul DeFlorio. It's hard to imagine that it really means any military GME. My only question would be if this excludes USUHS. Mike

Michael Jacobson, DO MPH Col USAF CFS 711 HPW/USAFSAM; Director, OGME Asst Professor of Family Medicine, USUHS/WSU 937.938.2782 office.513.403.3900 mobile usafsam.op.med@us.af.mil

----Original Message-----

From: Moran, Susan O Col USAF AF-SG (USA) <susan.o.moran.mil@mail.mil>

Sent: Tuesday, March 26, 2019 6:12 PM

To: Deflorio, Paul T Lt Col USAF 436 MDG (US)

<paul.t.deflorio.mil@mail.mil>; Lettieri, Christine F COL USARMY HQDA OTSG

(USA) <christine.f.lettieri.mil@mail.mil>; FORGIONE, MICHAEL A Col USAF AFPC

AFPC/DP2NP <michael.forgione@us.af.mil>; HILTON, ALDEN D Col USAF AFMC

USAFSAM/CC <alden.hilton@us.af.mil>; JACOBSON, MICHAEL D Col USAF AFMC

USAFSAM/FEEG <michael.jacobson.6@us.af.mil>; LLOYD, BRADLEY A Col USAF AFMC

88 MEDICAL GP/SGH2
bradley.lloyd@us.af.mil>; Foutch, Michael D Col USAF 88

MDG (USA) <michael.d.foutch.mil@mail.mil>

Cc: DeZee, Kent J COL USARMY HQDA OTSG (USA) <kent.j.dezee.mil@mail.mil>; KOENIGER, MARK A Brig Gen USAF AFMC 711 HPW/CC <mark.koeniger@us.af.mil>;

GORDON, DAVID K II Lt Col USAF AFDW 579 MEDICAL GP/SGH

<david.gordon.1@us.af.mil>; ZEMKOSKY, DAVID J GS-12 USAF AFPC AFRC/DP2NP

<david.zemkosky.1@us.af.mil>

Subject: RE: Concerning Military Language in the Proposed Changes to the

Ohio Medical License (UNCLASSIFIED)

Paul

Thanks for the quick response & perspective. That is positive news. I have included in Col Foutch for his MLC's review.

v/r, sm

SUSAN O. MORAN, Colonel, USAF, MC

Director, Air Force Medical Corps

HAF/SG1/8AM

Office of the Air Force Surgeon General

7700 Arlington Blvd

Falls Church, VA 22042

susan.o.moran.mil@mail.mil

703-681-6993

DSN 761-6993

Cell (202) 386-3987

https://kx2.afms.mil/kj/kx5/AFMedicalCorps/ (Medical Corps Site)

https://mypers.af.mil/app/answers/detail/a_id/29350/p/8,9/c/447 (Medical

Special Pay)

https://www.facebook.com/AFMSMedicalCorps/ (Official Facebook Page)

-----Original Message-----

From: Deflorio, Paul T Lt Col USAF 436 MDG (US)

Sent: Tuesday, March 26, 2019 6:08 PM

To: Moran, Susan O Col USAF AF-SG (USA) <susan.o.moran.mil@mail.mil>;

Lettieri, Christine F COL USARMY HQDA OTSG (USA)

<christine.f.lettieri.mil@mail.mil>; Forgione, Michael A Col USAF (US)

<michael.forgione@us.af.mil>; Hilton, Alden D Col USAF (US)

<alden.hilton@us.af.mil>; Jacobson, Michael D Col USAF 711 HPW (USA)

<michael.jacobson.6@us.af.mil>; Lloyd, Bradley A Col USAF 88 MDG (US)

<bradley.a.lloyd.mil@mail.mil>

Cc: DeZee, Kent J COL USARMY HQDA OTSG (USA) <kent.j.dezee.mil@mail.mil>;

Koeniger, Mark A Brig Gen USAF 711 HPW (USA) <mark.koeniger@us.af.mil>;

Gordon, David K II Lt Col USAF AF-SG (USA) <david.k.gordon12.mil@mail.mil>;

Zemkosky, David J CIV USAF AFPC (USA) <david.zemkosky.1@us.af.mil>

Subject: RE: Concerning Military Language in the Proposed Changes to the Ohio Medical License (UNCLASSIFIED)

ALCON,

Being licensed and practicing in Ohio, I read through these proposed changes. I find them universally positive. The paragraph in question is merely stating that there's no military equivalent training to medical school or internship (which would allow one to acquire a license to practice medicine). ACGME accredited programs, which are the default, would not be excluded by this rule simply because they are military. It does not concern residency training or other GME programs.

For further context, this is one of a series of paragraphs that also mentions that there is no military equivalent training to get licensed as a cosmetic therapist, massage therapist, or dietitian. But there is, for example, equivalent training/experience to get a license to be a PA (in lieu of a master's degree).

I find the legalistic language a little fraught, and I'm not sure why they felt the need to specifically say what they're not recognizing (instead of just saying what they would recognize), but I see no danger here. Perhaps having the WPAFB MLC weight in and/or liaise with the Ohio Med Board would also help.

Very Respectfully,

PAUL T. DEFLORIO, Lt Col, USAF, MC, SFS Commander, 436 AMDS Chief of Aerospace Medicine, 436 MDG Pubic Health Emergency Officer, 436 AW

Com: (302)677 2558 DSN: 445 2558 Mob: (302) 363 9287

436 AMDS: Expedited-Excellent-Expeditionary

----Original Message----

From: Moran, Susan O Col USAF AF-SG (USA) <susan.o.moran.mil@mail.mil>

Sent: Tuesday, March 26, 2019 5:27 PM

To: Lettieri, Christine F COL USARMY HQDA OTSG (USA)

<christine.f.lettieri.mil@mail.mil>; Forgione, Michael A Col USAF (US)

<michael.forgione@us.af.mil>; Hilton, Alden D Col USAF (US)

<alden.hilton@us.af.mil>; Jacobson, Michael D Col USAF 711 HPW (USA)

<michael.jacobson.6@us.af.mil>; Lloyd, Bradley A Col USAF 88 MDG (US)

<bradley.a.lloyd.mil@mail.mil>; Deflorio, Paul T Lt Col USAF 436 MDG (US)

<paul.t.deflorio.mil@mail.mil>

Cc: DeZee, Kent J COL USARMY HQDA OTSG (USA) <kent.j.dezee.mil@mail.mil>; Koeniger, Mark A Brig Gen USAF 711 HPW (USA) <mark.koeniger@us.af.mil>; Gordon, David K II Lt Col USAF AF-SG (USA) <david.k.gordon12.mil@mail.mil>; Zemkosky, David J CIV USAF AFPC (USA) <david.zemkosky.1@us.af.mil> Subject: RE: Concerning Military Language in the Proposed Changes to the Ohio Medical License (UNCLASSIFIED)

Christine

This is the first I have heard of this. I have looped in our team to see if anyone has any input.

v/r, sm

SUSAN O. MORAN, Colonel, USAF, MC Director, Air Force Medical Corps HAF/SG1/8AM
Office of the Air Force Surgeon General 7700 Arlington Blvd
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Cell (202) 386-3987

https://kx2.afms.mil/kj/kx5/AFMedicalCorps/ (Medical Corps Site) https://mypers.af.mil/app/answers/detail/a_id/29350/p/8,9/c/447 (Medical Special Pay)

https://www.facebook.com/AFMSMedicalCorps/ (Official Facebook Page)

----Original Message-----

From: Lettieri, Christine F COL USARMY HQDA OTSG (USA)

Sent: Tuesday, March 26, 2019 5:09 PM

To: Moran, Susan O Col USAF AF-SG (USA) <susan.o.moran.mil@mail.mil>

Cc: DeZee, Kent J COL USARMY HQDA OTSG (USA) <kent.j.dezee.mil@mail.mil>

Subject: Concerning Military Language in the Proposed Changes to the Ohio

Medical License (UNCLASSIFIED)

CLASSIFICATION: UNCLASSIFIED

Susan,

Good afternoon!

We received a concerned call from a now retired military physician, licensed in Ohio, with concerns regarding proposed changes to military rules for Ohio medical licenses. Are you tracking on this at all? We were not and thought that you may be with a facility and GME training in Ohio at Wright-Patterson.

The specific section in question, reads to us, that the Ohio board will no longer recognize our military GME programs:

Page 3 of the attachment; page #2 of the document:

(3) For purposes of section 5903.03 of the Revised Code, the board has determined that there are no military programs of training, military primary specialties, or lengths of service that are substantially equivalent to or that exceed the educational and experience requirements for licensure to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery.

Thanks!

Christine

Christine Lettieri, MD
COL, MC
Deputy Director, Army Medical Education Directorate
Office of the Surgeon General
Defense Health Headquarters
7700 Arlington Blvd.
Falls Church, VA 22042-5145
Office: 703-681-4800

Office: 703-681-4809 BB: 703-785-3071

christine.f.lettieri.mil@mail.mil

CLASSIFICATION: UNCLASSIFIED

From: Smith, Nathan

To: Rodriguez, Judith

Subject: FW: proposed Military Rules for All Medical Board Licensees

Date: Monday, March 25, 2019 11:00:21 AM

Nathan T. Smith Senior Legal & Policy Counsel State Medical Board of Ohio 30 East Broad St., 3rd Floor Columbus, OH 43215 (614) 466-4341 Nathan.Smith@med.ohio.gov med.ohio.gov

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From: Igor Janke <leap7@msn.com>

Sent: Monday, March 25, 2019 10:35 AM

To: Smith, Nathan < Nathan. Smith@med.ohio.gov>

Subject: proposed Military Rules for All Medical Board Licensees

Good morning Mr Smith,

I want to comment on proposed rule 4761-36-01, B (3):

"For purposes of section 5903.03 of the Revised Code, the board has determined that there are no military programs of training, military primary specialties, or lengths of service that are substantially equivalent to or that exceed the educational and experience requirements for licensure to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery."

As I am sure the Medical Board is aware, the US Military operates a fully accredited medical school, The Uniformed Services University of Health Sciences (USUHS) located in Bethesda Maryland. Plain reading of this proposed rule suggests that the Ohio Medical Board does not recognize this institution.

I recommend explicitly recognizing this medical school in this section.

Igor Janke, MD

From: Smith, Nathan

To: <u>Johnson, Robert A COL USARMY NG OHARNG (USA)</u>

Cc: Rodriguez, Judith
Subject: RE: Military rules

Date: Tuesday, March 26, 2019 2:51:35 PM

Colonel Johnson,

Thank you for submitting comments on the proposed rules. All comments will be reviewed.

Sincerely,

Nathan T. Smith Senior Legal & Policy Counsel State Medical Board of Ohio 30 East Broad St., 3rd Floor Columbus, OH 43215 (614) 466-4341 Nathan.Smith@med.ohio.gov med.ohio.gov

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From: Johnson, Robert A COL USARMY NG OHARNG (USA) <robert.a.johnson204.mil@mail.mil>

Sent: Tuesday, March 26, 2019 12:37 PM

To: Smith, Nathan < Nathan. Smith@med.ohio.gov>

Subject: Military rules

I'm not sure I understand this paragraph:

(3) For purposes of section 5903.03 of the Revised Code, the board has determined that there are no military programs of training, military primary specialties, or lengths of service that are substantially equivalent to or that exceed the educational and experience requirements for licensure to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery.

The DOD has a medical school in Maryland and residency/fellowship training opportunities at every major DOD hospital.

Robert Johnson

COL, MC

Commander

Medical Detachment

From: Smith, Nathan

To: Rodriguez, Judith

Subject: FW: Military changes (UNCLASSIFIED)

Date: Monday, March 25, 2019 11:00:41 AM

Nathan T. Smith Senior Legal & Policy Counsel State Medical Board of Ohio 30 East Broad St., 3rd Floor Columbus, OH 43215 (614) 466-4341 Nathan.Smith@med.ohio.gov med.ohio.gov

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----Original Message----

From: Jones, Edward L II MAJ USARMY MEDCOM EACH (USA) <edward.l.jones387.mil@mail.mil>

Sent: Monday, March 25, 2019 10:03 AM

To: Smith, Nathan <Nathan.Smith@med.ohio.gov> Subject: Military changes (UNCLASSIFIED)

CLASSIFICATION: UNCLASSIFIED

Hello Mr. Smith,

This is a very forward-thinking document, especially for Advanced Practice Providers. The only thing I noted was a slight misspelling:

4731-36-02 Military Provisions Related to Renewal of License and Continuing Education (A) Renewal of an expired license or certificate to practice without a late FREE or re-examination

The capitalized text which I believe should be "fee" instead.

Thank you for soliciting input and supporting our military healthcare personnel.

Eddie

Edward L Jones MD, MS MAJ USAR CLASSIFICATION: UNCLASSIFIED

From:Smith, NathanTo:Marian LaMonteCc:Rodriguez, Judith

Subject: FW: Comment on Proposed Rules by 4/12/19
Date: Tuesday, March 26, 2019 12:22:54 PM

Attachments: image001.png

image003.png image004.png

Dr. LaMonte,

Thank you for submitting comments on the proposed rules. All comments will be reviewed.

Sincerely,

Nathan T. Smith Senior Legal & Policy Counsel State Medical Board of Ohio 30 East Broad St., 3rd Floor Columbus, OH 43215 (614) 466-4341 Nathan.Smith@med.ohio.gov med.ohio.gov

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From: Contact

Sent: Tuesday, March 26, 2019 7:33 AM

To: Smith, Nathan <Nathan.Smith@med.ohio.gov> **Subject:** FW: Comment on Proposed Rules by 4/12/19

Forwarded from the contact email account.

Joan K. Wehrle, CPMSM Education & Outreach Program Manager State Medical Board of Ohio 30 E. Broad St. 3rd Floor Columbus, OH 43215-6127

o: 614-728-3684

<u>Joan.Wehrle@med.ohio.gov</u> med.ohio.gov









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From: Marian LaMonte <<u>mlamontemd@gmail.com</u>>

Sent: Monday, March 25, 2019 4:42 PM **To:** Contact < <u>Contact@med.ohio.gov</u>>

Subject: Re: Comment on Proposed Rules by 4/12/19

I think the changes are fine.

Marian

Dr. Marian LaMonte

On Mon, Mar 25, 2019 at 9:33 AM State Medical Board of Ohio < contact@med.ohio.gov > wrote:



PROPOSED RULES: Seeking comments on the Medical Board's initial review of proposed Military Rules for All Medical Board Licensees and Respiratory Care Rules for Licensure and Continuing Education with Military Provisions.

The State Medical Board of Ohio seeks public input on proposed rules several times during the rule-making process. Public input is sought after the Medical Board has conducted its initial review of rules, after rules are filed with the Common Sense Initiative Office, and at the public hearing that occurs after the rules are formally filed with the Joint Committee on Agency Rule Review.

The Medical Board's initial review of rules may result in a proposal to amend current rules, rescind current rules, make no changes to current rules, and/or adopt new rules. Comments received will be reviewed and possibly result in changes to the initially proposed language before the rules are then filed with the Common Sense Initiative Office.

At this time, public comment is being sought on the proposed language for these proposed rules, which can be found on the Medical Board's website by clicking the button below.

Deadline for submitting comments: April 12, 2019

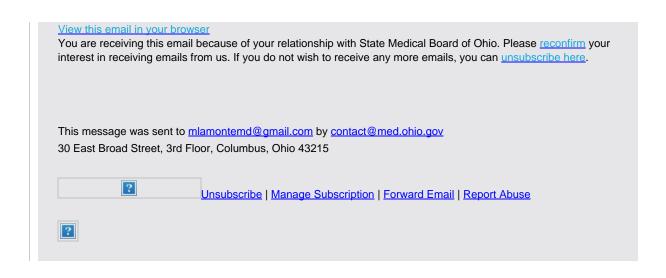
Comments to: Nathan Smith, Senior Legal & Policy Counsel

State Medical Board of Ohio Nathan.Smith@med.ohio.gov

Click Here to Read the Rules



Contact Us



From: Smith, Nathan
To: bigdaddysmitty
Cc: Rodriguez, Judith
Subject: FW: Military rules

Date: Monday, March 25, 2019 3:54:28 PM

Attachments: <u>image003.png</u>

image004.png image005.png

Thank you for submitting comments on the proposed rules. All comments will be reviewed.

Sincerely,

Nathan T. Smith Senior Legal & Policy Counsel State Medical Board of Ohio 30 East Broad St., 3rd Floor Columbus, OH 43215 (614) 466-4341 Nathan.Smith@med.ohio.gov med.ohio.gov

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From: Contact

Sent: Monday, March 25, 2019 1:39 PM

To: Smith, Nathan < Nathan. Smith@med.ohio.gov>

Subject: FW: Military rules

Forwarded from the contact email account. Thank you.

Joan K. Wehrle, CPMSM Education & Outreach Program Manager State Medical Board of Ohio 30 E. Broad St. 3rd Floor Columbus, OH 43215-6127

o: 614-728-3684

<u>Joan.Wehrle@med.ohio.gov</u> <u>med.ohio.gov</u>









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From: bigdaddysmitty < bigdaddysmitty@zoominternet.net >

Sent: Monday, March 25, 2019 10:47 AM To: Contact < Contact@med.ohio.gov>

Subject: Military rules

Make no changes

From: Smith, Nathan
To: Rodriguez, Judith
Subject: FW: Military

Date: Monday, March 25, 2019 10:59:40 AM

Nathan T. Smith Senior Legal & Policy Counsel State Medical Board of Ohio 30 East Broad St., 3rd Floor Columbus, OH 43215 (614) 466-4341 Nathan.Smith@med.ohio.gov med.ohio.gov

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From: bigdaddysmitty <bigdaddysmitty@zoominternet.net>

Sent: Monday, March 25, 2019 10:49 AM

To: Smith, Nathan < Nathan. Smith@med.ohio.gov>

Subject: Military

Make no changes in licensing!

Sent from my Verizon, Samsung Galaxy smartphone

From: Smith, Nathan
To: Svetlana Onderko
Cc: Rodriguez, Judith
Subject: RE: Liscence

Date: Monday, March 25, 2019 3:55:18 PM

Dr. Onderko,

Thank you for submitting comments on the proposed rules. All comments will be reviewed.

Sincerely,

Nathan T. Smith Senior Legal & Policy Counsel State Medical Board of Ohio 30 East Broad St., 3rd Floor Columbus, OH 43215 (614) 466-4341 Nathan.Smith@med.ohio.gov med.ohio.gov

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----Original Message-----

From: Svetlana Onderko <dockranky@aol.com> Sent: Monday, March 25, 2019 12:43 PM

To: Smith, Nathan <Nathan.Smith@med.ohio.gov>

Subject: Liscence

When licensing is done by one test....ie board certification the only thing it show is that the physician taking the test is good at taking tests. It doesn't tell you that this is a good competent physician ready to provide appropriate medical care. Residency training feedback and prior work experience are much better judges of that. The rule change for physicians should really be to abolish boards and focus more on experience and prior patient care record and maintenance of CME's Thank you, Dr. Svetlana Onderko DO

From: <u>Sue Ciarlariello</u>

To:Smith, Nathan; Debolt, SallieCc:Bailey, Shereen; David P. Corey

Subject: OSRC Comments on proposed rules related to the regulation of Respiratory Care

Date: Wednesday, May 1, 2019 1:39:36 PM

Attachments: OSRC Position on OAC 4761 Rule Changes SMBO 4-19.docx

Dear Ms. Debolt and Mr. Smith,

The Ohio Society for Respiratory Care appreciates the opportunity to comment on the State Medical Board of Ohio proposed rules affecting the regulation of the Respiratory Care profession in Ohio.

Attached are our comments concerning the recently proposed 4731 rules concerning military and criminal background checks and the remaining respiratory care rules under 4761 requiring review and/or modification to conform to the existing medical board processes.

We believe that there are a few comments in this document which may be of interest to the Respiratory Care Advisory Committee as they review these rules. Also, we did propose an amendment in 4761-9-05.

Thank you for your consideration in this matter. If you have any questions, please feel free to contact me at 937-239-2458.

Sue Ciarlariello
OSRC Legislative Chair



OSRC Position on OAC 4731 and 4761 Rule Changes Proposed by the State Medical Board of Ohio affecting the Profession of Respiratory Care April, 2019

OAC 4731-36 Military Rules:

OAC 4731-36-01: Military provisions related to education and experience requirements for licensure

This rule will eliminate the need for **4761-4-03 Recognition of military educational programs for active duty military members and/or military veterans**. The new rule includes the same CoARC language: (4) For the purposes of section 5903.03 of the Revised Code, the board recognizes respiratory care educational programs offered by the branches of the United States military that have been issued provisional accreditation, initial accreditation, continuing accreditation or other accreditation status conferred by the commission on accreditation for respiratory care (CoARC) or their successor organization that permits respiratory care programs offered by the US military to continue to enroll and/or graduate students.

OAC 4731-36-02: Military provisions related to renewal of license and continuing education.

This rule eliminates several military sections in **4761-8-01 Renewal of license or permit,** sections: (G)(3) which addresses lapsed or inactive due to active military duty, (G)(4) addresses waiving of late fees for active duty and (K) addresses applying for waiver for continuing education for lapsed license if military. Also eliminates need for sections (G)(2)(a)(i) and (ii) in **4761-9-02 General RCCE requirements and reporting mechanisms** which specifically addresses military waiver of RCCE.

OAC 4731-36-03: Processing applications from service members, veterans, spouses of service members or veterans

This rule discusses the SMBO process for determining military applicants, expediting the processing of such applications and communicating waivers and required documentation.

Position: The OSRC supports these three new rules and the rescission of 4761-4-03 and the proposed changes related to military sections currently in 4761-8-01 and 4761-9-02.

OAC 4721 4: Criminal Pacarde Chack

OAC 4731-4: Criminal Records Check

4731-4-01 Criminal Records Check - Definition: Adds ORC 4761 to the list of SMBO licensees.

4731-4-02: Criminal Records Check – Adds ORC 4761 to the list of professions which must complete BCI and FBI criminal records checks.

4761 -5-07 Criminal Records Check has been filed with JCARR for rescission.

Position: The OSRC supports this rule change and the rescission of 4761-5-07

4761-5-01: Examination requirements

- (A) All initial applicants for licensure must have passed the RRT exam. The change in this rule will eliminate the option of out-of-state CRTs (attained prior to 2015) getting an initial Ohio license.
- (B) CRTs in Ohio who currently have an Ohio license will be allowed to continue to practice.

Position: The OSRC supports this rule change to eliminate the exception for out of state CRTs to obtain an initial Ohio RCP license.

4761-5-02: Admission to the Ohio credentialing examination (no change)

This rule applies to the eight remaining Limited (2) Permit holders who were grandfathered in 1990; they still have the option to take the NBRC exam for licensure but without an NBRC credential. In the past, this was the CRT exam. This language is also included 4761-5-04.

Position: The OSRC supports no change in 4761-5-02, but suggests that the RCAC confirm that credentialing exam requirements would now be the RRT exam (Therapist Multiple Choice Exam and Clinical Simulation Exam).

4761-5-04: Licensure Application Procedure

The proposed changes align the 4761 application procedure with other licensees of the board. Basically, applications must be completed as the board requires, complete with fees paid and criminal background check. If the applicant does not complete the application in six months, the board will notify the applicant of its intent to consider the application abandoned.

Position: The OSRC supports the proposed changes in 4761-5-04.

4761-5-06: Respiratory care practice by Polysomnography Technologists (no change)

Position: The OSRC supports no change in 4761-5-06.

4761-6-01: Limited permit application process

Section (A)(2) requires the applicant to file with the application a verification of education form provided by the board as proof of his/her enrollment in good standing in an approved educational program. However, section (B) eliminates the current Verification of Education Form use for documenting the Limited Permit Holder's competencies which determine their limited practice. Initial and updated certified competency documentation must be provided to the employers by the limited permit holder. The board will no longer be the recipient of these intermediary documents. The board also no longer plans to have a limited permit holder file a form indicating their supervisor; this eliminates section (G).

Position: The OSRC agrees with these changes in 4761-6-01. The OSRC also has concerns about the current Verification of Education Form for verifying competencies. Allowing the educational program director to choose the method/documentation format for informing the employer of attained competencies should be more effective process. The OSRC also agrees that the certified competencies must be kept on file by the employer in the event a complaint is received concerning the limited practice holder's care or scope of care. The elimination of the supervisor registration form is not concerning.

4761-7-04: Supervision

This change remove the term "verification of education form" replacing it with <u>competencies approved and documented</u> for assignment of duties.

Position: The OSRC supports this proposed change in 4761-7-04.

4761-8-01: Renewal of License or permit

The significant changes in this rule eliminate a lot of detail in the old rule and makes the renewal process consistent with the renewal process of other SMBO licensees. It also eliminates the military waiver for renewal that is now in 4731-36-02. New section (D) inserts the restoration language from ORC 4761.06. The new restoration language would require reexamination if a license had lapsed or the licensee has not been in active practice for more than two years, consistent with other SMBO licensees. The old ORCB rule required re-examination at five years of inactivity.

Position: The OSRC supports these proposed changes. The OSRC recommends that re-examination be defined as the successful completion of the NBRC Therapist Multiple Choice Exam (TMCE) at the RRT level. (Note: It is possible to pass the TMCE at the CRT level, which would be below Ohio's RRT requirement for licensure.)

4761-9-01: Definitions of respiratory care continuing education

The change is in section (B) (3) "Approved by the state medical board of Ohio" means the RCCE program or activity qualifies for official recognition by the board in accordance with one of the approval mechanisms set forth in rules 4761-9-04 and 4761-9-05 of the Administrative Code.

Position: The OSRC supports this proposed change in 4761-9-01.

4761-9-02: General RCCE requirements and reporting mechanism

The proposed changes in this rule do not affect the type or number of RCCEs required for renewal. However, the changes address the reporting process, audit requirements, waiver of RCCE and the waiver requirements consistent with other licensees of the SMBO.

Position: The OSRC supports the proposed changes in 4761-9-02.

4761-9-04: Ohio Respiratory Care law and professional ethics course criteria

Section (A) still defines the requirements to qualify for an acceptable professional ethics course. Section (B) lists all the possible associations that could approve the one hour RC law and professional ethics required in lieu of the full Board. Section (C) adds the Board can offer its own course to meet the obligation in 4761-9-02.

Position: The OSRC supports the proposed changes in 4761-9-04. The use of reputable sponsors of ethics programs with the proper content as described in section (B) will eliminate the burden of full Board approval. The OSRC also appreciates the SMBO offering an acceptable on-line ethics course.

4761-9-05: Approved sources of RCCE

The proposed change eliminates (A) (7) which requires board approval of all professional ethics courses to meet rule 4761-9-04.

Position: The OSRC agrees with the elimination of section (A)(7) of 4761-9-05. The OSRC would also recommend amending 4761-9-05(A)(1): Relevant college credit <u>in respiratory care</u> awarded by an academic institution by its regional accrediting association. This supports a recent recommendation of the Respiratory Care Advisory Council to grant RCCE specifically to respiratory care courses.

4761-9-07: Auditing for compliance with RCCE requirements

Rule proposed is amended to change the auditing of respiratory care continuing education to be consistent with the auditing procedure for other license types. It also eliminates the disciplinary process for RCCE deficiencies, which cannot be written into this rule until new statutory language (including civil penalties) is passed.

Position: The OSRC supports the proposed changes to 4761-9-07.

4761-10-03: Providing information to the Board

The removal of "negligent" and "gross misconduct" language is necessary as those terms are no longer in the respiratory care disciplinary statute. The changes make failure to report now <u>a violation</u> of statutes or rules consistent with the processes described in OAC rule 4731-15-01. Also, a licensee or limited permit holder is now considered <u>in violation</u> for failing to respond to board's request for information.

Position: The OSRC agrees with these proposed changes in 4761-10-03 reflective of the current law.

Thank you for the opportunity to comment on these rules,

Sue Ciarlariello
OSRC Legislative Chair
susanciar@outlook.com
937-239-2458

 From:
 Smith, Nathan

 To:
 John Polakovic

 Cc:
 Rodriguez, Judith

 Subject:
 RE: changes

Date: Tuesday, March 26, 2019 12:21:17 PM

Mr. Polakovic,

Thank you for submitting comments on the proposed rules. All comments will be reviewed.

Sincerely,

Nathan T. Smith Senior Legal & Policy Counsel State Medical Board of Ohio 30 East Broad St., 3rd Floor Columbus, OH 43215 (614) 466-4341 Nathan.Smith@med.ohio.gov med.ohio.gov

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From: John Polakovic <rampsara@gmail.com>

Sent: Tuesday, March 26, 2019 6:25 AM

To: Smith, Nathan < Nathan. Smith@med.ohio.gov>

Subject: changes

Nathan Smith:

You forgot one thing in my opinion, get rid of the common sense initiative board.

This a waste of the tax payers money, most of the people on this board do not have enough medical knowledge to make good decisions in the public's best interest, in my opinion.

I have notice that you have take out the Acupuncture and Massage section of the information and I am wondering if you are going to allow these people, who by the way are defending our country......to practice in this state.

I think there should be more consideration for our Vets., instead of putting them through extra schooling if they have met all the requirements for the State.

The common sense people seem to be against Acupuncture and Massage Therapy in this state, for

the simple reason as they have no idea of the benefits they provide....

I hope Gov. DeWine see's fit to eliminate the common sense board and let the medical board do its job properly, without having outside interference from non medical people, on this so called common sense group.

Thanks for your time .

regards,

--

"Make It A Great Day"

John F. Polakovic LMT

cell: 419-351-1887

email: rampsara@gmail.com

From: Smith, Nathan
To: ramnallu
Cc: Rodriguez, Judith
Subject: RE: No military rules sir

Date: Monday, March 25, 2019 4:00:32 PM

Thank you for submitting comments on the proposed rules. All comments will be reviewed.

Sincerely,

Nathan T. Smith Senior Legal & Policy Counsel State Medical Board of Ohio 30 East Broad St., 3rd Floor Columbus, OH 43215 (614) 466-4341 Nathan.Smith@med.ohio.gov med.ohio.gov

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----Original Message-----

From: ramnallu <ramnallu@yahoo.com> Sent: Monday, March 25, 2019 12:20 PM

To: Smith, Nathan < Nathan. Smith@med.ohio.gov>

Subject: No military rules sir

Plz continue same current rules

Sent from my iPhone

Rodriguez, Judith

From: Smith, Nathan

Sent: Monday, March 25, 2019 4:00 PM

To: Rodriguez, Judith **Subject:** FW: Military Rules

Nathan T. Smith Senior Legal & Policy Counsel State Medical Board of Ohio 30 East Broad St., 3rd Floor Columbus, OH 43215 (614) 466-4341 Nathan.Smith@med.ohio.gov med.ohio.gov

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----Original Message-----

From: Rogers, Thomas James (Tom) COL USARMY DHA J-11 (US) <thomas.j.rogers26.mil@mail.mil>

Sent: Monday, March 25, 2019 12:12 PM

To: Smith, Nathan < Nathan. Smith@med.ohio.gov>

Subject: Military Rules

Dr Smith,

I am not sure of the meaning of this statement:

(3) For purposes of section 5903.03 of the Revised Code, the board has determined that there are no military programs of training, military primary specialties, or lengths of service that are substantially equivalent to or that exceed the educational and experience requirements for licensure to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery.

It appears the document speaks for the Physician Assistants and says that the training received in the Military is acceptable for licensing in Ohio. The above statement either says that Physicians are not considered in this document or that the training military docs have received is not equivalent or exceeds that of civilian programs. Does that mean they are less than the civilian training? I don't think that is the intent but just wanted to be sure.

Thank you

COL Rogers

Thomas J. Rogers, MD

COL, MC

Director, DiLorenzo TRICARE Health Clinic, Pentagon Director, Branch Clinics, FBCH

5801 Army Pentagon, Corridor 8 Washington, DC 20310-5801

Email: Thomas.j.rogers26.mil@mail.mil

Office: 703-692-8905 Blackberry: 703-200-7716

Cell: 808-628-8006 Fax: 703-692-8561

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twitter:

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Defense Health Agency:

https://gcc01.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.health.mil%2Fdha&data=02%7C01%7CNathan.Smith%40med.ohio.gov%7Ca164b2214486491dac0308d6b13dca09%7C50f8fcc494d84f0784eb36ed57c7c8a2%7C0%7C0%7C636891276271989026&sdata=xL10xxgRAJJmGghzUWbwmwlZP1BaHI4wQFzccid2li0%3D&reserved=0

From: <u>Smith, Nathan</u>

To: Dr. John C. Roseman Jr.
Cc: Rodriguez, Judith
Subject: RE: Military Rules

Date: Monday, March 25, 2019 11:12:30 AM

Dr. Roseman,

Thank you for submitting comments on the proposed rules. All comments will be reviewed.

The memo attached to the proposed rules on the Medical Board's website gives a brief overview of the rules. The first 3 rules (4731-36-01, 4731-36-02, and 4731-36-03) consolidate the military rules for various license types into 3 rules which govern all Medical Board licensees.

Sincerely,

Nathan T. Smith Senior Legal & Policy Counsel State Medical Board of Ohio 30 East Broad St., 3rd Floor Columbus, OH 43215 (614) 466-4341 Nathan.Smith@med.ohio.gov med.ohio.gov

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From: Dr. John C. Roseman Jr. <drroseman@sssnet.com>

Sent: Monday, March 25, 2019 10:56 AM

To: Smith, Nathan < Nathan. Smith@med.ohio.gov>

Subject: Military Rules

Nate: It would be a good idea if you actually described what these changes are?????? Dr Roseman, Massillon, Ohio

From: Smith, Nathan

To: Rodriguez, Judith

Subject: FW: Comment on Proposed Rules by 4/12/19
Date: Monday, March 25, 2019 3:49:22 PM

Attachments: <u>image003.png</u>

image004.png image005.png

Nathan T. Smith Senior Legal & Policy Counsel State Medical Board of Ohio 30 East Broad St., 3rd Floor Columbus, OH 43215 (614) 466-4341 Nathan.Smith@med.ohio.gov med.ohio.gov

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From: Contact

Sent: Monday, March 25, 2019 3:23 PM

To: Smith, Nathan <Nathan.Smith@med.ohio.gov> **Subject:** FW: Comment on Proposed Rules by 4/12/19

Forwarded from the contact email account. Thank you.

Joan K. Wehrle, CPMSM Education & Outreach Program Manager State Medical Board of Ohio 30 E. Broad St. 3rd Floor Columbus, OH 43215-6127

o: 614-728-3684

Joan.Wehrle@med.ohio.gov med.ohio.gov









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From: Diane Sater-Wee <<u>saterprez@gmail.com</u>>

Sent: Monday, March 25, 2019 3:12 PM **To:** Contact < Contact@med.ohio.gov>

Subject: Re: Comment on Proposed Rules by 4/12/19

Nathan,

Do you want comments in support? I do not see any issue regarding the proposed changes with respect to acupuncture or AOM.

Thank you.

Diane

D. M. Sater-Wee

Chief Executive Officer and Chief Information Security Officer

American Institute of Alternative Medicine

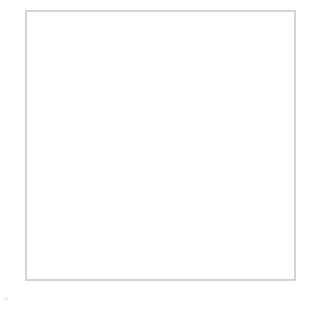
www.aiam.edu

614-975-8497

Teaching Acupuncture, Nursing, Medical Assisting, and Massage Therapy

On Mon, Mar 25, 2019 at 9:39 AM State Medical Board of Ohio < contact@med.ohio.gov> wrote:

med.ohio.gov eLicense.ohio.gov



PROPOSED RULES: Seeking comments on the Medical Board's initial review of proposed Military Rules for All Medical Board Licensees and Respiratory Care Rules for Licensure and Continuing Education with Military Provisions.

The State Medical Board of Ohio seeks public input on proposed rules several times during the rule-making process. Public input is sought after the Medical Board has conducted its initial review of rules, after rules are filed with the Common Sense Initiative Office, and at the public hearing that occurs after the rules are formally filed with the Joint Committee on Agency Rule Review.

The Medical Board's initial review of rules may result in a proposal to amend current rules, rescind current rules, make no changes to current rules, and/or adopt new rules. Comments received will be reviewed and possibly result in changes to the initially proposed language before the rules are then filed with the Common Sense Initiative Office.

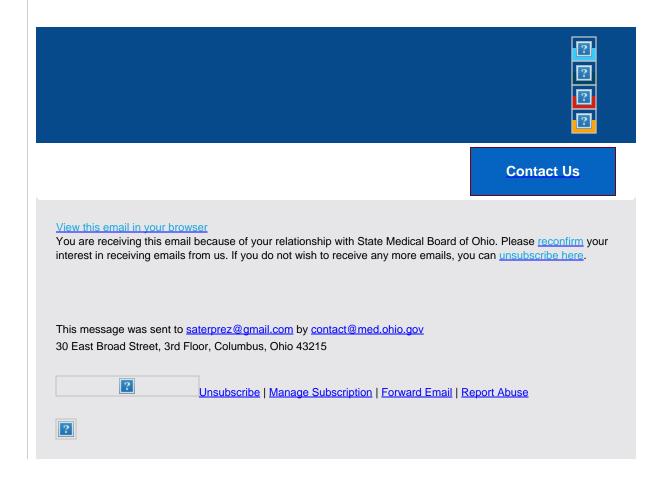
At this time, public comment is being sought on the proposed language for these proposed rules, which can be found on the Medical Board's website by clicking the button below.

Deadline for submitting comments: April 12, 2019

Comments to: Nathan Smith, Senior Legal & Policy Counsel

State Medical Board of Ohio Nathan.Smith@med.ohio.gov

Click Here to Read the Rules



 From:
 Smith, Nathan

 To:
 Robert N. Sawyer Jr

 Cc:
 Rodriguez, Judith

Subject: RE: Proposed Language for military rules

Date: Monday, April 01, 2019 8:07:46 AM

Dr. Sawyer,

Thank you for submitting comments on the proposed rules. All comments will be reviewed.

Sincerely,

Nathan T. Smith Senior Legal & Policy Counsel State Medical Board of Ohio 30 East Broad St., 3rd Floor Columbus, OH 43215 (614) 466-4341 Nathan.Smith@med.ohio.gov med.ohio.gov

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From: Robert N. Sawyer Jr <rcrsawy@hotmail.com>

Sent: Sunday, March 31, 2019 6:33 PM

To: Smith, Nathan <Nathan.Smith@med.ohio.gov> **Subject:** Proposed Language for military rules

Dear Nathan:

The language seems appropriate and sufficient.

Best, Robert N. Sawyer, Jr. MD CDR (USN) Ret. From: Smith, Nathan To: matii64@yahoo.com Cc: Rodriguez, Judith

Subject: RE: Ohio Medical License

Date: Monday, March 25, 2019 3:48:38 PM

Thank you for submitting comments on the proposed rules. All comments will be reviewed.

Sincerely,

Nathan T. Smith Senior Legal & Policy Counsel State Medical Board of Ohio 30 East Broad St., 3rd Floor Columbus, OH 43215 (614) 466-4341 Nathan.Smith@med.ohio.gov med.ohio.gov

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----Original Message----

From: matii64@yahoo.com <matii64@yahoo.com>

Sent: Monday, March 25, 2019 1:43 PM

To: Smith, Nathan <Nathan.Smith@med.ohio.gov>

Subject: Ohio Medical License

I went to High School, College, and Medical School in Ohio. My first License was obtained after tacking the Ohio Medical Board exam. I have since obtained Licenses in four other states. I have found Ohio to be the most demeaning, harassing, and bureaucratic of all my Licenses. This is a real accomplishment to beat out Illinois, and Missouri. I spend more time and effort on my Ohio License than all the others put together. You continuously alter procedures to make them more convenient for the bureaucrats and harder for me without charging me less. You and the other states have manipulated CME, and renewal dates so that I have from 1 August to 30 September to earn all my CME hours to be able for them to apply to all my Licenses. The master stroke was Ohio requiring CME completion to be finished before License expiration date for the convince of the clerks and jerks (a military term) at the Ohio board. One of my real regrets after more than 40 years of medical practice is that I didn't wait a month and take my boards in Indiana after starting my residency there.

Bruce S Smith M.D.

Sent from my iPad

From: Smith, Nathan

To: Rodriguez, Judith

Subject: FW: Military rules of the Stare Medical Board

Date: Monday, March 25, 2019 11:02:47 AM

Nathan T. Smith Senior Legal & Policy Counsel State Medical Board of Ohio 30 East Broad St., 3rd Floor Columbus, OH 43215 (614) 466-4341 Nathan.Smith@med.ohio.gov med.ohio.gov

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----Original Message----

From: Lance < latalmage@bex.net>

Sent: Monday, March 25, 2019 10:50 AM

To: Smith, Nathan <Nathan.Smith@med.ohio.gov> Subject: Military rules of the Stare Medical Board

The term veteran may need definition. Some statutes consider any service in the military as veteran status. Other rules designate only one who has been in a combat theater as a veteran or in some rules a combat veteran. An active military retiree is considered a veteran while some rules do not use that title for a Reserve or National Guard retiree (who has not been in theater). Changes have been proposed in the last several years so I may be behind on current terms. The state office of veterans affairs should have the latest word. BG (retired)Lance A Talmage M.D.

Sent from my iPhone

From: Smith, Nathan
To: Reema Taneja
Cc: Rodriguez, Judith

Subject: RE: Not sure what rules we are asking for an opinion on

Date: Tuesday, March 26, 2019 12:14:52 PM

Dr. Taneja,

If you click on the link below, it should bring you to the page where there is a link for Military rules concerning all Medical Board licensees. Please click on that link and you will find a brief overview of the rules followed by the proposed text of the rules themselves.

 $\frac{https://med.ohio.gov/Military-rules-for-all-Medical-Board-licensees-and-respiratory-care-rules-for-licensure-and-continuing-education-with-military-provisions}{}$

Thank you for submitting comments on the proposed rules. All comments will be reviewed.

Sincerely,

Nathan T. Smith Senior Legal & Policy Counsel State Medical Board of Ohio 30 East Broad St., 3rd Floor Columbus, OH 43215 (614) 466-4341 Nathan.Smith@med.ohio.gov med.ohio.gov

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----Original Message-----

From: Reema Taneja < reemataneja 71@gmail.com>

Sent: Monday, March 25, 2019 7:28 PM

To: Smith, Nathan <Nathan.Smith@med.ohio.gov>

Subject: Not sure what rules we are asking for an opinion on

I am not able to see the what rules we are trying to ask for opinion on , The button we press to link us to the rules does not really show any rules!

Is this an error?
Dr Taneja

Sent from my iPhone



30 E. Broad St., 3rd Floor Columbus, Ohio 43215 (614) 466-3934 www.med.ohio.gov

MEMORANDUM

TO: Amol Soin, M.D., Chair, Policy Committee

Members, Policy Committee

FROM: Nathan T. Smith, Senior Legal and Policy Counsel

DATE: June 7, 2019

RE: Proposed Ohio Administrative Code rules for respiratory care: 4761-5-01, 4761-

5-02, 4761-5-04, 4761-5-06, 4761-6-01, 4761-7-04, 4761-9-01, 4761-9-04, 4761-

9-05, 4761-9-07, and 4761-10-03.

The attached proposed Ohio Administrative Code ("OAC") Chapter 4761 rules update the Medical Board's respiratory care rules for licensure, continuing education, and providing information to the Medical Board. A brief summary of the proposed rules follows:

- 1. 4761-5-01: This rule dealing with the examination requirement for licensure is proposed to be amended to reflect the statutory change eliminating reciprocity. The proposed rule requires that all initial applicants for licensure must have passed the RRT exam. The current version of the rule was a transition step by the former Respiratory Care Board to move licensees from the CRT exam to the more demanding RRT exam. This has been in place for almost 4 years. The current rule allows applicants licensed in another state by passage of the CRT prior to 2015 to obtain initial licensure in Ohio with just the CRT. The proposed rule eliminates the inequity and requires all initial licensure applicants to have passed the RRT. There is also a proposed grandfather clause in paragraph (B) for license holders practicing under the CRT. This is an issue that has been discussed by the Respiratory Care Advisory Council, and the consensus was to move in this direction to elevate the practice of respiratory care in Ohio.
- 2. 4761-5-04, 4761-6-01: Rules proposed to be amended to update application and licensure processes for licensees and limited permit holders for consistency with the Board's rules for other licensees in this area.
- 3. 4761-6-01 and 4761-7-04: Rules proposed to amend the education verification form process and clarify the documentation and communication of competencies for student limited permit holders among the student, educational program, and employer. As proposed, the education verification form would contain only education information demonstrating that the limited permit applicant is in good standing in a respiratory care educational program. Also, the proposed rules would still require the respiratory care educational program director to approve and document competencies of student limited permit holders. The Medical Board may provide a sample form for this. This would provide greater flexibility for the educational programs to customize the documentation of the approved competencies for student limited permit holders and to account for evolving technologies and techniques in the field.

Most importantly for public safety, the student limited permit holder would still give approved documentation of competencies to an employer, and the employer would still have to customize the supervision and practice of the student limited permit holder to those competencies. The proposed changes remove the Board from an intermediary role in documentation and collection of forms related to competencies while still maintaining safeguards for student limited permit holders and the public.

- 4. 4761-9-01, 4761-9-04 and 4761-9-05: Rules proposed to be amended to remove full Board approval for the required Ohio respiratory care law and professional ethics courses, and replace it with a process similar to other Respiratory Care Continuing Education ("RCCE") requirements.
- 5. 4761-9-07: Rule proposed to be amended to change the auditing of respiratory care continuing education to be consistent with licensure's processes for other license types. The proposed rule no longer addresses the disciplinary process for deficiency in CME. This issue cannot be written into the rule at this time until the outcome of proposed statutory language (to be drafted by LSC) in this area is known.
- 6. 4761-10-03: Rule proposed to be amended by removing "negligent" and "gross misconduct" language because those terms were amended out of respiratory care disciplinary statute (R.C. 4761.09) in the board consolidation statute changes in 2018. Instead, the proposed rule directs the licensee to report a violation of statute or rules in the manner prescribed in OAC rule 4731-15-01. Lastly, the proposed rule changes the language relating to failure to respond to a Board request for information.
- 7. 4761-5-02 and 4761-5-06: There are no changes proposed to either rule, and the rules will be filed without change for the 5-year rule review.

Initial Circulation

On April 22, 2019, Medical Board staff posted the proposed rules on the Medical Board website and circulated the rules to interested parties and all respiratory care licensees by email. The deadline for written comments in the initial circulation period was May 10, 2019.

In addition, the proposed rules were sent to the Respiratory Care Advisory Council ("RCAC") for review. On May 7, 2019, the RCAC recommended Board approval of the rules for filing with CSI as proposed in initial circulation with one addition. On proposed amended rule 4761-9-05 Approved Sources of RCCE, the RCAC recommended defining "relevant college credit" based on a recommendation of the RCAC to an inquiry about this term in May 2018 that was approved by the Board in June 2018.

The Medical Board received a total of five (5) written comments during the initial circulation comment period. Three (3) of the comments dealt with the proposed amendment to proposed amended rule 4761-5-01. Two of these comments, including the Ohio Society for Respiratory Care, favored the amendment to the rule. One commenter opposed the rule because she believes that having CRTs and RRTs leads to a beneficial division of labor and facilitates higher wages for RRTs.

The proposed amended rule has a grandfather clause that still allows licensees who obtained initial licensure with passage of the CRT exam to continue practicing as long as they

timely renew their license. There was no change made to the amended proposed rule in response to this comment.

One comment supports the revision to proposed amended rule 4761-6-01 Limited permit application procedure. She raises several questions about the implementation of the form for documenting competencies and the verification of educational form. The Board requires the education verification form for renewal of a student limited permit and the proposed rule states that the Medical Board "may supply a sample form to document these competencies to be certified by the director of the respiratory care educational program." Beyond these requirements, the Medical Board's authorizing statutes for these rules do not contemplate a role for the Board in analyzing issues of legal liability for the respiratory care educational programs. There was no change made in response to this comment.

Another comment did not address the proposed rules and instead advocated for a law that requires a hospital to be staffed with a respiratory care professional at all times. As this is beyond the Medical Board's jurisdiction, no change was made in response to this comment.

Lastly, OSRC raised a couple additional suggested amendments. For rule 4761-5-02 Admission to the Ohio Credentialing Exam, OSRC suggested specifying the exam for the Ohio credentialing exam. However, due to reciprocity statute changes and the proposed changes in 4761-5-01, this rule only applies to eight (8) L2 limited permit holders who were granted a license under R.C. 4761.05(B)(1)(b) under the qualification "Is employed as a provider of respiratory care in this state and was employed as a provider of respiratory care in this state prior to March 14, 1989." This Ohio credentialing exam has not been accessed by these L2 limited permit holders for many years, and the expectation is that at this point in their careers (30 years after they were grandfathered into the licensed practice of respiratory care) they will not be requesting the exam. Based on this, no change was made to this rule.

For proposed amended rule 4761-9-05 Approved Sources of RCCE, OSRC suggested amending paragraph (A) to define "relevant college credit" based on a recommendation of the RCAC in replying to an inquiry about this term in May 2018 that was approved by the Board in June 2018. **This following change is proposed to this rule:**

- (A) Applicants for renewal shall successfully complete the required number of RCCE contact hours according to rule <u>4761-9-02</u> of the Administrative Code. RCCE earned from any combination of the following sources may be applicable towards meeting RCCE requirements:
- (1) Relevant college credit awarded by an academic institution accredited by its regional accrediting association. **This is limited to respiratory care related classes.**

Proposed Action:

All comments, a spreadsheet summarizing the comments, and the proposed rules with the amended language in bold are attached for your review.

Approve the amendment to the proposed rules and send the amended proposed rules to the full Board for approval for filing with the Common Sense Initiative.

4761-5-01 Waiver of licensing Examination requirements pursuant to division (BA) of section 4761.04 of the Revised Code.

- (A) To meet the requirement of division (A)(3) of section 4761.04 of the Revised Code, an applicant for licensure must provide evidence that the applicant has successfully completed both portions of the registered respiratory therapist (R.R.T.) examination administered by the national board for respiratory care, inc. ("NBRC") or its successor organization. Recognition of current licensure in another state for the purposes of waiving division (A) of section 4761.04 of the Revised Code:
- (1) Applicants meeting the following provisions shall be recognized as holding a license in another state based upon standards that are equivalent to those in the state of Ohio on the date of application. The board will waive the requirements of division (A) of section 4761.04 of the Revised Code with respect to any applicant that provides proof of the following:
- (a) The applicant, on the date of application for an Ohio license, holds an active and valid license issued by another state or states and the license was issued in part or in whole based upon successful completion of either of the following examinations offered by the national board for respiratory care, inc.'s (NBRC) or its successor organization:
- (i) The certified respiratory therapist (C.R.T.) examination taken prior to January 1, 2015; or
- (ii) The registered respiratory therapist (R.R.T.) examination consisting of both the written and clinical simulation portions; and
- (b) Each state of origin requires its licensees to complete at least as many contact hours of continuing education as the state of Ohio and the applicant is current on obtaining and reporting completed continuing education to each state of origin based on the renewal schedule of each state. If the applicant holds a license from a state that does not require as many contact hours of continuing education as the state of Ohio, the board will require the applicant to complete needed contact hours to make up the difference.
- (B) All persons currently holding a license in this state to practice respiratory care who obtained an initial license in this state based on showing evidence of successful completion of the certified respiratory therapist (C.R.T.) examination may continue to practice respiratory care in this state if the following conditions are met:
- (1) the licensee continues to meet the requirements to renew a license under chapter 4761; and
- (2) the licensee continues to timely renew the license through the state medical board. Recognition of examinations for the purpose of waiving divisions (A)(2) and (A)(3) of section 4761.04 of the Revised Code:
- (1) On and after January 1, 2015, the board recognizes successful completion of both portions of the R.R.T. examination administered by the NBRC or its successor organization as meeting the requirements of division (A)(3) of section $\frac{4761.04}{4761.04}$ of the Revised Code if the examination was passed within three years prior to the date of application for an Ohio license. The board will waive the requirements of divisions (A)(2) and (A)(3) of section $\frac{4761.04}{4761.04}$ for any applicant that has successfully completed both portions of the RRT examination in compliance with this rule.

- (2) Prior to January 1, 2015, the board recognizes successful completion of the CRT examination administered by the NBRC as meeting the requirements of division (A)(3) of section 4761.04 of the Revised Code if the examination was passed within three years prior to the date of application for an Ohio license.
- (3) The board will waive the three year examination recognition period contained in paragraphs (B)(1) and (B)(2) of this rule for persons demonstrating regular employment in the practice of respiratory care by an entity meeting the requirements of division (A)(2) of section 4761.11 of the Revised Code. Applicants meeting this requirement must show proof of successful completion of an examination recognized in paragraphs (B)(1) and (B)(2) of this rule.
- (C) Recognition of examination for the purpose of Ohio credentialing:
- (1) Applicants for licensure by Ohio credentialing must take and pass the Ohio state credentialing examination offered by the NBRC in accordance with rule 4761 5 02 of the Administrative Code. This examination shall be administered in accordance with the provisions of the agreement between the board and the NBRC; or
- (2) Applicants must hold an active license from another state based on taking and passing a state credentialing examination that meets or exceeds the scope of the examination approved by the board under paragraph (C) (1) of this rule.

4761-5-02 Admission to the Ohio credentialing examination.

- (A) An applicant for the Ohio credentialing examination must have an approved preliminary application for licensure form on file with the board that authorizes a waiver of the education requirement for licensure as set forth in Section 6 of Sub. House Bill 111 of the 118th General Assembly.
- (B) An applicant for the Ohio credentialing examination shall file an application provided by the board to take the examination offered by the "National Board for Respiratory Care, Inc. (NBRC)." The original application shall be mailed to the NBRC, and a copy of the application shall be mailed to the board. The application mailed to the NBRC shall include an examination score release form.
- (C) The application mailed to the NBRC shall include the nonrefundable examination fee.
- (D) The applicant for the Ohio credentialing examination shall comply with any and all deadlines established by the NBRC.

4761-5-04 License application procedure.

- (A) An applicant for licensure by recognition of another state or jurisdiction's license shall submit to the board an application under oath in the manner determined by the board, and provide such other facts and materials as the board requires. No application shall be considered submitted to the board until the appropriate fee has been received by the board.:
- (1) File an initial license application form (form rcb 0002, revised 4/2013) approved by the board and shall pay the initial application fee prescribed by the board.
- (2) Provide, in accordance with the license application form and as set forth in paragraph (A) of rule <u>4761-5-01</u> of the Administrative Code, verification of respiratory care licensure status from any state or jurisdiction in which the applicant holds or has ever held a respiratory care license. Acceptable methods of providing verification of licensure status from another state or jurisdiction are:
- (a) A letter of license verification containing the official seal of the state or jurisdiction of origin; or
- (b) An electronic license verification from an official state website, if the state or jurisdiction of origin validates the authenticity and accuracy of the electronic verification through a secure validation process.
- (c) Documentation of the number of contact hours of continuing education completed in the state or jurisdiction of origin in accordance with paragraph (A)(1)(b) of rule 4761-5-01 of the Administrative Code.
- (B) No application submitted to the board shall be considered complete until the applicant has complied with the requirements of Chapter 4731-4 of the Administrative Code and the board has received the results of the criminal records checks. A letter of licensure verification or electronic license verification must contain the following to be acceptable:
- (1) Name of the state or jurisdiction of origin.
- (2) Name of the licensee.
- (3) Initial issuance date of the license.
- (4) Current status of the license.
- (5) Expiration date of the license.
- (6) Examination basis upon which the license was issued. If the examination basis is not obtainable from the state or jurisdiction of origin, the applicant is responsible for obtaining an official credential verification letter from the national board for respiratory care, inc. (NBRC) to verify that the license was issued based on the successful completion of an examination recognized by the board.
- (C) An applicant for licensure by successful completion of an examination recognized by the board shall:
- (1) File an initial license application form (form rcb 0002, revised 4/2013) approved by the board and shall pay the initial application fee prescribed by the board.

(2) Provide, in accordance with the license application form and as set forth in paragraph (B) of rule <u>4761-5-01</u> of the Administrative Code, verification of successful completion of any examination recognized by the board.

(CD) Licensure by examination:

An applicant for licensure by examination who filed a preliminary application for licensure and who qualified for the educational waiver provided for in Section 6 of Sub. House Bill 111 of the 118th General Assembly and who has passed the Ohio licensure examination in accordance with paragraph (B) of rule 4761-5-02 01 of the Administrative Code shall file with the board a signed application on forms approved by the board, and shall pay the fee prescribed by the board submit to the board an application under oath in the manner determined by the board, and provide such other facts and materials as the board requires. No application shall be considered submitted to the board until the appropriate fee has been received by the board.

(DE) 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. Incomplete applications will be held open for ninety days following notification of incomplete requirements by regular mail. After sixty days, a final notice of incomplete application will be mailed by certified mail, return receipt requested. If the final notice is returned as unclaimed by the United States postal service, the board shall mail the final notice to the last address of record by regular mail. The final notice shall be deemed served on the date of mailing by regular mail. If, by the end of the ninety day period, the application remains incomplete, it will be considered abandoned. After ninety days, if desired, the applicant must submit a new application form, including fee.

- (EF) If the application process extends for a period longer than six months, the board may require updated information as it deems necessary. Application forms are available on the board's website at www.respiratorycare.ohio.gov.
- (F) No application being investigated under section 4761.09 of the Revised Code, may be withdrawn without approval of the board.
- (G) Application fees are not refundable.

4761-5-06 Respiratory care practice by polysomnographic technologists. (Propose to file as no change rule)

- (A) As used in division (B)(3) of section <u>4761.10</u> of the Revised Code, "a polysomnographic technologist" shall be defined as a person who holds a credential as a registered polysomnographic technologist (RPSGT) issued by the board of registered polysomnographic technologists (BRPT) or its successor organization.
- (B) As used in division (B)(3) of section 4761.10 of the Revised Code, "a trainee" shall be defined as a person who, under the direct supervision of a polysomnographic technologist, performs respiratory care tasks as a part of a defined course of education leading to eligibility to take the comprehensive registry exam for polysomnographic technologists.
- (C) As used in division (B)(3) of section <u>4761.10</u> of the Revised Code, "being eligible to be credentialled" shall be defined as a person who has completed the training and clinical experience required by the BRPT to take the comprehensive registry exam for polysomnographic technologists. Eligibility status shall not exceed eighteen months.
- (D) As used in division (B)(3) of section <u>4761.10</u> of the Revised Code, "direct supervision" shall be defined as being immediately available to oversee and direct the care rendered by a trainee.
- (E) The following respiratory care tasks performed in the diagnosis and therapeutic intervention of sleep-related breathing disorders may be performed upon the prescription or order under the general supervision of a physician:
- (1) Application and titration of bi-level, continuous positive airway pressure, or non-invasive ventilation;
- (2) Application and titration of supplemental low flow oxygen;
- (3) Application and monitoring of pulse oximetry;
- (4) Application and monitoring of capnometry; and
- (5) Patient education in the application of bi-level or continuous positive airway pressure, low flow oxygen, or pulse oximetry for the ongoing management of sleep-related disorders.

4761-6-01 Limited permit application procedure.

- (A) An applicant for a limited permit shall submit to the board an application under oath in the manner determined by the board, and provide such other facts and materials as the board requires. No application shall be considered submitted to the board until the appropriate fee has been received by the board. Application fees are not refundable.
- (1) An applicant for a limited permit must provide proof of meeting one of the following requirements:
- (a) Is enrolled in and is in good standing in a respiratory care educational program that meets the requirements of rule <u>4761-4-01</u> of the Administrative Code; or
- (b) Is a graduate of a respiratory care educational program that meets the requirements of rule <u>4761-4-01</u> of the Administrative Code and is making application within one year of such graduation date; or
- (c) Is employed as a provider of respiratory care in this state and was employed as a provider of respiratory care in this state prior to March 14, 1989, as provided by division (B)(1)(b) of section 4761.05 of the Revised Code.
- (2) An applicant meeting the requirements of paragraph (A)(1)(a) of this rule shall file with the application a verification of education form provided by the board as proof of his/her enrollment and good standing in an approved educational program.
- (3) An applicant meeting the requirements of paragraph (A)(1)(b) of this rule shall submit an official transcript.
- (4) An applicant meeting the requirements of paragraph (A)(1)(c) of this rule shall submit proof of his/her record of employment as a provider of respiratory care in this state.
- (5) A person issued a limited permit under paragraph (A)(1)(a) or (A)(1)(b) of this rule shall practice respiratory care only under the supervision of a respiratory care professional until whichever of the following occurs first:
- (a) Three years after the date the limited permit is issued; or
- (b) until the holder discontinues enrollment in the educational program; or
- (c) one year following the date of receipt of a degree or certificate of completion from a board-approved respiratory care education program;
- (B) The respiratory care services which may be performed by the holders of a limited permit issued under paragraph (A)(1)(a) of this rule are limited to only those services which have been successfully completed by such persons as part of the curriculum of their respiratory care educational program, as certified by the director of the respiratory care educational program on the verification of education form filed with the board. A copy of the board approved verification of education form will be provided to the holder of a limited permit. The board may supply a sample form to document these competencies to be certified by the director of the respiratory care educational program. The limited permit holder must provide a copy of the board approved verification of education form documentation of competencies certified by the director of the respiratory care educational program to all employers of respiratory care services. An uUpdated verification of education form documentation of competencies

shall may be provided by the limited permit holder to employers of respiratory care services filed with the board upon successful completion of additional clinical courses as certified by the director of the respiratory care educational program.

- (C) A person issued a limited permit under paragraph (A)(1)(c) of this rule shall practice respiratory care only under the supervision of a respiratory care professional and may practice for not more than three years, unless the holder has been employed as a provider of respiratory care for an average of not less than twenty-five hours per week for a period of not less than five years by a hospital certified or accredited pursuant to section 3727.02 of the Revised Code.
- (D) 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.
- (E) If the application process extends for a period longer than six months, the board may require updated information as it deems necessary.
- (F) No application being investigated under section 4761.09 of the Revised Code, may be withdrawn without approval of the board.
- (G) A person issued a limited permit in accordance with this rule must file a completed supervisor registration form within fifteen days of the beginning date of employment in the practice of respiratory care. A limited permit holder must file a new form for any change in respiratory care employment or upon being employed by more than one respiratory care employer.

4761-7-04 Supervision.

As provided for in division (B) of section $\frac{4761.05}{}$ of the Revised Code, a limited permit holder must work under the supervision of a respiratory care professional (RCP) and may not be supervised by any other person, including those persons licensed to practice in any other profession.

"To practice under the supervision of a respiratory care professional" as used in division (B) of section 4761.05 of the Revised Code requires that an RCP be readily available in the facility and responsible at all times for the direction and actions of a limited permit holder under their supervision. Three types of limited permits are issued by the board: student-based, employment-based, and graduate-based. The level of supervision and the duties assigned may vary based upon the type of limited permit holder that is being supervised. The RCP shall determine the appropriate level of supervision and assigned respiratory care duties for an employment-based limited permit holder taking into consideration institutional competency reviews and work performance. For student limited permit holders, the appropriate level of supervision and assigned respiratory care duties shall be based, in part, on competencies approved and on the verification of education form completed documented by the student's respiratory care educational program director. At no time shall a supervising RCP assign duties that exceed the approved competencies documented on the verification of education form. Graduatebased limited permit holders may practice a full scope of respiratory care duties, but must still be supervised in accordance with this rule. Regardless of the type of limited permit held, an RCP shall not delegate to a less qualified person any service which requires the skill, knowledge and judgment of an RCP.

4761-9-01 Definition of respiratory care continuing education.

- (A) "Respiratory care continuing education" (hereafter referred to as RCCE), as required under section <u>4761.06</u> of the Revised Code, means post-licensure learning experiences which are approved by the state medical board of Ohio (hereafter referred to as the board) and which enhance or build upon the licensees current knowledge or educational background as it pertains to the practice of respiratory care, as set forth in section <u>4761.01</u> of the Revised Code.
- (B) For the purposes of this chapter, the following definitions shall apply:
- (1) "Post-licensure" means the period following the granting of a license under section <u>4761.04</u> of the Revised Code or a limited permit issued under division (B) of section <u>4761.05</u> of the Revised Code.
- (2) "Learning experiences" means activities or programs which allow respiratory care providers to obtain or enhance skills, knowledge, or behavior needed to provide respiratory care.
- (3) "Approved by the state medical board of Ohio" means that the RCCE program or activity qualifies for official recognition by the board in accordance with one of the approval mechanisms set forth in rules 4761-9-04 and 4761-9-05 of the Administrative Code.
- (4) "Licensee" means the holder of a license issued under section $\frac{4761.04}{100}$ of the Revised Code or a limited permit issued under division (B)(1)(b) of section $\frac{4761.05}{100}$ of the Revised Code.
- (5) "Contact hour" means fifty or sixty minutes of planned classroom, clinical, or provider-directed independent study.
- (a) Calculation of contact hours from credit hours earned in an academic institution shall be done using the following formula:
- (i) Quarter system: one credit hour = ten contact hours;
- (ii) Trimester system: one credit hour = twelve contact hours;
- (iii) Semester system: one credit hour = fifteen contact hours.

4761-9-04 Ohio respiratory care law and professional ethics course criteria.

- (A) An acceptable course in Ohio respiratory care law or professional ethics shall meet the following criteria and be <u>taught</u> by an individual with the appropriate qualifications and experience <u>awarded or approved through an activity meeting the requirements of rule 4761-9-05 of the Administrative Code</u>:
- (1) The course shall be at least one contact hour in length; and
- (2) The course content shall include one of the following:
- (a) Standards of respiratory care practice and ethical conduct; or
- (b) Acts that constitute violations of the respiratory care practice law under section <u>4761.09</u> of the Revised Code; or
- (c) Obligations to report alleged violations of Chapter 4761 of the Revised Code or rules adopted thereunder; or
- (d) Medical ethics.
- (B) To be state medical board of Ohio approved RCCE for the one contact hour in respiratory care law or professional ethics required in rule 4761-9-02 of the Administrative Code, a course that meets the requirements of paragraph (A) of this rule shall also be approved by American association for respiratory care (A.A.R.C.), the American medical association (A.M.A.), the American nurses association (A.N.A.), the Ohio association of physician assistants (O.A.P.A.), the Ohio society for respiratory care (O.S.R.C.), the Ohio state medical association (O.S.M.A.), the Ohio nurses association (O.N.A.), the Ohio thoracic society (O.T.S.), the American college of chest physicians (A.C.C.P.), the American heart association (A.H.A.), the American lung association (A.L.A.), the Ohio lung association (O.L.A.), or the American association of critical care nurses (A.A.C.C.N.).
- (C) The board may also, in its discretion, offer a respiratory care law or professional ethics course to meet the one contact hour respiratory care or professional ethics requirement in rule 4761-9-02 of the Administrative Code.

4761-9-05 Approved sources of RCCE.

- (A) Applicants for renewal shall successfully complete the required number of RCCE contact hours according to rule <u>4761-9-02</u> of the Administrative Code. RCCE earned from any combination of the following sources may be applicable towards meeting RCCE requirements:
- (1) Relevant college credit awarded by an academic institution accredited by its regional accrediting association. **This is limited to respiratory care related classes.**
- (2) RCCE contact hours awarded by respiratory care educational programs approved by the board in accordance with rule <u>4761-4-01</u> of the Administrative Code.
- (3) The successful completion of advanced life support programs and/or instructors for life support programs will qualify to meet the RCCE requirement. Those meeting this requirement are, but may not be limited to advanced cardiac life support (ACLS), pediatric advanced life support (PALS), neonatal resuscitation program (NRP), and advanced trauma life support (ATLS). The number of contact hours for each program must be assigned by the educational provider. Licensees will be responsible for acquiring documentation supporting completion of the program, the date of completion, and the number of contact hours earned.
- (4) Recertification for ACLS, PALS, NRP, or ATLS. The number of contact hours for each program must be assigned by the educational provider. Licensees will be responsible for acquiring documentation supporting completion of the program, the date of completion, and the number of contact hours earned.
- (5) All or portions of a continuing education activity relevant to the practice of respiratory care which meet the requirements of paragraph (A) of rule 4761-9-01 of the Administrative Code and which have been approved by a professional organization or association awarding continuing education contact hours, including, but not limited to the American association for respiratory care (A.A.R.C.), the American medical association (A.M.A.), the American nurses association (A.N.A.), the Ohio association of physician assistants (O.A.P.A.), the Ohio society for respiratory care (O.S.R.C.), the Ohio state medical association (O.S.M.A.), the Ohio nurses association (O.N.A.), the Ohio thoracic society (O.T.S.), the American college of chest physicians (A.C.C.P.), the American heart association (A.H.A.), the American lung association (A.L.A.), the Ohio lung association (O.L.A.), and the American association of critical care nurses (A.A.C.C.N.).
- (6) Relevant education and training provided by a branch of the U.S. military for active duty military service members.
- (7) Professional ethics or Ohio respiratory care law continuing education programs approved by the Ohio respiratory care board for the purposes of meeting the requirements of rule <u>4761-9-04</u> of the Administrative Code. Providers must file a written request for approval with the Ohio respiratory care board, including a description of the course and qualifications of the course instructors. The Ohio respiratory care board, in its discretion, may approve or reject any course offering.

4761-9-07 Auditing for compliance with RCCE requirements.

- (A) To monitor compliance with the RCCE requirements, audits shall <u>may</u> be conducted retrospectively on <u>random samples of licensees and permit holders</u>, or in response to complaints received by the board. the following:
- (1) A random sample of license and permit holders;
- (2) Licensees who indicate non-compliance with the RCCE portion of the annual license or limited permit renewal form: and
- (3) Licensees who fail to complete the RCCE portion of the license or limited permit renewal form.
- (B) Audits may also be conducted in response to complaints received by the board or upon reporting less than the required number of contact hours on a renewal application.
- (BC) Audits may be required at any time within the year following the renewal of a <u>license or</u> limited permit or within the three year period following the renewal of a <u>license</u>.
- (\underline{CD}) The audit procedure shall be as follows:
- (1) Licensees shall receive a notice of audit by regular mail which includes the rationale for the audit, the term of RCCE collection under consideration, and instructions for compliance with the audit;
- (2) Audited licensees <u>or limited permit holders</u> shall be required to submit notarized proof of RCCE validating the <u>evidence of</u> completions of the required contact hours by license type under rule <u>4761-9-</u> 04-of this chapter ;.
- (3) Licensees shall have thirty days to comply with the audit request;
- (4) Audit investigations shall be conducted on a schedule determined by the board.
- (5) Proof of RCCE submitted to the board in response to an audit shall not be returned to the licensee or retained by the board after verification of RCCE is established. in accordance with this chapter;
- (E) The board shall verify all proof of RCCE submitted in response to a notice of audit.
- (1) If the information submitted to the board in response to a notice of audit meets the requirements of the board, no further action shall be taken.
- (2) If the information submitted to the board in response to a notice of audit indicates non-compliance of any kind, the licensee shall receive a report outlining the areas of non-compliance. The licensee will have fifteen days from the receipt of the report to file a written response with the board.
- (3) If the board does not receive a satisfactory response to the notice of audit within thirty days, as set forth in paragraph (D)(3) of this rule, or to the report of non-compliance within fifteen days, as set forth in paragraph (E)(2) of this rule, there shall be an opportunity for hearing notice issued in accordance with Chapter 119. of the Revised Code and rule 4761-11-02 of the Administrative Code. Pursuant to a hearing in accordance with Chapter 119. of the Revised Code, the board may impose one or more of the sanctions provided in section 4761.09 of the Revised Code, including the imposition of fines, as set forth under rule 4761-11-03 of the Administrative Code.

4761-10-03 Providing information to the board.

- (A) A licensee or permit holder <u>shall</u> <u>may be considered negligent or guilty of gross misconduct for failing to report to the board</u> alleged violations of <u>Chapter 4761</u>. <u>of the Revised Code</u> <u>the respiratory care law</u> or <u>these</u> <u>any</u> rules <u>of the board</u> <u>to the board</u> <u>in the manner prescribed by rule 4731-15-01 of the Administrative Code</u>.
- (B) A licensee or permit holder shall notify the board office <u>as soon as practicable</u>, <u>but no more than</u> within sixty days <u>after</u> of any changes in address, academic standing or employment, or other facts that might affect <u>licensee or permit holder's</u> <u>his</u> eligibility to practice respiratory care.
- (C) A licensee or permit holder may be considered negligent in violation of division (A)(19) of section 4761.09 of the Revised Code for failing to respond to a request for information or other correspondence relating to Chapter 4761. of the Revised Code or agency level Chapter 4761. of the Administrative Code.

Comments on 2nd round of Respiratory Care Rules

Name	Email	Organization	Comments
Bourdette, Tina, MHA, RRT, RCP Ciarlariello, Sue, Legislative Chair for Ohio Society for Respiratory Care	tina.bordette@fmchealth.org sue.ciarlariello@outlook	Fairfield Medical Center Resp/sleep lab mgr Ohio Society for Respiratory Care	She supports many of the proposed rule changes, but does not support proposed rule 4761-5-01. Eliminating passage of the CRT as a basis to receive licensure will conflict with the manner in which Respiratory therapists are differentiated by skill set. This licensure difference helps guide job scope and critical thinking skills. For instance, CRTs are the ones often assigned to less critical or high acuity areas, much like an RN vs. a BSN or a LPN vs. RN. The RRT certification shows the highest achievement for the respiratory profession. If you eliminate the CRT for licensure, you are eliminating the only growth built into the profession, climbing up from CRT to RRT in order to show increased critical thinking skills. Respiratory is not as defined as nursing, there is not as many widely known certifications that can be achieved or recognized by employers, to influence job description or pay. Please consider not changing this rule and keeping it as currently defined CRT and RRT for licensure. Also, currently respiratory therapist are fighting for pay equity among other health care professionals, the only differentiation that allows them to fight for more pay is the RRT certification. On proposed rule 4761-9-07, she would like more information as to what changes would be occurring to align respiratory auditing with other license types. OSRC supports most of the rules changes and offers the following suggestions. On 4761-5-02 Admission to the Ohio Credentialing exam, OSRC suggests specifying that the exam would be the RRT (Therapist Multiple Choice Exam and Clinical Simulation Exam). On 4761-9-05 Approved Sources of RCCE, OSRC recommends amending paragraph (A)(1) to define relevant college credit based on a recommendation of the Respiratory Advisory Council that was approved by the Medical Board.
Octaviano, Michelle	moctaviano@msn.com		She would like to know why there is no law in place that requires a hospital setting to be staffed with a respiratory therapist 24 hours/day. Her facility has gotten rid of respiratory therapy on night shift and the respiratory therapists are now on call instead.
Pifher, Andrea, MHSc, RRT-ACCS, RCP	apifher@cscc.edu	Assistant Professor, Program Director, Respiratory Care Program, Columbus State Community College	She comments on proposed rule 4761-6-01 and states that the form that lists competencies of a student limited permit holder needs to be revised. She asks questions regarding liability if a student limited permit holder would make an error on a procedure that the program director certified competency for that student limited permit holder. Also, she inquires about whether a FERPA release can be incorporated into the "limited permit form" to allow program directors to discuss with employers when a student limited permit holder's academic status changes.
Shaffer, Diane	respdi1486@gmail.com		Her comments indicate that she supports the change to proposed rule 4761-5-01. She believes that it is unfair that CRT credentialed therapists lack the RRT credential and are paid the same. She states that it is like an LPN getting paid like an RN without the education and credential. She thought the higher credential would make a difference in pay and feels misled that it has not. She states "[j]ust calling us all RCP's is not what RRT's signed up for when credentialed. Its like my higher credential means nothing. Thank you!"

From: Smith, Nathan
To: Tina Bourdette
Cc: Rodriguez, Judith

Subject: RE: Proposed Respiratory Care rules for licensure, supervision of limited permit holders, continuing education,

and providing information to the Medical Board

Date: Friday, April 26, 2019 8:47:35 AM

Ms. Bourdette,

Thank you for submitting comments on the proposed rules. All comments will be reviewed.

Sincerely,

Nathan T. Smith Senior Legal & Policy Counsel State Medical Board of Ohio 30 East Broad St., 3rd Floor Columbus, OH 43215 (614) 466-4341 Nathan.Smith@med.ohio.gov med.ohio.gov

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From: Tina Bourdette <tina.bourdette@fmchealth.org>

Sent: Monday, April 22, 2019 2:11 PM

To: Smith, Nathan < Nathan. Smith@med.ohio.gov>

Subject: Proposed Respiratory Care rules for licensure, supervision of limited permit holders,

continuing education, and providing information to the Medical Board

To whom it may concern,

I would like to share my feedback on the proposed changes to respiratory therapy licensure. I also hope you consider my plea, to abandoned the proposed changes to 4761-5-01.

4761-5-01: Eliminating the CRT for ability to receive licensure will conflict with the manner in which Respiratory therapists are differentiated by skill set. This licensure difference helps guide job scope and critical thinking skills. For instance, CRTs are the ones often assigned to less critical or high acuity areas, much like an RN vs. a BSN or a LPN vs. RN vs the RRT. The RRT certification shows the highest achievement for the respiratory profession. If you eliminate the CRT for licensure, you are eliminating the only growth built into the profession, climbing up from CRT to RRT in order to show increased critical thinking skills. Respiratory is not as defined as nursing, there is not as many widely known certifications that can be achieved or recognized by employers, to influence job description or pay. Please consider not changing this rule and keeping it as currently defined CRT and RRT for

licensure. Also, currently respiratory therapist are fighting for pay equity among other health care professionals, the only differentiation that allows them to fight for more pay is the RRT certification, by eliminating that we will lose RTs who don't want to make a comparable wage to other health care disciplines.

4751-5-04, 4761-6-01: Approve and support as proposed.

4761-6-01 and 4761-7-04: Approve and support as proposed.

4761-9-01, 4761-9-04 and 4761-9-05: Approve and support as proposed.

4761-9-07: I would like more information as to what changes exactly would be occurring to align respiratory auditing with other license types.

4761-10-03: Approve and support as proposed.

Tina Bourdette, MHA, RRT, RCP Respiratory/Sleep lab Manager

740-689-4948 (office) 216-308-3752 (cell) <u>Tina.Bourdette@fmchealth.org</u>

Fairfield Medical Center

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From: Smith, Nathan

To: Michelle Octaviano

Cc: Rodriguez, Judith

Subject: RE: Rules respiratory therapy
Date: Friday, May 03, 2019 1:29:27 PM

Ms. Octaviano,

Thank you for submitting comments on the proposed rules. All comments will be reviewed.

Sincerely,

Nathan T. Smith Senior Legal & Policy Counsel State Medical Board of Ohio 30 East Broad St., 3rd Floor Columbus, OH 43215 (614) 466-4341 Nathan.Smith@med.ohio.gov med.ohio.gov

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From: Michelle Octaviano <moctaviano@msn.com>

Sent: Friday, May 3, 2019 1:25 PM

To: Smith, Nathan < Nathan. Smith@med.ohio.gov>

Subject: Rules respiratory therapy

I would like to know why there is no law in place stating a respiratory therapist must be staffed 24 hours in a hospital setting. Our facility has gotten rid of respiratory therapy on night shift and we now take call.

Thank you

Michelle Octaviano

Sent from my Verizon, Samsung Galaxy smartphone

From: <u>Sue Ciarlariello</u>

To:Smith, Nathan; Debolt, SallieCc:Bailey, Shereen; David P. Corey

Subject: OSRC Comments on proposed rules related to the regulation of Respiratory Care

Date: Wednesday, May 1, 2019 1:39:36 PM

Attachments: OSRC Position on OAC 4761 Rule Changes SMBO 4-19.docx

Dear Ms. Debolt and Mr. Smith,

The Ohio Society for Respiratory Care appreciates the opportunity to comment on the State Medical Board of Ohio proposed rules affecting the regulation of the Respiratory Care profession in Ohio.

Attached are our comments concerning the recently proposed 4731 rules concerning military and criminal background checks and the remaining respiratory care rules under 4761 requiring review and/or modification to conform to the existing medical board processes.

We believe that there are a few comments in this document which may be of interest to the Respiratory Care Advisory Committee as they review these rules. Also, we did propose an amendment in 4761-9-05.

Thank you for your consideration in this matter. If you have any questions, please feel free to contact me at 937-239-2458.

Sue Ciarlariello
OSRC Legislative Chair



OSRC Position on OAC 4731 and 4761 Rule Changes Proposed by the State Medical Board of Ohio affecting the Profession of Respiratory Care April, 2019

OAC 4731-36 Military Rules:

OAC 4731-36-01: Military provisions related to education and experience requirements for licensure

This rule will eliminate the need for **4761-4-03 Recognition of military educational programs for active duty military members and/or military veterans**. The new rule includes the same CoARC language: (4) For the purposes of section 5903.03 of the Revised Code, the board recognizes respiratory care educational programs offered by the branches of the United States military that have been issued provisional accreditation, initial accreditation, continuing accreditation or other accreditation status conferred by the commission on accreditation for respiratory care (CoARC) or their successor organization that permits respiratory care programs offered by the US military to continue to enroll and/or graduate students.

OAC 4731-36-02: Military provisions related to renewal of license and continuing education.

This rule eliminates several military sections in **4761-8-01 Renewal of license or permit,** sections: (G)(3) which addresses lapsed or inactive due to active military duty, (G)(4) addresses waiving of late fees for active duty and (K) addresses applying for waiver for continuing education for lapsed license if military. Also eliminates need for sections (G)(2)(a)(i) and (ii) in **4761-9-02 General RCCE requirements and reporting mechanisms** which specifically addresses military waiver of RCCE.

OAC 4731-36-03: Processing applications from service members, veterans, spouses of service members or veterans

This rule discusses the SMBO process for determining military applicants, expediting the processing of such applications and communicating waivers and required documentation.

Position: The OSRC supports these three new rules and the rescission of 4761-4-03 and the proposed changes related to military sections currently in 4761-8-01 and 4761-9-02.

OAC 4721 4: Criminal Pacarde Chack

OAC 4731-4: Criminal Records Check

4731-4-01 Criminal Records Check - Definition: Adds ORC 4761 to the list of SMBO licensees.

4731-4-02: Criminal Records Check – Adds ORC 4761 to the list of professions which must complete BCI and FBI criminal records checks.

4761 -5-07 Criminal Records Check has been filed with JCARR for rescission.

Position: The OSRC supports this rule change and the rescission of 4761-5-07

4761-5-01: Examination requirements

- (A) All initial applicants for licensure must have passed the RRT exam. The change in this rule will eliminate the option of out-of-state CRTs (attained prior to 2015) getting an initial Ohio license.
- (B) CRTs in Ohio who currently have an Ohio license will be allowed to continue to practice.

Position: The OSRC supports this rule change to eliminate the exception for out of state CRTs to obtain an initial Ohio RCP license.

4761-5-02: Admission to the Ohio credentialing examination (no change)

This rule applies to the eight remaining Limited (2) Permit holders who were grandfathered in 1990; they still have the option to take the NBRC exam for licensure but without an NBRC credential. In the past, this was the CRT exam. This language is also included 4761-5-04.

Position: The OSRC supports no change in 4761-5-02, but suggests that the RCAC confirm that credentialing exam requirements would now be the RRT exam (Therapist Multiple Choice Exam and Clinical Simulation Exam).

4761-5-04: Licensure Application Procedure

The proposed changes align the 4761 application procedure with other licensees of the board. Basically, applications must be completed as the board requires, complete with fees paid and criminal background check. If the applicant does not complete the application in six months, the board will notify the applicant of its intent to consider the application abandoned.

Position: The OSRC supports the proposed changes in 4761-5-04.

4761-5-06: Respiratory care practice by Polysomnography Technologists (no change)

Position: The OSRC supports no change in 4761-5-06.

4761-6-01: Limited permit application process

Section (A)(2) requires the applicant to file with the application a verification of education form provided by the board as proof of his/her enrollment in good standing in an approved educational program. However, section (B) eliminates the current Verification of Education Form use for documenting the Limited Permit Holder's competencies which determine their limited practice. Initial and updated certified competency documentation must be provided to the employers by the limited permit holder. The board will no longer be the recipient of these intermediary documents. The board also no longer plans to have a limited permit holder file a form indicating their supervisor; this eliminates section (G).

Position: The OSRC agrees with these changes in 4761-6-01. The OSRC also has concerns about the current Verification of Education Form for verifying competencies. Allowing the educational program director to choose the method/documentation format for informing the employer of attained competencies should be more effective process. The OSRC also agrees that the certified competencies must be kept on file by the employer in the event a complaint is received concerning the limited practice holder's care or scope of care. The elimination of the supervisor registration form is not concerning.

4761-7-04: Supervision

This change remove the term "verification of education form" replacing it with <u>competencies approved and documented</u> for assignment of duties.

Position: The OSRC supports this proposed change in 4761-7-04.

4761-8-01: Renewal of License or permit

The significant changes in this rule eliminate a lot of detail in the old rule and makes the renewal process consistent with the renewal process of other SMBO licensees. It also eliminates the military waiver for renewal that is now in 4731-36-02. New section (D) inserts the restoration language from ORC 4761.06. The new restoration language would require reexamination if a license had lapsed or the licensee has not been in active practice for more than two years, consistent with other SMBO licensees. The old ORCB rule required re-examination at five years of inactivity.

Position: The OSRC supports these proposed changes. The OSRC recommends that re-examination be defined as the successful completion of the NBRC Therapist Multiple Choice Exam (TMCE) at the RRT level. (Note: It is possible to pass the TMCE at the CRT level, which would be below Ohio's RRT requirement for licensure.)

4761-9-01: Definitions of respiratory care continuing education

The change is in section (B) (3) "Approved by the state medical board of Ohio" means the RCCE program or activity qualifies for official recognition by the board in accordance with one of the approval mechanisms set forth in rules 4761-9-04 and 4761-9-05 of the Administrative Code.

Position: The OSRC supports this proposed change in 4761-9-01.

4761-9-02: General RCCE requirements and reporting mechanism

The proposed changes in this rule do not affect the type or number of RCCEs required for renewal. However, the changes address the reporting process, audit requirements, waiver of RCCE and the waiver requirements consistent with other licensees of the SMBO.

Position: The OSRC supports the proposed changes in 4761-9-02.

4761-9-04: Ohio Respiratory Care law and professional ethics course criteria

Section (A) still defines the requirements to qualify for an acceptable professional ethics course. Section (B) lists all the possible associations that could approve the one hour RC law and professional ethics required in lieu of the full Board. Section (C) adds the Board can offer its own course to meet the obligation in 4761-9-02.

Position: The OSRC supports the proposed changes in 4761-9-04. The use of reputable sponsors of ethics programs with the proper content as described in section (B) will eliminate the burden of full Board approval. The OSRC also appreciates the SMBO offering an acceptable on-line ethics course.

4761-9-05: Approved sources of RCCE

The proposed change eliminates (A) (7) which requires board approval of all professional ethics courses to meet rule 4761-9-04.

Position: The OSRC agrees with the elimination of section (A)(7) of 4761-9-05. The OSRC would also recommend amending 4761-9-05(A)(1): Relevant college credit <u>in respiratory care</u> awarded by an academic institution by its regional accrediting association. This supports a recent recommendation of the Respiratory Care Advisory Council to grant RCCE specifically to respiratory care courses.

4761-9-07: Auditing for compliance with RCCE requirements

Rule proposed is amended to change the auditing of respiratory care continuing education to be consistent with the auditing procedure for other license types. It also eliminates the disciplinary process for RCCE deficiencies, which cannot be written into this rule until new statutory language (including civil penalties) is passed.

Position: The OSRC supports the proposed changes to 4761-9-07.

4761-10-03: Providing information to the Board

The removal of "negligent" and "gross misconduct" language is necessary as those terms are no longer in the respiratory care disciplinary statute. The changes make failure to report now <u>a violation</u> of statutes or rules consistent with the processes described in OAC rule 4731-15-01. Also, a licensee or limited permit holder is now considered <u>in violation</u> for failing to respond to board's request for information.

Position: The OSRC agrees with these proposed changes in 4761-10-03 reflective of the current law.

Thank you for the opportunity to comment on these rules,

Sue Ciarlariello
OSRC Legislative Chair
susanciar@outlook.com
937-239-2458

From: Smith, Nathan

To: Andrea Pifher

Cc: Rodriguez, Judith

Subject: RE: proposed respiratory care rules Date: Friday, April 26, 2019 8:48:53 AM

Ms. Pifher,

Thank you for submitting comments on the proposed rules. All comments will be reviewed.

Sincerely,

Nathan T. Smith Senior Legal & Policy Counsel State Medical Board of Ohio 30 East Broad St., 3rd Floor Columbus, OH 43215 (614) 466-4341 Nathan.Smith@med.ohio.gov med.ohio.gov

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From: Andrea Pifher <apifher@cscc.edu> Sent: Monday, April 22, 2019 2:13 PM

To: Smith, Nathan < Nathan. Smith@med.ohio.gov>

Subject: proposed respiratory care rules

Good afternoon Mr. Smith. My name is Andrea Pifher and I am the program director for the respiratory care program at Columbus State Community College. I am interested in the proposed revision of the limited license. I think I understood that the competency documentation will be revised per State Medical Board. I am happy to hear about this revision. I was working with the prior board on the wording of the former competency documentation form. For example, CPR was listed under the advanced section and there was confusion if this meant BLS or ACLS. Since it was under the advanced category, I took it as ACLS. I had one employer unhappy because I would not check it off for BLS. Also, for competencies I mark the student competent in performing, if the student were to make an error performing those skills in the hospital working under the limited permit, is the program director liable for the student's fault? Where is the liability of the limited permit - the employer or the program director? If a student is working under the limited permit and is not in good academic standing and I do not have a FERPA release to talk to the employer and confirm academic standing, what can happen? Can a FERPA be embedded into the limited permit form to allow program directors to talk with the manager when academic status changes? I think if you wanted, there are a lot of educators who like to give feedback on the limited permit.

Thank you for your time. I hope the limited permits will have more clarity moving forward.

Sincerely,

Andrea Pifher, MHSc., RRT-ACCS, RCP

Assistant Professor, Program Director

Respiratory Care Program

Columbus State Community College

apifher@cscc.edu

From: Smith, Nathan

To: diane shaffer

Cc: Rodriguez, Judith

Subject: RE:

Date: Friday, April 26, 2019 8:49:36 AM

Ms. Shaffer,

Thank you for submitting comments on the proposed rules. All comments will be reviewed.

Sincerely,

Nathan T. Smith Senior Legal & Policy Counsel State Medical Board of Ohio 30 East Broad St., 3rd Floor Columbus, OH 43215 (614) 466-4341 Nathan.Smith@med.ohio.gov med.ohio.gov

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From: diane shaffer <respdi1486@gmail.com>

Sent: Monday, April 22, 2019 2:50 PM

To: Smith, Nathan < Nathan. Smith@med.ohio.gov>

Subject:

I believe that it is unfair that CRT credentialed therapists lack the RRT Credential and are paid the same which is unfair for those that go the extra mile. Its like an LPN getting paid like an RN without the education and credential. Its about time! I earned my RRT and if you have the education why not go for the RRT. I feel mislead because I thought obtaining the higher credential made a difference. Just calling us all RCP's is not what RRT's signed up for when credentialed. Its like my higher credential means nothing. Thank You!