CSI - Ohio

The Common Sense Initiative

Business Impact Analysis

Agency Name: State Medical Board of Ohio

Regulation/Package Title: Physician Assistant Rules

Rule Number(s): 4730-1-01, 4730-1-05, 4730-1-06, 4730-1-06.1, 4730-1-07, 4730-1-08, 4730-2-01, 4730-2-04, 4730-2-05, 4730-2-06, 4730-2-07, 4730-2-10, 4730-3-01, 4730-3-02

Date: July 16, 2019

Rule Type:

- ☐ New
- X Amended
- X 5-Year Review
- X Rescinded

The Common Sense Initiative was established by Executive Order 2011-01K and placed within the Office of the Lieutenant Governor. Under the CSI Initiative, agencies should balance the critical objectives of all regulations with the costs of compliance by the regulated parties. Agencies should promote transparency, consistency, predictability, and flexibility in regulatory activities. Agencies should prioritize compliance over punishment, and to that end, should utilize plain language in the development of regulations.

Regulatory Intent

1. **Please briefly describe the draft regulation in plain language.**
   Please include the key provisions of the regulation as well as any proposed amendments.

   Senate Bill 259 of the 132nd General Assembly made significant amendments to Chapter 4730, Ohio Revised Code, the Physician Assistant Practice Act. The rules in Agency 4730 of

the Administrative Code were reviewed to ensure compatibility with the amendments. Some rules are rescinded because the Medical Board is consolidating certain procedural rules so all licensee types are governed by the applicable rule(s) in Agency 4731 of the Ohio Administrative Code instead of having virtually the same rules in different chapters of the Ohio Administrative Code.

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 to reflect on-line submission of applications; to reflect that the criminal records check procedure will be under the rules in Chapter 4731-4, ORC; to conform to language used for physician applications; and to delete wording that is not consistent with new statutory language.

4730-1-06.1: Military provisions related to certificate to practice as a physician assistant – Proposed to be rescinded as military provisions for all licensees are being consolidated into Chapter 4731-36 of the Ohio Administrative Code ("OAC").

4730-1-07: Miscellaneous provisions – This rule incorporates by reference rules in Chapter 4731 of the OAC that are applicable to physician assistants by virtue of Sections 4730.02(D), 4730.20(A)(8), 4730.21(C), and 4730.4(A)(2) of the Ohio Revised Code as to practice standards and under the Medical Board's goal of consolidating procedural requirements for all licensee types into the appropriate rule(s) in Agency 4731 of the OAC.

The current rule is proposed to be amended by adding Chapter 4731-4 (criminal records check procedures) and Chapter 4731-23 (delegation to unlicensed persons) and deleting Chapter 4731-21 (Chapter 4731-21 has been rescinded). With these amendments the following rules in Chapter 4731, OAC, will be applicable to physician assistants: Chapter 4731-4: Criminal records check requirements; Chapter 4731-11: Controlled substances; Chapter 4731-13: Administrative 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; and 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, OAC, 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 by deleting the word "valid" as the term is now "prescriber number" and a statutory reference is updated.

4730-2-06: Physician assistant formulary – Proposed to be rescinded. S.B. 259 repealed the physician assistant formulary.

4730-2-07: Standards for prescribing – Proposed to be amended by deleting the phrase "current valid" throughout, deleting references to the formulary, and adding reference to rules in Chapter 4730-4. Note: The rules in Chapter 4730-4 are being prepared for submission to CSI as part of a packet of rules applicable to the provision of detoxification services.

4730-2-10: Standards and procedures for review of "Ohio Automated Rx Reporting System" (OARRS) – Proposed to be amended by updating the reference to the Pharmacy Board rule.

4730-3-01: Definitions – Proposed to be rescinded as criminal records check requirements will be under Chapter 4731-4 of OAC.

4730-3-02: Criminal records checks – Proposed to be rescinded as criminal records check requirements will be under Chapter 4731-4 of the OAC.

2. **Please list the Ohio statute authorizing the Agency to adopt this regulation.**

   All of the rules are authorized by Section 4730.07 of the Revised Code. Rule 4730-1-06 is authorized by Section 4730.14 of the Revised Code. The rules in Chapter 4730-2 are also authorized by Section 4730.39. Rule 430-2-10 is authorized by Section 4730.53 of the Revised Code.

3. **Does the regulation implement a federal requirement? Is the proposed regulation being adopted or amended to enable the state to obtain or maintain approval to administer and enforce a federal law or to participate in a federal program?**

   If yes, please briefly explain the source and substance of the federal requirement.

No, the rules do not implement a federal requirement.

4. **If the regulation includes provisions not specifically required by the federal government, please explain the rationale for exceeding the federal requirement.**

   Not applicable.

5. **What is the public purpose for this regulation (i.e., why does the Agency feel that there needs to be any regulation in this area at all)?**

   The rules implement Chapter 4730 of the Revised Code and protect health care consumers by informing physicians, physician assistants, health care employers, and health care consumers about the standards for physician assistant licensure and practice.

6. **How will the Agency measure the success of this regulation in terms of outputs and/or outcomes?**

   The success of the rules will be measured by having the rules understood and followed.

Development of the Regulation

7. **Please list the stakeholders included by the Agency in the development or initial review of the draft regulation.**
   If applicable, please include the date and medium by which the stakeholders were initially contacted.

   The rules were submitted to the Physician Assistant Policy Committee ("PAPC"), as required by Section 4730.06 of the Revised Code, on April 8, 2019. PAPC recommended that the rules as proposed be sent for review by interested parties but with paragraphs (I)(2)(a) and (b) stricken from rule 4731-1-06. The PAPC recommendation was accepted by the Medical Board.

   The rules were sent to interested parties on April 11, 2019. The interested parties included the Ohio Association of Physician Assistants, state medical organizations, attorneys who represent parties before the Medical Board, lobbyists, and individuals and organizations who have standing requests to receive notice of Medical Board rule activity.

8. **What input was provided by the stakeholders, and how did that input affect the draft regulation being proposed by the Agency?**

   One comment was received. A physician assistant commented that he is in support of the rules as presented.

9. **What scientific data was used to develop the rule or the measurable outcomes of the rule? How does this data support the regulation being proposed?**

   Scientific data was not used to develop the rule or outcomes. The rules reflect the provisions of Chapter 4730 of the Revised Code.

10. **What alternative regulations (or specific provisions within the regulation) did the Agency consider, and why did it determine that these alternatives were not appropriate? If none, why didn't the Agency consider regulatory alternatives?**

    See #7 above. The rule presented to PAPC included a listing of approved providers for the continuing medical education and details on approval of courses. PAPC recommended that the detail was unnecessary and should be simplified. The recommendation was accepted.

11. **Did the Agency specifically consider a performance-based regulation? Please explain.** ***Performance-based regulations define the required outcome, but don't dictate the process the regulated stakeholders must use to achieve compliance.***

    The rules are as performance based as possible. The rules set standards but allow leeway in the process for compliance. For example, rule 4730-1-05 sets general topics that the quality assurance system must contain without going into detail and also allows flexibility in the process by recognizing that in a multiple supervising physician situation the physicians may want to designate one physician to complete the quality assurance review.

12. **What measures did the Agency take to ensure that this regulation does not duplicate an existing Ohio regulation?**

    The Medical Board is the only Ohio agency authorized to regulate physician assistant licensing and practice.

13. **Please describe the Agency's plan for implementation of the regulation, including any measures to ensure that the regulation is applied consistently and predictably for the regulated community.**

    The Medical Board will educate its employs on the rules. Each department head will provide uniformity in interpretation of the rule by the department (such as Licensure or Investigations).

Adverse Impact to Business

14. **Provide a summary of the estimated cost of compliance with the rule. Specifically, please do the following:**
    a. **Identify the scope of the impacted business community;**
       The impacted business community is composed of physician assistants, physician assistant applicants, and physicians who will become supervising physicians.
    b. **Identify the nature of the adverse impact (e.g., license fees, fines, employer time for compliance); and**
       For rule 4730-1-05, the adverse impact is the time it takes for the supervising physician to review selected patient record entries made by the physician assistant and discuss the review with the physician assistant.

For rule 4730-1-06, the adverse impact is that the physician assistant applicant must take time to provide a completed application, including a criminal records check. Also the licensed physician assistant must complete continuing education, as is required by Section 4730.14 of the Revised Code.

For rule 4730-2-04, the adverse impact is that the supervising physician must be on-site during the physician assistant's first five hundred hours of prescribing, as is required by Section 4730.44 of the Revised Code.

For rule 4730-2-10, the adverse impact is the time it takes to check a patient's history in the prescription monitoring system maintained by the Ohio Board of Pharmacy, as is required by Section 4730.53 of the Revised Code.

c. Quantify the expected adverse impact from the regulation.
The adverse impact can be quantified in terms of dollars, hours to comply, or other factors; and may be estimated for the entire regulated population or for a "representative business." Please include the source for your information/estimated impact.

The adverse impact of supervising physician quality assurance cannot realistically be quantified in terms of dollars, hours to comply, or other factors. The impact depends upon the pay rate of the supervising physician and the thoroughness of review of an unspecified number of patient entries made by the physician assistant. The financial cost of the criminal records check depends upon the vendor chosen by the applicant. The information on the website for the Ohio Attorney General (https://www.ohioattorneygeneral.gov/Business/Services-for-Business/Webcheck) shows fees ranging from $47.25 to $80.00.

The cost of continuing education varies on the licensee's choice of courses. Examples: "no cost" for presenting a lecture that is approved for Category 1 credit (see https://www.nccpa.net/FAQ.aspx#cme), 170 hours of credit for $899 (see https://cme.aapa.org/local/catalog/view/product.php?productid=233), or 16 credit hours earned on a seven-night Caribbean cruise (See https://www.skinbonescme.com/locations/caribbean-cruise/).

15. Why did the Agency determine that the regulatory intent justifies the adverse impact to the regulated business community?

The Medical Board is charged with protecting the public by licensing and regulating the practice of physician assistants. The rules are justified because the scope of practice of physician assistants has expanded to include most medical specialties, including sometimes surgery. The procedural rules reflect the requirements of the Ohio Revised Code and the

rules concerning medical practice are not overly burdensome and reflect medical practice within the minimum standards of care.

Regulatory Flexibility

16. Does the regulation provide any exemptions or alternative means of compliance for small businesses? Please explain.

Protection of the public requires that the rules be evenly applied to licensees no matter the size of the practice entity.

17. How will the agency apply Ohio Revised Code section 119.14 (waiver of fines and penalties for paperwork violations and first-time offenders) into implementation of the regulation?

The rules are applicable to individuals and not to a business entity. The only paperwork violations that might be incurred are those relating to failure to provide required information on an application. The failure to provide required documents as part of licensure application does not incur a fine or penalty, but subjects the applicant to abandonment or denial of the application.

18. What resources are available to assist small businesses with compliance of the regulation?

Medical Board staff members are available to answer questions. Guidance documents are created to answer common questions.

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 4730.10 of the Revised Code, including such other facts and materials as the board requires, has been received by the board; and

(4) The applicant has complied with the requirements of paragraph (A) of rule ~~4730-3-02~~ 4731-4-02 of the Administrative Code and the board has received the results of the criminal records checks ~~and any other forms required to be submitted pursuant to paragraph (A) of rule 4730-3-02 of the Administrative Code~~.

(5) The board is not conducting an investigation, pursuant to section 4730.26 of the Revised Code, of evidence appearing to show that the applicant has violated section 4730.25 of the Revised Code or applicable rules adopted by the board.

(D) All application materials submitted to the board will be thoroughly investigated. The board will contact individuals, agencies, or organizations for information about applicants as the board deems necessary. As part of the application process, an applicant may be requested to appear before the board or a representative thereof to answer questions or provide additional information.

(E) Applications received from service members, veterans, or spouses of service members or veterans shall be identified and processed in accordance with rule ~~4731-6-35~~ 4731-36-03 of the Administrative Code.

(F) The following processes apply when an application is not complete within six months of the date the application is filed with the board:

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

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

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

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

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

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

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

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

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

(G) ~~The holder of a physician assistant license issued under section 4730.11 of the Revised Code who did not have a qualifying master's degree or higher at the time of licensure and did not receive a valid prescriber number with the license may obtain a valid prescriber number by meeting the requirements of division (E)(3) of section 4730.11 of the Revised Code.~~

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

(~~I~~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.

(~~J~~I) To qualify for renewal of a physician assistant license with a valid prescriber number, the physician assistant shall comply with all of the following requirements:

(1) Completion of the requirements in paragraph (H) 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.

~~(KJ) 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 AMENDED

(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 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 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 section5903.12 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 4731-4, 4731-11, 4731-13, 4731-14, 4731-15, 4731-16, 4731-17, 4731-18, ~~4731-21~~, 4731-23, 4731-25, 4731-26, 4731-28, ~~and~~ 4731-29, and 4731-36 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.

4730-1-08 Physician assistant delegation of medical tasks and administration of drugs. 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 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 ~~evalutee~~ 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 ~~documenation~~ documentation may include a letter from one or more ~~physiicans~~ 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 4730.44 of the Revised Code.

(2) "CTP holder may not prescribe" means medications in the category may not be prescribed by any CTP holder for any indication.

(3) "CTP holder may prescribe" means medications in the category may be prescribed by any CTP holder as appropriate.

(4) "Physician initiated/consultation" means that either the supervising physician must initiate the drug after personally evaluating the patient or the physician assistant must consult with the supervising physician by direct, real time communication prior to initiating the drug.

(5) "Therapeutic device" means an instrument, apparatus, implement, machine, contrivance, implant, in vitro reagent, or other similar or related article, including a component part, or accessory which is intended to affect the structure or any function of the body and which does not achieve any of its primary intended purposes through chemical action within or on the body and which is not dependent upon being metabolized for the achievement of any of its primary intended purposes. Therapeutic device includes any device subject to regulation by the "Food and Drug Administration."

(C) All physician assistant prescribing shall be in compliance with the supervisory plan under which the physician assistant is prescribing or the policies of the health care facility in which the physician assistant is prescribing, as may be restricted by the supervising physician.

(D) All drugs and therapeutic devices shall be prescribed in accordance with the manufacturer's package insert, the "United States 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, 4730-4, and 4731-11, ~~and 4731-21~~ of the Administrative Code; and

(4) The requirements of state and federal law pertaining to the prescription of drugs and therapeutic devices.

(B) A physician assistant who holds a ~~current valid~~ prescriber number who has been granted physician-delegated prescriptive authority by a supervising physician shall prescribe in a valid prescriber-patient relationship. This includes, but is not limited to:

(1) Obtaining a thorough history of the patient;

(2) Conducting a physical examination of the patient;

(3) Rendering or confirming a diagnosis;

(4) Prescribing medication, ruling out the existence of any recognized contraindications;

(5) Consulting with the supervising physician when necessary; and

(6) Properly documenting these steps in the patient's medical record.

(C) The physician assistant's prescriptive authority shall not exceed the prescriptive authority of the supervising physician under whose supervision the prescription is being written, including but not limited to, any restrictions imposed on the physician's practice by action of the United States drug enforcement administration or the state medical board of Ohio.

(D) A physician assistant holding a ~~current valid~~ prescriber number and who has been granted physician-delegated prescriptive authority by a supervising physician to prescribe controlled substances shall apply for and obtain the United States drug enforcement administration registration prior to prescribing any controlled substances.

(E) A physician assistant holding a ~~current valid~~ prescriber number and who has been granted physician-delegated prescriptive authority by a supervising physician shall not prescribe any drug or device to perform or induce an abortion.

(F) A physician assistant holding a ~~current valid~~ prescriber number and who has been granted physician-delegated prescriptive authority by a supervising physician shall include on each prescription the physician assistant's license number, and, where applicable, shall include the physician assistant's DEA number.

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 ~~4729-37-02~~ 4729:8-2-01 of the Administrative Code that are required to be reported to the drug database established and maintained pursuant to section 4729.75 of the Revised Code, including controlled substances in schedules II, III, IV, and V.

(B) Standards of care:

(1) The accepted and prevailing minimal standards of care require that when prescribing a reported drug, a physician assistant shall take into account all of the following:

(a) The potential for abuse of the reported drug;

(b) The possibility that use of the reported drug may lead to dependence;

(c) The possibility the patient will obtain the reported drug for a nontherapeutic use or distribute it to other persons; and

(d) The potential existence of an illicit market for the reported drug.

(2) In considering whether a prescription for a reported drug is appropriate for the patient, the physician assistant shall use sound clinical judgment and obtain and review an OARRS report consistent with the provisions of this rule.

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

(1) A physician assistant shall obtain and review an OARRS report before prescribing an opioid analgesic or benzodiazepine to a patient, unless an exception listed in paragraph (H) of this rule is applicable.

(2) A physician assistant shall obtain and review an OARRS report when a patient's course of treatment with a reported drug other than an opioid analgesic or benzodiazepine has lasted more than ninety days, unless an exception listed in paragraph (H) of this rule is applicable.

(3) A physician assistant shall obtain and review and OARRS report when any of the following red flags pertain to the patient:

(a) Selling prescription drugs;

(b) Forging or altering a prescription;

(c) Stealing or borrowing reported drugs;

(d) Increasing the dosage of reported drugs in amounts that exceed the prescribed amount;

(e) Suffering an overdose, intentional or unintentional;

(f) Having a drug screen result that is inconsistent with the treatment plan or refusing to participate in a drug screen;

(g) Having been arrested, convicted, or received diversion or intervention in lieu of conviction for a drug related offense while under the care of the physician assistant or the physician assistant's supervising physician;

(h) Receiving reported drugs from multiple prescribers, without clinical basis;

(i) Traveling with a group of other patients to the physician assistant's office where all or most of the patients request controlled substance prescriptions;

(j) Traveling an extended distance or from out of state to the physician assistant's office;

(k) Having a family member, friend, law enforcement officer, or health care professional express concern related to the patient's use of illegal or reported drugs;

(l) A known history of chemical abuse or dependency;

(m) Appearing impaired or overly sedated during an office visit or exam;

(n) Requesting reported drugs by street name, color, or identifying marks;

(o) Frequently requesting early refills of reported drugs;

(p) Frequently losing prescriptions for reported drugs;

(q) A history of illegal drug use;

(r) Sharing reported drugs with another person; or

(s) Recurring visits to non-coordinated sites of care, such as emergency departments, urgent care facilities, or walk-in clinics to obtain reported drugs.

(D) A physician assistant who decides to utilize an opioid analgesic, benzodiazepine, or other reported drug in any of the circumstances within paragraphs (C)(2) and (C)(3) of this rule shall take the following steps prior to issuing a prescription for the opioid analgesic, benzodiazepine, or other reported drug:

(1) Review and document in the patient record the reasons why the physician assistant believes or has reason to believe that the patient may be abusing or diverting drugs;

(2) Review and document in the patient's record the patient's progress toward treatment objectives over the course of treatment;

(3) Review and document in the patient record the functional status of the patient, including activities for daily living, adverse effects, analgesia, and aberrant behavior over the course of treatment;

(4) Consider using a patient treatment agreement including more frequent and periodic reviews of OARRS reports and that may also include more frequent office visits, different treatment options, drug screens, use of one pharmacy, use of one provider for the prescription of reported drugs, and consequences for non-compliance with the terms of the agreement. The patient treatment agreement shall be maintained as part of the patient record; and

(5) Consider consulting with or referring the patient to a substance abuse specialist.

(E) Frequency for follow-up OARRS reports:

(1) For a patient whose treatment with an opioid analgesic or benzodiazepine lasts more than ninety days, a physician assistant shall obtain and review an OARRS report for the patient at least every ninety days during the course of treatment, unless an exception listed in paragraph (G) of this rule is applicable.

(2) For a patient who is treated with a reported drug other than an opioid analgesic or benzodiazepine for a period lasting more than ninety days, the physician assistant shall obtain and review an OARRS report for the patient at least annually following the initial OARRS report obtained and reviewed pursuant to paragraph (C)(2) of this rule until the course of treatment utilizing the reported drug has ended, unless an exception in ~~paragarph~~ 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 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.