

## **Ohio Academy of Family Physicians Policy Statement Non-physician Provider Authority**

**Purpose:** This policy will serve to guide OAFP and its lobbyist in consideration of scope of practice proposals.

**Definitions:** For the purpose of this policy statement, physicians include M.D.s, D.O.s and D.P.M.s licensed in good standing by the Ohio Board of Medicine (“Medical Board”). Non-physician providers include, but may not be limited to, acupuncturists, anesthesiologist assistants, certified clinical nurse specialists, certified nurse midwives, certified registered nurse anesthetists, chiropractors, homeopaths, naturopaths, nurse practitioners, pharmacists, psychologists and other non-physician practitioners (“Non-physician providers”) who have a unique and important role in providing health care but who have not completed medical school and residency training that affords them with the same knowledge, training, experience and skills as those who have completed medical school and residency training.

**Patient Safety:** Patient safety and public protection are of first and foremost importance. Authority for insuring patient safety and public protection and providing oversight of health care services lies within the purview of state law and regulation.

**Differences in Education and Training:** While all professionals should be permitted to practice to the extent of the scope of practice authorized by their respective licenses (providing services to the full extent of their current knowledge, training, experience and skills), the fact that the education received by physicians differs in scope and duration from the education of other health care professionals must be recognized and acknowledged. For comparisons of educational background please see:

<http://www.aafp.org/content/dam/AAFP/documents/advocacy/workforce/scope/Restricted/ES-statescopeofpracticekit-051513.pdf>

**Transparency:** All health care providers must be required to fully disclose to patients their qualifications to provide health care services; full transparency includes educational degrees and titles attained (for example, a nurse with a PhD would need to ensure that if he/she goes by the title of “doctor” that it is made clear that it is a doctor of nursing).

**Medical Collaboration and Teamwork:** Non-physician providers must be required to collaborate with a physician when delivering health care. Collaboration is the process whereby physicians and non-physician providers practice together as colleagues, working interdependently within the boundaries of their respective scopes of practice with shared values and mutual acknowledgement and respect for each other’s contribution to care for patients and their families and communities.

The physician shall lead the team of individuals at the practice level who shall collectively assume responsibility for the ongoing care of patients. The physician provides the non-physician provider with the professional oversight and direction necessary and sufficient to assure the safety of the patient and the delivery of appropriate care. The physician is ultimately responsible

for the medical and clinical decisions regarding patient care.

The physician must ensure that non-physician providers practicing with them are qualified based on education, training and experience to perform services and are practicing within their defined scope of practice.

### **Role of Non-physician Providers in the Patient-centered Medical Home**

OAFP supports the Joint Principles of the Patient-centered Medical Home (PCMH) endorsed by the American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians, American Osteopathic Association and the American Medical Association with the addition of four Ohio specific footnotes. To view Joint Principles with Ohio specific footnotes go to:

<http://www.ohioafp.org/wp-content/uploads/OhioSpecificJointPrinciplesPCMH.pdf>

PCMH practices are physician-directed medical practices in which the patient's personal physician leads a team of individuals at the practice level who collectively assume responsibility for the ongoing care of patients. The personal physician must be a licensed physician who specializes in primary care. In order to be considered a PCMH, the practice must be accredited as such by an organization that is recognized as meeting the Joint Guidelines of PCMH Accreditation endorsed by the American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians and American Osteopathic Association.

The ultimate decision making relative to actions of the clinical team lies with the physician leader, even though there will be situations where the patient's principal or predominant source of care is from the PA or APN non-physician provider. In the instance when the patient's relationship is with the PA or APN non-physician provider, that PA or APN non-physician provider may perform responsibilities of first contact, continuous and comprehensive care if qualified by education, training and experience to do so. Care provided by the PA or APN non-physician provider must fall within the non-physician provider's scope of practice.

It shall be understood that with the PCMH practice model, collaboration of physicians with PA and APN non-physician providers requires direct involvement of the physician in the clinical team; the physician is responsible for clinical decisions and policies made around components of the team care model.

These components include, but are not limited to the following:

- Selection of evidenced-based best practices
- Clinical outcomes analysis
- Quality improvement
- Practice population analysis used to develop clinical policies, and
- Monitoring of collaboration (coordination) relationships with other clinicians and providers of care.

Physician responsibilities for collaboration in the PCMH model post-date section 4723.48 of the Ohio Revised Code. Because these components require the collaborating physician to set policy,

the PCMH-collaborating physician must be an active member of the care team and function as the clinical leader.

### **Non-physician Provider Prescriptive Authority**

**Definition:** For the purposes of the prescriptive authority section of the policy statement, the term “mid-level” non-physician provider includes advanced practice nurses licensed under Section 4723.43 of the Ohio Revised Code and physician assistants licensed under Section 4730.11 of the Ohio Revised Code.

**Prescriptive Authority Agreements:** Non-physician providers with prescriptive authority must be supervised by a physician, dentist or podiatrist with whom they have entered into a written supervision prescriptive authority agreement<sup>1</sup> (“Supervision Agreement”) which will be filed with the State Medical Board. The Supervision Agreement shall include limitations by drug, class or formulary and the conditions under which the Non-physician Provider may prescribe.

- Certificates of Authority to authorize advanced practice nurses to prescribe, dispense or administer drugs or controlled substances set forth in Schedules III through V of the Federal Food, Drug and Cosmetic Act, can be granted by a joint committee comprised of the Board of Nursing and Medical Board.
- Certificates of Authority to authorize physician assistants to prescribe, dispense or administer drugs or controlled substances set forth in Schedule III through V of the Federal Food, Drug and Cosmetic Act can be granted by the State Medical Board.

**Physician Supervision:** Physician supervision of prescriptive authority for eligible non-physician providers will be limited to the physician’s specialty, discipline or individual practice. Physicians shall be limited to supervising no more than four non-physician providers, at any one time, with certificates of authority to prescribe drugs. Supervision does not necessarily require the supervising physician, dentist or podiatrist to be physically present, but such supervisor must be either immediately and continuously available or available to communicate with the Non-physician Provider in person or by radio, telephone or other form of telecommunications and must be within a reasonable travel time.

Supervising physicians must assure that non-physician providers practicing under a Supervision Agreement with them are qualified based on education, training and experience to perform services and are practicing within their defined scope of practice; the extent of that collaborative relationship with regard to oversight and direction is outlined in a formal practice agreement required by state law to be filed with the State Medical Board of Ohio.

All non-physician providers with prescriptive authority will be limited to the scope of practice within their specialty and as defined in their respective licensure statutes.

Supervision Agreements for prescriptive authority must be filed with the State Medical Board.

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<sup>1</sup> Ohio Revised Code Chapter 4723 requires APNs with prescriptive authority to have a “Collaboration Agreement” with a licensed physician in order to prescribe.

The State Medical Board shall periodically audit the existence of those agreements.

**Education Requirements:** All non-physician providers seeking prescriptive authority shall have completed a master's degree in Nursing or Allied Health, depending upon their discipline. The non-physician provider must have completed within three years of making application for certificate of authority, 30 clock hours of post graduate course work in pharmacology and 20 clock hours of clinical training in pharmacology. All non-physician providers must be certified within their specialty by an independent national certifying organization approved by a joint committee of the Nursing and State Medical boards.

**Adopted by OAFP Board of Directors on April 10, 2011**