

**As Introduced**

**132nd General Assembly**

**Regular Session**

**2017-2018**

**H. B. No. 145**

**Representatives Huffman, Sprague**

**Cosponsors: Representatives Seitz, Blessing, Butler**

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**A BILL**

To amend sections 4730.32, 4731.224, 4731.25, 1  
4760.16, 4762.16, and 4774.16 and to enact 2  
sections 4731.251, 4731.252, 4731.253, and 3  
4778.17 of the Revised Code to provide for the 4  
establishment of a confidential program for the 5  
treatment of certain impaired practitioners and 6  
to declare an emergency. 7

**BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF OHIO:**

**Section 1.** That sections 4730.32, 4731.224, 4731.25, 8  
4760.16, 4762.16, and 4774.16 be amended and sections 4731.251, 9  
4731.252, 4731.253, and 4778.17 of the Revised Code be enacted 10  
to read as follows: 11

**Sec. 4730.32.** (A) Within sixty days after the imposition 12  
of any formal disciplinary action taken by a health care 13  
facility against any individual holding a valid license to 14  
practice as a physician assistant issued under this chapter, the 15  
chief administrator or executive officer of the facility shall 16  
report to the state medical board the name of the individual, 17  
the action taken by the facility, and a summary of the 18

underlying facts leading to the action taken. Upon request, the board shall be provided certified copies of the patient records that were the basis for the facility's action. Prior to release to the board, the summary shall be approved by the peer review committee that reviewed the case or by the governing board of the facility.

The filing of a report with the board or decision not to file a report, investigation by the board, or any disciplinary action taken by the board, does not preclude a health care facility from taking disciplinary action against a physician assistant.

In the absence of fraud or bad faith, no individual or entity that provides patient records to the board shall be liable in damages to any person as a result of providing the records.

~~(B) A(1) Except as provided in division (B) (2) of this section, a physician assistant, professional association or society of physician assistants, physician, or professional association or society of physicians that believes a violation of any provision of this chapter, Chapter 4731. of the Revised Code, or rule of the board has occurred shall report to the board the information upon which the belief is based. This division does not require any treatment provider approved by the board under section 4731.25 of the Revised Code or any employee, agent, or representative of such a provider to make reports with respect to a physician assistant participating in treatment or aftercare for substance abuse as long as the physician assistant maintains participation in accordance with the requirements of section 4731.25 of the Revised Code and the treatment provider or employee, agent, or representative of the provider has no~~

~~reason to believe that the physician assistant has violated any 49  
provision of this chapter or rule adopted under it, other than 50  
being impaired by alcohol, drugs, or other substances. This 51  
division does not require reporting by any member of an impaired 52  
practitioner committee established by a health care facility or 53  
by any representative or agent of a committee or program 54  
sponsored by a professional association or society of physician 55  
assistants to provide peer assistance to physician assistants 56  
with substance abuse problems with respect to a physician 57  
assistant who has been referred for examination to a treatment 58  
program approved by the board under section 4731.25 of the 59  
Revised Code if the physician assistant cooperates with the 60  
referral for examination and with any determination that the 61  
physician assistant should enter treatment and as long as the 62  
committee member, representative, or agent has no reason to 63  
believe that the physician assistant has ceased to participate 64  
in the treatment program in accordance with section 4731.25 of 65  
the Revised Code or has violated any provision of this chapter 66  
or rule adopted under it, other than being impaired by alcohol, 67  
drugs, or other substances. 68~~

(2) A physician assistant, professional association or 69  
society of physician assistants, physician, or professional 70  
association or society of physicians that believes that a 71  
violation of division (B) (5) of section 4730.25 of the Revised 72  
Code has occurred shall report the information upon which the 73  
belief is based to the monitoring organization conducting the 74  
program established by the board under section 4731.251 of the 75  
Revised Code. If any such report is made to the board, it shall 76  
be referred to the monitoring organization unless the board is 77  
aware that the individual who is the subject of the report does 78  
not meet the program eligibility requirements of section 79

4731.252 of the Revised Code. 80

(C) Any professional association or society composed 81  
primarily of physician assistants that suspends or revokes an 82  
individual's membership for violations of professional ethics, 83  
or for reasons of professional incompetence or professional 84  
malpractice, within sixty days after a final decision, shall 85  
report to the board, on forms prescribed and provided by the 86  
board, the name of the individual, the action taken by the 87  
professional organization, and a summary of the underlying facts 88  
leading to the action taken. 89

The filing or nonfiling of a report with the board, 90  
investigation by the board, or any disciplinary action taken by 91  
the board, shall not preclude a professional organization from 92  
taking disciplinary action against a physician assistant. 93

(D) Any insurer providing professional liability insurance 94  
to any person holding a valid license to practice as a physician 95  
assistant issued under this chapter or any other entity that 96  
seeks to indemnify the professional liability of a physician 97  
assistant shall notify the board within thirty days after the 98  
final disposition of any written claim for damages where such 99  
disposition results in a payment exceeding twenty-five thousand 100  
dollars. The notice shall contain the following information: 101

(1) The name and address of the person submitting the 102  
notification; 103

(2) The name and address of the insured who is the subject 104  
of the claim; 105

(3) The name of the person filing the written claim; 106

(4) The date of final disposition; 107

(5) If applicable, the identity of the court in which the 108  
final disposition of the claim took place. 109

(E) The board may investigate possible violations of this 110  
chapter or the rules adopted under it that are brought to its 111  
attention as a result of the reporting requirements of this 112  
section, except that the board shall conduct an investigation if 113  
a possible violation involves repeated malpractice. As used in 114  
this division, "repeated malpractice" means three or more claims 115  
for malpractice within the previous five-year period, each 116  
resulting in a judgment or settlement in excess of twenty-five 117  
thousand dollars in favor of the claimant, and each involving 118  
negligent conduct by the physician assistant. 119

(F) All summaries, reports, and records received and 120  
maintained by the board pursuant to this section shall be held 121  
in confidence and shall not be subject to discovery or 122  
introduction in evidence in any federal or state civil action 123  
involving a physician assistant, supervising physician, or 124  
health care facility arising out of matters that are the subject 125  
of the reporting required by this section. The board may use the 126  
information obtained only as the basis for an investigation, as 127  
evidence in a disciplinary hearing against a physician assistant 128  
or supervising physician, or in any subsequent trial or appeal 129  
of a board action or order. 130

The board may disclose the summaries and reports it 131  
receives under this section only to health care facility 132  
committees within or outside this state that are involved in 133  
credentialing or recredentialing a physician assistant or 134  
supervising physician or reviewing their privilege to practice 135  
within a particular facility. The board shall indicate whether 136  
or not the information has been verified. Information 137

transmitted by the board shall be subject to the same 138  
confidentiality provisions as when maintained by the board. 139

(G) Except for reports filed by an individual pursuant to 140  
division (B) of this section, the board shall send a copy of any 141  
reports or summaries it receives pursuant to this section to the 142  
physician assistant. The physician assistant shall have the 143  
right to file a statement with the board concerning the 144  
correctness or relevance of the information. The statement shall 145  
at all times accompany that part of the record in contention. 146

(H) An individual or entity that reports to the board, 147  
reports to the monitoring organization described in section 148  
4731.251 of the Revised Code, or refers an impaired physician 149  
assistant to a treatment provider approved by the board under 150  
section 4731.25 of the Revised Code shall not be subject to suit 151  
for civil damages as a result of the report, referral, or 152  
provision of the information. 153

(I) In the absence of fraud or bad faith, a professional 154  
association or society of physician assistants that sponsors a 155  
committee or program to provide peer assistance to a physician 156  
assistant with substance abuse problems, a representative or 157  
agent of such a committee or program, a representative or agent 158  
of the monitoring organization described in section 4731.251 of 159  
the Revised Code, and a member of the state medical board shall 160  
not be held liable in damages to any person by reason of actions 161  
taken to refer a physician assistant to a treatment provider 162  
approved under section 4731.25 of the Revised Code for 163  
examination or treatment. 164

**Sec. 4731.224.** (A) Within sixty days after the imposition 165  
of any formal disciplinary action taken by any health care 166  
facility, including a hospital, health care facility operated by 167

a health insuring corporation, ambulatory surgical center, or 168  
similar facility, against any individual holding a valid 169  
certificate to practice issued pursuant to this chapter, the 170  
chief administrator or executive officer of the facility shall 171  
report to the state medical board the name of the individual, 172  
the action taken by the facility, and a summary of the 173  
underlying facts leading to the action taken. Upon request, the 174  
board shall be provided certified copies of the patient records 175  
that were the basis for the facility's action. Prior to release 176  
to the board, the summary shall be approved by the peer review 177  
committee that reviewed the case or by the governing board of 178  
the facility. As used in this division, "formal disciplinary 179  
action" means any action resulting in the revocation, 180  
restriction, reduction, or termination of clinical privileges 181  
for violations of professional ethics, or for reasons of medical 182  
incompetence, ~~or~~ medical malpractice, ~~or drug or alcohol abuse.~~ 183  
"Formal disciplinary action" includes a summary action, an 184  
action that takes effect notwithstanding any appeal rights that 185  
may exist, and an action that results in an individual 186  
surrendering clinical privileges while under investigation and 187  
during proceedings regarding the action being taken or in return 188  
for not being investigated or having proceedings held. "Formal 189  
disciplinary action" does not include any action taken for the 190  
sole reason of failure to maintain records on a timely basis or 191  
failure to attend staff or section meetings. 192

The filing or nonfiling of a report with the board, 193  
investigation by the board, or any disciplinary action taken by 194  
the board, shall not preclude any action by a health care 195  
facility to suspend, restrict, or revoke the individual's 196  
clinical privileges. 197

In the absence of fraud or bad faith, no individual or 198

entity that provides patient records to the board shall be 199  
liable in damages to any person as a result of providing the 200  
records. 201

~~(B) If (1) Except as provided in division (B) (2) of this 202  
section, if any individual authorized to practice under this 203  
chapter or any professional association or society of such 204  
individuals believes that a violation of any provision of this 205  
chapter, Chapter 4730., 4760., 4762., 4774., or 4778. of the 206  
Revised Code, or any rule of the board has occurred, the 207  
individual, association, or society shall report to the board 208  
the information upon which the belief is based. This division 209  
does not require any treatment provider approved by the board 210  
under section 4731.25 of the Revised Code or any employee, 211  
agent, or representative of such a provider to make reports with 212  
respect to an impaired practitioner participating in treatment 213  
or aftercare for substance abuse as long as the practitioner 214  
maintains participation in accordance with the requirements of 215  
section 4731.25 of the Revised Code, and as long as the 216  
treatment provider or employee, agent, or representative of the 217  
provider has no reason to believe that the practitioner has 218  
violated any provision of this chapter or any rule adopted under 219  
it, other than the provisions of division (B) (26) of section 220  
4731.22 of the Revised Code. This division does not require 221  
reporting by any member of an impaired practitioner committee 222  
established by a health care facility or by any representative 223  
or agent of a committee or program sponsored by a professional 224  
association or society of individuals authorized to practice 225  
under this chapter to provide peer assistance to practitioners 226  
with substance abuse problems with respect to a practitioner who 227  
has been referred for examination to a treatment program 228  
approved by the board under section 4731.25 of the Revised Code 229~~

~~if the practitioner cooperates with the referral for examination— 230  
and with any determination that the practitioner should enter— 231  
treatment and as long as the committee member, representative,— 232  
or agent has no reason to believe that the practitioner has— 233  
ceased to participate in the treatment program in accordance— 234  
with section 4731.25 of the Revised Code or has violated any— 235  
provision of this chapter or any rule adopted under it, other— 236  
than the provisions of division (B) (26) of section 4731.22 of— 237  
the Revised Code. 238~~

(2) If any individual authorized to practice under this 239  
chapter or any professional association or society of such 240  
individuals believes that a violation of division (B) (26) of 241  
section 4731.22 of the Revised Code has occurred, the 242  
individual, association, or society shall report the information 243  
upon which the belief is based to the monitoring organization 244  
conducting the program established by the board under section 245  
4731.251 of the Revised Code. If any such report is made to the 246  
board, it shall be referred to the monitoring organization 247  
unless the board is aware that the individual who is the subject 248  
of the report does not meet the program eligibility requirements 249  
of section 4731.252 of the Revised Code. 250

(C) Any professional association or society composed 251  
primarily of doctors of medicine and surgery, doctors of 252  
osteopathic medicine and surgery, doctors of podiatric medicine 253  
and surgery, or practitioners of limited branches of medicine 254  
that suspends or revokes an individual's membership for 255  
violations of professional ethics, or for reasons of 256  
professional incompetence or professional malpractice, within 257  
sixty days after a final decision shall report to the board, on 258  
forms prescribed and provided by the board, the name of the 259  
individual, the action taken by the professional organization, 260

and a summary of the underlying facts leading to the action 261  
taken. 262

The filing of a report with the board or decision not to 263  
file a report, investigation by the board, or any disciplinary 264  
action taken by the board, does not preclude a professional 265  
organization from taking disciplinary action against an 266  
individual. 267

(D) Any insurer providing professional liability insurance 268  
to an individual authorized to practice under this chapter, or 269  
any other entity that seeks to indemnify the professional 270  
liability of such an individual, shall notify the board within 271  
thirty days after the final disposition of any written claim for 272  
damages where such disposition results in a payment exceeding 273  
twenty-five thousand dollars. The notice shall contain the 274  
following information: 275

(1) The name and address of the person submitting the 276  
notification; 277

(2) The name and address of the insured who is the subject 278  
of the claim; 279

(3) The name of the person filing the written claim; 280

(4) The date of final disposition; 281

(5) If applicable, the identity of the court in which the 282  
final disposition of the claim took place. 283

(E) The board may investigate possible violations of this 284  
chapter or the rules adopted under it that are brought to its 285  
attention as a result of the reporting requirements of this 286  
section, except that the board shall conduct an investigation if 287  
a possible violation involves repeated malpractice. As used in 288

this division, "repeated malpractice" means three or more claims 289  
for medical malpractice within the previous five-year period, 290  
each resulting in a judgment or settlement in excess of twenty- 291  
five thousand dollars in favor of the claimant, and each 292  
involving negligent conduct by the practicing individual. 293

(F) All summaries, reports, and records received and 294  
maintained by the board pursuant to this section shall be held 295  
in confidence and shall not be subject to discovery or 296  
introduction in evidence in any federal or state civil action 297  
involving a health care professional or facility arising out of 298  
matters that are the subject of the reporting required by this 299  
section. The board may use the information obtained only as the 300  
basis for an investigation, as evidence in a disciplinary 301  
hearing against an individual whose practice is regulated under 302  
this chapter, or in any subsequent trial or appeal of a board 303  
action or order. 304

The board may disclose the summaries and reports it 305  
receives under this section only to health care facility 306  
committees within or outside this state that are involved in 307  
credentialing or recredentialing the individual or in reviewing 308  
the individual's clinical privileges. The board shall indicate 309  
whether or not the information has been verified. Information 310  
transmitted by the board shall be subject to the same 311  
confidentiality provisions as when maintained by the board. 312

(G) Except for reports filed by an individual pursuant to 313  
division (B) of this section, the board shall send a copy of any 314  
reports or summaries it receives pursuant to this section to the 315  
individual who is the subject of the reports or summaries. The 316  
individual shall have the right to file a statement with the 317  
board concerning the correctness or relevance of the 318

information. The statement shall at all times accompany that 319  
part of the record in contention. 320

(H) An individual or entity that, pursuant to this 321  
section, reports to the board, reports to the monitoring 322  
organization described in section 4731.251 of the Revised Code, 323  
or refers an impaired practitioner to a treatment provider 324  
approved by the board under section 4731.25 of the Revised Code 325  
shall not be subject to suit for civil damages as a result of 326  
the report, referral, or provision of the information. 327

(I) In the absence of fraud or bad faith, no professional 328  
association or society of individuals authorized to practice 329  
under this chapter that sponsors a committee or program to 330  
provide peer assistance to practitioners with substance abuse 331  
problems, no representative or agent of such a committee or 332  
program, no representative or agent of the monitoring 333  
organization described in section 4731.251 of the Revised Code, 334  
and no member of the state medical board shall be held liable in 335  
damages to any person by reason of actions taken to refer a 336  
practitioner to a treatment provider approved under section 337  
4731.25 of the Revised Code for examination or treatment. 338

**Sec. 4731.25.** The state medical board, in accordance with 339  
Chapter 119. of the Revised Code, shall adopt and may amend and 340  
rescind rules establishing standards for approval of physicians 341  
and facilities as treatment providers for ~~impaired~~ practitioners 342  
~~who are regulated under this chapter or Chapter 4730., 4760.,~~ 343  
~~4762., 4774., or 4778. of the Revised Code~~ suffering or showing 344  
evidence of suffering impairment as described in division (B) (5) 345  
of section 4730.25, division (B) (26) of section 4731.22, 346  
division (B) (6) of section 4760.13, division (B) (6) of section 347  
4762.13, division (B) (6) of section 4774.13, or division (B) (6) 348

of section 4778.14 of the Revised Code. The rules shall include 349  
standards for ~~both~~-inpatient and outpatient treatment and for 350  
care and monitoring that continues after treatment. The rules 351  
shall provide that in order to be approved, a treatment provider 352  
must have the capability of making an initial examination to 353  
determine what type of treatment an impaired practitioner 354  
requires. Subject to the rules, the board shall review and 355  
approve treatment providers on a regular basis. The board, at 356  
its discretion, may withdraw or deny approval subject to the 357  
rules. 358

An approved impaired practitioner treatment provider shall 359  
do all of the following: 360

(A) Report to the board the name of any practitioner 361  
suffering or showing evidence of suffering impairment ~~as-~~ 362  
~~described in division (B) (5) of section 4730.25 of the Revised~~ 363  
~~Code, division (B) (26) of section 4731.22 of the Revised Code,~~ 364  
~~division (B) (6) of section 4760.13 of the Revised Code, division~~ 365  
~~(B) (6) of section 4762.13 of the Revised Code, division (B) (6)-~~ 366  
~~of section 4774.13 of the Revised Code, or division (B) (6) of~~ 367  
~~section 4778.14 of the Revised Code~~-who fails to comply within 368  
one week with a referral for examination; 369

(B) Report to the board the name of any impaired 370  
practitioner who fails to enter treatment within forty-eight 371  
hours following the provider's determination that the 372  
practitioner needs treatment; 373

(C) Require every practitioner who enters treatment to 374  
agree to a treatment contract establishing the terms of 375  
treatment and aftercare, including any required supervision or 376  
restrictions of practice during treatment or aftercare; 377

(D) Require a practitioner to suspend practice upon entry	378
into any required inpatient treatment;	379
(E) Report to the board any failure by an impaired	380
practitioner to comply with the terms of the treatment contract	381
during inpatient or outpatient treatment or aftercare;	382
(F) Report to the board the resumption of practice of any	383
impaired practitioner before the treatment provider has made a	384
clear determination that the practitioner is capable of	385
practicing according to acceptable and prevailing standards of	386
care;	387
(G) Require a practitioner who resumes practice after	388
completion of treatment to comply with an aftercare contract	389
that meets the requirements of rules adopted by the board for	390
approval of treatment providers;	391
(H) Report the identity of any practitioner practicing	392
under the terms of an aftercare contract to hospital	393
administrators, medical chiefs of staff, and chairpersons of	394
impaired practitioner committees of all health care institutions	395
at which the practitioner holds clinical privileges or otherwise	396
practices. If the practitioner does not hold clinical privileges	397
at any health care institution, the treatment provider shall	398
report the practitioner's identity to the impaired practitioner	399
committee of the county medical society, osteopathic academy, or	400
podiatric medical association in every county in which the	401
practitioner practices. If there are no impaired practitioner	402
committees in the county, the treatment provider shall report	403
the practitioner's identity to the president or other designated	404
member of the county medical society, osteopathic academy, or	405
podiatric medical association.	406

(I) Report to the board the identity of any practitioner 407  
who suffers a relapse at any time during or following aftercare. 408

Any individual authorized to practice under this chapter 409  
who enters into treatment by an approved treatment provider 410  
shall be deemed to have waived any confidentiality requirements 411  
that would otherwise prevent the treatment provider from making 412  
reports required under this section. 413

In the absence of fraud or bad faith, no person or 414  
organization that conducts an approved impaired practitioner 415  
treatment program, no member of such an organization, and no 416  
employee, representative, or agent of the treatment provider 417  
shall be held liable in damages to any person by reason of 418  
actions taken or recommendations made by the treatment provider 419  
or its employees, representatives, or agents. 420

Sec. 4731.251. (A) As used in this section and in sections 421  
4731.252 and 4731.253 of the Revised Code: 422

(1) "Impaired" or "impairment" has the same meaning as in 423  
division (B)(5) of section 4730.25, division (B)(26) of section 424  
4731.22, division (B)(6) of section 4760.13, division (B)(6) of 425  
section 4762.13, division (B)(6) of section 4774.13, or division 426  
(B)(6) of section 4778.14 of the Revised Code. 427

(2) "Practitioner" means any of the following: 428

(a) An individual authorized under this chapter to 429  
practice medicine and surgery, osteopathic medicine and surgery, 430  
podiatric medicine and surgery, or a limited branch of medicine; 431

(b) An individual licensed under Chapter 4730. of the 432  
Revised Code to practice as a physician assistant; 433

(c) An individual authorized under Chapter 4760. of the 434

<u>Revised Code to practice as an anesthesiologist assistant;</u>	435
<u>(d) An individual authorized under Chapter 4762. of the</u>	436
<u>Revised Code to practice as an acupuncturist or oriental</u>	437
<u>medicine practitioner;</u>	438
<u>(e) An individual authorized under Chapter 4774. of the</u>	439
<u>Revised Code to practice as a radiologist assistant;</u>	440
<u>(f) An individual licensed under Chapter 4778. of the</u>	441
<u>Revised Code to practice as a genetic counselor.</u>	442
<u>(B) The state medical board shall establish a confidential</u>	443
<u>program for treatment of impaired practitioners, which shall be</u>	444
<u>known as the one-bite program. The board shall contract with one</u>	445
<u>organization to conduct the program and perform monitoring</u>	446
<u>services.</u>	447
<u>To be qualified to contract with the board under this</u>	448
<u>section, an organization must meet all of the following</u>	449
<u>requirements:</u>	450
<u>(1) Be sponsored by one or more professional associations</u>	451
<u>or societies of practitioners;</u>	452
<u>(2) Be organized as a not-for-profit entity and exempt</u>	453
<u>from federal income taxation under subsection 501(c)(3) of the</u>	454
<u>Internal Revenue Code;</u>	455
<u>(3) Contract with or employ to serve as the organization's</u>	456
<u>medical director an individual who is authorized under this</u>	457
<u>chapter to practice medicine and surgery or osteopathic medicine</u>	458
<u>and surgery and specializes or has training and expertise in</u>	459
<u>addiction medicine;</u>	460
<u>(4) Contract with or employ one or more of the following</u>	461
<u>as necessary for the organization's operation:</u>	462

(a) An individual licensed under Chapter 4758. of the 463  
Revised Code as an independent chemical dependency counselor- 464  
clinical supervisor, independent chemical dependency counselor, 465  
chemical dependency counselor III, or chemical dependency 466  
counselor II; 467

(b) An individual licensed under Chapter 4757. of the 468  
Revised Code as an independent social worker, social worker, 469  
licensed professional clinical counselor, or licensed 470  
professional counselor; 471

(c) An individual licensed under Chapter 4732. of the 472  
Revised Code as a psychologist. 473

(C) The monitoring organization shall do all of the 474  
following pursuant to the contract: 475

(1) Receive any report of suspected impairment, including 476  
a report made under division (B) (2) of section 4730.32, division 477  
(B) (2) of section 4731.224, division (B) (2) of section 4760.16, 478  
division (B) (2) of section 4762.16, division (B) (2) of section 479  
4774.16, or section 4778.17 of the Revised Code; 480

(2) Notify a practitioner who is the subject of a report 481  
received under division (C) (1) of this section that the report 482  
has been made and that the practitioner may be eligible to 483  
participate in the program conducted under this section; 484

(3) Determine whether a practitioner reported to the 485  
monitoring organization is eligible to participate in the 486  
program and notify the practitioner of the determination; 487

(4) In the case of a practitioner reported by a treatment 488  
provider, notify the treatment provider of the eligibility 489  
determination; 490

- (5) Report to the board any practitioner who is determined 491  
ineligible to participate in the program; 492
- (6) Refer an eligible practitioner who chooses to 493  
participate in the program for evaluation by a treatment 494  
provider approved by the board under section 4731.25 of the 495  
Revised Code, unless the report received by the monitoring 496  
organization was made by an approved treatment provider and the 497  
practitioner has already been evaluated by the treatment 498  
provider; 499
- (7) Monitor the evaluation of an eligible practitioner; 500
- (8) Refer an eligible practitioner who chooses to 501  
participate in the program to a treatment provider approved by 502  
the board under section 4731.25 of the Revised Code; 503
- (9) Establish, in consultation with the treatment provider 504  
to which a practitioner is referred, the terms and conditions 505  
with which the practitioner must comply for continued 506  
participation in and successful completion of the program; 507
- (10) Report to the board any practitioner who does not 508  
complete evaluation or treatment or does not comply with any of 509  
the terms and conditions established by the monitoring 510  
organization and the treatment provider; 511
- (11) Perform any other activities specified in the 512  
contract with the board or that the monitoring organization 513  
considers necessary to comply with this section and sections 514  
4731.252 and 4731.253 of the Revised Code. 515
- (D) The monitoring organization shall not disclose to the 516  
board the name of a practitioner or any records relating to a 517  
practitioner, unless any of the following occurs: 518

- (1) The practitioner is determined to be ineligible to participate in the program. 519  
520
- (2) The practitioner requests the disclosure. 521
- (3) The practitioner is unwilling or unable to complete or comply with any part of the program, including evaluation, treatment, or monitoring. 522  
523  
524
- (4) The practitioner presents an imminent danger to the public or to the practitioner, as a result of the practitioner's impairment. 525  
526  
527
- (5) The practitioner has relapsed or the practitioner's impairment has not been substantially alleviated by participation in the program. 528  
529  
530
- (E) (1) The monitoring organization shall develop procedures governing each of the following: 531  
532
- (a) Receiving reports of practitioner impairment; 533
- (b) Notifying practitioners of reports and eligibility determinations; 534  
535
- (c) Referring eligible practitioners for evaluation or treatment; 536  
537
- (d) Establishing individualized treatment plans for eligible practitioners, as recommended by treatment providers; 538  
539
- (e) Establishing individualized terms and conditions with which eligible practitioners must comply for continued participation in and successful completion of the program. 540  
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542
- (2) The monitoring organization, in consultation with the board, shall develop procedures governing each of the following: 543  
544
- (a) Providing reports to the board on a periodic basis on 545

the total number of practitioners participating in the program, 546  
without disclosing the names or records of any program 547  
participants other than those about whom reports are required by 548  
this section; 549

(b) Reporting to the board any practitioner who due to 550  
impairment presents an imminent danger to the public or to the 551  
practitioner; 552

(c) Reporting to the board any practitioner who is 553  
unwilling or unable to complete or comply with any part of the 554  
program, including evaluation, treatment, or monitoring; 555

(d) Reporting to the board any practitioner whose 556  
impairment was not substantially alleviated by participation in 557  
the program or who has relapsed. 558

(F) The board may adopt any rules it considers necessary 559  
to implement this section and sections 4731.252 and 4731.253 of 560  
the Revised Code, including rules regarding the monitoring 561  
organization and treatment providers that provide treatment to 562  
practitioners referred by the monitoring organization. Any such 563  
rules shall be adopted in accordance with Chapter 119. of the 564  
Revised Code. 565

**Sec. 4731.252.** (A) A practitioner is eligible to 566  
participate in the program established under section 4731.251 of 567  
the Revised Code if all of the following are the case: 568

(1) The practitioner is impaired. 569

(2) The practitioner has not participated previously in 570  
the program. 571

(3) Unless the state medical board has referred the 572  
practitioner to the program, the practitioner has not been 573

sanctioned previously by the board under division (B) (5) of 574  
section 4730.25, division (B) (26) of section 4731.22, division 575  
(B) (6) of section 4760.13, division (B) (6) of section 4762.13, 576  
division (B) (6) of section 4774.13, or division (B) (6) of 577  
section 4778.14 of the Revised Code. 578

(B) All of the following apply to a practitioner who 579  
participates in the program: 580

(1) The practitioner must comply with all terms and 581  
conditions for continued participation in and successful 582  
completion of the program. 583

(2) On acceptance into the program, the practitioner must 584  
suspend practice until after the later of the following: 585

(a) The date the treatment provider determines that the 586  
practitioner is no longer impaired and is able to practice 587  
according to acceptable and prevailing standards of care; 588

(b) The end of a period specified by the treatment 589  
provider, which shall be not less than thirty days. 590

(3) The practitioner is responsible for all costs 591  
associated with participation. 592

(4) The practitioner is deemed to have waived any right to 593  
confidentiality that would prevent the monitoring organization 594  
conducting the program or a treatment provider from making 595  
reports required by section 4731.251 of the Revised Code. 596

**Sec. 4731.253.** In the absence of fraud or bad faith, no 597  
monitoring organization that conducts a program established 598  
under section 4731.251 of the Revised Code and no agent, 599  
employee, member, or representative of such organization shall 600  
be liable in damages in a civil action or subject to criminal 601

prosecution for performing any of the duties required by that 602  
section, the contract with the state medical board, or section 603  
4731.252 of the Revised Code. 604

**Sec. 4760.16.** (A) Within sixty days after the imposition 605  
of any formal disciplinary action taken by any health care 606  
facility, including a hospital, health care facility operated by 607  
an insuring corporation, ambulatory surgical facility, or 608  
similar facility, against any individual holding a valid 609  
certificate to practice as an anesthesiologist assistant, the 610  
chief administrator or executive officer of the facility shall 611  
report to the state medical board the name of the individual, 612  
the action taken by the facility, and a summary of the 613  
underlying facts leading to the action taken. On request, the 614  
board shall be provided certified copies of the patient records 615  
that were the basis for the facility's action. Prior to release 616  
to the board, the summary shall be approved by the peer review 617  
committee that reviewed the case or by the governing board of 618  
the facility. 619

The filing of a report with the board or decision not to 620  
file a report, investigation by the board, or any disciplinary 621  
action taken by the board, does not preclude a health care 622  
facility from taking disciplinary action against an 623  
anesthesiologist assistant. 624

In the absence of fraud or bad faith, no individual or 625  
entity that provides patient records to the board shall be 626  
liable in damages to any person as a result of providing the 627  
records. 628

(B) ~~An~~ (1) Except as provided in division (B) (2) of this 629  
section, an anesthesiologist assistant, professional association 630  
or society of anesthesiologist assistants, physician, or 631

professional association or society of physicians that believes 632  
a violation of any provision of this chapter, Chapter 4731. of 633  
the Revised Code, or rule of the board has occurred shall report 634  
to the board the information on which the belief is based. ~~This~~ 635  
~~division does not require any treatment provider approved by the~~ 636  
~~board under section 4731.25 of the Revised Code or any employee,~~ 637  
~~agent, or representative of such a provider to make reports with~~ 638  
~~respect to an anesthesiologist assistant participating in~~ 639  
~~treatment or aftercare for substance abuse as long as the~~ 640  
~~anesthesiologist assistant maintains participation in accordance~~ 641  
~~with the requirements of section 4731.25 of the Revised Code and~~ 642  
~~the treatment provider or employee, agent, or representative of~~ 643  
~~the provider has no reason to believe that the anesthesiologist~~ 644  
~~assistant has violated any provision of this chapter or rule~~ 645  
~~adopted under it, other than being impaired by alcohol, drugs,~~ 646  
~~or other substances. This division does not require reporting by~~ 647  
~~any member of an impaired practitioner committee established by~~ 648  
~~a health care facility or by any representative or agent of a~~ 649  
~~committee or program sponsored by a professional association or~~ 650  
~~society of anesthesiologist assistants to provide peer~~ 651  
~~assistance to anesthesiologist assistants with substance abuse~~ 652  
~~problems with respect to an anesthesiologist assistant who has~~ 653  
~~been referred for examination to a treatment program approved by~~ 654  
~~the board under section 4731.25 of the Revised Code if the~~ 655  
~~anesthesiologist assistant cooperates with the referral for~~ 656  
~~examination and with any determination that the anesthesiologist~~ 657  
~~assistant should enter treatment and as long as the committee~~ 658  
~~member, representative, or agent has no reason to believe that~~ 659  
~~the anesthesiologist assistant has ceased to participate in the~~ 660  
~~treatment program in accordance with section 4731.25 of the~~ 661  
~~Revised Code or has violated any provision of this chapter or~~ 662  
~~rule adopted under it, other than being impaired by alcohol,~~ 663

~~drugs, or other substances.~~

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(2) An anesthesiologist assistant, professional association or society of anesthesiologist assistants, physician, or professional association or society of physicians that believes that a violation of division (B)(6) of section 4760.13 of the Revised Code has occurred shall report the information upon which the belief is based to the monitoring organization conducting the program established by the board under section 4731.251 of the Revised Code. If any such report is made to the board, it shall be referred to the monitoring organization unless the board is aware that the individual who is the subject of the report does not meet the program eligibility requirements of section 4731.252 of the Revised Code.

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(C) Any professional association or society composed primarily of anesthesiologist assistants that suspends or revokes an individual's membership for violations of professional ethics, or for reasons of professional incompetence or professional malpractice, within sixty days after a final decision, shall report to the board, on forms prescribed and provided by the board, the name of the individual, the action taken by the professional organization, and a summary of the underlying facts leading to the action taken.

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The filing of a report with the board or decision not to file a report, investigation by the board, or any disciplinary action taken by the board, does not preclude a professional organization from taking disciplinary action against an anesthesiologist assistant.

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(D) Any insurer providing professional liability insurance to any person holding a valid certificate to practice as an

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anesthesiologist assistant or any other entity that seeks to 694  
indemnify the professional liability of an anesthesiologist 695  
assistant shall notify the board within thirty days after the 696  
final disposition of any written claim for damages where such 697  
disposition results in a payment exceeding twenty-five thousand 698  
dollars. The notice shall contain the following information: 699

(1) The name and address of the person submitting the 700  
notification; 701

(2) The name and address of the insured who is the subject 702  
of the claim; 703

(3) The name of the person filing the written claim; 704

(4) The date of final disposition; 705

(5) If applicable, the identity of the court in which the 706  
final disposition of the claim took place. 707

(E) The board may investigate possible violations of this 708  
chapter or the rules adopted under it that are brought to its 709  
attention as a result of the reporting requirements of this 710  
section, except that the board shall conduct an investigation if 711  
a possible violation involves repeated malpractice. As used in 712  
this division, "repeated malpractice" means three or more claims 713  
for malpractice within the previous five-year period, each 714  
resulting in a judgment or settlement in excess of twenty-five 715  
thousand dollars in favor of the claimant, and each involving 716  
negligent conduct by the anesthesiologist assistant. 717

(F) All summaries, reports, and records received and 718  
maintained by the board pursuant to this section shall be held 719  
in confidence and shall not be subject to discovery or 720  
introduction in evidence in any federal or state civil action 721  
involving an anesthesiologist assistant, supervising physician, 722

or health care facility arising out of matters that are the 723  
subject of the reporting required by this section. The board may 724  
use the information obtained only as the basis for an 725  
investigation, as evidence in a disciplinary hearing against an 726  
anesthesiologist assistant or supervising physician, or in any 727  
subsequent trial or appeal of a board action or order. 728

The board may disclose the summaries and reports it 729  
receives under this section only to health care facility 730  
committees within or outside this state that are involved in 731  
credentialing or recredentialing an anesthesiologist assistant 732  
or supervising physician or reviewing their privilege to 733  
practice within a particular facility. The board shall indicate 734  
whether or not the information has been verified. Information 735  
transmitted by the board shall be subject to the same 736  
confidentiality provisions as when maintained by the board. 737

(G) Except for reports filed by an individual pursuant to 738  
division (B) of this section, the board shall send a copy of any 739  
reports or summaries it receives pursuant to this section to the 740  
anesthesiologist assistant. The anesthesiologist assistant shall 741  
have the right to file a statement with the board concerning the 742  
correctness or relevance of the information. The statement shall 743  
at all times accompany that part of the record in contention. 744

(H) An individual or entity that reports to the board, 745  
reports to the monitoring organization described in section 746  
4731.251 of the Revised Code, or refers an impaired 747  
anesthesiologist assistant to a treatment provider approved by 748  
the board under section 4731.25 of the Revised Code shall not be 749  
subject to suit for civil damages as a result of the report, 750  
referral, or provision of the information. 751

(I) In the absence of fraud or bad faith, a professional 752

association or society of anesthesiologist assistants that 753  
sponsors a committee or program to provide peer assistance to an 754  
anesthesiologist assistant with substance abuse problems, a 755  
representative or agent of such a committee or program, a 756  
representative or agent of the monitoring organization described 757  
in section 4731.251 of the Revised Code, and a member of the 758  
state medical board shall not be held liable in damages to any 759  
person by reason of actions taken to refer an anesthesiologist 760  
assistant to a treatment provider approved under section 4731.25 761  
of the Revised Code for examination or treatment. 762

**Sec. 4762.16.** (A) Within sixty days after the imposition 763  
of any formal disciplinary action taken by any health care 764  
facility, including a hospital, health care facility operated by 765  
a health insuring corporation, ambulatory surgical center, or 766  
similar facility, against any individual holding a valid 767  
certificate to practice as an oriental medicine practitioner or 768  
valid certificate to practice as an acupuncturist, the chief 769  
administrator or executive officer of the facility shall report 770  
to the state medical board the name of the individual, the 771  
action taken by the facility, and a summary of the underlying 772  
facts leading to the action taken. Upon request, the board shall 773  
be provided certified copies of the patient records that were 774  
the basis for the facility's action. Prior to release to the 775  
board, the summary shall be approved by the peer review 776  
committee that reviewed the case or by the governing board of 777  
the facility. 778

The filing of a report with the board or decision not to 779  
file a report, investigation by the board, or any disciplinary 780  
action taken by the board, does not preclude a health care 781  
facility from taking disciplinary action against an oriental 782  
medicine practitioner or acupuncturist. 783

In the absence of fraud or bad faith, no individual or 784  
entity that provides patient records to the board shall be 785  
liable in damages to any person as a result of providing the 786  
records. 787

~~(B) An (1) Except as provided in division (B) (2) of this 788  
section, an oriental medicine practitioner or acupuncturist, 789  
professional association or society of oriental medicine 790  
practitioners or acupuncturists, physician, or professional 791  
association or society of physicians that believes a violation 792  
of any provision of this chapter, Chapter 4731. of the Revised 793  
Code, or rule of the board has occurred shall report to the 794  
board the information upon which the belief is based. This 795  
division does not require any treatment provider approved by the 796  
board under section 4731.25 of the Revised Code or any employee, 797  
agent, or representative of such a provider to make reports with 798  
respect to an oriental medicine practitioner or acupuncturist 799  
participating in treatment or aftercare for substance abuse as 800  
long as the practitioner or acupuncturist maintains 801  
participation in accordance with the requirements of section 802  
4731.25 of the Revised Code and the treatment provider or 803  
employee, agent, or representative of the provider has no reason 804  
to believe that the practitioner or acupuncturist has violated 805  
any provision of this chapter or rule adopted under it, other 806  
than being impaired by alcohol, drugs, or other substances. This 807  
division does not require reporting by any member of an impaired 808  
practitioner committee established by a health care facility or 809  
by any representative or agent of a committee or program 810  
sponsored by a professional association or society of oriental 811  
medicine practitioners or acupuncturists to provide peer 812  
assistance to oriental medicine practitioners or acupuncturists 813  
with substance abuse problems with respect to an oriental 814~~

~~medicine practitioner or acupuncturist who has been referred for~~ 815  
~~examination to a treatment program approved by the board under~~ 816  
~~section 4731.25 of the Revised Code if the individual cooperates~~ 817  
~~with the referral for examination and with any determination~~ 818  
~~that the individual should enter treatment and as long as the~~ 819  
~~committee member, representative, or agent has no reason to~~ 820  
~~believe that the individual has ceased to participate in the~~ 821  
~~treatment program in accordance with section 4731.25 of the~~ 822  
~~Revised Code or has violated any provision of this chapter or~~ 823  
~~rule adopted under it, other than being impaired by alcohol,~~ 824  
~~drugs, or other substances.~~ 825

(2) An oriental medicine practitioner or acupuncturist, 826  
professional association or society of oriental medicine 827  
practitioners or acupuncturists, physician, or professional 828  
association or society of physicians that believes a violation 829  
of division (B) (6) of section 4762.13 of the Revised Code has 830  
occurred shall report the information upon which the belief is 831  
based to the monitoring organization conducting the program 832  
established by the board under section 4731.251 of the Revised 833  
Code. If any such report is made to the board, it shall be 834  
referred to the monitoring organization unless the board is 835  
aware that the individual who is the subject of the report does 836  
not meet the program eligibility requirements of section 837  
4731.252 of the Revised Code. 838

(C) Any professional association or society composed 839  
primarily of oriental medicine practitioners or acupuncturists 840  
that suspends or revokes an individual's membership for 841  
violations of professional ethics, or for reasons of 842  
professional incompetence or professional malpractice, within 843  
sixty days after a final decision, shall report to the board, on 844  
forms prescribed and provided by the board, the name of the 845

individual, the action taken by the professional organization, 846  
and a summary of the underlying facts leading to the action 847  
taken. 848

The filing of a report with the board or decision not to 849  
file a report, investigation by the board, or any disciplinary 850  
action taken by the board, does not preclude a professional 851  
organization from taking disciplinary action against an 852  
individual. 853

(D) Any insurer providing professional liability insurance 854  
to any person holding a valid certificate to practice as an 855  
oriental medicine practitioner or valid certificate to practice 856  
as an acupuncturist or any other entity that seeks to indemnify 857  
the professional liability of an oriental medicine practitioner 858  
or acupuncturist shall notify the board within thirty days after 859  
the final disposition of any written claim for damages where 860  
such disposition results in a payment exceeding twenty-five 861  
thousand dollars. The notice shall contain the following 862  
information: 863

(1) The name and address of the person submitting the 864  
notification; 865

(2) The name and address of the insured who is the subject 866  
of the claim; 867

(3) The name of the person filing the written claim; 868

(4) The date of final disposition; 869

(5) If applicable, the identity of the court in which the 870  
final disposition of the claim took place. 871

(E) The board may investigate possible violations of this 872  
chapter or the rules adopted under it that are brought to its 873

attention as a result of the reporting requirements of this 874  
section, except that the board shall conduct an investigation if 875  
a possible violation involves repeated malpractice. As used in 876  
this division, "repeated malpractice" means three or more claims 877  
for malpractice within the previous five-year period, each 878  
resulting in a judgment or settlement in excess of twenty-five 879  
thousand dollars in favor of the claimant, and each involving 880  
negligent conduct by the oriental medicine practitioner or 881  
acupuncturist. 882

(F) All summaries, reports, and records received and 883  
maintained by the board pursuant to this section shall be held 884  
in confidence and shall not be subject to discovery or 885  
introduction in evidence in any federal or state civil action 886  
involving an oriental medicine practitioner, acupuncturist, 887  
supervising physician, or health care facility arising out of 888  
matters that are the subject of the reporting required by this 889  
section. The board may use the information obtained only as the 890  
basis for an investigation, as evidence in a disciplinary 891  
hearing against an oriental medicine practitioner, 892  
acupuncturist, or supervising physician, or in any subsequent 893  
trial or appeal of a board action or order. 894

The board may disclose the summaries and reports it 895  
receives under this section only to health care facility 896  
committees within or outside this state that are involved in 897  
credentialing or recredentialing an oriental medicine 898  
practitioner, acupuncturist, or supervising physician or 899  
reviewing their privilege to practice within a particular 900  
facility. The board shall indicate whether or not the 901  
information has been verified. Information transmitted by the 902  
board shall be subject to the same confidentiality provisions as 903  
when maintained by the board. 904

(G) Except for reports filed by an individual pursuant to 905  
division (B) of this section, the board shall send a copy of any 906  
reports or summaries it receives pursuant to this section to the 907  
acupuncturist. The oriental medicine practitioner or 908  
acupuncturist shall have the right to file a statement with the 909  
board concerning the correctness or relevance of the 910  
information. The statement shall at all times accompany that 911  
part of the record in contention. 912

(H) An individual or entity that reports to the board, 913  
reports to the monitoring organization described in section 914  
4731.251 of the Revised Code, or refers an impaired oriental 915  
medicine practitioner or impaired acupuncturist to a treatment 916  
provider approved by the board under section 4731.25 of the 917  
Revised Code shall not be subject to suit for civil damages as a 918  
result of the report, referral, or provision of the information. 919

(I) In the absence of fraud or bad faith, a professional 920  
association or society of oriental medicine practitioners or 921  
acupuncturists that sponsors a committee or program to provide 922  
peer assistance to an oriental medicine practitioner or 923  
acupuncturist with substance abuse problems, a representative or 924  
agent of such a committee or program, a representative or agent 925  
of the monitoring organization described in section 4731.251 of 926  
the Revised Code, and a member of the state medical board shall 927  
not be held liable in damages to any person by reason of actions 928  
taken to refer an oriental medicine practitioner or 929  
acupuncturist to a treatment provider approved under section 930  
4731.25 of the Revised Code for examination or treatment. 931

**Sec. 4774.16.** (A) Within sixty days after the imposition 932  
of any formal disciplinary action taken by any health care 933  
facility, including a hospital, health care facility operated by 934

a health insuring corporation, ambulatory surgical facility, or 935  
similar facility, against any individual holding a valid 936  
certificate to practice as a radiologist assistant, the chief 937  
administrator or executive officer of the facility shall report 938  
to the state medical board the name of the individual, the 939  
action taken by the facility, and a summary of the underlying 940  
facts leading to the action taken. On request, the board shall 941  
be provided certified copies of the patient records that were 942  
the basis for the facility's action. Prior to release to the 943  
board, the summary shall be approved by the peer review 944  
committee that reviewed the case or by the governing board of 945  
the facility. 946

The filing of a report with the board or decision not to 947  
file a report, investigation by the board, or any disciplinary 948  
action taken by the board, does not preclude a health care 949  
facility from taking disciplinary action against a radiologist 950  
assistant. 951

In the absence of fraud or bad faith, no individual or 952  
entity that provides patient records to the board shall be 953  
liable in damages to any person as a result of providing the 954  
records. 955

(B) - A - (1) Except as provided in division (B) (2) of this 956  
section, a radiologist assistant, professional association or 957  
society of radiologist assistants, physician, or professional 958  
association or society of physicians that believes a violation 959  
of any provision of this chapter, Chapter 4731. of the Revised 960  
Code, or rule of the board has occurred shall report to the 961  
board the information on which the belief is based. ~~This~~ 962  
division does not require any treatment provider approved by the 963  
board under section 4731.25 of the Revised Code or any employee, 964

~~agent, or representative of such a provider to make reports with- 965  
respect to a radiologist assistant participating in treatment or 966  
aftercare for substance abuse as long as the radiologist 967  
assistant maintains participation in accordance with the 968  
requirements of section 4731.25 of the Revised Code and the 969  
treatment provider or employee, agent, or representative of the 970  
provider has no reason to believe that the radiologist assistant 971  
has violated any provision of this chapter or rule adopted under 972  
it, other than being impaired by alcohol, drugs, or other 973  
substances. This division does not require reporting by any 974  
member of an impaired practitioner committee established by a 975  
health care facility or by any representative or agent of a 976  
committee or program sponsored by a professional association or 977  
society of radiologist assistants to provide peer assistance to 978  
radiologist assistants with substance abuse problems with 979  
respect to a radiologist assistant who has been referred for 980  
examination to a treatment program approved by the board under 981  
section 4731.25 of the Revised Code if the radiologist assistant 982  
cooperates with the referral for examination and with any 983  
determination that the radiologist assistant should enter 984  
treatment and as long as the committee member, representative, 985  
or agent has no reason to believe that the radiologist assistant 986  
has ceased to participate in the treatment program in accordance 987  
with section 4731.25 of the Revised Code or has violated any 988  
provision of this chapter or rule adopted under it, other than 989  
being impaired by alcohol, drugs, or other substances. 990~~

(2) A radiologist assistant, professional association or 991  
society of radiologist assistants, physician, or professional 992  
association or society of physicians that believes a violation 993  
of division (B) (6) of section 4774.13 of the Revised Code has 994  
occurred shall report the information upon which the belief is 995

based to the monitoring organization conducting the program 996  
established by the board under section 4731.251 of the Revised 997  
Code. If any such report is made to the board, it shall be 998  
referred to the monitoring organization unless the board is 999  
aware that the individual who is the subject of the report does 1000  
not meet the program eligibility requirements of section 1001  
4731.252 of the Revised Code. 1002

(C) Any professional association or society composed 1003  
primarily of radiologist assistants that suspends or revokes an 1004  
individual's membership for violations of professional ethics, 1005  
or for reasons of professional incompetence or professional 1006  
malpractice, within sixty days after a final decision, shall 1007  
report to the board, on forms prescribed and provided by the 1008  
board, the name of the individual, the action taken by the 1009  
professional organization, and a summary of the underlying facts 1010  
leading to the action taken. 1011

The filing of a report with the board or decision not to 1012  
file a report, investigation by the board, or any disciplinary 1013  
action taken by the board, does not preclude a professional 1014  
organization from taking disciplinary action against a 1015  
radiologist assistant. 1016

(D) Any insurer providing professional liability insurance 1017  
to any person holding a valid certificate to practice as a 1018  
radiologist assistant or any other entity that seeks to 1019  
indemnify the professional liability of a radiologist assistant 1020  
shall notify the board within thirty days after the final 1021  
disposition of any written claim for damages where such 1022  
disposition results in a payment exceeding twenty-five thousand 1023  
dollars. The notice shall contain the following information: 1024

(1) The name and address of the person submitting the 1025

notification; 1026

(2) The name and address of the insured who is the subject 1027  
of the claim; 1028

(3) The name of the person filing the written claim; 1029

(4) The date of final disposition; 1030

(5) If applicable, the identity of the court in which the 1031  
final disposition of the claim took place. 1032

(E) The board may investigate possible violations of this 1033  
chapter or the rules adopted under it that are brought to its 1034  
attention as a result of the reporting requirements of this 1035  
section, except that the board shall conduct an investigation if 1036  
a possible violation involves repeated malpractice. As used in 1037  
this division, "repeated malpractice" means three or more claims 1038  
for malpractice within the previous five-year period, each 1039  
resulting in a judgment or settlement in excess of twenty-five 1040  
thousand dollars in favor of the claimant, and each involving 1041  
negligent conduct by the radiologist assistant. 1042

(F) All summaries, reports, and records received and 1043  
maintained by the board pursuant to this section shall be held 1044  
in confidence and shall not be subject to discovery or 1045  
introduction in evidence in any federal or state civil action 1046  
involving a radiologist assistant, supervising physician, or 1047  
health care facility arising out of matters that are the subject 1048  
of the reporting required by this section. The board may use the 1049  
information obtained only as the basis for an investigation, as 1050  
evidence in a disciplinary hearing against a radiologist 1051  
assistant or supervising radiologist, or in any subsequent trial 1052  
or appeal of a board action or order. 1053

The board may disclose the summaries and reports it 1054

receives under this section only to health care facility 1055  
committees within or outside this state that are involved in 1056  
credentialing or recredentialing a radiologist assistant or 1057  
supervising radiologist or reviewing their privilege to practice 1058  
within a particular facility. The board shall indicate whether 1059  
or not the information has been verified. Information 1060  
transmitted by the board shall be subject to the same 1061  
confidentiality provisions as when maintained by the board. 1062

(G) Except for reports filed by an individual pursuant to 1063  
division (B) of this section, the board shall send a copy of any 1064  
reports or summaries it receives pursuant to this section to the 1065  
radiologist assistant. The radiologist assistant shall have the 1066  
right to file a statement with the board concerning the 1067  
correctness or relevance of the information. The statement shall 1068  
at all times accompany that part of the record in contention. 1069

(H) An individual or entity that reports to the board, 1070  
reports to the monitoring organization described in section 1071  
4731.251 of the Revised Code, or refers an impaired radiologist 1072  
assistant to a treatment provider approved by the board under 1073  
section 4731.25 of the Revised Code shall not be subject to suit 1074  
for civil damages as a result of the report, referral, or 1075  
provision of the information. 1076

(I) In the absence of fraud or bad faith, a professional 1077  
association or society of radiologist assistants that sponsors a 1078  
committee or program to provide peer assistance to a radiologist 1079  
assistant with substance abuse problems, a representative or 1080  
agent of such a committee or program, a representative or agent 1081  
of the monitoring organization described in section 4731.251 of 1082  
the Revised Code, and a member of the state medical board shall 1083  
not be held liable in damages to any person by reason of actions 1084

taken to refer a radiologist assistant to a treatment provider 1085  
approved under section 4731.25 of the Revised Code for 1086  
examination or treatment. 1087

Sec. 4778.17. A genetic counselor, professional 1088  
association or society of genetic counselors, physician, or 1089  
professional association or society of physicians that believes 1090  
a violation of division (B)(6) of section 4778.14 of the Revised 1091  
Code has occurred shall report the information upon which the 1092  
belief is based to the monitoring organization conducting the 1093  
program established by the state medical board under section 1094  
4731.251 of the Revised Code. If any such report is made to the 1095  
board, it shall be referred to the monitoring organization 1096  
unless the board is aware that the individual who is the subject 1097  
of the report does not meet the program eligibility requirements 1098  
of section 4731.252 of the Revised Code. 1099

An individual or entity that reports to the board, reports 1100  
to the monitoring organization described in section 4731.251 of 1101  
the Revised Code, or refers an impaired genetic counselor to a 1102  
treatment provider approved by the board under section 4731.25 1103  
of the Revised Code shall not be subject to suit for civil 1104  
damages as a result of the report, referral, or provision of the 1105  
information. 1106

In the absence of fraud or bad faith, a professional 1107  
association or society of genetic counselors that sponsors a 1108  
committee or program to provide peer assistance to a genetic 1109  
counselor with substance abuse problems, a representative or 1110  
agent of such a committee or program, a representative or agent 1111  
of the monitoring organization described in section 4731.251 of 1112  
the Revised Code, and a member of the state medical board shall 1113  
not be held liable in damages to any person by reason of actions 1114

taken to refer a genetic counselor to a treatment provider 1115  
approved under section 4731.25 of the Revised Code for 1116  
examination or treatment. 1117

**Section 2.** That existing sections 4730.32, 4731.224, 1118  
4731.25, 4760.16, 4762.16, and 4774.16 of the Revised Code are 1119  
hereby repealed. 1120

**Section 3.** This act is hereby declared to be an emergency 1121  
measure necessary for the immediate preservation of the public 1122  
peace, health, and safety. The reason for such necessity is that 1123  
impaired practitioners present significant risks to the health 1124  
and safety of patients in this state and improved access to 1125  
substance abuse treatment for those practitioners greatly 1126  
decreases those risks. Therefore, this act shall go into 1127  
immediate effect. 1128