

I_133_1050-3

133rd General Assembly
Regular Session
2019-2020

Sub. S. B. No. 23

A BILL

To amend sections 2317.56, 2919.171, 2919.19, 1
2919.191, 2919.192, 2919.193, and 4731.22; to 2
amend, for the purpose of adopting new section 3
numbers as indicated in parentheses, sections 4
2919.191 (2919.192), 2919.192 (2919.194), and 5
2919.193 (2919.198); and to enact new sections 6
2919.191 and 2919.193 and sections 2919.195, 7
2919.196, 2919.197, 2919.199, 2919.1910, 8
2919.1912, 2919.1913, and 5103.11 of the Revised 9
Code to enact the Human Rights Protection Act. 10

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

Section 1. That sections 2317.56, 2919.171, 2919.19, 11
2919.191, 2919.192, 2919.193, and 4731.22 be amended; sections 12
2919.191 (2919.192), 2919.192 (2919.194), and 2919.193 13
(2919.198) be amended for the purpose of adopting new section 14
numbers as shown in parentheses; and new sections 2919.191 and 15
2919.193 and sections 2919.195, 2919.196, 2919.197, 2919.199, 16
2919.1910, 2919.1912, 2919.1913, and 5103.11 of the Revised Code 17
be enacted to read as follows: 18



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Sec. 2317.56. (A) As used in this section:	19
(1) "Medical emergency" has the same meaning as in section 2919.16 of the Revised Code.	20 21
(2) "Medical necessity" means a medical condition of a pregnant woman that, in the reasonable judgment of the physician who is attending the woman, so complicates the pregnancy that it necessitates the immediate performance or inducement of an abortion.	22 23 24 25 26
(3) "Probable gestational age of the embryo or fetus" means the gestational age that, in the judgment of a physician, is, with reasonable probability, the gestational age of the embryo or fetus at the time that the physician informs a pregnant woman pursuant to division (B) (1) (b) of this section.	27 28 29 30 31
(B) Except when there is a medical emergency or medical necessity, an abortion shall be performed or induced only if all of the following conditions are satisfied:	32 33 34
(1) At least twenty-four hours prior to the performance or inducement of the abortion, a physician meets with the pregnant woman in person in an individual, private setting and gives her an adequate opportunity to ask questions about the abortion that will be performed or induced. At this meeting, the physician shall inform the pregnant woman, verbally or, if she is hearing impaired, by other means of communication, of all of the following:	35 36 37 38 39 40 41 42
(a) The nature and purpose of the particular abortion procedure to be used and the medical risks associated with that procedure;	43 44 45
(b) The probable gestational age of the embryo or fetus;	46

(c) The medical risks associated with the pregnant woman 47
carrying the pregnancy to term. 48

The meeting need not occur at the facility where the 49
abortion is to be performed or induced, and the physician 50
involved in the meeting need not be affiliated with that 51
facility or with the physician who is scheduled to perform or 52
induce the abortion. 53

(2) At least twenty-four hours prior to the performance or 54
inducement of the abortion, the physician who is to perform or 55
induce the abortion or the physician's agent does each of the 56
following in person, by telephone, by certified mail, return 57
receipt requested, or by regular mail evidenced by a certificate 58
of mailing: 59

(a) Inform the pregnant woman of the name of the physician 60
who is scheduled to perform or induce the abortion; 61

(b) Give the pregnant woman copies of the published 62
materials described in division (C) of this section; 63

(c) Inform the pregnant woman that the materials given 64
pursuant to division (B) (2) (b) of this section are published by 65
the state and that they describe the embryo or fetus and list 66
agencies that offer alternatives to abortion. The pregnant woman 67
may choose to examine or not to examine the materials. A 68
physician or an agent of a physician may choose to be 69
disassociated from the materials and may choose to comment or 70
not comment on the materials. 71

(3) If it has been determined that the unborn human 72
individual the pregnant woman is carrying has a detectable fetal 73
heartbeat, the physician who is to perform or induce the 74
abortion shall comply with the informed consent requirements in 75

section ~~2919.192~~2919.194 of the Revised Code in addition to 76
complying with the informed consent requirements in divisions 77
(B) (1), (2), (4), and (5) of this section. 78

(4) Prior to the performance or inducement of the 79
abortion, the pregnant woman signs a form consenting to the 80
abortion and certifies both of the following on that form: 81

(a) She has received the information and materials 82
described in divisions (B) (1) and (2) of this section, and her 83
questions about the abortion that will be performed or induced 84
have been answered in a satisfactory manner. 85

(b) She consents to the particular abortion voluntarily, 86
knowingly, intelligently, and without coercion by any person, 87
and she is not under the influence of any drug of abuse or 88
alcohol. 89

The form shall contain the name and contact information of 90
the physician who provided to the pregnant woman the information 91
described in division (B) (1) of this section. 92

(5) Prior to the performance or inducement of the 93
abortion, the physician who is scheduled to perform or induce 94
the abortion or the physician's agent receives a copy of the 95
pregnant woman's signed form on which she consents to the 96
abortion and that includes the certification required by 97
division (B) (4) of this section. 98

(C) The department of health shall publish in English and 99
in Spanish, in a typeface large enough to be clearly legible, 100
and in an easily comprehensible format, the following materials 101
on the department's web site: 102

(1) Materials that inform the pregnant woman about family 103
planning information, of publicly funded agencies that are 104

available to assist in family planning, and of public and 105
private agencies and services that are available to assist her 106
through the pregnancy, upon childbirth, and while the child is 107
dependent, including, but not limited to, adoption agencies. The 108
materials shall be geographically indexed; include a 109
comprehensive list of the available agencies, a description of 110
the services offered by the agencies, and the telephone numbers 111
and addresses of the agencies; and inform the pregnant woman 112
about available medical assistance benefits for prenatal care, 113
childbirth, and neonatal care and about the support obligations 114
of the father of a child who is born alive. The department shall 115
ensure that the materials described in division (C)(1) of this 116
section are comprehensive and do not directly or indirectly 117
promote, exclude, or discourage the use of any agency or service 118
described in this division. 119

(2) Materials that inform the pregnant woman of the 120
probable anatomical and physiological characteristics of the 121
zygote, blastocyte, embryo, or fetus at two-week gestational 122
increments for the first sixteen weeks of pregnancy and at four- 123
week gestational increments from the seventeenth week of 124
pregnancy to full term, including any relevant information 125
regarding the time at which the fetus possibly would be viable. 126
The department shall cause these materials to be published ~~only~~ 127
after it consults with ~~the Ohio state medical association and~~ 128
~~the Ohio section of the American college of obstetricians and~~ 129
~~gynecologists~~ independent health care experts relative to the 130
probable anatomical and physiological characteristics of a 131
zygote, blastocyte, embryo, or fetus at the various gestational 132
increments. The materials shall use language that is 133
understandable by the average person who is not medically 134
trained, shall be objective and nonjudgmental, and shall include 135

only accurate scientific information about the zygote, 136
blastocyte, embryo, or fetus at the various gestational 137
increments. If the materials use a pictorial, photographic, or 138
other depiction to provide information regarding the zygote, 139
blastocyte, embryo, or fetus, the materials shall include, in a 140
conspicuous manner, a scale or other explanation that is 141
understandable by the average person and that can be used to 142
determine the actual size of the zygote, blastocyte, embryo, or 143
fetus at a particular gestational increment as contrasted with 144
the depicted size of the zygote, blastocyte, embryo, or fetus at 145
that gestational increment. 146

(D) Upon the submission of a request to the department of 147
health by any person, hospital, physician, or medical facility 148
for one copy of the materials published in accordance with 149
division (C) of this section, the department shall make the 150
requested copy of the materials available to the person, 151
hospital, physician, or medical facility that requested the 152
copy. 153

(E) If a medical emergency or medical necessity compels 154
the performance or inducement of an abortion, the physician who 155
will perform or induce the abortion, prior to its performance or 156
inducement if possible, shall inform the pregnant woman of the 157
medical indications supporting the physician's judgment that an 158
immediate abortion is necessary. Any physician who performs or 159
induces an abortion without the prior satisfaction of the 160
conditions specified in division (B) of this section because of 161
a medical emergency or medical necessity shall enter the reasons 162
for the conclusion that a medical emergency or medical necessity 163
exists in the medical record of the pregnant woman. 164

(F) If the conditions specified in division (B) of this 165

section are satisfied, consent to an abortion shall be presumed 166
to be valid and effective. 167

(G) The performance or inducement of an abortion without 168
the prior satisfaction of the conditions specified in division 169
(B) of this section does not constitute, and shall not be 170
construed as constituting, a violation of division (A) of 171
section 2919.12 of the Revised Code. The failure of a physician 172
to satisfy the conditions of division (B) of this section prior 173
to performing or inducing an abortion upon a pregnant woman may 174
be the basis of both of the following: 175

(1) A civil action for compensatory and exemplary damages 176
as described in division (H) of this section; 177

(2) Disciplinary action under section 4731.22 of the 178
Revised Code. 179

(H) (1) Subject to divisions (H) (2) and (3) of this 180
section, any physician who performs or induces an abortion with 181
actual knowledge that the conditions specified in division (B) 182
of this section have not been satisfied or with a heedless 183
indifference as to whether those conditions have been satisfied 184
is liable in compensatory and exemplary damages in a civil 185
action to any person, or the representative of the estate of any 186
person, who sustains injury, death, or loss to person or 187
property as a result of the failure to satisfy those conditions. 188
In the civil action, the court additionally may enter any 189
injunctive or other equitable relief that it considers 190
appropriate. 191

(2) The following shall be affirmative defenses in a civil 192
action authorized by division (H) (1) of this section: 193

(a) The physician performed or induced the abortion under 194

the circumstances described in division (E) of this section.	195
(b) The physician made a good faith effort to satisfy the conditions specified in division (B) of this section.	196 197
(3) An employer or other principal is not liable in damages in a civil action authorized by division (H)(1) of this section on the basis of the doctrine of respondeat superior unless either of the following applies:	198 199 200 201
(a) The employer or other principal had actual knowledge or, by the exercise of reasonable diligence, should have known that an employee or agent performed or induced an abortion with actual knowledge that the conditions specified in division (B) of this section had not been satisfied or with a heedless indifference as to whether those conditions had been satisfied.	202 203 204 205 206 207
(b) The employer or other principal negligently failed to secure the compliance of an employee or agent with division (B) of this section.	208 209 210
(4) Notwithstanding division (E) of section 2919.12 of the Revised Code, the civil action authorized by division (H)(1) of this section shall be the exclusive civil remedy for persons, or the representatives of estates of persons, who allegedly sustain injury, death, or loss to person or property as a result of a failure to satisfy the conditions specified in division (B) of this section.	211 212 213 214 215 216 217
(I) The department of job and family services shall prepare and conduct a public information program to inform women of all available governmental programs and agencies that provide services or assistance for family planning, prenatal care, child care, or alternatives to abortion.	218 219 220 221 222
Sec. 2919.171. (A) <u>(1)</u> A physician who performs or induces	223

or attempts to perform or induce an abortion on a pregnant woman 224
shall submit a report to the department of health in accordance 225
with the forms, rules, and regulations adopted by the department 226
that includes all of the information the physician is required 227
to certify in writing or determine under ~~sections~~ section 228
2919.17 and, section 2919.18, divisions (A) and (C) of section 229
2919.192, division (C) of section 2919.193, division (B) of 230
section 2919.195, or division (A) of section 2919.196 of the 231
Revised Code~~+~~. 232

(2) If a person other than the physician described in 233
division (A) (1) of this section makes or maintains a record 234
required by sections 2919.192 to 2919.196 of the Revised Code on 235
the physician's behalf or at the physician's direction, that 236
person shall comply with the reporting requirement described in 237
division (A) (1) of this section as if the person were the 238
physician described in that division. 239

(B) By September 30 of each year, the department of health 240
shall issue a public report that provides statistics for the 241
previous calendar year compiled from all of the reports covering 242
that calendar year submitted to the department in accordance 243
with this section for each of the items listed in division (A) 244
of this section. The report shall also provide the statistics 245
for each previous calendar year in which a report was filed with 246
the department pursuant to this section, adjusted to reflect any 247
additional information that a physician provides to the 248
department in a late or corrected report. The department shall 249
ensure that none of the information included in the report could 250
reasonably lead to the identification of any pregnant woman upon 251
whom an abortion is performed. 252

(C) (1) The physician shall submit the report described in 253

division (A) of this section to the department of health within 254
fifteen days after the woman is discharged. If the physician 255
fails to submit the report more than thirty days after that 256
fifteen-day deadline, the physician shall be subject to a late 257
fee of five hundred dollars for each additional thirty-day 258
period or portion of a thirty-day period the report is overdue. 259
A physician who is required to submit to the department of 260
health a report under division (A) of this section and who has 261
not submitted a report or has submitted an incomplete report 262
more than one year following the fifteen-day deadline may, in an 263
action brought by the department of health, be directed by a 264
court of competent jurisdiction to submit a complete report to 265
the department of health within a period of time stated in a 266
court order or be subject to contempt of court. 267

(2) If a physician fails to comply with the requirements 268
of this section, other than filing a late report with the 269
department of health, or fails to submit a complete report to 270
the department of health in accordance with a court order, the 271
physician is subject to division (B) (44) of section 4731.22 of 272
the Revised Code. 273

(3) No person shall falsify any report required under this 274
section. Whoever violates this division is guilty of abortion 275
report falsification, a misdemeanor of the first degree. 276

(D) ~~Within ninety days of October 20, 2011, the~~ The 277
department of health shall adopt rules pursuant to section 278
111.15 of the Revised Code to assist in compliance with this 279
section. 280

Sec. 2919.19. (A) As used in this section and sections 281
2919.191 to ~~2919.193~~ 2919.1910 of the Revised Code: 282

(A) (1) " <u>Conception</u> " means fertilization.	283
(2) " <u>Contraceptive</u> " means a drug, device, or chemical that prevents conception.	284 285
(3) " <u>DNA</u> " means deoxyribonucleic acid.	286
(4) " <u>Fetal heartbeat</u> " means cardiac activity or the steady and repetitive rhythmic contraction of the fetal heart within the gestational sac.	287 288 289
(B) (5) " <u>Fetus</u> " means the human offspring developing during pregnancy from the moment of conception and includes the embryonic stage of development.	290 291 292
(C) (6) " <u>Gestational age</u> " means the age of an unborn human individual as calculated from the first day of the last menstrual period of a pregnant woman.	293 294 295
(D) (7) " <u>Gestational sac</u> " means the structure that comprises the extraembryonic membranes that envelop the fetus and that is typically visible by ultrasound after the fourth week of pregnancy.	296 297 298 299
(E) (8) " <u>Intrauterine pregnancy</u> " means a pregnancy in which the fetus is attached to the placenta within the uterus of the pregnant woman.	300 301 302
(9) " <u>Medical emergency</u> " has the same meaning as in section 2919.16 of the Revised Code.	303 304
(F) (10) " <u>Physician</u> " has the same meaning as in section 2305.113 of the Revised Code.	305 306
(G) (11) " <u>Pregnancy</u> " means the human female reproductive condition that begins with fertilization, when the woman is carrying the developing human offspring, and that is calculated	307 308 309

from the first day of the last menstrual period of the woman. 310

~~(H)~~ (12) "Serious risk of the substantial and irreversible 311
impairment of a major bodily function" has the same meaning as 312
in section 2919.16 of the Revised Code. 313

~~(I)~~ (13) "Spontaneous miscarriage" means the natural or 314
accidental termination of a pregnancy and the expulsion of the 315
fetus, typically caused by genetic defects in the fetus or 316
physical abnormalities in the pregnant woman. 317

(14) "Standard medical practice" means the degree of 318
skill, care, and diligence that a physician of the same medical 319
specialty would employ in like circumstances. As applied to the 320
method used to determine the presence of a fetal heartbeat for 321
purposes of section ~~2919.191~~ 2919.192 of the Revised Code, 322
"standard medical practice" includes employing the appropriate 323
means of detection depending on the estimated gestational age of 324
the fetus and the condition of the woman and her pregnancy. 325

~~(J)~~ (15) "Unborn human individual" means an individual 326
organism of the species homo sapiens from fertilization until 327
live birth. 328

(B) (1) It is the intent of the general assembly that a 329
court judgment or order suspending enforcement of any provision 330
of this section or sections 2919.171 or 2919.191 to 2919.1913 of 331
the Revised Code is not to be regarded as tantamount to repeal 332
of that provision. 333

(2) Upon the issuance of any court order or judgment 334
restoring, expanding, or clarifying the authority of states to 335
prohibit or regulate abortion entirely or in part, or the 336
effective date of an amendment to the United States Constitution 337
restoring, expanding, or clarifying the authority of states to 338

prohibit or regulate abortion entirely or in part, the attorney 339
general may apply to the pertinent state or federal court for 340
either or both of the following: 341

(a) A declaration that any one or more sections specified 342
in division (B)(1) of this section are constitutional; 343

(b) A judgment or order lifting an injunction against the 344
enforcement of any one or more sections specified in division 345
(B)(1) of this section. 346

(3) If the attorney general fails to apply for the relief 347
described in division (B)(2) of this section within the thirty- 348
day period after an event described in that division occurs, any 349
county prosecutor, with standing, may apply to the appropriate 350
state or federal court for such relief. 351

(4) If any provision of this section or sections 2919.171 352
or 2919.191 to 2919.1913 of the Revised Code is held invalid, or 353
if the application of such provision to any person or 354
circumstance is held invalid, the invalidity of that provision 355
does not affect any other provisions or applications of this 356
section and sections 2919.171 and 2919.191 to 2919.1913 of the 357
Revised Code that can be given effect without the invalid 358
provision or application, and to this end the provisions of this 359
section and sections 2919.171 and 2919.191 to 2919.1913 of the 360
Revised Code are severable as provided in section 1.50 of the 361
Revised Code. In particular, it is the intent of the general 362
assembly that any invalidity or potential invalidity of a 363
provision of this section or sections 2919.171 or 2919.191 to 364
2919.1913 of the Revised Code is not to impair the immediate and 365
continuing enforceability of the remaining provisions. It is 366
furthermore the intent of the general assembly that the 367
provisions of this section and sections 2919.171 or 2919.191 to 368

2919.1913 of the Revised Code are not to have the effect of 369
repealing or limiting any other laws of this state, except as 370
specified by this section and sections 2919.171 and 2919.191 to 371
2919.1913 of the Revised Code. 372

Sec. 2919.191. Sections 2919.192 to 2919.195 of the 373
Revised Code apply only to intrauterine pregnancies. 374

Sec. 2919.191-2919.192. (A) A person who intends to 375
perform or induce an abortion on a pregnant woman shall 376
determine whether there is a detectable fetal heartbeat of the 377
unborn human individual the pregnant woman is carrying. The 378
method of determining the presence of a fetal heartbeat shall be 379
consistent with the person's good faith understanding of 380
standard medical practice, provided that if rules have been 381
adopted under division ~~(C)~~-(B) of this section, the method 382
chosen shall be one that is consistent with the rules. The 383
person who determines the presence or absence of a fetal 384
heartbeat shall record in the pregnant woman's medical record 385
the estimated gestational age of the unborn human individual, 386
the method used to test for a fetal heartbeat, the date and time 387
of the test, and the results of the test. 388

~~(B) (1) Except when a medical emergency exists that~~ 389
~~prevents compliance with this division, no person shall perform~~ 390
~~or induce an abortion on a pregnant woman prior to determining~~ 391
~~if the unborn human individual the pregnant woman is carrying~~ 392
~~has a detectable fetal heartbeat. Any person who performs or~~ 393
~~induces an abortion on a pregnant woman based on the exception~~ 394
~~in this division shall note in the pregnant woman's medical~~ 395
~~records that a medical emergency necessitating the abortion~~ 396
~~existed and shall also note the medical condition of the~~ 397
~~pregnant woman that prevented compliance with this division. The~~ 398

~~person shall maintain a copy of the notes described in this~~ 399
~~division in the person's own records for at least seven years~~ 400
~~after the notes are entered into the medical records.~~ 401

~~(2)~~The person who performs the examination for the 402
presence of a fetal heartbeat shall give the pregnant woman the 403
option to view or hear the fetal heartbeat. 404

~~(C)~~ The (B) Not later than one hundred twenty days of the 405
effective date of S.B. 23 of the 133rd general assembly, the 406
director of health ~~may promulgate~~ shall adopt rules pursuant to 407
section 111.15 of the Revised Code specifying the appropriate 408
methods of performing an examination for the purpose of 409
determining the presence of a fetal heartbeat of an unborn 410
individual ~~based on standard medical practice. The rules shall~~ 411
~~require only that an examination shall be performed~~ 412
~~externally.~~ The rules shall not exclude transvaginal ultrasound 413
as a method of detection, nor exclude any other current or new 414
technology or procedure, so long as the method, technology, or 415
procedure conforms with standard medical practices. 416

~~(D)~~ (C) A person is not in violation of division (A) ~~or~~ 417
~~(B)~~ of this section if that person has performed an examination 418
for the purpose of determining the presence of a fetal heartbeat 419
~~in the fetus of an unborn human individual~~ utilizing standard 420
medical practice in accordance with rules adopted under division 421
(B) of this section, that examination does not reveal a fetal 422
heartbeat or the person has been informed by a physician who has 423
performed the examination for a fetal heartbeat that the 424
examination did not reveal a fetal heartbeat, and the person 425
notes in the pregnant woman's medical records the procedure 426
utilized to detect the presence of a fetal heartbeat. 427

~~(E)~~ Except as provided in division (F) of this section, no 428

~~person shall knowingly and purposefully perform or induce an~~ 429
~~abortion on a pregnant woman before determining in accordance~~ 430
~~with division (A) of this section whether the unborn human~~ 431
~~individual the pregnant woman is carrying has a detectable~~ 432
~~heartbeat. The failure of a person to satisfy the requirements~~ 433
~~of this section prior to performing or inducing an abortion on a~~ 434
~~pregnant woman may be the basis for either of the following:~~ 435

~~(1) A civil action for compensatory and exemplary damages;~~ 436

~~(2) Disciplinary action under section 4731.22 of the~~ 437
~~Revised Code.~~ 438

~~(F) Division (E) of this section does not apply to a~~ 439
~~physician who performs or induces the abortion if the physician~~ 440
~~believes that a medical emergency exists that prevents~~ 441
~~compliance with that division.~~ 442

~~(G) The director of health may determine and specify in~~ 443
~~rules adopted pursuant to section 111.15 of the Revised Code and~~ 444
~~based upon available medical evidence the statistical~~ 445
~~probability of bringing an unborn human individual to term based~~ 446
~~on the gestational age of an unborn human individual who~~ 447
~~possesses a detectable fetal heartbeat.~~ 448

~~(H) A woman on whom an abortion is performed in violation~~ 449
~~of division (B) of this section or division (B) (3) of section~~ 450
~~2317.56 of the Revised Code may file a civil action for the~~ 451
~~wrongful death of the woman's unborn child and may receive at~~ 452
~~the mother's election at any time prior to final judgment~~ 453
~~damages in an amount equal to ten thousand dollars or an amount~~ 454
~~determined by the trier of fact after consideration of the~~ 455
~~evidence subject to the same defenses and requirements of proof,~~ 456
~~except any requirement of live birth, as would apply to a suit~~ 457

~~for the wrongful death of a child who had been born alive.~~ 458

Sec. 2919.193. (A) Except as provided in division (B) of 459
this section, no person shall knowingly and purposefully perform 460
or induce an abortion on a pregnant woman before determining in 461
accordance with division (A) of section 2919.192 of the Revised 462
Code whether the unborn human individual the pregnant woman is 463
carrying has a detectable heartbeat. 464

Whoever violates this division is guilty of performing or 465
inducing an abortion before determining whether there is a 466
detectable fetal heartbeat, a felony of the fifth degree. A 467
violation of this division may also be the basis of either of 468
the following: 469

(1) A civil action for compensatory and exemplary damages; 470

(2) Disciplinary action under section 4731.22 of the 471
Revised Code. 472

(B) Division (A) of this section does not apply to a 473
physician who performs or induces the abortion if the physician 474
believes that a medical emergency, as defined in section 2919.16 475
of the Revised Code, exists that prevents compliance with that 476
division. 477

(C) A physician who performs or induces an abortion on a 478
pregnant woman based on the exception in division (B) of this 479
section shall make written notations in the pregnant woman's 480
medical records of both of the following: 481

(1) The physician's belief that a medical emergency 482
necessitating the abortion existed; 483

(2) The medical condition of the pregnant woman that 484
assertedly prevented compliance with division (A) of this 485

section. 486

For at least seven years from the date the notations are 487
made, the physician shall maintain in the physician's own 488
records a copy of the notations. 489

(D) A person is not in violation of division (A) of this 490
section if the person acts in accordance with division (A) of 491
section 2919.192 of the Revised Code and the method used to 492
determine the presence of a fetal heartbeat does not reveal a 493
fetal heartbeat. 494

Sec. ~~2919.192~~ 2919.194. (A) ~~If~~ Notwithstanding division 495
(A) (3) of this section, if a person who intends to perform or 496
induce an abortion on a pregnant woman has determined, under 497
section ~~2919.191~~ 2919.192 of the Revised Code, that the unborn 498
human individual the pregnant woman is carrying has a detectable 499
heartbeat, the person shall not, except as provided in division 500
(B) of this section, perform or induce the abortion ~~until~~ 501
without meeting all of the following requirements ~~have been met~~ 502
and without at least twenty-four hours ~~have elapsed~~ elapsing 503
after the last of the requirements is met: 504

(1) The person intending to perform or induce the abortion 505
shall inform the pregnant woman in writing that the unborn human 506
individual the pregnant woman is carrying has a fetal heartbeat. 507

(2) The person intending to perform or induce the abortion 508
shall inform the pregnant woman, to the best of the person's 509
knowledge, of the statistical probability of bringing the unborn 510
human individual possessing a detectable fetal heartbeat to term 511
based on the gestational age of the unborn human individual the 512
pregnant woman is carrying or, if the director of health has 513
specified statistical probability information pursuant to rules 514

adopted under division (C) of this section, shall provide to the 515
pregnant woman that information. 516

(3) The pregnant woman shall sign a form acknowledging 517
that the pregnant woman has received information from the person 518
intending to perform or induce the abortion that the unborn 519
human individual the pregnant woman is carrying has a fetal 520
heartbeat and that the pregnant woman is aware of the 521
statistical probability of bringing the unborn human individual 522
the pregnant woman is carrying to term. 523

(B) Division (A) of this section does not apply if the 524
person who intends to perform or induce the abortion believes 525
that a medical emergency exists that prevents compliance with 526
that division. 527

(C) The director of health may adopt rules that specify 528
information regarding the statistical probability of bringing an 529
unborn human individual possessing a detectable heartbeat to 530
term based on the gestational age of the unborn human 531
individual. The rules shall be based on available medical 532
evidence and shall be adopted in accordance with section 111.15 533
of the Revised Code. 534

(D) This section does not have the effect of repealing or 535
limiting any other provision of the Revised Code relating to 536
informed consent for an abortion, including the provisions in 537
section 2317.56 of the Revised Code. 538

(E) Whoever violates division (A) of this section is 539
guilty of performing or inducing an abortion without informed 540
consent when there is a detectable fetal heartbeat, a 541
misdemeanor of the first degree on a first offense and a felony 542
of the fourth degree on each subsequent offense. 543

Sec. 2919.195. (A) Except as provided in division (B) of 544
this section, no person shall knowingly and purposefully perform 545
or induce an abortion on a pregnant woman with the specific 546
intent of causing or abetting the termination of the life of the 547
unborn human individual the pregnant woman is carrying and whose 548
fetal heartbeat has been detected in accordance with division 549
(A) of section 2919.192 of the Revised Code. 550

Whoever violates this division is guilty of performing or 551
inducing an abortion after the detection of a fetal heartbeat, a 552
felony of the fifth degree. 553

(B) Division (A) of this section does not apply to a 554
physician who performs a medical procedure that, in the 555
physician's reasonable medical judgment, is designed or intended 556
to prevent the death of the pregnant woman or to prevent a 557
serious risk of the substantial and irreversible impairment of a 558
major bodily function of the pregnant woman. 559

A physician who performs a medical procedure as described 560
in this division shall declare, in a written document, that the 561
medical procedure is necessary, to the best of the physician's 562
reasonable medical judgment, to prevent the death of the 563
pregnant woman or to prevent a serious risk of the substantial 564
and irreversible impairment of a major bodily function of the 565
pregnant woman. In the document, the physician shall specify the 566
pregnant woman's medical condition that the medical procedure is 567
asserted to address and the medical rationale for the 568
physician's conclusion that the medical procedure is necessary 569
to prevent the death of the pregnant woman or to prevent a 570
serious risk of the substantial and irreversible impairment of a 571
major bodily function of the pregnant woman. 572

A physician who performs a medical procedure as described 573

in this division shall place the written document required by 574
this division in the pregnant woman's medical records. The 575
physician shall maintain a copy of the document in the 576
physician's own records for at least seven years from the date 577
the document is created. 578

(C) A person is not in violation of division (A) of this 579
section if the person acts in accordance with division (A) of 580
section 2919.192 of the Revised Code and the method used to 581
determine the presence of a fetal heartbeat does not reveal a 582
fetal heartbeat. 583

(D) Division (A) of this section does not have the effect 584
of repealing or limiting any other provision of the Revised Code 585
that restricts or regulates the performance or inducement of an 586
abortion by a particular method or during a particular stage of 587
a pregnancy. 588

Sec. 2919.196. The provisions of this section are wholly 589
independent of the requirements of sections 2919.192 to 2919.195 590
of the Revised Code. 591

(A) A person who performs or induces an abortion on a 592
pregnant woman shall do whichever of the following is 593
applicable: 594

(1) If a reason for the abortion purported is to preserve 595
the health of the pregnant woman, the person shall specify in a 596
written document the medical condition that the abortion is 597
asserted to address and the medical rationale for the person's 598
conclusion that the abortion is necessary to address that 599
condition. 600

(2) If the reason for the abortion is other than to 601
preserve the health of the pregnant woman, the person shall 602

specify in a written document that maternal health is not the 603
purpose of the abortion. 604

(B) The person who specifies the information in the 605
document described in division (A) of this section shall place 606
the document in the pregnant woman's medical records. The person 607
who specifies the information shall maintain a copy of the 608
document in the person's own records for at least seven years 609
from the date the document is created. 610

Sec. 2919.197. Nothing in sections 2919.19 to 2919.196 of 611
the Revised Code prohibits the sale, use, prescription, or 612
administration of a drug, device, or chemical for contraceptive 613
purposes. 614

Sec. 2919.193-2919.198. A pregnant woman on whom an 615
abortion is performed or induced in violation of section 616
2919.191 or 2919.192-2919.193, 2919.194, or 2919.195 of the 617
Revised Code is not guilty of violating any of those sections; 618
is not guilty of attempting to commit, conspiring to commit, or 619
complicity in committing a violation of any of those sections; 620
and is not subject to a civil penalty based on the abortion 621
being performed or induced in violation of any of those 622
sections. 623

Sec. 2919.199. (A) A woman who meets either or both of the 624
following criteria may file a civil action for the wrongful 625
death of her unborn child: 626

(1) A woman on whom an abortion was performed or induced 627
in violation of division (A) of section 2919.193 or division (A) 628
of section 2919.195 of the Revised Code; 629

(2) A woman on whom an abortion was performed or induced 630
who was not given the information described in divisions (A) (1) 631

and (2) of section 2919.194 of the Revised Code or who did not 632
sign a form described in division (A) (3) of section 2919.194 of 633
the Revised code. 634

(B) A woman who prevails in an action filed under division 635
(A) of this section shall receive both of the following from the 636
person who committed the one or more acts described in division 637
(A) (1) or (2) of this section: 638

(1) Damages in an amount equal to ten thousand dollars or 639
an amount determined by the trier of fact after consideration of 640
the evidence at the mother's election at any time prior to final 641
judgment subject to the same defenses and requirements of proof, 642
except any requirement of live birth, as would apply to a suit 643
for the wrongful death of a child who had been born alive; 644

(2) Court costs and reasonable attorney's fees. 645

(C) A determination by a court of record that division (A) 646
of section 2919.193 of the Revised Code, division (A) (1), (2), 647
or (3) of section 2919.194 of the Revised Code, or division (A) 648
of section 2919.195 of the Revised Code is unconstitutional 649
shall be a defense to an action filed under division (A) of this 650
section alleging that the defendant violated the division that 651
was determined to be unconstitutional. 652

(D) If the defendant in an action filed under division (A) 653
of this section prevails and all of the following apply the 654
court shall award reasonable attorney's fees to the defendant in 655
accordance with section 2323.51 of the Revised Code: 656

(1) The court finds that the commencement of the action 657
constitutes frivolous conduct, as defined in section 2323.51 of 658
the Revised Code. 659

(2) The court's finding in division (D) (1) of this section 660

is not based on that court or another court determining that 661
division (A) of section 2919.193 of the Revised Code, division 662
(A) (1), (2), or (3) of section 2919.194 of the Revised Code, or 663
division (A) of section 2919.195 of the Revised Code is 664
unconstitutional. 665

(3) The court finds that the defendant was adversely 666
affected by the frivolous conduct. 667

Sec. 2919.1910. (A) To ensure that citizens are informed 668
of available options in this state, there is hereby created the 669
joint legislative committee on adoption promotion and support. 670
The committee may review or study any matter that it considers 671
relevant to the adoption process in this state, with priority 672
given to the study or review of mechanisms intended to increase 673
awareness of the process, increase its effectiveness, or both. 674

(B) The committee shall consist of three members of the 675
house of representatives appointed by the speaker of the house 676
of representatives and three members of the senate appointed by 677
the president of the senate. Not more than two members appointed 678
by the speaker of the house of representatives and not more than 679
two members appointed by the president of the senate may be of 680
the same political party. 681

Each member of the committee shall hold office during the 682
general assembly in which the member is appointed and until a 683
successor has been appointed, notwithstanding the adjournment 684
sine die of the general assembly in which the member was 685
appointed or the expiration of the member's term as a member of 686
the general assembly. Any vacancies occurring among the members 687
of the committee shall be filled in the manner of the original 688
appointment. 689

(C) The committee has the same powers as other standing or
select committees of the general assembly. 690
691

Sec. 2919.1912. (A) The state medical board may assess 692
against a person a forfeiture of not more than ten thousand 693
dollars for each separate violation or failure of the person to 694
comply with any of the requirements of sections 2919.171, 695
2919.192, 2919.193, 2919.194, 2919.195, or 2919.196 of the 696
Revised Code. The board shall comply with the adjudication 697
requirements of Chapter 119. of the Revised Code when assessing 698
the forfeiture. The forfeiture may be in addition to criminal 699
penalties that are imposed under other sections of the Revised 700
Code. 701

(B) An action to recover a forfeiture shall be prosecuted 702
in the name of the state and shall be brought in the court of 703
common pleas of Franklin county. The action shall be commenced 704
and prosecuted by the attorney general when directed by the 705
board. 706

(C) Moneys collected under division (A) of this section or 707
recovered by an action under division (B) of this section shall 708
be paid to the treasurer of state for deposit into the foster 709
care and adoption initiatives fund created under section 5103.11 710
of the Revised Code. 711

Sec. 2919.1913. Sections 2919.171, 2919.19 to 2919.1913, 712
and 4731.22 of the Revised Code, as amended or enacted by this 713
act, shall be known as the "Human Rights Protection Act." 714

Sec. 4731.22. (A) The state medical board, by an 715
affirmative vote of not fewer than six of its members, may 716
limit, revoke, or suspend a license or certificate to practice 717
or certificate to recommend, refuse to grant a license or 718

certificate, refuse to renew a license or certificate, refuse to 719
reinstate a license or certificate, or reprimand or place on 720
probation the holder of a license or certificate if the 721
individual applying for or holding the license or certificate is 722
found by the board to have committed fraud during the 723
administration of the examination for a license or certificate 724
to practice or to have committed fraud, misrepresentation, or 725
deception in applying for, renewing, or securing any license or 726
certificate to practice or certificate to recommend issued by 727
the board. 728

(B) The board, by an affirmative vote of not fewer than 729
six members, shall, to the extent permitted by law, limit, 730
revoke, or suspend a license or certificate to practice or 731
certificate to recommend, refuse to issue a license or 732
certificate, refuse to renew a license or certificate, refuse to 733
reinstate a license or certificate, or reprimand or place on 734
probation the holder of a license or certificate for one or more 735
of the following reasons: 736

(1) Permitting one's name or one's license or certificate 737
to practice to be used by a person, group, or corporation when 738
the individual concerned is not actually directing the treatment 739
given; 740

(2) Failure to maintain minimal standards applicable to 741
the selection or administration of drugs, or failure to employ 742
acceptable scientific methods in the selection of drugs or other 743
modalities for treatment of disease; 744

(3) Except as provided in section 4731.97 of the Revised 745
Code, selling, giving away, personally furnishing, prescribing, 746
or administering drugs for other than legal and legitimate 747
therapeutic purposes or a plea of guilty to, a judicial finding 748

of guilt of, or a judicial finding of eligibility for 749
intervention in lieu of conviction of, a violation of any 750
federal or state law regulating the possession, distribution, or 751
use of any drug; 752

(4) Willfully betraying a professional confidence. 753

For purposes of this division, "willfully betraying a 754
professional confidence" does not include providing any 755
information, documents, or reports under sections 307.621 to 756
307.629 of the Revised Code to a child fatality review board; 757
does not include providing any information, documents, or 758
reports to the director of health pursuant to guidelines 759
established under section 3701.70 of the Revised Code; does not 760
include written notice to a mental health professional under 761
section 4731.62 of the Revised Code; and does not include the 762
making of a report of an employee's use of a drug of abuse, or a 763
report of a condition of an employee other than one involving 764
the use of a drug of abuse, to the employer of the employee as 765
described in division (B) of section 2305.33 of the Revised 766
Code. Nothing in this division affects the immunity from civil 767
liability conferred by section 2305.33 or 4731.62 of the Revised 768
Code upon a physician who makes a report in accordance with 769
section 2305.33 or notifies a mental health professional in 770
accordance with section 4731.62 of the Revised Code. As used in 771
this division, "employee," "employer," and "physician" have the 772
same meanings as in section 2305.33 of the Revised Code. 773

(5) Making a false, fraudulent, deceptive, or misleading 774
statement in the solicitation of or advertising for patients; in 775
relation to the practice of medicine and surgery, osteopathic 776
medicine and surgery, podiatric medicine and surgery, or a 777
limited branch of medicine; or in securing or attempting to 778

secure any license or certificate to practice issued by the 779
board. 780

As used in this division, "false, fraudulent, deceptive, 781
or misleading statement" means a statement that includes a 782
misrepresentation of fact, is likely to mislead or deceive 783
because of a failure to disclose material facts, is intended or 784
is likely to create false or unjustified expectations of 785
favorable results, or includes representations or implications 786
that in reasonable probability will cause an ordinarily prudent 787
person to misunderstand or be deceived. 788

(6) A departure from, or the failure to conform to, 789
minimal standards of care of similar practitioners under the 790
same or similar circumstances, whether or not actual injury to a 791
patient is established; 792

(7) Representing, with the purpose of obtaining 793
compensation or other advantage as personal gain or for any 794
other person, that an incurable disease or injury, or other 795
incurable condition, can be permanently cured; 796

(8) The obtaining of, or attempting to obtain, money or 797
anything of value by fraudulent misrepresentations in the course 798
of practice; 799

(9) A plea of guilty to, a judicial finding of guilt of, 800
or a judicial finding of eligibility for intervention in lieu of 801
conviction for, a felony; 802

(10) Commission of an act that constitutes a felony in 803
this state, regardless of the jurisdiction in which the act was 804
committed; 805

(11) A plea of guilty to, a judicial finding of guilt of, 806
or a judicial finding of eligibility for intervention in lieu of 807

conviction for, a misdemeanor committed in the course of	808
practice;	809
(12) Commission of an act in the course of practice that	810
constitutes a misdemeanor in this state, regardless of the	811
jurisdiction in which the act was committed;	812
(13) A plea of guilty to, a judicial finding of guilt of,	813
or a judicial finding of eligibility for intervention in lieu of	814
conviction for, a misdemeanor involving moral turpitude;	815
(14) Commission of an act involving moral turpitude that	816
constitutes a misdemeanor in this state, regardless of the	817
jurisdiction in which the act was committed;	818
(15) Violation of the conditions of limitation placed by	819
the board upon a license or certificate to practice;	820
(16) Failure to pay license renewal fees specified in this	821
chapter;	822
(17) Except as authorized in section 4731.31 of the	823
Revised Code, engaging in the division of fees for referral of	824
patients, or the receiving of a thing of value in return for a	825
specific referral of a patient to utilize a particular service	826
or business;	827
(18) Subject to section 4731.226 of the Revised Code,	828
violation of any provision of a code of ethics of the American	829
medical association, the American osteopathic association, the	830
American podiatric medical association, or any other national	831
professional organizations that the board specifies by rule. The	832
state medical board shall obtain and keep on file current copies	833
of the codes of ethics of the various national professional	834
organizations. The individual whose license or certificate is	835
being suspended or revoked shall not be found to have violated	836

any provision of a code of ethics of an organization not 837
appropriate to the individual's profession. 838

For purposes of this division, a "provision of a code of 839
ethics of a national professional organization" does not include 840
any provision that would preclude the making of a report by a 841
physician of an employee's use of a drug of abuse, or of a 842
condition of an employee other than one involving the use of a 843
drug of abuse, to the employer of the employee as described in 844
division (B) of section 2305.33 of the Revised Code. Nothing in 845
this division affects the immunity from civil liability 846
conferred by that section upon a physician who makes either type 847
of report in accordance with division (B) of that section. As 848
used in this division, "employee," "employer," and "physician" 849
have the same meanings as in section 2305.33 of the Revised 850
Code. 851

(19) Inability to practice according to acceptable and 852
prevailing standards of care by reason of mental illness or 853
physical illness, including, but not limited to, physical 854
deterioration that adversely affects cognitive, motor, or 855
perceptive skills. 856

In enforcing this division, the board, upon a showing of a 857
possible violation, may compel any individual authorized to 858
practice by this chapter or who has submitted an application 859
pursuant to this chapter to submit to a mental examination, 860
physical examination, including an HIV test, or both a mental 861
and a physical examination. The expense of the examination is 862
the responsibility of the individual compelled to be examined. 863
Failure to submit to a mental or physical examination or consent 864
to an HIV test ordered by the board constitutes an admission of 865
the allegations against the individual unless the failure is due 866

to circumstances beyond the individual's control, and a default 867
and final order may be entered without the taking of testimony 868
or presentation of evidence. If the board finds an individual 869
unable to practice because of the reasons set forth in this 870
division, the board shall require the individual to submit to 871
care, counseling, or treatment by physicians approved or 872
designated by the board, as a condition for initial, continued, 873
reinstated, or renewed authority to practice. An individual 874
affected under this division shall be afforded an opportunity to 875
demonstrate to the board the ability to resume practice in 876
compliance with acceptable and prevailing standards under the 877
provisions of the individual's license or certificate. For the 878
purpose of this division, any individual who applies for or 879
receives a license or certificate to practice under this chapter 880
accepts the privilege of practicing in this state and, by so 881
doing, shall be deemed to have given consent to submit to a 882
mental or physical examination when directed to do so in writing 883
by the board, and to have waived all objections to the 884
admissibility of testimony or examination reports that 885
constitute a privileged communication. 886

(20) Except as provided in division (F)(1)(b) of section 887
4731.282 of the Revised Code or when civil penalties are imposed 888
under section 4731.225 of the Revised Code, and subject to 889
section 4731.226 of the Revised Code, violating or attempting to 890
violate, directly or indirectly, or assisting in or abetting the 891
violation of, or conspiring to violate, any provisions of this 892
chapter or any rule promulgated by the board. 893

This division does not apply to a violation or attempted 894
violation of, assisting in or abetting the violation of, or a 895
conspiracy to violate, any provision of this chapter or any rule 896
adopted by the board that would preclude the making of a report 897

by a physician of an employee's use of a drug of abuse, or of a 898
condition of an employee other than one involving the use of a 899
drug of abuse, to the employer of the employee as described in 900
division (B) of section 2305.33 of the Revised Code. Nothing in 901
this division affects the immunity from civil liability 902
conferred by that section upon a physician who makes either type 903
of report in accordance with division (B) of that section. As 904
used in this division, "employee," "employer," and "physician" 905
have the same meanings as in section 2305.33 of the Revised 906
Code. 907

(21) The violation of section 3701.79 of the Revised Code 908
or of any abortion rule adopted by the director of health 909
pursuant to section 3701.341 of the Revised Code; 910

(22) Any of the following actions taken by an agency 911
responsible for authorizing, certifying, or regulating an 912
individual to practice a health care occupation or provide 913
health care services in this state or another jurisdiction, for 914
any reason other than the nonpayment of fees: the limitation, 915
revocation, or suspension of an individual's license to 916
practice; acceptance of an individual's license surrender; 917
denial of a license; refusal to renew or reinstate a license; 918
imposition of probation; or issuance of an order of censure or 919
other reprimand; 920

(23) The violation of section 2919.12 of the Revised Code 921
or the performance or inducement of an abortion upon a pregnant 922
woman with actual knowledge that the conditions specified in 923
division (B) of section 2317.56 of the Revised Code have not 924
been satisfied or with a heedless indifference as to whether 925
those conditions have been satisfied, unless an affirmative 926
defense as specified in division (H) (2) of that section would 927

apply in a civil action authorized by division (H) (1) of that section; 928
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(24) The revocation, suspension, restriction, reduction, or termination of clinical privileges by the United States department of defense or department of veterans affairs or the termination or suspension of a certificate of registration to prescribe drugs by the drug enforcement administration of the United States department of justice; 930
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(25) Termination or suspension from participation in the medicare or medicaid programs by the department of health and human services or other responsible agency; 936
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(26) Impairment of ability to practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs, alcohol, or other substances that impair ability to practice. 939
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For the purposes of this division, any individual authorized to practice by this chapter accepts the privilege of practicing in this state subject to supervision by the board. By filing an application for or holding a license or certificate to practice under this chapter, an individual shall be deemed to have given consent to submit to a mental or physical examination when ordered to do so by the board in writing, and to have waived all objections to the admissibility of testimony or examination reports that constitute privileged communications. 943
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If it has reason to believe that any individual authorized to practice by this chapter or any applicant for licensure or certification to practice suffers such impairment, the board may compel the individual to submit to a mental or physical examination, or both. The expense of the examination is the 952
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responsibility of the individual compelled to be examined. Any 957
mental or physical examination required under this division 958
shall be undertaken by a treatment provider or physician who is 959
qualified to conduct the examination and who is chosen by the 960
board. 961

Failure to submit to a mental or physical examination 962
ordered by the board constitutes an admission of the allegations 963
against the individual unless the failure is due to 964
circumstances beyond the individual's control, and a default and 965
final order may be entered without the taking of testimony or 966
presentation of evidence. If the board determines that the 967
individual's ability to practice is impaired, the board shall 968
suspend the individual's license or certificate or deny the 969
individual's application and shall require the individual, as a 970
condition for initial, continued, reinstated, or renewed 971
licensure or certification to practice, to submit to treatment. 972

Before being eligible to apply for reinstatement of a 973
license or certificate suspended under this division, the 974
impaired practitioner shall demonstrate to the board the ability 975
to resume practice in compliance with acceptable and prevailing 976
standards of care under the provisions of the practitioner's 977
license or certificate. The demonstration shall include, but 978
shall not be limited to, the following: 979

(a) Certification from a treatment provider approved under 980
section 4731.25 of the Revised Code that the individual has 981
successfully completed any required inpatient treatment; 982

(b) Evidence of continuing full compliance with an 983
aftercare contract or consent agreement; 984

(c) Two written reports indicating that the individual's 985

ability to practice has been assessed and that the individual 986
has been found capable of practicing according to acceptable and 987
prevailing standards of care. The reports shall be made by 988
individuals or providers approved by the board for making the 989
assessments and shall describe the basis for their 990
determination. 991

The board may reinstate a license or certificate suspended 992
under this division after that demonstration and after the 993
individual has entered into a written consent agreement. 994

When the impaired practitioner resumes practice, the board 995
shall require continued monitoring of the individual. The 996
monitoring shall include, but not be limited to, compliance with 997
the written consent agreement entered into before reinstatement 998
or with conditions imposed by board order after a hearing, and, 999
upon termination of the consent agreement, submission to the 1000
board for at least two years of annual written progress reports 1001
made under penalty of perjury stating whether the individual has 1002
maintained sobriety. 1003

(27) A second or subsequent violation of section 4731.66 1004
or 4731.69 of the Revised Code; 1005

(28) Except as provided in division (N) of this section: 1006

(a) Waiving the payment of all or any part of a deductible 1007
or copayment that a patient, pursuant to a health insurance or 1008
health care policy, contract, or plan that covers the 1009
individual's services, otherwise would be required to pay if the 1010
waiver is used as an enticement to a patient or group of 1011
patients to receive health care services from that individual; 1012

(b) Advertising that the individual will waive the payment 1013
of all or any part of a deductible or copayment that a patient, 1014

pursuant to a health insurance or health care policy, contract, 1015
or plan that covers the individual's services, otherwise would 1016
be required to pay. 1017

(29) Failure to use universal blood and body fluid 1018
precautions established by rules adopted under section 4731.051 1019
of the Revised Code; 1020

(30) Failure to provide notice to, and receive 1021
acknowledgment of the notice from, a patient when required by 1022
section 4731.143 of the Revised Code prior to providing 1023
nonemergency professional services, or failure to maintain that 1024
notice in the patient's medical record; 1025

(31) Failure of a physician supervising a physician 1026
assistant to maintain supervision in accordance with the 1027
requirements of Chapter 4730. of the Revised Code and the rules 1028
adopted under that chapter; 1029

(32) Failure of a physician or podiatrist to enter into a 1030
standard care arrangement with a clinical nurse specialist, 1031
certified nurse-midwife, or certified nurse practitioner with 1032
whom the physician or podiatrist is in collaboration pursuant to 1033
section 4731.27 of the Revised Code or failure to fulfill the 1034
responsibilities of collaboration after entering into a standard 1035
care arrangement; 1036

(33) Failure to comply with the terms of a consult 1037
agreement entered into with a pharmacist pursuant to section 1038
4729.39 of the Revised Code; 1039

(34) Failure to cooperate in an investigation conducted by 1040
the board under division (F) of this section, including failure 1041
to comply with a subpoena or order issued by the board or 1042
failure to answer truthfully a question presented by the board 1043

in an investigative interview, an investigative office 1044
conference, at a deposition, or in written interrogatories, 1045
except that failure to cooperate with an investigation shall not 1046
constitute grounds for discipline under this section if a court 1047
of competent jurisdiction has issued an order that either 1048
quashes a subpoena or permits the individual to withhold the 1049
testimony or evidence in issue; 1050

(35) Failure to supervise an oriental medicine 1051
practitioner or acupuncturist in accordance with Chapter 4762. 1052
of the Revised Code and the board's rules for providing that 1053
supervision; 1054

(36) Failure to supervise an anesthesiologist assistant in 1055
accordance with Chapter 4760. of the Revised Code and the 1056
board's rules for supervision of an anesthesiologist assistant; 1057

(37) Assisting suicide, as defined in section 3795.01 of 1058
the Revised Code; 1059

(38) Failure to comply with the requirements of section 1060
2317.561 of the Revised Code; 1061

(39) Failure to supervise a radiologist assistant in 1062
accordance with Chapter 4774. of the Revised Code and the 1063
board's rules for supervision of radiologist assistants; 1064

(40) Performing or inducing an abortion at an office or 1065
facility with knowledge that the office or facility fails to 1066
post the notice required under section 3701.791 of the Revised 1067
Code; 1068

(41) Failure to comply with the standards and procedures 1069
established in rules under section 4731.054 of the Revised Code 1070
for the operation of or the provision of care at a pain 1071
management clinic; 1072

(42) Failure to comply with the standards and procedures established in rules under section 4731.054 of the Revised Code for providing supervision, direction, and control of individuals at a pain management clinic;	1073 1074 1075 1076
(43) Failure to comply with the requirements of section 4729.79 or 4731.055 of the Revised Code, unless the state board of pharmacy no longer maintains a drug database pursuant to section 4729.75 of the Revised Code;	1077 1078 1079 1080
(44) Failure to comply with the requirements of section 2919.171, 2919.202, or 2919.203 of the Revised Code or failure to submit to the department of health in accordance with a court order a complete report as described in section 2919.171 or 2919.202 of the Revised Code;	1081 1082 1083 1084 1085
(45) Practicing at a facility that is subject to licensure as a category III terminal distributor of dangerous drugs with a pain management clinic classification unless the person operating the facility has obtained and maintains the license with the classification;	1086 1087 1088 1089 1090
(46) Owning a facility that is subject to licensure as a category III terminal distributor of dangerous drugs with a pain management clinic classification unless the facility is licensed with the classification;	1091 1092 1093 1094
(47) Failure to comply with <u>any of the requirements regarding making or maintaining notes, medical records or documents described in division (B) (A) of section 2919.191-2919.192, division (C) of section 2919.193, division (B) of section 2919.195, or division (A) of section 2919.196 of the Revised Code or failure to satisfy the requirements of section 2919.191 of the Revised Code prior to performing or</u>	1095 1096 1097 1098 1099 1100 1101

~~inducing an abortion upon a pregnant woman;~~ 1102

(48) Failure to comply with the requirements in section 1103
3719.061 of the Revised Code before issuing for a minor a 1104
prescription for an opioid analgesic, as defined in section 1105
3719.01 of the Revised Code; 1106

(49) Failure to comply with the requirements of section 1107
4731.30 of the Revised Code or rules adopted under section 1108
4731.301 of the Revised Code when recommending treatment with 1109
medical marijuana; 1110

(50) Practicing at a facility, clinic, or other location 1111
that is subject to licensure as a category III terminal 1112
distributor of dangerous drugs with an office-based opioid 1113
treatment classification unless the person operating that place 1114
has obtained and maintains the license with the classification; 1115

(51) Owning a facility, clinic, or other location that is 1116
subject to licensure as a category III terminal distributor of 1117
dangerous drugs with an office-based opioid treatment 1118
classification unless that place is licensed with the 1119
classification; 1120

(52) A pattern of continuous or repeated violations of 1121
division (E) (2) or (3) of section 3963.02 of the Revised Code. 1122

(C) Disciplinary actions taken by the board under 1123
divisions (A) and (B) of this section shall be taken pursuant to 1124
an adjudication under Chapter 119. of the Revised Code, except 1125
that in lieu of an adjudication, the board may enter into a 1126
consent agreement with an individual to resolve an allegation of 1127
a violation of this chapter or any rule adopted under it. A 1128
consent agreement, when ratified by an affirmative vote of not 1129
fewer than six members of the board, shall constitute the 1130

findings and order of the board with respect to the matter 1131
addressed in the agreement. If the board refuses to ratify a 1132
consent agreement, the admissions and findings contained in the 1133
consent agreement shall be of no force or effect. 1134

A telephone conference call may be utilized for 1135
ratification of a consent agreement that revokes or suspends an 1136
individual's license or certificate to practice or certificate 1137
to recommend. The telephone conference call shall be considered 1138
a special meeting under division (F) of section 121.22 of the 1139
Revised Code. 1140

If the board takes disciplinary action against an 1141
individual under division (B) of this section for a second or 1142
subsequent plea of guilty to, or judicial finding of guilt of, a 1143
violation of section 2919.123 of the Revised Code, the 1144
disciplinary action shall consist of a suspension of the 1145
individual's license or certificate to practice for a period of 1146
at least one year or, if determined appropriate by the board, a 1147
more serious sanction involving the individual's license or 1148
certificate to practice. Any consent agreement entered into 1149
under this division with an individual that pertains to a second 1150
or subsequent plea of guilty to, or judicial finding of guilt 1151
of, a violation of that section shall provide for a suspension 1152
of the individual's license or certificate to practice for a 1153
period of at least one year or, if determined appropriate by the 1154
board, a more serious sanction involving the individual's 1155
license or certificate to practice. 1156

(D) For purposes of divisions (B) (10), (12), and (14) of 1157
this section, the commission of the act may be established by a 1158
finding by the board, pursuant to an adjudication under Chapter 1159
119. of the Revised Code, that the individual committed the act. 1160

The board does not have jurisdiction under those divisions if 1161
the trial court renders a final judgment in the individual's 1162
favor and that judgment is based upon an adjudication on the 1163
merits. The board has jurisdiction under those divisions if the 1164
trial court issues an order of dismissal upon technical or 1165
procedural grounds. 1166

(E) The sealing of conviction records by any court shall 1167
have no effect upon a prior board order entered under this 1168
section or upon the board's jurisdiction to take action under 1169
this section if, based upon a plea of guilty, a judicial finding 1170
of guilt, or a judicial finding of eligibility for intervention 1171
in lieu of conviction, the board issued a notice of opportunity 1172
for a hearing prior to the court's order to seal the records. 1173
The board shall not be required to seal, destroy, redact, or 1174
otherwise modify its records to reflect the court's sealing of 1175
conviction records. 1176

(F) (1) The board shall investigate evidence that appears 1177
to show that a person has violated any provision of this chapter 1178
or any rule adopted under it. Any person may report to the board 1179
in a signed writing any information that the person may have 1180
that appears to show a violation of any provision of this 1181
chapter or any rule adopted under it. In the absence of bad 1182
faith, any person who reports information of that nature or who 1183
testifies before the board in any adjudication conducted under 1184
Chapter 119. of the Revised Code shall not be liable in damages 1185
in a civil action as a result of the report or testimony. Each 1186
complaint or allegation of a violation received by the board 1187
shall be assigned a case number and shall be recorded by the 1188
board. 1189

(2) Investigations of alleged violations of this chapter 1190

or any rule adopted under it shall be supervised by the 1191
supervising member elected by the board in accordance with 1192
section 4731.02 of the Revised Code and by the secretary as 1193
provided in section 4731.39 of the Revised Code. The president 1194
may designate another member of the board to supervise the 1195
investigation in place of the supervising member. No member of 1196
the board who supervises the investigation of a case shall 1197
participate in further adjudication of the case. 1198

(3) In investigating a possible violation of this chapter 1199
or any rule adopted under this chapter, or in conducting an 1200
inspection under division (E) of section 4731.054 of the Revised 1201
Code, the board may question witnesses, conduct interviews, 1202
administer oaths, order the taking of depositions, inspect and 1203
copy any books, accounts, papers, records, or documents, issue 1204
subpoenas, and compel the attendance of witnesses and production 1205
of books, accounts, papers, records, documents, and testimony, 1206
except that a subpoena for patient record information shall not 1207
be issued without consultation with the attorney general's 1208
office and approval of the secretary and supervising member of 1209
the board. 1210

(a) Before issuance of a subpoena for patient record 1211
information, the secretary and supervising member shall 1212
determine whether there is probable cause to believe that the 1213
complaint filed alleges a violation of this chapter or any rule 1214
adopted under it and that the records sought are relevant to the 1215
alleged violation and material to the investigation. The 1216
subpoena may apply only to records that cover a reasonable 1217
period of time surrounding the alleged violation. 1218

(b) On failure to comply with any subpoena issued by the 1219
board and after reasonable notice to the person being 1220

subpoenaed, the board may move for an order compelling the 1221
production of persons or records pursuant to the Rules of Civil 1222
Procedure. 1223

(c) A subpoena issued by the board may be served by a 1224
sheriff, the sheriff's deputy, or a board employee or agent 1225
designated by the board. Service of a subpoena issued by the 1226
board may be made by delivering a copy of the subpoena to the 1227
person named therein, reading it to the person, or leaving it at 1228
the person's usual place of residence, usual place of business, 1229
or address on file with the board. When serving a subpoena to an 1230
applicant for or the holder of a license or certificate issued 1231
under this chapter, service of the subpoena may be made by 1232
certified mail, return receipt requested, and the subpoena shall 1233
be deemed served on the date delivery is made or the date the 1234
person refuses to accept delivery. If the person being served 1235
refuses to accept the subpoena or is not located, service may be 1236
made to an attorney who notifies the board that the attorney is 1237
representing the person. 1238

(d) A sheriff's deputy who serves a subpoena shall receive 1239
the same fees as a sheriff. Each witness who appears before the 1240
board in obedience to a subpoena shall receive the fees and 1241
mileage provided for under section 119.094 of the Revised Code. 1242

(4) All hearings, investigations, and inspections of the 1243
board shall be considered civil actions for the purposes of 1244
section 2305.252 of the Revised Code. 1245

(5) A report required to be submitted to the board under 1246
this chapter, a complaint, or information received by the board 1247
pursuant to an investigation or pursuant to an inspection under 1248
division (E) of section 4731.054 of the Revised Code is 1249
confidential and not subject to discovery in any civil action. 1250

The board shall conduct all investigations or inspections 1251
and proceedings in a manner that protects the confidentiality of 1252
patients and persons who file complaints with the board. The 1253
board shall not make public the names or any other identifying 1254
information about patients or complainants unless proper consent 1255
is given or, in the case of a patient, a waiver of the patient 1256
privilege exists under division (B) of section 2317.02 of the 1257
Revised Code, except that consent or a waiver of that nature is 1258
not required if the board possesses reliable and substantial 1259
evidence that no bona fide physician-patient relationship 1260
exists. 1261

The board may share any information it receives pursuant 1262
to an investigation or inspection, including patient records and 1263
patient record information, with law enforcement agencies, other 1264
licensing boards, and other governmental agencies that are 1265
prosecuting, adjudicating, or investigating alleged violations 1266
of statutes or administrative rules. An agency or board that 1267
receives the information shall comply with the same requirements 1268
regarding confidentiality as those with which the state medical 1269
board must comply, notwithstanding any conflicting provision of 1270
the Revised Code or procedure of the agency or board that 1271
applies when it is dealing with other information in its 1272
possession. In a judicial proceeding, the information may be 1273
admitted into evidence only in accordance with the Rules of 1274
Evidence, but the court shall require that appropriate measures 1275
are taken to ensure that confidentiality is maintained with 1276
respect to any part of the information that contains names or 1277
other identifying information about patients or complainants 1278
whose confidentiality was protected by the state medical board 1279
when the information was in the board's possession. Measures to 1280
ensure confidentiality that may be taken by the court include 1281

sealing its records or deleting specific information from its 1282
records. 1283

(6) On a quarterly basis, the board shall prepare a report 1284
that documents the disposition of all cases during the preceding 1285
three months. The report shall contain the following information 1286
for each case with which the board has completed its activities: 1287

(a) The case number assigned to the complaint or alleged 1288
violation; 1289

(b) The type of license or certificate to practice, if 1290
any, held by the individual against whom the complaint is 1291
directed; 1292

(c) A description of the allegations contained in the 1293
complaint; 1294

(d) The disposition of the case. 1295

The report shall state how many cases are still pending 1296
and shall be prepared in a manner that protects the identity of 1297
each person involved in each case. The report shall be a public 1298
record under section 149.43 of the Revised Code. 1299

(G) If the secretary and supervising member determine both 1300
of the following, they may recommend that the board suspend an 1301
individual's license or certificate to practice or certificate 1302
to recommend without a prior hearing: 1303

(1) That there is clear and convincing evidence that an 1304
individual has violated division (B) of this section; 1305

(2) That the individual's continued practice presents a 1306
danger of immediate and serious harm to the public. 1307

Written allegations shall be prepared for consideration by 1308

the board. The board, upon review of those allegations and by an
affirmative vote of not fewer than six of its members, excluding
the secretary and supervising member, may suspend a license or
certificate without a prior hearing. A telephone conference call
may be utilized for reviewing the allegations and taking the
vote on the summary suspension.

The board shall issue a written order of suspension by
certified mail or in person in accordance with section 119.07 of
the Revised Code. The order shall not be subject to suspension
by the court during pendency of any appeal filed under section
119.12 of the Revised Code. If the individual subject to the
summary suspension requests an adjudicatory hearing by the
board, the date set for the hearing shall be within fifteen
days, but not earlier than seven days, after the individual
requests the hearing, unless otherwise agreed to by both the
board and the individual.

Any summary suspension imposed under this division shall
remain in effect, unless reversed on appeal, until a final
adjudicative order issued by the board pursuant to this section
and Chapter 119. of the Revised Code becomes effective. The
board shall issue its final adjudicative order within seventy-
five days after completion of its hearing. A failure to issue
the order within seventy-five days shall result in dissolution
of the summary suspension order but shall not invalidate any
subsequent, final adjudicative order.

(H) If the board takes action under division (B) (9), (11),
or (13) of this section and the judicial finding of guilt,
guilty plea, or judicial finding of eligibility for intervention
in lieu of conviction is overturned on appeal, upon exhaustion
of the criminal appeal, a petition for reconsideration of the

order may be filed with the board along with appropriate court 1339
documents. Upon receipt of a petition of that nature and 1340
supporting court documents, the board shall reinstate the 1341
individual's license or certificate to practice. The board may 1342
then hold an adjudication under Chapter 119. of the Revised Code 1343
to determine whether the individual committed the act in 1344
question. Notice of an opportunity for a hearing shall be given 1345
in accordance with Chapter 119. of the Revised Code. If the 1346
board finds, pursuant to an adjudication held under this 1347
division, that the individual committed the act or if no hearing 1348
is requested, the board may order any of the sanctions 1349
identified under division (B) of this section. 1350

(I) The license or certificate to practice issued to an 1351
individual under this chapter and the individual's practice in 1352
this state are automatically suspended as of the date of the 1353
individual's second or subsequent plea of guilty to, or judicial 1354
finding of guilt of, a violation of section 2919.123 of the 1355
Revised Code. In addition, the license or certificate to 1356
practice or certificate to recommend issued to an individual 1357
under this chapter and the individual's practice in this state 1358
are automatically suspended as of the date the individual pleads 1359
guilty to, is found by a judge or jury to be guilty of, or is 1360
subject to a judicial finding of eligibility for intervention in 1361
lieu of conviction in this state or treatment or intervention in 1362
lieu of conviction in another jurisdiction for any of the 1363
following criminal offenses in this state or a substantially 1364
equivalent criminal offense in another jurisdiction: aggravated 1365
murder, murder, voluntary manslaughter, felonious assault, 1366
kidnapping, rape, sexual battery, gross sexual imposition, 1367
aggravated arson, aggravated robbery, or aggravated burglary. 1368
Continued practice after suspension shall be considered 1369

practicing without a license or certificate. 1370

The board shall notify the individual subject to the 1371
suspension by certified mail or in person in accordance with 1372
section 119.07 of the Revised Code. If an individual whose 1373
license or certificate is automatically suspended under this 1374
division fails to make a timely request for an adjudication 1375
under Chapter 119. of the Revised Code, the board shall do 1376
whichever of the following is applicable: 1377

(1) If the automatic suspension under this division is for 1378
a second or subsequent plea of guilty to, or judicial finding of 1379
guilt of, a violation of section 2919.123 of the Revised Code, 1380
the board shall enter an order suspending the individual's 1381
license or certificate to practice for a period of at least one 1382
year or, if determined appropriate by the board, imposing a more 1383
serious sanction involving the individual's license or 1384
certificate to practice. 1385

(2) In all circumstances in which division (I)(1) of this 1386
section does not apply, enter a final order permanently revoking 1387
the individual's license or certificate to practice. 1388

(J) If the board is required by Chapter 119. of the 1389
Revised Code to give notice of an opportunity for a hearing and 1390
if the individual subject to the notice does not timely request 1391
a hearing in accordance with section 119.07 of the Revised Code, 1392
the board is not required to hold a hearing, but may adopt, by 1393
an affirmative vote of not fewer than six of its members, a 1394
final order that contains the board's findings. In that final 1395
order, the board may order any of the sanctions identified under 1396
division (A) or (B) of this section. 1397

(K) Any action taken by the board under division (B) of 1398

this section resulting in a suspension from practice shall be 1399
accompanied by a written statement of the conditions under which 1400
the individual's license or certificate to practice may be 1401
reinstated. The board shall adopt rules governing conditions to 1402
be imposed for reinstatement. Reinstatement of a license or 1403
certificate suspended pursuant to division (B) of this section 1404
requires an affirmative vote of not fewer than six members of 1405
the board. 1406

(L) When the board refuses to grant or issue a license or 1407
certificate to practice to an applicant, revokes an individual's 1408
license or certificate to practice, refuses to renew an 1409
individual's license or certificate to practice, or refuses to 1410
reinstatement an individual's license or certificate to practice, 1411
the board may specify that its action is permanent. An 1412
individual subject to a permanent action taken by the board is 1413
forever thereafter ineligible to hold a license or certificate 1414
to practice and the board shall not accept an application for 1415
reinstatement of the license or certificate or for issuance of a 1416
new license or certificate. 1417

(M) Notwithstanding any other provision of the Revised 1418
Code, all of the following apply: 1419

(1) The surrender of a license or certificate issued under 1420
this chapter shall not be effective unless or until accepted by 1421
the board. A telephone conference call may be utilized for 1422
acceptance of the surrender of an individual's license or 1423
certificate to practice. The telephone conference call shall be 1424
considered a special meeting under division (F) of section 1425
121.22 of the Revised Code. Reinstatement of a license or 1426
certificate surrendered to the board requires an affirmative 1427
vote of not fewer than six members of the board. 1428

(2) An application for a license or certificate made under 1429
the provisions of this chapter may not be withdrawn without 1430
approval of the board. 1431

(3) Failure by an individual to renew a license or 1432
certificate to practice in accordance with this chapter or a 1433
certificate to recommend in accordance with rules adopted under 1434
section 4731.301 of the Revised Code shall not remove or limit 1435
the board's jurisdiction to take any disciplinary action under 1436
this section against the individual. 1437

(4) At the request of the board, a license or certificate 1438
holder shall immediately surrender to the board a license or 1439
certificate that the board has suspended, revoked, or 1440
permanently revoked. 1441

(N) Sanctions shall not be imposed under division (B)(28) 1442
of this section against any person who waives deductibles and 1443
copayments as follows: 1444

(1) In compliance with the health benefit plan that 1445
expressly allows such a practice. Waiver of the deductibles or 1446
copayments shall be made only with the full knowledge and 1447
consent of the plan purchaser, payer, and third-party 1448
administrator. Documentation of the consent shall be made 1449
available to the board upon request. 1450

(2) For professional services rendered to any other person 1451
authorized to practice pursuant to this chapter, to the extent 1452
allowed by this chapter and rules adopted by the board. 1453

(O) Under the board's investigative duties described in 1454
this section and subject to division (F) of this section, the 1455
board shall develop and implement a quality intervention program 1456
designed to improve through remedial education the clinical and 1457

communication skills of individuals authorized under this 1458
chapter to practice medicine and surgery, osteopathic medicine 1459
and surgery, and podiatric medicine and surgery. In developing 1460
and implementing the quality intervention program, the board may 1461
do all of the following: 1462

(1) Offer in appropriate cases as determined by the board 1463
an educational and assessment program pursuant to an 1464
investigation the board conducts under this section; 1465

(2) Select providers of educational and assessment 1466
services, including a quality intervention program panel of case 1467
reviewers; 1468

(3) Make referrals to educational and assessment service 1469
providers and approve individual educational programs 1470
recommended by those providers. The board shall monitor the 1471
progress of each individual undertaking a recommended individual 1472
educational program. 1473

(4) Determine what constitutes successful completion of an 1474
individual educational program and require further monitoring of 1475
the individual who completed the program or other action that 1476
the board determines to be appropriate; 1477

(5) Adopt rules in accordance with Chapter 119. of the 1478
Revised Code to further implement the quality intervention 1479
program. 1480

An individual who participates in an individual 1481
educational program pursuant to this division shall pay the 1482
financial obligations arising from that educational program. 1483

Sec. 5103.11. There is hereby created the foster care and 1484
adoption initiatives fund. The fund shall be in the custody of 1485
the treasurer of state, but shall not be part of the state 1486

treasury. The fund shall consist of moneys collected under 1487
section 2919.1912 of the Revised Code. All interest earned on 1488
the fund shall be credited to the fund. The purpose of the fund 1489
is to provide funding for foster care and adoption services and 1490
initiatives. The department of job and family services shall 1491
allocate moneys from the fund according to the following 1492
distribution: 1493

(A) Fifty per cent of the moneys in the fund shall be used 1494
for foster care services and initiatives. 1495

(B) Fifty per cent of the moneys in the fund shall be used 1496
for adoption services and initiatives. 1497

Section 2. That existing sections 2317.56, 2919.171, 1498
2919.19, 2919.191, 2919.192, 2919.193, and 4731.22 of the 1499
Revised Code are hereby repealed. 1500

Section 3. (A) The General Assembly hereby declares that 1501
it finds, according to contemporary medical research, all of the 1502
following: 1503

(1) As many as thirty per cent of natural pregnancies end 1504
in spontaneous miscarriage. 1505

(2) Less than five per cent of all natural pregnancies end 1506
in spontaneous miscarriage after detection of fetal cardiac 1507
activity. 1508

(3) Over ninety per cent of in vitro pregnancies survive 1509
the first trimester if cardiac activity is detected in the 1510
gestational sac. 1511

(4) Nearly ninety per cent of in vitro pregnancies do not 1512
survive the first trimester where cardiac activity is not 1513
detected in the gestational sac. 1514

- (5) Fetal heartbeat, therefore, has become a key medical predictor that an unborn human individual will reach live birth.
- (6) Cardiac activity begins at a biologically identifiable moment in time, normally when the fetal heart is formed in the gestational sac.
- (7) The State of Ohio has a legitimate and important interest from the outset of the pregnancy in protecting the life of an unborn human individual who may be born.
- (8) In order to make an informed choice about whether to continue her pregnancy, the pregnant woman has a legitimate interest in knowing the likelihood of the fetus surviving to full-term birth based upon the presence of cardiac activity.
- (9) The State of Ohio finds that the detection of a fetal heartbeat is accomplished through standard medical practices.
- (10) At fertilization, a human being emerges as a whole, genetically distinct, living human organism and needs only the proper environment to fully develop into a human, according to the American college of pediatrics.
- (11) Cardiac activity shows that tissues have come together to form organs and the developing central nervous system signals the heart to autonomically beat, according to Dr. Michael S. Parker, M.D.
- (12) When a heartbeat is visualized at seven weeks or less, ninety-one and one-half per cent will survive the first trimester and ninety-five per cent of those will deliver live-born infants, according to Dr. Michael S. Parker, M.D.
- (13) After the detection of a fetal heartbeat there is a ninety-five to ninety-eight per cent certainty that the new life

will develop full term, according to Dr. Courtney Slonkosky, 1543
M.D. 1544

(14) A human being at an embryonic age and a human being 1545
at an adult age are naturally the same, with the only biological 1546
differences being due to the differences in maturity, according 1547
to Dr. David Fu-Chi Mark, Ph.D. 1548

(B) The General Assembly declares that the report of the 1549
South Dakota task force to study abortion, submitted to the 1550
Governor and Legislature of South Dakota in December 2005, has 1551
contributed greatly to the scientific advancement of determining 1552
life. The General Assembly has consulted this report, and the 1553
expert physician and scientific data contained therein, to 1554
contribute to its findings. 1555

Section 4. If any provisions of a section as amended or 1556
enacted by this act, or the application thereof to any person or 1557
circumstance is held invalid, the invalidity does not affect 1558
other provisions or applications of the section or related 1559
sections which can be given effect without the invalid provision 1560
or application, and to this end the provisions are severable. 1561

Section 5. Section 4731.22 of the Revised Code is 1562
presented in this act as a composite of the section as amended 1563
by both Am. Sub. H.B. 111 and Sub. H.B. 156 of the 132nd General 1564
Assembly. The General Assembly, applying the principle stated in 1565
division (B) of section 1.52 of the Revised Code that amendments 1566
are to be harmonized if reasonably capable of simultaneous 1567
operation, finds that the composite is the resulting version of 1568
the section in effect prior to the effective date of the section 1569
as presented in this act. 1570