

As Introduced

**131st General Assembly
Regular Session
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S. B. No. 55

**Senator Burke
Cosponsors: Senators Patton, Seitz**

A BILL

To amend sections 1.64, 2133.211, 2151.3515, 1
2305.113, 2925.61, 3701.048, 3701.92, 3727.06, 2
4503.44, 4723.01, 4723.18, 4723.181, 4729.01, 3
4730.01, 4730.02, 4730.03, 4730.04, 4730.06, 4
4730.08, 4730.091, 4730.10, 4730.101, 4730.11, 5
4730.12, 4730.13, 4730.14, 4730.19, 4730.21, 6
4730.22, 4730.25, 4730.251, 4730.27, 4730.28, 7
4730.31, 4730.32, 4730.33, 4730.38, 4730.39, 8
4730.41, 4730.42, 4730.43, 4730.431, 4730.49, 9
4730.51, 4730.53, 4731.07, 4761.01, 4761.17, 10
4765.01, 4765.51, and 5123.47; to amend, for the 11
purpose of adopting new section numbers as 12
indicated in parentheses, sections 4730.091 13
(4730.201) and 4730.092 (4730.202); to enact new 14
sections 4730.20 and 4730.44 and sections 15
4730.111 and 4730.203; and to repeal sections 16
4730.081, 4730.09, 4730.15, 4730.16, 4730.17, 17
4730.18, 4730.20, 4730.44, 4730.45, 4730.46, 18
4730.47, 4730.48, 4730.50, and 4730.52 of the 19
Revised Code to revise the law governing the 20
practice of physician assistants. 21

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

Section 1. That sections 1.64, 2133.211, 2151.3515, 22
2305.113, 2925.61, 3701.048, 3701.92, 3727.06, 4503.44, 4723.01, 23
4723.18, 4723.181, 4729.01, 4730.01, 4730.02, 4730.03, 4730.04, 24
4730.06, 4730.08, 4730.091, 4730.10, 4730.101, 4730.11, 4730.12, 25
4730.13, 4730.14, 4730.19, 4730.21, 4730.22, 4730.25, 4730.251, 26
4730.27, 4730.28, 4730.31, 4730.32, 4730.33, 4730.38, 4730.39, 27
4730.41, 4730.42, 4730.43, 4730.431, 4730.49, 4730.51, 4730.53, 28
4731.07, 4761.01, 4761.17, 4765.01, 4765.51, and 5123.47 be 29
amended; sections 4730.091 (4730.201) and 4730.092 (4730.202) be 30
amended for the purpose of adopting new section numbers as shown 31
in parentheses; and new sections 4730.20 and 4730.44 and 32
sections 4730.111 and 4730.203 of the Revised Code be enacted to 33
read as follows: 34

Sec. 1.64. As used in the Revised Code: 35

(A) "Certified nurse-midwife" means a registered nurse who 36
holds a valid certificate of authority issued under Chapter 37
4723. of the Revised Code that authorizes the practice of 38
nursing as a certified nurse-midwife in accordance with section 39
4723.43 of the Revised Code and rules adopted by the board of 40
nursing. 41

(B) "Certified nurse practitioner" means a registered 42
nurse who holds a valid certificate of authority issued under 43
Chapter 4723. of the Revised Code that authorizes the practice 44
of nursing as a certified nurse practitioner in accordance with 45
section 4723.43 of the Revised Code and rules adopted by the 46
board of nursing. 47

(C) "Clinical nurse specialist" means a registered nurse 48
who holds a valid certificate of authority issued under Chapter 49
4723. of the Revised Code that authorizes the practice of 50
nursing as a clinical nurse specialist in accordance with 51

section 4723.43 of the Revised Code and rules adopted by the board of nursing.

(D) "Physician assistant" means an individual who ~~holds a valid certificate to practice issued~~ is licensed under Chapter 4730. of the Revised Code ~~authorizing the individual to provide services as a physician assistant to patients under the supervision, control, and direction of one or more physicians.~~

Sec. 2133.211. A person who holds a certificate of authority ~~to practice as a certified nurse practitioner or clinical nurse specialist issued under section 4723.42~~ Chapter 4723. of the Revised Code may take any action that may be taken by an attending physician under sections 2133.21 to 2133.26 of the Revised Code and has the immunity provided by section 2133.22 of the Revised Code if the action is taken pursuant to a standard care arrangement with a collaborating physician.

A person who holds a ~~certificate~~ license to practice as a physician assistant issued under Chapter 4730. of the Revised Code may take any action that may be taken by an attending physician under sections 2133.21 to 2133.26 of the Revised Code and has the immunity provided by section 2133.22 of the Revised Code if the action is taken pursuant to a ~~physician supervisory plan approved pursuant to supervision agreement entered into~~ under section 4730.17-4730.19 of the Revised Code ~~or,~~ including, if applicable, the policies of a health care facility in which the physician assistant is practicing.

Sec. 2151.3515. As used in sections 2151.3515 to 2151.3530 of the Revised Code:

(A) "Deserted child" means a child whose parent has voluntarily delivered the child to an emergency medical service

worker, peace officer, or hospital employee without expressing 81
an intent to return for the child. 82

(B) "Emergency medical service organization," "emergency 83
medical technician-basic," "emergency medical technician- 84
intermediate," "first responder," and "paramedic" have the same 85
meanings as in section 4765.01 of the Revised Code. 86

(C) "Emergency medical service worker" means a first 87
responder, emergency medical technician-basic, emergency medical 88
technician-intermediate, or paramedic. 89

(D) "Hospital" has the same meaning as in section 3727.01 90
of the Revised Code. 91

(E) "Hospital employee" means any of the following 92
persons: 93

(1) A physician who has been granted privileges to 94
practice at the hospital; 95

(2) A nurse, physician assistant, or nursing assistant 96
employed by the hospital; 97

(3) An authorized person employed by the hospital who is 98
acting under the direction of a physician described in division 99
(E)(1) of this section. 100

(F) "Law enforcement agency" means an organization or 101
entity made up of peace officers. 102

(G) "Nurse" means a person who is licensed under Chapter 103
4723. of the Revised Code to practice as a registered nurse or 104
licensed practical nurse. 105

(H) "Nursing assistant" means a person designated by a 106
hospital as a nurse aide or nursing assistant whose job is to 107

aid nurses, physicians, and physician assistants in the 108
performance of their duties. 109

(I) "Peace officer" means a sheriff, deputy sheriff, 110
constable, police officer of a township or joint police 111
district, marshal, deputy marshal, municipal police officer, or 112
a state highway patrol trooper. 113

(J) "Physician" ~~and "physician assistant" have the same~~ 114
~~meanings as in section 4730.01~~ means an individual authorized 115
under Chapter 4731. of the Revised Code to practice medicine and 116
surgery, osteopathic medicine and surgery, or podiatric medicine 117
and surgery. 118

(K) "Physician assistant" means an individual who holds a 119
current, valid license to practice as a physician assistant 120
issued under Chapter 4730. of the Revised Code. 121

Sec. 2305.113. (A) Except as otherwise provided in this 122
section, an action upon a medical, dental, optometric, or 123
chiropractic claim shall be commenced within one year after the 124
cause of action accrued. 125

(B) (1) If prior to the expiration of the one-year period 126
specified in division (A) of this section, a claimant who 127
allegedly possesses a medical, dental, optometric, or 128
chiropractic claim gives to the person who is the subject of 129
that claim written notice that the claimant is considering 130
bringing an action upon that claim, that action may be commenced 131
against the person notified at any time within one hundred 132
eighty days after the notice is so given. 133

(2) An insurance company shall not consider the existence 134
or nonexistence of a written notice described in division (B) (1) 135
of this section in setting the liability insurance premium rates 136

that the company may charge the company's insured person who is notified by that written notice.

(C) Except as to persons within the age of minority or of unsound mind as provided by section 2305.16 of the Revised Code, and except as provided in division (D) of this section, both of the following apply:

(1) No action upon a medical, dental, optometric, or chiropractic claim shall be commenced more than four years after the occurrence of the act or omission constituting the alleged basis of the medical, dental, optometric, or chiropractic claim.

(2) If an action upon a medical, dental, optometric, or chiropractic claim is not commenced within four years after the occurrence of the act or omission constituting the alleged basis of the medical, dental, optometric, or chiropractic claim, then, any action upon that claim is barred.

(D) (1) If a person making a medical claim, dental claim, optometric claim, or chiropractic claim, in the exercise of reasonable care and diligence, could not have discovered the injury resulting from the act or omission constituting the alleged basis of the claim within three years after the occurrence of the act or omission, but, in the exercise of reasonable care and diligence, discovers the injury resulting from that act or omission before the expiration of the four-year period specified in division (C) (1) of this section, the person may commence an action upon the claim not later than one year after the person discovers the injury resulting from that act or omission.

(2) If the alleged basis of a medical claim, dental claim, optometric claim, or chiropractic claim is the occurrence of an

act or omission that involves a foreign object that is left in 166
the body of the person making the claim, the person may commence 167
an action upon the claim not later than one year after the 168
person discovered the foreign object or not later than one year 169
after the person, with reasonable care and diligence, should 170
have discovered the foreign object. 171

(3) A person who commences an action upon a medical claim, 172
dental claim, optometric claim, or chiropractic claim under the 173
circumstances described in division (D) (1) or (2) of this 174
section has the affirmative burden of proving, by clear and 175
convincing evidence, that the person, with reasonable care and 176
diligence, could not have discovered the injury resulting from 177
the act or omission constituting the alleged basis of the claim 178
within the three-year period described in division (D) (1) of 179
this section or within the one-year period described in division 180
(D) (2) of this section, whichever is applicable. 181

(E) As used in this section: 182

(1) "Hospital" includes any person, corporation, 183
association, board, or authority that is responsible for the 184
operation of any hospital licensed or registered in the state, 185
including, but not limited to, those that are owned or operated 186
by the state, political subdivisions, any person, any 187
corporation, or any combination of the state, political 188
subdivisions, persons, and corporations. "Hospital" also 189
includes any person, corporation, association, board, entity, or 190
authority that is responsible for the operation of any clinic 191
that employs a full-time staff of physicians practicing in more 192
than one recognized medical specialty and rendering advice, 193
diagnosis, care, and treatment to individuals. "Hospital" does 194
not include any hospital operated by the government of the 195

United States or any of its branches.	196
(2) "Physician" means a person who is licensed to practice medicine and surgery or osteopathic medicine and surgery by the state medical board or a person who otherwise is authorized to practice medicine and surgery or osteopathic medicine and surgery in this state.	197 198 199 200 201
(3) "Medical claim" means any claim that is asserted in any civil action against a physician, podiatrist, hospital, home, or residential facility, against any employee or agent of a physician, podiatrist, hospital, home, or residential facility, or against a licensed practical nurse, registered nurse, advanced practice registered nurse, physical therapist, physician assistant, emergency medical technician-basic, emergency medical technician-intermediate, or emergency medical technician-paramedic, and that arises out of the medical diagnosis, care, or treatment of any person. "Medical claim" includes the following:	202 203 204 205 206 207 208 209 210 211 212
(a) Derivative claims for relief that arise from the medical diagnosis, care, or treatment of a person;	213 214
(b) Claims that arise out of the medical diagnosis, care, or treatment of any person and to which either of the following applies:	215 216 217
(i) The claim results from acts or omissions in providing medical care.	218 219
(ii) The claim results from the hiring, training, supervision, retention, or termination of caregivers providing medical diagnosis, care, or treatment.	220 221 222
(c) Claims that arise out of the medical diagnosis, care, or treatment of any person and that are brought under section	223 224

3721.17 of the Revised Code.	225
(4) "Podiatrist" means any person who is licensed to practice podiatric medicine and surgery by the state medical board.	226 227 228
(5) "Dentist" means any person who is licensed to practice dentistry by the state dental board.	229 230
(6) "Dental claim" means any claim that is asserted in any civil action against a dentist, or against any employee or agent of a dentist, and that arises out of a dental operation or the dental diagnosis, care, or treatment of any person. "Dental claim" includes derivative claims for relief that arise from a dental operation or the dental diagnosis, care, or treatment of a person.	231 232 233 234 235 236 237
(7) "Derivative claims for relief" include, but are not limited to, claims of a parent, guardian, custodian, or spouse of an individual who was the subject of any medical diagnosis, care, or treatment, dental diagnosis, care, or treatment, dental operation, optometric diagnosis, care, or treatment, or chiropractic diagnosis, care, or treatment, that arise from that diagnosis, care, treatment, or operation, and that seek the recovery of damages for any of the following:	238 239 240 241 242 243 244 245
(a) Loss of society, consortium, companionship, care, assistance, attention, protection, advice, guidance, counsel, instruction, training, or education, or any other intangible loss that was sustained by the parent, guardian, custodian, or spouse;	246 247 248 249 250
(b) Expenditures of the parent, guardian, custodian, or spouse for medical, dental, optometric, or chiropractic care or treatment, for rehabilitation services, or for other care,	251 252 253

treatment, services, products, or accommodations provided to the 254
individual who was the subject of the medical diagnosis, care, 255
or treatment, the dental diagnosis, care, or treatment, the 256
dental operation, the optometric diagnosis, care, or treatment, 257
or the chiropractic diagnosis, care, or treatment. 258

(8) "Registered nurse" means any person who is licensed to 259
practice nursing as a registered nurse by the board of nursing. 260

(9) "Chiropractic claim" means any claim that is asserted 261
in any civil action against a chiropractor, or against any 262
employee or agent of a chiropractor, and that arises out of the 263
chiropractic diagnosis, care, or treatment of any person. 264
"Chiropractic claim" includes derivative claims for relief that 265
arise from the chiropractic diagnosis, care, or treatment of a 266
person. 267

(10) "Chiropractor" means any person who is licensed to 268
practice chiropractic by the state chiropractic board. 269

(11) "Optometric claim" means any claim that is asserted 270
in any civil action against an optometrist, or against any 271
employee or agent of an optometrist, and that arises out of the 272
optometric diagnosis, care, or treatment of any person. 273
"Optometric claim" includes derivative claims for relief that 274
arise from the optometric diagnosis, care, or treatment of a 275
person. 276

(12) "Optometrist" means any person licensed to practice 277
optometry by the state board of optometry. 278

(13) "Physical therapist" means any person who is licensed 279
to practice physical therapy under Chapter 4755. of the Revised 280
Code. 281

(14) "Home" has the same meaning as in section 3721.10 of 282

the Revised Code.	283
(15) "Residential facility" means a facility licensed under section 5123.19 of the Revised Code.	284 285
(16) "Advanced practice registered nurse" means any certified nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist, or certified nurse-midwife who holds a certificate of authority issued by the board of nursing under Chapter 4723. of the Revised Code.	286 287 288 289 290
(17) "Licensed practical nurse" means any person who is licensed to practice nursing as a licensed practical nurse by the board of nursing pursuant to Chapter 4723. of the Revised Code.	291 292 293 294
(18) "Physician assistant" means any person who holds a valid certificate to practice issued pursuant to <u>is licensed as a physician assistant under</u> Chapter 4730. of the Revised Code.	295 296 297
(19) "Emergency medical technician-basic," "emergency medical technician-intermediate," and "emergency medical technician-paramedic" means any person who is certified under Chapter 4765. of the Revised Code as an emergency medical technician-basic, emergency medical technician-intermediate, or emergency medical technician-paramedic, whichever is applicable.	298 299 300 301 302 303
Sec. 2925.61. (A) As used in this section:	304
(1) "Administer naloxone" means to give naloxone to a person by either of the following routes:	305 306
(a) Using a device manufactured for the intranasal administration of liquid drugs;	307 308
(b) Using an autoinjector in a manufactured dosage form.	309

(2) "Law enforcement agency" means a government entity	310
that employs peace officers to perform law enforcement duties.	311
(3) "Licensed health professional" means all of the	312
following:	313
(a) A physician who is authorized under Chapter 4731. of	314
the Revised Code to practice medicine and surgery, osteopathic	315
medicine and surgery, or podiatric medicine and surgery;	316
(b) A physician assistant who <u>is licensed under Chapter</u>	317
<u>4730. of the Revised Code,</u> holds a certificate to prescribe	318
valid prescriber number issued under Chapter 4730. of the	319
Revised Code <u>by the state medical board, and has been granted</u>	320
<u>physician-delegated prescriptive authority;</u>	321
(c) A clinical nurse specialist, certified nurse-midwife,	322
or certified nurse practitioner who holds a certificate to	323
prescribe issued under section 4723.48 of the Revised Code.	324
(4) "Peace officer" has the same meaning as in section	325
2921.51 of the Revised Code.	326
(B) A family member, friend, or other individual who is in	327
a position to assist an individual who is apparently	328
experiencing or at risk of experiencing an opioid-related	329
overdose, is not subject to criminal prosecution for a violation	330
of section 4731.41 of the Revised Code or criminal prosecution	331
under this chapter if the individual, acting in good faith, does	332
all of the following:	333
(1) Obtains naloxone from a licensed health professional	334
or a prescription for naloxone from a licensed health	335
professional;	336
(2) Administers that naloxone to an individual who is	337

apparently experiencing an opioid-related overdose; 338

(3) Attempts to summon emergency services either 339
immediately before or immediately after administering the 340
naloxone. 341

(C) Division (B) of this section does not apply to a peace 342
officer or to an emergency medical technician-basic, emergency 343
medical technician-intermediate, or emergency medical 344
technician-paramedic, as defined in section 4765.01 of the 345
Revised Code. 346

(D) A peace officer employed by a law enforcement agency 347
is not subject to administrative action, criminal prosecution 348
for a violation of section 4731.41 of the Revised Code, or 349
criminal prosecution under this chapter if the peace officer, 350
acting in good faith, obtains naloxone from the peace officer's 351
law enforcement agency and administers the naloxone to an 352
individual who is apparently experiencing an opioid-related 353
overdose. 354

Sec. 3701.048. (A) As used in this section: 355

(1) "Board of health" means the board of health of a city 356
or general health district or the authority having the duties of 357
a board of health under section 3709.05 of the Revised Code. 358

(2) "Controlled substance" has the same meaning as in 359
section 3719.01 of the Revised Code. 360

(3) "Drug," "dangerous drug," and "licensed health 361
professional authorized to prescribe drugs" have the same 362
meanings as in section 4729.01 of the Revised Code. 363

(4) "Registered volunteer" has the same meaning as in 364
section 5502.281 of the Revised Code. 365

(B) In consultation with the appropriate professional regulatory boards of this state, the director of health shall develop one or more protocols that authorize the following individuals to administer, deliver, or distribute drugs, other than schedule II and III controlled substances, during a period of time described in division (E) of this section, notwithstanding any statute or rule that otherwise prohibits or restricts the administration, delivery, or distribution of drugs by those individuals:

(1) A physician authorized under Chapter 4731. of the Revised Code to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery;

(2) A physician assistant ~~who holds a certificate to practice issued~~ licensed under Chapter 4730. of the Revised Code;

(3) A dentist or dental hygienist licensed under Chapter 4715. of the Revised Code;

(4) A registered nurse licensed under Chapter 4723. of the Revised Code, including an advanced practice registered nurse, as defined in section 4723.01 of the Revised Code;

(5) A licensed practical nurse licensed under Chapter 4723. of the Revised Code;

(6) An optometrist licensed under Chapter 4725. of the Revised Code;

(7) A pharmacist or pharmacy intern licensed under Chapter 4729. of the Revised Code;

(8) A respiratory care professional licensed under Chapter 4761. of the Revised Code;

(9) An emergency medical technician-basic, emergency 394
medical technician-intermediate, or emergency medical 395
technician-paramedic who holds a certificate to practice issued 396
under Chapter 4765. of the Revised Code; 397

(10) A veterinarian licensed under Chapter 4741. of the 398
Revised Code. 399

(C) In consultation with the executive director of the 400
emergency management agency, the director of health shall 401
develop one or more protocols that authorize employees of boards 402
of health and registered volunteers to deliver or distribute 403
drugs, other than schedule II and III controlled substances, 404
during a period of time described in division (E) of this 405
section, notwithstanding any statute or rule that otherwise 406
prohibits or restricts the delivery or distribution of drugs by 407
those individuals. 408

(D) In consultation with the state board of pharmacy, the 409
director of health shall develop one or more protocols that 410
authorize pharmacists and pharmacy interns to dispense, during a 411
period of time described in division (E) of this section, 412
limited quantities of dangerous drugs, other than schedule II 413
and III controlled substances, without a written, oral, or 414
electronic prescription from a licensed health professional 415
authorized to prescribe drugs or without a record of a 416
prescription, notwithstanding any statute or rule that otherwise 417
prohibits or restricts the dispensing of drugs without a 418
prescription or record of a prescription. 419

(E) On the governor's declaration of an emergency that 420
affects the public health, the director of health may issue an 421
order to implement one or more of the protocols developed 422
pursuant to division (B), (C), or (D) of this section. At a 423

minimum, the director's order shall identify the one or more 424
protocols to be implemented and the period of time during which 425
the one or more protocols are to be effective. 426

(F) (1) An individual who administers, delivers, 427
distributes, or dispenses a drug or dangerous drug in accordance 428
with one or more of the protocols implemented under division (E) 429
of this section is not liable for damages in any civil action 430
unless the individual's acts or omissions in performing those 431
activities constitute willful or wanton misconduct. 432

(2) An individual who administers, delivers, distributes, 433
or dispenses a drug or dangerous drug in accordance with one or 434
more of the protocols implemented under division (E) of this 435
section is not subject to criminal prosecution or professional 436
disciplinary action under any chapter in Title XLVIII of the 437
Revised Code. 438

Sec. 3701.92. As used in sections 3701.921 to 3701.929 of 439
the Revised Code: 440

(A) "Advanced practice registered nurse" has the same 441
meaning as in section 4723.01 of the Revised Code. 442

(B) "Patient centered medical home education advisory 443
group" means the entity established under section 3701.924 of 444
the Revised Code. 445

(C) "Patient centered medical home education program" 446
means the program established under section 3701.921 of the 447
Revised Code and any pilot projects operated pursuant to that 448
section. 449

(D) "Patient centered medical home education pilot 450
project" means the pilot project established under section 451
3701.923 of the Revised Code. 452

(E) "Physician assistant" ~~has the same meaning as in~~ 453
~~section 4730.01 means a person who is licensed as a physician~~ 454
assistant under Chapter 4730. of the Revised Code. 455

Sec. 3727.06. (A) As used in this section: 456

(1) "Doctor" means an individual authorized to practice 457
medicine and surgery or osteopathic medicine and surgery. 458

(2) "Podiatrist" means an individual authorized to 459
practice podiatric medicine and surgery. 460

(B) (1) Only the following may admit a patient to a 461
hospital: 462

(a) A doctor who is a member of the hospital's medical 463
staff; 464

(b) A dentist who is a member of the hospital's medical 465
staff; 466

(c) A podiatrist who is a member of the hospital's medical 467
staff; 468

(d) A clinical nurse specialist, certified nurse-midwife, 469
or certified nurse practitioner if all of the following 470
conditions are met: 471

(i) The clinical nurse specialist, certified nurse- 472
midwife, or certified nurse practitioner has a standard care 473
arrangement entered into pursuant to section 4723.431 of the 474
Revised Code with a collaborating doctor or podiatrist who is a 475
member of the medical staff; 476

(ii) The patient will be under the medical supervision of 477
the collaborating doctor or podiatrist; 478

(iii) The hospital has granted the clinical nurse 479

specialist, certified nurse-midwife, or certified nurse 480
practitioner admitting privileges and appropriate credentials. 481

(e) A physician assistant if all of the following 482
conditions are met: 483

(i) The physician assistant is listed on a supervision 484
agreement ~~approved~~ entered into under section 4730.19 of the 485
Revised Code for a doctor or podiatrist who is a member of the 486
hospital's medical staff. 487

(ii) The patient will be under the medical supervision of 488
the supervising doctor or podiatrist. 489

(iii) The hospital has granted the physician assistant 490
admitting privileges and appropriate credentials. 491

(2) Prior to admitting a patient, a clinical nurse 492
specialist, certified nurse-midwife, certified nurse 493
practitioner, or physician assistant shall notify the 494
collaborating or supervising doctor or podiatrist of the planned 495
admission. 496

(C) All hospital patients shall be under the medical 497
supervision of a doctor, except that services that may be 498
rendered by a licensed dentist pursuant to Chapter 4715. of the 499
Revised Code provided to patients admitted solely for the 500
purpose of receiving such services shall be under the 501
supervision of the admitting dentist and that services that may 502
be rendered by a podiatrist pursuant to section 4731.51 of the 503
Revised Code provided to patients admitted solely for the 504
purpose of receiving such services shall be under the 505
supervision of the admitting podiatrist. If treatment not within 506
the scope of Chapter 4715. or section 4731.51 of the Revised 507
Code is required at the time of admission by a dentist or 508

podiatrist, or becomes necessary during the course of hospital 509
treatment by a dentist or podiatrist, such treatment shall be 510
under the supervision of a doctor who is a member of the medical 511
staff. It shall be the responsibility of the admitting dentist 512
or podiatrist to make arrangements with a doctor who is a member 513
of the medical staff to be responsible for the patient's 514
treatment outside the scope of Chapter 4715. or section 4731.51 515
of the Revised Code when necessary during the patient's stay in 516
the hospital. 517

Sec. 4503.44. (A) As used in this section and in section 518
4511.69 of the Revised Code: 519

(1) "Person with a disability that limits or impairs the 520
ability to walk" means any person who, as determined by a health 521
care provider, meets any of the following criteria: 522

(a) Cannot walk two hundred feet without stopping to rest; 523

(b) Cannot walk without the use of, or assistance from, a 524
brace, cane, crutch, another person, prosthetic device, 525
wheelchair, or other assistive device; 526

(c) Is restricted by a lung disease to such an extent that 527
the person's forced (respiratory) expiratory volume for one 528
second, when measured by spirometry, is less than one liter, or 529
the arterial oxygen tension is less than sixty millimeters of 530
mercury on room air at rest; 531

(d) Uses portable oxygen; 532

(e) Has a cardiac condition to the extent that the 533
person's functional limitations are classified in severity as 534
class III or class IV according to standards set by the American 535
heart association; 536

- (f) Is severely limited in the ability to walk due to an
arthritic, neurological, or orthopedic condition; 537
538
- (g) Is blind, legally blind, or severely visually
impaired. 539
540
- (2) "Organization" means any private organization or 541
corporation, or any governmental board, agency, department, 542
division, or office, that, as part of its business or program, 543
transports persons with disabilities that limit or impair the 544
ability to walk on a regular basis in a motor vehicle that has 545
not been altered for the purpose of providing it with special 546
equipment for use by persons with disabilities. This definition 547
does not apply to division (I) of this section. 548
- (3) "Health care provider" means a physician, physician 549
assistant, advanced practice registered nurse, optometrist, or 550
chiropractor as defined in this section except that an 551
optometrist shall only make determinations as to division (A) (1) 552
(g) of this section. 553
- (4) "Physician" means a person licensed to practice 554
medicine or surgery or osteopathic medicine and surgery under 555
Chapter 4731. of the Revised Code. 556
- (5) "Chiropractor" means a person licensed to practice 557
chiropractic under Chapter 4734. of the Revised Code. 558
- (6) "Advanced practice registered nurse" means a certified 559
nurse practitioner, clinical nurse specialist, certified 560
registered nurse anesthetist, or certified nurse-midwife who 561
holds a certificate of authority issued by the board of nursing 562
under Chapter 4723. of the Revised Code. 563
- (7) "Physician assistant" means a person who ~~holds a~~ 564
~~certificate to practice as a physician assistant issued is~~ 565

licensed as a physician assistant under Chapter 4730. of the 566
Revised Code. 567

(8) "Optometrist" means a person licensed to engage in the 568
practice of optometry under Chapter 4725. of the Revised Code. 569

(B) (1) An organization, or a person with a disability that 570
limits or impairs the ability to walk, may apply for the 571
registration of any motor vehicle the organization or person 572
owns or leases. When a motor vehicle has been altered for the 573
purpose of providing it with special equipment for a person with 574
a disability that limits or impairs the ability to walk, but is 575
owned or leased by someone other than such a person, the owner 576
or lessee may apply to the registrar or a deputy registrar for 577
registration under this section. The application for 578
registration of a motor vehicle owned or leased by a person with 579
a disability that limits or impairs the ability to walk shall be 580
accompanied by a signed statement from the applicant's health 581
care provider certifying that the applicant meets at least one 582
of the criteria contained in division (A) (1) of this section and 583
that the disability is expected to continue for more than six 584
consecutive months. The application for registration of a motor 585
vehicle that has been altered for the purpose of providing it 586
with special equipment for a person with a disability that 587
limits or impairs the ability to walk but is owned by someone 588
other than such a person shall be accompanied by such 589
documentary evidence of vehicle alterations as the registrar may 590
require by rule. 591

(2) When an organization, a person with a disability that 592
limits or impairs the ability to walk, or a person who does not 593
have a disability that limits or impairs the ability to walk but 594
owns a motor vehicle that has been altered for the purpose of 595

providing it with special equipment for a person with a 596
disability that limits or impairs the ability to walk first 597
submits an application for registration of a motor vehicle under 598
this section and every fifth year thereafter, the organization 599
or person shall submit a signed statement from the applicant's 600
health care provider, a completed application, and any required 601
documentary evidence of vehicle alterations as provided in 602
division (B) (1) of this section, and also a power of attorney 603
from the owner of the motor vehicle if the applicant leases the 604
vehicle. Upon submission of these items, the registrar or deputy 605
registrar shall issue to the applicant appropriate vehicle 606
registration and a set of license plates and validation 607
stickers, or validation stickers alone when required by section 608
4503.191 of the Revised Code. In addition to the letters and 609
numbers ordinarily inscribed thereon, the license plates shall 610
be imprinted with the international symbol of access. The 611
license plates and validation stickers shall be issued upon 612
payment of the regular license fee as prescribed under section 613
4503.04 of the Revised Code and any motor vehicle tax levied 614
under Chapter 4504. of the Revised Code, and the payment of a 615
service fee equal to the amount specified in division (D) or (G) 616
of section 4503.10 of the Revised Code. 617

(C) (1) A person with a disability that limits or impairs 618
the ability to walk may apply to the registrar of motor vehicles 619
for a removable windshield placard by completing and signing an 620
application provided by the registrar. The person shall include 621
with the application a prescription from the person's health 622
care provider prescribing such a placard for the person based 623
upon a determination that the person meets at least one of the 624
criteria contained in division (A) (1) of this section. The 625
health care provider shall state on the prescription the length 626

of time the health care provider expects the applicant to have 627
the disability that limits or impairs the person's ability to 628
walk. 629

In addition to one placard or one or more sets of license 630
plates, a person with a disability that limits or impairs the 631
ability to walk is entitled to one additional placard, but only 632
if the person applies separately for the additional placard, 633
states the reasons why the additional placard is needed, and the 634
registrar, in the registrar's discretion determines that good 635
and justifiable cause exists to approve the request for the 636
additional placard. 637

(2) An organization may apply to the registrar of motor 638
vehicles for a removable windshield placard by completing and 639
signing an application provided by the registrar. The 640
organization shall comply with any procedures the registrar 641
establishes by rule. The organization shall include with the 642
application documentary evidence that the registrar requires by 643
rule showing that the organization regularly transports persons 644
with disabilities that limit or impair the ability to walk. 645

(3) Upon receipt of a completed and signed application for 646
a removable windshield placard, the accompanying documents 647
required under division (C)(1) or (2) of this section, and 648
payment of a service fee equal to the amount specified in 649
division (D) or (G) of section 4503.10 of the Revised Code, the 650
registrar or deputy registrar shall issue to the applicant a 651
removable windshield placard, which shall bear the date of 652
expiration on both sides of the placard and shall be valid until 653
expired, revoked, or surrendered. Every removable windshield 654
placard expires as described in division (C)(4) of this section, 655
but in no case shall a removable windshield placard be valid for 656

a period of less than sixty days. Removable windshield placards 657
shall be renewable upon application as provided in division (C) 658
(1) or (2) of this section and upon payment of a service fee 659
equal to the amount specified in division (D) or (G) of section 660
4503.10 of the Revised Code for the renewal of a removable 661
windshield placard. The registrar shall provide the application 662
form and shall determine the information to be included thereon. 663
The registrar also shall determine the form and size of the 664
removable windshield placard, the material of which it is to be 665
made, and any other information to be included thereon, and 666
shall adopt rules relating to the issuance, expiration, 667
revocation, surrender, and proper display of such placards. Any 668
placard issued after October 14, 1999, shall be manufactured in 669
a manner that allows the expiration date of the placard to be 670
indicated on it through the punching, drilling, boring, or 671
creation by any other means of holes in the placard. 672

(4) At the time a removable windshield placard is issued 673
to a person with a disability that limits or impairs the ability 674
to walk, the registrar or deputy registrar shall enter into the 675
records of the bureau of motor vehicles the last date on which 676
the person will have that disability, as indicated on the 677
accompanying prescription. Not less than thirty days prior to 678
that date and all removable windshield placard renewal dates, 679
the bureau shall send a renewal notice to that person at the 680
person's last known address as shown in the records of the 681
bureau, informing the person that the person's removable 682
windshield placard will expire on the indicated date not to 683
exceed five years from the date of issuance, and that the person 684
is required to renew the placard by submitting to the registrar 685
or a deputy registrar another prescription, as described in 686
division (C)(1) or (2) of this section, and by complying with 687

the renewal provisions prescribed in division (C) (3) of this section. If such a prescription is not received by the registrar or a deputy registrar by that date, the placard issued to that person expires and no longer is valid, and this fact shall be recorded in the records of the bureau.

(5) At least once every year, on a date determined by the registrar, the bureau shall examine the records of the office of vital statistics, located within the department of health, that pertain to deceased persons, and also the bureau's records of all persons who have been issued removable windshield placards and temporary removable windshield placards. If the records of the office of vital statistics indicate that a person to whom a removable windshield placard or temporary removable windshield placard has been issued is deceased, the bureau shall cancel that placard, and note the cancellation in its records.

The office of vital statistics shall make available to the bureau all information necessary to enable the bureau to comply with division (C) (5) of this section.

(6) Nothing in this section shall be construed to require a person or organization to apply for a removable windshield placard or special license plates if the special license plates issued to the person or organization under prior law have not expired or been surrendered or revoked.

(D) (1) (a) A person with a disability that limits or impairs the ability to walk may apply to the registrar or a deputy registrar for a temporary removable windshield placard. The application for a temporary removable windshield placard shall be accompanied by a prescription from the applicant's health care provider prescribing such a placard for the applicant, provided that the applicant meets at least one of the

criteria contained in division (A) (1) of this section and that 718
the disability is expected to continue for six consecutive 719
months or less. The health care provider shall state on the 720
prescription the length of time the health care provider expects 721
the applicant to have the disability that limits or impairs the 722
applicant's ability to walk, which cannot exceed six months from 723
the date of the prescription. Upon receipt of an application for 724
a temporary removable windshield placard, presentation of the 725
prescription from the applicant's health care provider, and 726
payment of a service fee equal to the amount specified in 727
division (D) or (G) of section 4503.10 of the Revised Code, the 728
registrar or deputy registrar shall issue to the applicant a 729
temporary removable windshield placard. 730

(b) Any active-duty member of the armed forces of the 731
United States, including the reserve components of the armed 732
forces and the national guard, who has an illness or injury that 733
limits or impairs the ability to walk may apply to the registrar 734
or a deputy registrar for a temporary removable windshield 735
placard. With the application, the person shall present evidence 736
of the person's active-duty status and the illness or injury. 737
Evidence of the illness or injury may include a current 738
department of defense convalescent leave statement, any 739
department of defense document indicating that the person 740
currently has an ill or injured casualty status or has limited 741
duties, or a prescription from any health care provider 742
prescribing the placard for the applicant. Upon receipt of the 743
application and the necessary evidence, the registrar or deputy 744
registrar shall issue the applicant the temporary removable 745
windshield placard without the payment of any service fee. 746

(2) The temporary removable windshield placard shall be of 747
the same size and form as the removable windshield placard, 748

shall be printed in white on a red-colored background, and shall 749
bear the word "temporary" in letters of such size as the 750
registrar shall prescribe. A temporary removable windshield 751
placard also shall bear the date of expiration on the front and 752
back of the placard, and shall be valid until expired, 753
surrendered, or revoked, but in no case shall such a placard be 754
valid for a period of less than sixty days. The registrar shall 755
provide the application form and shall determine the information 756
to be included on it, provided that the registrar shall not 757
require a health care provider's prescription or certification 758
for a person applying under division (D) (1) (b) of this section. 759
The registrar also shall determine the material of which the 760
temporary removable windshield placard is to be made and any 761
other information to be included on the placard and shall adopt 762
rules relating to the issuance, expiration, surrender, 763
revocation, and proper display of those placards. Any temporary 764
removable windshield placard issued after October 14, 1999, 765
shall be manufactured in a manner that allows for the expiration 766
date of the placard to be indicated on it through the punching, 767
drilling, boring, or creation by any other means of holes in the 768
placard. 769

(E) If an applicant for a removable windshield placard is 770
a veteran of the armed forces of the United States whose 771
disability, as defined in division (A) (1) of this section, is 772
service-connected, the registrar or deputy registrar, upon 773
receipt of the application, presentation of a signed statement 774
from the applicant's health care provider certifying the 775
applicant's disability, and presentation of such documentary 776
evidence from the department of veterans affairs that the 777
disability of the applicant meets at least one of the criteria 778
identified in division (A) (1) of this section and is service- 779

connected as the registrar may require by rule, but without the 780
payment of any service fee, shall issue the applicant a 781
removable windshield placard that is valid until expired, 782
surrendered, or revoked. 783

(F) Upon a conviction of a violation of division (H) or 784
(I) of this section, the court shall report the conviction, and 785
send the placard, if available, to the registrar, who thereupon 786
shall revoke the privilege of using the placard and send notice 787
in writing to the placardholder at that holder's last known 788
address as shown in the records of the bureau, and the 789
placardholder shall return the placard if not previously 790
surrendered to the court, to the registrar within ten days 791
following mailing of the notice. 792

Whenever a person to whom a removable windshield placard 793
has been issued moves to another state, the person shall 794
surrender the placard to the registrar; and whenever an 795
organization to which a placard has been issued changes its 796
place of operation to another state, the organization shall 797
surrender the placard to the registrar. 798

(G) Subject to division (F) of section 4511.69 of the 799
Revised Code, the operator of a motor vehicle displaying a 800
removable windshield placard, temporary removable windshield 801
placard, or the special license plates authorized by this 802
section is entitled to park the motor vehicle in any special 803
parking location reserved for persons with disabilities that 804
limit or impair the ability to walk, also known as handicapped 805
parking spaces or disability parking spaces. 806

(H) No person or organization that is not eligible for the 807
issuance of license plates or any placard under this section 808
shall willfully and falsely represent that the person or 809

organization is so eligible. 810

No person or organization shall display license plates 811
issued under this section unless the license plates have been 812
issued for the vehicle on which they are displayed and are 813
valid. 814

(I) No person or organization to which a removable 815
windshield placard or temporary removable windshield placard is 816
issued shall do either of the following: 817

(1) Display or permit the display of the placard on any 818
motor vehicle when having reasonable cause to believe the motor 819
vehicle is being used in connection with an activity that does 820
not include providing transportation for persons with 821
disabilities that limit or impair the ability to walk; 822

(2) Refuse to return or surrender the placard, when 823
required. 824

(J) If a removable windshield placard, temporary removable 825
windshield placard, or parking card is lost, destroyed, or 826
mutilated, the placardholder or cardholder may obtain a 827
duplicate by doing both of the following: 828

(1) Furnishing suitable proof of the loss, destruction, or 829
mutilation to the registrar; 830

(2) Paying a service fee equal to the amount specified in 831
division (D) or (G) of section 4503.10 of the Revised Code. 832

Any placardholder or cardholder who loses a placard or 833
card and, after obtaining a duplicate, finds the original, 834
immediately shall surrender the original placard or card to the 835
registrar. 836

(K) (1) The registrar shall pay all fees received under 837

this section for the issuance of removable windshield placards 838
or temporary removable windshield placards or duplicate 839
removable windshield placards or cards into the state treasury 840
to the credit of the state bureau of motor vehicles fund created 841
in section 4501.25 of the Revised Code. 842

(2) In addition to the fees collected under this section, 843
the registrar or deputy registrar shall ask each person applying 844
for a removable windshield placard or temporary removable 845
windshield placard or duplicate removable windshield placard or 846
license plate issued under this section, whether the person 847
wishes to make a two-dollar voluntary contribution to support 848
rehabilitation employment services. The registrar shall transmit 849
the contributions received under this division to the treasurer 850
of state for deposit into the rehabilitation employment fund, 851
which is hereby created in the state treasury. A deputy 852
registrar shall transmit the contributions received under this 853
division to the registrar in the time and manner prescribed by 854
the registrar. The contributions in the fund shall be used by 855
the opportunities for Ohioans with disabilities agency to 856
purchase services related to vocational evaluation, work 857
adjustment, personal adjustment, job placement, job coaching, 858
and community-based assessment from accredited community 859
rehabilitation program facilities. 860

(L) For purposes of enforcing this section, every peace 861
officer is deemed to be an agent of the registrar. Any peace 862
officer or any authorized employee of the bureau of motor 863
vehicles who, in the performance of duties authorized by law, 864
becomes aware of a person whose placard or parking card has been 865
revoked pursuant to this section, may confiscate that placard or 866
parking card and return it to the registrar. The registrar shall 867
prescribe any forms used by law enforcement agencies in 868

administering this section. 869

No peace officer, law enforcement agency employing a peace officer, or political subdivision or governmental agency employing a peace officer, and no employee of the bureau is liable in a civil action for damages or loss to persons arising out of the performance of any duty required or authorized by this section. As used in this division, "peace officer" has the same meaning as in division (B) of section 2935.01 of the Revised Code. 870
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(M) All applications for registration of motor vehicles, removable windshield placards, and temporary removable windshield placards issued under this section, all renewal notices for such items, and all other publications issued by the bureau that relate to this section shall set forth the criminal penalties that may be imposed upon a person who violates any provision relating to special license plates issued under this section, the parking of vehicles displaying such license plates, and the issuance, procurement, use, and display of removable windshield placards and temporary removable windshield placards issued under this section. 878
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(N) Whoever violates this section is guilty of a misdemeanor of the fourth degree. 889
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Sec. 4723.01. As used in this chapter: 891

(A) "Registered nurse" means an individual who holds a current, valid license issued under this chapter that authorizes the practice of nursing as a registered nurse. 892
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(B) "Practice of nursing as a registered nurse" means providing to individuals and groups nursing care requiring specialized knowledge, judgment, and skill derived from the 895
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principles of biological, physical, behavioral, social, and nursing sciences. Such nursing care includes:	898 899
(1) Identifying patterns of human responses to actual or potential health problems amenable to a nursing regimen;	900 901
(2) Executing a nursing regimen through the selection, performance, management, and evaluation of nursing actions;	902 903
(3) Assessing health status for the purpose of providing nursing care;	904 905
(4) Providing health counseling and health teaching;	906
(5) Administering medications, treatments, and executing regimens authorized by an individual who is authorized to practice in this state and is acting within the course of the individual's professional practice;	907 908 909 910
(6) Teaching, administering, supervising, delegating, and evaluating nursing practice.	911 912
(C) "Nursing regimen" may include preventative, restorative, and health-promotion activities.	913 914
(D) "Assessing health status" means the collection of data through nursing assessment techniques, which may include interviews, observation, and physical evaluations for the purpose of providing nursing care.	915 916 917 918
(E) "Licensed practical nurse" means an individual who holds a current, valid license issued under this chapter that authorizes the practice of nursing as a licensed practical nurse.	919 920 921 922
(F) "The practice of nursing as a licensed practical nurse" means providing to individuals and groups nursing care	923 924

requiring the application of basic knowledge of the biological, 925
physical, behavioral, social, and nursing sciences at the 926
direction of a registered nurse or any of the following who is 927
authorized to practice in this state: a ~~licensed~~ physician, 928
physician assistant, dentist, podiatrist, optometrist, ~~or~~ 929
chiropractor, ~~or registered nurse~~. Such nursing care includes: 930

(1) Observation, patient teaching, and care in a diversity 931
of health care settings; 932

(2) Contributions to the planning, implementation, and 933
evaluation of nursing; 934

(3) Administration of medications and treatments 935
authorized by an individual who is authorized to practice in 936
this state and is acting within the course of the individual's 937
professional practice on the condition that the licensed 938
practical nurse is authorized under section 4723.17 of the 939
Revised Code to administer medications; 940

(4) Administration to an adult of intravenous therapy 941
authorized by an individual who is authorized to practice in 942
this state and is acting within the course of the individual's 943
professional practice, on the condition that the licensed 944
practical nurse is authorized under section 4723.18 or 4723.181 945
of the Revised Code to perform intravenous therapy and performs 946
intravenous therapy only in accordance with those sections; 947

(5) Delegation of nursing tasks as directed by a 948
registered nurse; 949

(6) Teaching nursing tasks to licensed practical nurses 950
and individuals to whom the licensed practical nurse is 951
authorized to delegate nursing tasks as directed by a registered 952
nurse. 953

(G) "Certified registered nurse anesthetist" means a registered nurse who holds a valid certificate of authority issued under this chapter that authorizes the practice of nursing as a certified registered nurse anesthetist in accordance with section 4723.43 of the Revised Code and rules adopted by the board of nursing.

(H) "Clinical nurse specialist" means a registered nurse who holds a valid certificate of authority issued under this chapter that authorizes the practice of nursing as a clinical nurse specialist in accordance with section 4723.43 of the Revised Code and rules adopted by the board of nursing.

(I) "Certified nurse-midwife" means a registered nurse who holds a valid certificate of authority issued under this chapter that authorizes the practice of nursing as a certified nurse-midwife in accordance with section 4723.43 of the Revised Code and rules adopted by the board of nursing.

(J) "Certified nurse practitioner" means a registered nurse who holds a valid certificate of authority issued under this chapter that authorizes the practice of nursing as a certified nurse practitioner in accordance with section 4723.43 of the Revised Code and rules adopted by the board of nursing.

(K) "Physician" means an individual authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery.

(L) "Collaboration" or "collaborating" means the following:

(1) In the case of a clinical nurse specialist, except as provided in division (L)(3) of this section, or a certified nurse practitioner, that one or more podiatrists acting within

the scope of practice of podiatry in accordance with section 983
4731.51 of the Revised Code and with whom the nurse has entered 984
into a standard care arrangement or one or more physicians with 985
whom the nurse has entered into a standard care arrangement are 986
continuously available to communicate with the clinical nurse 987
specialist or certified nurse practitioner either in person or 988
by radio, telephone, or other form of telecommunication; 989

(2) In the case of a certified nurse-midwife, that one or 990
more physicians with whom the certified nurse-midwife has 991
entered into a standard care arrangement are continuously 992
available to communicate with the certified nurse-midwife either 993
in person or by radio, telephone, or other form of 994
telecommunication; 995

(3) In the case of a clinical nurse specialist who 996
practices the nursing specialty of mental health or psychiatric 997
mental health without being authorized to prescribe drugs and 998
therapeutic devices, that one or more physicians are 999
continuously available to communicate with the nurse either in 1000
person or by radio, telephone, or other form of 1001
telecommunication. 1002

(M) "Supervision," as it pertains to a certified 1003
registered nurse anesthetist, means that the certified 1004
registered nurse anesthetist is under the direction of a 1005
podiatrist acting within the podiatrist's scope of practice in 1006
accordance with section 4731.51 of the Revised Code, a dentist 1007
acting within the dentist's scope of practice in accordance with 1008
Chapter 4715. of the Revised Code, or a physician, and, when 1009
administering anesthesia, the certified registered nurse 1010
anesthetist is in the immediate presence of the podiatrist, 1011
dentist, or physician. 1012

(N) "Standard care arrangement" means a written, formal 1013
guide for planning and evaluating a patient's health care that 1014
is developed by one or more collaborating physicians or 1015
podiatrists and a clinical nurse specialist, certified nurse- 1016
midwife, or certified nurse practitioner and meets the 1017
requirements of section 4723.431 of the Revised Code. 1018

(O) "Advanced practice registered nurse" means a certified 1019
registered nurse anesthetist, clinical nurse specialist, 1020
certified nurse-midwife, or certified nurse practitioner. 1021

(P) "Dialysis care" means the care and procedures that a 1022
dialysis technician or dialysis technician intern is authorized 1023
to provide and perform, as specified in section 4723.72 of the 1024
Revised Code. 1025

(Q) "Dialysis technician" means an individual who holds a 1026
current, valid certificate to practice as a dialysis technician 1027
issued under section 4723.75 of the Revised Code. 1028

(R) "Dialysis technician intern" means an individual who 1029
holds a current, valid certificate to practice as a dialysis 1030
technician intern issued under section 4723.75 of the Revised 1031
Code. 1032

(S) "Certified community health worker" means an 1033
individual who holds a current, valid certificate as a community 1034
health worker issued under section 4723.85 of the Revised Code. 1035

(T) "Medication aide" means an individual who holds a 1036
current, valid certificate issued under this chapter that 1037
authorizes the individual to administer medication in accordance 1038
with section 4723.67 of the Revised Code. 1039

Sec. 4723.18. (A) The board of nursing shall authorize a 1040
licensed practical nurse to administer to an adult intravenous 1041

therapy if the nurse supplies evidence satisfactory to the board 1042
that all of the following are the case: 1043

(1) The nurse holds a current, valid license issued under 1044
this chapter to practice nursing as a licensed practical nurse. 1045

(2) The nurse has been authorized under section ~~4723.18~~ 1046
4723.17 of the Revised Code to administer medications. 1047

(3) The nurse successfully completed a course of study in 1048
the safe performance of intravenous therapy approved by the 1049
board pursuant to section 4723.19 of the Revised Code or by an 1050
agency in another jurisdiction that regulates the practice of 1051
nursing and has requirements for intravenous therapy course 1052
approval that are substantially similar to the requirements in 1053
division (B) of section 4723.19 of the Revised Code, as 1054
determined by the board. 1055

(4) The nurse has successfully completed a minimum of 1056
forty hours of training that includes all of the following: 1057

(a) The curriculum established by rules adopted by the 1058
board; 1059

(b) Training in the anatomy and physiology of the 1060
cardiovascular system, signs and symptoms of local and systemic 1061
complications in the administration of fluids and antibiotic 1062
additives, and guidelines for management of these complications; 1063

(c) Any other training or instruction the board considers 1064
appropriate; 1065

(d) A testing component that requires the nurse to perform 1066
a successful demonstration of the intravenous procedures, 1067
including all skills needed to perform them safely. 1068

(B) Except as provided in section 4723.181 of the Revised 1069

Code and subject to the restrictions in division (D) of this 1070
section, a licensed practical nurse may perform intravenous 1071
therapy on an adult patient only if authorized by the board 1072
pursuant to division (A) of this section and only at the 1073
direction of one of the following: 1074

(1) A ~~licensed~~ physician, physician assistant, dentist, 1075
optometrist, or podiatrist who is authorized to practice in this 1076
state and, except as provided in division (C) (2) of this 1077
section, is present and readily available at the facility where 1078
the intravenous therapy procedure is performed; 1079

(2) A registered nurse in accordance with division (C) of 1080
this section. 1081

(C) (1) Except as provided in division (C) (2) of this 1082
section and section 4723.181 of the Revised Code, when a 1083
licensed practical nurse authorized by the board to perform 1084
intravenous therapy performs an intravenous therapy procedure at 1085
the direction of a registered nurse, the registered nurse or 1086
another registered nurse shall be readily available at the site 1087
where the intravenous therapy is performed, and before the 1088
licensed practical nurse initiates the intravenous therapy, the 1089
registered nurse shall personally perform an on-site assessment 1090
of the adult patient who is to receive the intravenous therapy. 1091

(2) When a licensed practical nurse authorized by the 1092
board to perform intravenous therapy performs an intravenous 1093
therapy procedure in a home as defined in section 3721.10 of the 1094
Revised Code, or in an intermediate care facility for 1095
individuals with intellectual disabilities as defined in section 1096
5124.01 of the Revised Code, at the direction of a registered 1097
nurse or ~~licensed~~ a physician, physician assistant, dentist, 1098
optometrist, or podiatrist who is authorized to practice in this 1099

state, a registered nurse shall be on the premises of the home 1100
or facility or accessible by some form of telecommunication. 1101

(D) No licensed practical nurse shall perform any of the 1102
following intravenous therapy procedures: 1103

(1) Initiating or maintaining any of the following: 1104

(a) Blood or blood components; 1105

(b) Solutions for total parenteral nutrition; 1106

(c) Any cancer therapeutic medication including, but not 1107
limited to, cancer chemotherapy or an anti-neoplastic agent; 1108

(d) Solutions administered through any central venous line 1109
or arterial line or any other line that does not terminate in a 1110
peripheral vein, except that a licensed practical nurse 1111
authorized by the board to perform intravenous therapy may 1112
maintain the solutions specified in division (D)(6)(a) of this 1113
section that are being administered through a central venous 1114
line or peripherally inserted central catheter; 1115

(e) Any investigational or experimental medication. 1116

(2) Initiating intravenous therapy in any vein, except 1117
that a licensed practical nurse authorized by the board to 1118
perform intravenous therapy may initiate intravenous therapy in 1119
accordance with this section in a vein of the hand, forearm, or 1120
antecubital fossa; 1121

(3) Discontinuing a central venous, arterial, or any other 1122
line that does not terminate in a peripheral vein; 1123

(4) Initiating or discontinuing a peripherally inserted 1124
central catheter; 1125

(5) Mixing, preparing, or reconstituting any medication 1126

for intravenous therapy, except that a licensed practical nurse 1127
authorized by the board to perform intravenous therapy may 1128
prepare or reconstitute an antibiotic additive; 1129

(6) Administering medication via the intravenous route, 1130
including all of the following activities: 1131

(a) Adding medication to an intravenous solution or to an 1132
existing infusion, except that a licensed practical nurse 1133
authorized by the board to perform intravenous therapy may do 1134
any of the following: 1135

(i) Initiate an intravenous infusion containing one or 1136
more of the following elements: dextrose 5%, normal saline, 1137
lactated ringers, sodium chloride .45%, sodium chloride 0.2%, 1138
sterile water; 1139

(ii) Hang subsequent containers of the intravenous 1140
solutions specified in division (D) (6) (a) (i) of this section 1141
that contain vitamins or electrolytes, if a registered nurse 1142
initiated the infusion of that same intravenous solution; 1143

(iii) Initiate or maintain an intravenous infusion 1144
containing an antibiotic additive. 1145

(b) Injecting medication via a direct intravenous route, 1146
except that a licensed practical nurse authorized by the board 1147
to perform intravenous therapy may inject heparin or normal 1148
saline to flush an intermittent infusion device or heparin lock 1149
including, but not limited to, bolus or push. 1150

(7) Changing tubing on any line including, but not limited 1151
to, an arterial line or a central venous line, except that a 1152
licensed practical nurse authorized by the board to perform 1153
intravenous therapy may change tubing on an intravenous line 1154
that terminates in a peripheral vein; 1155

(8) Programming or setting any function of a patient controlled infusion pump.	1156 1157
(E) Notwithstanding divisions (A) and (D) of this section, at the direction of a physician or a registered nurse, a licensed practical nurse authorized by the board to perform intravenous therapy may perform the following activities for the purpose of performing dialysis:	1158 1159 1160 1161 1162
(1) The routine administration and regulation of saline solution for the purpose of maintaining an established fluid plan;	1163 1164 1165
(2) The administration of a heparin dose intravenously;	1166
(3) The administration of a heparin dose peripherally via a fistula needle;	1167 1168
(4) The loading and activation of a constant infusion pump;	1169 1170
(5) The intermittent injection of a dose of medication that is administered via the hemodialysis blood circuit and through the patient's venous access.	1171 1172 1173
(F) No person shall employ or direct a licensed practical nurse to perform an intravenous therapy procedure without first verifying that the licensed practical nurse is authorized by the board to perform intravenous therapy.	1174 1175 1176 1177
Sec. 4723.181. (A) A licensed practical nurse may perform on any person any of the intravenous therapy procedures specified in division (B) of this section without receiving authorization to perform intravenous therapy from the board of nursing under section 4723.18 of the Revised Code, if both of the following apply:	1178 1179 1180 1181 1182 1183

(1) The licensed practical nurse acts at the direction of a registered nurse or a ~~licensed physician,~~ physician assistant, dentist, optometrist, or podiatrist who is authorized to practice in this state and the registered nurse, physician, physician assistant, dentist, optometrist, or podiatrist is on the premises where the procedure is to be performed or accessible by some form of telecommunication.

(2) The licensed practical nurse can demonstrate the knowledge, skills, and ability to perform the procedure safely.

(B) The intravenous therapy procedures that a licensed practical nurse may perform pursuant to division (A) of this section are limited to the following:

(1) Verification of the type of peripheral intravenous solution being administered;

(2) Examination of a peripheral infusion site and the extremity for possible infiltration;

(3) Regulation of a peripheral intravenous infusion according to the prescribed flow rate;

(4) Discontinuation of a peripheral intravenous device at the appropriate time;

(5) Performance of routine dressing changes at the insertion site of a peripheral venous or arterial infusion, peripherally inserted central catheter infusion, or central venous pressure subclavian infusion.

Sec. 4729.01. As used in this chapter:

(A) "Pharmacy," except when used in a context that refers to the practice of pharmacy, means any area, room, rooms, place of business, department, or portion of any of the foregoing

where the practice of pharmacy is conducted.	1212
(B) "Practice of pharmacy" means providing pharmacist care	1213
requiring specialized knowledge, judgment, and skill derived	1214
from the principles of biological, chemical, behavioral, social,	1215
pharmaceutical, and clinical sciences. As used in this division,	1216
"pharmacist care" includes the following:	1217
(1) Interpreting prescriptions;	1218
(2) Dispensing drugs and drug therapy related devices;	1219
(3) Compounding drugs;	1220
(4) Counseling individuals with regard to their drug	1221
therapy, recommending drug therapy related devices, and	1222
assisting in the selection of drugs and appliances for treatment	1223
of common diseases and injuries and providing instruction in the	1224
proper use of the drugs and appliances;	1225
(5) Performing drug regimen reviews with individuals by	1226
discussing all of the drugs that the individual is taking and	1227
explaining the interactions of the drugs;	1228
(6) Performing drug utilization reviews with licensed	1229
health professionals authorized to prescribe drugs when the	1230
pharmacist determines that an individual with a prescription has	1231
a drug regimen that warrants additional discussion with the	1232
prescriber;	1233
(7) Advising an individual and the health care	1234
professionals treating an individual with regard to the	1235
individual's drug therapy;	1236
(8) Acting pursuant to a consult agreement with a	1237
physician authorized under Chapter 4731. of the Revised Code to	1238
practice medicine and surgery or osteopathic medicine and	1239

surgery, if an agreement has been established with the	1240
physician;	1241
(9) Engaging in the administration of immunizations to the	1242
extent authorized by section 4729.41 of the Revised Code.	1243
(C) "Compounding" means the preparation, mixing,	1244
assembling, packaging, and labeling of one or more drugs in any	1245
of the following circumstances:	1246
(1) Pursuant to a prescription issued by a licensed health	1247
professional authorized to prescribe drugs;	1248
(2) Pursuant to the modification of a prescription made in	1249
accordance with a consult agreement;	1250
(3) As an incident to research, teaching activities, or	1251
chemical analysis;	1252
(4) In anticipation of orders for drugs pursuant to	1253
prescriptions, based on routine, regularly observed dispensing	1254
patterns;	1255
(5) Pursuant to a request made by a licensed health	1256
professional authorized to prescribe drugs for a drug that is to	1257
be used by the professional for the purpose of direct	1258
administration to patients in the course of the professional's	1259
practice, if all of the following apply:	1260
(a) At the time the request is made, the drug is not	1261
commercially available regardless of the reason that the drug is	1262
not available, including the absence of a manufacturer for the	1263
drug or the lack of a readily available supply of the drug from	1264
a manufacturer.	1265
(b) A limited quantity of the drug is compounded and	1266
provided to the professional.	1267

(c) The drug is compounded and provided to the professional as an occasional exception to the normal practice of dispensing drugs pursuant to patient-specific prescriptions.

(D) "Consult agreement" means an agreement to manage an individual's drug therapy that has been entered into by a pharmacist and a physician authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery.

(E) "Drug" means:

(1) Any article recognized in the United States pharmacopoeia and national formulary, or any supplement to them, intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans or animals;

(2) Any other article intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans or animals;

(3) Any article, other than food, intended to affect the structure or any function of the body of humans or animals;

(4) Any article intended for use as a component of any article specified in division (E) (1), (2), or (3) of this section; but does not include devices or their components, parts, or accessories.

(F) "Dangerous drug" means any of the following:

(1) Any drug to which either of the following applies:

(a) Under the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301, as amended, the drug is required to bear a label containing the legend "Caution: Federal law prohibits dispensing without prescription" or "Caution:

Federal law restricts this drug to use by or on the order of a licensed veterinarian" or any similar restrictive statement, or the drug may be dispensed only upon a prescription;

(b) Under Chapter 3715. or 3719. of the Revised Code, the drug may be dispensed only upon a prescription.

(2) Any drug that contains a schedule V controlled substance and that is exempt from Chapter 3719. of the Revised Code or to which that chapter does not apply;

(3) Any drug intended for administration by injection into the human body other than through a natural orifice of the human body.

(G) "Federal drug abuse control laws" has the same meaning as in section 3719.01 of the Revised Code.

(H) "Prescription" means a written, electronic, or oral order for drugs or combinations or mixtures of drugs to be used by a particular individual or for treating a particular animal, issued by a licensed health professional authorized to prescribe drugs.

(I) "Licensed health professional authorized to prescribe drugs" or "prescriber" means an individual who is authorized by law to prescribe drugs or dangerous drugs or drug therapy related devices in the course of the individual's professional practice, including only the following:

(1) A dentist licensed under Chapter 4715. of the Revised Code;

(2) A clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner who holds a certificate to prescribe issued under section 4723.48 of the Revised Code;

- (3) An optometrist licensed under Chapter 4725. of the Revised Code to practice optometry under a therapeutic pharmaceutical agents certificate;
- (4) A physician authorized under Chapter 4731. of the Revised Code to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery;
- (5) A physician assistant who holds a ~~certificate to prescribe~~ license to practice as a physician assistant issued under Chapter 4730. of the Revised Code, holds a valid prescriber number issued by the state medical board, and has been granted physician-delegated prescriptive authority;
- (6) A veterinarian licensed under Chapter 4741. of the Revised Code.
- (J) "Sale" and "sell" include delivery, transfer, barter, exchange, or gift, or offer therefor, and each such transaction made by any person, whether as principal proprietor, agent, or employee.
- (K) "Wholesale sale" and "sale at wholesale" mean any sale in which the purpose of the purchaser is to resell the article purchased or received by the purchaser.
- (L) "Retail sale" and "sale at retail" mean any sale other than a wholesale sale or sale at wholesale.
- (M) "Retail seller" means any person that sells any dangerous drug to consumers without assuming control over and responsibility for its administration. Mere advice or instructions regarding administration do not constitute control or establish responsibility.
- (N) "Price information" means the price charged for a

prescription for a particular drug product and, in an easily 1352
understandable manner, all of the following: 1353

(1) The proprietary name of the drug product; 1354

(2) The established (generic) name of the drug product; 1355

(3) The strength of the drug product if the product 1356
contains a single active ingredient or if the drug product 1357
contains more than one active ingredient and a relevant strength 1358
can be associated with the product without indicating each 1359
active ingredient. The established name and quantity of each 1360
active ingredient are required if such a relevant strength 1361
cannot be so associated with a drug product containing more than 1362
one ingredient. 1363

(4) The dosage form; 1364

(5) The price charged for a specific quantity of the drug 1365
product. The stated price shall include all charges to the 1366
consumer, including, but not limited to, the cost of the drug 1367
product, professional fees, handling fees, if any, and a 1368
statement identifying professional services routinely furnished 1369
by the pharmacy. Any mailing fees and delivery fees may be 1370
stated separately without repetition. The information shall not 1371
be false or misleading. 1372

(O) "Wholesale distributor of dangerous drugs" means a 1373
person engaged in the sale of dangerous drugs at wholesale and 1374
includes any agent or employee of such a person authorized by 1375
the person to engage in the sale of dangerous drugs at 1376
wholesale. 1377

(P) "Manufacturer of dangerous drugs" means a person, 1378
other than a pharmacist, who manufactures dangerous drugs and 1379
who is engaged in the sale of those dangerous drugs within this 1380

state. 1381

(Q) "Terminal distributor of dangerous drugs" means a 1382
person who is engaged in the sale of dangerous drugs at retail, 1383
or any person, other than a wholesale distributor or a 1384
pharmacist, who has possession, custody, or control of dangerous 1385
drugs for any purpose other than for that person's own use and 1386
consumption, and includes pharmacies, hospitals, nursing homes, 1387
and laboratories and all other persons who procure dangerous 1388
drugs for sale or other distribution by or under the supervision 1389
of a pharmacist or licensed health professional authorized to 1390
prescribe drugs. 1391

(R) "Promote to the public" means disseminating a 1392
representation to the public in any manner or by any means, 1393
other than by labeling, for the purpose of inducing, or that is 1394
likely to induce, directly or indirectly, the purchase of a 1395
dangerous drug at retail. 1396

(S) "Person" includes any individual, partnership, 1397
association, limited liability company, or corporation, the 1398
state, any political subdivision of the state, and any district, 1399
department, or agency of the state or its political 1400
subdivisions. 1401

(T) "Finished dosage form" has the same meaning as in 1402
section 3715.01 of the Revised Code. 1403

(U) "Generically equivalent drug" has the same meaning as 1404
in section 3715.01 of the Revised Code. 1405

(V) "Animal shelter" means a facility operated by a humane 1406
society or any society organized under Chapter 1717. of the 1407
Revised Code or a dog pound operated pursuant to Chapter 955. of 1408
the Revised Code. 1409

(W) "Food" has the same meaning as in section 3715.01 of the Revised Code. 1410
1411

(X) "Pain management clinic" has the same meaning as in section 4731.054 of the Revised Code. 1412
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Sec. 4730.01. As used in this chapter: 1414

~~(A) "Physician assistant" means a skilled person qualified by academic and clinical training to provide services to patients as a physician assistant under the supervision, control, and direction of one or more physicians who are responsible for the physician assistant's performance.~~ 1415
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~~(B)~~ "Physician" means an individual who is authorized under Chapter 4731. of the Revised Code to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery. 1420
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~~(C)~~ (B) "Health care facility" means any of the following: 1424

(1) A hospital registered with the department of health under section 3701.07 of the Revised Code; 1425
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(2) A health care facility licensed by the department of health under section 3702.30 of the Revised Code; 1427
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(3) Any other facility designated by the state medical board in rules adopted pursuant to division (B)~~(2)~~ of section 4730.08 of the Revised Code. 1429
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~~(D) "Special services" means the health care services that a physician assistant may be authorized to provide under the special services portion of a physician supervisory plan approved under section 4730.17 of the Revised Code~~ (C) "Service" means a medical activity that requires training in the diagnosis, treatment, or prevention of disease. 1432
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Sec. 4730.02. (A) No person shall hold that person out as 1438
being able to function as a physician assistant, or use any 1439
words or letters indicating or implying that the person is a 1440
physician assistant, without a current, valid ~~certificate~~ 1441
license to practice as a physician assistant issued pursuant to 1442
this chapter. 1443

(B) No person shall practice as a physician assistant 1444
without the supervision, control, and direction of a physician. 1445

~~(C) No person shall act as the supervising physician of a 1446
physician assistant without having received the state medical- 1447
board's approval of a supervision agreement entered into with 1448
the physician assistant. 1449~~

~~(D) No person shall practice as a physician assistant 1450
without having entered into a supervision agreement that has 1451
been approved by the state medical board with a supervising 1452
physician under section 4730.19 of the Revised Code. 1453~~

~~(E)~~ (D) No person acting as the supervising physician of a 1454
physician assistant shall authorize the physician assistant to 1455
perform services if either of the following is the case: 1456

(1) The services are not within the physician's normal 1457
course of practice and expertise; 1458

(2) The services are inconsistent with the ~~physician~~ 1459
~~supervisory plan approved by the state medical board for the~~ 1460
~~supervising physician or supervision agreement under which the~~ 1461
physician assistant is being supervised, including, if 1462
applicable, the policies of the health care facility in which 1463
the physician and physician assistant are practicing. 1464

~~(F) No person shall practice as a physician assistant in a 1465
manner that is inconsistent with the physician supervisory plan 1466~~

~~approved for the physician who is responsible for supervising~~ 1467
~~the physician assistant or the policies of the health care~~ 1468
~~facility in which the physician assistant is practicing.~~ 1469

~~(G)~~ (E) No person practicing as a physician assistant 1470
shall prescribe any drug or device to perform or induce an 1471
abortion, or otherwise perform or induce an abortion. 1472

~~(H)~~ (F) No person shall advertise to provide services as a 1473
physician assistant, except for the purpose of seeking 1474
employment. 1475

~~(I)~~ (G) No person practicing as a physician assistant 1476
shall fail to wear at all times when on duty a placard, plate, 1477
or other device identifying that person as a "physician 1478
assistant." 1479

Sec. 4730.03. Nothing in this chapter shall: 1480

(A) Be construed to affect or interfere with the 1481
performance of duties of any medical personnel who are either of 1482
the following: 1483

(1) In active service in the army, navy, coast guard, 1484
marine corps, air force, public health service, or marine 1485
hospital service of the United States while so serving; 1486

(2) Employed by the veterans administration of the United 1487
States while so employed. 1488

(B) Prevent any person from performing any of the services 1489
a physician assistant may be authorized to perform, if the 1490
person's professional scope of practice established under any 1491
other chapter of the Revised Code authorizes the person to 1492
perform the services; 1493

(C) Prohibit a physician from delegating responsibilities 1494

to any nurse or other qualified person who does not hold a 1495
~~certificate~~license to practice as a physician assistant, 1496
provided that the individual does not hold the individual out to 1497
be a physician assistant; 1498

(D) Be construed as authorizing a physician assistant 1499
independently to order or direct the execution of procedures or 1500
techniques by a registered nurse or licensed practical nurse in 1501
the care and treatment of a person in any setting, except to the 1502
extent that the physician assistant is authorized to do so by 1503
~~the physician supervisory plan approved under section 4730.17 of~~ 1504
~~the Revised Code for the~~ a physician who is responsible for 1505
supervising the physician assistant ~~or~~ and, if applicable, the 1506
policies of the health care facility in which the physician 1507
assistant is practicing; 1508

(E) Authorize a physician assistant to engage in the 1509
practice of optometry, except to the extent that the physician 1510
assistant is authorized by a supervising physician acting in 1511
accordance with this chapter to perform routine visual 1512
screening, provide medical care prior to or following eye 1513
surgery, or assist in the care of diseases of the eye; 1514

(F) Be construed as authorizing a physician assistant to 1515
prescribe any drug or device to perform or induce an abortion, 1516
or as otherwise authorizing a physician assistant to perform or 1517
induce an abortion. 1518

Sec. 4730.04. (A) As used in this section: 1519

(1) "Disaster" means any imminent threat or actual 1520
occurrence of widespread or severe damage to or loss of 1521
property, personal hardship or injury, or loss of life that 1522
results from any natural phenomenon or act of a human. 1523

(2) "Emergency" means an occurrence or event that poses an imminent threat to the health or life of a human.

(B) Nothing in this chapter prohibits any of the following individuals from providing medical care, to the extent the individual is able, in response to a need for medical care precipitated by a disaster or emergency:

(1) An individual who holds a ~~certificate~~ license to practice as a physician assistant issued under this chapter;

(2) An individual licensed or authorized to practice as a physician assistant in another state;

(3) An individual credentialed or employed as a physician assistant by an agency, office, or other instrumentality of the federal government.

(C) For purposes of the medical care provided by a physician assistant pursuant to division (B)(1) of this section, both of the following apply notwithstanding any supervision requirement of this chapter to the contrary:

(1) The physician who supervises the physician assistant pursuant to a ~~physician supervisory plan approved by the state medical board supervision agreement entered into~~ under section ~~4730.17~~ 4730.19 of the Revised Code is not required to meet the supervision requirements established under this chapter.

(2) The physician designated as the medical director of the disaster or emergency may supervise the medical care provided by the physician assistant.

Sec. 4730.06. (A) The physician assistant policy committee of the state medical board shall review, and shall submit to the board recommendations concerning, all of the following:

(1) Requirements for ~~issuance of certificates~~ issuing a
license to practice as a physician assistant, including the
educational requirements that must be met to receive a
~~certificate to practice~~ the license;

(2) Existing and proposed rules pertaining to the practice
of physician assistants, the supervisory relationship between
physician assistants and supervising physicians, and the
administration and enforcement of this chapter;

(3) In accordance with section 4730.38 of the Revised
Code, physician-delegated prescriptive authority for physician
assistants and proposed changes to the physician assistant
formulary the board adopts pursuant to division (A) (1) of
section 4730.39 of the Revised Code;

(4) Application procedures and forms for ~~certificates a~~
license to practice as a physician assistant, ~~physician~~
~~supervisory plans, and supervision agreements~~;

(5) Fees required by this chapter for issuance and renewal
of ~~certificates a~~ license to practice as a physician assistant;

(6) ~~Criteria to be included in applications submitted to~~
~~the board for approval of physician supervisory plans, including~~
~~criteria to be included in applications for approval to delegate~~
~~to physician assistants the performance of special services~~;

~~(7) Criteria to be included in supervision agreements~~
~~submitted to the board for approval and renewal of the board's~~
~~approval~~;

~~(8) Any issue the board asks the committee to consider.~~

(B) In addition to the matters that are required to be
reviewed under division (A) of this section, the committee may

review, and may submit to the board recommendations concerning, 1580
~~either or both of the following:~~ 1581

~~(1) Quality quality assurance activities to be performed 1582
by a supervising physician and physician assistant under a 1583
quality assurance system established pursuant to division (F) of 1584
section 4730.21 of the Revised Code.~~ 1585

~~(2) The development and approval of one or more model 1586
physician supervisory plans and one or more models for a special 1587
services portion of the one or more model physician supervisory 1588
plans. The committee may submit recommendations for model plans 1589
that reflect various medical specialties. 1590~~

(C) The board shall take into consideration all 1591
recommendations submitted by the committee. Not later than 1592
ninety days after receiving a recommendation from the committee, 1593
the board shall approve or disapprove the recommendation and 1594
notify the committee of its decision. If a recommendation is 1595
disapproved, the board shall inform the committee of its reasons 1596
for making that decision. The committee may resubmit the 1597
recommendation after addressing the concerns expressed by the 1598
board and modifying the disapproved recommendation accordingly. 1599
Not later than ninety days after receiving a resubmitted 1600
recommendation, the board shall approve or disapprove the 1601
recommendation. There is no limit on the number of times the 1602
committee may resubmit a recommendation for consideration by the 1603
board. 1604

(D) (1) Except as provided in division (D) (2) of this 1605
section, the board may not take action regarding a matter that 1606
is subject to the committee's review under division (A) or (B) 1607
of this section unless the committee has made a recommendation 1608
to the board concerning the matter. 1609

(2) If the board submits to the committee a request for a recommendation regarding a matter that is subject to the committee's review under division (A) or (B) of this section, and the committee does not provide a recommendation before the sixty-first day after the request is submitted, the board may take action regarding the matter without a recommendation.

Sec. 4730.08. (A) A ~~certificate~~license to practice as a physician assistant issued under this chapter authorizes the holder to practice as a physician assistant, ~~subject to all of the following~~ as follows:

(1) The physician assistant shall practice only under the supervision, control, and direction of a physician with whom the physician assistant has entered into a supervision agreement ~~approved by the state medical board under section 4730.17~~ 4730.19 of the Revised Code.

~~(2) When the physician assistant practices outside a health care facility, the~~ The physician assistant shall practice in accordance with the ~~physician supervisory plan approved under section 4730.17 of the Revised Code for~~ supervision agreement entered into with the physician who is responsible for supervising the physician assistant.

~~(3) When the physician assistant practices within a health care facility, the~~ physician assistant shall practice in accordance with, including, if applicable, the policies of the health care facility in which the physician assistant is practicing.

~~(B) For purposes of division (A) of this section and all other provisions of this chapter pertaining to the practice of a physician assistant under the policies of a health care~~

~~facility, both of the following apply:~~ 1639

~~(1) A physician who is supervising a physician assistant
within a health care facility may impose limitations on the
physician assistant's practice that are in addition to any
limitations applicable under the policies of the facility.~~ 1640
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~~(2) The state medical board may, subject to division (D)
of section 4730.06 of the Revised Code, adopt rules designating
facilities to be included as health care facilities that are in
addition to the facilities specified in divisions ~~(C)~~ (B)(1) and
(2) of section 4730.01 of the Revised Code. ~~The~~ Any rules
adopted shall be adopted in accordance with Chapter 119. of the
Revised Code.~~ 1644
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Sec. 4730.10. (A) An individual seeking a ~~certificate~~
license to practice as a physician assistant shall file with the 1651
state medical board a written application on a form prescribed 1652
and supplied by the board. The application shall include all of 1653
the following: 1654
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(1) The applicant's name, residential address, business 1656
address, if any, and social security number; 1657

(2) Satisfactory proof that the applicant meets the age 1658
and moral character requirements specified in divisions (A)(1) 1659
and (2) of section 4730.11 of the Revised Code; 1660

(3) Satisfactory proof that the applicant meets either the 1661
educational requirements specified in division (B)(1) or (2) of 1662
section 4730.11 of the Revised Code or the educational or other 1663
applicable requirements specified in division (C)(1), (2), or 1664
(3) of that section; 1665

(4) Any other information the board requires. 1666

(B) At the time of making application for a ~~certificate-~~ 1667
license to practice, the applicant shall pay the board a fee of 1668
~~two-five~~ hundred dollars, no part of which shall be returned. 1669
The fees shall be deposited in accordance with section 4731.24 1670
of the Revised Code. 1671

Sec. 4730.101. In addition to any other eligibility 1672
requirement set forth in this chapter, each applicant for a 1673
~~certificate-license~~ to practice as a physician assistant shall 1674
comply with sections 4776.01 to 4776.04 of the Revised Code. The 1675
state medical board shall not grant to an applicant a 1676
~~certificate-license~~ to practice as a physician assistant unless 1677
the board, in its discretion, decides that the results of the 1678
criminal records check do not make the applicant ineligible for 1679
a ~~certificate-license~~ issued pursuant to section 4730.12 of the 1680
Revised Code. 1681

Sec. 4730.11. (A) To be eligible to receive a ~~certificate-~~ 1682
license to practice as a physician assistant, all of the 1683
following apply to an applicant: 1684

(1) The applicant shall be at least eighteen years of age. 1685

(2) The applicant shall be of good moral character. 1686

(3) The applicant shall hold current certification by the 1687
national commission on certification of physician assistants or 1688
a successor organization that is recognized by the state medical 1689
board. 1690

(4) The applicant shall meet either of the following 1691
requirements: 1692

(a) The educational requirements specified in division (B) 1693

(1) or (2) of this section; 1694

(b) The educational or other applicable requirements 1695
specified in division (C) (1), (2), or (3) of this section. 1696

(B) ~~Effective January 1, 2008, for~~ For purposes of 1697
division (A) (4) (a) of this section, an applicant shall meet 1698
either of the following educational requirements: 1699

(1) The applicant shall hold a master's or higher degree 1700
obtained from a program accredited by the accreditation review 1701
commission on education for the physician assistant or a 1702
predecessor or successor organization recognized by the board. 1703

(2) The applicant shall hold both of the following 1704
degrees: 1705

(a) A degree other than a master's or higher degree 1706
obtained from a program accredited by the accreditation review 1707
commission on education for the physician assistant or a 1708
predecessor or successor organization recognized by the board; 1709

(b) A master's or higher degree in a course of study with 1710
clinical relevance to the practice of physician assistants and 1711
obtained from a program accredited by a regional or specialized 1712
and professional accrediting agency recognized by the council 1713
for higher education accreditation. 1714

(C) For purposes of division (A) (4) (b) of this section, an 1715
applicant shall present evidence satisfactory to the board of 1716
meeting one of the following requirements in lieu of meeting the 1717
educational requirements specified in division (B) (1) or (2) of 1718
this section: 1719

(1) The applicant shall hold a current, valid license or 1720
other form of authority to practice as a physician assistant 1721
issued by another jurisdiction ~~prior to January 1, 2008~~ and have 1722
been in active practice in any jurisdiction throughout the 1723

three-year period immediately preceding the date of application. 1724

(2) The applicant shall hold a degree obtained as a result 1725
of being enrolled on January 1, 2008, in a program in this state 1726
that was accredited by the accreditation review commission on 1727
education for the physician assistant but did not grant a 1728
master's or higher degree to individuals enrolled in the program 1729
on that date, and completing the program on or before December 1730
31, 2009. 1731

(3) The applicant shall ~~meet both of the following~~ 1732
~~educational and military experience requirements:~~ 1733

~~(a) Hold~~ hold a degree obtained from a program accredited 1734
by the accreditation review commission on education for the 1735
physician assistant, and meet either of the following experience 1736
requirements: 1737

~~(b)~~ (a) Have experience practicing as a physician 1738
assistant for at least three consecutive years while on active 1739
duty, with evidence of service under honorable conditions, in 1740
any of the armed forces of the United States or the national 1741
guard of any state, including any experience attained while 1742
practicing as a physician assistant at a health care facility or 1743
clinic operated by the United States department of veterans 1744
affairs; 1745

(b) Have experience practicing as a physician assistant 1746
for at least three consecutive years while on active duty in the 1747
United States public health service commissioned corps. 1748

(D) Unless the applicant had prescriptive authority while 1749
practicing as a physician assistant in another jurisdiction, in 1750
the military, or in the public health service, the license 1751
issued to an applicant who does not hold a master's or higher 1752

degree described in division (B) of this section does not 1753
authorize the holder to exercise physician-delegated 1754
prescriptive authority and the state medical board shall not 1755
issue a prescriber number. 1756

(E) (1) This section does not require an individual to 1757
obtain a master's or higher degree as a condition of retaining 1758
or renewing a ~~certificate~~-license to practice as a physician 1759
assistant if the individual received the ~~certificate~~-license 1760
without holding a master's or higher degree as provided in 1761
either of the following: 1762

~~(1)~~(a) Before the educational requirements specified in 1763
division (B) (1) or (2) of this section became effective January 1764
1, 2008; 1765

~~(2)~~(b) By meeting the educational or other applicable 1766
requirements specified in division (C) (1), (2), or (3) of this 1767
section. 1768

(2) A license described in division (E) (1) of this section 1769
authorizes the license holder to exercise physician-delegated 1770
prescriptive authority if, on the effective date of this 1771
amendment, the license holder held a valid certificate to 1772
prescribe issued under former section 4730.44 of the Revised 1773
Code, as it existed immediately prior to the effective date of 1774
this amendment. 1775

(3) On application of an individual who received a license 1776
without having first obtained a master's or higher degree and is 1777
not authorized under division (E) (2) of this section to exercise 1778
physician-delegated prescriptive authority, the board shall 1779
grant the individual the authority to exercise physician- 1780
delegated prescriptive authority if the individual provides 1781

evidence satisfactory to the board of having obtained a master's 1782
or higher degree from either of the following: 1783

(a) A program accredited by the accreditation review 1784
commission on education for the physician assistant or a 1785
predecessor or successor organization recognized by the board; 1786

(b) A program accredited by a regional or specialized and 1787
professional accrediting agency recognized by the council for 1788
higher education accreditation, if the degree is in a course of 1789
study with clinical relevance to the practice of physician 1790
assistants. 1791

Sec. 4730.111. A physician assistant whose certification 1792
by the national commission on certification of physician 1793
assistants or a successor organization recognized by the state 1794
medical board is suspended or revoked shall give notice of that 1795
occurrence to the board not later than fourteen days after the 1796
physician assistant receives notice of the change in 1797
certification status. A physician assistant who fails to renew 1798
the certification shall notify the board not later than fourteen 1799
days after the certification expires. 1800

Sec. 4730.12. (A) The state medical board shall review ~~all~~ 1801
~~applications~~ each application received under section 4730.10 of 1802
the Revised Code for ~~certificates~~ a license to practice as a 1803
physician assistant. Not later than sixty days after receiving a 1804
complete application, the board shall determine whether ~~an~~ the 1805
applicant meets the requirements to receive ~~a certificate to~~ 1806
~~practice~~ the license, as specified in section 4730.11 of the 1807
Revised Code. An affirmative vote of not fewer than six members 1808
of the board is required to determine that an applicant meets 1809
the requirements to receive a ~~certificate~~ license to practice as 1810
a physician assistant. 1811

(B) If the board determines that an applicant meets the requirements to receive the ~~certificate~~license, the secretary of the board shall register the applicant as a physician assistant and issue to the applicant a ~~certificate~~license to practice as a physician assistant.

Sec. 4730.13. Upon application by the holder of a ~~certificate~~license to practice as a physician assistant, the state medical board shall issue a duplicate ~~certificate~~license to replace one that is missing or damaged, to reflect a name change, or for any other reasonable cause. The fee for a duplicate ~~certificate~~license shall be thirty-five dollars. All fees collected under this section shall be deposited in accordance with section 4731.24 of the Revised Code.

Sec. 4730.14. (A) A ~~certificate~~license to practice as a physician assistant shall expire biennially and may be renewed in accordance with this section. A person seeking to renew a ~~certificate~~license to practice as a physician assistant shall, on or before the thirty-first day of January of each even-numbered year, apply for renewal of the ~~certificate~~license. The state medical board shall send renewal notices at least one month prior to the expiration date.

Applications shall be submitted to the board on forms the board shall prescribe and furnish. Each application shall be accompanied by a biennial renewal fee of ~~one~~two hundred dollars. The board shall deposit the fees in accordance with section 4731.24 of the Revised Code.

The applicant shall report any criminal offense that constitutes grounds for refusing to issue a ~~certificate~~license to practice under section 4730.25 of the Revised Code to which the applicant has pleaded guilty, of which the applicant has

been found guilty, or for which the applicant has been found 1842
eligible for intervention in lieu of conviction, since last 1843
signing an application for a ~~certificate~~-license to practice as 1844
a physician assistant. 1845

(B) To be eligible for renewal of a license, a ~~physician-~~ 1846
~~assistant shall certify an applicant is subject to the board-~~ 1847
~~both~~-all of the following: 1848

(1) ~~That the physician assistant~~ The applicant must 1849
certify to the board that the applicant has maintained 1850
certification by the national commission on certification of 1851
physician assistants or a successor organization that is 1852
recognized by the board by meeting the standards to hold current 1853
certification from the commission or its successor, including 1854
completion of continuing medical education requirements and 1855
passing periodic recertification examinations; 1856

(2) Except as provided in division (F) of this section and 1857
section 5903.12 of the Revised Code, the applicant must certify 1858
to the board that the ~~physician assistant~~-applicant has 1859
completed during the current ~~certification~~-licensure period not 1860
less than one hundred hours of continuing medical education 1861
acceptable to the board. 1862

(3) The applicant must comply with the renewal eligibility 1863
requirements established under section 4730.49 of the Revised 1864
Code that pertain to the applicant. 1865

(C) The board shall adopt rules in accordance with Chapter 1866
119. of the Revised Code specifying the types of continuing 1867
medical education that must be completed to fulfill the board's 1868
requirements under division (B) (2) of this section. Except when 1869
additional continuing medical education is required ~~to renew a-~~ 1870

~~certificate to prescribe~~, as specified in section 4730.49 of the Revised Code, the board shall not adopt rules that require a physician assistant to complete in any ~~certification-licensure~~ period more than one hundred hours of continuing medical education acceptable to the board. In fulfilling the board's requirements, a physician assistant may use continuing medical education courses or programs completed to maintain certification by the national commission on certification of physician assistants or a successor organization that is recognized by the board if the standards for acceptable courses and programs of the commission or its successor are at least equivalent to the standards established by the board.

(D) If an applicant submits a complete renewal application and qualifies for renewal pursuant to division (B) of this section, the board shall issue to the applicant a renewed ~~certificate-license~~ to practice as a physician assistant.

(E) The board may require a random sample of physician assistants to submit materials documenting certification by the national commission on certification of physician assistants or a successor organization that is recognized by the board and completion of the required number of hours of continuing medical education.

(F) The board shall provide for pro rata reductions by month of the number of hours of continuing education that must be completed for individuals who are in their first ~~certification-licensure~~ period, who have been disabled due to illness or accident, or who have been absent from the country. The board shall adopt rules, in accordance with Chapter 119. of the Revised Code, as necessary to implement this division.

(G) (1) A ~~certificate-license~~ to practice that is not

renewed on or before its expiration date is automatically 1901
suspended on its expiration date. Continued practice after 1902
suspension of the ~~certificate~~-license shall be considered as 1903
practicing in violation of division (A) of section 4730.02 of 1904
the Revised Code. 1905

(2) If a ~~certificate~~-license has been suspended pursuant 1906
to division (G) (1) of this section for two years or less, it may 1907
be reinstated. The board shall reinstate a ~~certificate~~-license 1908
suspended for failure to renew upon an applicant's submission of 1909
a renewal application, the biennial renewal fee, and any 1910
applicable monetary penalty. 1911

If a ~~certificate~~-license has been suspended pursuant to 1912
division (G) (1) of this ~~division~~section for more than two years, 1913
it may be restored. In accordance with section 4730.28 of the 1914
Revised Code, the board may restore a ~~certificate~~-license 1915
suspended for failure to renew upon an applicant's submission of 1916
a restoration application, the biennial renewal fee, and any 1917
applicable monetary penalty and compliance with sections 4776.01 1918
to 4776.04 of the Revised Code. The board shall not restore to 1919
an applicant a ~~certificate~~-license to practice as a physician 1920
assistant unless the board, in its discretion, decides that the 1921
results of the criminal records check do not make the applicant 1922
ineligible for a ~~certificate~~-license issued pursuant to section 1923
4730.12 of the Revised Code. 1924

The penalty for reinstatement shall be fifty dollars and 1925
the penalty for restoration shall be one hundred dollars. The 1926
board shall deposit penalties in accordance with section 4731.24 1927
of the Revised Code. 1928

(H) If an individual certifies that the individual has 1929
completed the number of hours and type of continuing medical 1930

education required for renewal or reinstatement of a ~~certificate-~~ 1931
license to practice as a physician assistant, and the board 1932
finds through a random sample conducted under division (E) of 1933
this section or through any other means that the individual did 1934
not complete the requisite continuing medical education, the 1935
board may impose a civil penalty of not more than five thousand 1936
dollars. The board's finding shall be made pursuant to an 1937
adjudication under Chapter 119. of the Revised Code and by an 1938
affirmative vote of not fewer than six members. 1939

A civil penalty imposed under this division may be in 1940
addition to or in lieu of any other action the board may take 1941
under section 4730.25 of the Revised Code. The board shall 1942
deposit civil penalties in accordance with section 4731.24 of 1943
the Revised Code. 1944

Sec. 4730.19. (A) ~~For a supervision agreement to be-~~ 1945
~~approved by the board, all of the following apply:~~ 1946

~~(1) Before initiating supervision of one or more physician~~ 1947
~~assistants licensed under this chapter, a physician shall enter~~ 1948
~~into a supervision agreement with each physician assistant who~~ 1949
~~will be supervised. A supervision agreement may apply to one or~~ 1950
~~more physician assistants, but, except as provided in division~~ 1951
~~(B)(2)(e) of this section, may apply to not more than one~~ 1952
~~physician. The supervision agreement shall specify that the~~ 1953
~~physician agrees to supervise the physician assistant and the~~ 1954
~~physician assistant agrees to practice in accordance with the~~ 1955
~~conditions specified in the physician supervisory plan approved~~ 1956
~~for that physician or the policies of the health care facility~~ 1957
~~in which the supervising physician and physician assistant are~~ 1958
~~practicing under that physician's supervision.~~ 1959

~~(2) The agreement shall clearly state that the supervising~~ 1960

physician is legally responsible and assumes legal liability for 1961
the services provided by the physician assistant. The agreement 1962
shall be signed by the physician and the physician assistant. 1963

~~(3) The physician assistant shall hold a current~~ 1964
~~certificate to practice as a physician assistant.~~ 1965

~~(4) If a physician supervisory plan applies to the~~ 1966
~~physician assistant's practice, the physician shall hold an~~ 1967
~~approved physician supervisory plan.~~ 1968

~~(5) If the physician intends to grant physician delegated~~ 1969
~~prescriptive authority to a physician assistant, the physician~~ 1970
~~assistant shall hold a certificate to prescribe issued under~~ 1971
~~this chapter.~~ 1972

~~(6) If the physician holds approval of more than one~~ 1973
~~physician supervisory plan, the agreement shall specify the plan~~ 1974
~~under which the physician assistant will practice.~~ 1975

~~(B) The board shall review each application received. If~~ 1976
~~the board finds that the requirements specified in division (A)~~ 1977
~~of this section have been met and the applicant has paid the fee~~ 1978
~~specified in section 4730.18 of the Revised Code, the board~~ 1979
~~shall approve the supervision agreement and notify the~~ 1980
~~supervising physician of the board's approval. If physician~~ 1981
~~delegated prescriptive authority will be granted to more than~~ 1982
~~one physician assistant under the supervision agreement, the~~ 1983
~~board shall specify in the notice that its approval is specific~~ 1984
~~to each physician assistant. The board shall provide notice of~~ 1985
~~its approval of a supervision agreement not later than thirty~~ 1986
~~days after the board receives a complete application for~~ 1987
~~approval. A supervision agreement shall include either or both~~ 1988
~~of the following:~~ 1989

(1) If a physician assistant will practice within a health care facility, the agreement shall include terms that require the physician assistant to practice in accordance with the policies of the health care facility. 1990
1991
1992
1993

(2) If a physician assistant will practice outside a health care facility, the agreement shall include terms that specify all of the following: 1994
1995
1996

(a) The responsibilities to be fulfilled by the physician in supervising the physician assistant; 1997
1998

(b) The responsibilities to be fulfilled by the physician assistant when performing services under the physician's supervision; 1999
2000
2001

(c) Any limitations on the responsibilities to be fulfilled by the physician assistant; 2002
2003

(d) The circumstances under which the physician assistant is required to refer a patient to the supervising physician; 2004
2005

(e) If the supervising physician chooses to designate physicians to act as alternate supervising physicians, the names, business addresses, and business telephone numbers of the physicians who have agreed to act in that capacity. 2006
2007
2008
2009

~~(C) After a supervision agreement is approved, a physician may apply to the board for approval to initiate supervision of a physician assistant who is not listed on the agreement. There is no fee for applying for the addition of a physician assistant to a supervision agreement.~~ 2010
2011
2012
2013
2014

~~To receive the board's approval of the addition to the supervision agreement, the physician assistant shall hold a current certificate to practice as a physician assistant. If the~~ 2015
2016
2017

~~physician intends to grant physician delegated prescriptive~~ 2018
~~authority to the physician assistant, the physician assistant~~ 2019
~~shall hold a current certificate to prescribe. If these~~ 2020
~~requirements are met, the board shall notify the physician of~~ 2021
~~its approval of the addition to the supervision agreement. The~~ 2022
~~board shall provide notice of its approval not later than thirty~~ 2023
~~days after the board receives a complete application for~~ 2024
~~approval.~~ (1) The supervising physician shall submit a copy of 2025
each supervision agreement to the board. The board may review 2026
the supervision agreement at any time for compliance with this 2027
section and for verification of licensure of the supervising 2028
physician and the physician assistant. All of the following 2029
apply to the submission and review process: 2030

(a) If the board reviews a supervision agreement, the 2031
board shall notify the supervising physician of any way that the 2032
agreement fails to comply with this section. 2033

(b) A supervision agreement becomes effective at the end 2034
of the fifth business day after the day the board receives the 2035
agreement unless the board notifies the supervising physician 2036
that the agreement fails to comply with this section. 2037

(c) If a physician receives a notice under division (C) (1) 2038
(a) of this section, the physician may revise the supervision 2039
agreement and resubmit the agreement to the board. The board may 2040
review the agreement as provided in division (C) (1) of this 2041
section. 2042

(2) A supervision agreement expires two years after the 2043
day it takes effect. The agreement may be renewed by submitting 2044
a copy of it to the board. 2045

Before expiration, a supervision agreement may be amended 2046

by including one or more additional physician assistants. An 2047
amendment to a supervision agreement shall be submitted to the 2048
board for review in the manner provided for review of an initial 2049
agreement under division (C)(1) of this section. The amendment 2050
does not alter the agreement's expiration date. 2051

(D) A supervision agreement shall be kept in the records 2052
maintained by the supervising physician who entered into the 2053
agreement. 2054

(E)(1) The board may impose a civil penalty of not more 2055
than one thousand dollars if it finds through a review conducted 2056
under this section or through any other means either of the 2057
following: 2058

(a) That a physician assistant has practiced in a manner 2059
that departs from, or fails to conform to, the terms of a 2060
supervision agreement entered into under this section; 2061

(b) That a physician has supervised a physician assistant 2062
in a manner that departs from, or fails to conform to, the terms 2063
of a supervision agreement entered into under this section. 2064

(2) The board's finding under division (A)(1) of this 2065
section shall be made pursuant to an adjudication conducted 2066
under Chapter 119. of the Revised Code. A civil penalty imposed 2067
under that division may be in addition to or in lieu of any 2068
other action the board may take under section 4730.25 or 4731.22 2069
of the Revised Code. 2070

Sec. 4730.20. (A) A physician assistant licensed under 2071
this chapter may perform any of the following services 2072
authorized by the supervising physician that are part of the 2073
supervising physician's normal course of practice and expertise: 2074

(1) Ordering diagnostic, therapeutic, and other medical 2075

<u>services;</u>	2076
<u>(2) Prescribing physical therapy or referring a patient to a physical therapist for physical therapy;</u>	2077
	2078
<u>(3) Ordering occupational therapy or referring a patient to an occupational therapist for occupational therapy;</u>	2079
	2080
<u>(4) Taking any action that may be taken by an attending physician under sections 2133.21 to 2133.26 of the Revised Code, as specified in section 2133.211 of the Revised Code;</u>	2081
	2082
	2083
<u>(5) Determining and pronouncing death in accordance with section 4730.202 of the Revised Code;</u>	2084
	2085
<u>(6) Assisting in surgery;</u>	2086
<u>(7) If the physician assistant holds a valid prescriber number issued by the state medical board and has been granted physician-delegated prescriptive authority, ordering, prescribing, personally furnishing, and administering drugs and medical devices;</u>	2087
	2088
	2089
	2090
	2091
<u>(8) Any other services that are part of the supervising physician's normal course of practice and expertise.</u>	2092
	2093
<u>(B) The services a physician assistant may provide under the policies of a health care facility are limited to the services the facility authorizes the physician assistant to provide for the facility. A facility shall not authorize a physician assistant to perform a service that is prohibited under this chapter. A physician who is supervising a physician assistant within a health care facility may impose limitations on the physician assistant's practice that are in addition to any limitations applicable under the policies of the facility.</u>	2094
	2095
	2096
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	2099
	2100
	2101
	2102
Sec. 4730.091 4730.201. (A) As used in this section,	2103

"local anesthesia" means the injection of a drug or combination of drugs to stop or prevent a painful sensation in a circumscribed area of the body where a painful procedure is to be performed. "Local anesthesia" includes only local infiltration anesthesia, digital blocks, and pudendal blocks.

(B) A physician assistant may administer, monitor, or maintain local anesthesia as a component of a procedure the physician assistant is performing or as a separate service when the procedure requiring local anesthesia is to be performed by the physician assistant's supervising physician or another person. A physician assistant shall not administer, monitor, or maintain any other form of anesthesia, including regional anesthesia or any systemic sedation, ~~regardless of whether the physician assistant is practicing under a physician supervisory plan or the policies of a health care facility.~~

Sec. ~~4730.092~~ 4730.202. (A) A physician assistant may determine and pronounce an individual's death, but only if the individual's respiratory and circulatory functions are not being artificially sustained and, at the time the determination and pronouncement of death is made, either or both of the following apply:

(1) The individual was receiving care in one of the following:

(a) A nursing home licensed under section 3721.02 of the Revised Code or by a political subdivision under section 3721.09 of the Revised Code;

(b) A residential care facility or home for the aging licensed under Chapter 3721. of the Revised Code;

(c) A county home or district home operated pursuant to

Chapter 5155. of the Revised Code;	2133
(d) A residential facility licensed under section 5123.19 of the Revised Code.	2134 2135
(2) The physician assistant is providing or supervising the individual's care through a hospice care program licensed under Chapter 3712. of the Revised Code or any other entity that provides palliative care.	2136 2137 2138 2139
(B) If a physician assistant determines and pronounces an individual's death, the physician assistant shall comply with both of the following:	2140 2141 2142
(1) The physician assistant shall not complete any portion of the individual's death certificate.	2143 2144
(2) The physician assistant shall notify the individual's attending physician of the determination and pronouncement of death in order for the physician to fulfill the physician's duties under section 3705.16 of the Revised Code. The physician assistant shall provide the notification within a period of time that is reasonable but not later than twenty-four hours following the determination and pronouncement of the individual's death.	2145 2146 2147 2148 2149 2150 2151 2152
<u>Sec. 4730.203. (A) Acting pursuant to a supervision</u> <u>agreement, a physician assistant may delegate performance of a</u> <u>task to implement a patient's plan of care or, if the conditions</u> <u>in division (C) of this section are met, may delegate</u> <u>administration of a drug. Subject to division (D) of section</u> <u>4730.03 of the Revised Code, delegation may be to any person.</u> <u>The physician assistant must be physically present at the</u> <u>location where the task is performed or the drug administered.</u>	2153 2154 2155 2156 2157 2158 2159 2160
<u>(B) Prior to delegating a task or administration of a</u>	2161

drug, a physician assistant shall determine that the task or 2162
drug is appropriate for the patient and the person to whom the 2163
delegation is to be made may safely perform the task or 2164
administer the drug. 2165

(C) A physician assistant may delegate administration of a 2166
drug only if all of the following conditions are met: 2167

(1) The physician assistant has been granted physician- 2168
delegated prescriptive authority. 2169

(2) The drug is included in the formulary established 2170
under division (A) of section 4730.39 of the Revised Code. 2171

(3) The drug is not a controlled substance. 2172

(4) The drug will not be administered intravenously. 2173

(5) The drug will not be administered in a hospital 2174
inpatient care unit, as defined in section 3727.50 of the 2175
Revised Code; a hospital emergency department; a freestanding 2176
emergency department; or an ambulatory surgical facility 2177
licensed under section 3702.30 of the Revised Code. 2178

(D) A person not otherwise authorized to administer a drug 2179
or perform a specific task may do so in accordance with a 2180
physician assistant's delegation under this section. 2181

Sec. 4730.21. (A) The supervising physician of a physician 2182
assistant exercises supervision, control, and direction of the 2183
physician assistant. ~~In~~A physician assistant may practice in 2184
any setting within which the supervising physician has 2185
supervision, control, and direction of the physician assistant. 2186

In supervising a physician assistant, all of the following 2187
apply: 2188

(1) ~~Except when the on-site supervision requirements specified in section 4730.45 of the Revised Code are applicable,~~ 2189
~~the~~ The supervising physician shall be continuously available 2190
for direct communication with the physician assistant by either 2191
of the following means: 2192
2193

(a) Being physically present at the location where the 2194
physician assistant is practicing; 2195

(b) Being readily available to the physician assistant 2196
through some means of telecommunication and being in a location 2197
that ~~under normal conditions is not more than sixty minutes~~ 2198
~~travel time away a distance~~ from the location where the 2199
physician assistant is practicing that reasonably allows the 2200
physician to assure proper care of patients. 2201

(2) The supervising physician shall personally and 2202
actively review the physician assistant's professional 2203
activities. 2204

(3) ~~The supervising physician shall regularly review the~~ 2205
~~condition of the patients treated by the physician assistant.~~ 2206

~~(4)~~ The supervising physician shall ensure that the 2207
quality assurance system established pursuant to division (F) of 2208
this section is implemented and maintained. 2209

~~(5)~~ (4) The supervising physician shall regularly perform 2210
any other reviews of the physician assistant that the 2211
supervising physician considers necessary. 2212

(B) A physician may enter into supervision agreements with 2213
any number of physician assistants, but the physician may not 2214
supervise more than ~~two~~ three physician assistants at any one 2215
time. A physician assistant may enter into supervision 2216
agreements with any number of supervising physicians, ~~but when~~ 2217

~~practicing under the supervision of a particular physician, the~~ 2218
~~physician assistant's scope of practice is subject to the~~ 2219
~~limitations of the physician supervisory plan that has been~~ 2220
~~approved under section 4730.17 of the Revised Code for that~~ 2221
~~physician or the policies of the health care facility in which~~ 2222
~~the physician and physician assistant are practicing.~~ 2223

(C) ~~A supervising physician may authorize a physician~~ 2224
~~assistant to perform a service only if the service is authorized~~ 2225
~~under the physician supervisory plan approved for that physician~~ 2226
~~or the policies of the health care facility in which the~~ 2227
~~physician and physician assistant are practicing. A supervising~~ 2228
physician may authorize a physician assistant to perform a 2229
service only if the physician is satisfied that the physician 2230
assistant is capable of competently performing the service. A 2231
supervising physician shall not authorize a physician assistant 2232
to perform any service that is beyond the physician's or the 2233
physician assistant's normal course of practice and expertise. 2234

(D) ~~(1) A supervising physician may authorize a physician~~ 2235
~~assistant to practice in any setting within which the~~ 2236
~~supervising physician routinely practices.~~ 2237

~~(2)~~ In the case of a health care facility with an 2238
emergency department, if the supervising physician routinely 2239
practices in the facility's emergency department, the 2240
supervising physician shall provide on-site supervision of the 2241
physician assistant when the physician assistant practices in 2242
the emergency department. If the supervising physician does not 2243
routinely practice in the facility's emergency department, the 2244
supervising physician may, on occasion, send the physician 2245
assistant to the facility's emergency department to assess and 2246
manage a patient. In supervising the physician assistant's 2247

assessment and management of the patient, the supervising 2248
physician shall determine the appropriate level of supervision 2249
in compliance with the requirements of divisions (A) to (C) of 2250
this section, except that the supervising physician must be 2251
available to go to the emergency department to personally 2252
evaluate the patient and, at the request of an emergency 2253
department physician, the supervising physician shall go to the 2254
emergency department to personally evaluate the patient. 2255

(E) Each time a physician assistant writes a medical 2256
order, including prescriptions written in the exercise of 2257
physician-delegated prescriptive authority, the physician 2258
assistant shall sign the form on which the order is written and 2259
record on the form the time and date that the order is written. 2260
~~When writing a medical order, the physician assistant shall~~ 2261
~~clearly identify the physician under whose supervision the~~ 2262
~~physician assistant is authorized to write the order.~~ 2263

(F) (1) The supervising physician of a physician assistant 2264
shall establish a quality assurance system to be used in 2265
supervising the physician assistant. All or part of the system 2266
may be applied to other physician assistants who are supervised 2267
by the supervising physician. The system shall be developed in 2268
consultation with each physician assistant to be supervised by 2269
the physician. 2270

(2) In establishing the quality assurance system, the 2271
supervising physician shall describe a process to be used for 2272
all of the following: 2273

(a) Routine review by the physician of selected patient 2274
record entries made by the physician assistant and selected 2275
medical orders issued by the physician assistant; 2276

(b) Discussion of complex cases;	2277
(c) Discussion of new medical developments relevant to the practice of the physician and physician assistant;	2278 2279
(d) Performance of any quality assurance activities required in rules adopted by state medical board pursuant to any recommendations made by the physician assistant policy committee under section 4730.06 of the Revised Code;	2280 2281 2282 2283
(e) Performance of any other quality assurance activities that the supervising physician considers to be appropriate.	2284 2285
(3) The supervising physician and physician assistant shall keep records of their quality assurance activities. On request, the records shall be made available to the board and any health care professional working with the supervising physician and physician assistant.	2286 2287 2288 2289 2290
Sec. 4730.22. (A) <u>A-When performing authorized services, a physician assistant acts as the agent of the physician assistant's supervising physician. The supervising physician is legally responsible and</u> assumes legal liability for the services provided by the physician assistant.	2291 2292 2293 2294 2295
The physician is not <u>responsible or</u> liable for any services provided by the physician assistant after their supervision agreement <u>expires or</u> is terminated.	2296 2297 2298
(B) When a health care facility permits physician assistants to practice within that facility or any other health care facility under its control, the health care facility shall make reasonable efforts to explain to each individual who may work with a particular physician assistant the scope of that physician assistant's practice within the facility. The appropriate credentialing body within the health care facility	2299 2300 2301 2302 2303 2304 2305

shall provide, on request of an individual practicing in the 2306
facility with a physician assistant, a copy of the facility's 2307
policies on the practice of physician assistants within the 2308
facility and a copy of each ~~physician supervisory plan and~~ 2309
supervision agreement applicable to the physician assistant. 2310

An individual who follows the orders of a physician 2311
assistant practicing in a health care facility is not subject to 2312
disciplinary action by any administrative agency that governs 2313
that individual's conduct and is not liable in damages in a 2314
civil action for injury, death, or loss to person or property 2315
resulting from the individual's acts or omissions in the 2316
performance of any procedure, treatment, or other health care 2317
service if the individual reasonably believed that the physician 2318
assistant was acting within the proper scope of practice or was 2319
relaying medical orders from a supervising physician, unless the 2320
act or omission constitutes willful or wanton misconduct. 2321

Sec. 4730.25. (A) The state medical board, by an 2322
affirmative vote of not fewer than six members, may revoke or 2323
may refuse to grant a ~~certificate~~ license to practice as a 2324
physician assistant ~~or a certificate to prescribe~~ to a person 2325
found by the board to have committed fraud, misrepresentation, 2326
or deception in applying for or securing the ~~certificate~~ 2327
license. 2328

(B) The board, by an affirmative vote of not fewer than 2329
six members, shall, to the extent permitted by law, limit, 2330
revoke, or suspend an individual's ~~certificate~~ license to 2331
practice as a physician assistant ~~or certificate to prescribe~~ 2332
prescriber number, refuse to issue a ~~certificate~~ license to an 2333
applicant, refuse to reinstate a ~~certificate~~ license, or 2334
reprimand or place on probation the holder of a ~~certificate~~ 2335

- license for any of the following reasons: 2336
- (1) Failure to practice in accordance with the ~~conditions~~ 2337
~~under which the supervising physician's supervision agreement~~ 2338
~~with the physician assistant was approved, including the~~ 2339
~~requirement that when practicing under a particular supervising~~ 2340
~~physician, the physician assistant must practice only according~~ 2341
~~to the physician supervisory plan the board approved for that~~ 2342
~~physician or, including, if applicable, the policies of the~~ 2343
health care facility in which the supervising physician and 2344
physician assistant are practicing; 2345
- (2) Failure to comply with the requirements of this 2346
chapter, Chapter 4731. of the Revised Code, or any rules adopted 2347
by the board; 2348
- (3) Violating or attempting to violate, directly or 2349
indirectly, or assisting in or abetting the violation of, or 2350
conspiring to violate, any provision of this chapter, Chapter 2351
4731. of the Revised Code, or the rules adopted by the board; 2352
- (4) Inability to practice according to acceptable and 2353
prevailing standards of care by reason of mental illness or 2354
physical illness, including physical deterioration that 2355
adversely affects cognitive, motor, or perceptive skills; 2356
- (5) Impairment of ability to practice according to 2357
acceptable and prevailing standards of care because of habitual 2358
or excessive use or abuse of drugs, alcohol, or other substances 2359
that impair ability to practice; 2360
- (6) Administering drugs for purposes other than those 2361
authorized under this chapter; 2362
- (7) Willfully betraying a professional confidence; 2363

(8) Making a false, fraudulent, deceptive, or misleading statement in soliciting or advertising for employment as a physician assistant; in connection with any solicitation or advertisement for patients; in relation to the practice of medicine as it pertains to physician assistants; or in securing or attempting to secure a ~~certificate~~ license to practice as a physician assistant, ~~a certificate to prescribe, or approval of a supervision agreement.~~

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

(9) Representing, with the purpose of obtaining compensation or other advantage personally or for any other person, that an incurable disease or injury, or other incurable condition, can be permanently cured;

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

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

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

(13) A plea of guilty to, a judicial finding of guilt of, 2393
or a judicial finding of eligibility for intervention in lieu of 2394
conviction for, a misdemeanor committed in the course of 2395
practice; 2396

(14) A plea of guilty to, a judicial finding of guilt of, 2397
or a judicial finding of eligibility for intervention in lieu of 2398
conviction for, a misdemeanor involving moral turpitude; 2399

(15) Commission of an act in the course of practice that 2400
constitutes a misdemeanor in this state, regardless of the 2401
jurisdiction in which the act was committed; 2402

(16) Commission of an act involving moral turpitude that 2403
constitutes a misdemeanor in this state, regardless of the 2404
jurisdiction in which the act was committed; 2405

(17) A plea of guilty to, a judicial finding of guilt of, 2406
or a judicial finding of eligibility for intervention in lieu of 2407
conviction for violating any state or federal law regulating the 2408
possession, distribution, or use of any drug, including 2409
trafficking in drugs; 2410

(18) Any of the following actions taken by the state 2411
agency responsible for regulating the practice of physician 2412
assistants in another state, for any reason other than the 2413
nonpayment of fees: the limitation, revocation, or suspension of 2414
an individual's license to practice; acceptance of an 2415
individual's license surrender; denial of a license; refusal to 2416
renew or reinstate a license; imposition of probation; or 2417
issuance of an order of censure or other reprimand; 2418

(19) A departure from, or failure to conform to, minimal 2419
standards of care of similar physician assistants under the same 2420
or similar circumstances, regardless of whether actual injury to 2421

a patient is established;	2422
(20) Violation of the conditions placed by the board on a	2423
certificate license to practice as a physician assistant, a	2424
certificate to prescribe, a physician supervisory plan, or	2425
supervision agreement;	2426
(21) Failure to use universal blood and body fluid	2427
precautions established by rules adopted under section 4731.051	2428
of the Revised Code;	2429
(22) Failure to cooperate in an investigation conducted by	2430
the board under section 4730.26 of the Revised Code, including	2431
failure to comply with a subpoena or order issued by the board	2432
or failure to answer truthfully a question presented by the	2433
board at a deposition or in written interrogatories, except that	2434
failure to cooperate with an investigation shall not constitute	2435
grounds for discipline under this section if a court of	2436
competent jurisdiction has issued an order that either quashes a	2437
subpoena or permits the individual to withhold the testimony or	2438
evidence in issue;	2439
(23) Assisting suicide, <u>as</u> defined in section 3795.01 of	2440
the Revised Code;	2441
(24) Prescribing any drug or device to perform or induce	2442
an abortion, or otherwise performing or inducing an abortion;	2443
(25) Failure to comply with section 4730.53 of the Revised	2444
Code, unless the board no longer maintains a drug database	2445
pursuant to section 4729.75 of the Revised Code;	2446
(25) <u>(26)</u> Failure to comply with the requirements in	2447
section 3719.061 of the Revised Code before issuing to a minor a	2448
prescription for a controlled substance containing an opioid;	2449

(27) Having certification by the national commission on certification of physician assistants or a successor organization expire, lapse, or be suspended or revoked; 2450
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(28) 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. 2453
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(C) Disciplinary actions taken by the board under 2459
divisions (A) and (B) of this section shall be taken pursuant to 2460
an adjudication under Chapter 119. of the Revised Code, except 2461
that in lieu of an adjudication, the board may enter into a 2462
consent agreement with a physician assistant or applicant to 2463
resolve an allegation of a violation of this chapter or any rule 2464
adopted under it. A consent agreement, when ratified by an 2465
affirmative vote of not fewer than six members of the board, 2466
shall constitute the findings and order of the board with 2467
respect to the matter addressed in the agreement. If the board 2468
refuses to ratify a consent agreement, the admissions and 2469
findings contained in the consent agreement shall be of no force 2470
or effect. 2471

(D) For purposes of divisions (B)(12), (15), and (16) of 2472
this section, the commission of the act may be established by a 2473
finding by the board, pursuant to an adjudication under Chapter 2474
119. of the Revised Code, that the applicant or ~~certificate-~~ 2475
license holder committed the act in question. The board shall 2476
have no jurisdiction under these divisions in cases where the 2477
trial court renders a final judgment in the ~~certificate-~~license 2478
holder's favor and that judgment is based upon an adjudication 2479

on the merits. The board shall have jurisdiction under these 2480
divisions in cases where the trial court issues an order of 2481
dismissal upon technical or procedural grounds. 2482

(E) The sealing of conviction records by any court shall 2483
have no effect upon a prior board order entered under the 2484
provisions of this section or upon the board's jurisdiction to 2485
take action under the provisions of this section if, based upon 2486
a plea of guilty, a judicial finding of guilt, or a judicial 2487
finding of eligibility for intervention in lieu of conviction, 2488
the board issued a notice of opportunity for a hearing prior to 2489
the court's order to seal the records. The board shall not be 2490
required to seal, destroy, redact, or otherwise modify its 2491
records to reflect the court's sealing of conviction records. 2492

(F) For purposes of this division, any individual who 2493
holds a ~~certificate-license~~ issued under this chapter, or 2494
applies for a ~~certificate-license~~ issued under this chapter, 2495
shall be deemed to have given consent to submit to a mental or 2496
physical examination when directed to do so in writing by the 2497
board and to have waived all objections to the admissibility of 2498
testimony or examination reports that constitute a privileged 2499
communication. 2500

(1) In enforcing division (B) (4) of this section, the 2501
board, upon a showing of a possible violation, may compel any 2502
individual who holds a ~~certificate-license~~ issued under this 2503
chapter or who has applied for a ~~certificate-license~~ pursuant to 2504
this chapter to submit to a mental examination, physical 2505
examination, including an HIV test, or both a mental and 2506
physical examination. The expense of the examination is the 2507
responsibility of the individual compelled to be examined. 2508
Failure to submit to a mental or physical examination or consent 2509

to an HIV test ordered by the board constitutes an admission of 2510
the allegations against the individual unless the failure is due 2511
to circumstances beyond the individual's control, and a default 2512
and final order may be entered without the taking of testimony 2513
or presentation of evidence. If the board finds a physician 2514
assistant unable to practice because of the reasons set forth in 2515
division (B) (4) of this section, the board shall require the 2516
physician assistant to submit to care, counseling, or treatment 2517
by physicians approved or designated by the board, as a 2518
condition for an initial, continued, reinstated, or renewed 2519
~~certificate license~~. An individual affected under this division 2520
shall be afforded an opportunity to demonstrate to the board the 2521
ability to resume practicing in compliance with acceptable and 2522
prevailing standards of care. 2523

(2) For purposes of division (B) (5) of this section, if 2524
the board has reason to believe that any individual who holds a 2525
~~certificate license~~ issued under this chapter or any applicant 2526
for a ~~certificate license~~ suffers such impairment, the board may 2527
compel the individual to submit to a mental or physical 2528
examination, or both. The expense of the examination is the 2529
responsibility of the individual compelled to be examined. Any 2530
mental or physical examination required under this division 2531
shall be undertaken by a treatment provider or physician 2532
qualified to conduct such examination and chosen by the board. 2533

Failure to submit to a mental or physical examination 2534
ordered by the board constitutes an admission of the allegations 2535
against the individual unless the failure is due to 2536
circumstances beyond the individual's control, and a default and 2537
final order may be entered without the taking of testimony or 2538
presentation of evidence. If the board determines that the 2539
individual's ability to practice is impaired, the board shall 2540

suspend the individual's ~~certificate~~license or deny the 2541
individual's application and shall require the individual, as a 2542
condition for initial, continued, reinstated, or renewed 2543
~~certification to practice or prescribe~~licensure, to submit to 2544
treatment. 2545

Before being eligible to apply for reinstatement of a 2546
~~certificate~~license suspended under this division, the physician 2547
assistant shall demonstrate to the board the ability to resume 2548
practice or prescribing in compliance with acceptable and 2549
prevailing standards of care. The demonstration shall include 2550
the following: 2551

(a) Certification from a treatment provider approved under 2552
section 4731.25 of the Revised Code that the individual has 2553
successfully completed any required inpatient treatment; 2554

(b) Evidence of continuing full compliance with an 2555
aftercare contract or consent agreement; 2556

(c) Two written reports indicating that the individual's 2557
ability to practice has been assessed and that the individual 2558
has been found capable of practicing according to acceptable and 2559
prevailing standards of care. The reports shall be made by 2560
individuals or providers approved by the board for making such 2561
assessments and shall describe the basis for their 2562
determination. 2563

The board may reinstate a ~~certificate~~license suspended 2564
under this division after such demonstration and after the 2565
individual has entered into a written consent agreement. 2566

When the impaired physician assistant resumes practice or 2567
prescribing, the board shall require continued monitoring of the 2568
physician assistant. The monitoring shall include compliance 2569

with the written consent agreement entered into before 2570
reinstatement or with conditions imposed by board order after a 2571
hearing, and, upon termination of the consent agreement, 2572
submission to the board for at least two years of annual written 2573
progress reports made under penalty of falsification stating 2574
whether the physician assistant has maintained sobriety. 2575

(G) If the secretary and supervising member determine that 2576
there is clear and convincing evidence that a physician 2577
assistant has violated division (B) of this section and that the 2578
individual's continued practice or prescribing presents a danger 2579
of immediate and serious harm to the public, they may recommend 2580
that the board suspend the individual's ~~certificate to practice~~ 2581
~~or prescribe~~ license without a prior hearing. Written 2582
allegations shall be prepared for consideration by the board. 2583

The board, upon review of those allegations and by an 2584
affirmative vote of not fewer than six of its members, excluding 2585
the secretary and supervising member, may suspend a ~~certificate~~ 2586
license without a prior hearing. A telephone conference call may 2587
be utilized for reviewing the allegations and taking the vote on 2588
the summary suspension. 2589

The board shall issue a written order of suspension by 2590
certified mail or in person in accordance with section 119.07 of 2591
the Revised Code. The order shall not be subject to suspension 2592
by the court during pendency of any appeal filed under section 2593
119.12 of the Revised Code. If the physician assistant requests 2594
an adjudicatory hearing by the board, the date set for the 2595
hearing shall be within fifteen days, but not earlier than seven 2596
days, after the physician assistant requests the hearing, unless 2597
otherwise agreed to by both the board and the ~~certificate~~ 2598
license holder. 2599

A summary suspension imposed under this division shall 2600
remain in effect, unless reversed on appeal, until a final 2601
adjudicative order issued by the board pursuant to this section 2602
and Chapter 119. of the Revised Code becomes effective. The 2603
board shall issue its final adjudicative order within sixty days 2604
after completion of its hearing. Failure to issue the order 2605
within sixty days shall result in dissolution of the summary 2606
suspension order, but shall not invalidate any subsequent, final 2607
adjudicative order. 2608

(H) If the board takes action under division (B) (11), 2609
(13), or (14) of this section, and the judicial finding of 2610
guilt, guilty plea, or judicial finding of eligibility for 2611
intervention in lieu of conviction is overturned on appeal, upon 2612
exhaustion of the criminal appeal, a petition for 2613
reconsideration of the order may be filed with the board along 2614
with appropriate court documents. Upon receipt of a petition and 2615
supporting court documents, the board shall reinstate the 2616
~~certificate to practice or prescribe~~ individual's license. The 2617
board may then hold an adjudication under Chapter 119. of the 2618
Revised Code to determine whether the individual committed the 2619
act in question. Notice of opportunity for hearing shall be 2620
given in accordance with Chapter 119. of the Revised Code. If 2621
the board finds, pursuant to an adjudication held under this 2622
division, that the individual committed the act, or if no 2623
hearing is requested, it may order any of the sanctions 2624
identified under division (B) of this section. 2625

(I) The ~~certificate~~ license to practice issued to a 2626
physician assistant and the physician assistant's practice in 2627
this state are automatically suspended as of the date the 2628
physician assistant pleads guilty to, is found by a judge or 2629
jury to be guilty of, or is subject to a judicial finding of 2630

eligibility for intervention in lieu of conviction in this state 2631
or treatment or intervention in lieu of conviction in another 2632
state for any of the following criminal offenses in this state 2633
or a substantially equivalent criminal offense in another 2634
jurisdiction: aggravated murder, murder, voluntary manslaughter, 2635
felonious assault, kidnapping, rape, sexual battery, gross 2636
sexual imposition, aggravated arson, aggravated robbery, or 2637
aggravated burglary. Continued practice after the suspension 2638
shall be considered practicing without a ~~certificate~~ license. 2639

The board shall notify the individual subject to the 2640
suspension by certified mail or in person in accordance with 2641
section 119.07 of the Revised Code. If an individual whose 2642
~~certificate~~ license is suspended under this division fails to 2643
make a timely request for an adjudication under Chapter 119. of 2644
the Revised Code, the board shall enter a final order 2645
permanently revoking the individual's ~~certificate~~ license to 2646
practice. 2647

(J) In any instance in which the board is required by 2648
Chapter 119. of the Revised Code to give notice of opportunity 2649
for hearing and the individual subject to the notice does not 2650
timely request a hearing in accordance with section 119.07 of 2651
the Revised Code, the board is not required to hold a hearing, 2652
but may adopt, by an affirmative vote of not fewer than six of 2653
its members, a final order that contains the board's findings. 2654
In that final order, the board may order any of the sanctions 2655
identified under division (A) or (B) of this section. 2656

(K) Any action taken by the board under division (B) of 2657
this section resulting in a suspension shall be accompanied by a 2658
written statement of the conditions under which the physician 2659
assistant's ~~certificate~~ license may be reinstated. The board 2660

shall adopt rules in accordance with Chapter 119. of the Revised 2661
Code governing conditions to be imposed for reinstatement. 2662
Reinstatement of a ~~certificate~~license suspended pursuant to 2663
division (B) of this section requires an affirmative vote of not 2664
fewer than six members of the board. 2665

(L) When the board refuses to grant to an applicant a 2666
~~certificate~~license to practice as a physician assistant ~~or a~~ 2667
~~certificate to prescribe~~, revokes an individual's ~~certificate~~ 2668
license, refuses to issue a ~~certificate~~license, or refuses to 2669
reinstatement an individual's ~~certificate~~license, the board may 2670
specify that its action is permanent. An individual subject to a 2671
permanent action taken by the board is forever thereafter 2672
ineligible to hold the ~~certificate~~license and the board shall 2673
not accept an application for reinstatement of the ~~certificate~~ 2674
license or for issuance of a new ~~certificate~~license. 2675

(M) Notwithstanding any other provision of the Revised 2676
Code, all of the following apply: 2677

(1) The surrender of a ~~certificate~~license issued under 2678
this chapter is not effective unless or until accepted by the 2679
board. Reinstatement of a ~~certificate~~license surrendered to the 2680
board requires an affirmative vote of not fewer than six members 2681
of the board. 2682

(2) An application made under this chapter for a 2683
~~certificate, approval of a physician supervisory plan, or~~ 2684
~~approval of a supervision agreement~~license may not be withdrawn 2685
without approval of the board. 2686

(3) Failure by an individual to renew a ~~certificate~~ 2687
license in accordance with section 4730.14 ~~or section 4730.48~~ of 2688
the Revised Code shall not remove or limit the board's 2689

jurisdiction to take disciplinary action under this section 2690
against the individual. 2691

Sec. 4730.251. On receipt of a notice pursuant to section 2692
3123.43 of the Revised Code, the state medical board shall 2693
comply with sections 3123.41 to 3123.50 of the Revised Code and 2694
any applicable rules adopted under section 3123.63 of the 2695
Revised Code with respect to a ~~certificate~~license to practice 2696
as a physician assistant issued pursuant to this chapter. 2697

Sec. 4730.27. If the state medical board has reason to 2698
believe that any person who has been granted a ~~certificate~~ 2699
license under this chapter to practice as a physician assistant 2700
is mentally ill or mentally incompetent, it may file in the 2701
probate court of the county in which such person has a legal 2702
residence an affidavit in the form prescribed in section 5122.11 2703
of the Revised Code and signed by the board secretary or a 2704
member of the secretary's staff, whereupon the same proceedings 2705
shall be had as provided in Chapter 5122. of the Revised Code. 2706
The attorney general may represent the board in any proceeding 2707
commenced under this section. 2708

If a physician assistant is adjudged by a probate court to 2709
be mentally ill or mentally incompetent, the individual's 2710
~~certificate~~license shall be automatically suspended until the 2711
individual has filed with the board a certified copy of an 2712
adjudication by a probate court of being restored to competency 2713
or has submitted to the board proof, satisfactory to the board, 2714
of having been discharged as being restored to competency in the 2715
manner and form provided in section 5122.38 of the Revised Code. 2716
The judge of the court shall immediately notify the board of an 2717
adjudication of incompetence and note any suspension of a 2718
~~certificate~~license in the margin of the court's record of the 2719

~~certificate license~~. 2720

Sec. 4730.28. (A) An individual whose ~~certificate license~~ 2721
to practice as a physician assistant issued under this chapter 2722
has been suspended or is in an inactive state for any cause for 2723
more than two years may apply to the state medical board to have 2724
the ~~certificate license~~ restored. 2725

(B) (1) The board shall not restore a ~~certificate license~~ 2726
under this section unless the applicant complies with sections 2727
4776.01 to 4776.04 of the Revised Code. The board shall 2728
determine the applicant's present fitness to resume practice. 2729
The board shall consider the moral background and the activities 2730
of the applicant during the period of suspension or inactivity. 2731

(2) When restoring a ~~certificate license~~, the board may 2732
impose terms and conditions, including the following: 2733

(a) Requiring the applicant to obtain additional training 2734
and pass an examination upon completion of the training; 2735

(b) Restricting or limiting the extent, scope, or type of 2736
practice as a physician assistant that the individual may 2737
resume. 2738

Sec. 4730.31. (A) As used in this section, "prosecutor" 2739
has the same meaning as in section 2935.01 of the Revised Code. 2740

(B) Whenever any person holding a valid ~~certificate~~ 2741
license to practice as a physician assistant issued pursuant to 2742
this chapter pleads guilty to, is subject to a judicial finding 2743
of guilt of, or is subject to a judicial finding of eligibility 2744
for intervention in lieu of conviction for a violation of 2745
Chapter 2907., 2925., or 3719. of the Revised Code or of any 2746
substantively comparable ordinance of a municipal corporation in 2747
connection with practicing as a physician assistant, the 2748

prosecutor in the case shall, on forms prescribed and provided 2749
by the state medical board, promptly notify the board of the 2750
conviction. Within thirty days of receipt of such information, 2751
the board shall initiate action in accordance with Chapter 119. 2752
of the Revised Code to determine whether to suspend or revoke 2753
the ~~certificate~~license under section 4730.25 of the Revised 2754
Code. 2755

(C) The prosecutor in any case against any person holding 2756
a valid ~~certificate~~license issued pursuant to this chapter 2757
shall, on forms prescribed and provided by the state medical 2758
board, notify the board of any of the following: 2759

(1) A plea of guilty to, a judicial finding of guilt of, 2760
or judicial finding of eligibility for intervention in lieu of 2761
conviction for a felony, or a case where the trial court issues 2762
an order of dismissal upon technical or procedural grounds of a 2763
felony charge; 2764

(2) A plea of guilty to, a judicial finding of guilt of, 2765
or judicial finding or eligibility for intervention in lieu of 2766
conviction for a misdemeanor committed in the course of 2767
practice, or a case where the trial court issues an order of 2768
dismissal upon technical or procedural grounds of a charge of a 2769
misdemeanor, if the alleged act was committed in the course of 2770
practice; 2771

(3) A plea of guilty to, a judicial finding of guilt of, 2772
or judicial finding of eligibility for intervention in lieu of 2773
conviction for a misdemeanor involving moral turpitude, or a 2774
case where the trial court issues an order of dismissal upon 2775
technical or procedural grounds of a charge of a misdemeanor 2776
involving moral turpitude. 2777

The report shall include the name and address of the 2778
~~certificate~~-license holder, the nature of the offense for which 2779
the action was taken, and the certified court documents 2780
recording the action. 2781

Sec. 4730.32. (A) Within sixty days after the imposition 2782
of any formal disciplinary action taken by a health care 2783
facility against any individual holding a valid ~~certificate~~ 2784
license to practice as a physician assistant issued under this 2785
chapter, the chief administrator or executive officer of the 2786
facility shall report to the state medical board the name of the 2787
individual, the action taken by the facility, and a summary of 2788
the underlying facts leading to the action taken. Upon request, 2789
the board shall be provided certified copies of the patient 2790
records that were the basis for the facility's action. Prior to 2791
release to the board, the summary shall be approved by the peer 2792
review committee that reviewed the case or by the governing 2793
board of the facility. 2794

The filing of a report with the board or decision not to 2795
file a report, investigation by the board, or any disciplinary 2796
action taken by the board, does not preclude a health care 2797
facility from taking disciplinary action against a physician 2798
assistant. 2799

In the absence of fraud or bad faith, no individual or 2800
entity that provides patient records to the board shall be 2801
liable in damages to any person as a result of providing the 2802
records. 2803

(B) A physician assistant, professional association or 2804
society of physician assistants, physician, or professional 2805
association or society of physicians that believes a violation 2806
of any provision of this chapter, Chapter 4731. of the Revised 2807

Code, or rule of the board has occurred shall report to the 2808
board the information upon which the belief is based. This 2809
division does not require any treatment provider approved by the 2810
board under section 4731.25 of the Revised Code or any employee, 2811
agent, or representative of such a provider to make reports with 2812
respect to a physician assistant participating in treatment or 2813
aftercare for substance abuse as long as the physician assistant 2814
maintains participation in accordance with the requirements of 2815
section 4731.25 of the Revised Code and the treatment provider 2816
or employee, agent, or representative of the provider has no 2817
reason to believe that the physician assistant has violated any 2818
provision of this chapter or rule adopted under it, other than 2819
being impaired by alcohol, drugs, or other substances. This 2820
division does not require reporting by any member of an impaired 2821
practitioner committee established by a health care facility or 2822
by any representative or agent of a committee or program 2823
sponsored by a professional association or society of physician 2824
assistants to provide peer assistance to physician assistants 2825
with substance abuse problems with respect to a physician 2826
assistant who has been referred for examination to a treatment 2827
program approved by the board under section 4731.25 of the 2828
Revised Code if the physician assistant cooperates with the 2829
referral for examination and with any determination that the 2830
physician assistant should enter treatment and as long as the 2831
committee member, representative, or agent has no reason to 2832
believe that the physician assistant has ceased to participate 2833
in the treatment program in accordance with section 4731.25 of 2834
the Revised Code or has violated any provision of this chapter 2835
or rule adopted under it, other than being impaired by alcohol, 2836
drugs, or other substances. 2837

(C) Any professional association or society composed 2838

primarily of physician assistants that suspends or revokes an 2839
individual's membership for violations of professional ethics, 2840
or for reasons of professional incompetence or professional 2841
malpractice, within sixty days after a final decision, shall 2842
report to the board, on forms prescribed and provided by the 2843
board, the name of the individual, the action taken by the 2844
professional organization, and a summary of the underlying facts 2845
leading to the action taken. 2846

The filing or nonfiling of a report with the board, 2847
investigation by the board, or any disciplinary action taken by 2848
the board, shall not preclude a professional organization from 2849
taking disciplinary action against a physician assistant. 2850

(D) Any insurer providing professional liability insurance 2851
to any person holding a valid ~~certificate-license~~ to practice as 2852
a physician assistant issued under this chapter or any other 2853
entity that seeks to indemnify the professional liability of a 2854
physician assistant shall notify the board within thirty days 2855
after the final disposition of any written claim for damages 2856
where such disposition results in a payment exceeding twenty- 2857
five thousand dollars. The notice shall contain the following 2858
information: 2859

(1) The name and address of the person submitting the 2860
notification; 2861

(2) The name and address of the insured who is the subject 2862
of the claim; 2863

(3) The name of the person filing the written claim; 2864

(4) The date of final disposition; 2865

(5) If applicable, the identity of the court in which the 2866
final disposition of the claim took place. 2867

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

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

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

(G) Except for reports filed by an individual pursuant to 2898
division (B) of this section, the board shall send a copy of any 2899
reports or summaries it receives pursuant to this section to the 2900
physician assistant. The physician assistant shall have the 2901
right to file a statement with the board concerning the 2902
correctness or relevance of the information. The statement shall 2903
at all times accompany that part of the record in contention. 2904

(H) An individual or entity that reports to the board or 2905
refers an impaired physician assistant to a treatment provider 2906
approved by the board under section 4731.25 of the Revised Code 2907
shall not be subject to suit for civil damages as a result of 2908
the report, referral, or provision of the information. 2909

(I) In the absence of fraud or bad faith, a professional 2910
association or society of physician assistants that sponsors a 2911
committee or program to provide peer assistance to a physician 2912
assistant with substance abuse problems, a representative or 2913
agent of such a committee or program, and a member of the state 2914
medical board shall not be held liable in damages to any person 2915
by reason of actions taken to refer a physician assistant to a 2916
treatment provider approved under section 4731.25 of the Revised 2917
Code for examination or treatment. 2918

Sec. 4730.33. The secretary of the state medical board 2919
shall enforce the laws relating to the practice of physician 2920
assistants. If the secretary has knowledge or notice of a 2921
violation of this chapter or the rules adopted under it, the 2922
secretary shall investigate the matter, and, upon probable cause 2923
appearing, file a complaint and prosecute the offender. When 2924
requested by the secretary, the prosecuting attorney of the 2925
proper county shall take charge of and conduct such prosecution. 2926

In the prosecution of any person for violation of division 2927

(A) of section 4730.02 of the Revised Code it shall not be 2928
necessary to allege or prove want of a valid ~~certificate~~-license 2929
to practice as a physician assistant, but such matters shall be 2930
a matter of defense to be established by the accused. 2931

Sec. 4730.38. (A) Except as provided in division (B) of 2932
this section, the physician assistant policy committee of the 2933
state medical board shall, at such times the committee 2934
determines to be necessary, submit to the board recommendations 2935
regarding physician-delegated prescriptive authority for 2936
physician assistants. The committee's recommendations shall 2937
address both of the following: 2938

(1) Policy and procedures regarding physician-delegated 2939
prescriptive authority, ~~including the issuance of certificates~~- 2940
~~to prescribe under this chapter;~~ 2941

(2) Any issue the committee considers necessary to assist 2942
the board in fulfilling its duty to adopt rules governing 2943
physician-delegated prescriptive authority, ~~including the~~ 2944
~~issuance of certificates to prescribe.~~ 2945

(B) Not less than every six months ~~beginning on the first~~ 2946
~~day of June following the effective date of this amendment,~~ the 2947
committee shall review the physician assistant formulary the 2948
board adopts pursuant to division (A)(1) of section 4730.39 of 2949
the Revised Code and, to the extent it determines to be 2950
necessary, submit recommendations proposing changes to the 2951
formulary. 2952

(C) Recommendations submitted under this section are 2953
subject to the procedures and time frames specified in division 2954
(C) of section 4730.06 of the Revised Code. 2955

Sec. 4730.39. (A) The state medical board shall do ~~both~~- 2956

- all of the following: 2957
- (1) Adopt a formulary listing the drugs and therapeutic devices by class and specific generic nomenclature that a physician may include in the physician-delegated prescriptive authority granted to a physician assistant who holds a certificate to prescribe under this chapter valid prescriber number issued by the state medical board; 2958
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- (2) Adopt rules governing physician-delegated prescriptive authority for physician assistants, ~~including the issuance of certificates to prescribe under this chapter;~~ 2964
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- (3) Establish standards and procedures for delegation under division (A) of section 4730.203 of the Revised Code of the authority to administer drugs. 2967
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- (B) The board's rules governing physician-delegated prescriptive authority adopted pursuant to division (A) (2) of this section shall be adopted in accordance with Chapter 119. of the Revised Code and shall establish all of the following: 2970
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- (1) Requirements regarding the pharmacology courses that a physician assistant is required to complete ~~to receive a certificate to prescribe;~~ 2974
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- (2) ~~Standards and procedures for the issuance and renewal of certificates to prescribe to physician assistants;~~ 2977
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- ~~(3) Standards and procedures for the appropriate conduct of the provisional period that a physician assistant is required to complete pursuant to section 4730.45 of the Revised Code and for determining whether a physician assistant has successfully completed the provisional period;~~ 2979
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- ~~(4) A specific prohibition against prescribing any drug or~~ 2984

device to perform or induce an abortion; 2985

~~(5)~~ (3) Standards and procedures to be followed by a 2986
physician assistant in personally furnishing samples of drugs or 2987
complete or partial supplies of drugs to patients under section 2988
4730.43 of the Revised Code; 2989

~~(6)~~ (4) Any other requirements the board considers 2990
necessary to implement the provisions of this chapter regarding 2991
physician-delegated prescriptive authority ~~and the issuance of~~ 2992
~~certificates to prescribe.~~ 2993

(C) (1) After considering recommendations submitted by the 2994
physician assistant policy committee pursuant to sections 2995
4730.06 and 4730.38 of the Revised Code, the board shall review 2996
either or both of the following, as appropriate according to the 2997
submitted recommendations: 2998

(a) The formulary the board adopts under division (A) (1) 2999
of this section; 3000

(b) The rules the board adopts under division (A) (2) of 3001
this section regarding physician-delegated prescriptive 3002
authority. 3003

(2) Based on its review, the board shall make any 3004
necessary modifications to the formulary or rules. 3005

Sec. 4730.41. (A) ~~A certificate to prescribe issued under~~ 3006
~~this chapter authorizes a physician assistant~~ who holds a valid 3007
prescriber number issued by the state medical board is 3008
authorized to prescribe and personally furnish drugs and 3009
therapeutic devices in the exercise of physician-delegated 3010
prescriptive authority. 3011

(B) In exercising physician-delegated prescriptive 3012

authority, a physician assistant is subject to all of the 3013
following: 3014

(1) The physician assistant shall exercise physician- 3015
delegated prescriptive authority only to the extent that the 3016
physician supervising the physician assistant has granted that 3017
authority. 3018

(2) The physician assistant shall comply with all 3019
conditions placed on the physician-delegated prescriptive 3020
authority, as specified by the supervising physician who is 3021
supervising the physician assistant in the exercise of 3022
physician-delegated prescriptive authority. 3023

(3) If the physician assistant possesses physician- 3024
delegated prescriptive authority for controlled substances, the 3025
physician assistant shall register with the federal drug 3026
enforcement administration. 3027

(4) If the physician assistant possesses physician- 3028
delegated prescriptive authority for schedule II controlled 3029
substances, the physician assistant shall comply with section 3030
4730.411 of the Revised Code. 3031

(5) If the physician assistant possesses physician- 3032
delegated prescriptive authority to prescribe for a minor, as 3033
defined in section 3719.061 of the Revised Code, a compound that 3034
is a controlled substance containing an opioid, the physician 3035
assistant shall comply with section 3719.061 of the Revised 3036
Code. 3037

(6) The physician assistant shall comply with the 3038
requirements of section 4730.44 of the Revised Code. 3039

Sec. 4730.42. (A) In granting physician-delegated 3040
prescriptive authority to a particular physician assistant who 3041

holds a ~~certificate to prescribe valid prescriber number issued~~ 3042
~~under this chapter by the state medical board,~~ the supervising 3043
physician is subject to all of the following: 3044

(1) The supervising physician shall not grant physician- 3045
delegated prescriptive authority for any drug or therapeutic 3046
device that is not listed on the physician assistant formulary 3047
adopted under section 4730.39 of the Revised Code as a drug or 3048
therapeutic device that may be included in the physician- 3049
delegated prescriptive authority granted to a physician 3050
assistant. 3051

(2) The supervising physician shall not grant physician- 3052
delegated prescriptive authority for any drug or device that may 3053
be used to perform or induce an abortion. 3054

(3) The supervising physician shall not grant physician- 3055
delegated prescriptive authority in a manner that exceeds the 3056
supervising physician's prescriptive authority, including the 3057
physician's authority to treat chronic pain with controlled 3058
substances and products containing tramadol as described in 3059
section 4731.052 of the Revised Code. 3060

(4) The supervising physician shall supervise the 3061
physician assistant in accordance with ~~all both~~ of the 3062
following: 3063

(a) The supervision requirements specified in section 3064
4730.21 of the Revised Code ~~and, in the case of supervision~~ 3065
~~provided during a provisional period of physician delegated~~ 3066
~~prescriptive authority, the supervision requirements specified~~ 3067
~~in section 4730.45 of the Revised Code;~~ 3068

(b) The ~~physician supervisory plan approved for the~~ 3069
~~supervising physician or~~ supervision agreement entered into with 3070

the physician assistant under section 4730.19 of the Revised 3071
Code, including, if applicable, the policies of the health care 3072
facility in which the physician and physician assistant are 3073
practicing; 3074

~~(c) The supervision agreement approved under section~~ 3075
~~4730.19 of the Revised Code that applies to the supervising~~ 3076
~~physician and the physician assistant.~~ 3077

(B) (1) The supervising physician of a physician assistant 3078
may place conditions on the physician-delegated prescriptive 3079
authority granted to the physician assistant. If conditions are 3080
placed on that authority, the supervising physician shall 3081
maintain a written record of the conditions and make the record 3082
available to the state medical board on request. 3083

(2) The conditions that a supervising physician may place 3084
on the physician-delegated prescriptive authority granted to a 3085
physician assistant include the following: 3086

(a) Identification by class and specific generic 3087
nomenclature of drugs and therapeutic devices that the physician 3088
chooses not to permit the physician assistant to prescribe; 3089

(b) Limitations on the dosage units or refills that the 3090
physician assistant is authorized to prescribe; 3091

(c) Specification of circumstances under which the 3092
physician assistant is required to refer patients to the 3093
supervising physician or another physician when exercising 3094
physician-delegated prescriptive authority; 3095

(d) Responsibilities to be fulfilled by the physician in 3096
supervising the physician assistant that are not otherwise 3097
specified in the physician supervisory plan supervision 3098
agreement or otherwise required by this chapter. 3099

Sec. 4730.43. (A) A physician assistant who holds a 3100
~~certificate to prescribe valid prescriber number issued under~~ 3101
~~this chapter by the state medical board~~ and has been granted 3102
physician-delegated prescriptive authority ~~by a supervising~~ 3103
~~physician~~ may personally furnish to a patient samples of drugs 3104
and therapeutic devices that are included in the physician 3105
assistant's physician-delegated prescriptive authority, subject 3106
to all of the following: 3107

(1) The amount of the sample furnished shall not exceed a 3108
seventy-two-hour supply, except when the minimum available 3109
quantity of the sample is packaged in an amount that is greater 3110
than a seventy-two-hour supply, in which case the physician 3111
assistant may furnish the sample in the package amount. 3112

(2) No charge may be imposed for the sample or for 3113
furnishing it. 3114

(3) Samples of controlled substances may not be personally 3115
furnished. 3116

(B) A physician assistant who holds a ~~certificate to~~ 3117
~~prescribe valid prescriber number issued under this chapter by~~ 3118
~~the state medical board~~ and has been granted physician-delegated 3119
prescriptive authority ~~by a supervising physician~~ may personally 3120
furnish to a patient a complete or partial supply of the drugs 3121
and therapeutic devices that are included in the physician 3122
assistant's physician-delegated prescriptive authority, subject 3123
to all of the following: 3124

(1) The physician assistant shall personally furnish only 3125
antibiotics, antifungals, scabicides, contraceptives, prenatal 3126
vitamins, antihypertensives, drugs and devices used in the 3127
treatment of diabetes, drugs and devices used in the treatment 3128

of asthma, and drugs used in the treatment of dyslipidemia. 3129

(2) The physician assistant shall not furnish the drugs 3130
and devices in locations other than a health department operated 3131
by the board of health of a city or general health district or 3132
the authority having the duties of a board of health under 3133
section 3709.05 of the Revised Code, a federally funded 3134
comprehensive primary care clinic, or a nonprofit health care 3135
clinic or program. 3136

(3) The physician assistant shall comply with all 3137
standards and procedures for personally furnishing supplies of 3138
drugs and devices, as established in rules adopted under section 3139
4730.39 of the Revised Code. 3140

Sec. 4730.431. (A) Notwithstanding any provision of this 3141
chapter or rule adopted by the state medical board, a physician 3142
assistant who holds a ~~certificate to prescribe valid prescriber~~ 3143
~~number issued under this chapter by the board and has been~~ 3144
~~granted physician-delegated prescriptive authority~~ may 3145
personally furnish a supply of naloxone, or issue a prescription 3146
for naloxone, without having examined the individual to whom it 3147
may be administered if all of the following conditions are met: 3148

(1) The naloxone supply is furnished to, or the 3149
prescription is issued to and in the name of, a family member, 3150
friend, or other individual in a position to assist an 3151
individual who there is reason to believe is at risk of 3152
experiencing an opioid-related overdose. 3153

(2) The physician assistant instructs the individual 3154
receiving the naloxone supply or prescription to summon 3155
emergency services either immediately before or immediately 3156
after administering naloxone to an individual apparently 3157

experiencing an opioid-related overdose. 3158

(3) The naloxone is personally furnished or prescribed in 3159
such a manner that it may be administered by only either of the 3160
following routes: 3161

(a) Using a device manufactured for the intranasal 3162
administration of liquid drugs; 3163

(b) Using an autoinjector in a manufactured dosage form. 3164

(B) A physician assistant who under division (A) of this 3165
section in good faith furnishes a supply of naloxone or issues a 3166
prescription for naloxone is not liable for or subject to any of 3167
the following for any action or omission of the individual to 3168
whom the naloxone is furnished or the prescription is issued: 3169
damages in any civil action, prosecution in any criminal 3170
proceeding, or professional disciplinary action. 3171

Sec. 4730.44. (A) During the first five hundred hours of a 3172
physician assistant's exercise of physician-delegated 3173
prescriptive authority, the physician assistant shall exercise 3174
that authority only under the on-site supervision of a 3175
supervising physician. 3176

(B) A physician assistant shall be excused from the 3177
requirement established in division (A) of this section if prior 3178
to application under section 4730.10 of the Revised Code the 3179
physician assistant held a prescriber number, or the equivalent, 3180
from another jurisdiction and practiced with prescriptive 3181
authority in that jurisdiction for not less than one thousand 3182
hours. 3183

(C) A record of a physician assistant's completion of the 3184
hours required by division (A) of this section or issuance of a 3185
prescriber number or equivalent by another jurisdiction shall be 3186

kept in the records maintained by a supervising physician of the 3187
physician assistant. The record shall be made available for 3188
inspection by the board. 3189

Sec. 4730.49. (A) To be eligible for renewal of a 3190
certificate to prescribe license to practice as a physician 3191
assistant, an applicant who has been granted physician-delegated 3192
prescriptive authority is subject to both of the following: 3193

(1) The applicant shall complete every two years at least 3194
twelve hours of continuing education in pharmacology from an 3195
accredited institution recognized by the state medical board. 3196
Except as provided in division (B) of this section and in 3197
section 5903.12 of the Revised Code, the continuing education 3198
shall be completed not later than the thirty-first day of 3199
January of each even-numbered year. 3200

(2) (a) Except as provided in division (A) (2) (b) of this 3201
section, in the case of an applicant who prescribes opioid 3202
analgesics or benzodiazepines, as defined in section 3719.01 of 3203
the Revised Code, the applicant shall certify to the board 3204
whether the applicant has been granted access to the drug 3205
database established and maintained by the state board of 3206
pharmacy pursuant to section 4729.75 of the Revised Code. 3207

(b) The requirement in division (A) (2) (a) of this section 3208
does not apply if any of the following is the case: 3209

(i) The state board of pharmacy notifies the state medical 3210
board pursuant to section 4729.861 of the Revised Code that the 3211
applicant has been restricted from obtaining further information 3212
from the drug database. 3213

(ii) The state board of pharmacy no longer maintains the 3214
drug database. 3215

(iii) The applicant does not practice as a physician assistant in this state. 3216
3217

(c) If an applicant certifies to the state medical board that the applicant has been granted access to the drug database and the board finds through an audit or other means that the applicant has not been granted access, the board may take action under section 4730.25 of the Revised Code. 3218
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(B) The state medical board shall provide for pro rata reductions by month of the number of hours of continuing education in pharmacology that is required to be completed for physician assistants who are in their first ~~certification~~ licensure period after completing the ~~provisional period of~~ supervision required under section ~~4730.45-4730.44~~ of the Revised Code, who have been disabled due to illness or accident, or who have been absent from the country. The board shall adopt rules, in accordance with Chapter 119. of the Revised Code, as necessary to implement this division. 3223
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(C) The continuing education required by this section is in addition to the continuing education required under section 4730.14 of the Revised Code. 3233
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Sec. 4730.51. In the information the board maintains on ~~the its internet web site~~, the state medical board shall include the following: 3236
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(A) The name of each physician assistant who holds a ~~certificate to prescribe~~ license under this chapter; 3239
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(B) For each physician assistant who holds a ~~certificate to prescribe~~ valid prescriber number issued by the state medical board, the name of each supervising physician who has authority to grant physician-delegated prescriptive authority to the 3241
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physician assistant. 3245

Sec. 4730.53. (A) As used in this section, "drug database" 3246
means the database established and maintained by the state board 3247
of pharmacy pursuant to section 4729.75 of the Revised Code. 3248

(B) Except as provided in divisions (C) and (E) of this 3249
section, a physician assistant ~~holding a certificate to~~ 3250
~~prescribe issued~~ licensed under this chapter who has been 3251
granted physician-delegated prescriptive authority shall comply 3252
with all of the following as conditions of prescribing a drug 3253
that is either an opioid analgesic or a benzodiazepine as part 3254
of a patient's course of treatment for a particular condition: 3255

(1) Before initially prescribing the drug, the physician 3256
assistant or the physician assistant's delegate shall request 3257
from the drug database a report of information related to the 3258
patient that covers at least the twelve months immediately 3259
preceding the date of the request. If the physician assistant 3260
practices primarily in a county of this state that adjoins 3261
another state, the physician assistant or delegate also shall 3262
request a report of any information available in the drug 3263
database that pertains to prescriptions issued or drugs 3264
furnished to the patient in the state adjoining that county. 3265

(2) If the patient's course of treatment for the condition 3266
continues for more than ninety days after the initial report is 3267
requested, the physician assistant or delegate shall make 3268
periodic requests for reports of information from the drug 3269
database until the course of treatment has ended. The requests 3270
shall be made at intervals not exceeding ninety days, determined 3271
according to the date the initial request was made. The request 3272
shall be made in the same manner provided in division (B)(1) of 3273
this section for requesting the initial report of information 3274

from the drug database. 3275

(3) On receipt of a report under division (B) (1) or (2) of 3276
this section, the physician assistant shall assess the 3277
information in the report. The physician assistant shall 3278
document in the patient's record that the report was received 3279
and the information was assessed. 3280

(C) Division (B) of this section does not apply in any of 3281
the following circumstances: 3282

(1) A drug database report regarding the patient is not 3283
available, in which case the physician assistant shall document 3284
in the patient's record the reason that the report is not 3285
available. 3286

(2) The drug is prescribed in an amount indicated for a 3287
period not to exceed seven days. 3288

(3) The drug is prescribed for the treatment of cancer or 3289
another condition associated with cancer. 3290

(4) The drug is prescribed to a hospice patient in a 3291
hospice care program, as those terms are defined in section 3292
3712.01 of the Revised Code, or any other patient diagnosed as 3293
terminally ill. 3294

(5) The drug is prescribed for administration in a 3295
hospital, nursing home, or residential care facility. 3296

(D) With respect to prescribing any drug that is not an 3297
opioid analgesic or a benzodiazepine but is included in the drug 3298
database pursuant to rules adopted under section 4729.84 of the 3299
Revised Code, the state medical board shall adopt rules that 3300
establish standards and procedures to be followed by a physician 3301
assistant ~~who holds a certificate to prescribe issued~~ licensed 3302

under this chapter who has been granted physician-delegated 3303
prescriptive authority regarding the review of patient 3304
information available through the drug database under division 3305
(A) (5) of section 4729.80 of the Revised Code. The rules shall 3306
be adopted in accordance with Chapter 119. of the Revised Code. 3307

(E) This section and the rules adopted under it do not 3308
apply if the state board of pharmacy no longer maintains the 3309
drug database. 3310

Sec. 4731.07. (A) The state medical board shall keep a 3311
record of its proceedings. The minutes of a meeting of the board 3312
shall, on approval by the board, constitute an official record 3313
of its proceedings. 3314

(B) The board shall keep a register of applicants for 3315
certificates of registration and certificates to practice issued 3316
under this chapter and Chapters ~~4730.,~~4760., 4762., and 4774. 3317
of the Revised Code and licenses issued under ~~Chapter~~ Chapters 3318
4730. and 4778. of the Revised Code. The register shall show the 3319
name of the applicant and whether the applicant was granted or 3320
refused a certificate or license. With respect to applicants to 3321
practice medicine and surgery or osteopathic medicine and 3322
surgery, the register shall show the name of the institution 3323
that granted the applicant the degree of doctor of medicine or 3324
osteopathic medicine. The books and records of the board shall 3325
be prima-facie evidence of matters therein contained. 3326

Sec. 4761.01. As used in this chapter: 3327

(A) "Respiratory care" means rendering or offering to 3328
render to individuals, groups, organizations, or the public any 3329
service involving the evaluation of cardiopulmonary function, 3330
the treatment of cardiopulmonary impairment, the assessment of 3331

treatment effectiveness, and the care of patients with 3332
deficiencies and abnormalities associated with the 3333
cardiopulmonary system. The practice of respiratory care 3334
includes: 3335

(1) Obtaining, analyzing, testing, measuring, and 3336
monitoring blood and gas samples in the determination of 3337
cardiopulmonary parameters and related physiologic data, 3338
including flows, pressures, and volumes, and the use of 3339
equipment employed for this purpose; 3340

(2) Administering, monitoring, recording the results of, 3341
and instructing in the use of medical gases, aerosols, and 3342
bronchopulmonary hygiene techniques, including drainage, 3343
aspiration, and sampling, and applying, maintaining, and 3344
instructing in the use of artificial airways, ventilators, and 3345
other life support equipment employed in the treatment of 3346
cardiopulmonary impairment and provided in collaboration with 3347
other licensed health care professionals responsible for 3348
providing care; 3349

(3) Performing cardiopulmonary resuscitation and 3350
respiratory rehabilitation techniques; 3351

(4) Administering medications for the testing or treatment 3352
of cardiopulmonary impairment. 3353

(B) "Respiratory care professional" means a person who is 3354
licensed under this chapter to practice the full range of 3355
respiratory care services as defined in division (A) of this 3356
section. 3357

(C) "Physician" means an individual authorized under 3358
Chapter 4731. of the Revised Code to practice medicine and 3359
surgery or osteopathic medicine and surgery. 3360

(D) "Registered nurse" means an individual licensed under Chapter 4723. of the Revised Code to engage in the practice of nursing as a registered nurse.

(E) "Hospital" means a facility that meets the operating standards of section 3727.02 of the Revised Code.

(F) "Nursing facility" has the same meaning as in section 5165.01 of the Revised Code.

(G) "Certified hyperbaric technologist" means a person who administers hyperbaric oxygen therapy and is certified as a hyperbaric technologist by the national board of diving and hyperbaric medical technology or its successor organization.

(H) "Hyperbaric oxygen therapy" means the administration of pure oxygen in a pressurized room or chamber, except that it does not include ventilator management.

(I) "Advanced practice registered nurse" has the same meaning as in section 4723.01 of the Revised Code.

(J) "Physician assistant" means an individual who holds a valid ~~certificate~~license to practice issued under Chapter 4730. of the Revised Code authorizing the individual to provide services as a physician assistant to patients under the supervision, control, and direction of one or more physicians.

Sec. 4761.17. All of the following apply to the practice of respiratory care by a person who holds a license or limited permit issued under this chapter:

(A) The person shall practice only pursuant to a prescription or other order for respiratory care issued by ~~a~~ any of the following:

(1) A physician ~~or by a ;~~

(2) A registered nurse who holds a certificate of 3389
authority issued under Chapter 4723. of the Revised Code to 3390
practice as a certified nurse practitioner or clinical nurse 3391
specialist and has entered into a standard care arrangement with 3392
a physician that allows the nurse to prescribe or order 3393
respiratory care services; 3394

(3) A physician assistant who holds a valid prescriber 3395
number issued by the state medical board, has been granted 3396
physician-delegated prescriptive authority, and has entered into 3397
a supervision agreement that allows the physician assistant to 3398
prescribe or order respiratory care services. 3399

(B) The person shall practice only under the supervision 3400
of ~~a~~ any of the following: 3401

(1) A physician or under the supervision of a; 3402

(2) A certified nurse practitioner or clinical nurse 3403
specialist who is authorized to prescribe or order respiratory 3404
care services as provided in division (A) (2) of this section; 3405

(3) A physician assistant who is authorized to prescribe 3406
or order respiratory care services as provided in division (A) 3407
(3) of this section. 3408

(C) (1) When practicing under the prescription or order of 3409
a certified nurse practitioner or clinical nurse specialist or 3410
under the supervision of such a nurse, the person's 3411
administration of medication that requires a prescription is 3412
limited to the drugs that the nurse is authorized to prescribe 3413
pursuant to the nurse's certificate to prescribe issued under 3414
section 4723.48 of the Revised Code. 3415

(2) When practicing under the prescription or order of a 3416
physician assistant or under the supervision of a physician 3417

assistant, the person's administration of medication that 3418
requires a prescription is limited to the drugs that the 3419
physician assistant is authorized to prescribe pursuant to the 3420
physician assistant's physician-delegated prescriptive 3421
authority. 3422

Sec. 4765.01. As used in this chapter: 3423

(A) "First responder" means an individual who holds a 3424
current, valid certificate issued under section 4765.30 of the 3425
Revised Code to practice as a first responder. 3426

(B) "Emergency medical technician-basic" or "EMT-basic" 3427
means an individual who holds a current, valid certificate 3428
issued under section 4765.30 of the Revised Code to practice as 3429
an emergency medical technician-basic. 3430

(C) "Emergency medical technician-intermediate" or "EMT-I" 3431
means an individual who holds a current, valid certificate 3432
issued under section 4765.30 of the Revised Code to practice as 3433
an emergency medical technician-intermediate. 3434

(D) "Emergency medical technician-paramedic" or 3435
"paramedic" means an individual who holds a current, valid 3436
certificate issued under section 4765.30 of the Revised Code to 3437
practice as an emergency medical technician-paramedic. 3438

(E) "Ambulance" means any motor vehicle that is used, or 3439
is intended to be used, for the purpose of responding to 3440
emergency medical situations, transporting emergency patients, 3441
and administering emergency medical service to patients before, 3442
during, or after transportation. 3443

(F) "Cardiac monitoring" means a procedure used for the 3444
purpose of observing and documenting the rate and rhythm of a 3445
patient's heart by attaching electrical leads from an 3446

electrocardiograph monitor to certain points on the patient's 3447
body surface. 3448

(G) "Emergency medical service" means any of the services 3449
described in sections 4765.35, 4765.37, 4765.38, and 4765.39 of 3450
the Revised Code that are performed by first responders, 3451
emergency medical technicians-basic, emergency medical 3452
technicians-intermediate, and paramedics. "Emergency medical 3453
service" includes such services performed before or during any 3454
transport of a patient, including transports between hospitals 3455
and transports to and from helicopters. 3456

(H) "Emergency medical service organization" means a 3457
public or private organization using first responders, EMTs- 3458
basic, EMTs-I, or paramedics, or a combination of first 3459
responders, EMTs-basic, EMTs-I, and paramedics, to provide 3460
emergency medical services. 3461

(I) "Physician" means an individual who holds a current, 3462
valid certificate issued under Chapter 4731. of the Revised Code 3463
authorizing the practice of medicine and surgery or osteopathic 3464
medicine and surgery. 3465

(J) "Registered nurse" means an individual who holds a 3466
current, valid license issued under Chapter 4723. of the Revised 3467
Code authorizing the practice of nursing as a registered nurse. 3468

(K) "Volunteer" means a person who provides services 3469
either for no compensation or for compensation that does not 3470
exceed the actual expenses incurred in providing the services or 3471
in training to provide the services. 3472

(L) "Emergency medical service personnel" means first 3473
responders, emergency medical service technicians-basic, 3474
emergency medical service technicians-intermediate, emergency 3475

medical service technicians-paramedic, and persons who provide	3476
medical direction to such persons.	3477
(M) "Hospital" has the same meaning as in section 3727.01	3478
of the Revised Code.	3479
(N) "Trauma" or "traumatic injury" means severe damage to	3480
or destruction of tissue that satisfies both of the following	3481
conditions:	3482
(1) It creates a significant risk of any of the following:	3483
(a) Loss of life;	3484
(b) Loss of a limb;	3485
(c) Significant, permanent disfigurement;	3486
(d) Significant, permanent disability.	3487
(2) It is caused by any of the following:	3488
(a) Blunt or penetrating injury;	3489
(b) Exposure to electromagnetic, chemical, or radioactive	3490
energy;	3491
(c) Drowning, suffocation, or strangulation;	3492
(d) A deficit or excess of heat.	3493
(O) "Trauma victim" or "trauma patient" means a person who	3494
has sustained a traumatic injury.	3495
(P) "Trauma care" means the assessment, diagnosis,	3496
transportation, treatment, or rehabilitation of a trauma victim	3497
by emergency medical service personnel or by a physician, nurse,	3498
physician assistant, respiratory therapist, physical therapist,	3499
chiropractor, occupational therapist, speech-language	3500
pathologist, audiologist, or psychologist licensed to practice	3501

as such in this state or another jurisdiction. 3502

(Q) "Trauma center" means all of the following: 3503

(1) Any hospital that is verified by the American college 3504
of surgeons as an adult or pediatric trauma center; 3505

(2) Any hospital that is operating as an adult or 3506
pediatric trauma center under provisional status pursuant to 3507
section 3727.101 of the Revised Code; 3508

(3) Until December 31, 2004, any hospital in this state 3509
that is designated by the director of health as a level II 3510
pediatric trauma center under section 3727.081 of the Revised 3511
Code; 3512

(4) Any hospital in another state that is licensed or 3513
designated under the laws of that state as capable of providing 3514
specialized trauma care appropriate to the medical needs of the 3515
trauma patient. 3516

(R) "Pediatric" means involving a patient who is less than 3517
sixteen years of age. 3518

(S) "Adult" means involving a patient who is not a 3519
pediatric patient. 3520

(T) "Geriatric" means involving a patient who is at least 3521
seventy years old or exhibits significant anatomical or 3522
physiological characteristics associated with advanced aging. 3523

(U) "Air medical organization" means an organization that 3524
provides emergency medical services, or transports emergency 3525
victims, by means of fixed or rotary wing aircraft. 3526

(V) "Emergency care" and "emergency facility" have the 3527
same meanings as in section 3727.01 of the Revised Code. 3528

(W) "Stabilize," except as it is used in division (B) of section 4765.35 of the Revised Code with respect to the manual stabilization of fractures, has the same meaning as in section 1753.28 of the Revised Code.

(X) "Transfer" has the same meaning as in section 1753.28 of the Revised Code.

(Y) "Firefighter" means any member of a fire department as defined in section 742.01 of the Revised Code.

(Z) "Volunteer firefighter" has the same meaning as in section 146.01 of the Revised Code.

(AA) "Part-time paid firefighter" means a person who provides firefighting services on less than a full-time basis, is routinely scheduled to be present on site at a fire station or other designated location for purposes of responding to a fire or other emergency, and receives more than nominal compensation for the provision of firefighting services.

(BB) "Physician assistant" means an individual who holds a valid ~~certificate~~license to practice as a physician assistant issued under Chapter 4730. of the Revised Code.

Sec. 4765.51. Nothing in this chapter prevents or restricts the practice, services, or activities of any registered nurse practicing within the scope of the registered nurse's practice.

Nothing in this chapter prevents or restricts the practice, services, or activities of any physician assistant practicing in accordance with a ~~physician supervisory plan~~approved supervision agreement entered into under section ~~4730.17~~4730.19 of the Revised Code ~~or,~~including, if applicable, the policies of the health care facility in which

the physician assistant is practicing. 3558

Sec. 5123.47. (A) As used in this section: 3559

(1) "In-home care" means the supportive services provided 3560
within the home of an individual with mental retardation or a 3561
developmental disability who receives funding for the services 3562
through a county board of developmental disabilities, including 3563
any recipient of residential services funded as home and 3564
community-based services, family support services provided under 3565
section 5126.11 of the Revised Code, or supported living 3566
provided in accordance with sections 5126.41 to 5126.47 of the 3567
Revised Code. "In-home care" includes care that is provided 3568
outside an individual's home in places incidental to the home, 3569
and while traveling to places incidental to the home, except 3570
that "in-home care" does not include care provided in the 3571
facilities of a county board of developmental disabilities or 3572
care provided in schools. 3573

(2) "Parent" means either parent of a child, including an 3574
adoptive parent but not a foster parent. 3575

(3) "Unlicensed in-home care worker" means an individual 3576
who provides in-home care but is not a health care professional. 3577

(4) "Family member" means a parent, sibling, spouse, son, 3578
daughter, grandparent, aunt, uncle, cousin, or guardian of the 3579
individual with mental retardation or a developmental disability 3580
if the individual with mental retardation or developmental 3581
disabilities lives with the person and is dependent on the 3582
person to the extent that, if the supports were withdrawn, 3583
another living arrangement would have to be found. 3584

(5) "Health care professional" means any of the following: 3585

(a) A dentist who holds a valid license issued under 3586

Chapter 4715. of the Revised Code;	3587
(b) A registered or licensed practical nurse who holds a valid license issued under Chapter 4723. of the Revised Code;	3588
(c) An optometrist who holds a valid license issued under Chapter 4725. of the Revised Code;	3590
(d) A pharmacist who holds a valid license issued under Chapter 4729. of the Revised Code;	3592
(e) A person who holds a valid certificate issued under Chapter 4731. of the Revised Code to practice medicine and surgery, osteopathic medicine and surgery, podiatric medicine and surgery, or a limited brand of medicine;	3594
(f) A physician assistant who holds a valid certificate <u>license</u> issued under Chapter 4730. of the Revised Code;	3598
(g) An occupational therapist or occupational therapy assistant or a physical therapist or physical therapist assistant who holds a valid license issued under Chapter 4755. of the Revised Code;	3599
(h) A respiratory care professional who holds a valid license issued under Chapter 4761. of the Revised Code.	3600
(6) "Health care task" means a task that is prescribed, ordered, delegated, or otherwise directed by a health care professional acting within the scope of the professional's practice.	3601
(B) Except as provided in division (E) of this section, a family member of an individual with mental retardation or a developmental disability may authorize an unlicensed in-home care worker to administer oral and topical prescribed medications or perform other health care tasks as part of the	3602
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in-home care the worker provides to the individual, if all of 3615
the following apply: 3616

(1) The family member is the primary supervisor of the 3617
care. 3618

(2) The unlicensed in-home care worker has been selected 3619
by the family member or the individual receiving care and is 3620
under the direct supervision of the family member. 3621

(3) The unlicensed in-home care worker is providing the 3622
care through an employment or other arrangement entered into 3623
directly with the family member and is not otherwise employed by 3624
or under contract with a person or government entity to provide 3625
services to individuals with mental retardation and 3626
developmental disabilities. 3627

(C) A family member shall obtain a prescription, if 3628
applicable, and written instructions from a health care 3629
professional for the care to be provided to the individual. The 3630
family member shall authorize the unlicensed in-home care worker 3631
to provide the care by preparing a written document granting the 3632
authority. The family member shall provide the unlicensed in- 3633
home care worker with appropriate training and written 3634
instructions in accordance with the instructions obtained from 3635
the health care professional. 3636

(D) A family member who authorizes an unlicensed in-home 3637
care worker to administer oral and topical prescribed 3638
medications or perform other health care tasks retains full 3639
responsibility for the health and safety of the individual 3640
receiving the care and for ensuring that the worker provides the 3641
care appropriately and safely. No entity that funds or monitors 3642
the provision of in-home care may be held liable for the results 3643

of the care provided under this section by an unlicensed in-home care worker, including such entities as the county board of developmental disabilities and the department of developmental disabilities.

An unlicensed in-home care worker who is authorized under this section by a family member to provide care to an individual may not be held liable for any injury caused in providing the care, unless the worker provides the care in a manner that is not in accordance with the training and instructions received or the worker acts in a manner that constitutes wanton or reckless misconduct.

(E) A county board of developmental disabilities may evaluate the authority granted by a family member under this section to an unlicensed in-home care worker at any time it considers necessary and shall evaluate the authority on receipt of a complaint. If the board determines that a family member has acted in a manner that is inappropriate for the health and safety of the individual receiving the care, the authorization granted by the family member to an unlicensed in-home care worker is void, and the family member may not authorize other unlicensed in-home care workers to provide the care. In making such a determination, the board shall use appropriately licensed health care professionals and shall provide the family member an opportunity to file a complaint under section 5126.06 of the Revised Code.

Section 2. That existing sections 1.64, 2133.211, 2151.3515, 2305.113, 2925.61, 3701.048, 3701.92, 3727.06, 4503.44, 4723.01, 4723.18, 4723.181, 4729.01, 4730.01, 4730.02, 4730.03, 4730.04, 4730.06, 4730.08, 4730.091, 4730.091, 4730.092, 4730.10, 4730.101, 4730.11, 4730.12, 4730.13, 4730.14,

4730.19, 4730.21, 4730.22, 4730.25, 4730.251, 4730.27, 4730.28, 3674
4730.31, 4730.32, 4730.33, 4730.38, 4730.39, 4730.41, 4730.42, 3675
4730.43, 4730.431, 4730.49, 4730.51, 4730.53, 4731.07, 4761.01, 3676
4761.17, 4765.01, 4765.51, and 5123.47 and sections 4730.081, 3677
4730.09, 4730.15, 4730.16, 4730.17, 4730.18, 4730.20, 4730.44, 3678
4730.45, 4730.46, 4730.47, 4730.48, 4730.50, and 4730.52 of the 3679
Revised Code are hereby repealed. 3680

Section 3. (A) The State Medical Board may continue to 3681
issue certificates to practice and certificates to prescribe 3682
pursuant to Chapter 4730. of the Revised Code for not longer 3683
than ninety days after the effective date of this act. 3684
Thereafter, the Board shall issue physician assistant licenses 3685
in compliance with this act. 3686

(B) Certificates to practice and certificates to prescribe 3687
issued pursuant to division (A) of this section or Chapter 4730. 3688
of the Revised Code, as that chapter existed immediately prior 3689
to the effective date of this act, shall satisfy the 3690
requirements for physician assistant licenses, as created by 3691
this act, until January 31, 2016. 3692

Section 4. Section 4730.25 of the Revised Code is 3693
presented in this act as a composite of the section as amended 3694
by Sub. H.B. 314, Am. Sub. H.B. 341, and Am. Sub. H.B. 483, all 3695
of the 130th General Assembly. The General Assembly, applying 3696
the principle stated in division (B) of section 1.52 of the 3697
Revised Code that amendments are to be harmonized if reasonably 3698
capable of simultaneous operation, finds that the composite is 3699
the resulting version of the section in effect prior to the 3700
effective date of the section as presented in this act. 3701