

As Introduced

**132nd General Assembly
Regular Session
2017-2018**

S. B. No. 178

Senator Lehner

A BILL

To amend sections 2133.02, 2133.21, 2133.211, 1
2133.23, 2133.24, 2133.25, 2133.26, 3795.03, 2
4730.20, 4765.35, 4765.37, 4765.38, and 4765.39; 3
to amend, for the purpose of adopting new 4
section numbers as indicated in parentheses, 5
sections 2133.211 (2133.23), 2133.23 (2133.24), 6
2133.24 (2133.25), 2133.25 (2133.26), and 7
2133.26 (2133.27); to enact new section 2133.22 8
and sections 2133.28, 2133.29, 2133.30, 2133.31, 9
2133.32, 2133.33, 2133.34, 2133.35, 2133.36, 10
2133.37, 2133.38, 2133.39, 2133.40, 2133.41, 11
2133.42, 2133.43, 2133.44, 2133.45, 2133.46, 12
2133.47, and 2133.48; and to repeal section 13
2133.22 of the Revised Code to establish 14
procedures for the use of medical orders for 15
life-sustaining treatment and to make changes to 16
the laws governing DNR identification and 17
orders. 18

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

Section 1. That sections 2133.02, 2133.21, 2133.211, 19
2133.23, 2133.24, 2133.25, 2133.26, 3795.03, 4730.20, 4765.35, 20

4765.37, 4765.38, and 4765.39 be amended; sections 2133.24 21
(2133.25), 2133.25 (2133.26), 2133.26 (2133.27), 2133.211 22
(2133.23), and 2133.23 (2133.24) be amended for the purpose of 23
adopting new section numbers as indicated in parentheses; and 24
new section 2133.22 and sections 2133.28, 2133.29, 2133.30, 25
2133.31, 2133.32, 2133.33, 2133.34, 2133.35, 2133.36, 2133.37, 26
2133.38, 2133.39, 2133.40, 2133.41, 2133.42, 2133.43, 2133.44, 27
2133.45, 2133.46, 2133.47, and 2133.48 of the Revised Code be 28
enacted to read as follows: 29

Sec. 2133.02. (A) (1) An adult who is of sound mind 30
voluntarily may execute at any time a declaration governing the 31
use or continuation, or the withholding or withdrawal, of life- 32
sustaining treatment. The declaration shall be signed at the end 33
by the declarant or by another individual at the direction of 34
the declarant, state the date of its execution, and either be 35
witnessed as described in division (B) (1) of this section or be 36
acknowledged by the declarant in accordance with division (B) (2) 37
of this section. The declaration may include a designation by 38
the declarant of one or more persons who are to be notified by 39
the declarant's attending physician at any time that life- 40
sustaining treatment would be withheld or withdrawn pursuant to 41
the declaration. The declaration may include a specific 42
authorization for the use or continuation or the withholding or 43
withdrawal of CPR, but the failure to include a specific 44
authorization for the withholding or withdrawal of CPR does not 45
preclude the withholding or withdrawal of CPR in accordance with 46
sections 2133.01 to 2133.15 or sections 2133.21 to ~~2133.26~~ 47
2133.29 of the Revised Code. 48

(2) Depending upon whether the declarant intends the 49
declaration to apply when the declarant is in a terminal 50
condition, in a permanently unconscious state, or in either a 51

terminal condition or a permanently unconscious state, the 52
declarant's declaration shall use either or both of the terms 53
"terminal condition" and "permanently unconscious state" and 54
shall define or otherwise explain those terms in a manner that 55
is substantially consistent with the provisions of section 56
2133.01 of the Revised Code. 57

(3) (a) If a declarant who has authorized the withholding 58
or withdrawal of life-sustaining treatment intends that the 59
declarant's attending physician withhold or withdraw nutrition 60
or hydration when the declarant is in a permanently unconscious 61
state and when the nutrition and hydration will not or no longer 62
will serve to provide comfort to the declarant or alleviate the 63
declarant's pain, then the declarant shall authorize the 64
declarant's attending physician to withhold or withdraw 65
nutrition or hydration when the declarant is in the permanently 66
unconscious state by doing both of the following in the 67
declaration: 68

(i) Including a statement in capital letters or other 69
conspicuous type, including, but not limited to, a different 70
font, bigger type, or boldface type, that the declarant's 71
attending physician may withhold or withdraw nutrition and 72
hydration if the declarant is in a permanently unconscious state 73
and if the declarant's attending physician and at least one 74
other physician who has examined the declarant determine, to a 75
reasonable degree of medical certainty and in accordance with 76
reasonable medical standards, that nutrition or hydration will 77
not or no longer will serve to provide comfort to the declarant 78
or alleviate the declarant's pain, or checking or otherwise 79
marking a box or line that is adjacent to a similar statement on 80
a printed form of a declaration; 81

(ii) Placing the declarant's initials or signature 82
underneath or adjacent to the statement, check, or other mark 83
described in division (A) (3) (a) (i) of this section. 84

(b) Division (A) (3) (a) of this section does not apply to 85
the extent that a declaration authorizes the withholding or 86
withdrawal of life-sustaining treatment when a declarant is in a 87
terminal condition. The provisions of division (E) of section 88
2133.12 of the Revised Code pertaining to comfort care shall 89
apply to a declarant in a terminal condition. 90

(B) (1) If witnessed for purposes of division (A) of this 91
section, a declaration shall be witnessed by two individuals as 92
described in this division in whose presence the declarant, or 93
another individual at the direction of the declarant, signed the 94
declaration. The witnesses to a declaration shall be adults who 95
are not related to the declarant by blood, marriage, or 96
adoption, who are not the attending physician of the declarant, 97
and who are not the administrator of any nursing home in which 98
the declarant is receiving care. Each witness shall subscribe 99
the witness' signature after the signature of the declarant or 100
other individual at the direction of the declarant and, by doing 101
so, attest to the witness' belief that the declarant appears to 102
be of sound mind and not under or subject to duress, fraud, or 103
undue influence. The signatures of the declarant or other 104
individual at the direction of the declarant under division (A) 105
of this section and of the witnesses under this division are not 106
required to appear on the same page of the declaration. 107

(2) If acknowledged for purposes of division (A) of this 108
section, a declaration shall be acknowledged before a notary 109
public, who shall make the certification described in section 110
147.53 of the Revised Code and also shall attest that the 111

declarant appears to be of sound mind and not under or subject 112
to duress, fraud, or undue influence. 113

(C) An attending physician, or other health care personnel 114
acting under the direction of an attending physician, who is 115
furnished a copy of a declaration shall make it a part of the 116
declarant's medical record and, when section 2133.05 of the 117
Revised Code is applicable, also shall comply with that section. 118

(D) (1) Subject to division (D) (2) of this section, an 119
attending physician of a declarant or a health care facility in 120
which a declarant is confined may refuse to comply or allow 121
compliance with the declarant's declaration on the basis of a 122
matter of conscience or on another basis. An employee or agent 123
of an attending physician of a declarant or of a health care 124
facility in which a declarant is confined may refuse to comply 125
with the declarant's declaration on the basis of a matter of 126
conscience. 127

(2) If an attending physician of a declarant or a health 128
care facility in which a declarant is confined is not willing or 129
not able to comply or allow compliance with the declarant's 130
declaration, the physician or facility promptly shall so advise 131
the declarant and comply with the provisions of section 2133.10 132
of the Revised Code, or, if the declaration has become operative 133
as described in division (A) of section 2133.03 of the Revised 134
Code, shall comply with the provisions of section 2133.10 of the 135
Revised Code. 136

(E) As used in this section, "CPR" has the same meaning as 137
in section 2133.21 of the Revised Code. 138

Sec. 2133.21. As used in this section and sections ~~2133.21-~~ 139
~~2133.22 to 2133.26-2133.29~~ of the Revised Code, unless the 140

context clearly requires otherwise: 141

(A) "Attending physician" means the physician to whom a 142
person, or the family of a person, has assigned primary 143
responsibility for the treatment or care of the person or, if 144
the person or the person's family has not assigned that 145
responsibility, the physician who has accepted that 146
responsibility. 147

(B) "CPR" means cardiopulmonary resuscitation or a 148
component of cardiopulmonary resuscitation, but it does not 149
include clearing a person's airway for a purpose other than as a 150
component of CPR. 151

~~(C) "Declaration," "health care facility," "life-~~ 152
~~sustaining treatment," "physician," "professional disciplinary-~~ 153
~~action," and "tort action" have the same meanings as in section-~~ 154
~~2133.01 of the Revised Code~~means a document executed in 155
accordance with section 2133.02 of the Revised Code. 156

~~(C)~~(D) "DNR identification" means a standardized 157
identification card, form, necklace, or bracelet that is of 158
uniform size and design, that has been approved by the 159
department of health pursuant to former section 2133.25 of the 160
Revised Code, and that signifies ~~either~~at least one of the 161
following: 162

(1) That the person who is named on and possesses the 163
card, form, necklace, or bracelet has executed a declaration 164
~~that authorizes the withholding or withdrawal of CPR and that~~ 165
has not been revoked pursuant to section 2133.04 of the Revised 166
Code; 167

(2) That the attending physician of the person who is 168
named on and possesses the card, form, necklace, or bracelet has 169

issued a current do-not-resuscitate order, ~~in accordance with~~ 170
~~the do-not-resuscitate protocol adopted by the department of~~ 171
~~health pursuant to section 2133.25 of the Revised Code,~~ for that 172
person and has documented the grounds for the order in that 173
person's medical record; 174

(3) That an issuing practitioner has completed a MOLST 175
form that has not been revoked as described in section 2133.38 176
of the Revised Code. 177

~~(D)~~ (E) "Do-not-resuscitate order" means a written 178
directive issued by a physician prior to or not later than six 179
months after the effective date of this amendment in accordance 180
with the do-not-resuscitate protocol that identifies a person 181
and specifies that CPR should not be administered to the person 182
so identified. 183

~~(E)~~ (F) "Do-not-resuscitate protocol" means the 184
standardized method of procedure for the withholding of CPR by 185
physicians, emergency ~~medical service~~ services personnel, and 186
health care facilities that ~~is~~ was adopted in the rules of the 187
department of health pursuant to former section 2133.25 of the 188
Revised Code. 189

~~(F)~~ (G) "Emergency ~~medical services~~ personnel" means paid 190
or volunteer firefighters, ~~;~~ law enforcement officers, ~~first-~~ 191
~~responders,~~ ; or any of the following defined in section 4765.01 192
of the Revised Code or described in section 4765.011 of the 193
Revised Code: emergency medical technicians-basieresponders, 194
emergency medical ~~technicians-intermediate~~ technicians, advanced 195
emergency medical ~~technicians-paramedi~~ technicians, medical- 196
~~technicians,~~ or other emergency services personnel acting within 197
the ordinary course of their profession, paramedics. "Emergency 198
services person" is the singular of "emergency services 199

personnel." 200

~~(G) "CPR" means cardiopulmonary resuscitation or a component of cardiopulmonary resuscitation, but it does not include clearing a person's airway for a purpose other than as a component of CPR.~~ 201
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(H) "Health care facility," "life-sustaining treatment," "physician," "professional disciplinary action," and "tort action" have the same meanings as in section 2133.01 of the Revised Code. 205
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(I) "Issuing practitioner" has the same meaning as in section 2133.30 of the Revised Code. 209
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(J) "MOLST form" means the form specified in section 2133.31 of the Revised Code. 211
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Sec. 2133.22. Nothing in sections 2133.23 to 2133.29 of the Revised Code condones, authorizes, or approves of mercy killing, assisted suicide, or euthanasia. 213
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~~Sec. 2133.21~~ 2133.23. A person who holds a current, valid license issued under Chapter 4723. of the Revised Code to practice as an advanced practice registered nurse may take any action that may be taken by an attending physician under sections 2133.21 to ~~2133.26~~ 2133.29 of the Revised Code and has the immunity provided by section ~~2133.22~~ 2133.28 of the Revised Code if the action is taken pursuant to a standard care arrangement with a collaborating physician. 216
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A person who holds a 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~~ 2133.29 of the Revised Code and has the immunity provided by section ~~2133.22~~ 2133.28 of the 224
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Revised Code if the action is taken pursuant to a supervision 229
agreement entered into under section 4730.19 of the Revised 230
Code, including, if applicable, the policies of a health care 231
facility in which the physician assistant is practicing. 232

Sec. ~~2133.23~~ 2133.24. (A) If emergency ~~medical services~~ 233
~~personnel, other than physicians,~~ are presented with DNR 234
identification possessed by a person or are presented with a 235
~~written do-not-resuscitate order for a person or if a physician~~ 236
~~directly issues to emergency medical services personnel, other~~ 237
~~than physicians,~~ an oral do-not-resuscitate order for a person, 238
the emergency ~~medical services~~ personnel shall comply with the 239
~~do-not-resuscitate protocol for the person. If an oral do-not-~~ 240
~~resuscitate order is issued by a physician who is not present at~~ 241
~~the scene, the emergency medical services personnel shall verify~~ 242
~~the physician's identity~~instructions signified by the DNR 243
identification or in the do-not-resuscitate order. 244

(B) If a person possesses DNR identification and if the 245
person's attending physician or the health care facility in 246
which the person is located is unwilling or unable to comply 247
with the ~~do-not-resuscitate protocol for the person~~instructions 248
signified by the person's DNR identification or in the do-not- 249
resuscitate order, the attending physician or the health care 250
facility shall not prevent or attempt to prevent, or 251
unreasonably delay or attempt to delay, the transfer of the 252
person to a different physician who will follow the ~~protocol~~ 253
instructions or to a different health care facility in which the 254
~~protocol~~instructions will be followed. 255

(C) If a person ~~who~~being transferred from one health care 256
facility to another possesses DNR identification ~~or for whom a~~ 257
~~current,~~ has executed a declaration, or is the subject of a do- 258

not-resuscitate order that has been issued ~~is being transferred~~ 259
~~from one health care facility to another, before or at the time~~ 260
~~of the transfer,~~ the transferring health care facility shall 261
notify the receiving health care facility and the persons 262
transporting the person of the existence of the DNR 263
~~identification or the order,~~ declaration, or do-not-resuscitate 264
order. The notice shall be given before or at the time of the 265
transfer. If a current ~~do not resuscitate order was issued~~ 266
~~orally, it shall be reduced to writing before the time of the~~ 267
~~transfer.~~ The DNR identification, declaration, or the do-not- 268
resuscitate order shall accompany the person to the receiving 269
health care facility and shall remain in effect unless it is 270
revoked or unless, in the case of a do-not-resuscitate order, 271
the order no longer is current. 272

(D) If an emergency services person, a physician, or a 273
health care facility is aware that a person's DNR identification 274
signifies that the person is the subject of a MOLST form, the 275
emergency services person, physician, or health care facility 276
shall comply with sections 2133.30 to 2133.48 of the Revised 277
Code. 278

Sec. 2133.24-2133.25. (A) The death of a person resulting 279
from the withholding or withdrawal of CPR ~~for~~ from the person 280
pursuant to ~~the do not resuscitate protocol and in the~~ 281
~~circumstances described in section 2133.22 of the Revised Code~~ 282
instructions in a declaration executed by the person, a do-not- 283
resuscitate order that has been issued for the person, or 284
pursuant to instructions that form the basis of the person's DNR 285
identification or in accordance with division (A) of section 286
2133.23-2133.24 of the Revised Code does not constitute for any 287
purpose a suicide, aggravated murder, murder, or any other 288
homicide. 289

(B) (1) If a person has executed a declaration, a do-not-resuscitate order has been issued for the person, or the person 290
possesses DNR identification ~~or if a current do not resuscitate~~ 291
~~order has been issued for a person,~~ the existence of the 292
declaration, do-not-resuscitate order, or the possession of 293
~~order of the DNR identification~~ shall not do either of the 294
following: 295
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(a) Affect in any manner the sale, procurement, issuance, 297
or renewal of a policy of life insurance or annuity, 298
notwithstanding any term of a policy or annuity to the contrary; 299

(b) Be deemed to modify in any manner or invalidate the 300
terms of any policy of life insurance or annuity that is in 301
effect on the effective date of this section. 302

(2) Notwithstanding any term of a policy of life insurance 303
or annuity to the contrary, the withholding or withdrawal of CPR 304
from a person who is insured or covered under the policy or 305
annuity and who possesses DNR identification, who has executed a 306
declaration, or for whom a ~~current do-not-resuscitate order~~ has 307
been issued, ~~in accordance with sections 2133.21 to 2133.26 of~~ 308
~~the Revised Code,~~ shall not impair or invalidate any policy of 309
life insurance or annuity. 310

(3) Notwithstanding any term of a policy or plan to the 311
contrary, neither of the following shall impair or invalidate 312
any policy of health insurance or other health care benefit 313
plan: 314

(a) The withholding or withdrawal in accordance with 315
sections 2133.21 to ~~2133.26~~ 2133.29 of the Revised Code of CPR 316
from a person who is insured or covered under the policy or plan 317
and who possesses DNR identification, who has executed a 318

declaration, or for whom a ~~current~~-do-not-resuscitate order has 319
been issued; 320

(b) The provision in accordance with sections 2133.21 to 321
~~2133.26-2133.29~~ of the Revised Code of CPR to a person of the 322
nature described in division (B) (3) (a) of this section. 323

(4) No physician, health care facility, other health care 324
provider, person authorized to engage in the business of 325
insurance in this state under Title XXXIX of the Revised Code, 326
health insuring corporation, other health care benefit plan, 327
legal entity that is self-insured and provides benefits to its 328
employees or members, or other person shall require an 329
individual to possess DNR identification, execute a declaration, 330
or have a do-not-resuscitate order issued, or shall require an 331
individual to revoke or refrain from possessing DNR 332
identification, as a condition of being insured or of receiving 333
health care benefits or services. 334

(C) (1) Sections 2133.21 to ~~2133.26-2133.29~~ of the Revised 335
Code do not create any presumption concerning the intent of an 336
individual who does not possess DNR identification with respect 337
to the use, continuation, withholding, or withdrawal of CPR. 338

(2) Sections 2133.21 to ~~2133.26-2133.29~~ of the Revised 339
Code do not affect the right of a person to make informed 340
decisions regarding the use, continuation, withholding, or 341
withdrawal of CPR for the person as long as the person is able 342
to make those decisions. 343

(3) Sections 2133.21 to ~~2133.26-2133.29~~ of the Revised 344
Code are in addition to and independent of, and do not limit, 345
impair, or supersede, any right or responsibility that a person 346
has to effect the withholding or withdrawal of life-sustaining 347

treatment to another pursuant to sections 2133.01 to 2133.15 or 348
sections 2133.30 to 2133.48 of the Revised Code or in any other 349
lawful manner. 350

~~(D) Nothing in sections 2133.21 to 2133.26 of the Revised~~ 351
~~Code condones, authorizes, or approves of mercy killing,~~ 352
~~assisted suicide, or euthanasia.~~ 353

Sec. ~~2133.25~~ 2133.26. (A) The department of health, by 354
rule adopted pursuant to Chapter 119. of the Revised Code, ~~shall~~ 355
~~adopt a standardized method of procedure for the withholding of~~ 356
~~CPR by physicians, emergency medical services personnel, and~~ 357
~~health care facilities in accordance with sections 2133.21 to~~ 358
~~2133.26 of the Revised Code. The standardized method shall~~ 359
~~specify criteria for determining when a do not resuscitate order~~ 360
~~issued by a physician is current. The standardized method so~~ 361
~~adopted shall be the "do not resuscitate protocol" for purposes~~ 362
~~of sections 2133.21 to 2133.26 of the Revised Code. The~~ 363
~~department also shall approve one or more standard forms of DNR~~ 364
~~identification to be used throughout this state and shall~~ 365
specify one or more procedures for revoking the forms of 366
identification. 367

(B) ~~The department of health shall adopt rules in~~ 368
~~accordance with Chapter 119. of the Revised Code for the~~ 369
~~administration of sections 2133.21 to 2133.26 of the Revised~~ 370
~~Code~~The do-not-resuscitate protocol adopted by the department in 371
rules adopted under former section 2133.25 of the Revised Code 372
is effective only for do-not-resuscitate orders issued on a date 373
that is not later than six months after the effective date of 374
this amendment. The criteria for determining when a do-not- 375
resuscitate order is current apply only to orders issued before 376
that date. 377

(C) The department of health shall appoint an advisory	378
committee to advise the department in the development of rules	379
under this section. The advisory committee shall include, but	380
shall not be limited to, representatives of each of the	381
following organizations:	382
(1) The association for hospitals and health systems	383
(OHA);	384
(2) The Ohio state medical association;	385
(3) The Ohio chapter of the American college of emergency	386
physicians;	387
(4) The Ohio hospice organization;	388
(5) The Ohio council for home care;	389
(6) The Ohio health care association;	390
(7) The Ohio ambulance association;	391
(8) The Ohio medical directors association;	392
(9) The Ohio association of emergency medical services;	393
(10) The bioethics network of Ohio;	394
(11) The Ohio nurses association;	395
(12) The Ohio academy of nursing homes;	396
(13) The Ohio association of professional firefighters;	397
(14) The department of developmental disabilities;	398
(15) The Ohio osteopathic association;	399
(16) The association of Ohio philanthropic homes, housing	400
and services for the aging;	401

(17) The catholic conference of Ohio;	402
(18) The department of aging;	403
(19) The department of mental health and addiction services;	404 405
(20) The Ohio private residential association;	406
(21) The northern Ohio fire fighters association.	407
Sec. 2133.26 <u>2133.27</u>. (A) (1) No physician shall purposely prevent or attempt to prevent, or delay or unreasonably attempt to delay, the transfer of a patient in violation of division (B) of section 2133.23 <u>2133.24</u> of the Revised Code.	408 409 410 411
(2) No person shall purposely conceal, cancel, deface, or obliterate the DNR identification of another person without the consent of the other person.	412 413 414
(3) No person shall purposely falsify or forge a revocation of a declaration that is the basis of the DNR identification of another person or purposely falsify or forge an order of a physician that purports to supersede a do-not-resuscitate order issued for another person.	415 416 417 418 419
(4) No person shall purposely falsify or forge the DNR identification of another person with the intent to cause the use, withholding, or withdrawal of CPR for the other person.	420 421 422
(5) No person who has personal knowledge that another person has revoked a declaration that is the basis of the other person's DNR identification or personal knowledge that a physician has issued an order that supersedes a do-not-resuscitate order that the physician issued for another person <u>Neither of the following</u> shall purposely conceal or withhold that personal knowledge with the intent to cause the use,	423 424 425 426 427 428 429

withholding, or withdrawal of CPR for the other person: 430

(a) A person who has personal knowledge that another 431
person has revoked a declaration that is the basis of the other 432
person's DNR identification; 433

(b) A person who has personal knowledge that a physician 434
has issued an order that supersedes a do-not-resuscitate order 435
that the physician issued for another person. 436

(B) (1) Whoever violates division (A) (1) or (5) of this 437
section is guilty of a misdemeanor of the third degree. 438

(2) Whoever violates division (A) (2), (3), or (4) of this 439
section is guilty of a misdemeanor of the first degree. 440

Sec. 2133.28. (A) Regarding the withholding or withdrawal 441
of CPR from a person after DNR identification is discovered in 442
the person's possession and reasonable efforts have been made to 443
determine that the person in possession of the DNR 444
identification is the person named on the identification, none 445
of the following shall be subject to criminal prosecution, 446
liable in damages in a tort or other civil action for injury, 447
death, or loss to person or property, or subject to professional 448
disciplinary action arising out of or relating to the 449
withholding or withdrawal of CPR from that person under those 450
circumstances if the withholding or withdrawal is in accordance 451
with the instructions signified by the DNR identification: 452

(1) The health care facility in which the person is 453
present, the administrator of that facility, and any person who 454
works for the facility as an employee or contractor, or who 455
volunteers at the health care facility, and who participates 456
under the direction of or with the authorization of a physician 457
in the withholding or withdrawal of CPR from the person 458

possessing the DNR identification; 459

(2) A physician who causes the withholding or withdrawal
of CPR from a person who possesses DNR identification; 460
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(3) Any emergency services person who causes or
participates in the withholding or withdrawal of CPR from the
person possessing the DNR identification. 462
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(B) If, after DNR identification is discovered in the
possession of a person, the person makes an oral or written
request to receive CPR, any person who provides CPR pursuant to
the request, any health care facility in which CPR is provided,
and the administrator of any health care facility in which CPR
is provided are not subject to criminal prosecution as a result
of the provision of CPR, are not liable in damages in tort or
other civil action for injury, death, or loss to person or
property that arises out of or is related to the provision of
CPR, and are not subject to professional disciplinary action as
a result of the provision of CPR. 465
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Sec. 2133.29. (A) In an emergency situation, emergency
services personnel are not required to search a person to
determine if the person possesses DNR identification. If
emergency services personnel or emergency department personnel
provide CPR to a person in possession of DNR identification in
an emergency situation, and if, at that time, the personnel do
not know and do not have reasonable cause to believe that the
person possesses DNR identification, the emergency services
personnel and emergency department personnel are not subject to
criminal prosecution as a result of the provision of the CPR,
are not liable in damages in tort or other civil action for
injury, death, or loss to person or property that arises out of
or is related to the provision of CPR, and are not subject to 476
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professional disciplinary action as a result of the provision of 489
CPR. 490

(B) Nothing in this section or sections 2133.21 to 2133.28 491
of the Revised Code grants immunity to a physician for issuing a 492
do-not-resuscitate order that is contrary to reasonable medical 493
standards or that the physician knows or has reason to know is 494
contrary to the wishes of the patient or of a person who is 495
authorized to make informed medical decisions on the patient's 496
behalf. 497

Sec. 2133.30. As used in this section and sections 2133.31 498
to 2133.48 of the Revised Code: 499

(A) "Artificially administered hydration" means fluids 500
that are technologically administered. 501

(B) "Artificially administered nutrition" means sustenance 502
that is technologically administered. 503

(C) "Attending physician" means the physician to whom a 504
patient or patient's family has assigned primary responsibility 505
for the medical treatment or care of the patient or, if the 506
responsibility has not been assigned, the physician who has 507
accepted that responsibility. 508

(D) "Certified nurse practitioner" and "clinical nurse 509
specialist" have the same meanings as in section 4723.01 of the 510
Revised Code. 511

(E) "Comfort care" means any of the following: 512

(1) Nutrition when administered to diminish pain or 513
discomfort, but not to postpone death; 514

(2) Hydration when administered to diminish pain or 515
discomfort, but not to postpone death; 516

(3) Any other medical or nursing procedure, treatment, intervention, or other measure that is taken to diminish pain or discomfort, but not to postpone death. 517
518
519

(F) "CPR" has the same meaning as in section 2133.21 of the Revised Code. 520
521

(G) "Declaration" means a document executed in accordance with section 2133.02 of the Revised Code. 522
523

(H) "DNR identification" and "do-not-resuscitate order" have the same meanings as in section 2133.21 of the Revised Code. 524
525
526

(I) "Durable power of attorney for health care" means a document created pursuant to sections 1337.11 to 1337.17 of the Revised Code. 527
528
529

(J) "Emergency services personnel" has the same meaning as in section 2133.21 of the Revised Code. 530
531

(K) "Form preparer" means the issuing practitioner who completes and signs a medical order for life-sustaining treatment form or the individual who completes the form pursuant to the practitioner's delegation and for the practitioner's signature. 532
533
534
535
536

(L) "Guardian" has the same meaning as in section 2133.01 of the Revised Code. 537
538

(M) "Health care facility" means any of the following: 539

(1) A health care facility, as defined in section 1337.11 of the Revised Code; 540
541

(2) An ambulatory surgical facility, as defined in section 3702.30 of the Revised Code; 542
543

<u>(3) A residential care facility, as defined in section</u>	544
<u>3721.01 of the Revised Code;</u>	545
<u>(4) A freestanding dialysis center.</u>	546
<u>(N) "Issuing practitioner" means a physician, physician</u>	547
<u>assistant, certified nurse practitioner, or clinical nurse</u>	548
<u>specialist who issues medical orders for life-sustaining</u>	549
<u>treatment for a patient by signing as the issuing practitioner</u>	550
<u>on the medical orders for life-sustaining treatment form for the</u>	551
<u>patient.</u>	552
<u>(O) "Life-sustaining treatment" means any medical</u>	553
<u>procedure, treatment, intervention, or other measure that, when</u>	554
<u>administered to a patient, is intended to serve principally to</u>	555
<u>prolong the process of dying.</u>	556
<u>(P) "Medical orders for life-sustaining treatment" means</u>	557
<u>instructions, issued by a physician, physician assistant,</u>	558
<u>certified nurse practitioner, or clinical nurse specialist,</u>	559
<u>regarding how a patient should be treated with respect to</u>	560
<u>hospitalization, administration or withdrawal of life-sustaining</u>	561
<u>treatment and comfort care, administration of CPR, and other</u>	562
<u>treatment prescribed by the Revised Code.</u>	563
<u>(Q) "Medical orders for life-sustaining treatment form,"</u>	564
<u>"MOLST form," or "form" means the form specified in section</u>	565
<u>2133.31 of the Revised Code.</u>	566
<u>(R) "Physician" means an individual authorized under</u>	567
<u>Chapter 4731. of the Revised Code to practice medicine and</u>	568
<u>surgery or osteopathic medicine and surgery.</u>	569
<u>(S) "Physician assistant" means an individual who holds a</u>	570
<u>valid certificate to practice as a physician assistant issued</u>	571
<u>under Chapter 4730. of the Revised Code.</u>	572

Sec. 2133.31. A medical orders for life-sustaining 573
treatment form shall be substantially in the following form. It 574
is recommended that the form's title, along with the patient's 575
identifying information (name, date of birth, last four digits 576
of social security number, and gender), appear at the top of the 577
first page of the form. It is recommended that the top of the 578
form's remaining pages include the form's title as well as the 579
patient's name and date of birth. 580

MEDICAL ORDERS FOR LIFE-SUSTAINING TREATMENT FORM 582

("MOLST FORM") 583

This form must be reviewed at least yearly from the date it was 584
signed or last reviewed as indicated in section G. of this form, 585
as applicable. Date due for 586
review: 587

Patient's Name (last name, first name, and middle initial, 588
printed): 589

Patient's Date of Birth: 590

Last four digits of patient's SSN: ... Gender (M or F): 591

The HIPAA Privacy Rule permits disclosure of this MOLST form to 593
other health care providers as necessary. 594

595

When signed, this form supersedes all previously signed MOLST 596
forms. Comfort measures will be provided regardless of the 597
intervention that is chosen. 598

599

A. CARDIOPULMONARY RESUSCITATION (CPR): Individual has no pulse 600
and is not breathing. Check only one: 601

602

[] Attempt resuscitation/CPR. Apply full treatment and 603
intervention including intubation, advanced airway 604
interventions, mechanical ventilation, defibrillation, and 605
cardioversion as indicated. Transfer to hospital or intensive 606
care unit in a hospital, as applicable (if indicated). 607

608

[] Do NOT attempt resuscitation (DNR; do not use CPR). 609

610

When patient is not in cardiopulmonary arrest, follow the orders 611
in sections B. and C. 612

613

B. MEDICAL INTERVENTIONS: Patient has a pulse, is breathing, or 614
both. Check only one: 615

616

[] Comfort measures only. Use medication by any route, 617
positioning, wound care, and other measures to relieve pain and 618
suffering. Use oxygen, suction, and manual treatment of airway 619
obstruction as needed for comfort. Transfer to the appropriate 620
level of care setting to provide comfort care measures. 621

622

Additional order/instructions: 623

..... 624

..... 625

626

[] Limited additional interventions. Use all comfort measures 627
described above. Use medical treatment, antibiotics, intravenous 628
fluids, and cardiac monitor as indicated. Do not use intubation, 629
advanced airway interventions, or mechanical ventilation. May 630
consider alternative airway support (e.g., CPAP or BiPAP). 631
Transfer to hospital if indicated; generally avoid intensive 632
care. 633

634

Additional order/instructions: 635

..... 636

..... 637

638

[] Full intervention. Use all comfort measures described above 639
as well as limited medical interventions (described above), as 640
indicated. Use intubation, advanced airway interventions, 641
mechanical ventilation, defibrillation, and cardioversion as 642
indicated. Transfer to hospital and intensive care if 643
indicated. 644

645

Additional order/instructions: 646

..... 647

..... 648

649

C. ARTIFICIALLY ADMINISTERED NUTRITION/HYDRATION 650

651

The administration of nutrition or hydration, or both, whether 652
orally or by medical means, shall occur except in the event that 653
the patient is diagnosed with a terminal condition or is in a 654
permanently unconscious state, as those terms are defined in 655
Ohio Revised Code section 2133.01, and the administration of 656
nutrition or hydration becomes a greater burden than benefit to 657
the patient. 658

659

Always offer by mouth, if feasible. Check only one in each 660
column: 661

662

[] Long-term artificial 663
nutrition by tube feeding 664

665

[] Defined trial period of 666
artificial nutrition by 667
tube feeding 668

669

[] No artificial nutrition 670
by tube feeding 671

672

Goals of care or additional order/instructions: 673

..... 674

675

Phone Contact: 700

701

Signature (mandatory): 702

703

Date Signed: 704

705

E. SIGNATURE OF ISSUING PRACTITIONER 706

My signature in this section indicates, to the best of my 707

knowledge, that these orders are consistent with the patient's 708

current medical condition and preferences as indicated by the 709

patient's advance directives, previous discussions with the 710

person identified in Section D., above, or both. 711

712

Name of issuing practitioner (printed): 713

..... 714

715

Signature of Issuing Practitioner (mandatory): 716

..... 717

718

Date Signed: 719

720

License/Certificate Number: 721

722

Phone Number: 723

724

F. SIGNATURE OF FORM PREPARER

725

Name of Form Preparer and Credentials (printed):

726

.....

727

728

Signature of Form Preparer (mandatory):

729

.....

730

731

Date signed: Phone Number:

732

733

G. REVIEW OF MOLST FORM

734

A MOLST form must be reviewed at least yearly from the date it
was signed or the last date it was reviewed, as specified in the
review date and time column, below. A form that is not reviewed
within these time frames expires on the date that is one year
and one day from the day it was signed or last reviewed, as
applicable. A form also expires if it is revoked in accordance
with Ohio Revised Code section 2133.38.

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Review of this MOLST Form

743

744

<u>Review date</u>	<u>Reviewer's</u>	<u>Location of</u>	<u>Review Outcome</u>
<u>and time</u>	<u>name</u>	<u>review</u>	

745

746

(1)

[] No change

747

[] Revoked and

748

new form

749

	<u>completed</u>	750
<u>(2)</u>	<u>[] No change</u>	751
	<u>[] Revoked and</u>	752
	<u>new form</u>	753
	<u>completed</u>	754
<u>(3)</u>	<u>[] No change</u>	755
	<u>[] Revoked and</u>	756
	<u>new form</u>	757
	<u>completed</u>	758
		759

SEND FORM WITH PATIENT WHENEVER PATIENT IS TRANSFERRED OR 760
DISCHARGED 761

Use of original form is strongly encouraged. Photocopies and 762
faxes of signed MOLST forms are legal and valid. 763

The following information shall appear on one or more pages that 765
are separate from the other pages of the MOLST form: 766

OHIO MOLST FORM INFORMATIONAL SUPPLEMENT 768

NOTICE TO PATIENT NAMED ON THIS FORM 769

The MOLST form is a medical order form that documents important 770
decisions regarding your health care. Your input and approval or 771
the input and approval of your legal representative (i.e., an 772
agent, guardian, next of kin, or legal custodian) concerning the 773
form's use is needed before it becomes valid. The following is 774
an information supplement to the MOLST form. Before signing the 775
form after consulting with your health care practitioner, you 776
should know the facts in the supplement. 777

778

Overview

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The MOLST form is not for everyone and is always voluntary. It
is only for an individual with a serious illness or frailty, for
whom a health care professional would not be surprised if the
individual died within one year.

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The orders in the MOLST form are based on your medical
condition, preferences, and advance directives (if any) at the
time the orders are issued. An incomplete section of the form
does not invalidate the form and implies full treatment for the
incomplete section. The form indicates your wishes for medical
treatment in your current state of health. Once initial medical
treatment has begun and the risks and benefits of further
therapy are clear, your treatment wishes may change. Your
medical care and the form can be modified at any time to reflect
such changes. However, the form cannot address all medical
treatment decisions that may need to be made. An advance
directive, such as a living will (declaration) or durable power
of attorney for health care, is recommended for all competent
adults regardless of their health status. An advance directive
allows you to document in detail your instructions for future
health care and specify a health care "attorney-in-fact" or
agent to speak on your behalf if necessary.

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The duty of medicine is to care for you even when you cannot be
cured. You will be treated with dignity and respect, and
attention will be given to your medical needs. Moral judgments
about the use of technology to maintain life will reflect the

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inherent dignity of human life, the duty of medical care, 807
medical standards of practice, and your individual wishes. Use 808
of the MOLST form recognizes the possibility of natural death. 809
It does not authorize active euthanasia or physician-assisted 810
suicide. You will still receive medical treatment regardless of 811
whether this form is signed. 812

813

Implementation of the MOLST form

814

When signed, this form supersedes all previously signed MOLST 815
forms. If a health care practitioner or facility cannot comply 816
with the orders in the form due to policies or personal ethics, 817
the practitioner or facility must arrange for your transfer to 818
another practitioner or facility and provide the care that you 819
request until the transfer has been completed. 820

821

Review of MOLST form

822

This form must be reviewed not later than one year after it is 823
signed and at least yearly thereafter. A form that is not 824
reviewed under these time frames expires on the date that is one 825
year and one day from the date it was signed or last reviewed, 826
as applicable, as specified in section G. of the form. In 827
addition, this form must be reviewed when you are transferred 828
from one care setting or care level to another or there is a 829
substantial change in your health status. A new MOLST form must 830
be completed if you wish to make a substantive change to your 831
treatment goals (e.g., reversal of a prior order). A MOLST form 832
that you or your representative signed will be retained in your 833
medical record pursuant to Ohio Revised Code section 2133.36. 834

835

Revocation of the MOLST form 836

This form may be revoked at any time and in any manner that 837
communicates the intent to revoke. If you are under 18 years of 838
age, your parent, guardian, or legal custodian may revoke a 839
MOLST form at any time and in any manner that communicates the 840
intent to revoke. A MOLST form that was revoked will be retained 841
in your medical record pursuant to Ohio Revised Code section 842
2133.38. 843

844

Portability of the MOLST form 845

This form must be sent with you when you are transferred between 846
facilities or are discharged. Use of the original form is 847
strongly encouraged, although photocopies and facsimiles are 848
legal and valid. The HIPAA Privacy Rule permits disclosure of 849
the form to health care professionals for treatment purposes. 850

Sec. 2133.32. The department of health shall make a 851
version of the MOLST form available on the department's internet 852
web site. The form shall be made available in a format that can 853
be downloaded free of charge and reproduced. 854

Sec. 2133.33. A physician, physician assistant, certified 855
nurse practitioner, or clinical nurse specialist may issue 856
medical orders for life-sustaining treatment for a patient by 857
completing a MOLST form. Medical orders for life-sustaining 858
treatment are not for everyone; they are only for an individual 859
with a serious illness or frailty, for whom a health care 860
professional would not be surprised if the individual died 861
within one year. Completion of a MOLST form is always voluntary. 862

Once completed and signed in accordance with sections 863
2133.34 and 2133.35 of the Revised Code, a MOLST form is valid 864

and the instructions in it become operative and govern how the 865
patient who is the subject of the form is to be treated with 866
respect to hospitalization, administration or withdrawal of 867
life-sustaining treatment and comfort care, administration of 868
CPR, and any other medical treatment specified on the form. 869

At all times, the issuance of medical orders for life- 870
sustaining treatment shall be guided by prudent medical practice 871
and standards. 872

Sec. 2133.34. A completed MOLST form shall be signed as 873
follows: 874

(A) By the issuing practitioner, who shall sign and date 875
the form in the space designated for the practitioner's 876
signature; 877

(B) Except as provided in division (C) of this section, by 878
the patient, who shall sign and date the form in the space 879
designated for the patient's signature; 880

(C) (1) If a guardian has been appointed for the patient, 881
the guardian may sign and date the form on the patient's behalf 882
in the space designated for such signature. 883

(2) If an attorney in fact under a durable power of 884
attorney for health care is making health care decisions for the 885
patient pursuant to section 1337.13 of the Revised Code, the 886
attorney in fact may sign and date the form on the patient's 887
behalf in the space designated for such signature. 888

(3) If a patient is under eighteen years of age, the 889
patient's parent, guardian, or legal custodian may sign and date 890
the form in the space designated for such signature. 891

(4) If a patient is at least eighteen years of age, 892

incapacitated, and neither division (C)(1) or (2) of this 893
section applies, an individual in the descending order of 894
priority specified in division (B)(2) to (6) of section 2133.08 895
of the Revised Code may sign and date the form on the patient's 896
behalf in the space designated for such signature. 897

(D) If the issuing practitioner has delegated to another 898
individual the responsibility for completing the form, that 899
individual shall sign and date the form in the space designated 900
for such signature. 901

Sec. 2133.35. If a parent, guardian, or legal custodian 902
signs a MOLST form for a patient under the age of eighteen years 903
of age as described in division (C)(4) of section 2133.34 of the 904
Revised Code, that individual shall not indicate instructions 905
that would result in the withholding of medically indicated 906
treatment, as defined in section 14 of the "Child Abuse 907
Prevention, Adoption, and Family Services Act of 1988," 102 908
Stat. 117 (1988), 42 U.S.C. 5106g, as amended. 909

Sec. 2133.36. A completed MOLST form shall be placed in 910
the paper or electronic medical record of the patient to whom it 911
pertains. Whether maintained as part of a paper or electronic 912
medical record, the form shall be readily available and 913
retrievable. 914

Sec. 2133.37. (A) If a patient with a MOLST form is 915
transferred from one health care facility to another health care 916
facility, the health care facility initiating the transfer shall 917
communicate the existence of, and send a copy of, the form to 918
the receiving facility prior to the transfer. The copy may be 919
sent by regular mail, facsimile, or other electronic means. A 920
copy of the form is the same as the original. 921

(B) Consistent with section 2133.36 of the Revised Code, 922
the copy of the MOLST form shall be placed in the patient's 923
medical record immediately on receipt by the receiving facility. 924
After admission, the attending physician shall review the MOLST 925
form. 926

(C) If a person who possesses a MOLST form or for whom a 927
MOLST form has been issued is treated or transferred by 928
emergency services personnel, the emergency services department 929
or unit with which the emergency services personnel is 930
affiliated shall retain a copy of the form. 931

Sec. 2133.38. The patient, the patient's authorized 932
representative described in division (C) (1), (2), or (4) of 933
section 2133.34 of the Revised Code, or if the patient is under 934
eighteen years of age, the patient's parent, guardian, or legal 935
custodian, may revoke a MOLST form at any time and in any manner 936
that communicates the intent to revoke. A revoked MOLST form 937
shall be retained in the patient's medical record. 938

Sec. 2133.39. A MOLST form shall be reviewed not later 939
than one year after it is signed and at least yearly thereafter, 940
as indicated in section G. of the form. A MOLST form does not 941
expire except under the following circumstances: 942

(A) A form that is not reviewed in the one-year period 943
from the date it was signed or the last date it was reviewed 944
expires on the date that is one year and one day from the date 945
it was signed or last reviewed. 946

(B) A form that is revoked in accordance with section 947
2133.38 of the Revised Code expires on the date of revocation. 948

Sec. 2133.40. If emergency services personnel, as defined 949
in section 2133.21 of the Revised Code, determine in an 950

emergency situation that either of the following applies, the 951
emergency services personnel shall proceed to treat the patient 952
as directed, verbally or in writing, by a physician or, if 953
applicable, the cooperating physician advisory board of the 954
emergency medical service organization with which the emergency 955
services personnel is affiliated: 956

(A) An instruction in the patient's MOLST form is 957
inconsistent with an instruction in any of the following: 958

(1) A do-not-resuscitate order that applies to the 959
patient; 960

(2) A general consent to treatment form signed by or on 961
behalf of the patient; 962

(3) A declaration executed by the patient; 963

(4) A durable power of attorney for health care executed 964
by the patient. 965

(B) The section of the MOLST form that relates to the 966
patient's treatment in that emergency situation has not been 967
completed. 968

Sec. 2133.41. In an emergency situation, emergency 969
services personnel are not required to search a person to 970
determine if the person is the subject of a MOLST form. If a 971
person is the subject of a MOLST form, if emergency services 972
personnel or emergency department personnel provide care to the 973
person in an emergency situation, and if, at that time, the 974
personnel do not know and do not have reasonable cause to 975
believe that the person is the subject of a MOLST form, the 976
emergency services personnel are not subject to any of the 977
following associated with providing care that is in accordance 978
with applicable law: 979

<u>(A) Criminal prosecution;</u>	980
<u>(B) Liability for damages in a tort or other civil action for injury, death, or loss to person or property;</u>	981 982
<u>(C) Professional disciplinary action.</u>	983
<u>Sec. 2133.42. No health care facility, health care</u>	984
<u>professional, emergency services person, or other individual who</u>	985
<u>provides care to a person under the direction of or with the</u>	986
<u>authorization of a physician, physician assistant, certified</u>	987
<u>nurse practitioner, or clinical nurse specialist in an emergency</u>	988
<u>situation, at the person's residence or in public, or at a</u>	989
<u>health care facility shall be subject to any of the following,</u>	990
<u>as applicable, if the care is provided in good faith and in</u>	991
<u>accordance with, or otherwise complies with, a valid MOLST form</u>	992
<u>or sections 2133.31 to 2133.48 of the Revised Code:</u>	993
<u>(A) Criminal prosecution;</u>	994
<u>(B) Liability for damages in a tort or other civil action for injury, death, or loss to person or property;</u>	995 996
<u>(C) Professional disciplinary action.</u>	997
<u>Sec. 2133.43. The death of an individual that occurs as a</u>	998
<u>result of actions taken consistent with instructions in a MOLST</u>	999
<u>form does not constitute for any purpose a suicide, aggravated</u>	1000
<u>murder, murder, or any other homicide.</u>	1001
<u>Sec. 2133.44. The issuance or nonissuance of a MOLST form</u>	1002
<u>shall not do any of the following:</u>	1003
<u>(A) Affect in any manner the sale, procurement, issuance,</u>	1004
<u>or renewal of a policy of life insurance or annuity,</u>	1005
<u>notwithstanding any term of a policy or annuity to the contrary;</u>	1006

(B) Modify in any manner or invalidate the terms of a policy of life insurance or annuity that is in effect on the effective date of this section; 1007
1008
1009

(C) Impair or invalidate a policy of life insurance or annuity or any health benefit plan. 1010
1011

Sec. 2133.45. No physician, health care facility, other health care provider, person authorized to engage in the business of insurance in this state under Title XXXIX of the Revised Code, health insuring corporation, other health care benefit plan, legal entity that is self-insured and provides benefits to its employees or members, governmental entity, or other person shall require that an individual be the subject of a MOLST form, or require an individual to revoke or refrain from being the subject of a MOLST form, as a condition of being insured or of receiving health care benefits or services. 1012
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Sec. 2133.46. (A) Subject to division (B) of this section, an attending physician of a patient or a health care facility in which a patient is located may refuse to comply or allow compliance with one or more instructions in a MOLST form on the basis of conscience or on another basis. An employee of an attending physician or of a health care facility in which a patient is located may refuse to comply with one or more instructions in a MOLST form on the basis of a matter of conscience. 1022
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(B) An attending physician of a patient who, or a health care facility in which a patient is confined that, is not willing or not able to comply or allow compliance with one or more instructions in a MOLST form shall immediately notify the patient or person who has signed the MOLST form on the patient's behalf under section 2133.34 of the Revised Code, and shall not 1031
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prevent or attempt to prevent, or unreasonably delay or attempt 1037
to unreasonably delay, the transfer of the patient to the care 1038
of a physician who, or a health care facility that, is willing 1039
and able to so comply or allow compliance. 1040

Sec. 2133.47. In the absence of actual knowledge to the 1041
contrary and if acting in good faith, an attending physician, 1042
other health care professional, emergency services person, or 1043
health care facility may assume that a MOLST form complies with 1044
sections 2133.31 to 2133.46 of the Revised Code and is valid. 1045

Sec. 2133.48. Not later than sixty months after the 1046
effective date of this section, the director of health shall 1047
appoint a MOLST task force to perform a five-year review of 1048
medical orders for life-sustaining treatment and the MOLST form. 1049
Task force members shall be, or represent, persons or government 1050
entities that have experience with medical orders for life- 1051
sustaining treatment or the MOLST form. Not later than seventy- 1052
two months after the effective date of this section, the task 1053
force shall submit a report of its findings to the general 1054
assembly in accordance with section 101.68 of the Revised Code. 1055

Members of the task force shall serve without 1056
compensation, but may be reimbursed for necessary expenses. 1057

Sec. 3795.03. Nothing in section 3795.01, 3795.02, or 1058
3795.04 of the Revised Code shall do any of the following: 1059

(A) Prohibit or preclude a physician, certified nurse 1060
practitioner, certified nurse-midwife, or clinical nurse 1061
specialist who carries out the responsibility to provide comfort 1062
care to a patient in good faith and while acting within the 1063
scope of the physician's or nurse's authority from prescribing, 1064
dispensing, administering, or causing to be administered any 1065

particular medical procedure, treatment, intervention, or other 1066
measure to the patient, including, but not limited to, 1067
prescribing, personally furnishing, administering, or causing to 1068
be administered by judicious titration or in another manner any 1069
form of medication, for the purpose of diminishing the patient's 1070
pain or discomfort and not for the purpose of postponing or 1071
causing the patient's death, even though the medical procedure, 1072
treatment, intervention, or other measure may appear to hasten 1073
or increase the risk of the patient's death; 1074

(B) Prohibit or preclude health care personnel acting 1075
under the direction of a person authorized to prescribe a 1076
patient's treatment and who carry out the responsibility to 1077
provide comfort care to the patient in good faith and while 1078
acting within the scope of their authority from dispensing, 1079
administering, or causing to be administered any particular 1080
medical procedure, treatment, intervention, or other measure to 1081
the patient, including, but not limited to, personally 1082
furnishing, administering, or causing to be administered by 1083
judicious titration or in another manner any form of medication, 1084
for the purpose of diminishing the patient's pain or discomfort 1085
and not for the purpose of postponing or causing the patient's 1086
death, even though the medical procedure, treatment, 1087
intervention, or other measure may appear to hasten or increase 1088
the risk of the patient's death; 1089

(C) Prohibit or affect the use or continuation, or the 1090
withholding or withdrawal, of life-sustaining treatment, CPR, or 1091
comfort care under Chapter 2133. of the Revised Code; 1092

(D) Prohibit or affect the provision or withholding of 1093
health care, life-sustaining treatment, or comfort care to a 1094
principal under a durable power of attorney for health care or 1095

any other health care decision made by an attorney in fact under 1096
sections 1337.11 to 1337.17 of the Revised Code; 1097

(E) Affect or limit the authority of a physician, a health 1098
care facility, a person employed by or under contract with a 1099
health care facility, or emergency service personnel to provide 1100
or withhold health care to a person in accordance with 1101
reasonable medical standards applicable in an emergency 1102
situation; 1103

(F) Affect or limit the authority of a person to refuse to 1104
give informed consent to health care, including through the 1105
execution of a durable power of attorney for health care under 1106
sections 1337.11 to 1337.17 of the Revised Code, the execution 1107
of a declaration under sections 2133.01 to 2133.15 of the 1108
Revised Code, the completion of a MOLST form under sections 1109
2133.30 to 2133.48 of the Revised Code, or authorizing the 1110
withholding or withdrawal of CPR under sections 2133.21 to 1111
~~2133.26-2133.29~~ of the Revised Code. 1112

Sec. 4730.20. (A) A physician assistant licensed under 1113
this chapter may perform any of the following services 1114
authorized by the supervising physician that are part of the 1115
supervising physician's normal course of practice and expertise: 1116

(1) Ordering diagnostic, therapeutic, and other medical 1117
services; 1118

(2) Prescribing physical therapy or referring a patient to 1119
a physical therapist for physical therapy; 1120

(3) Ordering occupational therapy or referring a patient 1121
to an occupational therapist for occupational therapy; 1122

(4) Taking any action that may be taken by an attending 1123
physician under sections 2133.21 to ~~2133.26-2133.29~~ of the 1124

Revised Code, as specified in section ~~2133.211~~2133.23 of the Revised Code; 1125
1126

(5) Determining and pronouncing death in accordance with section 4730.202 of the Revised Code; 1127
1128

(6) Assisting in surgery; 1129

(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; 1130
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(8) Any other services that are part of the supervising physician's normal course of practice and expertise. 1135
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(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. 1137
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Sec. 4765.35. (A) A first responder shall perform the emergency medical services described in this section in accordance with this chapter and any rules adopted under it. 1146
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(B) A first responder may provide limited emergency medical services to patients until the arrival of an emergency medical technician-basic, emergency medical technician-intermediate, or emergency medical technician-paramedic. In an emergency, a first responder may render emergency medical 1149
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services such as opening and maintaining an airway, giving mouth 1154
to barrier ventilation, chest compressions, electrical 1155
interventions with automated defibrillators to support or 1156
correct the cardiac function and other methods determined by the 1157
board, controlling of hemorrhage, manual stabilization of 1158
fractures, bandaging, assisting in childbirth, and determining 1159
triage of trauma victims. 1160

(C) A first responder may perform any other emergency 1161
medical services approved pursuant to rules adopted under 1162
section 4765.11 of the Revised Code. The board shall determine 1163
whether the nature of any such service requires that a first 1164
responder receive authorization prior to performing the service. 1165

(D) (1) Except as provided in division (D) (2) of this 1166
section, if the board determines under division (C) of this 1167
section that a service requires prior authorization, the service 1168
shall be performed only pursuant to the written or verbal 1169
authorization of a physician or of the cooperating physician 1170
advisory board, or pursuant to an authorization transmitted 1171
through a direct communication device by a physician, physician 1172
assistant designated by a physician, or registered nurse 1173
designated by a physician. 1174

(2) If communications fail during an emergency situation 1175
or the required response time prohibits communication, a first 1176
responder may perform services subject to this division, if, in 1177
the judgment of the first responder, the life of the patient is 1178
in immediate danger. Services performed under these 1179
circumstances shall be performed in accordance with the written 1180
protocols for triage of adult and pediatric trauma victims 1181
established in rules adopted under sections 4765.11 and 4765.40 1182
of the Revised Code and any applicable protocols adopted by the 1183

emergency medical service organization with which the first 1184
responder is affiliated. 1185

(E) Nothing in this section or any other provision in 1186
Chapter 4765. of the Revised Code prohibits a first responder 1187
from complying with a valid MOLST form issued under section 1188
2133.33 of the Revised Code or otherwise complying with sections 1189
2133.31 to 2133.48 of the Revised Code. 1190

Sec. 4765.37. (A) An emergency medical technician-basic 1191
shall perform the emergency medical services described in this 1192
section in accordance with this chapter and any rules adopted 1193
under it by the state board of emergency medical, fire, and 1194
transportation services. 1195

(B) An emergency medical technician-basic may operate, or 1196
be responsible for operation of, an ambulance and may provide 1197
emergency medical services to patients. In an emergency, an EMT- 1198
basic may determine the nature and extent of illness or injury 1199
and establish priority for required emergency medical services. 1200
An EMT-basic may render emergency medical services such as 1201
opening and maintaining an airway, giving positive pressure 1202
ventilation, cardiac resuscitation, electrical interventions 1203
with automated defibrillators to support or correct the cardiac 1204
function and other methods determined by the board, controlling 1205
of hemorrhage, treatment of shock, immobilization of fractures, 1206
bandaging, assisting in childbirth, management of mentally 1207
disturbed patients, initial care of poison and burn patients, 1208
and determining triage of adult and pediatric trauma victims. 1209
Where patients must in an emergency be extricated from 1210
entrapment, an EMT-basic may assess the extent of injury and 1211
render all possible emergency medical services and protection to 1212
the entrapped patient; provide light rescue services if an 1213

ambulance has not been accompanied by a specialized unit; and 1214
after extrication, provide additional care in sorting of the 1215
injured in accordance with standard emergency procedures. 1216

(C) An EMT-basic may perform any other emergency medical 1217
services approved pursuant to rules adopted under section 1218
4765.11 of the Revised Code. The board shall determine whether 1219
the nature of any such service requires that an EMT-basic 1220
receive authorization prior to performing the service. 1221

(D) (1) Except as provided in division (D) (2) of this 1222
section, if the board determines under division (C) of this 1223
section that a service requires prior authorization, the service 1224
shall be performed only pursuant to the written or verbal 1225
authorization of a physician or of the cooperating physician 1226
advisory board, or pursuant to an authorization transmitted 1227
through a direct communication device by a physician, physician 1228
assistant designated by a physician, or registered nurse 1229
designated by a physician. 1230

(2) If communications fail during an emergency situation 1231
or the required response time prohibits communication, an EMT- 1232
basic may perform services subject to this division, if, in the 1233
judgment of the EMT-basic, the life of the patient is in 1234
immediate danger. Services performed under these circumstances 1235
shall be performed in accordance with the protocols for triage 1236
of adult and pediatric trauma victims established in rules 1237
adopted under sections 4765.11 and 4765.40 of the Revised Code 1238
and any applicable protocols adopted by the emergency medical 1239
service organization with which the EMT-basic is affiliated. 1240

(E) Nothing in this section or any other provision in 1241
Chapter 4765. of the Revised Code prohibits an EMT-basic from 1242
complying with a valid MOLST form issued under section 2133.33 1243

of the Revised Code or otherwise complying with sections 2133.31 1244
to 2133.48 of the Revised Code. 1245

Sec. 4765.38. (A) An emergency medical technician- 1246
intermediate shall perform the emergency medical services 1247
described in this section in accordance with this chapter and 1248
any rules adopted under it. 1249

(B) An EMT-I may do any of the following: 1250

(1) Establish and maintain an intravenous lifeline that 1251
has been approved by a cooperating physician or physician 1252
advisory board; 1253

(2) Perform cardiac monitoring; 1254

(3) Perform electrical interventions to support or correct 1255
the cardiac function; 1256

(4) Administer epinephrine; 1257

(5) Determine triage of adult and pediatric trauma 1258
victims; 1259

(6) Perform any other emergency medical services approved 1260
pursuant to rules adopted under section 4765.11 of the Revised 1261
Code. 1262

(C) (1) Except as provided in division (C) (2) of this 1263
section, the services described in division (B) of this section 1264
shall be performed by an EMT-I only pursuant to the written or 1265
verbal authorization of a physician or of the cooperating 1266
physician advisory board, or pursuant to an authorization 1267
transmitted through a direct communication device by a 1268
physician, physician assistant designated by a physician, or 1269
registered nurse designated by a physician. 1270

(2) If communications fail during an emergency situation 1271
or the required response time prohibits communication, an EMT-I 1272
may perform any of the services described in division (B) of 1273
this section, if, in the judgment of the EMT-I, the life of the 1274
patient is in immediate danger. Services performed under these 1275
circumstances shall be performed in accordance with the 1276
protocols for triage of adult and pediatric trauma victims 1277
established in rules adopted under sections 4765.11 and 4765.40 1278
of the Revised Code and any applicable protocols adopted by the 1279
emergency medical service organization with which the EMT-I is 1280
affiliated. 1281

(D) In addition to, and in the course of, providing 1282
emergency medical treatment, an emergency medical technician- 1283
intermediate may withdraw blood as provided under sections 1284
1547.11, 4506.17, and 4511.19 of the Revised Code. An emergency 1285
medical technician-intermediate shall withdraw blood in 1286
accordance with this chapter and any rules adopted under it by 1287
the state board of emergency medical, fire, and transportation 1288
services. 1289

(E) Nothing in this section or any other provision in 1290
Chapter 4765. of the Revised Code prohibits an EMT-I from 1291
complying with a valid MOLST form issued under section 2133.33 1292
of the Revised Code or otherwise complying with sections 2133.31 1293
to 2133.48 of the Revised Code. 1294

Sec. 4765.39. (A) An emergency medical technician- 1295
paramedic shall perform the emergency medical services described 1296
in this section in accordance with this chapter and any rules 1297
adopted under it. 1298

(B) A paramedic may do any of the following: 1299

(1) Perform cardiac monitoring;	1300
(2) Perform electrical interventions to support or correct the cardiac function;	1301 1302
(3) Perform airway procedures;	1303
(4) Perform relief of pneumothorax;	1304
(5) Administer appropriate drugs and intravenous fluids;	1305
(6) Determine triage of adult and pediatric trauma victims;	1306 1307
(7) Perform any other emergency medical services, including life support or intensive care techniques, approved pursuant to rules adopted under section 4765.11 of the Revised Code.	1308 1309 1310 1311
(C) (1) Except as provided in division (C) (2) of this section, the services described in division (B) of this section shall be performed by a paramedic only pursuant to the written or verbal authorization of a physician or of the cooperating physician advisory board, or pursuant to an authorization transmitted through a direct communication device by a physician, physician assistant designated by a physician, or registered nurse designated by a physician.	1312 1313 1314 1315 1316 1317 1318 1319
(2) If communications fail during an emergency situation or the required response time prohibits communication, a paramedic may perform any of the services described in division (B) of this section, if, in the paramedic's judgment, the life of the patient is in immediate danger. Services performed under these circumstances shall be performed in accordance with the protocols for triage of adult and pediatric trauma victims established in rules adopted under sections 4765.11 and 4765.40	1320 1321 1322 1323 1324 1325 1326 1327

of the Revised Code and any applicable protocols adopted by the 1328
emergency medical service organization with which the paramedic 1329
is affiliated. 1330

(D) In addition to, and in the course of, providing 1331
emergency medical treatment, an emergency medical technician- 1332
paramedic may withdraw blood as provided under sections 1547.11, 1333
4506.17, and 4511.19 of the Revised Code. An emergency medical 1334
technician-paramedic shall withdraw blood in accordance with 1335
this chapter and any rules adopted under it by the state board 1336
of emergency medical, fire, and transportation services. 1337

(E) Nothing in this section or any other provision in 1338
Chapter 4765. of the Revised Code prohibits an emergency medical 1339
technician-paramedic from complying with a valid MOLST form 1340
issued under section 2133.33 of the Revised Code or otherwise 1341
complying with sections 2133.31 to 2133.48 of the Revised Code. 1342

Section 2. That existing sections 2133.02, 2133.21, 1343
2133.211, 2133.23, 2133.24, 2133.25, 2133.26, 3795.03, 4730.20, 1344
4765.35, 4765.37, 4765.38, and 4765.39 and section 2133.22 of 1345
the Revised Code are hereby repealed. 1346