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Sub. S. B. No. 23

Senator Roegner

Cosponsors: Senators Burke, Uecker, Hackett, Wilson, Hoagland, Huffman, S., Huffman, M., Hottinger, Lehner, Brenner, Schuring, Obhof, McColley, Peterson, Terhar, Coley, Hill, Gavarone Representatives Merrin, Antani, Butler, Baldrige, Becker, Blessing, Brinkman, Carruthers, Cross, Dean, DeVitis, Ghanbari, Ginter, Green, Hambley, Hillyer, Hoops, Jones, Jordan, Keller, Kick, Koehler, Lanese, Lang, LaTourette, Lipps, Manchester, McClain, Oelslager, Perales, Plummer, Powell, Reineke, Richardson, Riedel, Roemer, Romanchuk, Schaffer, Smith, R., Smith, T., Stein, Stoltzfus, Vitale, Wiggam, Wilkin, Zeltwanger

A BILL

To amend sections 2317.56, 2919.171, 2919.19, 1
2919.191, 2919.192, 2919.193, and 4731.22; to 2
amend, for the purpose of adopting new section 3
numbers as indicated in parentheses, sections 4
2919.191 (2919.192), 2919.192 (2919.194), and 5
2919.193 (2919.198); and to enact new sections 6
2919.191 and 2919.193 and sections 2919.195, 7
2919.196, 2919.197, 2919.199, 2919.1910, 8
2919.1912, 2919.1913, and 5103.11 of the Revised 9
Code to enact the Human Rights and Heartbeat 10
Protection Act. 11

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

Section 1. That sections 2317.56, 2919.171, 2919.19, 12
2919.191, 2919.192, 2919.193, and 4731.22 be amended; sections 13
2919.191 (2919.192), 2919.192 (2919.194), and 2919.193 14

(2919.198) be amended for the purpose of adopting new section 15
numbers as shown in parentheses; and new sections 2919.191 and 16
2919.193 and sections 2919.195, 2919.196, 2919.197, 2919.199, 17
2919.1910, 2919.1912, 2919.1913, and 5103.11 of the Revised Code 18
be enacted to read as follows: 19

Sec. 2317.56. (A) As used in this section: 20

(1) "Medical emergency" has the same meaning as in section 21
2919.16 of the Revised Code. 22

(2) "Medical necessity" means a medical condition of a 23
pregnant woman that, in the reasonable judgment of the physician 24
who is attending the woman, so complicates the pregnancy that it 25
necessitates the immediate performance or inducement of an 26
abortion. 27

(3) "Probable gestational age of the embryo or fetus" 28
means the gestational age that, in the judgment of a physician, 29
is, with reasonable probability, the gestational age of the 30
embryo or fetus at the time that the physician informs a 31
pregnant woman pursuant to division (B) (1) (b) of this section. 32

(B) Except when there is a medical emergency or medical 33
necessity, an abortion shall be performed or induced only if all 34
of the following conditions are satisfied: 35

(1) At least twenty-four hours prior to the performance or 36
inducement of the abortion, a physician meets with the pregnant 37
woman in person in an individual, private setting and gives her 38
an adequate opportunity to ask questions about the abortion that 39
will be performed or induced. At this meeting, the physician 40
shall inform the pregnant woman, verbally or, if she is hearing 41
impaired, by other means of communication, of all of the 42
following: 43

(a) The nature and purpose of the particular abortion procedure to be used and the medical risks associated with that procedure; 44
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(b) The probable gestational age of the embryo or fetus; 47

(c) The medical risks associated with the pregnant woman carrying the pregnancy to term. 48
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The meeting need not occur at the facility where the abortion is to be performed or induced, and the physician involved in the meeting need not be affiliated with that facility or with the physician who is scheduled to perform or induce the abortion. 50
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(2) At least twenty-four hours prior to the performance or inducement of the abortion, the physician who is to perform or induce the abortion or the physician's agent does each of the following in person, by telephone, by certified mail, return receipt requested, or by regular mail evidenced by a certificate of mailing: 55
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(a) Inform the pregnant woman of the name of the physician who is scheduled to perform or induce the abortion; 61
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(b) Give the pregnant woman copies of the published materials described in division (C) of this section; 63
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(c) Inform the pregnant woman that the materials given pursuant to division (B) (2) (b) of this section are published by the state and that they describe the embryo or fetus and list agencies that offer alternatives to abortion. The pregnant woman may choose to examine or not to examine the materials. A physician or an agent of a physician may choose to be disassociated from the materials and may choose to comment or not comment on the materials. 65
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(3) If it has been determined that the unborn human 73
individual the pregnant woman is carrying has a detectable fetal 74
heartbeat, the physician who is to perform or induce the 75
abortion shall comply with the informed consent requirements in 76
section ~~2919.192~~ 2919.194 of the Revised Code in addition to 77
complying with the informed consent requirements in divisions 78
(B) (1), (2), (4), and (5) of this section. 79

(4) Prior to the performance or inducement of the 80
abortion, the pregnant woman signs a form consenting to the 81
abortion and certifies both of the following on that form: 82

(a) She has received the information and materials 83
described in divisions (B) (1) and (2) of this section, and her 84
questions about the abortion that will be performed or induced 85
have been answered in a satisfactory manner. 86

(b) She consents to the particular abortion voluntarily, 87
knowingly, intelligently, and without coercion by any person, 88
and she is not under the influence of any drug of abuse or 89
alcohol. 90

The form shall contain the name and contact information of 91
the physician who provided to the pregnant woman the information 92
described in division (B) (1) of this section. 93

(5) Prior to the performance or inducement of the 94
abortion, the physician who is scheduled to perform or induce 95
the abortion or the physician's agent receives a copy of the 96
pregnant woman's signed form on which she consents to the 97
abortion and that includes the certification required by 98
division (B) (4) of this section. 99

(C) The department of health shall publish in English and 100
in Spanish, in a typeface large enough to be clearly legible, 101

and in an easily comprehensible format, the following materials 102
on the department's web site: 103

(1) Materials that inform the pregnant woman about family 104
planning information, of publicly funded agencies that are 105
available to assist in family planning, and of public and 106
private agencies and services that are available to assist her 107
through the pregnancy, upon childbirth, and while the child is 108
dependent, including, but not limited to, adoption agencies. The 109
materials shall be geographically indexed; include a 110
comprehensive list of the available agencies, a description of 111
the services offered by the agencies, and the telephone numbers 112
and addresses of the agencies; and inform the pregnant woman 113
about available medical assistance benefits for prenatal care, 114
childbirth, and neonatal care and about the support obligations 115
of the father of a child who is born alive. The department shall 116
ensure that the materials described in division (C) (1) of this 117
section are comprehensive and do not directly or indirectly 118
promote, exclude, or discourage the use of any agency or service 119
described in this division. 120

(2) Materials that inform the pregnant woman of the 121
probable anatomical and physiological characteristics of the 122
zygote, blastocyte, embryo, or fetus at two-week gestational 123
increments for the first sixteen weeks of pregnancy and at four- 124
week gestational increments from the seventeenth week of 125
pregnancy to full term, including any relevant information 126
regarding the time at which the fetus possibly would be viable. 127
The department shall cause these materials to be published ~~only~~ 128
~~after it consults with the Ohio state medical association and~~ 129
~~the Ohio section of the American college of obstetricians and~~ 130
~~gynecologists~~ independent health care experts relative to the 131
probable anatomical and physiological characteristics of a 132

zygote, blastocyte, embryo, or fetus at the various gestational 133
increments. The materials shall use language that is 134
understandable by the average person who is not medically 135
trained, shall be objective and nonjudgmental, and shall include 136
only accurate scientific information about the zygote, 137
blastocyte, embryo, or fetus at the various gestational 138
increments. If the materials use a pictorial, photographic, or 139
other depiction to provide information regarding the zygote, 140
blastocyte, embryo, or fetus, the materials shall include, in a 141
conspicuous manner, a scale or other explanation that is 142
understandable by the average person and that can be used to 143
determine the actual size of the zygote, blastocyte, embryo, or 144
fetus at a particular gestational increment as contrasted with 145
the depicted size of the zygote, blastocyte, embryo, or fetus at 146
that gestational increment. 147

(D) Upon the submission of a request to the department of 148
health by any person, hospital, physician, or medical facility 149
for one copy of the materials published in accordance with 150
division (C) of this section, the department shall make the 151
requested copy of the materials available to the person, 152
hospital, physician, or medical facility that requested the 153
copy. 154

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

for the conclusion that a medical emergency or medical necessity 164
exists in the medical record of the pregnant woman. 165

(F) If the conditions specified in division (B) of this 166
section are satisfied, consent to an abortion shall be presumed 167
to be valid and effective. 168

(G) The performance or inducement of an abortion without 169
the prior satisfaction of the conditions specified in division 170
(B) of this section does not constitute, and shall not be 171
construed as constituting, a violation of division (A) of 172
section 2919.12 of the Revised Code. The failure of a physician 173
to satisfy the conditions of division (B) of this section prior 174
to performing or inducing an abortion upon a pregnant woman may 175
be the basis of both of the following: 176

(1) A civil action for compensatory and exemplary damages 177
as described in division (H) of this section; 178

(2) Disciplinary action under section 4731.22 of the 179
Revised Code. 180

(H) (1) Subject to divisions (H) (2) and (3) of this 181
section, any physician who performs or induces an abortion with 182
actual knowledge that the conditions specified in division (B) 183
of this section have not been satisfied or with a heedless 184
indifference as to whether those conditions have been satisfied 185
is liable in compensatory and exemplary damages in a civil 186
action to any person, or the representative of the estate of any 187
person, who sustains injury, death, or loss to person or 188
property as a result of the failure to satisfy those conditions. 189
In the civil action, the court additionally may enter any 190
injunctive or other equitable relief that it considers 191
appropriate. 192

(2) The following shall be affirmative defenses in a civil action authorized by division (H) (1) of this section:	193 194
(a) The physician performed or induced the abortion under the circumstances described in division (E) of this section.	195 196
(b) The physician made a good faith effort to satisfy the conditions specified in division (B) of this section.	197 198
(3) An employer or other principal is not liable in damages in a civil action authorized by division (H) (1) of this section on the basis of the doctrine of respondeat superior unless either of the following applies:	199 200 201 202
(a) The employer or other principal had actual knowledge or, by the exercise of reasonable diligence, should have known that an employee or agent performed or induced an abortion with actual knowledge that the conditions specified in division (B) of this section had not been satisfied or with a heedless indifference as to whether those conditions had been satisfied.	203 204 205 206 207 208
(b) The employer or other principal negligently failed to secure the compliance of an employee or agent with division (B) of this section.	209 210 211
(4) Notwithstanding division (E) of section 2919.12 of the Revised Code, the civil action authorized by division (H) (1) of this section shall be the exclusive civil remedy for persons, or the representatives of estates of persons, who allegedly sustain injury, death, or loss to person or property as a result of a failure to satisfy the conditions specified in division (B) of this section.	212 213 214 215 216 217 218
(I) The department of job and family services shall prepare and conduct a public information program to inform women of all available governmental programs and agencies that provide	219 220 221

services or assistance for family planning, prenatal care, child 222
care, or alternatives to abortion. 223

Sec. 2919.171. (A) (1) A physician who performs or induces 224
or attempts to perform or induce an abortion on a pregnant woman 225
shall submit a report to the department of health in accordance 226
with the forms, rules, and regulations adopted by the department 227
that includes all of the information the physician is required 228
to certify in writing or determine under ~~sections~~ section 229
2919.17 ~~and~~, section 2919.18, divisions (A) and (C) of section 230
2919.192, division (C) of section 2919.193, division (B) of 231
section 2919.195, or division (A) of section 2919.196 of the 232
Revised Code~~+~~. 233

(2) If a person other than the physician described in 234
division (A) (1) of this section makes or maintains a record 235
required by sections 2919.192 to 2919.196 of the Revised Code on 236
the physician's behalf or at the physician's direction, that 237
person shall comply with the reporting requirement described in 238
division (A) (1) of this section as if the person were the 239
physician described in that division. 240

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

reasonably lead to the identification of any pregnant woman upon whom an abortion is performed. 252
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(C) (1) The physician shall submit the report described in 254
division (A) of this section to the department of health within 255
fifteen days after the woman is discharged. If the physician 256
fails to submit the report more than thirty days after that 257
fifteen-day deadline, the physician shall be subject to a late 258
fee of five hundred dollars for each additional thirty-day 259
period or portion of a thirty-day period the report is overdue. 260
A physician who is required to submit to the department of 261
health a report under division (A) of this section and who has 262
not submitted a report or has submitted an incomplete report 263
more than one year following the fifteen-day deadline may, in an 264
action brought by the department of health, be directed by a 265
court of competent jurisdiction to submit a complete report to 266
the department of health within a period of time stated in a 267
court order or be subject to contempt of court. 268

(2) If a physician fails to comply with the requirements 269
of this section, other than filing a late report with the 270
department of health, or fails to submit a complete report to 271
the department of health in accordance with a court order, the 272
physician is subject to division (B) (44) of section 4731.22 of 273
the Revised Code. 274

(3) No person shall falsify any report required under this 275
section. Whoever violates this division is guilty of abortion 276
report falsification, a misdemeanor of the first degree. 277

(D) ~~Within ninety days of October 20, 2011, the~~ The 278
department of health shall adopt rules pursuant to section 279
111.15 of the Revised Code to assist in compliance with this 280
section. 281

Sec. 2919.19. <u>(A)</u> As used in this section and sections	282
2919.191 to 2919.193 <u>2919.1910</u> of the Revised Code:	283
(A) <u>(1)</u> "Conception" means fertilization.	284
<u>(2)</u> "Contraceptive" means a drug, device, or chemical that	285
<u>prevents conception.</u>	286
<u>(3)</u> "DNA" means deoxyribonucleic acid.	287
<u>(4)</u> "Fetal heartbeat" means cardiac activity or the steady	288
and repetitive rhythmic contraction of the fetal heart within	289
the gestational sac.	290
(B) <u>(5)</u> "Fetus" means the human offspring developing	291
during pregnancy from the moment of conception and includes the	292
embryonic stage of development.	293
(C) <u>(6)</u> "Gestational age" means the age of an unborn human	294
individual as calculated from the first day of the last	295
menstrual period of a pregnant woman.	296
(D) <u>(7)</u> "Gestational sac" means the structure that	297
comprises the extraembryonic membranes that envelop the fetus	298
and that is typically visible by ultrasound after the fourth	299
week of pregnancy.	300
(E) <u>(8)</u> "Intrauterine pregnancy" means a pregnancy in	301
<u>which the fetus is attached to the placenta within the uterus of</u>	302
<u>the pregnant woman.</u>	303
<u>(9)</u> "Medical emergency" has the same meaning as in section	304
2919.16 of the Revised Code.	305
(F) <u>(10)</u> "Physician" has the same meaning as in section	306
2305.113 of the Revised Code.	307
(G) <u>(11)</u> "Pregnancy" means the human female reproductive	308

condition that begins with fertilization, when the woman is 309
carrying the developing human offspring, and that is calculated 310
from the first day of the last menstrual period of the woman. 311

~~(H)~~ (12) "Serious risk of the substantial and irreversible 312
impairment of a major bodily function" has the same meaning as 313
in section 2919.16 of the Revised Code. 314

~~(I)~~ (13) "Spontaneous miscarriage" means the natural or 315
accidental termination of a pregnancy and the expulsion of the 316
fetus, typically caused by genetic defects in the fetus or 317
physical abnormalities in the pregnant woman. 318

(14) "Standard medical practice" means the degree of 319
skill, care, and diligence that a physician of the same medical 320
specialty would employ in like circumstances. As applied to the 321
method used to determine the presence of a fetal heartbeat for 322
purposes of section ~~2919.191~~ 2919.192 of the Revised Code, 323
"standard medical practice" includes employing the appropriate 324
means of detection depending on the estimated gestational age of 325
the fetus and the condition of the woman and her pregnancy. 326

~~(J)~~ (15) "Unborn human individual" means an individual 327
organism of the species homo sapiens from fertilization until 328
live birth. 329

(B) (1) It is the intent of the general assembly that a 330
court judgment or order suspending enforcement of any provision 331
of this section or sections 2919.171 or 2919.191 to 2919.1913 of 332
the Revised Code is not to be regarded as tantamount to repeal 333
of that provision. 334

(2) Upon the issuance of any court order or judgment 335
restoring, expanding, or clarifying the authority of states to 336
prohibit or regulate abortion entirely or in part, or the 337

effective date of an amendment to the United States Constitution 338
restoring, expanding, or clarifying the authority of states to 339
prohibit or regulate abortion entirely or in part, the attorney 340
general may apply to the pertinent state or federal court for 341
either or both of the following: 342

(a) A declaration that any one or more sections specified 343
in division (B) (1) of this section are constitutional; 344

(b) A judgment or order lifting an injunction against the 345
enforcement of any one or more sections specified in division 346
(B) (1) of this section. 347

(3) If the attorney general fails to apply for the relief 348
described in division (B) (2) of this section within the thirty- 349
day period after an event described in that division occurs, any 350
county prosecutor, with standing, may apply to the appropriate 351
state or federal court for such relief. 352

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

furthermore the intent of the general assembly that the 368
provisions of this section and sections 2919.171 or 2919.191 to 369
2919.1913 of the Revised Code are not to have the effect of 370
repealing or limiting any other laws of this state, except as 371
specified by this section and sections 2919.171 and 2919.191 to 372
2919.1913 of the Revised Code. 373

Sec. 2919.191. Sections 2919.192 to 2919.195 of the 374
Revised Code apply only to intrauterine pregnancies. 375

Sec. 2919.191-2919.192. (A) A person who intends to 376
perform or induce an abortion on a pregnant woman shall 377
determine whether there is a detectable fetal heartbeat of the 378
unborn human individual the pregnant woman is carrying. The 379
method of determining the presence of a fetal heartbeat shall be 380
consistent with the person's good faith understanding of 381
standard medical practice, provided that if rules have been 382
adopted under division ~~(C)~~ (B) of this section, the method 383
chosen shall be one that is consistent with the rules. The 384
person who determines the presence or absence of a fetal 385
heartbeat shall record in the pregnant woman's medical record 386
the estimated gestational age of the unborn human individual, 387
the method used to test for a fetal heartbeat, the date and time 388
of the test, and the results of the test. 389

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

~~existed and shall also note the medical condition of the~~ 398
~~pregnant woman that prevented compliance with this division. The~~ 399
~~person shall maintain a copy of the notes described in this~~ 400
~~division in the person's own records for at least seven years~~ 401
~~after the notes are entered into the medical records.~~ 402

~~(2)~~ The person who performs the examination for the 403
presence of a fetal heartbeat shall give the pregnant woman the 404
option to view or hear the fetal heartbeat. 405

~~(C)~~ The (B) Not later than one hundred twenty days of the 406
effective date of S.B. 23 of the 133rd general assembly, the 407
director of health ~~may promulgate~~ shall adopt rules pursuant to 408
section 111.15 of the Revised Code specifying the appropriate 409
methods of performing an examination for the purpose of 410
determining the presence of a fetal heartbeat of an unborn 411
individual based on standard medical practice. ~~The rules shall~~ 412
~~require only that an examination shall be performed externally.~~ 413

~~(D)~~ (C) A person is not in violation of division (A) ~~or~~ 414
~~(B)~~ of this section if that person has performed an examination 415
for the purpose of determining the presence of a fetal heartbeat 416
in the fetus of an unborn human individual utilizing standard 417
medical practice in accordance with rules adopted under division 418
(B) of this section, that examination does not reveal a fetal 419
heartbeat or the person has been informed by a physician who has 420
performed the examination for a fetal heartbeat that the 421
examination did not reveal a fetal heartbeat, and the person 422
notes in the pregnant woman's medical records the procedure 423
utilized to detect the presence of a fetal heartbeat. 424

~~(E)~~ ~~Except as provided in division (F) of this section, no~~ 425
~~person shall knowingly and purposefully perform or induce an~~ 426
~~abortion on a pregnant woman before determining in accordance~~ 427

~~with division (A) of this section whether the unborn human individual the pregnant woman is carrying has a detectable heartbeat. The failure of a person to satisfy the requirements of this section prior to performing or inducing an abortion on a pregnant woman may be the basis for either of the following:~~

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

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

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

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

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

Sec. 2919.193. (A) Except as provided in division (B) of

this section, no person shall knowingly and purposefully perform 457
or induce an abortion on a pregnant woman before determining in 458
accordance with division (A) of section 2919.192 of the Revised 459
Code whether the unborn human individual the pregnant woman is 460
carrying has a detectable heartbeat. 461

Whoever violates this division is guilty of performing or 462
inducing an abortion before determining whether there is a 463
detectable fetal heartbeat, a felony of the fifth degree. A 464
violation of this division may also be the basis of either of 465
the following: 466

(1) A civil action for compensatory and exemplary damages; 467

(2) Disciplinary action under section 4731.22 of the 468
Revised Code. 469

(B) Division (A) of this section does not apply to a 470
physician who performs or induces the abortion if the physician 471
believes that a medical emergency, as defined in section 2919.16 472
of the Revised Code, exists that prevents compliance with that 473
division. 474

(C) A physician who performs or induces an abortion on a 475
pregnant woman based on the exception in division (B) of this 476
section shall make written notations in the pregnant woman's 477
medical records of both of the following: 478

(1) The physician's belief that a medical emergency 479
necessitating the abortion existed; 480

(2) The medical condition of the pregnant woman that 481
assertedly prevented compliance with division (A) of this 482
section. 483

For at least seven years from the date the notations are 484

made, the physician shall maintain in the physician's own 485
records a copy of the notations. 486

(D) A person is not in violation of division (A) of this 487
section if the person acts in accordance with division (A) of 488
section 2919.192 of the Revised Code and the method used to 489
determine the presence of a fetal heartbeat does not reveal a 490
fetal heartbeat. 491

Sec. ~~2919.192~~ 2919.194. (A) ~~If~~ Notwithstanding division 492
(A) (3) of this section, if a person who intends to perform or 493
induce an abortion on a pregnant woman has determined, under 494
section ~~2919.191~~ 2919.192 of the Revised Code, that the unborn 495
human individual the pregnant woman is carrying has a detectable 496
heartbeat, the person shall not, except as provided in division 497
(B) of this section, perform or induce the abortion ~~until~~ 498
without meeting all of the following requirements ~~have been met~~ 499
and without at least twenty-four hours ~~have elapsed~~ elapsing 500
after the last of the requirements is met: 501

(1) The person intending to perform or induce the abortion 502
shall inform the pregnant woman in writing that the unborn human 503
individual the pregnant woman is carrying has a fetal heartbeat. 504

(2) The person intending to perform or induce the abortion 505
shall inform the pregnant woman, to the best of the person's 506
knowledge, of the statistical probability of bringing the unborn 507
human individual possessing a detectable fetal heartbeat to term 508
based on the gestational age of the unborn human individual the 509
pregnant woman is carrying or, if the director of health has 510
specified statistical probability information pursuant to rules 511
adopted under division (C) of this section, shall provide to the 512
pregnant woman that information. 513

(3) The pregnant woman shall sign a form acknowledging 514
that the pregnant woman has received information from the person 515
intending to perform or induce the abortion that the unborn 516
human individual the pregnant woman is carrying has a fetal 517
heartbeat and that the pregnant woman is aware of the 518
statistical probability of bringing the unborn human individual 519
the pregnant woman is carrying to term. 520

(B) Division (A) of this section does not apply if the 521
person who intends to perform or induce the abortion believes 522
that a medical emergency exists that prevents compliance with 523
that division. 524

(C) The director of health may adopt rules that specify 525
information regarding the statistical probability of bringing an 526
unborn human individual possessing a detectable heartbeat to 527
term based on the gestational age of the unborn human 528
individual. The rules shall be based on available medical 529
evidence and shall be adopted in accordance with section 111.15 530
of the Revised Code. 531

(D) This section does not have the effect of repealing or 532
limiting any other provision of the Revised Code relating to 533
informed consent for an abortion, including the provisions in 534
section 2317.56 of the Revised Code. 535

(E) Whoever violates division (A) of this section is 536
guilty of performing or inducing an abortion without informed 537
consent when there is a detectable fetal heartbeat, a 538
misdemeanor of the first degree on a first offense and a felony 539
of the fourth degree on each subsequent offense. 540

Sec. 2919.195. (A) Except as provided in division (B) of 541
this section, no person shall knowingly and purposefully perform 542

or induce an abortion on a pregnant woman with the specific 543
intent of causing or abetting the termination of the life of the 544
unborn human individual the pregnant woman is carrying and whose 545
fetal heartbeat has been detected in accordance with division 546
(A) of section 2919.192 of the Revised Code. 547

Whoever violates this division is guilty of performing or 548
inducing an abortion after the detection of a fetal heartbeat, a 549
felony of the fifth degree. 550

(B) Division (A) of this section does not apply to a 551
physician who performs a medical procedure that, in the 552
physician's reasonable medical judgment, is designed or intended 553
to prevent the death of the pregnant woman or to prevent a 554
serious risk of the substantial and irreversible impairment of a 555
major bodily function of the pregnant woman. 556

A physician who performs a medical procedure as described 557
in this division shall declare, in a written document, that the 558
medical procedure is necessary, to the best of the physician's 559
reasonable medical judgment, to prevent the death of the 560
pregnant woman or to prevent a serious risk of the substantial 561
and irreversible impairment of a major bodily function of the 562
pregnant woman. In the document, the physician shall specify the 563
pregnant woman's medical condition that the medical procedure is 564
asserted to address and the medical rationale for the 565
physician's conclusion that the medical procedure is necessary 566
to prevent the death of the pregnant woman or to prevent a 567
serious risk of the substantial and irreversible impairment of a 568
major bodily function of the pregnant woman. 569

A physician who performs a medical procedure as described 570
in this division shall place the written document required by 571
this division in the pregnant woman's medical records. The 572

physician shall maintain a copy of the document in the 573
physician's own records for at least seven years from the date 574
the document is created. 575

(C) A person is not in violation of division (A) of this 576
section if the person acts in accordance with division (A) of 577
section 2919.192 of the Revised Code and the method used to 578
determine the presence of a fetal heartbeat does not reveal a 579
fetal heartbeat. 580

(D) Division (A) of this section does not have the effect 581
of repealing or limiting any other provision of the Revised Code 582
that restricts or regulates the performance or inducement of an 583
abortion by a particular method or during a particular stage of 584
a pregnancy. 585

Sec. 2919.196. The provisions of this section are wholly 586
independent of the requirements of sections 2919.192 to 2919.195 587
of the Revised Code. 588

(A) A person who performs or induces an abortion on a 589
pregnant woman shall do whichever of the following is 590
applicable: 591

(1) If a purported reason for the abortion is to preserve 592
the health of the pregnant woman, the person shall specify in a 593
written document the medical condition that the abortion is 594
asserted to address and the medical rationale for the person's 595
conclusion that the abortion is necessary to address that 596
condition. 597

(2) If division (A) (1) of this section does not apply, the 598
person shall specify in a written document that maternal health 599
is not a reason of the abortion. 600

(B) The person who specifies the information in the 601

document described in division (A) of this section shall place 602
the document in the pregnant woman's medical records. The person 603
who specifies the information shall maintain a copy of the 604
document in the person's own records for at least seven years 605
from the date the document is created. 606

Sec. 2919.197. Nothing in sections 2919.19 to 2919.196 of 607
the Revised Code prohibits the sale, use, prescription, or 608
administration of a drug, device, or chemical for contraceptive 609
purposes. 610

Sec. 2919.193-2919.198. A pregnant woman on whom an 611
abortion is performed or induced in violation of section 612
2919.191 or 2919.192-2919.193, 2919.194, or 2919.195 of the 613
Revised Code is not guilty of violating any of those sections; 614
is not guilty of attempting to commit, conspiring to commit, or 615
complicity in committing a violation of any of those sections; 616
and is not subject to a civil penalty based on the abortion 617
being performed or induced in violation of any of those 618
sections. 619

Sec. 2919.199. (A) A woman who meets either or both of the 620
following criteria may file a civil action for the wrongful 621
death of her unborn child: 622

(1) A woman on whom an abortion was performed or induced 623
in violation of division (A) of section 2919.193 or division (A) 624
of section 2919.195 of the Revised Code; 625

(2) A woman on whom an abortion was performed or induced 626
who was not given the information described in divisions (A)(1) 627
and (2) of section 2919.194 of the Revised Code or who did not 628
sign a form described in division (A)(3) of section 2919.194 of 629
the Revised code. 630

(B) A woman who prevails in an action filed under division 631
(A) of this section shall receive both of the following from the 632
person who committed the one or more acts described in division 633
(A) (1) or (2) of this section: 634

(1) Damages in an amount equal to ten thousand dollars or 635
an amount determined by the trier of fact after consideration of 636
the evidence at the mother's election at any time prior to final 637
judgment subject to the same defenses and requirements of proof, 638
except any requirement of live birth, as would apply to a suit 639
for the wrongful death of a child who had been born alive; 640

(2) Court costs and reasonable attorney's fees. 641

(C) A determination by a court of record that division (A) 642
of section 2919.193 of the Revised Code, division (A) (1), (2), 643
or (3) of section 2919.194 of the Revised Code, or division (A) 644
of section 2919.195 of the Revised Code is unconstitutional 645
shall be a defense to an action filed under division (A) of this 646
section alleging that the defendant violated the division that 647
was determined to be unconstitutional. 648

(D) If the defendant in an action filed under division (A) 649
of this section prevails and all of the following apply the 650
court shall award reasonable attorney's fees to the defendant in 651
accordance with section 2323.51 of the Revised Code: 652

(1) The court finds that the commencement of the action 653
constitutes frivolous conduct, as defined in section 2323.51 of 654
the Revised Code. 655

(2) The court's finding in division (D) (1) of this section 656
is not based on that court or another court determining that 657
division (A) of section 2919.193 of the Revised Code, division 658
(A) (1), (2), or (3) of section 2919.194 of the Revised Code, or 659

division (A) of section 2919.195 of the Revised Code is 660
unconstitutional. 661

(3) The court finds that the defendant was adversely 662
affected by the frivolous conduct. 663

Sec. 2919.1910. (A) To ensure that citizens are informed 664
of available options in this state, there is hereby created the 665
joint legislative committee on adoption promotion and support. 666
The committee may review or study any matter that it considers 667
relevant to the adoption process in this state, with priority 668
given to the study or review of mechanisms intended to increase 669
awareness of the process, increase its effectiveness, or both. 670

(B) The committee shall consist of three members of the 671
house of representatives appointed by the speaker of the house 672
of representatives and three members of the senate appointed by 673
the president of the senate. Not more than two members appointed 674
by the speaker of the house of representatives and not more than 675
two members appointed by the president of the senate may be of 676
the same political party. 677

Each member of the committee shall hold office during the 678
general assembly in which the member is appointed and until a 679
successor has been appointed, notwithstanding the adjournment 680
sine die of the general assembly in which the member was 681
appointed or the expiration of the member's term as a member of 682
the general assembly. Any vacancies occurring among the members 683
of the committee shall be filled in the manner of the original 684
appointment. 685

(C) The committee has the same powers as other standing or 686
select committees of the general assembly. 687

Sec. 2919.1912. (A) The state medical board may assess 688

against a person a forfeiture of not more than twenty thousand 689
dollars for each separate violation or failure of the person to 690
comply with any of the requirements of sections 2919.171, 691
2919.192, 2919.193, 2919.194, 2919.195, or 2919.196 of the 692
Revised Code. The board shall comply with the adjudication 693
requirements of Chapter 119. of the Revised Code when assessing 694
the forfeiture. The forfeiture may be in addition to criminal 695
penalties that are imposed under other sections of the Revised 696
Code. 697

(B) An action to recover a forfeiture shall be prosecuted 698
in the name of the state and shall be brought in the court of 699
common pleas of Franklin county. The action shall be commenced 700
and prosecuted by the attorney general when directed by the 701
board. 702

(C) Moneys collected under division (A) of this section or 703
recovered by an action under division (B) of this section shall 704
be paid to the treasurer of state for deposit into the foster 705
care and adoption initiatives fund created under section 5103.11 706
of the Revised Code. 707

Sec. 2919.1913. Sections 2919.171, 2919.19 to 2919.1913, 708
and 4731.22 of the Revised Code, as amended or enacted by this 709
act, shall be known as the "Human Rights and Heartbeat 710
Protection Act." 711

Sec. 4731.22. (A) The state medical board, by an 712
affirmative vote of not fewer than six of its members, may 713
limit, revoke, or suspend a license or certificate to practice 714
or certificate to recommend, refuse to grant a license or 715
certificate, refuse to renew a license or certificate, refuse to 716
reinstate a license or certificate, or reprimand or place on 717
probation the holder of a license or certificate if the 718

individual applying for or holding the license or certificate is 719
found by the board to have committed fraud during the 720
administration of the examination for a license or certificate 721
to practice or to have committed fraud, misrepresentation, or 722
deception in applying for, renewing, or securing any license or 723
certificate to practice or certificate to recommend issued by 724
the board. 725

(B) The board, by an affirmative vote of not fewer than 726
six members, shall, to the extent permitted by law, limit, 727
revoke, or suspend a license or certificate to practice or 728
certificate to recommend, refuse to issue a license or 729
certificate, refuse to renew a license or certificate, refuse to 730
reinstate a license or certificate, or reprimand or place on 731
probation the holder of a license or certificate for one or more 732
of the following reasons: 733

(1) Permitting one's name or one's license or certificate 734
to practice to be used by a person, group, or corporation when 735
the individual concerned is not actually directing the treatment 736
given; 737

(2) Failure to maintain minimal standards applicable to 738
the selection or administration of drugs, or failure to employ 739
acceptable scientific methods in the selection of drugs or other 740
modalities for treatment of disease; 741

(3) Except as provided in section 4731.97 of the Revised 742
Code, selling, giving away, personally furnishing, prescribing, 743
or administering drugs for other than legal and legitimate 744
therapeutic purposes or a plea of guilty to, a judicial finding 745
of guilt of, or a judicial finding of eligibility for 746
intervention in lieu of conviction of, a violation of any 747
federal or state law regulating the possession, distribution, or 748

use of any drug; 749

(4) Willfully betraying a professional confidence. 750

For purposes of this division, "willfully betraying a 751
professional confidence" does not include providing any 752
information, documents, or reports under sections 307.621 to 753
307.629 of the Revised Code to a child fatality review board; 754
does not include providing any information, documents, or 755
reports to the director of health pursuant to guidelines 756
established under section 3701.70 of the Revised Code; does not 757
include written notice to a mental health professional under 758
section 4731.62 of the Revised Code; and does not include the 759
making of a report of an employee's use of a drug of abuse, or a 760
report of a condition of an employee other than one involving 761
the use of a drug of abuse, to the employer of the employee as 762
described in division (B) of section 2305.33 of the Revised 763
Code. Nothing in this division affects the immunity from civil 764
liability conferred by section 2305.33 or 4731.62 of the Revised 765
Code upon a physician who makes a report in accordance with 766
section 2305.33 or notifies a mental health professional in 767
accordance with section 4731.62 of the Revised Code. As used in 768
this division, "employee," "employer," and "physician" have the 769
same meanings as in section 2305.33 of the Revised Code. 770

(5) Making a false, fraudulent, deceptive, or misleading 771
statement in the solicitation of or advertising for patients; in 772
relation to the practice of medicine and surgery, osteopathic 773
medicine and surgery, podiatric medicine and surgery, or a 774
limited branch of medicine; or in securing or attempting to 775
secure any license or certificate to practice issued by the 776
board. 777

As used in this division, "false, fraudulent, deceptive, 778

or misleading statement" means a statement that includes a 779
misrepresentation of fact, is likely to mislead or deceive 780
because of a failure to disclose material facts, is intended or 781
is likely to create false or unjustified expectations of 782
favorable results, or includes representations or implications 783
that in reasonable probability will cause an ordinarily prudent 784
person to misunderstand or be deceived. 785

(6) A departure from, or the failure to conform to, 786
minimal standards of care of similar practitioners under the 787
same or similar circumstances, whether or not actual injury to a 788
patient is established; 789

(7) Representing, with the purpose of obtaining 790
compensation or other advantage as personal gain or for any 791
other person, that an incurable disease or injury, or other 792
incurable condition, can be permanently cured; 793

(8) The obtaining of, or attempting to obtain, money or 794
anything of value by fraudulent misrepresentations in the course 795
of practice; 796

(9) A plea of guilty to, a judicial finding of guilt of, 797
or a judicial finding of eligibility for intervention in lieu of 798
conviction for, a felony; 799

(10) Commission of an act that constitutes a felony in 800
this state, regardless of the jurisdiction in which the act was 801
committed; 802

(11) A plea of guilty to, a judicial finding of guilt of, 803
or a judicial finding of eligibility for intervention in lieu of 804
conviction for, a misdemeanor committed in the course of 805
practice; 806

(12) Commission of an act in the course of practice that 807

constitutes a misdemeanor in this state, regardless of the 808
jurisdiction in which the act was committed; 809

(13) A plea of guilty to, a judicial finding of guilt of, 810
or a judicial finding of eligibility for intervention in lieu of 811
conviction for, a misdemeanor involving moral turpitude; 812

(14) Commission of an act involving moral turpitude that 813
constitutes a misdemeanor in this state, regardless of the 814
jurisdiction in which the act was committed; 815

(15) Violation of the conditions of limitation placed by 816
the board upon a license or certificate to practice; 817

(16) Failure to pay license renewal fees specified in this 818
chapter; 819

(17) Except as authorized in section 4731.31 of the 820
Revised Code, engaging in the division of fees for referral of 821
patients, or the receiving of a thing of value in return for a 822
specific referral of a patient to utilize a particular service 823
or business; 824

(18) Subject to section 4731.226 of the Revised Code, 825
violation of any provision of a code of ethics of the American 826
medical association, the American osteopathic association, the 827
American podiatric medical association, or any other national 828
professional organizations that the board specifies by rule. The 829
state medical board shall obtain and keep on file current copies 830
of the codes of ethics of the various national professional 831
organizations. The individual whose license or certificate is 832
being suspended or revoked shall not be found to have violated 833
any provision of a code of ethics of an organization not 834
appropriate to the individual's profession. 835

For purposes of this division, a "provision of a code of 836

ethics of a national professional organization" does not include 837
any provision that would preclude the making of a report by a 838
physician of an employee's use of a drug of abuse, or of a 839
condition of an employee other than one involving the use of a 840
drug of abuse, to the employer of the employee as described in 841
division (B) of section 2305.33 of the Revised Code. Nothing in 842
this division affects the immunity from civil liability 843
conferred by that section upon a physician who makes either type 844
of report in accordance with division (B) of that section. As 845
used in this division, "employee," "employer," and "physician" 846
have the same meanings as in section 2305.33 of the Revised 847
Code. 848

(19) Inability to practice according to acceptable and 849
prevailing standards of care by reason of mental illness or 850
physical illness, including, but not limited to, physical 851
deterioration that adversely affects cognitive, motor, or 852
perceptive skills. 853

In enforcing this division, the board, upon a showing of a 854
possible violation, may compel any individual authorized to 855
practice by this chapter or who has submitted an application 856
pursuant to this chapter to submit to a mental examination, 857
physical examination, including an HIV test, or both a mental 858
and a physical examination. The expense of the examination is 859
the responsibility of the individual compelled to be examined. 860
Failure to submit to a mental or physical examination or consent 861
to an HIV test ordered by the board constitutes an admission of 862
the allegations against the individual unless the failure is due 863
to circumstances beyond the individual's control, and a default 864
and final order may be entered without the taking of testimony 865
or presentation of evidence. If the board finds an individual 866
unable to practice because of the reasons set forth in this 867

division, the board shall require the individual to submit to 868
care, counseling, or treatment by physicians approved or 869
designated by the board, as a condition for initial, continued, 870
reinstated, or renewed authority to practice. An individual 871
affected under this division shall be afforded an opportunity to 872
demonstrate to the board the ability to resume practice in 873
compliance with acceptable and prevailing standards under the 874
provisions of the individual's license or certificate. For the 875
purpose of this division, any individual who applies for or 876
receives a license or certificate to practice under this chapter 877
accepts the privilege of practicing in this state and, by so 878
doing, shall be deemed to have given consent to submit to a 879
mental or physical examination when directed to do so in writing 880
by the board, and to have waived all objections to the 881
admissibility of testimony or examination reports that 882
constitute a privileged communication. 883

(20) Except as provided in division (F)(1)(b) of section 884
4731.282 of the Revised Code or when civil penalties are imposed 885
under section 4731.225 of the Revised Code, and subject to 886
section 4731.226 of the Revised Code, violating or attempting to 887
violate, directly or indirectly, or assisting in or abetting the 888
violation of, or conspiring to violate, any provisions of this 889
chapter or any rule promulgated by the board. 890

This division does not apply to a violation or attempted 891
violation of, assisting in or abetting the violation of, or a 892
conspiracy to violate, any provision of this chapter or any rule 893
adopted by the board that would preclude the making of a report 894
by a physician of an employee's use of a drug of abuse, or of a 895
condition of an employee other than one involving the use of a 896
drug of abuse, to the employer of the employee as described in 897
division (B) of section 2305.33 of the Revised Code. Nothing in 898

this division affects the immunity from civil liability 899
conferred by that section upon a physician who makes either type 900
of report in accordance with division (B) of that section. As 901
used in this division, "employee," "employer," and "physician" 902
have the same meanings as in section 2305.33 of the Revised 903
Code. 904

(21) The violation of section 3701.79 of the Revised Code 905
or of any abortion rule adopted by the director of health 906
pursuant to section 3701.341 of the Revised Code; 907

(22) Any of the following actions taken by an agency 908
responsible for authorizing, certifying, or regulating an 909
individual to practice a health care occupation or provide 910
health care services in this state or another jurisdiction, for 911
any reason other than the nonpayment of fees: the limitation, 912
revocation, or suspension of an individual's license to 913
practice; acceptance of an individual's license surrender; 914
denial of a license; refusal to renew or reinstate a license; 915
imposition of probation; or issuance of an order of censure or 916
other reprimand; 917

(23) The violation of section 2919.12 of the Revised Code 918
or the performance or inducement of an abortion upon a pregnant 919
woman with actual knowledge that the conditions specified in 920
division (B) of section 2317.56 of the Revised Code have not 921
been satisfied or with a heedless indifference as to whether 922
those conditions have been satisfied, unless an affirmative 923
defense as specified in division (H)(2) of that section would 924
apply in a civil action authorized by division (H)(1) of that 925
section; 926

(24) The revocation, suspension, restriction, reduction, 927
or termination of clinical privileges by the United States 928

department of defense or department of veterans affairs or the 929
termination or suspension of a certificate of registration to 930
prescribe drugs by the drug enforcement administration of the 931
United States department of justice; 932

(25) Termination or suspension from participation in the 933
medicare or medicaid programs by the department of health and 934
human services or other responsible agency; 935

(26) Impairment of ability to practice according to 936
acceptable and prevailing standards of care because of habitual 937
or excessive use or abuse of drugs, alcohol, or other substances 938
that impair ability to practice. 939

For the purposes of this division, any individual 940
authorized to practice by this chapter accepts the privilege of 941
practicing in this state subject to supervision by the board. By 942
filing an application for or holding a license or certificate to 943
practice under this chapter, an individual shall be deemed to 944
have given consent to submit to a mental or physical examination 945
when ordered to do so by the board in writing, and to have 946
waived all objections to the admissibility of testimony or 947
examination reports that constitute privileged communications. 948

If it has reason to believe that any individual authorized 949
to practice by this chapter or any applicant for licensure or 950
certification to practice suffers such impairment, the board may 951
compel the individual to submit to a mental or physical 952
examination, or both. The expense of the examination is the 953
responsibility of the individual compelled to be examined. Any 954
mental or physical examination required under this division 955
shall be undertaken by a treatment provider or physician who is 956
qualified to conduct the examination and who is chosen by the 957
board. 958

Failure to submit to a mental or physical examination 959
ordered by the board constitutes an admission of the allegations 960
against the individual unless the failure is due to 961
circumstances beyond the individual's control, and a default and 962
final order may be entered without the taking of testimony or 963
presentation of evidence. If the board determines that the 964
individual's ability to practice is impaired, the board shall 965
suspend the individual's license or certificate or deny the 966
individual's application and shall require the individual, as a 967
condition for initial, continued, reinstated, or renewed 968
licensure or certification to practice, to submit to treatment. 969

Before being eligible to apply for reinstatement of a 970
license or certificate suspended under this division, the 971
impaired practitioner shall demonstrate to the board the ability 972
to resume practice in compliance with acceptable and prevailing 973
standards of care under the provisions of the practitioner's 974
license or certificate. The demonstration shall include, but 975
shall not be limited to, the following: 976

(a) Certification from a treatment provider approved under 977
section 4731.25 of the Revised Code that the individual has 978
successfully completed any required inpatient treatment; 979

(b) Evidence of continuing full compliance with an 980
aftercare contract or consent agreement; 981

(c) Two written reports indicating that the individual's 982
ability to practice has been assessed and that the individual 983
has been found capable of practicing according to acceptable and 984
prevailing standards of care. The reports shall be made by 985
individuals or providers approved by the board for making the 986
assessments and shall describe the basis for their 987
determination. 988

The board may reinstate a license or certificate suspended	989
under this division after that demonstration and after the	990
individual has entered into a written consent agreement.	991
When the impaired practitioner resumes practice, the board	992
shall require continued monitoring of the individual. The	993
monitoring shall include, but not be limited to, compliance with	994
the written consent agreement entered into before reinstatement	995
or with conditions imposed by board order after a hearing, and,	996
upon termination of the consent agreement, submission to the	997
board for at least two years of annual written progress reports	998
made under penalty of perjury stating whether the individual has	999
maintained sobriety.	1000
(27) A second or subsequent violation of section 4731.66	1001
or 4731.69 of the Revised Code;	1002
(28) Except as provided in division (N) of this section:	1003
(a) Waiving the payment of all or any part of a deductible	1004
or copayment that a patient, pursuant to a health insurance or	1005
health care policy, contract, or plan that covers the	1006
individual's services, otherwise would be required to pay if the	1007
waiver is used as an enticement to a patient or group of	1008
patients to receive health care services from that individual;	1009
(b) Advertising that the individual will waive the payment	1010
of all or any part of a deductible or copayment that a patient,	1011
pursuant to a health insurance or health care policy, contract,	1012
or plan that covers the individual's services, otherwise would	1013
be required to pay.	1014
(29) Failure to use universal blood and body fluid	1015
precautions established by rules adopted under section 4731.051	1016
of the Revised Code;	1017

(30) Failure to provide notice to, and receive 1018
acknowledgment of the notice from, a patient when required by 1019
section 4731.143 of the Revised Code prior to providing 1020
nonemergency professional services, or failure to maintain that 1021
notice in the patient's medical record; 1022

(31) Failure of a physician supervising a physician 1023
assistant to maintain supervision in accordance with the 1024
requirements of Chapter 4730. of the Revised Code and the rules 1025
adopted under that chapter; 1026

(32) Failure of a physician or podiatrist to enter into a 1027
standard care arrangement with a clinical nurse specialist, 1028
certified nurse-midwife, or certified nurse practitioner with 1029
whom the physician or podiatrist is in collaboration pursuant to 1030
section 4731.27 of the Revised Code or failure to fulfill the 1031
responsibilities of collaboration after entering into a standard 1032
care arrangement; 1033

(33) Failure to comply with the terms of a consult 1034
agreement entered into with a pharmacist pursuant to section 1035
4729.39 of the Revised Code; 1036

(34) Failure to cooperate in an investigation conducted by 1037
the board under division (F) of this section, including failure 1038
to comply with a subpoena or order issued by the board or 1039
failure to answer truthfully a question presented by the board 1040
in an investigative interview, an investigative office 1041
conference, at a deposition, or in written interrogatories, 1042
except that failure to cooperate with an investigation shall not 1043
constitute grounds for discipline under this section if a court 1044
of competent jurisdiction has issued an order that either 1045
quashes a subpoena or permits the individual to withhold the 1046
testimony or evidence in issue; 1047

(35) Failure to supervise an oriental medicine practitioner or acupuncturist in accordance with Chapter 4762. of the Revised Code and the board's rules for providing that supervision;	1048 1049 1050 1051
(36) Failure to supervise an anesthesiologist assistant in accordance with Chapter 4760. of the Revised Code and the board's rules for supervision of an anesthesiologist assistant;	1052 1053 1054
(37) Assisting suicide, as defined in section 3795.01 of the Revised Code;	1055 1056
(38) Failure to comply with the requirements of section 2317.561 of the Revised Code;	1057 1058
(39) Failure to supervise a radiologist assistant in accordance with Chapter 4774. of the Revised Code and the board's rules for supervision of radiologist assistants;	1059 1060 1061
(40) Performing or inducing an abortion at an office or facility with knowledge that the office or facility fails to post the notice required under section 3701.791 of the Revised Code;	1062 1063 1064 1065
(41) Failure to comply with the standards and procedures established in rules under section 4731.054 of the Revised Code for the operation of or the provision of care at a pain management clinic;	1066 1067 1068 1069
(42) Failure to comply with the standards and procedures established in rules under section 4731.054 of the Revised Code for providing supervision, direction, and control of individuals at a pain management clinic;	1070 1071 1072 1073
(43) Failure to comply with the requirements of section 4729.79 or 4731.055 of the Revised Code, unless the state board	1074 1075

of pharmacy no longer maintains a drug database pursuant to 1076
section 4729.75 of the Revised Code; 1077

(44) Failure to comply with the requirements of section 1078
2919.171, 2919.202, or 2919.203 of the Revised Code or failure 1079
to submit to the department of health in accordance with a court 1080
order a complete report as described in section 2919.171 or 1081
2919.202 of the Revised Code; 1082

(45) Practicing at a facility that is subject to licensure 1083
as a category III terminal distributor of dangerous drugs with a 1084
pain management clinic classification unless the person 1085
operating the facility has obtained and maintains the license 1086
with the classification; 1087

(46) Owning a facility that is subject to licensure as a 1088
category III terminal distributor of dangerous drugs with a pain 1089
management clinic classification unless the facility is licensed 1090
with the classification; 1091

(47) Failure to comply with any of the requirement- 1092
requirements regarding making or maintaining notes-medical 1093
records or documents described in division (B)-(A) of section 1094
2919.191-2919.192, division (C) of section 2919.193, division 1095
(B) of section 2919.195, or division (A) of section 2919.196 of 1096
the Revised Code ~~or failure to satisfy the requirements of~~ 1097
~~section 2919.191 of the Revised Code prior to performing or~~ 1098
~~inducing an abortion upon a pregnant woman;~~ 1099

(48) Failure to comply with the requirements in section 1100
3719.061 of the Revised Code before issuing for a minor a 1101
prescription for an opioid analgesic, as defined in section 1102
3719.01 of the Revised Code; 1103

(49) Failure to comply with the requirements of section 1104

4731.30 of the Revised Code or rules adopted under section 1105
4731.301 of the Revised Code when recommending treatment with 1106
medical marijuana; 1107

(50) Practicing at a facility, clinic, or other location 1108
that is subject to licensure as a category III terminal 1109
distributor of dangerous drugs with an office-based opioid 1110
treatment classification unless the person operating that place 1111
has obtained and maintains the license with the classification; 1112

(51) Owning a facility, clinic, or other location that is 1113
subject to licensure as a category III terminal distributor of 1114
dangerous drugs with an office-based opioid treatment 1115
classification unless that place is licensed with the 1116
classification; 1117

(52) A pattern of continuous or repeated violations of 1118
division (E) (2) or (3) of section 3963.02 of the Revised Code. 1119

(C) Disciplinary actions taken by the board under 1120
divisions (A) and (B) of this section shall be taken pursuant to 1121
an adjudication under Chapter 119. of the Revised Code, except 1122
that in lieu of an adjudication, the board may enter into a 1123
consent agreement with an individual to resolve an allegation of 1124
a violation of this chapter or any rule adopted under it. A 1125
consent agreement, when ratified by an affirmative vote of not 1126
fewer than six members of the board, shall constitute the 1127
findings and order of the board with respect to the matter 1128
addressed in the agreement. If the board refuses to ratify a 1129
consent agreement, the admissions and findings contained in the 1130
consent agreement shall be of no force or effect. 1131

A telephone conference call may be utilized for 1132
ratification of a consent agreement that revokes or suspends an 1133

individual's license or certificate to practice or certificate 1134
to recommend. The telephone conference call shall be considered 1135
a special meeting under division (F) of section 121.22 of the 1136
Revised Code. 1137

If the board takes disciplinary action against an 1138
individual under division (B) of this section for a second or 1139
subsequent plea of guilty to, or judicial finding of guilt of, a 1140
violation of section 2919.123 of the Revised Code, the 1141
disciplinary action shall consist of a suspension of the 1142
individual's license or certificate to practice for a period of 1143
at least one year or, if determined appropriate by the board, a 1144
more serious sanction involving the individual's license or 1145
certificate to practice. Any consent agreement entered into 1146
under this division with an individual that pertains to a second 1147
or subsequent plea of guilty to, or judicial finding of guilt 1148
of, a violation of that section shall provide for a suspension 1149
of the individual's license or certificate to practice for a 1150
period of at least one year or, if determined appropriate by the 1151
board, a more serious sanction involving the individual's 1152
license or certificate to practice. 1153

(D) For purposes of divisions (B) (10), (12), and (14) of 1154
this section, the commission of the act may be established by a 1155
finding by the board, pursuant to an adjudication under Chapter 1156
119. of the Revised Code, that the individual committed the act. 1157
The board does not have jurisdiction under those divisions if 1158
the trial court renders a final judgment in the individual's 1159
favor and that judgment is based upon an adjudication on the 1160
merits. The board has jurisdiction under those divisions if the 1161
trial court issues an order of dismissal upon technical or 1162
procedural grounds. 1163

(E) The sealing of conviction records by any court shall 1164
have no effect upon a prior board order entered under this 1165
section or upon the board's jurisdiction to take action under 1166
this section if, based upon a plea of guilty, a judicial finding 1167
of guilt, or a judicial finding of eligibility for intervention 1168
in lieu of conviction, the board issued a notice of opportunity 1169
for a hearing prior to the court's order to seal the records. 1170
The board shall not be required to seal, destroy, redact, or 1171
otherwise modify its records to reflect the court's sealing of 1172
conviction records. 1173

(F) (1) The board shall investigate evidence that appears 1174
to show that a person has violated any provision of this chapter 1175
or any rule adopted under it. Any person may report to the board 1176
in a signed writing any information that the person may have 1177
that appears to show a violation of any provision of this 1178
chapter or any rule adopted under it. In the absence of bad 1179
faith, any person who reports information of that nature or who 1180
testifies before the board in any adjudication conducted under 1181
Chapter 119. of the Revised Code shall not be liable in damages 1182
in a civil action as a result of the report or testimony. Each 1183
complaint or allegation of a violation received by the board 1184
shall be assigned a case number and shall be recorded by the 1185
board. 1186

(2) Investigations of alleged violations of this chapter 1187
or any rule adopted under it shall be supervised by the 1188
supervising member elected by the board in accordance with 1189
section 4731.02 of the Revised Code and by the secretary as 1190
provided in section 4731.39 of the Revised Code. The president 1191
may designate another member of the board to supervise the 1192
investigation in place of the supervising member. No member of 1193
the board who supervises the investigation of a case shall 1194

participate in further adjudication of the case. 1195

(3) In investigating a possible violation of this chapter 1196
or any rule adopted under this chapter, or in conducting an 1197
inspection under division (E) of section 4731.054 of the Revised 1198
Code, the board may question witnesses, conduct interviews, 1199
administer oaths, order the taking of depositions, inspect and 1200
copy any books, accounts, papers, records, or documents, issue 1201
subpoenas, and compel the attendance of witnesses and production 1202
of books, accounts, papers, records, documents, and testimony, 1203
except that a subpoena for patient record information shall not 1204
be issued without consultation with the attorney general's 1205
office and approval of the secretary and supervising member of 1206
the board. 1207

(a) Before issuance of a subpoena for patient record 1208
information, the secretary and supervising member shall 1209
determine whether there is probable cause to believe that the 1210
complaint filed alleges a violation of this chapter or any rule 1211
adopted under it and that the records sought are relevant to the 1212
alleged violation and material to the investigation. The 1213
subpoena may apply only to records that cover a reasonable 1214
period of time surrounding the alleged violation. 1215

(b) On failure to comply with any subpoena issued by the 1216
board and after reasonable notice to the person being 1217
subpoenaed, the board may move for an order compelling the 1218
production of persons or records pursuant to the Rules of Civil 1219
Procedure. 1220

(c) A subpoena issued by the board may be served by a 1221
sheriff, the sheriff's deputy, or a board employee or agent 1222
designated by the board. Service of a subpoena issued by the 1223
board may be made by delivering a copy of the subpoena to the 1224

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

(d) A sheriff's deputy who serves a subpoena shall receive 1236
the same fees as a sheriff. Each witness who appears before the 1237
board in obedience to a subpoena shall receive the fees and 1238
mileage provided for under section 119.094 of the Revised Code. 1239

(4) All hearings, investigations, and inspections of the 1240
board shall be considered civil actions for the purposes of 1241
section 2305.252 of the Revised Code. 1242

(5) A report required to be submitted to the board under 1243
this chapter, a complaint, or information received by the board 1244
pursuant to an investigation or pursuant to an inspection under 1245
division (E) of section 4731.054 of the Revised Code is 1246
confidential and not subject to discovery in any civil action. 1247

The board shall conduct all investigations or inspections 1248
and proceedings in a manner that protects the confidentiality of 1249
patients and persons who file complaints with the board. The 1250
board shall not make public the names or any other identifying 1251
information about patients or complainants unless proper consent 1252
is given or, in the case of a patient, a waiver of the patient 1253
privilege exists under division (B) of section 2317.02 of the 1254

Revised Code, except that consent or a waiver of that nature is 1255
not required if the board possesses reliable and substantial 1256
evidence that no bona fide physician-patient relationship 1257
exists. 1258

The board may share any information it receives pursuant 1259
to an investigation or inspection, including patient records and 1260
patient record information, with law enforcement agencies, other 1261
licensing boards, and other governmental agencies that are 1262
prosecuting, adjudicating, or investigating alleged violations 1263
of statutes or administrative rules. An agency or board that 1264
receives the information shall comply with the same requirements 1265
regarding confidentiality as those with which the state medical 1266
board must comply, notwithstanding any conflicting provision of 1267
the Revised Code or procedure of the agency or board that 1268
applies when it is dealing with other information in its 1269
possession. In a judicial proceeding, the information may be 1270
admitted into evidence only in accordance with the Rules of 1271
Evidence, but the court shall require that appropriate measures 1272
are taken to ensure that confidentiality is maintained with 1273
respect to any part of the information that contains names or 1274
other identifying information about patients or complainants 1275
whose confidentiality was protected by the state medical board 1276
when the information was in the board's possession. Measures to 1277
ensure confidentiality that may be taken by the court include 1278
sealing its records or deleting specific information from its 1279
records. 1280

(6) On a quarterly basis, the board shall prepare a report 1281
that documents the disposition of all cases during the preceding 1282
three months. The report shall contain the following information 1283
for each case with which the board has completed its activities: 1284

(a) The case number assigned to the complaint or alleged violation; 1285
1286

(b) The type of license or certificate to practice, if any, held by the individual against whom the complaint is directed; 1287
1288
1289

(c) A description of the allegations contained in the complaint; 1290
1291

(d) The disposition of the case. 1292

The report shall state how many cases are still pending and shall be prepared in a manner that protects the identity of each person involved in each case. The report shall be a public record under section 149.43 of the Revised Code. 1293
1294
1295
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(G) If the secretary and supervising member determine both of the following, they may recommend that the board suspend an individual's license or certificate to practice or certificate to recommend without a prior hearing: 1297
1298
1299
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(1) That there is clear and convincing evidence that an individual has violated division (B) of this section; 1301
1302

(2) That the individual's continued practice presents a danger of immediate and serious harm to the public. 1303
1304

Written allegations shall be prepared for consideration by the board. The board, upon review of those allegations and by an affirmative vote of not fewer than six of its members, excluding the secretary and supervising member, may suspend a license or certificate without a prior hearing. A telephone conference call may be utilized for reviewing the allegations and taking the vote on the summary suspension. 1305
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The board shall issue a written order of suspension by 1312

certified mail or in person in accordance with section 119.07 of 1313
the Revised Code. The order shall not be subject to suspension 1314
by the court during pendency of any appeal filed under section 1315
119.12 of the Revised Code. If the individual subject to the 1316
summary suspension requests an adjudicatory hearing by the 1317
board, the date set for the hearing shall be within fifteen 1318
days, but not earlier than seven days, after the individual 1319
requests the hearing, unless otherwise agreed to by both the 1320
board and the individual. 1321

Any summary suspension imposed under this division shall 1322
remain in effect, unless reversed on appeal, until a final 1323
adjudicative order issued by the board pursuant to this section 1324
and Chapter 119. of the Revised Code becomes effective. The 1325
board shall issue its final adjudicative order within seventy- 1326
five days after completion of its hearing. A failure to issue 1327
the order within seventy-five days shall result in dissolution 1328
of the summary suspension order but shall not invalidate any 1329
subsequent, final adjudicative order. 1330

(H) If the board takes action under division (B) (9), (11), 1331
or (13) of this section and the judicial finding of guilt, 1332
guilty plea, or judicial finding of eligibility for intervention 1333
in lieu of conviction is overturned on appeal, upon exhaustion 1334
of the criminal appeal, a petition for reconsideration of the 1335
order may be filed with the board along with appropriate court 1336
documents. Upon receipt of a petition of that nature and 1337
supporting court documents, the board shall reinstate the 1338
individual's license or certificate to practice. The board may 1339
then hold an adjudication under Chapter 119. of the Revised Code 1340
to determine whether the individual committed the act in 1341
question. Notice of an opportunity for a hearing shall be given 1342
in accordance with Chapter 119. of the Revised Code. If the 1343

board finds, pursuant to an adjudication held under this 1344
division, that the individual committed the act or if no hearing 1345
is requested, the board may order any of the sanctions 1346
identified under division (B) of this section. 1347

(I) The license or certificate to practice issued to an 1348
individual under this chapter and the individual's practice in 1349
this state are automatically suspended as of the date of the 1350
individual's second or subsequent plea of guilty to, or judicial 1351
finding of guilt of, a violation of section 2919.123 of the 1352
Revised Code. In addition, the license or certificate to 1353
practice or certificate to recommend issued to an individual 1354
under this chapter and the individual's practice in this state 1355
are automatically suspended as of the date the individual pleads 1356
guilty to, is found by a judge or jury to be guilty of, or is 1357
subject to a judicial finding of eligibility for intervention in 1358
lieu of conviction in this state or treatment or intervention in 1359
lieu of conviction in another jurisdiction for any of the 1360
following criminal offenses in this state or a substantially 1361
equivalent criminal offense in another jurisdiction: aggravated 1362
murder, murder, voluntary manslaughter, felonious assault, 1363
kidnapping, rape, sexual battery, gross sexual imposition, 1364
aggravated arson, aggravated robbery, or aggravated burglary. 1365
Continued practice after suspension shall be considered 1366
practicing without a license or certificate. 1367

The board shall notify the individual subject to the 1368
suspension by certified mail or in person in accordance with 1369
section 119.07 of the Revised Code. If an individual whose 1370
license or certificate is automatically suspended under this 1371
division fails to make a timely request for an adjudication 1372
under Chapter 119. of the Revised Code, the board shall do 1373
whichever of the following is applicable: 1374

(1) If the automatic suspension under this division is for 1375
a second or subsequent plea of guilty to, or judicial finding of 1376
guilt of, a violation of section 2919.123 of the Revised Code, 1377
the board shall enter an order suspending the individual's 1378
license or certificate to practice for a period of at least one 1379
year or, if determined appropriate by the board, imposing a more 1380
serious sanction involving the individual's license or 1381
certificate to practice. 1382

(2) In all circumstances in which division (I) (1) of this 1383
section does not apply, enter a final order permanently revoking 1384
the individual's license or certificate to practice. 1385

(J) If the board is required by Chapter 119. of the 1386
Revised Code to give notice of an opportunity for a hearing and 1387
if the individual subject to the notice does not timely request 1388
a hearing in accordance with section 119.07 of the Revised Code, 1389
the board is not required to hold a hearing, but may adopt, by 1390
an affirmative vote of not fewer than six of its members, a 1391
final order that contains the board's findings. In that final 1392
order, the board may order any of the sanctions identified under 1393
division (A) or (B) of this section. 1394

(K) Any action taken by the board under division (B) of 1395
this section resulting in a suspension from practice shall be 1396
accompanied by a written statement of the conditions under which 1397
the individual's license or certificate to practice may be 1398
reinstated. The board shall adopt rules governing conditions to 1399
be imposed for reinstatement. Reinstatement of a license or 1400
certificate suspended pursuant to division (B) of this section 1401
requires an affirmative vote of not fewer than six members of 1402
the board. 1403

(L) When the board refuses to grant or issue a license or 1404

certificate to practice to an applicant, revokes an individual's 1405
license or certificate to practice, refuses to renew an 1406
individual's license or certificate to practice, or refuses to 1407
reinstate an individual's license or certificate to practice, 1408
the board may specify that its action is permanent. An 1409
individual subject to a permanent action taken by the board is 1410
forever thereafter ineligible to hold a license or certificate 1411
to practice and the board shall not accept an application for 1412
reinstatement of the license or certificate or for issuance of a 1413
new license or certificate. 1414

(M) Notwithstanding any other provision of the Revised 1415
Code, all of the following apply: 1416

(1) The surrender of a license or certificate issued under 1417
this chapter shall not be effective unless or until accepted by 1418
the board. A telephone conference call may be utilized for 1419
acceptance of the surrender of an individual's license or 1420
certificate to practice. The telephone conference call shall be 1421
considered a special meeting under division (F) of section 1422
121.22 of the Revised Code. Reinstatement of a license or 1423
certificate surrendered to the board requires an affirmative 1424
vote of not fewer than six members of the board. 1425

(2) An application for a license or certificate made under 1426
the provisions of this chapter may not be withdrawn without 1427
approval of the board. 1428

(3) Failure by an individual to renew a license or 1429
certificate to practice in accordance with this chapter or a 1430
certificate to recommend in accordance with rules adopted under 1431
section 4731.301 of the Revised Code shall not remove or limit 1432
the board's jurisdiction to take any disciplinary action under 1433
this section against the individual. 1434

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

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

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

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

(O) Under the board's investigative duties described in this section and subject to division (F) of this section, the board shall develop and implement a quality intervention program designed to improve through remedial education the clinical and communication skills of individuals authorized under this chapter to practice medicine and surgery, osteopathic medicine and surgery, and podiatric medicine and surgery. In developing and implementing the quality intervention program, the board may do all of the following:

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

(2) Select providers of educational and assessment

services, including a quality intervention program panel of case reviewers; 1464
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(3) Make referrals to educational and assessment service providers and approve individual educational programs recommended by those providers. The board shall monitor the progress of each individual undertaking a recommended individual educational program. 1466
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(4) Determine what constitutes successful completion of an individual educational program and require further monitoring of the individual who completed the program or other action that the board determines to be appropriate; 1471
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(5) Adopt rules in accordance with Chapter 119. of the Revised Code to further implement the quality intervention program. 1475
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An individual who participates in an individual educational program pursuant to this division shall pay the financial obligations arising from that educational program. 1478
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Sec. 5103.11. There is hereby created the foster care and adoption initiatives fund. The fund shall be in the custody of the treasurer of state, but shall not be part of the state treasury. The fund shall consist of moneys collected under section 2919.1912 of the Revised Code. All interest earned on the fund shall be credited to the fund. The purpose of the fund is to provide funding for foster care and adoption services and initiatives. The department of job and family services shall allocate moneys from the fund according to the following distribution: 1481
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(A) Fifty per cent of the moneys in the fund shall be used for foster care services and initiatives. 1491
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(B) Fifty per cent of the moneys in the fund shall be used 1493
for adoption services and initiatives. 1494

Section 2. That existing sections 2317.56, 2919.171, 1495
2919.19, 2919.191, 2919.192, 2919.193, and 4731.22 of the 1496
Revised Code are hereby repealed. 1497

Section 3. The General Assembly hereby declares that it 1498
finds, according to contemporary medical research, all of the 1499
following: 1500

(A) As many as thirty per cent of natural pregnancies end 1501
in spontaneous miscarriage. 1502

(B) Less than five per cent of all natural pregnancies end 1503
in spontaneous miscarriage after detection of fetal cardiac 1504
activity. 1505

(C) Over ninety per cent of in vitro pregnancies survive 1506
the first trimester if cardiac activity is detected in the 1507
gestational sac. 1508

(D) Nearly ninety per cent of in vitro pregnancies do not 1509
survive the first trimester where cardiac activity is not 1510
detected in the gestational sac. 1511

(E) Fetal heartbeat, therefore, has become a key medical 1512
predictor that an unborn human individual will reach live birth. 1513

(F) Cardiac activity begins at a biologically identifiable 1514
moment in time, normally when the fetal heart is formed in the 1515
gestational sac. 1516

(G) The State of Ohio has a valid interest in protecting 1517
the health of the woman. The State of Ohio has a compelling 1518
interest in protecting the life of an unborn human individual 1519
who may be born. 1520

(H) In order to make an informed choice about whether to
continue her pregnancy, the pregnant woman has a valid interest
in knowing the likelihood of the fetus surviving to full-term
birth based upon the presence of cardiac activity.

(I) The State of Ohio finds that the detection of a fetal
heartbeat can be accomplished through standard medical
practices.

(J) At fertilization, a human being emerges as a whole,
genetically distinct, living human organism and needs only the
proper environment to fully develop into a human.

(K) Cardiac activity shows that tissues have come together
to form organs and the developing central nervous system signals
the heart to autonomically beat.

(L) When a heartbeat is visualized at seven weeks or less,
ninety-one and one-half per cent will survive the first
trimester and ninety-five per cent of those will deliver live-
born infants.

(M) After the detection of a fetal heartbeat there is a
ninety-five to ninety-eight per cent certainty that the new life
will develop full term.

(N) A human being at an embryonic age and a human being at
an adult age are naturally the same, with the only biological
differences being due to the differences in maturity.

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

Section 5. Section 4731.22 of the Revised Code is 1550
presented in this act as a composite of the section as amended 1551
by both Am. Sub. H.B. 111 and Sub. H.B. 156 of the 132nd General 1552
Assembly. The General Assembly, applying the principle stated in 1553
division (B) of section 1.52 of the Revised Code that amendments 1554
are to be harmonized if reasonably capable of simultaneous 1555
operation, finds that the composite is the resulting version of 1556
the section in effect prior to the effective date of the section 1557
as presented in this act. 1558