

**As Reported by the Senate Health, Human Services and Medicaid  
Committee**

**133rd General Assembly**

**Regular Session  
2019-2020**

**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**

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**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, and 2919.1910 of 8  
the Revised Code to generally prohibit an 9  
abortion of an unborn human individual with a 10  
detectable heartbeat and to create the Joint 11  
Legislative Committee on Adoption Promotion and 12  
Support. 13

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

**Section 1.** That sections 2317.56, 2919.171, 2919.19, 14  
2919.191, 2919.192, 2919.193, and 4731.22 be amended; sections 15  
2919.191 (2919.192), 2919.192 (2919.194), and 2919.193 16  
(2919.198) be amended for the purpose of adopting new section 17

numbers as shown in parentheses; and new sections 2919.191 and 18  
2919.193 and sections 2919.195, 2919.196, 2919.197, 2919.199, 19  
and 2919.1910 of the Revised Code be enacted to read as follows: 20

**Sec. 2317.56.** (A) As used in this section: 21

(1) "Medical emergency" has the same meaning as in section 22  
2919.16 of the Revised Code. 23

(2) "Medical necessity" means a medical condition of a 24  
pregnant woman that, in the reasonable judgment of the physician 25  
who is attending the woman, so complicates the pregnancy that it 26  
necessitates the immediate performance or inducement of an 27  
abortion. 28

(3) "Probable gestational age of the embryo or fetus" 29  
means the gestational age that, in the judgment of a physician, 30  
is, with reasonable probability, the gestational age of the 31  
embryo or fetus at the time that the physician informs a 32  
pregnant woman pursuant to division (B) (1) (b) of this section. 33

(B) Except when there is a medical emergency or medical 34  
necessity, an abortion shall be performed or induced only if all 35  
of the following conditions are satisfied: 36

(1) At least twenty-four hours prior to the performance or 37  
inducement of the abortion, a physician meets with the pregnant 38  
woman in person in an individual, private setting and gives her 39  
an adequate opportunity to ask questions about the abortion that 40  
will be performed or induced. At this meeting, the physician 41  
shall inform the pregnant woman, verbally or, if she is hearing 42  
impaired, by other means of communication, of all of the 43  
following: 44

(a) The nature and purpose of the particular abortion 45  
procedure to be used and the medical risks associated with that 46

procedure;	47
(b) The probable gestational age of the embryo or fetus;	48
(c) The medical risks associated with the pregnant woman carrying the pregnancy to term.	49 50
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.	51 52 53 54 55
(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:	56 57 58 59 60 61
(a) Inform the pregnant woman of the name of the physician who is scheduled to perform or induce the abortion;	62 63
(b) Give the pregnant woman copies of the published materials described in division (C) of this section;	64 65
(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.	66 67 68 69 70 71 72 73
(3) If it has been determined that the unborn human	74

individual the pregnant woman is carrying has a detectable fetal 75  
heartbeat, the physician who is to perform or induce the 76  
abortion shall comply with the informed consent requirements in 77  
section ~~2919.192~~ 2919.194 of the Revised Code in addition to 78  
complying with the informed consent requirements in divisions 79  
(B) (1), (2), (4), and (5) of this section. 80

(4) Prior to the performance or inducement of the 81  
abortion, the pregnant woman signs a form consenting to the 82  
abortion and certifies both of the following on that form: 83

(a) She has received the information and materials 84  
described in divisions (B) (1) and (2) of this section, and her 85  
questions about the abortion that will be performed or induced 86  
have been answered in a satisfactory manner. 87

(b) She consents to the particular abortion voluntarily, 88  
knowingly, intelligently, and without coercion by any person, 89  
and she is not under the influence of any drug of abuse or 90  
alcohol. 91

The form shall contain the name and contact information of 92  
the physician who provided to the pregnant woman the information 93  
described in division (B) (1) of this section. 94

(5) Prior to the performance or inducement of the 95  
abortion, the physician who is scheduled to perform or induce 96  
the abortion or the physician's agent receives a copy of the 97  
pregnant woman's signed form on which she consents to the 98  
abortion and that includes the certification required by 99  
division (B) (4) of this section. 100

(C) The department of health shall publish in English and 101  
in Spanish, in a typeface large enough to be clearly legible, 102  
and in an easily comprehensible format, the following materials 103

on the department's web site: 104

(1) Materials that inform the pregnant woman about family 105  
planning information, of publicly funded agencies that are 106  
available to assist in family planning, and of public and 107  
private agencies and services that are available to assist her 108  
through the pregnancy, upon childbirth, and while the child is 109  
dependent, including, but not limited to, adoption agencies. The 110  
materials shall be geographically indexed; include a 111  
comprehensive list of the available agencies, a description of 112  
the services offered by the agencies, and the telephone numbers 113  
and addresses of the agencies; and inform the pregnant woman 114  
about available medical assistance benefits for prenatal care, 115  
childbirth, and neonatal care and about the support obligations 116  
of the father of a child who is born alive. The department shall 117  
ensure that the materials described in division (C)(1) of this 118  
section are comprehensive and do not directly or indirectly 119  
promote, exclude, or discourage the use of any agency or service 120  
described in this division. 121

(2) Materials that inform the pregnant woman of the 122  
probable anatomical and physiological characteristics of the 123  
zygote, blastocyte, embryo, or fetus at two-week gestational 124  
increments for the first sixteen weeks of pregnancy and at four- 125  
week gestational increments from the seventeenth week of 126  
pregnancy to full term, including any relevant information 127  
regarding the time at which the fetus possibly would be viable. 128  
The department shall cause these materials to be published ~~only~~ 129  
after it consults with independent experts, such as the Ohio 130  
state medical association and the Ohio section of the American 131  
college of obstetricians and gynecologists relative to the 132  
probable anatomical and physiological characteristics of a 133  
zygote, blastocyte, embryo, or fetus at the various gestational 134

increments. The materials shall use language that is 135  
understandable by the average person who is not medically 136  
trained, shall be objective and nonjudgmental, and shall include 137  
only accurate scientific information about the zygote, 138  
blastocyte, embryo, or fetus at the various gestational 139  
increments. If the materials use a pictorial, photographic, or 140  
other depiction to provide information regarding the zygote, 141  
blastocyte, embryo, or fetus, the materials shall include, in a 142  
conspicuous manner, a scale or other explanation that is 143  
understandable by the average person and that can be used to 144  
determine the actual size of the zygote, blastocyte, embryo, or 145  
fetus at a particular gestational increment as contrasted with 146  
the depicted size of the zygote, blastocyte, embryo, or fetus at 147  
that gestational increment. 148

(D) Upon the submission of a request to the department of 149  
health by any person, hospital, physician, or medical facility 150  
for one copy of the materials published in accordance with 151  
division (C) of this section, the department shall make the 152  
requested copy of the materials available to the person, 153  
hospital, physician, or medical facility that requested the 154  
copy. 155

(E) If a medical emergency or medical necessity compels 156  
the performance or inducement of an abortion, the physician who 157  
will perform or induce the abortion, prior to its performance or 158  
inducement if possible, shall inform the pregnant woman of the 159  
medical indications supporting the physician's judgment that an 160  
immediate abortion is necessary. Any physician who performs or 161  
induces an abortion without the prior satisfaction of the 162  
conditions specified in division (B) of this section because of 163  
a medical emergency or medical necessity shall enter the reasons 164  
for the conclusion that a medical emergency or medical necessity 165

exists in the medical record of the pregnant woman. 166

(F) If the conditions specified in division (B) of this 167  
section are satisfied, consent to an abortion shall be presumed 168  
to be valid and effective. 169

(G) The performance or inducement of an abortion without 170  
the prior satisfaction of the conditions specified in division 171  
(B) of this section does not constitute, and shall not be 172  
construed as constituting, a violation of division (A) of 173  
section 2919.12 of the Revised Code. The failure of a physician 174  
to satisfy the conditions of division (B) of this section prior 175  
to performing or inducing an abortion upon a pregnant woman may 176  
be the basis of both of the following: 177

(1) A civil action for compensatory and exemplary damages 178  
as described in division (H) of this section; 179

(2) Disciplinary action under section 4731.22 of the 180  
Revised Code. 181

(H) (1) Subject to divisions (H) (2) and (3) of this 182  
section, any physician who performs or induces an abortion with 183  
actual knowledge that the conditions specified in division (B) 184  
of this section have not been satisfied or with a heedless 185  
indifference as to whether those conditions have been satisfied 186  
is liable in compensatory and exemplary damages in a civil 187  
action to any person, or the representative of the estate of any 188  
person, who sustains injury, death, or loss to person or 189  
property as a result of the failure to satisfy those conditions. 190  
In the civil action, the court additionally may enter any 191  
injunctive or other equitable relief that it considers 192  
appropriate. 193

(2) The following shall be affirmative defenses in a civil 194

action authorized by division (H) (1) of this section:	195
(a) The physician performed or induced the abortion under the circumstances described in division (E) of this section.	196 197
(b) The physician made a good faith effort to satisfy the conditions specified in division (B) of this section.	198 199
(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:	200 201 202 203
(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.	204 205 206 207 208 209
(b) The employer or other principal negligently failed to secure the compliance of an employee or agent with division (B) of this section.	210 211 212
(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.	213 214 215 216 217 218 219
(I) The department of job and family services shall prepare and conduct a public information program to inform women of all available governmental programs and agencies that provide services or assistance for family planning, prenatal care, child	220 221 222 223



care, or alternatives to abortion. 224

**Sec. 2919.171.** (A) (1) A physician who performs or induces 225  
or attempts to perform or induce an abortion on a pregnant woman 226  
shall submit a report to the department of health in accordance 227  
with the forms, rules, and regulations adopted by the department 228  
that includes all of the information the physician is required 229  
to certify in writing or determine under ~~sections~~ section 230  
2919.17 and, section 2919.18, divisions (A) and (C) of section 231  
2919.192, division (C) of section 2919.193, division (B) of 232  
section 2919.195, or division (A) of section 2919.196 of the 233  
Revised Code. 234

(2) If a person other than the physician described in 235  
division (A) (1) of this section makes or maintains a record 236  
required by sections 2919.192 to 2919.196 of the Revised Code on 237  
the physician's behalf or at the physician's direction, that 238  
person shall comply with the reporting requirement described in 239  
division (A) (1) of this section as if the person were the 240  
physician described in that division. 241

(B) By September 30 of each year, the department of health 242  
shall issue a public report that provides statistics for the 243  
previous calendar year compiled from all of the reports covering 244  
that calendar year submitted to the department in accordance 245  
with this section for each of the items listed in division (A) 246  
of this section. The report shall also provide the statistics 247  
for each previous calendar year in which a report was filed with 248  
the department pursuant to this section, adjusted to reflect any 249  
additional information that a physician provides to the 250  
department in a late or corrected report. The department shall 251  
ensure that none of the information included in the report could 252  
reasonably lead to the identification of any pregnant woman upon 253

whom an abortion is performed. 254

(C) (1) The physician shall submit the report described in 255  
division (A) of this section to the department of health within 256  
fifteen days after the woman is discharged. If the physician 257  
fails to submit the report more than thirty days after that 258  
fifteen-day deadline, the physician shall be subject to a late 259  
fee of five hundred dollars for each additional thirty-day 260  
period or portion of a thirty-day period the report is overdue. 261  
A physician who is required to submit to the department of 262  
health a report under division (A) of this section and who has 263  
not submitted a report or has submitted an incomplete report 264  
more than one year following the fifteen-day deadline may, in an 265  
action brought by the department of health, be directed by a 266  
court of competent jurisdiction to submit a complete report to 267  
the department of health within a period of time stated in a 268  
court order or be subject to contempt of court. 269

(2) If a physician fails to comply with the requirements 270  
of this section, other than filing a late report with the 271  
department of health, or fails to submit a complete report to 272  
the department of health in accordance with a court order, the 273  
physician is subject to division (B) (44) of section 4731.22 of 274  
the Revised Code. 275

(3) No person shall falsify any report required under this 276  
section. Whoever violates this division is guilty of abortion 277  
report falsification, a misdemeanor of the first degree. 278

(D) ~~Within ninety days of October 20, 2011, the~~ The 279  
department of health shall adopt rules pursuant to section 280  
111.15 of the Revised Code to assist in compliance with this 281  
section. 282

<b>Sec. 2919.19.</b>	<u>(A)</u> As used in this section and sections	283
	2919.191 to <del>2919.193</del> <u>2919.1910</u> of the Revised Code:	284
	<del>(A)</del> <u>(1) "Conception" means fertilization.</u>	285
	<u>(2) "Contraceptive" means a drug, device, or chemical that prevents conception.</u>	286
		287
	<u>(3) "DNA" means deoxyribonucleic acid.</u>	288
	<u>(4) "Fetal heartbeat" means cardiac activity or the steady and repetitive rhythmic contraction of the fetal heart within the gestational sac.</u>	289
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		291
	<del>(B)</del> <u>(5) "Fetus" means the human offspring developing during pregnancy from the moment of conception and includes the embryonic stage of development.</u>	292
		293
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	<del>(C)</del> <u>(6) "Gestational age" means the age of an unborn human individual as calculated from the first day of the last menstrual period of a pregnant woman.</u>	295
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	<del>(D)</del> <u>(7) "Gestational sac" means the structure that comprises the extraembryonic membranes that envelop the fetus and that is typically visible by ultrasound after the fourth week of pregnancy.</u>	298
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	<del>(E)</del> <u>(8) "Intrauterine pregnancy" means a pregnancy in which the fetus is attached to the placenta within the uterus of the pregnant woman.</u>	302
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	<u>(9) "Medical emergency" has the same meaning as in section 2919.16 of the Revised Code.</u>	305
		306
	<del>(F)</del> <u>(10) "Physician" has the same meaning as in section 2305.113 of the Revised Code.</u>	307
		308
	<del>(G)</del> <u>(11) "Pregnancy" means the human female reproductive</u>	309

condition that begins with fertilization, when the woman is 310  
carrying the developing human offspring, and that is calculated 311  
from the first day of the last menstrual period of the woman. 312

~~(H)~~ (12) "Serious risk of the substantial and irreversible 313  
impairment of a major bodily function" has the same meaning as 314  
in section 2919.16 of the Revised Code. 315

~~(I)~~ (13) "Spontaneous miscarriage" means the natural or 316  
accidental termination of a pregnancy and the expulsion of the 317  
fetus, typically caused by genetic defects in the fetus or 318  
physical abnormalities in the pregnant woman. 319

(14) "Standard medical practice" means the degree of 320  
skill, care, and diligence that a physician of the same medical 321  
specialty would employ in like circumstances. As applied to the 322  
method used to determine the presence of a fetal heartbeat for 323  
purposes of section ~~2919.191~~ 2919.192 of the Revised Code, 324  
"standard medical practice" includes employing the appropriate 325  
means of detection depending on the estimated gestational age of 326  
the fetus and the condition of the woman and her pregnancy. 327

~~(J)~~ (15) "Unborn human individual" means an individual 328  
organism of the species homo sapiens from fertilization until 329  
live birth. 330

(B) (1) It is the intent of the general assembly that a 331  
court judgment or order suspending enforcement of any provision 332  
of this section or sections 2919.171 or 2919.191 to 2919.1910 of 333  
the Revised Code is not to be regarded as tantamount to repeal 334  
of that provision. 335

(2) After the issuance of a decision by the supreme court 336  
of the United States overruling Roe v. Wade, 410 U.S. 113 (1973) 337  
and Planned Parenthood v. Casey, 505 U.S. 833 (1992), the 338

issuance of any other court order or judgment restoring, 339  
expanding, or clarifying the authority of states to prohibit or 340  
regulate abortion entirely or in part, or the effective date of 341  
an amendment to the Constitution of the United States restoring, 342  
expanding, or clarifying the authority of states to prohibit or 343  
regulate abortion entirely or in part, the attorney general may 344  
apply to the pertinent state or federal court for either or both 345  
of the following: 346

(a) A declaration that any one or more sections specified 347  
in division (B) (1) of this section are constitutional; 348

(b) A judgment or order lifting an injunction against the 349  
enforcement of any one or more sections specified in division 350  
(B) (1) of this section. 351

(3) If the attorney general fails to apply for the relief 352  
described in division (B) (2) of this section within the thirty- 353  
day period after an event described in that division occurs, any 354  
county prosecutor may apply to the appropriate state or federal 355  
court for such relief. 356

(4) If any provision of this section or sections 2919.171 357  
or 2919.191 to 2919.1910 of the Revised Code is held invalid, or 358  
if the application of such provision to any person or 359  
circumstance is held invalid, the invalidity of that provision 360  
does not affect any other provisions or applications of this 361  
section and sections 2919.171 and 2919.191 to 2919.1910 of the 362  
Revised Code that can be given effect without the invalid 363  
provision or application, and to this end the provisions of this 364  
section and sections 2919.171 and 2919.191 to 2919.1910 of the 365  
Revised Code are severable as provided in section 1.50 of the 366  
Revised Code. In particular, it is the intent of the general 367  
assembly that any invalidity or potential invalidity of a 368

provision of this section or sections 2919.171 or 2919.191 to 369  
2919.1910 of the Revised Code is not to impair the immediate and 370  
continuing enforceability of the remaining provisions. It is 371  
furthermore the intent of the general assembly that the 372  
provisions of this section and sections 2919.171 or 2919.191 to 373  
2919.1910 of the Revised Code are not to have the effect of 374  
repealing or limiting any other laws of this state, except as 375  
specified by this section and sections 2919.171 and 2919.191 to 376  
2919.1910 of the Revised Code. 377

**Sec. 2919.191.** (A) The general assembly hereby declares 378  
that it finds, according to contemporary medical research, all 379  
of the following: 380

(1) As many as thirty per cent of natural pregnancies end 381  
in spontaneous miscarriage. 382

(2) Less than five per cent of all natural pregnancies end 383  
in spontaneous miscarriage after detection of fetal cardiac 384  
activity. 385

(3) Over ninety per cent of in vitro pregnancies survive 386  
the first trimester if cardiac activity is detected in the 387  
gestational sac. 388

(4) Nearly ninety per cent of in vitro pregnancies do not 389  
survive the first trimester where cardiac activity is not 390  
detected in the gestational sac. 391

(5) Fetal heartbeat, therefore, has become a key medical 392  
predictor that an unborn human individual will reach live birth. 393

(6) Cardiac activity begins at a biologically identifiable 394  
moment in time, normally when the fetal heart is formed in the 395  
gestational sac. 396

(7) The state of Ohio has a legitimate interest from the outset of the pregnancy in protecting the health of the woman. 397  
The state of Ohio has a compelling interest from the outset of the pregnancy in protecting the life of an unborn human individual who may be born. 398  
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(8) In order to make an informed choice about whether to continue her pregnancy, the pregnant woman has a legitimate interest in knowing the likelihood of the fetus surviving to full-term birth based upon the presence of cardiac activity. 402  
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(9) The state of Ohio finds that the detection of a fetal heartbeat can be accomplished through standard medical practices. 406  
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(B) Sections 2919.192 to 2919.195 of the Revised Code apply only to intrauterine pregnancies. 409  
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**Sec. ~~2919.191~~ 2919.192.** (A) A person who intends to 411  
perform or induce an abortion on a pregnant woman shall 412  
determine whether there is a detectable fetal heartbeat of the 413  
unborn human individual the pregnant woman is carrying. The 414  
method of determining the presence of a fetal heartbeat shall be 415  
consistent with the person's good faith understanding of 416  
standard medical practice, provided that if rules have been 417  
adopted under division ~~(C)~~ (B) of this section, the method 418  
chosen shall be one that is consistent with the rules. The 419  
person who determines the presence or absence of a fetal 420  
heartbeat shall record in the pregnant woman's medical record 421  
the estimated gestational age of the unborn human individual, 422  
the method used to test for a fetal heartbeat, the date and time 423  
of the test, and the results of the test. 424

~~(B) (1) Except when a medical emergency exists that~~ 425

~~prevents compliance with this division, no person shall perform- 426  
or induce an abortion on a pregnant woman prior to determining- 427  
if the unborn human individual the pregnant woman is carrying- 428  
has a detectable fetal heartbeat. Any person who performs or- 429  
induces an abortion on a pregnant woman based on the exception- 430  
in this division shall note in the pregnant woman's medical- 431  
records that a medical emergency necessitating the abortion- 432  
existed and shall also note the medical condition of the- 433  
pregnant woman that prevented compliance with this division. The- 434  
person shall maintain a copy of the notes described in this- 435  
division in the person's own records for at least seven years- 436  
after the notes are entered into the medical records. 437~~

~~(2) The person who performs the examination for the 438  
presence of a fetal heartbeat shall give the pregnant woman the 439  
option to view or hear the fetal heartbeat. 440~~

~~(C) (B) The director of health may promulgate adopt rules 441  
pursuant to section 111.15 of the Revised Code specifying the 442  
appropriate methods of performing an examination for the purpose 443  
of determining the presence of a fetal heartbeat of an unborn 444  
individual based on standard medical practice. The rules shall 445  
require only that an examination shall be performed externally. 446  
Nothing in this section shall be construed as requiring a 447  
transvaginal ultrasound. 448~~

~~(D) (C) A person is not in violation of division (A) or 449  
(B) of this section if that person has performed an examination 450  
for the purpose of determining the presence of a fetal heartbeat 451  
in the fetus of an unborn human individual utilizing standard 452  
medical practice, that examination does not reveal a fetal 453  
heartbeat or the person has been informed by a physician who has 454  
performed the examination for a fetal heartbeat that the 455~~



examination did not reveal a fetal heartbeat, and the person 456  
notes in the pregnant woman's medical records the procedure 457  
utilized to detect the presence of a fetal heartbeat. 458

~~(E) Except as provided in division (F) of this section, no 459  
person shall knowingly and purposefully perform or induce an 460  
abortion on a pregnant woman before determining in accordance 461  
with division (A) of this section whether the unborn human 462  
individual the pregnant woman is carrying has a detectable 463  
heartbeat. The failure of a person to satisfy the requirements 464  
of this section prior to performing or inducing an abortion on a 465  
pregnant woman may be the basis for either of 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~~

~~(F) Division (E) 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 exists that prevents 472  
compliance with that division. 473~~

~~(G) The director of health may determine and specify in 474  
rules adopted pursuant to section 111.15 of the Revised Code and 475  
based upon available medical evidence the statistical 476  
probability of bringing an unborn human individual to term based 477  
on the gestational age of an unborn human individual who 478  
possesses a detectable fetal heartbeat. 479~~

~~(H) A woman on whom an abortion is performed in violation 480  
of division (B) of this section or division (B) (3) of section 481  
2317.56 of the Revised Code may file a civil action for the 482  
wrongful death of the woman's unborn child and may receive at 483  
the mother's election at any time prior to final judgment 484~~

~~damages in an amount equal to ten thousand dollars or an amount~~ 485  
~~determined by the trier of fact after consideration of the~~ 486  
~~evidence subject to the same defenses and requirements of proof,~~ 487  
~~except any requirement of live birth, as would apply to a suit~~ 488  
~~for the wrongful death of a child who had been born alive.~~ 489

Sec. 2919.193. (A) Except as provided in division (B) of 490  
this section, no person shall knowingly and purposefully perform 491  
or induce an abortion on a pregnant woman before determining in 492  
accordance with division (A) of section 2919.192 of the Revised 493  
Code whether the unborn human individual the pregnant woman is 494  
carrying has a detectable heartbeat. 495

Whoever violates this division is guilty of performing or 496  
inducing an abortion before determining whether there is a 497  
detectable fetal heartbeat, a felony of the fifth degree. A 498  
violation of this division may also be the basis of either of 499  
the following: 500

(1) A civil action for compensatory and exemplary damages; 501

(2) Disciplinary action under section 4731.22 of the 502  
Revised Code. 503

(B) Division (A) of this section does not apply to a 504  
physician who performs or induces the abortion if the physician 505  
believes that a medical emergency, as defined in section 2919.16 506  
of the Revised Code, exists that prevents compliance with that 507  
division. 508

(C) A physician who performs or induces an abortion on a 509  
pregnant woman based on the exception in division (B) of this 510  
section shall make written notations in the pregnant woman's 511  
medical records of both of the following: 512

(1) The physician's belief that a medical emergency 513

necessitating the abortion existed; 514

(2) The medical condition of the pregnant woman that 515  
assertedly prevented compliance with division (A) of this 516  
section. 517

For at least seven years from the date the notations are 518  
made, the physician shall maintain in the physician's own 519  
records a copy of the notations. 520

(D) A person is not in violation of division (A) of this 521  
section if the person acts in accordance with division (A) of 522  
section 2919.192 of the Revised Code and the method used to 523  
determine the presence of a fetal heartbeat does not reveal a 524  
fetal heartbeat. 525

**Sec. ~~2919.192~~ 2919.194.** (A) ~~If~~ Notwithstanding division 526  
(A) (3) of this section, if a person who intends to perform or 527  
induce an abortion on a pregnant woman has determined, under 528  
section ~~2919.191~~ 2919.192 of the Revised Code, that the unborn 529  
human individual the pregnant woman is carrying has a detectable 530  
heartbeat, the person shall not, except as provided in division 531  
(B) of this section, perform or induce the abortion ~~until~~ 532  
~~without meeting~~ all of the following requirements ~~have been met~~ 533  
and ~~without~~ at least twenty-four hours ~~have elapsed~~ elapsing 534  
after the last of the requirements is met: 535

(1) The person intending to perform or induce the abortion 536  
shall inform the pregnant woman in writing that the unborn human 537  
individual the pregnant woman is carrying has a fetal heartbeat. 538

(2) The person intending to perform or induce the abortion 539  
shall inform the pregnant woman, to the best of the person's 540  
knowledge, of the statistical probability of bringing the unborn 541  
human individual possessing a detectable fetal heartbeat to term 542

based on the gestational age of the unborn human individual the 543  
pregnant woman is carrying or, if the director of health has 544  
specified statistical probability information pursuant to rules 545  
adopted under division (C) of this section, shall provide to the 546  
pregnant woman that information. 547

(3) The pregnant woman shall sign a form acknowledging 548  
that the pregnant woman has received information from the person 549  
intending to perform or induce the abortion that the unborn 550  
human individual the pregnant woman is carrying has a fetal 551  
heartbeat and that the pregnant woman is aware of the 552  
statistical probability of bringing the unborn human individual 553  
the pregnant woman is carrying to term. 554

(B) Division (A) of this section does not apply if the 555  
person who intends to perform or induce the abortion believes 556  
that a medical emergency exists that prevents compliance with 557  
that division. 558

(C) The director of health may adopt rules that specify 559  
information regarding the statistical probability of bringing an 560  
unborn human individual possessing a detectable heartbeat to 561  
term based on the gestational age of the unborn human 562  
individual. The rules shall be based on available medical 563  
evidence and shall be adopted in accordance with section 111.15 564  
of the Revised Code. 565

(D) This section does not have the effect of repealing or 566  
limiting any other provision of the Revised Code relating to 567  
informed consent for an abortion, including the provisions in 568  
section 2317.56 of the Revised Code. 569

(E) Whoever violates division (A) of this section is 570  
guilty of performing or inducing an abortion without informed 571

consent when there is a detectable fetal heartbeat, a 572  
misdemeanor of the first degree on a first offense and a felony 573  
of the fourth degree on each subsequent offense. 574

Sec. 2919.195. (A) Except as provided in division (B) of 575  
this section, no person shall knowingly and purposefully perform 576  
or induce an abortion on a pregnant woman with the specific 577  
intent of causing or abetting the termination of the life of the 578  
unborn human individual the pregnant woman is carrying and whose 579  
fetal heartbeat has been detected in accordance with division 580  
(A) of section 2919.192 of the Revised Code. 581

Whoever violates this division is guilty of performing or 582  
inducing an abortion after the detection of a fetal heartbeat, a 583  
felony of the fifth degree. 584

(B) Division (A) of this section does not apply to a 585  
physician who performs a medical procedure that, in the 586  
physician's reasonable medical judgment, is designed or intended 587  
to prevent the death of the pregnant woman or to prevent a 588  
serious risk of the substantial and irreversible impairment of a 589  
major bodily function of the pregnant woman. 590

A physician who performs a medical procedure as described 591  
in this division shall declare, in a written document, that the 592  
medical procedure is necessary, to the best of the physician's 593  
reasonable medical judgment, to prevent the death of the 594  
pregnant woman or to prevent a serious risk of the substantial 595  
and irreversible impairment of a major bodily function of the 596  
pregnant woman. In the document, the physician shall specify the 597  
pregnant woman's medical condition that the medical procedure is 598  
asserted to address and the medical rationale for the 599  
physician's conclusion that the medical procedure is necessary 600  
to prevent the death of the pregnant woman or to prevent a 601

serious risk of the substantial and irreversible impairment of a 602  
major bodily function of the pregnant woman. 603

A physician who performs a medical procedure as described 604  
in this division shall place the written document required by 605  
this division in the pregnant woman's medical records. The 606  
physician shall maintain a copy of the document in the 607  
physician's own records for at least seven years from the date 608  
the document is created. 609

(C) A person is not in violation of division (A) of this 610  
section if the person acts in accordance with division (A) of 611  
section 2919.192 of the Revised Code and the method used to 612  
determine the presence of a fetal heartbeat does not reveal a 613  
fetal heartbeat. 614

(D) Division (A) of this section does not have the effect 615  
of repealing or limiting any other provision of the Revised Code 616  
that restricts or regulates the performance or inducement of an 617  
abortion by a particular method or during a particular stage of 618  
a pregnancy. 619

**Sec. 2919.196.** The provisions of this section are wholly 620  
independent of the requirements of sections 2919.192 to 2919.195 621  
of the Revised Code. 622

(A) A person who performs or induces an abortion on a 623  
pregnant woman shall do whichever of the following is 624  
applicable: 625

(1) If the reason for the abortion purported is to 626  
preserve the health of the pregnant woman, the person shall 627  
specify in a written document the medical condition that the 628  
abortion is asserted to address and the medical rationale for 629  
the person's conclusion that the abortion is necessary to 630

address that condition. 631

(2) If the reason for the abortion is other than to 632  
preserve the health of the pregnant woman, the person shall 633  
specify in a written document that maternal health is not the 634  
purpose of the abortion. 635

(B) The person who specifies the information in the 636  
document described in division (A) of this section shall place 637  
the document in the pregnant woman's medical records. The person 638  
who specifies the information shall maintain a copy of the 639  
document in the person's own records for at least seven years 640  
from the date the document is created. 641

**Sec. 2919.197.** Nothing in sections 2919.19 to 2919.196 of 642  
the Revised Code prohibits the sale, use, prescription, or 643  
administration of a drug, device, or chemical for contraceptive 644  
purposes. 645

**Sec. 2919.193–2919.198.** A pregnant woman on whom an 646  
abortion is performed or induced in violation of section 647  
~~2919.191 or 2919.192–2919.193, 2919.194, or 2919.195~~ of the 648  
Revised Code is not guilty of violating any of those sections; 649  
is not guilty of attempting to commit, conspiring to commit, or 650  
complicity in committing a violation of any of those sections; 651  
and is not subject to a civil penalty based on the abortion 652  
being performed or induced in violation of any of those 653  
sections. 654

**Sec. 2919.199.** (A) A woman who meets either or both of the 655  
following criteria may file a civil action for the wrongful 656  
death of her unborn child: 657

(1) A woman on whom an abortion was performed or induced 658  
in violation of division (A) of section 2919.193 or division (A) 659

of section 2919.195 of the Revised Code; 660

(2) A woman on whom an abortion was performed or induced 661  
who was not given the information described in divisions (A) (1) 662  
and (2) of section 2919.194 of the Revised Code or who did not 663  
sign a form described in division (A) (3) of section 2919.194 of 664  
the Revised code. 665

(B) A woman who prevails in an action filed under division 666  
(A) of this section shall receive both of the following from the 667  
person who committed the one or more acts described in division 668  
(A) (1) or (2) of this section: 669

(1) Damages in an amount equal to ten thousand dollars or 670  
an amount determined by the trier of fact after consideration of 671  
the evidence at the mother's election at any time prior to final 672  
judgment subject to the same defenses and requirements of proof, 673  
except any requirement of live birth, as would apply to a suit 674  
for the wrongful death of a child who had been born alive; 675

(2) Court costs and reasonable attorney's fees. 676

(C) A determination that division (A) of section 2919.193 677  
of the Revised Code, division (A) (1), (2), or (3) of section 678  
2919.194 of the Revised Code, or division (A) of section 679  
2919.195 of the Revised Code is unconstitutional shall be a 680  
defense to an action filed under division (A) of this section 681  
alleging that the defendant violated the division that was 682  
determined to be unconstitutional. 683

(D) If the defendant in an action filed under division (A) 684  
of this section prevails and all of the following apply the 685  
court shall award reasonable attorney's fees to the defendant in 686  
accordance with section 2323.51 of the Revised Code: 687

(1) The court finds that the commencement of the action 688



constitutes frivolous conduct, as defined in section 2323.51 of 689  
the Revised Code. 690

(2) The court's finding in division (D)(1) of this section 691  
is not based on that court or another court determining that 692  
division (A) of section 2919.193 of the Revised Code, division 693  
(A) (1), (2), or (3) of section 2919.194 of the Revised Code, or 694  
division (A) of section 2919.195 of the Revised Code is 695  
unconstitutional. 696

(3) The court finds that the defendant was adversely 697  
affected by the frivolous conduct. 698

**Sec. 2919.1910.** (A) It is the intent of the general 699  
assembly that women whose pregnancies are protected under 700  
division (A) of section 2919.195 of the Revised Code be informed 701  
of available options for adoption. 702

(B) In furtherance of the intent expressed in division (A) 703  
of this section, there is hereby created the joint legislative 704  
committee on adoption promotion and support. The committee may 705  
review or study any matter that it considers relevant to the 706  
adoption process in this state, with priority given to the study 707  
or review of mechanisms intended to increase awareness of the 708  
process, increase its effectiveness, or both. 709

(C) The committee shall consist of three members of the 710  
house of representatives appointed by the speaker of the house 711  
of representatives and three members of the senate appointed by 712  
the president of the senate. Not more than two members appointed 713  
by the speaker of the house of representatives and not more than 714  
two members appointed by the president of the senate may be of 715  
the same political party. 716

Each member of the committee shall hold office during the 717

general assembly in which the member is appointed and until a 718  
successor has been appointed, notwithstanding the adjournment 719  
sine die of the general assembly in which the member was 720  
appointed or the expiration of the member's term as a member of 721  
the general assembly. Any vacancies occurring among the members 722  
of the committee shall be filled in the manner of the original 723  
appointment. 724

(D) The committee has the same powers as other standing or 725  
select committees of the general assembly. 726

**Sec. 4731.22.** (A) The state medical board, by an 727  
affirmative vote of not fewer than six of its members, may 728  
limit, revoke, or suspend a license or certificate to practice 729  
or certificate to recommend, refuse to grant a license or 730  
certificate, refuse to renew a license or certificate, refuse to 731  
reinstate a license or certificate, or reprimand or place on 732  
probation the holder of a license or certificate if the 733  
individual applying for or holding the license or certificate is 734  
found by the board to have committed fraud during the 735  
administration of the examination for a license or certificate 736  
to practice or to have committed fraud, misrepresentation, or 737  
deception in applying for, renewing, or securing any license or 738  
certificate to practice or certificate to recommend issued by 739  
the board. 740

(B) The board, by an affirmative vote of not fewer than 741  
six members, shall, to the extent permitted by law, limit, 742  
revoke, or suspend a license or certificate to practice or 743  
certificate to recommend, refuse to issue a license or 744  
certificate, refuse to renew a license or certificate, refuse to 745  
reinstate a license or certificate, or reprimand or place on 746  
probation the holder of a license or certificate for one or more 747

of the following reasons:	748
(1) Permitting one's name or one's license or certificate	749
to practice to be used by a person, group, or corporation when	750
the individual concerned is not actually directing the treatment	751
given;	752
(2) Failure to maintain minimal standards applicable to	753
the selection or administration of drugs, or failure to employ	754
acceptable scientific methods in the selection of drugs or other	755
modalities for treatment of disease;	756
(3) Except as provided in section 4731.97 of the Revised	757
Code, selling, giving away, personally furnishing, prescribing,	758
or administering drugs for other than legal and legitimate	759
therapeutic purposes or a plea of guilty to, a judicial finding	760
of guilt of, or a judicial finding of eligibility for	761
intervention in lieu of conviction of, a violation of any	762
federal or state law regulating the possession, distribution, or	763
use of any drug;	764
(4) Willfully betraying a professional confidence.	765
For purposes of this division, "willfully betraying a	766
professional confidence" does not include providing any	767
information, documents, or reports under sections 307.621 to	768
307.629 of the Revised Code to a child fatality review board;	769
does not include providing any information, documents, or	770
reports to the director of health pursuant to guidelines	771
established under section 3701.70 of the Revised Code; does not	772
include written notice to a mental health professional under	773
section 4731.62 of the Revised Code; and does not include the	774
making of a report of an employee's use of a drug of abuse, or a	775
report of a condition of an employee other than one involving	776

the use of a drug of abuse, to the employer of the employee as 777  
described in division (B) of section 2305.33 of the Revised 778  
Code. Nothing in this division affects the immunity from civil 779  
liability conferred by section 2305.33 or 4731.62 of the Revised 780  
Code upon a physician who makes a report in accordance with 781  
section 2305.33 or notifies a mental health professional in 782  
accordance with section 4731.62 of the Revised Code. As used in 783  
this division, "employee," "employer," and "physician" have the 784  
same meanings as in section 2305.33 of the Revised Code. 785

(5) Making a false, fraudulent, deceptive, or misleading 786  
statement in the solicitation of or advertising for patients; in 787  
relation to the practice of medicine and surgery, osteopathic 788  
medicine and surgery, podiatric medicine and surgery, or a 789  
limited branch of medicine; or in securing or attempting to 790  
secure any license or certificate to practice issued by the 791  
board. 792

As used in this division, "false, fraudulent, deceptive, 793  
or misleading statement" means a statement that includes a 794  
misrepresentation of fact, is likely to mislead or deceive 795  
because of a failure to disclose material facts, is intended or 796  
is likely to create false or unjustified expectations of 797  
favorable results, or includes representations or implications 798  
that in reasonable probability will cause an ordinarily prudent 799  
person to misunderstand or be deceived. 800

(6) A departure from, or the failure to conform to, 801  
minimal standards of care of similar practitioners under the 802  
same or similar circumstances, whether or not actual injury to a 803  
patient is established; 804

(7) Representing, with the purpose of obtaining 805  
compensation or other advantage as personal gain or for any 806

other person, that an incurable disease or injury, or other	807
incurable condition, can be permanently cured;	808
(8) The obtaining of, or attempting to obtain, money or	809
anything of value by fraudulent misrepresentations in the course	810
of practice;	811
(9) A plea of guilty to, a judicial finding of guilt of,	812
or a judicial finding of eligibility for intervention in lieu of	813
conviction for, a felony;	814
(10) Commission of an act that constitutes a felony in	815
this state, regardless of the jurisdiction in which the act was	816
committed;	817
(11) A plea of guilty to, a judicial finding of guilt of,	818
or a judicial finding of eligibility for intervention in lieu of	819
conviction for, a misdemeanor committed in the course of	820
practice;	821
(12) Commission of an act in the course of practice that	822
constitutes a misdemeanor in this state, regardless of the	823
jurisdiction in which the act was committed;	824
(13) A plea of guilty to, a judicial finding of guilt of,	825
or a judicial finding of eligibility for intervention in lieu of	826
conviction for, a misdemeanor involving moral turpitude;	827
(14) Commission of an act involving moral turpitude that	828
constitutes a misdemeanor in this state, regardless of the	829
jurisdiction in which the act was committed;	830
(15) Violation of the conditions of limitation placed by	831
the board upon a license or certificate to practice;	832
(16) Failure to pay license renewal fees specified in this	833
chapter;	834

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

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

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

(19) Inability to practice according to acceptable and

prevailing standards of care by reason of mental illness or 865  
physical illness, including, but not limited to, physical 866  
deterioration that adversely affects cognitive, motor, or 867  
perceptive skills. 868

In enforcing this division, the board, upon a showing of a 869  
possible violation, may compel any individual authorized to 870  
practice by this chapter or who has submitted an application 871  
pursuant to this chapter to submit to a mental examination, 872  
physical examination, including an HIV test, or both a mental 873  
and a physical examination. The expense of the examination is 874  
the responsibility of the individual compelled to be examined. 875  
Failure to submit to a mental or physical examination or consent 876  
to an HIV test ordered by the board constitutes an admission of 877  
the allegations against the individual unless the failure is due 878  
to circumstances beyond the individual's control, and a default 879  
and final order may be entered without the taking of testimony 880  
or presentation of evidence. If the board finds an individual 881  
unable to practice because of the reasons set forth in this 882  
division, the board shall require the individual to submit to 883  
care, counseling, or treatment by physicians approved or 884  
designated by the board, as a condition for initial, continued, 885  
reinstated, or renewed authority to practice. An individual 886  
affected under this division shall be afforded an opportunity to 887  
demonstrate to the board the ability to resume practice in 888  
compliance with acceptable and prevailing standards under the 889  
provisions of the individual's license or certificate. For the 890  
purpose of this division, any individual who applies for or 891  
receives a license or certificate to practice under this chapter 892  
accepts the privilege of practicing in this state and, by so 893  
doing, shall be deemed to have given consent to submit to a 894  
mental or physical examination when directed to do so in writing 895

by the board, and to have waived all objections to the 896  
admissibility of testimony or examination reports that 897  
constitute a privileged communication. 898

(20) Except as provided in division (F)(1)(b) of section 899  
4731.282 of the Revised Code or when civil penalties are imposed 900  
under section 4731.225 of the Revised Code, and subject to 901  
section 4731.226 of the Revised Code, violating or attempting to 902  
violate, directly or indirectly, or assisting in or abetting the 903  
violation of, or conspiring to violate, any provisions of this 904  
chapter or any rule promulgated by the board. 905

This division does not apply to a violation or attempted 906  
violation of, assisting in or abetting the violation of, or a 907  
conspiracy to violate, any provision of this chapter or any rule 908  
adopted by the board that would preclude the making of a report 909  
by a physician of an employee's use of a drug of abuse, or of a 910  
condition of an employee other than one involving the use of a 911  
drug of abuse, to the employer of the employee as described in 912  
division (B) of section 2305.33 of the Revised Code. Nothing in 913  
this division affects the immunity from civil liability 914  
conferred by that section upon a physician who makes either type 915  
of report in accordance with division (B) of that section. As 916  
used in this division, "employee," "employer," and "physician" 917  
have the same meanings as in section 2305.33 of the Revised 918  
Code. 919

(21) The violation of section 3701.79 of the Revised Code 920  
or of any abortion rule adopted by the director of health 921  
pursuant to section 3701.341 of the Revised Code; 922

(22) Any of the following actions taken by an agency 923  
responsible for authorizing, certifying, or regulating an 924  
individual to practice a health care occupation or provide 925



health care services in this state or another jurisdiction, for 926  
any reason other than the nonpayment of fees: the limitation, 927  
revocation, or suspension of an individual's license to 928  
practice; acceptance of an individual's license surrender; 929  
denial of a license; refusal to renew or reinstate a license; 930  
imposition of probation; or issuance of an order of censure or 931  
other reprimand; 932

(23) The violation of section 2919.12 of the Revised Code 933  
or the performance or inducement of an abortion upon a pregnant 934  
woman with actual knowledge that the conditions specified in 935  
division (B) of section 2317.56 of the Revised Code have not 936  
been satisfied or with a heedless indifference as to whether 937  
those conditions have been satisfied, unless an affirmative 938  
defense as specified in division (H)(2) of that section would 939  
apply in a civil action authorized by division (H)(1) of that 940  
section; 941

(24) The revocation, suspension, restriction, reduction, 942  
or termination of clinical privileges by the United States 943  
department of defense or department of veterans affairs or the 944  
termination or suspension of a certificate of registration to 945  
prescribe drugs by the drug enforcement administration of the 946  
United States department of justice; 947

(25) Termination or suspension from participation in the 948  
medicare or medicaid programs by the department of health and 949  
human services or other responsible agency; 950

(26) Impairment of ability to practice according to 951  
acceptable and prevailing standards of care because of habitual 952  
or excessive use or abuse of drugs, alcohol, or other substances 953  
that impair ability to practice. 954

For the purposes of this division, any individual 955  
authorized to practice by this chapter accepts the privilege of 956  
practicing in this state subject to supervision by the board. By 957  
filing an application for or holding a license or certificate to 958  
practice under this chapter, an individual shall be deemed to 959  
have given consent to submit to a mental or physical examination 960  
when ordered to do so by the board in writing, and to have 961  
waived all objections to the admissibility of testimony or 962  
examination reports that constitute privileged communications. 963

If it has reason to believe that any individual authorized 964  
to practice by this chapter or any applicant for licensure or 965  
certification to practice suffers such impairment, the board may 966  
compel the individual to submit to a mental or physical 967  
examination, or both. The expense of the examination is the 968  
responsibility of the individual compelled to be examined. Any 969  
mental or physical examination required under this division 970  
shall be undertaken by a treatment provider or physician who is 971  
qualified to conduct the examination and who is chosen by the 972  
board. 973

Failure to submit to a mental or physical examination 974  
ordered by the board constitutes an admission of the allegations 975  
against the individual unless the failure is due to 976  
circumstances beyond the individual's control, and a default and 977  
final order may be entered without the taking of testimony or 978  
presentation of evidence. If the board determines that the 979  
individual's ability to practice is impaired, the board shall 980  
suspend the individual's license or certificate or deny the 981  
individual's application and shall require the individual, as a 982  
condition for initial, continued, reinstated, or renewed 983  
licensure or certification to practice, to submit to treatment. 984

Before being eligible to apply for reinstatement of a 985  
license or certificate suspended under this division, the 986  
impaired practitioner shall demonstrate to the board the ability 987  
to resume practice in compliance with acceptable and prevailing 988  
standards of care under the provisions of the practitioner's 989  
license or certificate. The demonstration shall include, but 990  
shall not be limited to, the following: 991

(a) Certification from a treatment provider approved under 992  
section 4731.25 of the Revised Code that the individual has 993  
successfully completed any required inpatient treatment; 994

(b) Evidence of continuing full compliance with an 995  
aftercare contract or consent agreement; 996

(c) Two written reports indicating that the individual's 997  
ability to practice has been assessed and that the individual 998  
has been found capable of practicing according to acceptable and 999  
prevailing standards of care. The reports shall be made by 1000  
individuals or providers approved by the board for making the 1001  
assessments and shall describe the basis for their 1002  
determination. 1003

The board may reinstate a license or certificate suspended 1004  
under this division after that demonstration and after the 1005  
individual has entered into a written consent agreement. 1006

When the impaired practitioner resumes practice, the board 1007  
shall require continued monitoring of the individual. The 1008  
monitoring shall include, but not be limited to, compliance with 1009  
the written consent agreement entered into before reinstatement 1010  
or with conditions imposed by board order after a hearing, and, 1011  
upon termination of the consent agreement, submission to the 1012  
board for at least two years of annual written progress reports 1013

made under penalty of perjury stating whether the individual has 1014  
maintained sobriety. 1015

(27) A second or subsequent violation of section 4731.66 1016  
or 4731.69 of the Revised Code; 1017

(28) Except as provided in division (N) of this section: 1018

(a) Waiving the payment of all or any part of a deductible 1019  
or copayment that a patient, pursuant to a health insurance or 1020  
health care policy, contract, or plan that covers the 1021  
individual's services, otherwise would be required to pay if the 1022  
waiver is used as an enticement to a patient or group of 1023  
patients to receive health care services from that individual; 1024

(b) Advertising that the individual will waive the payment 1025  
of all or any part of a deductible or copayment that a patient, 1026  
pursuant to a health insurance or health care policy, contract, 1027  
or plan that covers the individual's services, otherwise would 1028  
be required to pay. 1029

(29) Failure to use universal blood and body fluid 1030  
precautions established by rules adopted under section 4731.051 1031  
of the Revised Code; 1032

(30) Failure to provide notice to, and receive 1033  
acknowledgment of the notice from, a patient when required by 1034  
section 4731.143 of the Revised Code prior to providing 1035  
nonemergency professional services, or failure to maintain that 1036  
notice in the patient's medical record; 1037

(31) Failure of a physician supervising a physician 1038  
assistant to maintain supervision in accordance with the 1039  
requirements of Chapter 4730. of the Revised Code and the rules 1040  
adopted under that chapter; 1041

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

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

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

(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;

(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;

(37) Assisting suicide, as defined in section 3795.01 of

the Revised Code;	1071
(38) Failure to comply with the requirements of section 2317.561 of the Revised Code;	1072 1073
(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;	1074 1075 1076
(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;	1077 1078 1079 1080
(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;	1081 1082 1083 1084
(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;	1085 1086 1087 1088
(43) Failure to comply with the requirements of section 4729.79 or 4731.055 of the Revised Code, unless the state board of pharmacy no longer maintains a drug database pursuant to section 4729.75 of the Revised Code;	1089 1090 1091 1092
(44) Failure to comply with the requirements of section 2919.171, 2919.202, or 2919.203 of the Revised Code or failure to submit to the department of health in accordance with a court order a complete report as described in section 2919.171 or 2919.202 of the Revised Code;	1093 1094 1095 1096 1097
(45) Practicing at a facility that is subject to licensure	1098

as a category III terminal distributor of dangerous drugs with a 1099  
pain management clinic classification unless the person 1100  
operating the facility has obtained and maintains the license 1101  
with the classification; 1102

(46) Owning a facility that is subject to licensure as a 1103  
category III terminal distributor of dangerous drugs with a pain 1104  
management clinic classification unless the facility is licensed 1105  
with the classification; 1106

(47) Failure to comply with any of the requirement 1107  
requirements regarding making or maintaining notes medical 1108  
records or documents described in division (B) (A) of section 1109  
2919.191-2919.192, division (C) of section 2919.193, division 1110  
(B) of section 2919.195, or division (A) of section 2919.196 of 1111  
the Revised Code ~~or failure to satisfy the requirements of~~ 1112  
~~section 2919.191 of the Revised Code prior to performing or~~ 1113  
~~inducing an abortion upon a pregnant woman;~~ 1114

(48) Failure to comply with the requirements in section 1115  
3719.061 of the Revised Code before issuing for a minor a 1116  
prescription for an opioid analgesic, as defined in section 1117  
3719.01 of the Revised Code; 1118

(49) Failure to comply with the requirements of section 1119  
4731.30 of the Revised Code or rules adopted under section 1120  
4731.301 of the Revised Code when recommending treatment with 1121  
medical marijuana; 1122

(50) Practicing at a facility, clinic, or other location 1123  
that is subject to licensure as a category III terminal 1124  
distributor of dangerous drugs with an office-based opioid 1125  
treatment classification unless the person operating that place 1126  
has obtained and maintains the license with the classification; 1127

(51) Owning a facility, clinic, or other location that is 1128  
subject to licensure as a category III terminal distributor of 1129  
dangerous drugs with an office-based opioid treatment 1130  
classification unless that place is licensed with the 1131  
classification; 1132

(52) A pattern of continuous or repeated violations of 1133  
division (E) (2) or (3) of section 3963.02 of the Revised Code. 1134

(C) Disciplinary actions taken by the board under 1135  
divisions (A) and (B) of this section shall be taken pursuant to 1136  
an adjudication under Chapter 119. of the Revised Code, except 1137  
that in lieu of an adjudication, the board may enter into a 1138  
consent agreement with an individual to resolve an allegation of 1139  
a violation of this chapter or any rule adopted under it. A 1140  
consent agreement, when ratified by an affirmative vote of not 1141  
fewer than six members of the board, shall constitute the 1142  
findings and order of the board with respect to the matter 1143  
addressed in the agreement. If the board refuses to ratify a 1144  
consent agreement, the admissions and findings contained in the 1145  
consent agreement shall be of no force or effect. 1146

A telephone conference call may be utilized for 1147  
ratification of a consent agreement that revokes or suspends an 1148  
individual's license or certificate to practice or certificate 1149  
to recommend. The telephone conference call shall be considered 1150  
a special meeting under division (F) of section 121.22 of the 1151  
Revised Code. 1152

If the board takes disciplinary action against an 1153  
individual under division (B) of this section for a second or 1154  
subsequent plea of guilty to, or judicial finding of guilt of, a 1155  
violation of section 2919.123 of the Revised Code, the 1156  
disciplinary action shall consist of a suspension of the 1157



individual's license or certificate to practice for a period of 1158  
at least one year or, if determined appropriate by the board, a 1159  
more serious sanction involving the individual's license or 1160  
certificate to practice. Any consent agreement entered into 1161  
under this division with an individual that pertains to a second 1162  
or subsequent plea of guilty to, or judicial finding of guilt 1163  
of, a violation of that section shall provide for a suspension 1164  
of the individual's license or certificate to practice for a 1165  
period of at least one year or, if determined appropriate by the 1166  
board, a more serious sanction involving the individual's 1167  
license or certificate to practice. 1168

(D) For purposes of divisions (B) (10), (12), and (14) of 1169  
this section, the commission of the act may be established by a 1170  
finding by the board, pursuant to an adjudication under Chapter 1171  
119. of the Revised Code, that the individual committed the act. 1172  
The board does not have jurisdiction under those divisions if 1173  
the trial court renders a final judgment in the individual's 1174  
favor and that judgment is based upon an adjudication on the 1175  
merits. The board has jurisdiction under those divisions if the 1176  
trial court issues an order of dismissal upon technical or 1177  
procedural grounds. 1178

(E) The sealing of conviction records by any court shall 1179  
have no effect upon a prior board order entered under this 1180  
section or upon the board's jurisdiction to take action under 1181  
this section if, based upon a plea of guilty, a judicial finding 1182  
of guilt, or a judicial finding of eligibility for intervention 1183  
in lieu of conviction, the board issued a notice of opportunity 1184  
for a hearing prior to the court's order to seal the records. 1185  
The board shall not be required to seal, destroy, redact, or 1186  
otherwise modify its records to reflect the court's sealing of 1187  
conviction records. 1188

(F) (1) The board shall investigate evidence that appears 1189  
to show that a person has violated any provision of this chapter 1190  
or any rule adopted under it. Any person may report to the board 1191  
in a signed writing any information that the person may have 1192  
that appears to show a violation of any provision of this 1193  
chapter or any rule adopted under it. In the absence of bad 1194  
faith, any person who reports information of that nature or who 1195  
testifies before the board in any adjudication conducted under 1196  
Chapter 119. of the Revised Code shall not be liable in damages 1197  
in a civil action as a result of the report or testimony. Each 1198  
complaint or allegation of a violation received by the board 1199  
shall be assigned a case number and shall be recorded by the 1200  
board. 1201

(2) Investigations of alleged violations of this chapter 1202  
or any rule adopted under it shall be supervised by the 1203  
supervising member elected by the board in accordance with 1204  
section 4731.02 of the Revised Code and by the secretary as 1205  
provided in section 4731.39 of the Revised Code. The president 1206  
may designate another member of the board to supervise the 1207  
investigation in place of the supervising member. No member of 1208  
the board who supervises the investigation of a case shall 1209  
participate in further adjudication of the case. 1210

(3) In investigating a possible violation of this chapter 1211  
or any rule adopted under this chapter, or in conducting an 1212  
inspection under division (E) of section 4731.054 of the Revised 1213  
Code, the board may question witnesses, conduct interviews, 1214  
administer oaths, order the taking of depositions, inspect and 1215  
copy any books, accounts, papers, records, or documents, issue 1216  
subpoenas, and compel the attendance of witnesses and production 1217  
of books, accounts, papers, records, documents, and testimony, 1218  
except that a subpoena for patient record information shall not 1219

be issued without consultation with the attorney general's 1220  
office and approval of the secretary and supervising member of 1221  
the board. 1222

(a) Before issuance of a subpoena for patient record 1223  
information, the secretary and supervising member shall 1224  
determine whether there is probable cause to believe that the 1225  
complaint filed alleges a violation of this chapter or any rule 1226  
adopted under it and that the records sought are relevant to the 1227  
alleged violation and material to the investigation. The 1228  
subpoena may apply only to records that cover a reasonable 1229  
period of time surrounding the alleged violation. 1230

(b) On failure to comply with any subpoena issued by the 1231  
board and after reasonable notice to the person being 1232  
subpoenaed, the board may move for an order compelling the 1233  
production of persons or records pursuant to the Rules of Civil 1234  
Procedure. 1235

(c) A subpoena issued by the board may be served by a 1236  
sheriff, the sheriff's deputy, or a board employee or agent 1237  
designated by the board. Service of a subpoena issued by the 1238  
board may be made by delivering a copy of the subpoena to the 1239  
person named therein, reading it to the person, or leaving it at 1240  
the person's usual place of residence, usual place of business, 1241  
or address on file with the board. When serving a subpoena to an 1242  
applicant for or the holder of a license or certificate issued 1243  
under this chapter, service of the subpoena may be made by 1244  
certified mail, return receipt requested, and the subpoena shall 1245  
be deemed served on the date delivery is made or the date the 1246  
person refuses to accept delivery. If the person being served 1247  
refuses to accept the subpoena or is not located, service may be 1248  
made to an attorney who notifies the board that the attorney is 1249

representing the person. 1250

(d) A sheriff's deputy who serves a subpoena shall receive 1251  
the same fees as a sheriff. Each witness who appears before the 1252  
board in obedience to a subpoena shall receive the fees and 1253  
mileage provided for under section 119.094 of the Revised Code. 1254

(4) All hearings, investigations, and inspections of the 1255  
board shall be considered civil actions for the purposes of 1256  
section 2305.252 of the Revised Code. 1257

(5) A report required to be submitted to the board under 1258  
this chapter, a complaint, or information received by the board 1259  
pursuant to an investigation or pursuant to an inspection under 1260  
division (E) of section 4731.054 of the Revised Code is 1261  
confidential and not subject to discovery in any civil action. 1262

The board shall conduct all investigations or inspections 1263  
and proceedings in a manner that protects the confidentiality of 1264  
patients and persons who file complaints with the board. The 1265  
board shall not make public the names or any other identifying 1266  
information about patients or complainants unless proper consent 1267  
is given or, in the case of a patient, a waiver of the patient 1268  
privilege exists under division (B) of section 2317.02 of the 1269  
Revised Code, except that consent or a waiver of that nature is 1270  
not required if the board possesses reliable and substantial 1271  
evidence that no bona fide physician-patient relationship 1272  
exists. 1273

The board may share any information it receives pursuant 1274  
to an investigation or inspection, including patient records and 1275  
patient record information, with law enforcement agencies, other 1276  
licensing boards, and other governmental agencies that are 1277  
prosecuting, adjudicating, or investigating alleged violations 1278

of statutes or administrative rules. An agency or board that 1279  
receives the information shall comply with the same requirements 1280  
regarding confidentiality as those with which the state medical 1281  
board must comply, notwithstanding any conflicting provision of 1282  
the Revised Code or procedure of the agency or board that 1283  
applies when it is dealing with other information in its 1284  
possession. In a judicial proceeding, the information may be 1285  
admitted into evidence only in accordance with the Rules of 1286  
Evidence, but the court shall require that appropriate measures 1287  
are taken to ensure that confidentiality is maintained with 1288  
respect to any part of the information that contains names or 1289  
other identifying information about patients or complainants 1290  
whose confidentiality was protected by the state medical board 1291  
when the information was in the board's possession. Measures to 1292  
ensure confidentiality that may be taken by the court include 1293  
sealing its records or deleting specific information from its 1294  
records. 1295

(6) On a quarterly basis, the board shall prepare a report 1296  
that documents the disposition of all cases during the preceding 1297  
three months. The report shall contain the following information 1298  
for each case with which the board has completed its activities: 1299

(a) The case number assigned to the complaint or alleged 1300  
violation; 1301

(b) The type of license or certificate to practice, if 1302  
any, held by the individual against whom the complaint is 1303  
directed; 1304

(c) A description of the allegations contained in the 1305  
complaint; 1306

(d) The disposition of the case. 1307

The report shall state how many cases are still pending 1308  
and shall be prepared in a manner that protects the identity of 1309  
each person involved in each case. The report shall be a public 1310  
record under section 149.43 of the Revised Code. 1311

(G) If the secretary and supervising member determine both 1312  
of the following, they may recommend that the board suspend an 1313  
individual's license or certificate to practice or certificate 1314  
to recommend without a prior hearing: 1315

(1) That there is clear and convincing evidence that an 1316  
individual has violated division (B) of this section; 1317

(2) That the individual's continued practice presents a 1318  
danger of immediate and serious harm to the public. 1319

Written allegations shall be prepared for consideration by 1320  
the board. The board, upon review of those allegations and by an 1321  
affirmative vote of not fewer than six of its members, excluding 1322  
the secretary and supervising member, may suspend a license or 1323  
certificate without a prior hearing. A telephone conference call 1324  
may be utilized for reviewing the allegations and taking the 1325  
vote on the summary suspension. 1326

The board shall issue a written order of suspension by 1327  
certified mail or in person in accordance with section 119.07 of 1328  
the Revised Code. The order shall not be subject to suspension 1329  
by the court during pendency of any appeal filed under section 1330  
119.12 of the Revised Code. If the individual subject to the 1331  
summary suspension requests an adjudicatory hearing by the 1332  
board, the date set for the hearing shall be within fifteen 1333  
days, but not earlier than seven days, after the individual 1334  
requests the hearing, unless otherwise agreed to by both the 1335  
board and the individual. 1336

Any summary suspension imposed under this division shall 1337  
remain in effect, unless reversed on appeal, until a final 1338  
adjudicative order issued by the board pursuant to this section 1339  
and Chapter 119. of the Revised Code becomes effective. The 1340  
board shall issue its final adjudicative order within seventy- 1341  
five days after completion of its hearing. A failure to issue 1342  
the order within seventy-five days shall result in dissolution 1343  
of the summary suspension order but shall not invalidate any 1344  
subsequent, final adjudicative order. 1345

(H) If the board takes action under division (B) (9), (11), 1346  
or (13) of this section and the judicial finding of guilt, 1347  
guilty plea, or judicial finding of eligibility for intervention 1348  
in lieu of conviction is overturned on appeal, upon exhaustion 1349  
of the criminal appeal, a petition for reconsideration of the 1350  
order may be filed with the board along with appropriate court 1351  
documents. Upon receipt of a petition of that nature and 1352  
supporting court documents, the board shall reinstate the 1353  
individual's license or certificate to practice. The board may 1354  
then hold an adjudication under Chapter 119. of the Revised Code 1355  
to determine whether the individual committed the act in 1356  
question. Notice of an opportunity for a hearing shall be given 1357  
in accordance with Chapter 119. of the Revised Code. If the 1358  
board finds, pursuant to an adjudication held under this 1359  
division, that the individual committed the act or if no hearing 1360  
is requested, the board may order any of the sanctions 1361  
identified under division (B) of this section. 1362

(I) The license or certificate to practice issued to an 1363  
individual under this chapter and the individual's practice in 1364  
this state are automatically suspended as of the date of the 1365  
individual's second or subsequent plea of guilty to, or judicial 1366  
finding of guilt of, a violation of section 2919.123 of the 1367

Revised Code. In addition, the license or certificate to 1368  
practice or certificate to recommend issued to an individual 1369  
under this chapter and the individual's practice in this state 1370  
are automatically suspended as of the date the individual pleads 1371  
guilty to, is found by a judge or jury to be guilty of, or is 1372  
subject to a judicial finding of eligibility for intervention in 1373  
lieu of conviction in this state or treatment or intervention in 1374  
lieu of conviction in another jurisdiction for any of the 1375  
following criminal offenses in this state or a substantially 1376  
equivalent criminal offense in another jurisdiction: aggravated 1377  
murder, murder, voluntary manslaughter, felonious assault, 1378  
kidnapping, rape, sexual battery, gross sexual imposition, 1379  
aggravated arson, aggravated robbery, or aggravated burglary. 1380  
Continued practice after suspension shall be considered 1381  
practicing without a license or certificate. 1382

The board shall notify the individual subject to the 1383  
suspension by certified mail or in person in accordance with 1384  
section 119.07 of the Revised Code. If an individual whose 1385  
license or certificate is automatically suspended under this 1386  
division fails to make a timely request for an adjudication 1387  
under Chapter 119. of the Revised Code, the board shall do 1388  
whichever of the following is applicable: 1389

(1) If the automatic suspension under this division is for 1390  
a second or subsequent plea of guilty to, or judicial finding of 1391  
guilt of, a violation of section 2919.123 of the Revised Code, 1392  
the board shall enter an order suspending the individual's 1393  
license or certificate to practice for a period of at least one 1394  
year or, if determined appropriate by the board, imposing a more 1395  
serious sanction involving the individual's license or 1396  
certificate to practice. 1397



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

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

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

(L) When the board refuses to grant or issue a license or certificate to practice to an applicant, revokes an individual's license or certificate to practice, refuses to renew an individual's license or certificate to practice, or refuses to reinstate an individual's license or certificate to practice, the board may specify that its action is permanent. An individual subject to a permanent action taken by the board is forever thereafter ineligible to hold a license or certificate to practice and the board shall not accept an application for

reinstatement of the license or certificate or for issuance of a new license or certificate. 1428  
1429

(M) Notwithstanding any other provision of the Revised Code, all of the following apply: 1430  
1431

(1) The surrender of a license or certificate issued under this chapter shall not be effective unless or until accepted by the board. A telephone conference call may be utilized for acceptance of the surrender of an individual's license or certificate to practice. The telephone conference call shall be considered a special meeting under division (F) of section 121.22 of the Revised Code. Reinstatement of a license or certificate surrendered to the board requires an affirmative vote of not fewer than six members of the board. 1432  
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(2) An application for a license or certificate made under the provisions of this chapter may not be withdrawn without approval of the board. 1441  
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(3) Failure by an individual to renew a license or certificate to practice in accordance with this chapter or a certificate to recommend in accordance with rules adopted under section 4731.301 of the Revised Code shall not remove or limit the board's jurisdiction to take any disciplinary action under this section against the individual. 1444  
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(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. 1450  
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(N) Sanctions shall not be imposed under division (B) (28) of this section against any person who waives deductibles and copayments as follows: 1454  
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(1) In compliance with the health benefit plan that 1457  
expressly allows such a practice. Waiver of the deductibles or 1458  
copayments shall be made only with the full knowledge and 1459  
consent of the plan purchaser, payer, and third-party 1460  
administrator. Documentation of the consent shall be made 1461  
available to the board upon request. 1462

(2) For professional services rendered to any other person 1463  
authorized to practice pursuant to this chapter, to the extent 1464  
allowed by this chapter and rules adopted by the board. 1465

(0) Under the board's investigative duties described in 1466  
this section and subject to division (F) of this section, the 1467  
board shall develop and implement a quality intervention program 1468  
designed to improve through remedial education the clinical and 1469  
communication skills of individuals authorized under this 1470  
chapter to practice medicine and surgery, osteopathic medicine 1471  
and surgery, and podiatric medicine and surgery. In developing 1472  
and implementing the quality intervention program, the board may 1473  
do all of the following: 1474

(1) Offer in appropriate cases as determined by the board 1475  
an educational and assessment program pursuant to an 1476  
investigation the board conducts under this section; 1477

(2) Select providers of educational and assessment 1478  
services, including a quality intervention program panel of case 1479  
reviewers; 1480

(3) Make referrals to educational and assessment service 1481  
providers and approve individual educational programs 1482  
recommended by those providers. The board shall monitor the 1483  
progress of each individual undertaking a recommended individual 1484  
educational program. 1485

(4) Determine what constitutes successful completion of an 1486  
individual educational program and require further monitoring of 1487  
the individual who completed the program or other action that 1488  
the board determines to be appropriate; 1489

(5) Adopt rules in accordance with Chapter 119. of the 1490  
Revised Code to further implement the quality intervention 1491  
program. 1492

An individual who participates in an individual 1493  
educational program pursuant to this division shall pay the 1494  
financial obligations arising from that educational program. 1495

**Section 2.** That existing sections 2317.56, 2919.171, 1496  
2919.19, 2919.191, 2919.192, 2919.193, and 4731.22 of the 1497  
Revised Code are hereby repealed. 1498

**Section 3.** If any provisions of a section as amended or 1499  
enacted by this act, or the application thereof to any person or 1500  
circumstance is held invalid, the invalidity does not affect 1501  
other provisions or applications of the section or related 1502  
sections which can be given effect without the invalid provision 1503  
or application, and to this end the provisions are severable. 1504

**Section 4.** Section 4731.22 of the Revised Code is 1505  
presented in this act as a composite of the section as amended 1506  
by both Am. Sub. H.B. 111 and Sub. H.B. 156 of the 132nd General 1507  
Assembly. The General Assembly, applying the principle stated in 1508  
division (B) of section 1.52 of the Revised Code that amendments 1509  
are to be harmonized if reasonably capable of simultaneous 1510  
operation, finds that the composite is the resulting version of 1511  
the section in effect prior to the effective date of the section 1512  
as presented in this act. 1513