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**129th General Assembly**

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**Sub. H. B. No. 303**

**Representative Schuring**

**Cosponsors: Representatives Carney, Gonzales, Fende, Antonio, Barnes,  
Garland, Hackett, Yuko, Adams, R., Anielski, Bubp, Celeste, Damschroder,  
Gardner, Grossman, Hagan, R., Heard, Hill, Hottinger, Johnson, Letson,  
Lynch, Mallory, McClain, Milkovich, Newbold, O'Brien, Okey, Pillich, Ramos,  
Reece, Sears, Stebelton, Stinziano, Wachtmann Speaker Batchelder  
Senators Beagle, Hughes, Lehner, Manning, Oelslager, Widener**

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**A B I L L**

To amend sections 109.57, 1337.11, 2133.01, 2305.113,	1
2305.234, 2317.54, 2711.22, 3701.881, 3701.92,	2
3701.923, 3701.924, 3701.925, 3701.926, 3701.927,	3
3701.928, 3701.929, 3712.01, 3712.03, 3712.09,	4
3712.99, 3721.01, 3793.11, 3795.01, 3963.01,	5
4503.44, 4719.01, 4723.01, 4723.03, 4723.06,	6
4723.063, 4723.07, 4723.08, 4723.09, 4723.17,	7
4723.171, 4723.24, 4723.271, 4723.28, 4723.32,	8
4723.34, 4723.35, 4723.41, 4723.42, 4723.43,	9
4723.431, 4723.44, 4723.48, 4723.482, 4723.485,	10
4723.487, 4723.50, 4723.61, 4723.64, 4723.65,	11
4723.651, 4723.652, 4723.66, 4723.67, 4723.68,	12
4723.69, 4723.71, 4723.72, 4723.73, 4723.74,	13
4723.75, 4723.751, 4723.76, 4723.77, 4723.79,	14
4723.83, 4723.84, 4723.87, 4723.88, 4723.99,	15
4752.02, 4759.01, 4759.03, 4759.05, 4759.06,	16
4759.10, 5111.222, 5111.231, 5111.24, 5111.242,	17
5111.246, 5111.25, 5111.88, 5111.981, 5119.22, and	18

5120.55; to amend, for the purpose of adopting new 19  
section numbers as indicated in parentheses, 20  
sections 4723.17 (4723.18) and 4723.171 21  
(4723.181); to enact new section 4723.17 and 22  
sections 3712.031, 3712.041, 3712.051, 3712.061, 23  
4723.091, 4723.092, 4723.19, 4723.653, and 24  
5111.982; to repeal sections 4723.483, 4723.62, 25  
4723.621, 4723.63, and 4723.78 of the Revised 26  
Code; and to amend Section 3.19 of Am. Sub. H.B. 27  
95 of the 125th General Assembly to revise the 28  
laws administered by the Board of Nursing and the 29  
professionals regulated by the Board; to update 30  
statutory references to professional organizations 31  
of dietitians; to extend qualified immunity from 32  
civil liability for volunteer services provided by 33  
certain behavioral health professionals; to modify 34  
the requirements for licensure of methadone 35  
treatment programs; to make changes in the laws 36  
governing certain Medicaid payments for nursing 37  
facility services; to authorize certain 38  
assessments of persons with intellectual 39  
disabilities residing in intermediate care 40  
facilities; to enact "Sarah's Law" regarding the 41  
licensure of pediatric respite care programs, to 42  
amend the version of section 109.57 of the Revised 43  
Code that is scheduled to take effect on January 44  
1, 2014, to continue amendments made by this act 45  
to that section; and to declare an emergency. 46

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

**Section 1.** That sections 109.57, 1337.11, 2133.01, 2305.113, 47  
2305.234, 2317.54, 2711.22, 3701.881, 3701.92, 3701.923, 3701.924, 48

3701.925, 3701.926, 3701.927, 3701.928, 3701.929, 3712.01, 49  
3712.03, 3712.09, 3712.99, 3721.01, 3793.11, 3795.01, 3963.01, 50  
4503.44, 4719.01, 4723.01, 4723.03, 4723.06, 4723.063, 4723.07, 51  
4723.08, 4723.09, 4723.17, 4723.171, 4723.24, 4723.271, 4723.28, 52  
4723.32, 4723.34, 4723.35, 4723.41, 4723.42, 4723.43, 4723.431, 53  
4723.44, 4723.48, 4723.482, 4723.485, 4723.487, 4723.50, 4723.61, 54  
4723.64, 4723.65, 4723.651, 4723.652, 4723.66, 4723.67, 4723.68, 55  
4723.69, 4723.71, 4723.72, 4723.73, 4723.74, 4723.75, 4723.751, 56  
4723.76, 4723.77, 4723.79, 4723.83, 4723.84, 4723.87, 4723.88, 57  
4723.99, 4752.02, 4759.01, 4759.03, 4759.05, 4759.06, 4759.10, 58  
5111.222, 5111.231, 5111.24, 5111.242, 5111.246, 5111.25, 5111.88, 59  
5111.981, 5119.22, and 5120.55 be amended; sections 4723.17 60  
(4723.18) and 4723.171 (4723.181) be amended for the purpose of 61  
adopting new section numbers as indicated in parentheses; and new 62  
section 4723.17 and sections 3712.031, 3712.041, 3712.051, 63  
3712.061, 4723.091, 4723.092, 4723.19, 4723.653, and 5111.982 of 64  
the Revised Code be enacted to read as follows: 65

**Sec. 109.57.** (A)(1) The superintendent of the bureau of 66  
criminal identification and investigation shall procure from 67  
wherever procurable and file for record photographs, pictures, 68  
descriptions, fingerprints, measurements, and other information 69  
that may be pertinent of all persons who have been convicted of 70  
committing within this state a felony, any crime constituting a 71  
misdemeanor on the first offense and a felony on subsequent 72  
offenses, or any misdemeanor described in division (A)(1)(a), 73  
(A)(5)(a), or (A)(7)(a) of section 109.572 of the Revised Code, of 74  
all children under eighteen years of age who have been adjudicated 75  
delinquent children for committing within this state an act that 76  
would be a felony or an offense of violence if committed by an 77  
adult or who have been convicted of or pleaded guilty to 78  
committing within this state a felony or an offense of violence, 79  
and of all well-known and habitual criminals. The person in charge 80

of any county, multicounty, municipal, municipal-county, or 81  
multicounty-municipal jail or workhouse, community-based 82  
correctional facility, halfway house, alternative residential 83  
facility, or state correctional institution and the person in 84  
charge of any state institution having custody of a person 85  
suspected of having committed a felony, any crime constituting a 86  
misdemeanor on the first offense and a felony on subsequent 87  
offenses, or any misdemeanor described in division (A)(1)(a), 88  
(A)(5)(a), or (A)(7)(a) of section 109.572 of the Revised Code or 89  
having custody of a child under eighteen years of age with respect 90  
to whom there is probable cause to believe that the child may have 91  
committed an act that would be a felony or an offense of violence 92  
if committed by an adult shall furnish such material to the 93  
superintendent of the bureau. Fingerprints, photographs, or other 94  
descriptive information of a child who is under eighteen years of 95  
age, has not been arrested or otherwise taken into custody for 96  
committing an act that would be a felony or an offense of violence 97  
who is not in any other category of child specified in this 98  
division, if committed by an adult, has not been adjudicated a 99  
delinquent child for committing an act that would be a felony or 100  
an offense of violence if committed by an adult, has not been 101  
convicted of or pleaded guilty to committing a felony or an 102  
offense of violence, and is not a child with respect to whom there 103  
is probable cause to believe that the child may have committed an 104  
act that would be a felony or an offense of violence if committed 105  
by an adult shall not be procured by the superintendent or 106  
furnished by any person in charge of any county, multicounty, 107  
municipal, municipal-county, or multicounty-municipal jail or 108  
workhouse, community-based correctional facility, halfway house, 109  
alternative residential facility, or state correctional 110  
institution, except as authorized in section 2151.313 of the 111  
Revised Code. 112

(2) Every clerk of a court of record in this state, other 113

than the supreme court or a court of appeals, shall send to the 114  
superintendent of the bureau a weekly report containing a summary 115  
of each case involving a felony, involving any crime constituting 116  
a misdemeanor on the first offense and a felony on subsequent 117  
offenses, involving a misdemeanor described in division (A)(1)(a), 118  
(A)(5)(a), or (A)(7)(a) of section 109.572 of the Revised Code, or 119  
involving an adjudication in a case in which a child under 120  
eighteen years of age was alleged to be a delinquent child for 121  
committing an act that would be a felony or an offense of violence 122  
if committed by an adult. The clerk of the court of common pleas 123  
shall include in the report and summary the clerk sends under this 124  
division all information described in divisions (A)(2)(a) to (f) 125  
of this section regarding a case before the court of appeals that 126  
is served by that clerk. The summary shall be written on the 127  
standard forms furnished by the superintendent pursuant to 128  
division (B) of this section and shall include the following 129  
information: 130

(a) The incident tracking number contained on the standard 131  
forms furnished by the superintendent pursuant to division (B) of 132  
this section; 133

(b) The style and number of the case; 134

(c) The date of arrest, offense, summons, or arraignment; 135

(d) The date that the person was convicted of or pleaded 136  
guilty to the offense, adjudicated a delinquent child for 137  
committing the act that would be a felony or an offense of 138  
violence if committed by an adult, found not guilty of the 139  
offense, or found not to be a delinquent child for committing an 140  
act that would be a felony or an offense of violence if committed 141  
by an adult, the date of an entry dismissing the charge, an entry 142  
declaring a mistrial of the offense in which the person is 143  
discharged, an entry finding that the person or child is not 144  
competent to stand trial, or an entry of a nolle prosequi, or the 145

date of any other determination that constitutes final resolution 146  
of the case; 147

(e) A statement of the original charge with the section of 148  
the Revised Code that was alleged to be violated; 149

(f) If the person or child was convicted, pleaded guilty, or 150  
was adjudicated a delinquent child, the sentence or terms of 151  
probation imposed or any other disposition of the offender or the 152  
delinquent child. 153

If the offense involved the disarming of a law enforcement 154  
officer or an attempt to disarm a law enforcement officer, the 155  
clerk shall clearly state that fact in the summary, and the 156  
superintendent shall ensure that a clear statement of that fact is 157  
placed in the bureau's records. 158

(3) The superintendent shall cooperate with and assist 159  
sheriffs, chiefs of police, and other law enforcement officers in 160  
the establishment of a complete system of criminal identification 161  
and in obtaining fingerprints and other means of identification of 162  
all persons arrested on a charge of a felony, any crime 163  
constituting a misdemeanor on the first offense and a felony on 164  
subsequent offenses, or a misdemeanor described in division 165  
(A)(1)(a), (A)(5)(a), or (A)(7)(a) of section 109.572 of the 166  
Revised Code and of all children under eighteen years of age 167  
arrested or otherwise taken into custody for committing an act 168  
that would be a felony or an offense of violence if committed by 169  
an adult. The superintendent also shall file for record the 170  
fingerprint impressions of all persons confined in a county, 171  
multicounty, municipal, municipal-county, or multicounty-municipal 172  
jail or workhouse, community-based correctional facility, halfway 173  
house, alternative residential facility, or state correctional 174  
institution for the violation of state laws and of all children 175  
under eighteen years of age who are confined in a county, 176  
multicounty, municipal, municipal-county, or multicounty-municipal 177

jail or workhouse, community-based correctional facility, halfway 178  
house, alternative residential facility, or state correctional 179  
institution or in any facility for delinquent children for 180  
committing an act that would be a felony or an offense of violence 181  
if committed by an adult, and any other information that the 182  
superintendent may receive from law enforcement officials of the 183  
state and its political subdivisions. 184

(4) The superintendent shall carry out Chapter 2950. of the 185  
Revised Code with respect to the registration of persons who are 186  
convicted of or plead guilty to a sexually oriented offense or a 187  
child-victim oriented offense and with respect to all other duties 188  
imposed on the bureau under that chapter. 189

(5) The bureau shall perform centralized recordkeeping 190  
functions for criminal history records and services in this state 191  
for purposes of the national crime prevention and privacy compact 192  
set forth in section 109.571 of the Revised Code and is the 193  
criminal history record repository as defined in that section for 194  
purposes of that compact. The superintendent or the 195  
superintendent's designee is the compact officer for purposes of 196  
that compact and shall carry out the responsibilities of the 197  
compact officer specified in that compact. 198

(B) The superintendent shall prepare and furnish to every 199  
county, multicounty, municipal, municipal-county, or 200  
multicounty-municipal jail or workhouse, community-based 201  
correctional facility, halfway house, alternative residential 202  
facility, or state correctional institution and to every clerk of 203  
a court in this state specified in division (A)(2) of this section 204  
standard forms for reporting the information required under 205  
division (A) of this section. The standard forms that the 206  
superintendent prepares pursuant to this division may be in a 207  
tangible format, in an electronic format, or in both tangible 208  
formats and electronic formats. 209

(C)(1) The superintendent may operate a center for 210  
electronic, automated, or other data processing for the storage 211  
and retrieval of information, data, and statistics pertaining to 212  
criminals and to children under eighteen years of age who are 213  
adjudicated delinquent children for committing an act that would 214  
be a felony or an offense of violence if committed by an adult, 215  
criminal activity, crime prevention, law enforcement, and criminal 216  
justice, and may establish and operate a statewide communications 217  
network to be known as the Ohio law enforcement gateway to gather 218  
and disseminate information, data, and statistics for the use of 219  
law enforcement agencies and for other uses specified in this 220  
division. The superintendent may gather, store, retrieve, and 221  
disseminate information, data, and statistics that pertain to 222  
children who are under eighteen years of age and that are gathered 223  
pursuant to sections 109.57 to 109.61 of the Revised Code together 224  
with information, data, and statistics that pertain to adults and 225  
that are gathered pursuant to those sections. 226

(2) The superintendent or the superintendent's designee shall 227  
gather information of the nature described in division (C)(1) of 228  
this section that pertains to the offense and delinquency history 229  
of a person who has been convicted of, pleaded guilty to, or been 230  
adjudicated a delinquent child for committing a sexually oriented 231  
offense or a child-victim oriented offense for inclusion in the 232  
state registry of sex offenders and child-victim offenders 233  
maintained pursuant to division (A)(1) of section 2950.13 of the 234  
Revised Code and in the internet database operated pursuant to 235  
division (A)(13) of that section and for possible inclusion in the 236  
internet database operated pursuant to division (A)(11) of that 237  
section. 238

(3) In addition to any other authorized use of information, 239  
data, and statistics of the nature described in division (C)(1) of 240  
this section, the superintendent or the superintendent's designee 241

may provide and exchange the information, data, and statistics 242  
pursuant to the national crime prevention and privacy compact as 243  
described in division (A)(5) of this section. 244

(4) The attorney general may adopt rules under Chapter 119. 245  
of the Revised Code establishing guidelines for the operation of 246  
and participation in the Ohio law enforcement gateway. The rules 247  
may include criteria for granting and restricting access to 248  
information gathered and disseminated through the Ohio law 249  
enforcement gateway. The attorney general shall permit the state 250  
medical board and board of nursing to access and view, but not 251  
alter, information gathered and disseminated through the Ohio law 252  
enforcement gateway. 253

The attorney general may appoint a steering committee to 254  
advise the attorney general in the operation of the Ohio law 255  
enforcement gateway that is comprised of persons who are 256  
representatives of the criminal justice agencies in this state 257  
that use the Ohio law enforcement gateway and is chaired by the 258  
superintendent or the superintendent's designee. 259

(D)(1) The following are not public records under section 260  
149.43 of the Revised Code: 261

(a) Information and materials furnished to the superintendent 262  
pursuant to division (A) of this section; 263

(b) Information, data, and statistics gathered or 264  
disseminated through the Ohio law enforcement gateway pursuant to 265  
division (C)(1) of this section; 266

(c) Information and materials furnished to any board or 267  
person under division (F) or (G) of this section. 268

(2) The superintendent or the superintendent's designee shall 269  
gather and retain information so furnished under division (A) of 270  
this section that pertains to the offense and delinquency history 271  
of a person who has been convicted of, pleaded guilty to, or been 272

adjudicated a delinquent child for committing a sexually oriented 273  
offense or a child-victim oriented offense for the purposes 274  
described in division (C)(2) of this section. 275

(E)(1) The attorney general shall adopt rules, in accordance 276  
with Chapter 119. of the Revised Code and subject to division 277  
(E)(2) of this section, setting forth the procedure by which a 278  
person may receive or release information gathered by the 279  
superintendent pursuant to division (A) of this section. A 280  
reasonable fee may be charged for this service. If a temporary 281  
employment service submits a request for a determination of 282  
whether a person the service plans to refer to an employment 283  
position has been convicted of or pleaded guilty to an offense 284  
listed or described in division (A)(1), (2), or (3) of section 285  
109.572 of the Revised Code, the request shall be treated as a 286  
single request and only one fee shall be charged. 287

(2) Except as otherwise provided in this division, a rule 288  
adopted under division (E)(1) of this section may provide only for 289  
the release of information gathered pursuant to division (A) of 290  
this section that relates to the conviction of a person, or a 291  
person's plea of guilty to, a criminal offense. The superintendent 292  
shall not release, and the attorney general shall not adopt any 293  
rule under division (E)(1) of this section that permits the 294  
release of, any information gathered pursuant to division (A) of 295  
this section that relates to an adjudication of a child as a 296  
delinquent child, or that relates to a criminal conviction of a 297  
person under eighteen years of age if the person's case was 298  
transferred back to a juvenile court under division (B)(2) or (3) 299  
of section 2152.121 of the Revised Code and the juvenile court 300  
imposed a disposition or serious youthful offender disposition 301  
upon the person under either division, unless either of the 302  
following applies with respect to the adjudication or conviction: 303

(a) The adjudication or conviction was for a violation of 304

section 2903.01 or 2903.02 of the Revised Code. 305

(b) The adjudication or conviction was for a sexually 306  
oriented offense, the juvenile court was required to classify the 307  
child a juvenile offender registrant for that offense under 308  
section 2152.82, 2152.83, or 2152.86 of the Revised Code, and that 309  
classification has not been removed. 310

(F)(1) As used in division (F)(2) of this section, "head 311  
start agency" means an entity in this state that has been approved 312  
to be an agency for purposes of subchapter II of the "Community 313  
Economic Development Act," 95 Stat. 489 (1981), 42 U.S.C.A. 9831, 314  
as amended. 315

(2)(a) In addition to or in conjunction with any request that 316  
is required to be made under section 109.572, 2151.86, 3301.32, 317  
3301.541, division (C) of section 3310.58, or section 3319.39, 318  
3319.391, 3327.10, 3701.881, 5104.012, 5104.013, 5123.081, or 319  
5153.111 of the Revised Code or that is made under section 320  
3314.41, 3319.392, 3326.25, or 3328.20 of the Revised Code, the 321  
board of education of any school district; the director of 322  
developmental disabilities; any county board of developmental 323  
disabilities; any provider or subcontractor as defined in section 324  
5123.081 of the Revised Code; the chief administrator of any 325  
chartered nonpublic school; the chief administrator of a 326  
registered private provider that is not also a chartered nonpublic 327  
school; the chief administrator of any home health agency; the 328  
chief administrator of or person operating any child day-care 329  
center, type A family day-care home, or type B family day-care 330  
home licensed or certified under Chapter 5104. of the Revised 331  
Code; the administrator of any type C family day-care home 332  
certified pursuant to Section 1 of Sub. H.B. 62 of the 121st 333  
general assembly or Section 5 of Am. Sub. S.B. 160 of the 121st 334  
general assembly; the chief administrator of any head start 335  
agency; the executive director of a public children services 336

agency; a private company described in section 3314.41, 3319.392, 3326.25, or 3328.20 of the Revised Code; or an employer described in division (J)(2) of section 3327.10 of the Revised Code may request that the superintendent of the bureau investigate and determine, with respect to any individual who has applied for employment in any position after October 2, 1989, or any individual wishing to apply for employment with a board of education may request, with regard to the individual, whether the bureau has any information gathered under division (A) of this section that pertains to that individual. On receipt of the request, subject to division (E)(2) of this section, the superintendent shall determine whether that information exists and, upon request of the person, board, or entity requesting information, also shall request from the federal bureau of investigation any criminal records it has pertaining to that individual. The superintendent or the superintendent's designee also may request criminal history records from other states or the federal government pursuant to the national crime prevention and privacy compact set forth in section 109.571 of the Revised Code. Within thirty days of the date that the superintendent receives a request, subject to division (E)(2) of this section, the superintendent shall send to the board, entity, or person a report of any information that the superintendent determines exists, including information contained in records that have been sealed under section 2953.32 of the Revised Code, and, within thirty days of its receipt, subject to division (E)(2) of this section, shall send the board, entity, or person a report of any information received from the federal bureau of investigation, other than information the dissemination of which is prohibited by federal law.

(b) When a board of education or a registered private provider is required to receive information under this section as a prerequisite to employment of an individual pursuant to division

(C) of section 3310.58 or section 3319.39 of the Revised Code, it 370  
may accept a certified copy of records that were issued by the 371  
bureau of criminal identification and investigation and that are 372  
presented by an individual applying for employment with the 373  
district in lieu of requesting that information itself. In such a 374  
case, the board shall accept the certified copy issued by the 375  
bureau in order to make a photocopy of it for that individual's 376  
employment application documents and shall return the certified 377  
copy to the individual. In a case of that nature, a district or 378  
provider only shall accept a certified copy of records of that 379  
nature within one year after the date of their issuance by the 380  
bureau. 381

(c) Notwithstanding division (F)(2)(a) of this section, in 382  
the case of a request under section 3319.39, 3319.391, or 3327.10 383  
of the Revised Code only for criminal records maintained by the 384  
federal bureau of investigation, the superintendent shall not 385  
determine whether any information gathered under division (A) of 386  
this section exists on the person for whom the request is made. 387

(3) The state board of education may request, with respect to 388  
any individual who has applied for employment after October 2, 389  
1989, in any position with the state board or the department of 390  
education, any information that a school district board of 391  
education is authorized to request under division (F)(2) of this 392  
section, and the superintendent of the bureau shall proceed as if 393  
the request has been received from a school district board of 394  
education under division (F)(2) of this section. 395

(4) When the superintendent of the bureau receives a request 396  
for information under section 3319.291 of the Revised Code, the 397  
superintendent shall proceed as if the request has been received 398  
from a school district board of education and shall comply with 399  
divisions (F)(2)(a) and (c) of this section. 400

(5) When a recipient of a classroom reading improvement grant 401

paid under section 3301.86 of the Revised Code requests, with 402  
respect to any individual who applies to participate in providing 403  
any program or service funded in whole or in part by the grant, 404  
the information that a school district board of education is 405  
authorized to request under division (F)(2)(a) of this section, 406  
the superintendent of the bureau shall proceed as if the request 407  
has been received from a school district board of education under 408  
division (F)(2)(a) of this section. 409

(G) In addition to or in conjunction with any request that is 410  
required to be made under section 3701.881, 3712.09, or 3721.121 411  
of the Revised Code with respect to an individual who has applied 412  
for employment in a position that involves providing direct care 413  
to an older adult or adult resident, the chief administrator of a 414  
home health agency, hospice care program, home licensed under 415  
Chapter 3721. of the Revised Code, or adult day-care program 416  
operated pursuant to rules adopted under section 3721.04 of the 417  
Revised Code may request that the superintendent of the bureau 418  
investigate and determine, with respect to any individual who has 419  
applied after January 27, 1997, for employment in a position that 420  
does not involve providing direct care to an older adult or adult 421  
resident, whether the bureau has any information gathered under 422  
division (A) of this section that pertains to that individual. 423

In addition to or in conjunction with any request that is 424  
required to be made under section 173.27 of the Revised Code with 425  
respect to an individual who has applied for employment in a 426  
position that involves providing ombudsperson services to 427  
residents of long-term care facilities or recipients of 428  
community-based long-term care services, the state long-term care 429  
ombudsperson, ombudsperson's designee, or director of health may 430  
request that the superintendent investigate and determine, with 431  
respect to any individual who has applied for employment in a 432  
position that does not involve providing such ombudsperson 433

services, whether the bureau has any information gathered under 434  
division (A) of this section that pertains to that applicant. 435

In addition to or in conjunction with any request that is 436  
required to be made under section 173.394 of the Revised Code with 437  
respect to an individual who has applied for employment in a 438  
position that involves providing direct care to an individual, the 439  
chief administrator of a community-based long-term care agency may 440  
request that the superintendent investigate and determine, with 441  
respect to any individual who has applied for employment in a 442  
position that does not involve providing direct care, whether the 443  
bureau has any information gathered under division (A) of this 444  
section that pertains to that applicant. 445

In addition to or in conjunction with any request that is 446  
required to be made under section 3712.09 of the Revised Code with 447  
respect to an individual who has applied for employment in a 448  
position that involves providing direct care to a pediatric 449  
respite care patient, the chief administrator of a pediatric 450  
respite care program may request that the superintendent of the 451  
bureau investigate and determine, with respect to any individual 452  
who has applied for employment in a position that does not involve 453  
providing direct care to a pediatric respite care patient, whether 454  
the bureau has any information gathered under division (A) of this 455  
section that pertains to that individual. 456

On receipt of a request under this division, the 457  
superintendent shall determine whether that information exists 458  
and, on request of the individual requesting information, shall 459  
also request from the federal bureau of investigation any criminal 460  
records it has pertaining to the applicant. The superintendent or 461  
the superintendent's designee also may request criminal history 462  
records from other states or the federal government pursuant to 463  
the national crime prevention and privacy compact set forth in 464  
section 109.571 of the Revised Code. Within thirty days of the 465

date a request is received, subject to division (E)(2) of this 466  
section, the superintendent shall send to the requester a report 467  
of any information determined to exist, including information 468  
contained in records that have been sealed under section 2953.32 469  
of the Revised Code, and, within thirty days of its receipt, shall 470  
send the requester a report of any information received from the 471  
federal bureau of investigation, other than information the 472  
dissemination of which is prohibited by federal law. 473

(H) Information obtained by a government entity or person 474  
under this section is confidential and shall not be released or 475  
disseminated. 476

(I) The superintendent may charge a reasonable fee for 477  
providing information or criminal records under division (F)(2) or 478  
(G) of this section. 479

(J) As used in this section: 480

(1) "Pediatric respite care program" and "pediatric respite 481  
care patient" have the same meanings as in section 3712.01 of the 482  
Revised Code. 483

(2) "Sexually oriented offense" and "child-victim oriented 484  
offense" have the same meanings as in section 2950.01 of the 485  
Revised Code. 486

~~(2)~~(3) "Registered private provider" means a nonpublic school 487  
or entity registered with the superintendent of public instruction 488  
under section 3310.41 of the Revised Code to participate in the 489  
autism scholarship program or section 3310.58 of the Revised Code 490  
to participate in the Jon Peterson special needs scholarship 491  
program. 492

**Sec. 1337.11.** As used in sections 1337.11 to 1337.17 of the 493  
Revised Code: 494

(A) "Adult" means a person who is eighteen years of age or 495

older. 496

(B) "Attending physician" means the physician to whom a 497  
principal or the family of a principal has assigned primary 498  
responsibility for the treatment or care of the principal or, if 499  
the responsibility has not been assigned, the physician who has 500  
accepted that responsibility. 501

(C) "Comfort care" means any of the following: 502

(1) Nutrition when administered to diminish the pain or 503  
discomfort of a principal, but not to postpone death; 504

(2) Hydration when administered to diminish the pain or 505  
discomfort of a principal, but not to postpone death; 506

(3) Any other medical or nursing procedure, treatment, 507  
intervention, or other measure that is taken to diminish the pain 508  
or discomfort of a principal, but not to postpone death. 509

(D) "Consulting physician" means a physician who, in 510  
conjunction with the attending physician of a principal, makes one 511  
or more determinations that are required to be made by the 512  
attending physician, or to be made by the attending physician and 513  
one other physician, by an applicable provision of sections 514  
1337.11 to 1337.17 of the Revised Code, to a reasonable degree of 515  
medical certainty and in accordance with reasonable medical 516  
standards. 517

(E) "Declaration for mental health treatment" has the same 518  
meaning as in section 2135.01 of the Revised Code. 519

(F) "Guardian" means a person appointed by a probate court 520  
pursuant to Chapter 2111. of the Revised Code to have the care and 521  
management of the person of an incompetent. 522

(G) "Health care" means any care, treatment, service, or 523  
procedure to maintain, diagnose, or treat an individual's physical 524  
or mental condition or physical or mental health. 525

(H) "Health care decision" means informed consent, refusal to give informed consent, or withdrawal of informed consent to health care.	526 527 528
(I) "Health care facility" means any of the following:	529
(1) A hospital;	530
(2) A hospice care program, <u>pediatric respite care program</u> , or other institution that specializes in comfort care of patients in a terminal condition or in a permanently unconscious state;	531 532 533
(3) A nursing home;	534
(4) A home health agency;	535
(5) An intermediate care facility for the mentally retarded;	536
(6) A regulated community mental health organization.	537
(J) "Health care personnel" means physicians, nurses, physician assistants, emergency medical technicians-basic, emergency medical technicians-intermediate, emergency medical technicians-paramedic, medical technicians, dietitians, other authorized persons acting under the direction of an attending physician, and administrators of health care facilities.	538 539 540 541 542 543
(K) "Home health agency" has the same meaning as in section 3701.881 of the Revised Code.	544 545
(L) "Hospice care program" <del>has</del> and " <u>pediatric respite care program</u> " <u>have</u> the same <del>meaning</del> <u>meanings</u> as in section 3712.01 of the Revised Code.	546 547 548
(M) "Hospital" has the same meanings as in sections 3701.01, 3727.01, and 5122.01 of the Revised Code.	549 550
(N) "Hydration" means fluids that are artificially or technologically administered.	551 552
(O) "Incompetent" has the same meaning as in section 2111.01 of the Revised Code.	553 554

(P) "Intermediate care facility for the mentally retarded"	555
has the same meaning as in section 5111.20 of the Revised Code.	556
(Q) "Life-sustaining treatment" means any medical procedure,	557
treatment, intervention, or other measure that, when administered	558
to a principal, will serve principally to prolong the process of	559
dying.	560
(R) "Medical claim" has the same meaning as in section	561
2305.113 of the Revised Code.	562
(S) "Mental health treatment" has the same meaning as in	563
section 2135.01 of the Revised Code.	564
(T) "Nursing home" has the same meaning as in section 3721.01	565
of the Revised Code.	566
(U) "Nutrition" means sustenance that is artificially or	567
technologically administered.	568
(V) "Permanently unconscious state" means a state of	569
permanent unconsciousness in a principal that, to a reasonable	570
degree of medical certainty as determined in accordance with	571
reasonable medical standards by the principal's attending	572
physician and one other physician who has examined the principal,	573
is characterized by both of the following:	574
(1) Irreversible unawareness of one's being and environment.	575
(2) Total loss of cerebral cortical functioning, resulting in	576
the principal having no capacity to experience pain or suffering.	577
(W) "Person" has the same meaning as in section 1.59 of the	578
Revised Code and additionally includes political subdivisions and	579
governmental agencies, boards, commissions, departments,	580
institutions, offices, and other instrumentalities.	581
(X) "Physician" means a person who is authorized under	582
Chapter 4731. of the Revised Code to practice medicine and surgery	583
or osteopathic medicine and surgery.	584

(Y) "Political subdivision" and "state" have the same 585  
meanings as in section 2744.01 of the Revised Code. 586

(Z) "Professional disciplinary action" means action taken by 587  
the board or other entity that regulates the professional conduct 588  
of health care personnel, including the state medical board and 589  
the board of nursing. 590

(AA) "Regulated community mental health organization" means a 591  
residential facility as defined and licensed under section 5119.22 592  
of the Revised Code or a community mental health agency as defined 593  
in section 5122.01 of the Revised Code. 594

(BB) "Terminal condition" means an irreversible, incurable, 595  
and untreatable condition caused by disease, illness, or injury 596  
from which, to a reasonable degree of medical certainty as 597  
determined in accordance with reasonable medical standards by a 598  
principal's attending physician and one other physician who has 599  
examined the principal, both of the following apply: 600

(1) There can be no recovery. 601

(2) Death is likely to occur within a relatively short time 602  
if life-sustaining treatment is not administered. 603

(CC) "Tort action" means a civil action for damages for 604  
injury, death, or loss to person or property, other than a civil 605  
action for damages for a breach of contract or another agreement 606  
between persons. 607

**Sec. 2133.01.** Unless the context otherwise requires, as used 608  
in sections 2133.01 to 2133.15 of the Revised Code: 609

(A) "Adult" means an individual who is eighteen years of age 610  
or older. 611

(B) "Attending physician" means the physician to whom a 612  
declarant or other patient, or the family of a declarant or other 613  
patient, has assigned primary responsibility for the treatment or 614

care of the declarant or other patient, or, if the responsibility 615  
has not been assigned, the physician who has accepted that 616  
responsibility. 617

(C) "Comfort care" means any of the following: 618

(1) Nutrition when administered to diminish the pain or 619  
discomfort of a declarant or other patient, but not to postpone 620  
the declarant's or other patient's death; 621

(2) Hydration when administered to diminish the pain or 622  
discomfort of a declarant or other patient, but not to postpone 623  
the declarant's or other patient's death; 624

(3) Any other medical or nursing procedure, treatment, 625  
intervention, or other measure that is taken to diminish the pain 626  
or discomfort of a declarant or other patient, but not to postpone 627  
the declarant's or other patient's death. 628

(D) "Consulting physician" means a physician who, in 629  
conjunction with the attending physician of a declarant or other 630  
patient, makes one or more determinations that are required to be 631  
made by the attending physician, or to be made by the attending 632  
physician and one other physician, by an applicable provision of 633  
this chapter, to a reasonable degree of medical certainty and in 634  
accordance with reasonable medical standards. 635

(E) "Declarant" means any adult who has executed a 636  
declaration in accordance with section 2133.02 of the Revised 637  
Code. 638

(F) "Declaration" means a written document executed in 639  
accordance with section 2133.02 of the Revised Code. 640

(G) "Durable power of attorney for health care" means a 641  
document created pursuant to sections 1337.11 to 1337.17 of the 642  
Revised Code. 643

(H) "Guardian" means a person appointed by a probate court 644

pursuant to Chapter 2111. of the Revised Code to have the care and 645  
management of the person of an incompetent. 646

(I) "Health care facility" means any of the following: 647

(1) A hospital; 648

(2) A hospice care program, pediatric respite care program, 649  
or other institution that specializes in comfort care of patients 650  
in a terminal condition or in a permanently unconscious state; 651

(3) A nursing home or residential care facility, as defined 652  
in section 3721.01 of the Revised Code; 653

(4) A home health agency and any residential facility where a 654  
person is receiving care under the direction of a home health 655  
agency; 656

(5) An intermediate care facility for the mentally retarded. 657

(J) "Health care personnel" means physicians, nurses, 658  
physician assistants, emergency medical technicians-basic, 659  
emergency medical technicians-intermediate, emergency medical 660  
technicians-paramedic, medical technicians, dietitians, other 661  
authorized persons acting under the direction of an attending 662  
physician, and administrators of health care facilities. 663

(K) "Home health agency" has the same meaning as in section 664  
3701.881 of the Revised Code. 665

(L) "Hospice care program" ~~has~~ and "pediatric respite care 666  
program" have the same ~~meaning~~ meanings as in section 3712.01 of 667  
the Revised Code. 668

(M) "Hospital" has the same meanings as in sections 3701.01, 669  
3727.01, and 5122.01 of the Revised Code. 670

(N) "Hydration" means fluids that are artificially or 671  
technologically administered. 672

(O) "Incompetent" has the same meaning as in section 2111.01 673

of the Revised Code. 674

(P) "Intermediate care facility for the mentally retarded" 675  
has the same meaning as in section 5111.20 of the Revised Code. 676

(Q) "Life-sustaining treatment" means any medical procedure, 677  
treatment, intervention, or other measure that, when administered 678  
to a qualified patient or other patient, will serve principally to 679  
prolong the process of dying. 680

(R) "Nurse" means a person who is licensed to practice 681  
nursing as a registered nurse or to practice practical nursing as 682  
a licensed practical nurse pursuant to Chapter 4723. of the 683  
Revised Code. 684

(S) "Nursing home" has the same meaning as in section 3721.01 685  
of the Revised Code. 686

(T) "Nutrition" means sustenance that is artificially or 687  
technologically administered. 688

(U) "Permanently unconscious state" means a state of 689  
permanent unconsciousness in a declarant or other patient that, to 690  
a reasonable degree of medical certainty as determined in 691  
accordance with reasonable medical standards by the declarant's or 692  
other patient's attending physician and one other physician who 693  
has examined the declarant or other patient, is characterized by 694  
both of the following: 695

(1) Irreversible unawareness of one's being and environment. 696

(2) Total loss of cerebral cortical functioning, resulting in 697  
the declarant or other patient having no capacity to experience 698  
pain or suffering. 699

(V) "Person" has the same meaning as in section 1.59 of the 700  
Revised Code and additionally includes political subdivisions and 701  
governmental agencies, boards, commissions, departments, 702  
institutions, offices, and other instrumentalities. 703

(W) "Physician" means a person who is authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery.

(X) "Political subdivision" and "state" have the same meanings as in section 2744.01 of the Revised Code.

(Y) "Professional disciplinary action" means action taken by the board or other entity that regulates the professional conduct of health care personnel, including the state medical board and the board of nursing.

(Z) "Qualified patient" means an adult who has executed a declaration and has been determined to be in a terminal condition or in a permanently unconscious state.

(AA) "Terminal condition" means an irreversible, incurable, and untreatable condition caused by disease, illness, or injury from which, to a reasonable degree of medical certainty as determined in accordance with reasonable medical standards by a declarant's or other patient's attending physician and one other physician who has examined the declarant or other patient, both of the following apply:

(1) There can be no recovery.

(2) Death is likely to occur within a relatively short time if life-sustaining treatment is not administered.

(BB) "Tort action" means a civil action for damages for injury, death, or loss to person or property, other than a civil action for damages for breach of a contract or another agreement between persons.

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

(B)(1) If prior to the expiration of the one-year period 734  
specified in division (A) of this section, a claimant who 735  
allegedly possesses a medical, dental, optometric, or chiropractic 736  
claim gives to the person who is the subject of that claim written 737  
notice that the claimant is considering bringing an action upon 738  
that claim, that action may be commenced against the person 739  
notified at any time within one hundred eighty days after the 740  
notice is so given. 741

(2) An insurance company shall not consider the existence or 742  
nonexistence of a written notice described in division (B)(1) of 743  
this section in setting the liability insurance premium rates that 744  
the company may charge the company's insured person who is 745  
notified by that written notice. 746

(C) Except as to persons within the age of minority or of 747  
unsound mind as provided by section 2305.16 of the Revised Code, 748  
and except as provided in division (D) of this section, both of 749  
the following apply: 750

(1) No action upon a medical, dental, optometric, or 751  
chiropractic claim shall be commenced more than four years after 752  
the occurrence of the act or omission constituting the alleged 753  
basis of the medical, dental, optometric, or chiropractic claim. 754

(2) If an action upon a medical, dental, optometric, or 755  
chiropractic claim is not commenced within four years after the 756  
occurrence of the act or omission constituting the alleged basis 757  
of the medical, dental, optometric, or chiropractic claim, then, 758  
any action upon that claim is barred. 759

(D)(1) If a person making a medical claim, dental claim, 760  
optometric claim, or chiropractic claim, in the exercise of 761  
reasonable care and diligence, could not have discovered the 762  
injury resulting from the act or omission constituting the alleged 763  
basis of the claim within three years after the occurrence of the 764

act or omission, but, in the exercise of reasonable care and 765  
diligence, discovers the injury resulting from that act or 766  
omission before the expiration of the four-year period specified 767  
in division (C)(1) of this section, the person may commence an 768  
action upon the claim not later than one year after the person 769  
discovers the injury resulting from that act or omission. 770

(2) If the alleged basis of a medical claim, dental claim, 771  
optometric claim, or chiropractic claim is the occurrence of an 772  
act or omission that involves a foreign object that is left in the 773  
body of the person making the claim, the person may commence an 774  
action upon the claim not later than one year after the person 775  
discovered the foreign object or not later than one year after the 776  
person, with reasonable care and diligence, should have discovered 777  
the foreign object. 778

(3) A person who commences an action upon a medical claim, 779  
dental claim, optometric claim, or chiropractic claim under the 780  
circumstances described in division (D)(1) or (2) of this section 781  
has the affirmative burden of proving, by clear and convincing 782  
evidence, that the person, with reasonable care and diligence, 783  
could not have discovered the injury resulting from the act or 784  
omission constituting the alleged basis of the claim within the 785  
three-year period described in division (D)(1) of this section or 786  
within the one-year period described in division (D)(2) of this 787  
section, whichever is applicable. 788

(E) As used in this section: 789

(1) "Hospital" includes any person, corporation, association, 790  
board, or authority that is responsible for the operation of any 791  
hospital licensed or registered in the state, including, but not 792  
limited to, those that are owned or operated by the state, 793  
political subdivisions, any person, any corporation, or any 794  
combination of the state, political subdivisions, persons, and 795  
corporations. "Hospital" also includes any person, corporation, 796

association, board, entity, or authority that is responsible for 797  
the operation of any clinic that employs a full-time staff of 798  
physicians practicing in more than one recognized medical 799  
specialty and rendering advice, diagnosis, care, and treatment to 800  
individuals. "Hospital" does not include any hospital operated by 801  
the government of the United States or any of its branches. 802

(2) "Physician" means a person who is licensed to practice 803  
medicine and surgery or osteopathic medicine and surgery by the 804  
state medical board or a person who otherwise is authorized to 805  
practice medicine and surgery or osteopathic medicine and surgery 806  
in this state. 807

(3) "Medical claim" means any claim that is asserted in any 808  
civil action against a physician, podiatrist, hospital, home, or 809  
residential facility, against any employee or agent of a 810  
physician, podiatrist, hospital, home, or residential facility, or 811  
against a licensed practical nurse, registered nurse, advanced 812  
practice registered nurse, physical therapist, physician 813  
assistant, emergency medical technician-basic, emergency medical 814  
technician-intermediate, or emergency medical 815  
technician-paramedic, and that arises out of the medical 816  
diagnosis, care, or treatment of any person. "Medical claim" 817  
includes the following: 818

(a) Derivative claims for relief that arise from the medical 819  
diagnosis, care, or treatment of a person; 820

(b) Claims that arise out of the medical diagnosis, care, or 821  
treatment of any person and to which either of the following 822  
applies: 823

(i) The claim results from acts or omissions in providing 824  
medical care. 825

(ii) The claim results from the hiring, training, 826  
supervision, retention, or termination of caregivers providing 827

medical diagnosis, care, or treatment. 828

(c) Claims that arise out of the medical diagnosis, care, or 829  
treatment of any person and that are brought under section 3721.17 830  
of the Revised Code. 831

(4) "Podiatrist" means any person who is licensed to practice 832  
podiatric medicine and surgery by the state medical board. 833

(5) "Dentist" means any person who is licensed to practice 834  
dentistry by the state dental board. 835

(6) "Dental claim" means any claim that is asserted in any 836  
civil action against a dentist, or against any employee or agent 837  
of a dentist, and that arises out of a dental operation or the 838  
dental diagnosis, care, or treatment of any person. "Dental claim" 839  
includes derivative claims for relief that arise from a dental 840  
operation or the dental diagnosis, care, or treatment of a person. 841

(7) "Derivative claims for relief" include, but are not 842  
limited to, claims of a parent, guardian, custodian, or spouse of 843  
an individual who was the subject of any medical diagnosis, care, 844  
or treatment, dental diagnosis, care, or treatment, dental 845  
operation, optometric diagnosis, care, or treatment, or 846  
chiropractic diagnosis, care, or treatment, that arise from that 847  
diagnosis, care, treatment, or operation, and that seek the 848  
recovery of damages for any of the following: 849

(a) Loss of society, consortium, companionship, care, 850  
assistance, attention, protection, advice, guidance, counsel, 851  
instruction, training, or education, or any other intangible loss 852  
that was sustained by the parent, guardian, custodian, or spouse; 853

(b) Expenditures of the parent, guardian, custodian, or 854  
spouse for medical, dental, optometric, or chiropractic care or 855  
treatment, for rehabilitation services, or for other care, 856  
treatment, services, products, or accommodations provided to the 857  
individual who was the subject of the medical diagnosis, care, or 858

treatment, the dental diagnosis, care, or treatment, the dental 859  
operation, the optometric diagnosis, care, or treatment, or the 860  
chiropractic diagnosis, care, or treatment. 861

(8) "Registered nurse" means any person who is licensed to 862  
practice nursing as a registered nurse by the board of nursing. 863

(9) "Chiropractic claim" means any claim that is asserted in 864  
any civil action against a chiropractor, or against any employee 865  
or agent of a chiropractor, and that arises out of the 866  
chiropractic diagnosis, care, or treatment of any person. 867  
"Chiropractic claim" includes derivative claims for relief that 868  
arise from the chiropractic diagnosis, care, or treatment of a 869  
person. 870

(10) "Chiropractor" means any person who is licensed to 871  
practice chiropractic by the state chiropractic board. 872

(11) "Optometric claim" means any claim that is asserted in 873  
any civil action against an optometrist, or against any employee 874  
or agent of an optometrist, and that arises out of the optometric 875  
diagnosis, care, or treatment of any person. "Optometric claim" 876  
includes derivative claims for relief that arise from the 877  
optometric diagnosis, care, or treatment of a person. 878

(12) "Optometrist" means any person licensed to practice 879  
optometry by the state board of optometry. 880

(13) "Physical therapist" means any person who is licensed to 881  
practice physical therapy under Chapter 4755. of the Revised Code. 882

(14) "Home" has the same meaning as in section 3721.10 of the 883  
Revised Code. 884

(15) "Residential facility" means a facility licensed under 885  
section 5123.19 of the Revised Code. 886

(16) "Advanced practice registered nurse" means any certified 887  
nurse practitioner, clinical nurse specialist, certified 888

registered nurse anesthetist, or certified nurse-midwife who holds 889  
a certificate of authority issued by the board of nursing under 890  
Chapter 4723. of the Revised Code. 891

(17) "Licensed practical nurse" means any person who is 892  
licensed to practice nursing as a licensed practical nurse by the 893  
board of nursing pursuant to Chapter 4723. of the Revised Code. 894

(18) "Physician assistant" means any person who holds a valid 895  
certificate to practice issued pursuant to Chapter 4730. of the 896  
Revised Code. 897

(19) "Emergency medical technician-basic," "emergency medical 898  
technician-intermediate," and "emergency medical 899  
technician-paramedic" means any person who is certified under 900  
Chapter 4765. of the Revised Code as an emergency medical 901  
technician-basic, emergency medical technician-intermediate, or 902  
emergency medical technician-paramedic, whichever is applicable. 903

**Sec. 2305.234.** (A) As used in this section: 904

(1) "Chiropractic claim," "medical claim," and "optometric 905  
claim" have the same meanings as in section 2305.113 of the 906  
Revised Code. 907

(2) "Dental claim" has the same meaning as in section 908  
2305.113 of the Revised Code, except that it does not include any 909  
claim arising out of a dental operation or any derivative claim 910  
for relief that arises out of a dental operation. 911

(3) "Governmental health care program" has the same meaning 912  
as in section 4731.65 of the Revised Code. 913

(4) "Health care facility or location" means a hospital, 914  
clinic, ambulatory surgical facility, office of a health care 915  
professional or associated group of health care professionals, 916  
training institution for health care professionals, or any other 917  
place where medical, dental, or other health-related diagnosis, 918

care, or treatment is provided to a person.	919
(5) "Health care professional" means any of the following who	920
provide medical, dental, or other health-related diagnosis, care,	921
or treatment:	922
(a) Physicians authorized under Chapter 4731. of the Revised	923
Code to practice medicine and surgery or osteopathic medicine and	924
surgery;	925
(b) Registered nurses and licensed practical nurses licensed	926
under Chapter 4723. of the Revised Code and individuals who hold a	927
certificate of authority issued under that chapter that authorizes	928
the practice of nursing as a certified registered nurse	929
anesthetist, clinical nurse specialist, certified nurse-midwife,	930
or certified nurse practitioner;	931
(c) Physician assistants authorized to practice under Chapter	932
4730. of the Revised Code;	933
(d) Dentists and dental hygienists licensed under Chapter	934
4715. of the Revised Code;	935
(e) Physical therapists, physical therapist assistants,	936
occupational therapists, and occupational therapy assistants	937
licensed under Chapter 4755. of the Revised Code;	938
(f) Chiropractors licensed under Chapter 4734. of the Revised	939
Code;	940
(g) Optometrists licensed under Chapter 4725. of the Revised	941
Code;	942
(h) Podiatrists authorized under Chapter 4731. of the Revised	943
Code to practice podiatry;	944
(i) Dietitians licensed under Chapter 4759. of the Revised	945
Code;	946
(j) Pharmacists licensed under Chapter 4729. of the Revised	947
Code;	948

(k) Emergency medical technicians-basic, emergency medical technicians-intermediate, and emergency medical technicians-paramedic, certified under Chapter 4765. of the Revised Code;	949 950 951 952
(l) Respiratory care professionals licensed under Chapter 4761. of the Revised Code;	953 954
(m) Speech-language pathologists and audiologists licensed under Chapter 4753. of the Revised Code;	955 956
<u>(n) Professional clinical counselors, professional counselors, independent social workers, social workers, independent marriage and family therapists, and marriage and family therapists, licensed under Chapter 4757. of the Revised Code;</u>	957 958 959 960 961
<u>(o) Psychologists licensed under Chapter 4732. of the Revised Code;</u>	962 963
<u>(p) Independent chemical dependency counselors, chemical dependency counselors III, chemical dependency counselors II, and chemical dependency counselors I, licensed under Chapter 4758. of the Revised Code.</u>	964 965 966 967
(6) "Health care worker" means a person other than a health care professional who provides medical, dental, or other health-related care or treatment under the direction of a health care professional with the authority to direct that individual's activities, including medical technicians, medical assistants, dental assistants, orderlies, aides, and individuals acting in similar capacities.	968 969 970 971 972 973 974
(7) "Indigent and uninsured person" means a person who meets all of the following requirements:	975 976
(a) The person's income is not greater than two hundred per cent of the current poverty line as defined by the United States	977 978

office of management and budget and revised in accordance with	979
section 673(2) of the "Omnibus Budget Reconciliation Act of 1981,"	980
95 Stat. 511, 42 U.S.C. 9902, as amended.	981
(b) The person is not eligible to receive medical assistance	982
under Chapter 5111. of the Revised Code or assistance under any	983
other governmental health care program.	984
(c) Either of the following applies:	985
(i) The person is not a policyholder, certificate holder,	986
insured, contract holder, subscriber, enrollee, member,	987
beneficiary, or other covered individual under a health insurance	988
or health care policy, contract, or plan.	989
(ii) The person is a policyholder, certificate holder,	990
insured, contract holder, subscriber, enrollee, member,	991
beneficiary, or other covered individual under a health insurance	992
or health care policy, contract, or plan, but the insurer, policy,	993
contract, or plan denies coverage or is the subject of insolvency	994
or bankruptcy proceedings in any jurisdiction.	995
(8) "Nonprofit health care referral organization" means an	996
entity that is not operated for profit and refers patients to, or	997
arranges for the provision of, health-related diagnosis, care, or	998
treatment by a health care professional or health care worker.	999
(9) "Operation" means any procedure that involves cutting or	1000
otherwise infiltrating human tissue by mechanical means, including	1001
surgery, laser surgery, ionizing radiation, therapeutic	1002
ultrasound, or the removal of intraocular foreign bodies.	1003
"Operation" does not include the administration of medication by	1004
injection, unless the injection is administered in conjunction	1005
with a procedure infiltrating human tissue by mechanical means	1006
other than the administration of medicine by injection.	1007
"Operation" does not include routine dental restorative	1008
procedures, the scaling of teeth, or extractions of teeth that are	1009

not impacted. 1010

(10) "Tort action" means a civil action for damages for 1011  
injury, death, or loss to person or property other than a civil 1012  
action for damages for a breach of contract or another agreement 1013  
between persons or government entities. 1014

(11) "Volunteer" means an individual who provides any 1015  
medical, dental, or other health-care related diagnosis, care, or 1016  
treatment without the expectation of receiving and without receipt 1017  
of any compensation or other form of remuneration from an indigent 1018  
and uninsured person, another person on behalf of an indigent and 1019  
uninsured person, any health care facility or location, any 1020  
nonprofit health care referral organization, or any other person 1021  
or government entity. 1022

(12) "Community control sanction" has the same meaning as in 1023  
section 2929.01 of the Revised Code. 1024

(13) "Deep sedation" means a drug-induced depression of 1025  
consciousness during which a patient cannot be easily aroused but 1026  
responds purposefully following repeated or painful stimulation, a 1027  
patient's ability to independently maintain ventilatory function 1028  
may be impaired, a patient may require assistance in maintaining a 1029  
patent airway and spontaneous ventilation may be inadequate, and 1030  
cardiovascular function is usually maintained. 1031

(14) "General anesthesia" means a drug-induced loss of 1032  
consciousness during which a patient is not arousable, even by 1033  
painful stimulation, the ability to independently maintain 1034  
ventilatory function is often impaired, a patient often requires 1035  
assistance in maintaining a patent airway, positive pressure 1036  
ventilation may be required because of depressed spontaneous 1037  
ventilation or drug-induced depression of neuromuscular function, 1038  
and cardiovascular function may be impaired. 1039

(B)(1) Subject to divisions (F) and (G)(3) of this section, a 1040

health care professional who is a volunteer and complies with 1041  
division (B)(2) of this section is not liable in damages to any 1042  
person or government entity in a tort or other civil action, 1043  
including an action on a medical, dental, chiropractic, 1044  
optometric, or other health-related claim, for injury, death, or 1045  
loss to person or property that allegedly arises from an action or 1046  
omission of the volunteer in the provision to an indigent and 1047  
uninsured person of medical, dental, or other health-related 1048  
diagnosis, care, or treatment, including the provision of samples 1049  
of medicine and other medical products, unless the action or 1050  
omission constitutes willful or wanton misconduct. 1051

(2) To qualify for the immunity described in division (B)(1) 1052  
of this section, a health care professional shall do all of the 1053  
following prior to providing diagnosis, care, or treatment: 1054

(a) Determine, in good faith, that the indigent and uninsured 1055  
person is mentally capable of giving informed consent to the 1056  
provision of the diagnosis, care, or treatment and is not subject 1057  
to duress or under undue influence; 1058

(b) Inform the person of the provisions of this section, 1059  
including notifying the person that, by giving informed consent to 1060  
the provision of the diagnosis, care, or treatment, the person 1061  
cannot hold the health care professional liable for damages in a 1062  
tort or other civil action, including an action on a medical, 1063  
dental, chiropractic, optometric, or other health-related claim, 1064  
unless the action or omission of the health care professional 1065  
constitutes willful or wanton misconduct; 1066

(c) Obtain the informed consent of the person and a written 1067  
waiver, signed by the person or by another individual on behalf of 1068  
and in the presence of the person, that states that the person is 1069  
mentally competent to give informed consent and, without being 1070  
subject to duress or under undue influence, gives informed consent 1071  
to the provision of the diagnosis, care, or treatment subject to 1072

the provisions of this section. A written waiver under division 1073  
(B)(2)(c) of this section shall state clearly and in conspicuous 1074  
type that the person or other individual who signs the waiver is 1075  
signing it with full knowledge that, by giving informed consent to 1076  
the provision of the diagnosis, care, or treatment, the person 1077  
cannot bring a tort or other civil action, including an action on 1078  
a medical, dental, chiropractic, optometric, or other 1079  
health-related claim, against the health care professional unless 1080  
the action or omission of the health care professional constitutes 1081  
willful or wanton misconduct. 1082

(3) A physician or podiatrist who is not covered by medical 1083  
malpractice insurance, but complies with division (B)(2) of this 1084  
section, is not required to comply with division (A) of section 1085  
4731.143 of the Revised Code. 1086

(C) Subject to divisions (F) and (G)(3) of this section, 1087  
health care workers who are volunteers are not liable in damages 1088  
to any person or government entity in a tort or other civil 1089  
action, including an action upon a medical, dental, chiropractic, 1090  
optometric, or other health-related claim, for injury, death, or 1091  
loss to person or property that allegedly arises from an action or 1092  
omission of the health care worker in the provision to an indigent 1093  
and uninsured person of medical, dental, or other health-related 1094  
diagnosis, care, or treatment, unless the action or omission 1095  
constitutes willful or wanton misconduct. 1096

(D) Subject to divisions (F) and (G)(3) of this section, a 1097  
nonprofit health care referral organization is not liable in 1098  
damages to any person or government entity in a tort or other 1099  
civil action, including an action on a medical, dental, 1100  
chiropractic, optometric, or other health-related claim, for 1101  
injury, death, or loss to person or property that allegedly arises 1102  
from an action or omission of the nonprofit health care referral 1103  
organization in referring indigent and uninsured persons to, or 1104

arranging for the provision of, medical, dental, or other 1105  
health-related diagnosis, care, or treatment by a health care 1106  
professional described in division (B)(1) of this section or a 1107  
health care worker described in division (C) of this section, 1108  
unless the action or omission constitutes willful or wanton 1109  
misconduct. 1110

(E) Subject to divisions (F) and (G)(3) of this section and 1111  
to the extent that the registration requirements of section 1112  
3701.071 of the Revised Code apply, a health care facility or 1113  
location associated with a health care professional described in 1114  
division (B)(1) of this section, a health care worker described in 1115  
division (C) of this section, or a nonprofit health care referral 1116  
organization described in division (D) of this section is not 1117  
liable in damages to any person or government entity in a tort or 1118  
other civil action, including an action on a medical, dental, 1119  
chiropractic, optometric, or other health-related claim, for 1120  
injury, death, or loss to person or property that allegedly arises 1121  
from an action or omission of the health care professional or 1122  
worker or nonprofit health care referral organization relative to 1123  
the medical, dental, or other health-related diagnosis, care, or 1124  
treatment provided to an indigent and uninsured person on behalf 1125  
of or at the health care facility or location, unless the action 1126  
or omission constitutes willful or wanton misconduct. 1127

(F)(1) Except as provided in division (F)(2) of this section, 1128  
the immunities provided by divisions (B), (C), (D), and (E) of 1129  
this section are not available to a health care professional, 1130  
health care worker, nonprofit health care referral organization, 1131  
or health care facility or location if, at the time of an alleged 1132  
injury, death, or loss to person or property, the health care 1133  
professionals or health care workers involved are providing one of 1134  
the following: 1135

(a) Any medical, dental, or other health-related diagnosis, 1136

care, or treatment pursuant to a community service work order 1137  
entered by a court under division (B) of section 2951.02 of the 1138  
Revised Code or imposed by a court as a community control 1139  
sanction; 1140

(b) Performance of an operation to which any one of the 1141  
following applies: 1142

(i) The operation requires the administration of deep 1143  
sedation or general anesthesia. 1144

(ii) The operation is a procedure that is not typically 1145  
performed in an office. 1146

(iii) The individual involved is a health care professional, 1147  
and the operation is beyond the scope of practice or the 1148  
education, training, and competence, as applicable, of the health 1149  
care professional. 1150

(c) Delivery of a baby or any other purposeful termination of 1151  
a human pregnancy. 1152

(2) Division (F)(1) of this section does not apply when a 1153  
health care professional or health care worker provides medical, 1154  
dental, or other health-related diagnosis, care, or treatment that 1155  
is necessary to preserve the life of a person in a medical 1156  
emergency. 1157

(G)(1) This section does not create a new cause of action or 1158  
substantive legal right against a health care professional, health 1159  
care worker, nonprofit health care referral organization, or 1160  
health care facility or location. 1161

(2) This section does not affect any immunities from civil 1162  
liability or defenses established by another section of the 1163  
Revised Code or available at common law to which a health care 1164  
professional, health care worker, nonprofit health care referral 1165  
organization, or health care facility or location may be entitled 1166

in connection with the provision of emergency or other medical, 1167  
dental, or other health-related diagnosis, care, or treatment. 1168

(3) This section does not grant an immunity from tort or 1169  
other civil liability to a health care professional, health care 1170  
worker, nonprofit health care referral organization, or health 1171  
care facility or location for actions that are outside the scope 1172  
of authority of health care professionals or health care workers. 1173

(4) This section does not affect any legal responsibility of 1174  
a health care professional, health care worker, or nonprofit 1175  
health care referral organization to comply with any applicable 1176  
law of this state or rule of an agency of this state. 1177

(5) This section does not affect any legal responsibility of 1178  
a health care facility or location to comply with any applicable 1179  
law of this state, rule of an agency of this state, or local code, 1180  
ordinance, or regulation that pertains to or regulates building, 1181  
housing, air pollution, water pollution, sanitation, health, fire, 1182  
zoning, or safety. 1183

**Sec. 2317.54.** No hospital, home health agency, ambulatory 1184  
surgical facility, or provider of a hospice care program or 1185  
pediatric respite care program shall be held liable for a 1186  
physician's failure to obtain an informed consent from the 1187  
physician's patient prior to a surgical or medical procedure or 1188  
course of procedures, unless the physician is an employee of the 1189  
hospital, home health agency, ambulatory surgical facility, or 1190  
provider of a hospice care program or pediatric respite care 1191  
program. 1192

Written consent to a surgical or medical procedure or course 1193  
of procedures shall, to the extent that it fulfills all the 1194  
requirements in divisions (A), (B), and (C) of this section, be 1195  
presumed to be valid and effective, in the absence of proof by a 1196  
preponderance of the evidence that the person who sought such 1197

consent was not acting in good faith, or that the execution of the 1198  
consent was induced by fraudulent misrepresentation of material 1199  
facts, or that the person executing the consent was not able to 1200  
communicate effectively in spoken and written English or any other 1201  
language in which the consent is written. Except as herein 1202  
provided, no evidence shall be admissible to impeach, modify, or 1203  
limit the authorization for performance of the procedure or 1204  
procedures set forth in such written consent. 1205

(A) The consent sets forth in general terms the nature and 1206  
purpose of the procedure or procedures, and what the procedures 1207  
are expected to accomplish, together with the reasonably known 1208  
risks, and, except in emergency situations, sets forth the names 1209  
of the physicians who shall perform the intended surgical 1210  
procedures. 1211

(B) The person making the consent acknowledges that such 1212  
disclosure of information has been made and that all questions 1213  
asked about the procedure or procedures have been answered in a 1214  
satisfactory manner. 1215

(C) The consent is signed by the patient for whom the 1216  
procedure is to be performed, or, if the patient for any reason 1217  
including, but not limited to, competence, minority, or the fact 1218  
that, at the latest time that the consent is needed, the patient 1219  
is under the influence of alcohol, hallucinogens, or drugs, lacks 1220  
legal capacity to consent, by a person who has legal authority to 1221  
consent on behalf of such patient in such circumstances, including 1222  
either of the following: 1223

(1) The parent, whether the parent is an adult or a minor, of 1224  
the parent's minor child; 1225

(2) An adult whom the parent of the minor child has given 1226  
written authorization to consent to a surgical or medical 1227  
procedure or course of procedures for the parent's minor child. 1228

Any use of a consent form that fulfills the requirements 1229  
stated in divisions (A), (B), and (C) of this section has no 1230  
effect on the common law rights and liabilities, including the 1231  
right of a physician to obtain the oral or implied consent of a 1232  
patient to a medical procedure, that may exist as between 1233  
physicians and patients on July 28, 1975. 1234

As used in this section the term "hospital" has the same 1235  
meaning as in section 2305.113 of the Revised Code; "home health 1236  
agency" has the same meaning as in section 5101.61 of the Revised 1237  
Code; "ambulatory surgical facility" has the meaning as in 1238  
division (A) of section 3702.30 of the Revised Code; and "hospice 1239  
care program" ~~has~~ and "pediatric respite care program" have the 1240  
same ~~meaning~~ meanings as in section 3712.01 of the Revised Code. 1241  
The provisions of this division apply to hospitals, doctors of 1242  
medicine, doctors of osteopathic medicine, and doctors of 1243  
podiatric medicine. 1244

**Sec. 2711.22.** (A) Except as otherwise provided in this 1245  
section, a written contract between a patient and a hospital or 1246  
healthcare provider to settle by binding arbitration any dispute 1247  
or controversy arising out of the diagnosis, treatment, or care of 1248  
the patient rendered by a hospital or healthcare provider, that is 1249  
entered into prior to the diagnosis, treatment, or care of the 1250  
patient is valid, irrevocable, and enforceable once the contract 1251  
is signed by all parties. The contract remains valid, irrevocable, 1252  
and enforceable until or unless the patient or the patient's legal 1253  
representative rescinds the contract by written notice within 1254  
thirty days of the signing of the contract. A guardian or other 1255  
legal representative of the patient may give written notice of the 1256  
rescission of the contract if the patient is incapacitated or a 1257  
minor. 1258

(B) As used in this section and in sections 2711.23 and 1259

2711.24 of the Revised Code: 1260

(1) "Healthcare provider" means a physician, podiatrist, 1261  
dentist, licensed practical nurse, registered nurse, advanced 1262  
practice registered nurse, chiropractor, optometrist, physician 1263  
assistant, emergency medical technician-basic, emergency medical 1264  
technician-intermediate, emergency medical technician-paramedic, 1265  
or physical therapist. 1266

(2) "Hospital," "physician," "podiatrist," "dentist," 1267  
"licensed practical nurse," "registered nurse," "advanced practice 1268  
registered nurse," "chiropractor," "optometrist," "physician 1269  
assistant," "emergency medical technician-basic," "emergency 1270  
medical technician-intermediate," "emergency medical 1271  
technician-paramedic," "physical therapist," "medical claim," 1272  
"dental claim," "optometric claim," and "chiropractic claim" have 1273  
the same meanings as in section 2305.113 of the Revised Code. 1274

**Sec. 3701.881.** (A) As used in this section: 1275

(1) "Applicant" means a person who is under final 1276  
consideration for employment with a home health agency in a 1277  
full-time, part-time, or temporary position that involves 1278  
providing direct care to an individual or is referred to a home 1279  
health agency by an employment service for such a position. 1280

(2) "Community-based long-term care agency" has the same 1281  
meaning as in section 173.39 of the Revised Code. 1282

(3) "Criminal records check" has the same meaning as in 1283  
section 109.572 of the Revised Code. 1284

(4) "Direct care" means any of the following: 1285

(a) Any service identified in divisions (A)(7)(a) to (f) of 1286  
this section that is provided in a patient's place of residence 1287  
used as the patient's home; 1288

(b) Any activity that requires the person performing the 1289

activity to be routinely alone with a patient or to routinely have 1290  
access to a patient's personal property or financial documents 1291  
regarding a patient; 1292

(c) For each home health agency individually, any other 1293  
routine service or activity that the chief administrator of the 1294  
home health agency designates as direct care. 1295

(5) "Disqualifying offense" means any of the offenses listed 1296  
or described in divisions (A)(3)(a) to (e) of section 109.572 of 1297  
the Revised Code. 1298

(6) "Employee" means a person employed by a home health 1299  
agency in a full-time, part-time, or temporary position that 1300  
involves providing direct care to an individual and a person who 1301  
works in such a position due to being referred to a home health 1302  
agency by an employment service. 1303

(7) "Home health agency" means a person or government entity, 1304  
other than a nursing home, residential care facility, ~~or~~ hospice 1305  
care program, or pediatric respite care program, that has the 1306  
primary function of providing any of the following services to a 1307  
patient at a place of residence used as the patient's home: 1308

(a) Skilled nursing care; 1309

(b) Physical therapy; 1310

(c) Speech-language pathology; 1311

(d) Occupational therapy; 1312

(e) Medical social services; 1313

(f) Home health aide services. 1314

(8) "Home health aide services" means any of the following 1315  
services provided by an employee of a home health agency: 1316

(a) Hands-on bathing or assistance with a tub bath or shower; 1317

(b) Assistance with dressing, ambulation, and toileting; 1318

(c) Catheter care but not insertion;	1319
(d) Meal preparation and feeding.	1320
(9) "Hospice care program" <del>has</del> and " <u>pediatric respite care program</u> " <u>have</u> the same <del>meaning</del> <u>meanings</u> as in section 3712.01 of the Revised Code.	1321 1322 1323
(10) "Medical social services" means services provided by a social worker under the direction of a patient's attending physician.	1324 1325 1326
(11) "Minor drug possession offense" has the same meaning as in section 2925.01 of the Revised Code.	1327 1328
(12) "Nursing home," "residential care facility," and "skilled nursing care" have the same meanings as in section 3721.01 of the Revised Code.	1329 1330 1331
(13) "Occupational therapy" has the same meaning as in section 4755.04 of the Revised Code.	1332 1333
(14) "Physical therapy" has the same meaning as in section 4755.40 of the Revised Code.	1334 1335
(15) "Social worker" means a person licensed under Chapter 4757. of the Revised Code to practice as a social worker or independent social worker.	1336 1337 1338
(16) "Speech-language pathology" has the same meaning as in section 4753.01 of the Revised Code.	1339 1340
(17) "Waiver agency" has the same meaning as in section 5111.033 of the Revised Code.	1341 1342
(B) No home health agency shall employ an applicant or continue to employ an employee in a position that involves providing direct care to an individual if any of the following apply:	1343 1344 1345 1346
(1) A review of the databases listed in division (D) of this	1347

section reveals any of the following: 1348

(a) That the applicant or employee is included in one or more 1349  
of the databases listed in divisions (D)(1) to (5) of this 1350  
section; 1351

(b) That there is in the state nurse aide registry 1352  
established under section 3721.32 of the Revised Code a statement 1353  
detailing findings by the director of health that the applicant or 1354  
employee neglected or abused a long-term care facility or 1355  
residential care facility resident or misappropriated property of 1356  
such a resident; 1357

(c) That the applicant or employee is included in one or more 1358  
of the databases, if any, specified in rules adopted under this 1359  
section and the rules prohibit the home health agency from 1360  
employing an applicant or continuing to employ an employee 1361  
included in such a database in a position that involves providing 1362  
direct care to an individual. 1363

(2) After the applicant or employee is provided, pursuant to 1364  
division (E)(2)(a) of this section, a copy of the form prescribed 1365  
pursuant to division (C)(1) of section 109.572 of the Revised Code 1366  
and the standard impression sheet prescribed pursuant to division 1367  
(C)(2) of that section, the applicant or employee fails to 1368  
complete the form or provide the applicant's or employee's 1369  
fingerprint impressions on the standard impression sheet. 1370

(3) Except as provided in rules adopted under this section, 1371  
the applicant or employee is found by a criminal records check 1372  
required by this section to have been convicted of, pleaded guilty 1373  
to, or been found eligible for intervention in lieu of conviction 1374  
for a disqualifying offense. 1375

(C) Except as provided by division (F) of this section, the 1376  
chief administrator of a home health agency shall inform each 1377  
applicant of both of the following at the time of the applicant's 1378

initial application for employment or referral to the home health 1379  
agency by an employment service for a position that involves 1380  
providing direct care to an individual: 1381

(1) That a review of the databases listed in division (D) of 1382  
this section will be conducted to determine whether the home 1383  
health agency is prohibited by division (B)(1) of this section 1384  
from employing the applicant in the position; 1385

(2) That, unless the database review reveals that the 1386  
applicant may not be employed in the position, a criminal records 1387  
check of the applicant will be conducted and the applicant is 1388  
required to provide a set of the applicant's fingerprint 1389  
impressions as part of the criminal records check. 1390

(D) As a condition of employing any applicant in a position 1391  
that involves providing direct care to an individual, the chief 1392  
administrator of a home health agency shall conduct a database 1393  
review of the applicant in accordance with rules adopted under 1394  
this section. If rules adopted under this section so require, the 1395  
chief administrator of a home health agency shall conduct a 1396  
database review of an employee in accordance with the rules as a 1397  
condition of continuing to employ the employee in a position that 1398  
involves providing direct care to an individual. However, the 1399  
chief administrator is not required to conduct a database review 1400  
of an applicant or employee if division (F) of this section 1401  
applies. A database review shall determine whether the applicant 1402  
or employee is included in any of the following: 1403

(1) The excluded parties list system maintained by the United 1404  
States general services administration pursuant to subpart 9.4 of 1405  
the federal acquisition regulation; 1406

(2) The list of excluded individuals and entities maintained 1407  
by the office of inspector general in the United States department 1408  
of health and human services pursuant to section 1128 of the 1409

"Social Security Act," 94 Stat. 2619 (1980), 42 U.S.C. 1320a-7, as amended, and section 1156 of the "Social Security Act," 96 Stat. 388 (1982), 42 U.S.C. 1320c-5, as amended;

(3) The registry of MR/DD employees established under section 5123.52 of the Revised Code;

(4) The internet-based sex offender and child-victim offender database established under division (A)(11) of section 2950.13 of the Revised Code;

(5) The internet-based database of inmates established under section 5120.66 of the Revised Code;

(6) The state nurse aide registry established under section 3721.32 of the Revised Code;

(7) Any other database, if any, specified in rules adopted under this section.

(E)(1) As a condition of employing any applicant in a position that involves providing direct care to an individual, the chief administrator of a home health agency shall request the superintendent of the bureau of criminal identification and investigation to conduct a criminal records check of the applicant. If rules adopted under this section so require, the chief administrator of a home health agency shall request the superintendent to conduct a criminal records check of an employee at times specified in the rules as a condition of continuing to employ the employee in a position that involves providing direct care to an individual. However, the chief administrator is not required to request the criminal records check of the applicant or the employee if division (F) of this section applies or the home health agency is prohibited by division (B)(1) of this section from employing the applicant or continuing to employ the employee in a position that involves providing direct care to an individual. If an applicant or employee for whom a criminal

records check request is required by this section does not present 1441  
proof of having been a resident of this state for the five-year 1442  
period immediately prior to the date upon which the criminal 1443  
records check is requested or does not provide evidence that 1444  
within that five-year period the superintendent has requested 1445  
information about the applicant from the federal bureau of 1446  
investigation in a criminal records check, the chief administrator 1447  
shall request that the superintendent obtain information from the 1448  
federal bureau of investigation as a part of the criminal records 1449  
check. Even if an applicant or employee for whom a criminal 1450  
records check request is required by this section presents proof 1451  
that the applicant or employee has been a resident of this state 1452  
for that five-year period, the chief administrator may request 1453  
that the superintendent include information from the federal 1454  
bureau of investigation in the criminal records check. 1455

(2) The chief administrator shall do all of the following: 1456

(a) Provide to each applicant and employee for whom a 1457  
criminal records check request is required by this section a copy 1458  
of the form prescribed pursuant to division (C)(1) of section 1459  
109.572 of the Revised Code and a standard impression sheet 1460  
prescribed pursuant to division (C)(2) of that section; 1461

(b) Obtain the completed form and standard impression sheet 1462  
from each applicant and employee; 1463

(c) Forward the completed form and standard impression sheet 1464  
to the superintendent at the time the chief administrator requests 1465  
the criminal records check. 1466

(3) A home health agency shall pay to the bureau of criminal 1467  
identification and investigation the fee prescribed pursuant to 1468  
division (C)(3) of section 109.572 of the Revised Code for each 1469  
criminal records check the agency requests under this section. A 1470  
home health agency may charge an applicant a fee not exceeding the 1471

amount the agency pays to the bureau under this section if both of 1472  
the following apply: 1473

(a) The home health agency notifies the applicant at the time 1474  
of initial application for employment of the amount of the fee and 1475  
that, unless the fee is paid, the applicant will not be considered 1476  
for employment. 1477

(b) The medicaid program established under Chapter 5111. of 1478  
the Revised Code does not reimburse the home health agency for the 1479  
fee it pays to the bureau under this section. 1480

(F) Divisions (C) to (E) of this section do not apply with 1481  
regard to an applicant or employee if the applicant or employee is 1482  
referred to a home health agency by an employment service that 1483  
supplies full-time, part-time, or temporary staff for positions 1484  
that involve providing direct care to an individual and both of 1485  
the following apply: 1486

(1) The chief administrator of the home health agency 1487  
receives from the employment service confirmation that a review of 1488  
the databases listed in division (D) of this section was conducted 1489  
with regard to the applicant or employee. 1490

(2) The chief administrator of the home health agency 1491  
receives from the employment service, applicant, or employee a 1492  
report of the results of a criminal records check of the applicant 1493  
or employee that has been conducted by the superintendent within 1494  
the one-year period immediately preceding the following: 1495

(a) In the case of an applicant, the date of the applicant's 1496  
referral by the employment service to the home health agency; 1497

(b) In the case of an employee, the date by which the home 1498  
health agency would otherwise have to request a criminal records 1499  
check of the employee under division (E) of this section. 1500

(G)(1) A home health agency may employ conditionally an 1501

applicant for whom a criminal records check request is required by 1502  
this section before obtaining the results of the criminal records 1503  
check if the agency is not prohibited by division (B) of this 1504  
section from employing the applicant in a position that involves 1505  
providing direct care to an individual and either of the following 1506  
applies: 1507

(a) The chief administrator of the home health agency 1508  
requests the criminal records check in accordance with division 1509  
(E) of this section not later than five business days after the 1510  
applicant begins conditional employment. 1511

(b) The applicant is referred to the home health agency by an 1512  
employment service, the employment service or the applicant 1513  
provides the chief administrator of the agency a letter that is on 1514  
the letterhead of the employment service, the letter is dated and 1515  
signed by a supervisor or another designated official of the 1516  
employment service, and the letter states all of the following: 1517

(i) That the employment service has requested the 1518  
superintendent to conduct a criminal records check regarding the 1519  
applicant; 1520

(ii) That the requested criminal records check is to include 1521  
a determination of whether the applicant has been convicted of, 1522  
pleaded guilty to, or been found eligible for intervention in lieu 1523  
of conviction for a disqualifying offense; 1524

(iii) That the employment service has not received the 1525  
results of the criminal records check as of the date set forth on 1526  
the letter; 1527

(iv) That the employment service promptly will send a copy of 1528  
the results of the criminal records check to the chief 1529  
administrator of the home health agency when the employment 1530  
service receives the results. 1531

(2) If a home health agency employs an applicant 1532

conditionally pursuant to division (G)(1)(b) of this section, the 1533  
employment service, on its receipt of the results of the criminal 1534  
records check, promptly shall send a copy of the results to the 1535  
chief administrator of the agency. 1536

(3) A home health agency that employs an applicant 1537  
conditionally pursuant to division (G)(1)(a) or (b) of this 1538  
section shall terminate the applicant's employment if the results 1539  
of the criminal records check, other than the results of any 1540  
request for information from the federal bureau of investigation, 1541  
are not obtained within the period ending sixty days after the 1542  
date the request for the criminal records check is made. 1543  
Regardless of when the results of the criminal records check are 1544  
obtained, if the results indicate that the applicant has been 1545  
convicted of, pleaded guilty to, or been found eligible for 1546  
intervention in lieu of conviction for a disqualifying offense, 1547  
the home health agency shall terminate the applicant's employment 1548  
unless circumstances specified in rules adopted under this section 1549  
that permit the agency to employ the applicant exist and the 1550  
agency chooses to employ the applicant. Termination of employment 1551  
under this division shall be considered just cause for discharge 1552  
for purposes of division (D)(2) of section 4141.29 of the Revised 1553  
Code if the applicant makes any attempt to deceive the home health 1554  
agency about the applicant's criminal record. 1555

(H) The report of any criminal records check conducted by the 1556  
bureau of criminal identification and investigation in accordance 1557  
with section 109.572 of the Revised Code and pursuant to a request 1558  
made under this section is not a public record for the purposes of 1559  
section 149.43 of the Revised Code and shall not be made available 1560  
to any person other than the following: 1561

(1) The applicant or employee who is the subject of the 1562  
criminal records check or the applicant's or employee's 1563  
representative; 1564

(2) The home health agency requesting the criminal records check or its representative;	1565 1566
(3) The administrator of any other facility, agency, or program that provides direct care to individuals that is owned or operated by the same entity that owns or operates the home health agency that requested the criminal records check;	1567 1568 1569 1570
(4) The employment service that requested the criminal records check;	1571 1572
(5) The director of health and the staff of the department of health who monitor a home health agency's compliance with this section;	1573 1574 1575
(6) The director of aging or the director's designee if either of the following apply:	1576 1577
(a) In the case of a criminal records check requested by a home health agency, the home health agency also is a community-based long-term care agency;	1578 1579 1580
(b) In the case of a criminal records check requested by an employment service, the employment service makes the request for an applicant or employee the employment service refers to a home health agency that also is a community-based long-term care agency.	1581 1582 1583 1584 1585
(7) The director of job and family services and the staff of the department of job and family services who are involved in the administration of the medicaid program if either of the following apply:	1586 1587 1588 1589
(a) In the case of a criminal records check requested by a home health agency, the home health agency also is a waiver agency;	1590 1591 1592
(b) In the case of a criminal records check requested by an employment service, the employment service makes the request for	1593 1594

an applicant or employee the employment service refers to a home health agency that also is a waiver agency. 1595  
1596

(8) Any court, hearing officer, or other necessary individual involved in a case dealing with any of the following: 1597  
1598

(a) A denial of employment of the applicant or employee; 1599

(b) Employment or unemployment benefits of the applicant or employee; 1600  
1601

(c) A civil or criminal action regarding the medicaid program. 1602  
1603

(I) In a tort or other civil action for damages that is brought as the result of an injury, death, or loss to person or property caused by an applicant or employee who a home health agency employs in a position that involves providing direct care to an individual, all of the following shall apply: 1604  
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(1) If the home health agency employed the applicant or employee in good faith and reasonable reliance on the report of a criminal records check requested under this section, the agency shall not be found negligent solely because of its reliance on the report, even if the information in the report is determined later to have been incomplete or inaccurate. 1609  
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(2) If the home health agency employed the applicant in good faith on a conditional basis pursuant to division (G) of this section, the agency shall not be found negligent solely because it employed the applicant prior to receiving the report of a criminal records check requested under this section. 1615  
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(3) If the home health agency in good faith employed the applicant or employee according to the personal character standards established in rules adopted under this section, the agency shall not be found negligent solely because the applicant or employee had been convicted of, pleaded guilty to, or been 1620  
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found eligible for intervention in lieu of conviction for a 1625  
disqualifying offense. 1626

(J) The director of health shall adopt rules in accordance 1627  
with Chapter 119. of the Revised Code to implement this section. 1628

(1) The rules may do the following: 1629

(a) Require employees to undergo database reviews and 1630  
criminal records checks under this section; 1631

(b) If the rules require employees to undergo database 1632  
reviews and criminal records checks under this section, exempt one 1633  
or more classes of employees from the requirements; 1634

(c) For the purpose of division (D)(7) of this section, 1635  
specify other databases that are to be checked as part of a 1636  
database review conducted under this section. 1637

(2) The rules shall specify all of the following: 1638

(a) The procedures for conducting database reviews under this 1639  
section; 1640

(b) If the rules require employees to undergo database 1641  
reviews and criminal records checks under this section, the times 1642  
at which the database reviews and criminal records checks are to 1643  
be conducted; 1644

(c) If the rules specify other databases to be checked as 1645  
part of the database reviews, the circumstances under which a home 1646  
health agency is prohibited from employing an applicant or 1647  
continuing to employ an employee who is found by a database review 1648  
to be included in one or more of those databases; 1649

(d) Circumstances under which a home health agency may employ 1650  
an applicant or employee who is found by a criminal records check 1651  
required by this section to have been convicted of, pleaded guilty 1652  
to, or been found eligible for intervention in lieu of conviction 1653  
for a disqualifying offense but meets personal character 1654

standards. 1655

**Sec. 3701.92.** As used in sections 3701.921 to 3701.929 of the 1656  
Revised Code: 1657

(A) "Advanced practice registered nurse" has the same meaning 1658  
as in section 4723.01 of the Revised Code. 1659

(B) "Patient centered medical home education advisory group" 1660  
means the entity established under section 3701.924 of the Revised 1661  
Code. 1662

~~(D)~~(C) "Patient centered medical home education program" 1663  
means the program established under section 3701.921 of the 1664  
Revised Code and any pilot projects operated pursuant to that 1665  
section. 1666

~~(E)~~(D) "Patient centered medical home education pilot 1667  
project" means the pilot project established under section 1668  
3701.923 of the Revised Code. 1669

~~(F)~~(E) "Physician assistant" has the same meaning as in 1670  
section 4730.01 of the Revised Code. 1671

**Sec. 3701.923.** (A) To the extent that funds are available, 1672  
the director of health shall establish the patient centered 1673  
medical home education pilot project. If the director establishes 1674  
the project, all of the following apply: 1675

(1) The director shall select practices led by physicians and 1676  
primary care practices led by advanced practice registered nurses 1677  
to participate in the project. The director may consider the 1678  
recommendations of the advisory group made in accordance with 1679  
section 3701.925 of the Revised Code, but may not select a 1680  
practice unless the practice complies with any applicable 1681  
requirements under section 3701.926 of the Revised Code. 1682

(2) The director shall conduct the project in a manner that 1683

advances education in the patient centered medical home model of care. 1684  
1685

(3) The director shall evaluate all of the following: 1686

(a) Learning opportunities generated by the project; 1687

(b) Training of physicians and advanced practice registered nurses under the project; 1688  
1689

(c) Costs of the project; 1690

(d) The extent to which the project met the expected outcomes developed under division (A) of section 3701.924 of the Revised Code. 1691  
1692  
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(4) The director shall assess and review results of the project. 1694  
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(5) The director shall recommend best practices and opportunities for improving technology, education, comprehensive training, consultation, and technical assistance for health care service providers in the patient centered medical home model of care. 1696  
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1700

(B) The director may contract with an entity that has significant experience in assisting ~~physician-led~~ practices led by physicians and ~~advanced practice nurse-led~~ primary care practices led by advanced practice registered nurses in transitioning to the patient centered medical home model of care. The contract shall require the entity to do both of the following: 1701  
1702  
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(1) Provide, to each practice that enters into a contract with the director pursuant to section 3701.927 of the Revised Code, comprehensive training, consultation, and technical assistance in the operation of a patient centered medical home, including assistance with leadership training, scheduling changes, staff support, and care management for chronic health conditions; 1707  
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(2) Assist the director in identifying necessary financial 1713

and operational requirements and any barriers or challenges 1714  
associated with transitioning to a patient centered medical home 1715  
model of care. 1716

(C) The project established under this section shall begin 1717  
not later than the date the first practice enters into a contract 1718  
with the director pursuant to section 3701.927 of the Revised Code 1719  
and shall cease not later than the date the final report is 1720  
submitted pursuant to division (B)(3) of section 3701.929 of the 1721  
Revised Code. 1722

(D) The project shall not be operated in a manner that 1723  
requires a patient, unless otherwise required by the Revised Code, 1724  
to receive a referral from a physician in a practice selected for 1725  
inclusion in the pilot project under division (A)(1) of this 1726  
section as a condition of being authorized to receive specialized 1727  
health care services from an individual licensed or certified 1728  
under Title XLVII of the Revised Code to provide those services. 1729

**Sec. 3701.924.** (A) The patient centered medical home 1730  
education advisory group is hereby created for the purpose of 1731  
advising the director of health on the implementation and 1732  
administration of the patient centered medical home education 1733  
program. The advisory group shall develop and provide to the 1734  
director a set of expected outcomes for the pilot project. The 1735  
advisory group shall consider and provide other recommendations to 1736  
the director and complete other duties as the director considers 1737  
appropriate. 1738

(B) The advisory group shall consist of the following 1739  
members: 1740

(1) The following members appointed by the director of 1741  
health: 1742

(a) One individual with expertise in the training and 1743

education of primary care physicians recommended by the dean of the university of Toledo college of medicine;	1744 1745
(b) One individual with expertise in the training and education of primary care physicians recommended by the dean of the Boonshoft school of medicine at Wright state university;	1746 1747 1748
(c) One individual with expertise in the training and education of primary care physicians recommended by the president and dean of the northeast Ohio medical university;	1749 1750 1751
(d) One individual with expertise in the training and education of primary care physicians recommended by the dean of the Ohio university college of osteopathic medicine;	1752 1753 1754
(e) Two individuals recommended by the governing board of the Ohio academy of family physicians;	1755 1756
(f) One individual recommended by the governing board of the Ohio chapter of the American college of physicians;	1757 1758
(g) One individual recommended by the governing board of the Ohio chapter of the American academy of pediatrics;	1759 1760
(h) One individual recommended by the governing board of the Ohio osteopathic association;	1761 1762
(i) One individual with expertise in the training and education of advanced practice <u>registered</u> nurses, recommended by the governing board of the Ohio council of deans and directors of baccalaureate and higher degree programs in nursing;	1763 1764 1765 1766
(j) One individual recommended by the governing board of the Ohio nurses association;	1767 1768
(k) One individual recommended by the governing board of the Ohio association of advanced practice nurses;	1769 1770
(l) One individual recommended by the governing board of the Ohio council for home care and hospice;	1771 1772

(m) One individual recommended by the superintendent of insurance;	1773 1774
(n) An employee of the department of health;	1775
(o) Not more than five additional members who have relevant expertise that the director considers appropriate.	1776 1777
(2) The following members:	1778
(a) The executive director of the state medical board or the director's designee;	1779 1780
(b) The executive director of the board of nursing or the director's designee;	1781 1782
(c) The chancellor of the Ohio board of regents or the chancellor's designee;	1783 1784
(d) The medical assistance director, or the director's designee.	1785 1786
(C)(1) In making the original appointments of the members specified in divisions (B)(1)(a) to (m) of this section, the director shall appoint the member who served in that capacity in the patient centered medical home advisory group, as it existed immediately prior to <del>the effective date of this section</del> <u>September 10, 2012</u> . If for any reason the member who served immediately prior to <del>the effective date of this section</del> <u>September 10, 2012</u> , is unable to serve on the advisory group, the director shall request from the specified recommending authority a list of not less than two persons qualified to serve as members of the advisory group. The director shall appoint as a member one person from the list submitted by the recommending authority.	1787 1788 1789 1790 1791 1792 1793 1794 1795 1796 1797 1798
(2) The advisory group members specified in divisions (B)(1)(a) to (m) of this section shall serve at the pleasure of the director, in consultation with their respective recommending authorities.	1799 1800 1801 1802

(3) Vacancies shall be filled in the manner provided for original appointments. 1803  
1804

(D) Members shall serve without compensation, except to the extent that serving on the advisory group is considered part of their regular employment duties. 1805  
1806  
1807

(E) The director may appoint from the members of the advisory group a chairperson and vice-chairperson. 1808  
1809

A majority of the members of the advisory group constitutes a quorum. A majority of a quorum is necessary for the advisory group to make any recommendations to the director. 1810  
1811  
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The advisory group shall meet at the call of the director. The director shall call the advisory group to meet not less than annually to discuss or consider recommendations to the director on the administration of the patient centered medical home education program. 1813  
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(F) Sections 101.82 to 101.87 of the Revised Code do not apply to the advisory group. 1818  
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**Sec. 3701.925.** (A) The patient centered medical home education advisory group shall accept applications for inclusion in the patient centered medical home education pilot project from primary care practices with educational affiliations, as determined by the advisory group, with one or more of the following: 1820  
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(1) The Boonshoft school of medicine at Wright state university; 1826  
1827

(2) The university of Toledo college of medicine; 1828

(3) The northeast Ohio medical university; 1829

(4) The Ohio university college of osteopathic medicine; 1830

(5) The college of nursing at the university of Toledo; 1831

(6) The Wright state university college of nursing and health;	1832 1833
(7) The college of nursing at Kent state university;	1834
(8) The university of Akron college of nursing;	1835
(9) The school of nursing at Ohio university.	1836
(B)(1) Subject to division (C)(1) of this section, the advisory group shall recommend to the director of health for inclusion in the pilot project not less than the following number of <u>primary care</u> practices led by physicians:	1837 1838 1839 1840
(a) Ten practices affiliated with the Boonshoft school of medicine at Wright state university;	1841 1842
(b) Ten practices affiliated with the university of Toledo college of medicine;	1843 1844
(c) Ten practices affiliated with the northeast Ohio medical university;	1845 1846
(d) Ten practices affiliated with the centers for osteopathic research and education of the Ohio university college of osteopathic medicine.	1847 1848 1849
(2) Subject to division (C)(2) of this section, the advisory group shall recommend to the director of health for inclusion in the pilot project not less than the following number of primary care practices led by advanced practice <u>registered</u> nurses:	1850 1851 1852 1853
(a) One practice affiliated with the college of nursing at the university of Toledo;	1854 1855
(b) One practice affiliated with the Wright state university college of nursing and health;	1856 1857
(c) One practice affiliated with the college of nursing at Kent state university or the university of Akron college of nursing;	1858 1859 1860

(d) One practice affiliated with the school of nursing at 1861  
Ohio university. 1862

(C)(1) All of the following apply with respect to the 1863  
recommendation of ~~physician-led practices~~ under division (B)(1) of 1864  
this section of practices led by physicians: 1865

(a) The advisory group shall strive to recommend 1866  
~~physician-led~~ practices in such a manner that the pilot project 1867  
includes a diverse range of primary care specialties, including 1868  
practices specializing in pediatrics, geriatrics, general internal 1869  
medicine, or family medicine. 1870

(b) When evaluating an application, the advisory group shall 1871  
consider the percentage of patients in the ~~physician-led~~ practice 1872  
who are part of a medically underserved population, including 1873  
medicaid recipients and individuals without health insurance. 1874

(c) The advisory group shall recommend not fewer than six 1875  
practices that serve rural areas of this state, as those areas are 1876  
determined by the advisory group. 1877

(d) A member of the advisory group shall abstain from 1878  
participating in any vote taken regarding the recommendation of a 1879  
~~physician-led~~ practice if the member would receive any financial 1880  
benefit from having the practice included in the pilot project. 1881

(2) All of the following apply with respect to the 1882  
recommendation of ~~advanced practice nurse led primary care~~ 1883  
~~practices~~ under division (B)(2) of this section of practices led 1884  
by advanced practice registered nurses: 1885

(a) When evaluating an application, the advisory group shall 1886  
consider the percentage of patients in the ~~advanced practice~~ 1887  
~~nurse led primary care~~ practice who are part of a medically 1888  
underserved population, including medicaid recipients and 1889  
individuals without health insurance. 1890

(b) If the advisory group determines that it has not received 1891  
an application from a sufficiently qualified ~~advanced practice~~ 1892  
~~nurse-led primary care~~ practice affiliated with a particular 1893  
institution specified in division (B)(2) of this section, the 1894  
advisory group shall make the recommendations required under that 1895  
division in such a manner that the greatest possible number of 1896  
those institutions are recommended to be included in the pilot 1897  
project. To be recommended in this manner, a practice remains 1898  
subject to the eligibility requirements specified in division (B) 1899  
of section 3701.926 of the Revised Code. As specified in division 1900  
(B)(2) of this section, the number of practices recommended for 1901  
inclusion in the pilot project shall be at least four. 1902

(c) A member of the advisory group shall abstain from 1903  
participating in any vote taken regarding the recommendation of ~~an~~ 1904  
~~advanced practice nurse-led primary care~~ a practice if the member 1905  
would receive any financial benefit from having the practice 1906  
included in the pilot project. 1907

(D) The advisory group shall provide ~~a copy to the director~~ 1908  
of health copies of all applications received under this section 1909  
~~to the director of health after making recommendations under~~ 1910  
~~division (B)(1) of this section.~~ 1911

**Sec. 3701.926.** (A) To be eligible for inclusion in the 1912  
patient centered medical home education pilot project, a 1913  
~~physician-led primary care~~ practice led by physicians shall meet 1914  
all of the following requirements: 1915

(1) Consist of physicians who are board-certified in family 1916  
medicine, general pediatrics, or internal medicine, as those 1917  
designations are issued by a medical specialty certifying board 1918  
recognized by the American board of medical specialties or 1919  
American osteopathic association; 1920

(2) Be capable of adapting the practice during the period in 1921

which the practice participates in the patient centered medical 1922  
home education pilot project in such a manner that the practice is 1923  
fully compliant with the minimum standards for operation of a 1924  
patient centered medical home, as those standards are established 1925  
by the director of health; 1926

(3) Have submitted an application to participate in the 1927  
project established under former section 185.05 of the Revised 1928  
Code not later than April 15, 2011. 1929

(4) Meet any other criteria established by the director as 1930  
part of the selection process. 1931

(B) To be eligible for inclusion in the pilot project, ~~an~~ 1932  
~~advanced practice nurse led~~ a primary care practice led by 1933  
advanced practice registered nurses shall meet all of the 1934  
following requirements: 1935

(1) Consist of advanced practice registered nurses, each of 1936  
whom meets all of the following requirements: 1937

(a) Holds a certificate to prescribe issued under section 1938  
4723.48 of the Revised Code; 1939

(b) Is board-certified as a family nurse practitioner or 1940  
adult nurse practitioner by the American academy of nurse 1941  
practitioners or American nurses credentialing center, 1942  
board-certified as a geriatric nurse practitioner or women's 1943  
health nurse practitioner by the American nurses credentialing 1944  
center, or is board-certified as a pediatric nurse practitioner by 1945  
the American nurses credentialing center or pediatric nursing 1946  
certification board; 1947

(c) Collaborates under a standard care arrangement with a 1948  
physician with board certification as specified in division (A)(1) 1949  
of this section and who is an active participant on the health 1950  
care team. 1951

(2) Be capable of adapting the ~~primary care~~ practice during 1952  
the period in which the practice participates in the project in 1953  
such a manner that the practice is fully compliant with the 1954  
minimum standards for operation of a patient centered medical 1955  
home, as those standards are established by the director; 1956

(3) Have submitted an application to participate in the 1957  
project established under former section 185.05 of the Revised 1958  
Code not later than April 15, 2011. 1959

(4) Meet any other criteria established by the director as 1960  
part of the selection process. 1961

**Sec. 3701.927.** The director of health shall enter into a 1962  
contract with each primary care practice selected by the director 1963  
for inclusion in the patient centered medical home education pilot 1964  
project. The contract shall specify the terms and conditions for 1965  
inclusion in the pilot project, including a requirement that the 1966  
practice provide comprehensive, coordinated primary care services 1967  
to patients and serve as the patients' medical home. The contract 1968  
shall also require the practice to participate in the training of 1969  
medical students, advanced practice registered nursing students, 1970  
physician assistant students, and primary care medical residents. 1971

The director may include as part of the contract any other 1972  
requirements necessary for a practice to be included in the 1973  
project, including requirements regarding the number of patients 1974  
served who are medicaid recipients and individuals without health 1975  
insurance. 1976

**Sec. 3701.928.** (A) The director of health or, at the 1977  
director's request, the patient centered medical home education 1978  
advisory group may work with medical, nursing, and physician 1979  
assistant schools or programs in this state to develop appropriate 1980  
curricula designed to prepare primary care physicians, advanced 1981

practice registered nurses, and physician assistants to practice 1982  
within the patient centered medical home model of care. In 1983  
developing the curricula, the director or advisory group and the 1984  
schools or programs shall include all of the following: 1985

(1) Components for use at the medical student, advanced 1986  
practice registered nursing student, physician assistant student, 1987  
and primary care resident training levels; 1988

(2) Components that reflect, as appropriate, the special 1989  
needs of patients who are part of a medically underserved 1990  
population, including medicaid recipients, individuals without 1991  
health insurance, individuals with disabilities, individuals with 1992  
chronic health conditions, and individuals within racial or ethnic 1993  
minority groups; 1994

(3) Components that include training in interdisciplinary 1995  
cooperation between physicians, advanced practice registered 1996  
nurses, and physician assistants in the patient centered medical 1997  
home model of care, including curricula ensuring that a common 1998  
conception of a patient centered medical home model of care is 1999  
provided to medical students, advanced practice registered nurses, 2000  
physician assistants, and primary care residents. 2001

(B) The director or advisory group may work in association 2002  
with the medical, nursing, and physician assistant schools or 2003  
programs to identify funding sources to ensure that the curricula 2004  
developed under division (A) of this section are accessible to 2005  
medical students, advanced practice registered nursing students, 2006  
physician assistant students, and primary care residents. The 2007  
director or advisory group shall consider scholarship options or 2008  
incentives provided to students in addition to those provided 2009  
under the choose Ohio first scholarship program operated under 2010  
section 3333.61 of the Revised Code. 2011

**Sec. 3701.929.** (A) If the director of health establishes the 2012

patient centered medical home education pilot project, the 2013  
director shall prepare reports of its findings and recommendations 2014  
from the pilot project. Each report shall include an evaluation of 2015  
the learning opportunities generated by the pilot project, the 2016  
physicians and advanced practice registered nurses trained in the 2017  
pilot project, the costs of the pilot project, and the extent to 2018  
which the pilot project has met the set of expected outcomes 2019  
developed under division (A) of section 3701.924 of the Revised 2020  
Code. 2021

(B) The reports shall be completed in accordance with the 2022  
following schedule: 2023

(1) An interim report not later than six months after the 2024  
date on which the last primary care practice selected to 2025  
participate in the project enters into a contract with the 2026  
department of health pursuant to section 3701.927 of the Revised 2027  
Code; 2028

(2) An update of the interim report not later than one year 2029  
after the date specified under division (B)(1) of this section; 2030

(3) A final report not later than two years after the date 2031  
specified under division (B)(1) of this section. 2032

(C) The director shall submit each of the reports to the 2033  
governor and, in accordance with section 101.68 of the Revised 2034  
Code, to the general assembly. 2035

**Sec. 3712.01.** As used in this chapter: 2036

(A) "Hospice care program" means a coordinated program of 2037  
home, outpatient, and inpatient care and services that is operated 2038  
by a person or public agency and that provides the following care 2039  
and services to hospice patients, including services as indicated 2040  
below to hospice patients' families, through a medically directed 2041  
interdisciplinary team, under interdisciplinary plans of care 2042

established pursuant to section 3712.06 of the Revised Code, in 2043  
order to meet the physical, psychological, social, spiritual, and 2044  
other special needs that are experienced during the final stages 2045  
of illness, dying, and bereavement: 2046

(1) Nursing care by or under the supervision of a registered 2047  
nurse; 2048

(2) Physical, occupational, or speech or language therapy, 2049  
unless waived by the department of health pursuant to rules 2050  
adopted under division (A) of section 3712.03 of the Revised Code; 2051

(3) Medical social services by a social worker under the 2052  
direction of a physician; 2053

(4) Services of a home health aide; 2054

(5) Medical supplies, including drugs and biologicals, and 2055  
the use of medical appliances; 2056

(6) Physician's services; 2057

(7) Short-term inpatient care, including both palliative and 2058  
respite care and procedures; 2059

(8) Counseling for hospice patients and hospice patients' 2060  
families; 2061

(9) Services of volunteers under the direction of the 2062  
provider of the hospice care program; 2063

(10) Bereavement services for hospice patients' families. 2064

"Hospice care program" does not include a pediatric respite 2065  
care program. 2066

(B) "Hospice patient" means a patient, other than a pediatric 2067  
respite care patient, who has been diagnosed as terminally ill, 2068  
has an anticipated life expectancy of six months or less, and has 2069  
voluntarily requested and is receiving care from a person or 2070  
public agency licensed under this chapter to provide a hospice 2071

care program. 2072

(C) "Hospice patient's family" means a hospice patient's 2073  
immediate family members, including a spouse, brother, sister, 2074  
child, or parent, and any other relative or individual who has 2075  
significant personal ties to the patient and who is designated as 2076  
a member of the patient's family by mutual agreement of the 2077  
patient, the relative or individual, and the patient's 2078  
interdisciplinary team. 2079

(D) "Interdisciplinary team" means a working unit composed of 2080  
professional and lay persons that includes at least a physician, a 2081  
registered nurse, a social worker, a member of the clergy or a 2082  
counselor, and a volunteer. 2083

(E) "Palliative care" means treatment for a patient with a 2084  
serious or life-threatening illness directed at controlling pain, 2085  
relieving other symptoms, and enhancing the quality of life of the 2086  
patient and the patient's family rather than treatment for the 2087  
purpose of cure. Nothing in this section shall be interpreted to 2088  
mean that palliative care can be provided only as a component of a 2089  
hospice care program or pediatric respite care program. 2090

(F) "Physician" means a person authorized under Chapter 4731. 2091  
of the Revised Code to practice medicine and surgery or 2092  
osteopathic medicine and surgery. 2093

(G) "Attending physician" means the physician identified by 2094  
the hospice patient ~~or the, pediatric respite care patient,~~ 2095  
hospice patient's family, or pediatric respite care patient's 2096  
family as having primary responsibility for the ~~hospice patient's~~ 2097  
medical care of the hospice patient or pediatric respite care 2098  
patient. 2099

(H) "Registered nurse" means a person registered under 2100  
Chapter 4723. of the Revised Code to practice professional 2101  
nursing. 2102

(I) "Social worker" means a person licensed under Chapter 2103  
4757. of the Revised Code to practice as a social worker or 2104  
independent social worker. 2105

(J) "Pediatric respite care program" means a program operated 2106  
by a person or public agency that provides inpatient respite care 2107  
and related services, including all of the following services, 2108  
only to pediatric respite care patients and, as indicated below, 2109  
pediatric respite care patients' families, in order to meet the 2110  
physical, psychological, social, spiritual, and other special 2111  
needs that are experienced during or leading up to the final 2112  
stages of illness, dying, and bereavement: 2113

(1) Short-term inpatient care, including both palliative and 2114  
respite care and procedures; 2115

(2) Nursing care by or under the supervision of a registered 2116  
nurse; 2117

(3) Physician's services; 2118

(4) Medical social services by a social worker under the 2119  
direction of a physician; 2120

(5) Medical supplies, including drugs and biologicals, and 2121  
the use of medical appliances; 2122

(6) Counseling for pediatric respite care patients and 2123  
pediatric respite care patients' families; 2124

(7) Bereavement services for respite care patients' families. 2125

"Pediatric respite care program" does not include a hospice 2126  
care program. 2127

(K) "Pediatric respite care patient" means a patient, other 2128  
than a hospice patient, who is less than twenty-seven years of age 2129  
and to whom all of the following conditions apply: 2130

(1) The patient has been diagnosed with a disease or 2131  
condition that is life-threatening and is expected to shorten the 2132

life expectancy that would have applied to the patient absent the 2133  
patient's diagnosis, regardless of whether the patient is 2134  
terminally ill. 2135

(2) The diagnosis described in division (K)(1) of this 2136  
section occurred while the patient was less than eighteen years of 2137  
age. 2138

(3) The patient has voluntarily requested and is receiving 2139  
care from a person or public agency licensed under this chapter to 2140  
provide a pediatric respite care program. 2141

(L) "Pediatric respite care patient's family" means a 2142  
pediatric respite care patient's family members, including a 2143  
spouse, brother, sister, child, or parent, and any other relative 2144  
or individual who has significant personal ties to the patient and 2145  
who is designated as a member of the patient's family by mutual 2146  
agreement of the patient, the relative or individual, and the 2147  
patient's interdisciplinary team. 2148

**Sec. 3712.03.** (A) In accordance with Chapter 119. of the 2149  
Revised Code, the director of health shall adopt, and may amend 2150  
and rescind, rules: 2151

(1) Providing for the licensing of persons or public agencies 2152  
providing hospice care programs within this state by the 2153  
department of health and for the suspension and revocation of 2154  
licenses; 2155

(2) Establishing a license fee and license renewal fee for 2156  
hospice care programs, neither of which shall, except as provided 2157  
in division (B) of this section, exceed six hundred dollars. The 2158  
fees shall cover the three-year period during which an existing 2159  
license is valid as provided in division (B) of section 3712.04 of 2160  
the Revised Code. 2161

(3) Establishing an inspection fee for hospice care programs 2162

not to exceed, except as provided in division (B) of this section,	2163
one thousand seven hundred fifty dollars;	2164
(4) Establishing requirements for hospice care program facilities and services;	2165 2166
(5) Providing for a waiver of the requirement for the provision of physical, occupational, or speech or language therapy contained in division (A)(2) of section 3712.01 of the Revised Code when the requirement would create a hardship because such therapy is not readily available in the geographic area served by the provider of a hospice care program;	2167 2168 2169 2170 2171 2172
(6) Providing for the granting of licenses to provide hospice care programs to persons and public agencies that are accredited or certified to provide such programs by an entity whose standards for accreditation or certification equal or exceed those provided for licensure under this chapter and rules adopted under it;	2173 2174 2175 2176 2177
(7) Establishing interpretive guidelines for each rule <u>adopted under this section</u> .	2178 2179
(B) Subject to the approval of the controlling board, the director may establish fees in excess of the maximum amounts specified in this section, provided that the fees do not exceed those amounts by greater than fifty per cent.	2180 2181 2182 2183
(C) The department of health shall:	2184
(1) Grant, suspend, and revoke licenses for hospice care programs in accordance with this chapter and rules adopted under it;	2185 2186 2187
(2) Make such inspections as are necessary to determine whether hospice care program facilities and services meet the requirements of this chapter and rules adopted under it; and	2188 2189 2190
(3) Implement and enforce <u>provisions of</u> this chapter and rules adopted under it <u>as such provisions apply to hospice care</u>	2191 2192

programs. 2193

Sec. 3712.031. (A) In accordance with Chapter 119. of the 2194  
Revised Code, the director of health shall adopt, and may amend 2195  
and rescind, rules: 2196

(1) Providing for the licensing of persons or public agencies 2197  
providing pediatric respite care programs within this state by the 2198  
department of health and for the suspension and revocation of 2199  
licenses; 2200

(2) Establishing a license fee and license renewal fee for 2201  
pediatric respite care programs, neither of which shall, except as 2202  
provided in division (B) of this section, exceed six hundred 2203  
dollars. The fees shall cover the three-year period during which 2204  
an existing license is valid as provided in division (B) of 2205  
section 3712.041 of the Revised Code. 2206

(3) Establishing an inspection fee not to exceed, except as 2207  
provided in division (B) of this section, one thousand seven 2208  
hundred fifty dollars; 2209

(4) Establishing requirements for pediatric respite care 2210  
program facilities and services; 2211

(5) Providing for the granting of licenses to provide 2212  
pediatric respite care programs to persons and public agencies 2213  
that are accredited or certified to provide such programs by an 2214  
entity whose standards for accreditation or certification equal or 2215  
exceed those provided for licensure under this chapter and rules 2216  
adopted under it; 2217

(6) Establishing interpretive guidelines for each rule 2218  
adopted under this section. 2219

(B) Subject to the approval of the controlling board, the 2220  
director of health may establish fees in excess of the maximum 2221  
amounts specified in this section, provided that the fees do not 2222

exceed those amounts by greater than fifty per cent. 2223

(C) The department of health shall: 2224

(1) Grant, suspend, and revoke licenses for pediatric respite 2225  
care programs in accordance with this chapter and rules adopted 2226  
under it; 2227

(2) Make such inspections as are necessary to determine 2228  
whether pediatric respite care program facilities and services 2229  
meet the requirements of this chapter and rules adopted under it; 2230  
and 2231

(3) Implement and enforce provisions of this chapter and 2232  
rules adopted under it as such provisions apply to pediatric 2233  
respite care programs. 2234

**Sec. 3712.041.** (A) Every person or public agency that 2235  
proposes to provide a pediatric respite care program shall apply 2236  
to the department of health for a license. Application shall be 2237  
made on forms prescribed and provided by the department, shall 2238  
include such information as the department requires, and shall be 2239  
accompanied by the license fee established by rules adopted by the 2240  
director of health under division (A) of section 3712.031 of the 2241  
Revised Code. 2242

The department shall grant a license to the applicant if the 2243  
applicant is in compliance with this chapter and rules adopted 2244  
under it. 2245

(B) A license granted under this section shall be valid for 2246  
three years. Application for renewal of a license shall be made at 2247  
least ninety days before the expiration of the license in the same 2248  
manner as for an initial license. The department shall renew the 2249  
license if the applicant meets the requirements of this chapter 2250  
and rules adopted under it. 2251

(C) Subject to Chapter 119. of the Revised Code, the 2252

department may suspend or revoke a license if the licensee made 2253  
any material misrepresentation in the application for the license 2254  
or no longer meets the requirements of this chapter or rules 2255  
adopted under it. 2256

**Sec. 3712.051.** (A) As used in this division, "person" does 2257  
not include a member of an interdisciplinary team, as defined in 2258  
section 3712.01 of the Revised Code, or any individual who is 2259  
employed by a person or public agency licensed under section 2260  
3712.041 of the Revised Code. 2261

Except as provided in division (B) of this section, no person 2262  
or public agency, other than a person or public agency licensed 2263  
pursuant to section 3712.041 of the Revised Code, shall hold 2264  
itself out as providing a pediatric respite care program, or 2265  
provide a pediatric respite care program, or use the term 2266  
"pediatric respite care program" or any term containing "pediatric 2267  
respite care" to describe or refer to a health program, facility, 2268  
or agency. 2269

(B) Division (A) of this section does not apply to any of the 2270  
following: 2271

(1) A hospital; 2272

(2) A nursing home or residential care facility, as those 2273  
terms are defined in section 3721.01 of the Revised Code; 2274

(3) A home health agency, if it provides services under 2275  
contract with a person or public agency providing a pediatric 2276  
respite care program licensed under section 3712.041 of the 2277  
Revised Code; 2278

(4) A regional, state, or national nonprofit organization 2279  
whose members are providers of pediatric respite care programs, 2280  
individuals interested in pediatric respite care programs, or 2281  
both, as long as the organization does not provide or represent 2282

<u>that it provides pediatric respite care programs;</u>	2283
<u>(5) A person or government entity certified under section 5123.161 of the Revised Code as a supported living provider;</u>	2284
<u>(6) A residential facility licensed under section 5123.19 of the Revised Code;</u>	2285
<u>(7) A respite care home certified under section 5126.05 of the Revised Code;</u>	2286
<u>(8) A person providing respite care under a family support services program established under section 5126.11 of the Revised Code;</u>	2287
<u>(9) A person or government entity providing respite care under a medicaid waiver component that the department of developmental disabilities administers pursuant to section 5111.871 of the Revised Code.</u>	2288
<u>(C) The department of health shall petition the court of common pleas of any county in which a person or public agency, without a license granted under section 3712.041 of the Revised Code, is holding itself out as providing a pediatric respite care program, is providing a pediatric respite care program, or is representing a health program, facility, or agency as a pediatric respite care program, for an order enjoining that person or public agency from conducting those activities without a license. The court has jurisdiction to grant injunctive relief upon a showing that the respondent named in the petition is conducting those activities without a license.</u>	2289
<u>Any person or public agency may request the department to petition the court for injunctive relief under this division, and the department shall do so if it determines that the person or public agency named in the request is violating division (A) of this section.</u>	2290
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Sec. 3712.061. (A) Any person or public agency licensed under section 3712.041 of the Revised Code to provide a pediatric respite care program shall do all of the following: 2313  
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(1) Provide a planned and continuous pediatric respite care program, the medical components of which shall be under the direction of a physician; 2316  
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(2) Ensure that care is available twenty-four hours a day and seven days a week; 2319  
2320

(3) Establish an interdisciplinary plan of care for each pediatric respite care patient and the patient's family that: 2321  
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(a) Is coordinated by one designated individual who shall ensure that all components of the plan of care are addressed and implemented; 2323  
2324  
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(b) Addresses maintenance of patient-family participation in decision making; and 2326  
2327

(c) Is reviewed by the patient's attending physician and by the patient's interdisciplinary team immediately prior to or on admission to each session of respite care. 2328  
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(4) Have an interdisciplinary team or teams that provide or supervise the provision of pediatric respite care program services and establish the policies governing the provision of the services; 2331  
2332  
2333  
2334

(5) Maintain central clinical records on all pediatric respite care patients under its care. 2335  
2336

(B) A provider of a pediatric respite care program may arrange for another person or public agency to furnish a component or components of the pediatric respite care program pursuant to a written contract. When a provider of a pediatric respite care program arranges for a home health agency to furnish a component or components of the pediatric respite care program to its 2337  
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patient, the care shall be provided by a home health agency 2343  
pursuant to a written contract under which: 2344

(1) The provider of a pediatric respite care program 2345  
furnishes to the contractor a copy of the pediatric respite care 2346  
patient's interdisciplinary plan of care that is established under 2347  
division (A)(3) of this section and specifies the care that is to 2348  
be furnished by the contractor; 2349

(2) The regimen described in the established plan of care is 2350  
continued while the pediatric respite care patient receives care 2351  
from the contractor, subject to the patient's needs, and with 2352  
approval of the coordinator of the interdisciplinary team 2353  
designated pursuant to division (A)(3)(a) of this section; 2354

(3) All care, treatment, and services furnished by the 2355  
contractor are entered into the pediatric respite care patient's 2356  
medical record; 2357

(4) The designated coordinator of the interdisciplinary team 2358  
ensures conformance with the established plan of care; and 2359

(5) A copy of the contractor's medical record and discharge 2360  
summary is retained as part of the pediatric respite care 2361  
patient's medical record. 2362

**Sec. 3712.09.** (A) As used in this section: 2363

(1) "Applicant" means a person who is under final 2364  
consideration for employment with a hospice care program or 2365  
pediatric respite care program in a full-time, part-time, or 2366  
temporary position that involves providing direct care to an older 2367  
adult or pediatric respite care patient. "Applicant" does not 2368  
include a person who provides direct care as a volunteer without 2369  
receiving or expecting to receive any form of remuneration other 2370  
than reimbursement for actual expenses. 2371

(2) "Criminal records check" has the same meaning as in 2372

section 109.572 of the Revised Code. 2373

(3) "Older adult" means a person age sixty or older. 2374

(B)(1) Except as provided in division (I) of this section, 2375  
the chief administrator of a hospice care program or pediatric 2376  
respite care program shall request that the superintendent of the 2377  
bureau of criminal identification and investigation conduct a 2378  
criminal records check of each applicant. If an applicant for whom 2379  
a criminal records check request is required under this division 2380  
does not present proof of having been a resident of this state for 2381  
the five-year period immediately prior to the date the criminal 2382  
records check is requested or provide evidence that within that 2383  
five-year period the superintendent has requested information 2384  
about the applicant from the federal bureau of investigation in a 2385  
criminal records check, the chief administrator shall request that 2386  
the superintendent obtain information from the federal bureau of 2387  
investigation as part of the criminal records check of the 2388  
applicant. Even if an applicant for whom a criminal records check 2389  
request is required under this division presents proof of having 2390  
been a resident of this state for the five-year period, the chief 2391  
administrator may request that the superintendent include 2392  
information from the federal bureau of investigation in the 2393  
criminal records check. 2394

(2) A person required by division (B)(1) of this section to 2395  
request a criminal records check shall do both of the following: 2396

(a) Provide to each applicant for whom a criminal records 2397  
check request is required under that division a copy of the form 2398  
prescribed pursuant to division (C)(1) of section 109.572 of the 2399  
Revised Code and a standard fingerprint impression sheet 2400  
prescribed pursuant to division (C)(2) of that section, and obtain 2401  
the completed form and impression sheet from the applicant; 2402

(b) Forward the completed form and impression sheet to the 2403

superintendent of the bureau of criminal identification and 2404  
investigation. 2405

(3) An applicant provided the form and fingerprint impression 2406  
sheet under division (B)(2)(a) of this section who fails to 2407  
complete the form or provide fingerprint impressions shall not be 2408  
employed in any position for which a criminal records check is 2409  
required by this section. 2410

(C)(1) Except as provided in rules adopted by the director of 2411  
health in accordance with division (F) of this section and subject 2412  
to division (C)(2) of this section, no hospice care program or 2413  
pediatric respite care program shall employ a person in a position 2414  
that involves providing direct care to an older adult or pediatric 2415  
respite care patient if the person has been convicted of or 2416  
pleaded guilty to any of the following: 2417

(a) A violation of section 2903.01, 2903.02, 2903.03, 2418  
2903.04, 2903.11, 2903.12, 2903.13, 2903.16, 2903.21, 2903.34, 2419  
2905.01, 2905.02, 2905.11, 2905.12, 2907.02, 2907.03, 2907.05, 2420  
2907.06, 2907.07, 2907.08, 2907.09, 2907.12, 2907.25, 2907.31, 2421  
2907.32, 2907.321, 2907.322, 2907.323, 2911.01, 2911.02, 2911.11, 2422  
2911.12, 2911.13, 2913.02, 2913.03, 2913.04, 2913.11, 2913.21, 2423  
2913.31, 2913.40, 2913.43, 2913.47, 2913.51, 2919.25, 2921.36, 2424  
2923.12, 2923.13, 2923.161, 2925.02, 2925.03, 2925.11, 2925.13, 2425  
2925.22, 2925.23, or 3716.11 of the Revised Code. 2426

(b) A violation of an existing or former law of this state, 2427  
any other state, or the United States that is substantially 2428  
equivalent to any of the offenses listed in division (C)(1)(a) of 2429  
this section. 2430

(2)(a) A hospice care program or pediatric respite care 2431  
program may employ conditionally an applicant for whom a criminal 2432  
records check request is required under division (B) of this 2433  
section prior to obtaining the results of a criminal records check 2434

regarding the individual, provided that the program shall request 2435  
a criminal records check regarding the individual in accordance 2436  
with division (B)(1) of this section not later than five business 2437  
days after the individual begins conditional employment. In the 2438  
circumstances described in division (I)(2) of this section, a 2439  
hospice care program or pediatric respite care program may employ 2440  
conditionally an applicant who has been referred to the hospice 2441  
care program or pediatric respite care program by an employment 2442  
service that supplies full-time, part-time, or temporary staff for 2443  
positions involving the direct care of older adults or pediatric 2444  
respite care patients and for whom, pursuant to that division, a 2445  
criminal records check is not required under division (B) of this 2446  
section. 2447

(b) A hospice care program or pediatric respite care program 2448  
that employs an individual conditionally under authority of 2449  
division (C)(2)(a) of this section shall terminate the 2450  
individual's employment if the results of the criminal records 2451  
check requested under division (B) of this section or described in 2452  
division (I)(2) of this section, other than the results of any 2453  
request for information from the federal bureau of investigation, 2454  
are not obtained within the period ending thirty days after the 2455  
date the request is made. Regardless of when the results of the 2456  
criminal records check are obtained, if the results indicate that 2457  
the individual has been convicted of or pleaded guilty to any of 2458  
the offenses listed or described in division (C)(1) of this 2459  
section, the program shall terminate the individual's employment 2460  
unless the program chooses to employ the individual pursuant to 2461  
division (F) of this section. Termination of employment under this 2462  
division shall be considered just cause for discharge for purposes 2463  
of division (D)(2) of section 4141.29 of the Revised Code if the 2464  
individual makes any attempt to deceive the program about the 2465  
individual's criminal record. 2466

(D)(1) Each hospice care program or pediatric respite care program shall pay to the bureau of criminal identification and investigation the fee prescribed pursuant to division (C)(3) of section 109.572 of the Revised Code for each criminal records check conducted pursuant to a request made under division (B) of this section.

(2) A hospice care program or pediatric respite care program may charge an applicant a fee not exceeding the amount the program pays under division (D)(1) of this section. A program may collect a fee only if both of the following apply:

(a) The program notifies the person at the time of initial application for employment of the amount of the fee and that, unless the fee is paid, the person will not be considered for employment;

(b) The medical assistance program established under Chapter 5111. of the Revised Code does not reimburse the program the fee it pays under division (D)(1) of this section.

(E) The report of a criminal records check conducted pursuant to a request made under this section is not a public record for the purposes of section 149.43 of the Revised Code and shall not be made available to any person other than the following:

(1) The individual who is the subject of the criminal records check or the individual's representative;

(2) The chief administrator of the program requesting the criminal records check or the administrator's representative;

(3) The administrator of any other facility, agency, or program that provides direct care to older adults or pediatric respite care patients that is owned or operated by the same entity that owns or operates the hospice care program or pediatric respite care program;

(4) A court, hearing officer, or other necessary individual 2497  
involved in a case dealing with a denial of employment of the 2498  
applicant or dealing with employment or unemployment benefits of 2499  
the applicant; 2500

(5) Any person to whom the report is provided pursuant to, 2501  
and in accordance with, division (I)(1) or (2) of this section. 2502

(F) The director of health shall adopt rules in accordance 2503  
with Chapter 119. of the Revised Code to implement this section. 2504  
The rules shall specify circumstances under which a hospice care 2505  
program or pediatric respite care program may employ a person who 2506  
has been convicted of or pleaded guilty to an offense listed or 2507  
described in division (C)(1) of this section but meets personal 2508  
character standards set by the director. 2509

(G) The chief administrator of a hospice care program or 2510  
pediatric respite care program shall inform each individual, at 2511  
the time of initial application for a position that involves 2512  
providing direct care to an older adult or pediatric respite care 2513  
patient, that the individual is required to provide a set of 2514  
fingerprint impressions and that a criminal records check is 2515  
required to be conducted if the individual comes under final 2516  
consideration for employment. 2517

(H) In a tort or other civil action for damages that is 2518  
brought as the result of an injury, death, or loss to person or 2519  
property caused by an individual who a hospice care program or 2520  
pediatric respite care program employs in a position that involves 2521  
providing direct care to older adults or pediatric respite care 2522  
patients, all of the following shall apply: 2523

(1) If the program employed the individual in good faith and 2524  
reasonable reliance on the report of a criminal records check 2525  
requested under this section, the program shall not be found 2526  
negligent solely because of its reliance on the report, even if 2527

the information in the report is determined later to have been 2528  
incomplete or inaccurate; 2529

(2) If the program employed the individual in good faith on a 2530  
conditional basis pursuant to division (C)(2) of this section, the 2531  
program shall not be found negligent solely because it employed 2532  
the individual prior to receiving the report of a criminal records 2533  
check requested under this section; 2534

(3) If the program in good faith employed the individual 2535  
according to the personal character standards established in rules 2536  
adopted under division (F) of this section, the program shall not 2537  
be found negligent solely because the individual prior to being 2538  
employed had been convicted of or pleaded guilty to an offense 2539  
listed or described in division (C)(1) of this section. 2540

(I)(1) The chief administrator of a hospice care program or 2541  
pediatric respite care program is not required to request that the 2542  
superintendent of the bureau of criminal identification and 2543  
investigation conduct a criminal records check of an applicant if 2544  
the applicant has been referred to the program by an employment 2545  
service that supplies full-time, part-time, or temporary staff for 2546  
positions involving the direct care of older adults or pediatric 2547  
respite care patients and both of the following apply: 2548

(a) The chief administrator receives from the employment 2549  
service or the applicant a report of the results of a criminal 2550  
records check regarding the applicant that has been conducted by 2551  
the superintendent within the one-year period immediately 2552  
preceding the applicant's referral; 2553

(b) The report of the criminal records check demonstrates 2554  
that the person has not been convicted of or pleaded guilty to an 2555  
offense listed or described in division (C)(1) of this section, or 2556  
the report demonstrates that the person has been convicted of or 2557  
pleaded guilty to one or more of those offenses, but the hospice 2558

care program or pediatric respite care program chooses to employ 2559  
the individual pursuant to division (F) of this section. 2560

(2) The chief administrator of a hospice care program or 2561  
pediatric respite care program is not required to request that the 2562  
superintendent of the bureau of criminal identification and 2563  
investigation conduct a criminal records check of an applicant and 2564  
may employ the applicant conditionally as described in this 2565  
division, if the applicant has been referred to the program by an 2566  
employment service that supplies full-time, part-time, or 2567  
temporary staff for positions involving the direct care of older 2568  
adults or pediatric respite care patients and if the chief 2569  
administrator receives from the employment service or the 2570  
applicant a letter from the employment service that is on the 2571  
letterhead of the employment service, dated, and signed by a 2572  
supervisor or another designated official of the employment 2573  
service and that states that the employment service has requested 2574  
the superintendent to conduct a criminal records check regarding 2575  
the applicant, that the requested criminal records check will 2576  
include a determination of whether the applicant has been 2577  
convicted of or pleaded guilty to any offense listed or described 2578  
in division (C)(1) of this section, that, as of the date set forth 2579  
on the letter, the employment service had not received the results 2580  
of the criminal records check, and that, when the employment 2581  
service receives the results of the criminal records check, it 2582  
promptly will send a copy of the results to the hospice care 2583  
program or pediatric respite care program. If a hospice care 2584  
program or pediatric respite care program employs an applicant 2585  
conditionally in accordance with this division, the employment 2586  
service, upon its receipt of the results of the criminal records 2587  
check, promptly shall send a copy of the results to the hospice 2588  
care program or pediatric respite care program, and division 2589  
(C)(2)(b) of this section applies regarding the conditional 2590  
employment. 2591

**Sec. 3712.99.** Any person who violates division (A) of section 2592  
3712.05 or division (A) of section 3712.051 of the Revised Code is 2593  
guilty of a misdemeanor of the second degree on a first offense; 2594  
on each subsequent offense the person is guilty of a misdemeanor 2595  
of the first degree. 2596

**Sec. 3721.01.** (A) As used in sections 3721.01 to 3721.09 and 2597  
3721.99 of the Revised Code: 2598

(1)(a) "Home" means an institution, residence, or facility 2599  
that provides, for a period of more than twenty-four hours, 2600  
whether for a consideration or not, accommodations to three or 2601  
more unrelated individuals who are dependent upon the services of 2602  
others, including a nursing home, residential care facility, home 2603  
for the aging, and a veterans' home operated under Chapter 5907. 2604  
of the Revised Code. 2605

(b) "Home" also means both of the following: 2606

(i) Any facility that a person, as defined in section 3702.51 2607  
of the Revised Code, proposes for certification as a skilled 2608  
nursing facility or nursing facility under Title XVIII or XIX of 2609  
the "Social Security Act," 49 Stat. 620 (1935), 42 U.S.C.A. 301, 2610  
as amended, and for which a certificate of need, other than a 2611  
certificate to recategorize hospital beds as described in section 2612  
3702.521 of the Revised Code or division (R)(7)(d) of the version 2613  
of section 3702.51 of the Revised Code in effect immediately prior 2614  
to April 20, 1995, has been granted to the person under sections 2615  
3702.51 to 3702.62 of the Revised Code after August 5, 1989; 2616

(ii) A county home or district home that is or has been 2617  
licensed as a residential care facility. 2618

(c) "Home" does not mean any of the following: 2619

(i) Except as provided in division (A)(1)(b) of this section, 2620  
a public hospital or hospital as defined in section 3701.01 or 2621

5122.01 of the Revised Code;	2622
(ii) A residential facility as defined in section 5119.22 of the Revised Code;	2623 2624
(iii) A residential facility as defined in section 5123.19 of the Revised Code;	2625 2626
(iv) An alcohol or drug addiction program as defined in section 3793.01 of the Revised Code;	2627 2628
(v) A facility licensed to provide methadone treatment under section 3793.11 of the Revised Code;	2629 2630
(vi) A facility providing services under contract with the department of developmental disabilities under section 5123.18 of the Revised Code;	2631 2632 2633
(vii) A facility operated by a hospice care program licensed under section 3712.04 of the Revised Code that is used exclusively for care of hospice patients;	2634 2635 2636
(viii) <u>A facility operated by a pediatric respite care program licensed under section 3712.041 of the Revised Code that is used exclusively for care of pediatric respite care patients;</u>	2637 2638 2639
<u>(ix)</u> A facility, infirmary, or other entity that is operated by a religious order, provides care exclusively to members of religious orders who take vows of celibacy and live by virtue of their vows within the orders as if related, and does not participate in the medicare program established under Title XVIII of the "Social Security Act" or the medical assistance program established under Chapter 5111. of the Revised Code and Title XIX of the "Social Security Act," if on January 1, 1994, the facility, infirmary, or entity was providing care exclusively to members of the religious order;	2640 2641 2642 2643 2644 2645 2646 2647 2648 2649
<del>(ix)</del> <u>(x)</u> A county home or district home that has never been licensed as a residential care facility.	2650 2651

(2) "Unrelated individual" means one who is not related to 2652  
the owner or operator of a home or to the spouse of the owner or 2653  
operator as a parent, grandparent, child, grandchild, brother, 2654  
sister, niece, nephew, aunt, uncle, or as the child of an aunt or 2655  
uncle. 2656

(3) "Mental impairment" does not mean mental illness as 2657  
defined in section 5122.01 of the Revised Code or mental 2658  
retardation as defined in section 5123.01 of the Revised Code. 2659

(4) "Skilled nursing care" means procedures that require 2660  
technical skills and knowledge beyond those the untrained person 2661  
possesses and that are commonly employed in providing for the 2662  
physical, mental, and emotional needs of the ill or otherwise 2663  
incapacitated. "Skilled nursing care" includes, but is not limited 2664  
to, the following: 2665

(a) Irrigations, catheterizations, application of dressings, 2666  
and supervision of special diets; 2667

(b) Objective observation of changes in the patient's 2668  
condition as a means of analyzing and determining the nursing care 2669  
required and the need for further medical diagnosis and treatment; 2670

(c) Special procedures contributing to rehabilitation; 2671

(d) Administration of medication by any method ordered by a 2672  
physician, such as hypodermically, rectally, or orally, including 2673  
observation of the patient after receipt of the medication; 2674

(e) Carrying out other treatments prescribed by the physician 2675  
that involve a similar level of complexity and skill in 2676  
administration. 2677

(5)(a) "Personal care services" means services including, but 2678  
not limited to, the following: 2679

(i) Assisting residents with activities of daily living; 2680

(ii) Assisting residents with self-administration of 2681

medication, in accordance with rules adopted under section 3721.04 2682  
of the Revised Code; 2683

(iii) Preparing special diets, other than complex therapeutic 2684  
diets, for residents pursuant to the instructions of a physician 2685  
or a licensed dietitian, in accordance with rules adopted under 2686  
section 3721.04 of the Revised Code. 2687

(b) "Personal care services" does not include "skilled 2688  
nursing care" as defined in division (A)(4) of this section. A 2689  
facility need not provide more than one of the services listed in 2690  
division (A)(5)(a) of this section to be considered to be 2691  
providing personal care services. 2692

(6) "Nursing home" means a home used for the reception and 2693  
care of individuals who by reason of illness or physical or mental 2694  
impairment require skilled nursing care and of individuals who 2695  
require personal care services but not skilled nursing care. A 2696  
nursing home is licensed to provide personal care services and 2697  
skilled nursing care. 2698

(7) "Residential care facility" means a home that provides 2699  
either of the following: 2700

(a) Accommodations for seventeen or more unrelated 2701  
individuals and supervision and personal care services for three 2702  
or more of those individuals who are dependent on the services of 2703  
others by reason of age or physical or mental impairment; 2704

(b) Accommodations for three or more unrelated individuals, 2705  
supervision and personal care services for at least three of those 2706  
individuals who are dependent on the services of others by reason 2707  
of age or physical or mental impairment, and, to at least one of 2708  
those individuals, any of the skilled nursing care authorized by 2709  
section 3721.011 of the Revised Code. 2710

(8) "Home for the aging" means a home that provides services 2711  
as a residential care facility and a nursing home, except that the 2712

home provides its services only to individuals who are dependent 2713  
on the services of others by reason of both age and physical or 2714  
mental impairment. 2715

The part or unit of a home for the aging that provides 2716  
services only as a residential care facility is licensed as a 2717  
residential care facility. The part or unit that may provide 2718  
skilled nursing care beyond the extent authorized by section 2719  
3721.011 of the Revised Code is licensed as a nursing home. 2720

(9) "County home" and "district home" mean a county home or 2721  
district home operated under Chapter 5155. of the Revised Code. 2722

(B) The director of health may further classify homes. For 2723  
the purposes of this chapter, any residence, institution, hotel, 2724  
congregate housing project, or similar facility that meets the 2725  
definition of a home under this section is such a home regardless 2726  
of how the facility holds itself out to the public. 2727

(C) For purposes of this chapter, personal care services or 2728  
skilled nursing care shall be considered to be provided by a 2729  
facility if they are provided by a person employed by or 2730  
associated with the facility or by another person pursuant to an 2731  
agreement to which neither the resident who receives the services 2732  
nor the resident's sponsor is a party. 2733

(D) Nothing in division (A)(4) of this section shall be 2734  
construed to permit skilled nursing care to be imposed on an 2735  
individual who does not require skilled nursing care. 2736

Nothing in division (A)(5) of this section shall be construed 2737  
to permit personal care services to be imposed on an individual 2738  
who is capable of performing the activity in question without 2739  
assistance. 2740

(E) Division (A)(1)(c)~~(viii)~~(ix) of this section does not 2741  
prohibit a facility, infirmary, or other entity described in that 2742  
division from seeking licensure under sections 3721.01 to 3721.09 2743

of the Revised Code or certification under Title XVIII or XIX of 2744  
the "Social Security Act." However, such a facility, infirmary, or 2745  
entity that applies for licensure or certification must meet the 2746  
requirements of those sections or titles and the rules adopted 2747  
under them and obtain a certificate of need from the director of 2748  
health under section 3702.52 of the Revised Code. 2749

(F) Nothing in this chapter, or rules adopted pursuant to it, 2750  
shall be construed as authorizing the supervision, regulation, or 2751  
control of the spiritual care or treatment of residents or 2752  
patients in any home who rely upon treatment by prayer or 2753  
spiritual means in accordance with the creed or tenets of any 2754  
recognized church or religious denomination. 2755

**Sec. 3793.11.** (A) No alcohol and drug addiction program shall 2756  
employ methadone treatment or prescribe, dispense, or administer 2757  
methadone unless the program is licensed under this section. No 2758  
alcohol and drug addiction program licensed under this section 2759  
shall maintain methadone treatment in a manner inconsistent with 2760  
this section and the rules adopted under it. 2761

(B) An alcohol and drug addiction program may apply to the 2762  
department of alcohol and drug addiction services for a license to 2763  
maintain methadone treatment. The department shall review all 2764  
applications received. 2765

(C) The department may issue a license to maintain methadone 2766  
treatment to an alcohol and drug addiction program only if all of 2767  
the following apply: 2768

(1) The program is operated by a private, nonprofit 2769  
organization or by a government entity; 2770

(2) For at least two years immediately preceding the date of 2771  
application, the program has been fully certified under section 2772  
3793.06 of the Revised Code; 2773

(3) The program has not been denied a license to maintain methadone treatment or had its license withdrawn or revoked within the five-year period immediately preceding the date of application;

(4) It affirmatively appears to the department that the program is adequately staffed and equipped to maintain methadone treatment;

(5) It affirmatively appears to the department that the program will ~~conduct~~ maintain methadone treatment in strict compliance with section 3719.61 of the Revised Code, all other laws relating to drug abuse, and the rules adopted by the department;

(6) Except as provided in division (D) of this section, there is no public or private school, licensed child day-care center, or other child-serving agency within a radius of five hundred feet of the location where the program is to maintain methadone treatment.

(D) The department may waive the requirement of division (C)(6) of this section if it receives, from each public or private school, licensed child day-care center, or other child-serving agency that is within the applicable radius of the location where the program is to maintain methadone treatment, a letter of support for the location. The department shall determine whether a letter of support is satisfactory for purposes of waiving the requirement.

~~(D)~~(E) A license to maintain methadone treatment shall expire one year from the date of issuance. Licenses may be renewed.

~~(E)~~(F) The department shall establish procedures and adopt rules for licensing, inspection, and supervision of alcohol and drug addiction programs that maintain methadone treatment. The rules shall establish standards for the control, storage, furnishing, use, and dispensing of methadone, prescribe minimum

standards for the operation of the methadone treatment component 2805  
of the program, and comply with federal laws and regulations. 2806

All rules adopted under this division shall be adopted in 2807  
accordance with Chapter 119. of the Revised Code. All actions 2808  
taken by the department regarding the licensing of programs to 2809  
maintain methadone treatment shall be conducted in accordance with 2810  
Chapter 119. of the Revised Code, except as provided in division 2811  
~~(K)~~(L) of this section. 2812

~~(F)~~(G) The department of alcohol and drug addiction services 2813  
shall inspect all alcohol and drug addiction programs licensed to 2814  
maintain methadone treatment. Inspections shall be conducted at 2815  
least annually and may be conducted more frequently. No person or 2816  
government entity shall interfere with a state or local government 2817  
official acting on behalf of the department while conducting an 2818  
inspection. 2819

~~(G)~~(H) An alcohol and drug addiction program shall not 2820  
administer or dispense methadone in a tablet, powder, or 2821  
intravenous form. Methadone shall be administered or dispensed 2822  
only in a liquid form intended for ingestion. A program shall not 2823  
administer or dispense methadone to an individual for pain or 2824  
other medical reasons. 2825

~~(H)~~~~(1)~~(I) As used in this division, "program sponsor" means a 2826  
person who assumes responsibility for the operation and employees 2827  
of the methadone treatment component of an alcohol and drug 2828  
addiction program. 2829

~~(2)~~ An alcohol and drug addiction program shall not employ an 2830  
individual who receives methadone treatment from that program. A 2831  
program shall not permit an individual to act as a program 2832  
sponsor, medical director, or director of the program if the 2833  
individual is receiving methadone treatment from any alcohol and 2834  
drug addiction program. 2835

~~(I)~~(J) The department may issue orders to assure compliance 2836  
with section 3719.61 of the Revised Code, all other laws relating 2837  
to drug abuse, and the rules adopted under this section. Subject 2838  
to section 3793.13 of the Revised Code, the department may hold 2839  
hearings, require the production of relevant matter, compel 2840  
testimony, issue subpoenas, and make adjudications. Upon failure 2841  
of a person without lawful excuse to obey a subpoena or to produce 2842  
relevant matter, the department may apply to a court of common 2843  
pleas for an order compelling compliance. 2844

~~(J)~~(K) The department may refuse to issue, or may withdraw or 2845  
revoke, a license to maintain methadone treatment. A license may 2846  
be refused if an alcohol and drug addiction program does not meet 2847  
the requirements of division (C) of this section. A license may be 2848  
withdrawn at any time the department determines that the program 2849  
no longer meets the requirements for receiving the license. A 2850  
license may be revoked in accordance with division ~~(K)~~(L) of this 2851  
section. 2852

~~(K)~~ In the case of a license issued prior to the effective 2853  
date of this amendment, the department shall not consider the 2854  
requirement of division (C)(6) of this section in determining 2855  
whether to renew, withdraw, or revoke the license. 2856

(L) If the department of alcohol and drug addiction services 2857  
finds reasonable cause to believe that an alcohol and drug 2858  
addiction program licensed under this section is in violation of 2859  
any provision of section 3719.61 of the Revised Code, or of any 2860  
other state or federal law or rule relating to drug abuse, the 2861  
department may issue an order immediately revoking the license, 2862  
subject to division ~~(L)~~(M) of this section. The department shall 2863  
set a date not more than fifteen days later than the date of the 2864  
order of revocation for a hearing on the continuation or 2865  
cancellation of the revocation. For good cause, the department may 2866  
continue the hearing on application of any interested party. In 2867

conducting hearings, the department has all the authority and 2868  
power set forth in division ~~(I)~~(J) of this section. Following the 2869  
hearing, the department shall either confirm or cancel the 2870  
revocation. The hearing shall be conducted in accordance with 2871  
Chapter 119. of the Revised Code, except that the program shall 2872  
not be permitted to maintain methadone treatment pending the 2873  
hearing or pending any appeal from an adjudication made as a 2874  
result of the hearing. Notwithstanding any provision of Chapter 2875  
119. of the Revised Code to the contrary, a court shall not stay 2876  
or suspend any order of revocation issued by the director under 2877  
this division pending judicial appeal. 2878

~~(I)~~(M) The department shall not revoke a license to maintain 2879  
methadone treatment unless all clients receiving methadone 2880  
treatment from the alcohol and drug addiction program are provided 2881  
adequate substitute treatment. For purposes of this division, the 2882  
department may transfer the clients to other programs licensed to 2883  
maintain methadone treatment or replace any or all of the 2884  
administrators and staff of the program with representatives of 2885  
the department who shall continue on a provisional basis the 2886  
methadone treatment component of the program. 2887

~~(M)~~(N) Each time the department receives an application from 2888  
an alcohol and drug addiction program for a license to maintain 2889  
methadone treatment, issues or refuses to issue a license, or 2890  
withdraws or revokes a license, the department shall notify the 2891  
board of alcohol, drug addiction, and mental health services of 2892  
each alcohol, drug addiction, and mental health service district 2893  
in which the program is operated. 2894

~~(N)~~(O) Whenever it appears to the department from files, upon 2895  
complaint, or otherwise, that an alcohol and drug addiction 2896  
program has engaged in any practice declared to be illegal or 2897  
prohibited by section 3719.61 of the Revised Code, or any other 2898  
state or federal laws or regulations relating to drug abuse, or 2899

when the department believes it to be in the best interest of the public and necessary for the protection of the citizens of the state, the department may request criminal proceedings by laying before the prosecuting attorney of the proper county any evidence of criminality which may come to its knowledge.

~~(O)~~(P) The department shall maintain a current list of alcohol and drug addiction programs licensed by the department under ~~division (C)~~ of this section and shall provide a copy of the current list to a judge of a court of common pleas who requests a copy for the use of the judge under division (H) of section 2925.03 of the Revised Code. The list of licensed alcohol and drug addiction programs shall identify each licensed program by its name, its address, and the county in which it is located.

**Sec. 3795.01.** As used in sections 3795.01, 3795.02, and 3795.03 of the Revised Code:

(A) "Assist suicide" or "assisting suicide" means knowingly doing either of the following, with the purpose of helping another person to commit or attempt suicide:

(1) Providing the physical means by which the person commits or attempts to commit suicide;

(2) Participating in a physical act by which the person commits or attempts to commit suicide.

(B) "Certified nurse practitioner," "certified nurse-midwife," and "clinical nurse specialist" have the same meanings as in section 4723.01 of the Revised Code.

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

(D) "Health care" means any care, treatment, service, or procedure to maintain, diagnose, or treat a person's physical or mental condition.

(E) "Health care decision" means informed consent, refusal to  
give informed consent, or withdrawal of informed consent to health  
care.

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

(1) A hospital;

(2) A hospice care program or pediatric respite care program  
as defined in section 3712.01 of the Revised Code;

(3) A nursing home;

(4) A home health agency;

(5) An intermediate care facility for the mentally retarded.

(G) "Health care personnel" means physicians, nurses,  
physician assistants, emergency medical technicians-basic,  
emergency medical technicians-intermediate, emergency medical  
technicians-paramedic, medical technicians, dietitians, other  
authorized persons acting under the direction of an attending  
physician, and administrators of health care facilities.

(H) "Physician" means a person who is authorized under  
Chapter 4731. of the Revised Code to practice medicine and surgery  
or osteopathic medicine and surgery.

**Sec. 3963.01.** As used in this chapter:

(A) "Affiliate" means any person or entity that has ownership  
or control of a contracting entity, is owned or controlled by a  
contracting entity, or is under common ownership or control with a  
contracting entity.

(B) "Basic health care services" has the same meaning as in  
division (A) of section 1751.01 of the Revised Code, except that  
it does not include any services listed in that division that are  
provided by a pharmacist or nursing home.

(C) "Contracting entity" means any person that has a primary

business purpose of contracting with participating providers for 2959  
the delivery of health care services. 2960

(D) "Credentialing" means the process of assessing and 2961  
validating the qualifications of a provider applying to be 2962  
approved by a contracting entity to provide basic health care 2963  
services, specialty health care services, or supplemental health 2964  
care services to enrollees. 2965

(E) "Edit" means adjusting one or more procedure codes billed 2966  
by a participating provider on a claim for payment or a practice 2967  
that results in any of the following: 2968

(1) Payment for some, but not all of the procedure codes 2969  
originally billed by a participating provider; 2970

(2) Payment for a different procedure code than the procedure 2971  
code originally billed by a participating provider; 2972

(3) A reduced payment as a result of services provided to an 2973  
enrollee that are claimed under more than one procedure code on 2974  
the same service date. 2975

(F) "Electronic claims transport" means to accept and 2976  
digitize claims or to accept claims already digitized, to place 2977  
those claims into a format that complies with the electronic 2978  
transaction standards issued by the United States department of 2979  
health and human services pursuant to the "Health Insurance 2980  
Portability and Accountability Act of 1996," 110 Stat. 1955, 42 2981  
U.S.C. 1320d, et seq., as those electronic standards are 2982  
applicable to the parties and as those electronic standards are 2983  
updated from time to time, and to electronically transmit those 2984  
claims to the appropriate contracting entity, payer, or 2985  
third-party administrator. 2986

(G) "Enrollee" means any person eligible for health care 2987  
benefits under a health benefit plan, including an eligible 2988  
recipient of medicaid under Chapter 5111. of the Revised Code, and 2989

includes all of the following terms:	2990
(1) "Enrollee" and "subscriber" as defined by section 1751.01 of the Revised Code;	2991 2992
(2) "Member" as defined by section 1739.01 of the Revised Code;	2993 2994
(3) "Insured" and "plan member" pursuant to Chapter 3923. of the Revised Code;	2995 2996
(4) "Beneficiary" as defined by section 3901.38 of the Revised Code.	2997 2998
(H) "Health care contract" means a contract entered into, materially amended, or renewed between a contracting entity and a participating provider for the delivery of basic health care services, specialty health care services, or supplemental health care services to enrollees.	2999 3000 3001 3002 3003
(I) "Health care services" means basic health care services, specialty health care services, and supplemental health care services.	3004 3005 3006
(J) "Material amendment" means an amendment to a health care contract that decreases the participating provider's payment or compensation, changes the administrative procedures in a way that may reasonably be expected to significantly increase the provider's administrative expenses, or adds a new product. A material amendment does not include any of the following:	3007 3008 3009 3010 3011 3012
(1) A decrease in payment or compensation resulting solely from a change in a published fee schedule upon which the payment or compensation is based and the date of applicability is clearly identified in the contract;	3013 3014 3015 3016
(2) A decrease in payment or compensation that was anticipated under the terms of the contract, if the amount and date of applicability of the decrease is clearly identified in the	3017 3018 3019

contract;	3020
(3) An administrative change that may significantly increase the provider's administrative expense, the specific applicability of which is clearly identified in the contract;	3021 3022 3023
(4) Changes to an existing prior authorization, precertification, notification, or referral program that do not substantially increase the provider's administrative expense;	3024 3025 3026
(5) Changes to an edit program or to specific edits if the participating provider is provided notice of the changes pursuant to division (A)(1) of section 3963.04 of the Revised Code and the notice includes information sufficient for the provider to determine the effect of the change;	3027 3028 3029 3030 3031
(6) Changes to a health care contract described in division (B) of section 3963.04 of the Revised Code.	3032 3033
(K) "Participating provider" means a provider that has a health care contract with a contracting entity and is entitled to reimbursement for health care services rendered to an enrollee under the health care contract.	3034 3035 3036 3037
(L) "Payer" means any person that assumes the financial risk for the payment of claims under a health care contract or the reimbursement for health care services provided to enrollees by participating providers pursuant to a health care contract.	3038 3039 3040 3041
(M) "Primary enrollee" means a person who is responsible for making payments for participation in a health care plan or an enrollee whose employment or other status is the basis of eligibility for enrollment in a health care plan.	3042 3043 3044 3045
(N) "Procedure codes" includes the American medical association's current procedural terminology code, the American dental association's current dental terminology, and the centers for medicare and medicaid services health care common procedure	3046 3047 3048 3049

coding system. 3050

(O) "Product" means one of the following types of categories 3051  
of coverage for which a participating provider may be obligated to 3052  
provide health care services pursuant to a health care contract: 3053

(1) A health maintenance organization or other product 3054  
provided by a health insuring corporation; 3055

(2) A preferred provider organization; 3056

(3) Medicare; 3057

(4) Medicaid; 3058

(5) Workers' compensation. 3059

(P) "Provider" means a physician, podiatrist, dentist, 3060  
chiropractor, optometrist, psychologist, physician assistant, 3061  
advanced practice registered nurse, occupational therapist, 3062  
massage therapist, physical therapist, professional counselor, 3063  
professional clinical counselor, hearing aid dealer, orthotist, 3064  
prosthetist, home health agency, hospice care program, pediatric 3065  
respite care program, or hospital, or a provider organization or 3066  
physician-hospital organization that is acting exclusively as an 3067  
administrator on behalf of a provider to facilitate the provider's 3068  
participation in health care contracts. "Provider" does not mean a 3069  
pharmacist, pharmacy, nursing home, or a provider organization or 3070  
physician-hospital organization that leases the provider 3071  
organization's or physician-hospital organization's network to a 3072  
third party or contracts directly with employers or health and 3073  
welfare funds. 3074

(Q) "Specialty health care services" has the same meaning as 3075  
in section 1751.01 of the Revised Code, except that it does not 3076  
include any services listed in division (B) of section 1751.01 of 3077  
the Revised Code that are provided by a pharmacist or a nursing 3078  
home. 3079

(R) "Supplemental health care services" has the same meaning 3080  
as in division (B) of section 1751.01 of the Revised Code, except 3081  
that it does not include any services listed in that division that 3082  
are provided by a pharmacist or nursing home. 3083

**Sec. 4503.44.** (A) As used in this section and in section 3084  
4511.69 of the Revised Code: 3085

(1) "Person with a disability that limits or impairs the 3086  
ability to walk" means any person who, as determined by a health 3087  
care provider, meets any of the following criteria: 3088

(a) Cannot walk two hundred feet without stopping to rest; 3089

(b) Cannot walk without the use of, or assistance from, a 3090  
brace, cane, crutch, another person, prosthetic device, 3091  
wheelchair, or other assistive device; 3092

(c) Is restricted by a lung disease to such an extent that 3093  
the person's forced (respiratory) expiratory volume for one 3094  
second, when measured by spirometry, is less than one liter, or 3095  
the arterial oxygen tension is less than sixty millimeters of 3096  
mercury on room air at rest; 3097

(d) Uses portable oxygen; 3098

(e) Has a cardiac condition to the extent that the person's 3099  
functional limitations are classified in severity as class III or 3100  
class IV according to standards set by the American heart 3101  
association; 3102

(f) Is severely limited in the ability to walk due to an 3103  
arthritic, neurological, or orthopedic condition; 3104

(g) Is blind. 3105

(2) "Organization" means any private organization or 3106  
corporation, or any governmental board, agency, department, 3107  
division, or office, that, as part of its business or program, 3108

transports persons with disabilities that limit or impair the 3109  
ability to walk on a regular basis in a motor vehicle that has not 3110  
been altered for the purpose of providing it with special 3111  
equipment for use by handicapped persons. This definition does not 3112  
apply to division (J) of this section. 3113

(3) "Health care provider" means a physician, physician 3114  
assistant, advanced practice registered nurse, or chiropractor as 3115  
defined in this section. 3116

(4) "Physician" means a person licensed to practice medicine 3117  
or surgery or osteopathic medicine and surgery under Chapter 4731. 3118  
of the Revised Code. 3119

(5) "Chiropractor" means a person licensed to practice 3120  
chiropractic under Chapter 4734. of the Revised Code. 3121

(6) "Advanced practice registered nurse" means ~~any a~~ 3122  
certified nurse practitioner, clinical nurse specialist, certified 3123  
registered nurse anesthetist, or certified nurse-midwife who holds 3124  
a certificate of authority issued by the board of nursing under 3125  
Chapter 4723. of the Revised Code. 3126

(7) "Physician assistant" means a person who holds a 3127  
certificate to practice as a physician assistant issued under 3128  
Chapter 4730. of the Revised Code. 3129

(B) Any organization or person with a disability that limits 3130  
or impairs the ability to walk may apply to the registrar of motor 3131  
vehicles for a removable windshield placard or, if the person owns 3132  
or leases a motor vehicle, the person may apply for the 3133  
registration of any motor vehicle the person owns or leases. In 3134  
addition to one or more sets of license plates or one placard, a 3135  
person with a disability that limits or impairs the ability to 3136  
walk is entitled to one additional placard, but only if the person 3137  
applies separately for the additional placard, states the reasons 3138  
why the additional placard is needed, and the registrar, in the 3139

registrar's discretion, determines that good and justifiable cause 3140  
exists to approve the request for the additional placard. When a 3141  
motor vehicle has been altered for the purpose of providing it 3142  
with special equipment for a person with a disability that limits 3143  
or impairs the ability to walk, but is owned or leased by someone 3144  
other than such a person, the owner or lessee may apply to the 3145  
registrar or a deputy registrar for registration under this 3146  
section. The application for registration of a motor vehicle owned 3147  
or leased by a person with a disability that limits or impairs the 3148  
ability to walk shall be accompanied by a signed statement from 3149  
the applicant's health care provider certifying that the applicant 3150  
meets at least one of the criteria contained in division (A)(1) of 3151  
this section and that the disability is expected to continue for 3152  
more than six consecutive months. The application for a removable 3153  
windshield placard made by a person with a disability that limits 3154  
or impairs the ability to walk shall be accompanied by a 3155  
prescription from the applicant's health care provider prescribing 3156  
such a placard for the applicant, provided that the applicant 3157  
meets at least one of the criteria contained in division (A)(1) of 3158  
this section. The health care provider shall state on the 3159  
prescription the length of time the health care provider expects 3160  
the applicant to have the disability that limits or impairs the 3161  
applicant's ability to walk. The application for a removable 3162  
windshield placard made by an organization shall be accompanied by 3163  
such documentary evidence of regular transport of persons with 3164  
disabilities that limit or impair the ability to walk by the 3165  
organization as the registrar may require by rule and shall be 3166  
completed in accordance with procedures that the registrar may 3167  
require by rule. The application for registration of a motor 3168  
vehicle that has been altered for the purpose of providing it with 3169  
special equipment for a person with a disability that limits or 3170  
impairs the ability to walk but is owned by someone other than 3171  
such a person shall be accompanied by such documentary evidence of 3172

vehicle alterations as the registrar may require by rule. 3173

(C) When an organization, a person with a disability that 3174  
limits or impairs the ability to walk, or a person who does not 3175  
have a disability that limits or impairs the ability to walk but 3176  
owns a motor vehicle that has been altered for the purpose of 3177  
providing it with special equipment for a person with a disability 3178  
that limits or impairs the ability to walk first submits an 3179  
application for registration of a motor vehicle under this section 3180  
and every fifth year thereafter, the organization or person shall 3181  
submit a signed statement from the applicant's health care 3182  
provider, a completed application, and any required documentary 3183  
evidence of vehicle alterations as provided in division (B) of 3184  
this section, and also a power of attorney from the owner of the 3185  
motor vehicle if the applicant leases the vehicle. Upon submission 3186  
of these items, the registrar or deputy registrar shall issue to 3187  
the applicant appropriate vehicle registration and a set of 3188  
license plates and validation stickers, or validation stickers 3189  
alone when required by section 4503.191 of the Revised Code. In 3190  
addition to the letters and numbers ordinarily inscribed thereon, 3191  
the license plates shall be imprinted with the international 3192  
symbol of access. The license plates and validation stickers shall 3193  
be issued upon payment of the regular license fee as prescribed 3194  
under section 4503.04 of the Revised Code and any motor vehicle 3195  
tax levied under Chapter 4504. of the Revised Code, and the 3196  
payment of a service fee equal to the amount specified in division 3197  
(D) or (G) of section 4503.10 of the Revised Code. 3198

(D)(1) Upon receipt of a completed and signed application for 3199  
a removable windshield placard, a prescription as described in 3200  
division (B) of this section, documentary evidence of regular 3201  
transport of persons with disabilities that limit or impair the 3202  
ability to walk, if required, and payment of a service fee equal 3203  
to the amount specified in division (D) or (G) of section 4503.10 3204

of the Revised Code, the registrar or deputy registrar shall issue 3205  
to the applicant a removable windshield placard, which shall bear 3206  
the date of expiration on both sides of the placard and shall be 3207  
valid until expired, revoked, or surrendered. Every removable 3208  
windshield placard expires as described in division (D)(2) of this 3209  
section, but in no case shall a removable windshield placard be 3210  
valid for a period of less than sixty days. Removable windshield 3211  
placards shall be renewable upon application as provided in 3212  
division (B) of this section, and a service fee equal to the 3213  
amount specified in division (D) or (G) of section 4503.10 of the 3214  
Revised Code shall be charged for the renewal of a removable 3215  
windshield placard. The registrar shall provide the application 3216  
form and shall determine the information to be included thereon. 3217  
The registrar also shall determine the form and size of the 3218  
removable windshield placard, the material of which it is to be 3219  
made, and any other information to be included thereon, and shall 3220  
adopt rules relating to the issuance, expiration, revocation, 3221  
surrender, and proper display of such placards. Any placard issued 3222  
after October 14, 1999, shall be manufactured in a manner that 3223  
allows the expiration date of the placard to be indicated on it 3224  
through the punching, drilling, boring, or creation by any other 3225  
means of holes in the placard. 3226

(2) At the time a removable windshield placard is issued to a 3227  
person with a disability that limits or impairs the ability to 3228  
walk, the registrar or deputy registrar shall enter into the 3229  
records of the bureau of motor vehicles the last date on which the 3230  
person will have that disability, as indicated on the accompanying 3231  
prescription. Not less than thirty days prior to that date and all 3232  
removable windshield placard renewal dates, the bureau shall send 3233  
a renewal notice to that person at the person's last known address 3234  
as shown in the records of the bureau, informing the person that 3235  
the person's removable windshield placard will expire on the 3236  
indicated date not to exceed five years from the date of issuance, 3237

and that the person is required to renew the placard by submitting 3238  
to the registrar or a deputy registrar another prescription, as 3239  
described in division (B) of this section, and by complying with 3240  
the renewal provisions prescribed in division (D)(1) of this 3241  
section. If such a prescription is not received by the registrar 3242  
or a deputy registrar by that date, the placard issued to that 3243  
person expires and no longer is valid, and this fact shall be 3244  
recorded in the records of the bureau. 3245

(3) At least once every year, on a date determined by the 3246  
registrar, the bureau shall examine the records of the office of 3247  
vital statistics, located within the department of health, that 3248  
pertain to deceased persons, and also the bureau's records of all 3249  
persons who have been issued removable windshield placards and 3250  
temporary removable windshield placards. If the records of the 3251  
office of vital statistics indicate that a person to whom a 3252  
removable windshield placard or temporary removable windshield 3253  
placard has been issued is deceased, the bureau shall cancel that 3254  
placard, and note the cancellation in its records. 3255

The office of vital statistics shall make available to the 3256  
bureau all information necessary to enable the bureau to comply 3257  
with division (D)(3) of this section. 3258

(4) Nothing in this section shall be construed to require a 3259  
person or organization to apply for a removable windshield placard 3260  
or special license plates if the parking card or special license 3261  
plates issued to the person or organization under prior law have 3262  
not expired or been surrendered or revoked. 3263

(E)(1)(a) Any person with a disability that limits or impairs 3264  
the ability to walk may apply to the registrar or a deputy 3265  
registrar for a temporary removable windshield placard. The 3266  
application for a temporary removable windshield placard shall be 3267  
accompanied by a prescription from the applicant's health care 3268  
provider prescribing such a placard for the applicant, provided 3269

that the applicant meets at least one of the criteria contained in 3270  
division (A)(1) of this section and that the disability is 3271  
expected to continue for six consecutive months or less. The 3272  
health care provider shall state on the prescription the length of 3273  
time the health care provider expects the applicant to have the 3274  
disability that limits or impairs the applicant's ability to walk, 3275  
which cannot exceed six months from the date of the prescription. 3276  
Upon receipt of an application for a temporary removable 3277  
windshield placard, presentation of the prescription from the 3278  
applicant's health care provider, and payment of a service fee 3279  
equal to the amount specified in division (D) or (G) of section 3280  
4503.10 of the Revised Code, the registrar or deputy registrar 3281  
shall issue to the applicant a temporary removable windshield 3282  
placard. 3283

(b) Any active-duty member of the armed forces of the United 3284  
States, including the reserve components of the armed forces and 3285  
the national guard, who has an illness or injury that limits or 3286  
impairs the ability to walk may apply to the registrar or a deputy 3287  
registrar for a temporary removable windshield placard. With the 3288  
application, the person shall present evidence of the person's 3289  
active-duty status and the illness or injury. Evidence of the 3290  
illness or injury may include a current department of defense 3291  
convalescent leave statement, any department of defense document 3292  
indicating that the person currently has an ill or injured 3293  
casualty status or has limited duties, or a prescription from any 3294  
health care provider prescribing the placard for the applicant. 3295  
Upon receipt of the application and the necessary evidence, the 3296  
registrar or deputy registrar shall issue the applicant the 3297  
temporary removable windshield placard without the payment of any 3298  
service fee. 3299

(2) The temporary removable windshield placard shall be of 3300  
the same size and form as the removable windshield placard, shall 3301

be printed in white on a red-colored background, and shall bear 3302  
the word "temporary" in letters of such size as the registrar 3303  
shall prescribe. A temporary removable windshield placard also 3304  
shall bear the date of expiration on the front and back of the 3305  
placard, and shall be valid until expired, surrendered, or 3306  
revoked, but in no case shall such a placard be valid for a period 3307  
of less than sixty days. The registrar shall provide the 3308  
application form and shall determine the information to be 3309  
included on it, provided that the registrar shall not require a 3310  
health care provider's prescription or certification for a person 3311  
applying under division (E)(1)(b) of this section. The registrar 3312  
also shall determine the material of which the temporary removable 3313  
windshield placard is to be made and any other information to be 3314  
included on the placard and shall adopt rules relating to the 3315  
issuance, expiration, surrender, revocation, and proper display of 3316  
those placards. Any temporary removable windshield placard issued 3317  
after October 14, 1999, shall be manufactured in a manner that 3318  
allows for the expiration date of the placard to be indicated on 3319  
it through the punching, drilling, boring, or creation by any 3320  
other means of holes in the placard. 3321

(F) If an applicant for a removable windshield placard is a 3322  
veteran of the armed forces of the United States whose disability, 3323  
as defined in division (A)(1) of this section, is 3324  
service-connected, the registrar or deputy registrar, upon receipt 3325  
of the application, presentation of a signed statement from the 3326  
applicant's health care provider certifying the applicant's 3327  
disability, and presentation of such documentary evidence from the 3328  
department of veterans affairs that the disability of the 3329  
applicant meets at least one of the criteria identified in 3330  
division (A)(1) of this section and is service-connected as the 3331  
registrar may require by rule, but without the payment of any 3332  
service fee, shall issue the applicant a removable windshield 3333  
placard that is valid until expired, surrendered, or revoked. 3334

(G) Upon a conviction of a violation of division (I), (J), or 3335  
(K) of this section, the court shall report the conviction, and 3336  
send the placard or parking card, if available, to the registrar, 3337  
who thereupon shall revoke the privilege of using the placard or 3338  
parking card and send notice in writing to the placardholder or 3339  
cardholder at that holder's last known address as shown in the 3340  
records of the bureau, and the placardholder or cardholder shall 3341  
return the placard or card if not previously surrendered to the 3342  
court, to the registrar within ten days following mailing of the 3343  
notice. 3344

Whenever a person to whom a removable windshield placard or 3345  
parking card has been issued moves to another state, the person 3346  
shall surrender the placard or card to the registrar; and whenever 3347  
an organization to which a placard or card has been issued changes 3348  
its place of operation to another state, the organization shall 3349  
surrender the placard or card to the registrar. 3350

(H) Subject to division (F) of section 4511.69 of the Revised 3351  
Code, the operator of a motor vehicle displaying a removable 3352  
windshield placard, temporary removable windshield placard, 3353  
parking card, or the special license plates authorized by this 3354  
section is entitled to park the motor vehicle in any special 3355  
parking location reserved for persons with disabilities that limit 3356  
or impair the ability to walk, also known as handicapped parking 3357  
spaces or disability parking spaces. 3358

(I) No person or organization that is not eligible under 3359  
division (B) or (E) of this section shall willfully and falsely 3360  
represent that the person or organization is so eligible. 3361

No person or organization shall display license plates issued 3362  
under this section unless the license plates have been issued for 3363  
the vehicle on which they are displayed and are valid. 3364

(J) No person or organization to which a removable windshield 3365

placard or temporary removable windshield placard is issued shall 3366  
do either of the following: 3367

(1) Display or permit the display of the placard on any motor 3368  
vehicle when having reasonable cause to believe the motor vehicle 3369  
is being used in connection with an activity that does not include 3370  
providing transportation for persons with disabilities that limit 3371  
or impair the ability to walk; 3372

(2) Refuse to return or surrender the placard, when required. 3373

(K)(1) No person or organization to which a parking card is 3374  
issued shall do either of the following: 3375

(a) Display or permit the display of the parking card on any 3376  
motor vehicle when having reasonable cause to believe the motor 3377  
vehicle is being used in connection with an activity that does not 3378  
include providing transportation for a handicapped person; 3379

(b) Refuse to return or surrender the parking card, when 3380  
required. 3381

(2) As used in division (K) of this section: 3382

(a) "Handicapped person" means any person who has lost the 3383  
use of one or both legs or one or both arms, who is blind, deaf, 3384  
or so severely handicapped as to be unable to move about without 3385  
the aid of crutches or a wheelchair, or whose mobility is 3386  
restricted by a permanent cardiovascular, pulmonary, or other 3387  
handicapping condition. 3388

(b) "Organization" means any private organization or 3389  
corporation, or any governmental board, agency, department, 3390  
division, or office, that, as part of its business or program, 3391  
transports handicapped persons on a regular basis in a motor 3392  
vehicle that has not been altered for the purposes of providing it 3393  
with special equipment for use by handicapped persons. 3394

(L) If a removable windshield placard, temporary removable 3395

windshield placard, or parking card is lost, destroyed, or 3396  
mutilated, the placardholder or cardholder may obtain a duplicate 3397  
by doing both of the following: 3398

(1) Furnishing suitable proof of the loss, destruction, or 3399  
mutilation to the registrar; 3400

(2) Paying a service fee equal to the amount specified in 3401  
division (D) or (G) of section 4503.10 of the Revised Code. 3402

Any placardholder or cardholder who loses a placard or card 3403  
and, after obtaining a duplicate, finds the original, immediately 3404  
shall surrender the original placard or card to the registrar. 3405

(M) The registrar shall pay all fees received under this 3406  
section for the issuance of removable windshield placards or 3407  
temporary removable windshield placards or duplicate removable 3408  
windshield placards or cards into the state treasury to the credit 3409  
of the state bureau of motor vehicles fund created in section 3410  
4501.25 of the Revised Code. 3411

(N) In addition to the fees collected under this section, the 3412  
registrar or deputy registrar shall ask each person applying for a 3413  
removable windshield placard or temporary removable windshield 3414  
placard or duplicate removable windshield placard or license plate 3415  
issued under this section, whether the person wishes to make a 3416  
two-dollar voluntary contribution to support rehabilitation 3417  
employment services. The registrar shall transmit the 3418  
contributions received under this division to the treasurer of 3419  
state for deposit into the rehabilitation employment fund, which 3420  
is hereby created in the state treasury. A deputy registrar shall 3421  
transmit the contributions received under this division to the 3422  
registrar in the time and manner prescribed by the registrar. The 3423  
contributions in the fund shall be used by the rehabilitation 3424  
services commission to purchase services related to vocational 3425  
evaluation, work adjustment, personal adjustment, job placement, 3426

job coaching, and community-based assessment from accredited 3427  
community rehabilitation program facilities. 3428

(O) For purposes of enforcing this section, every peace 3429  
officer is deemed to be an agent of the registrar. Any peace 3430  
officer or any authorized employee of the bureau of motor vehicles 3431  
who, in the performance of duties authorized by law, becomes aware 3432  
of a person whose placard or parking card has been revoked 3433  
pursuant to this section, may confiscate that placard or parking 3434  
card and return it to the registrar. The registrar shall prescribe 3435  
any forms used by law enforcement agencies in administering this 3436  
section. 3437

No peace officer, law enforcement agency employing a peace 3438  
officer, or political subdivision or governmental agency employing 3439  
a peace officer, and no employee of the bureau is liable in a 3440  
civil action for damages or loss to persons arising out of the 3441  
performance of any duty required or authorized by this section. As 3442  
used in this division, "peace officer" has the same meaning as in 3443  
division (B) of section 2935.01 of the Revised Code. 3444

(P) All applications for registration of motor vehicles, 3445  
removable windshield placards, and temporary removable windshield 3446  
placards issued under this section, all renewal notices for such 3447  
items, and all other publications issued by the bureau that relate 3448  
to this section shall set forth the criminal penalties that may be 3449  
imposed upon a person who violates any provision relating to 3450  
special license plates issued under this section, the parking of 3451  
vehicles displaying such license plates, and the issuance, 3452  
procurement, use, and display of removable windshield placards and 3453  
temporary removable windshield placards issued under this section. 3454

(Q) Whoever violates this section is guilty of a misdemeanor 3455  
of the fourth degree. 3456

**Sec. 4719.01.** (A) As used in sections 4719.01 to 4719.18 of 3457

the Revised Code: 3458

(1) "Affiliate" means a business entity that is owned by, 3459  
operated by, controlled by, or under common control with another 3460  
business entity. 3461

(2) "Communication" means a written or oral notification or 3462  
advertisement that meets both of the following criteria, as 3463  
applicable: 3464

(a) The notification or advertisement is transmitted by or on 3465  
behalf of the seller of goods or services and by or through any 3466  
printed, audio, video, cinematic, telephonic, or electronic means. 3467

(b) In the case of a notification or advertisement other than 3468  
by telephone, either of the following conditions is met: 3469

(i) The notification or advertisement is followed by a 3470  
telephone call from a telephone solicitor or salesperson. 3471

(ii) The notification or advertisement invites a response by 3472  
telephone, and, during the course of that response, a telephone 3473  
solicitor or salesperson attempts to make or makes a sale of goods 3474  
or services. As used in division (A)(2)(b)(ii) of this section, 3475  
"invites a response by telephone" excludes the mere listing or 3476  
inclusion of a telephone number in a notification or 3477  
advertisement. 3478

(3) "Gift, award, or prize" means anything of value that is 3479  
offered or purportedly offered, or given or purportedly given by 3480  
chance, at no cost to the receiver and with no obligation to 3481  
purchase goods or services. As used in this division, "chance" 3482  
includes a situation in which a person is guaranteed to receive an 3483  
item and, at the time of the offer or purported offer, the 3484  
telephone solicitor does not identify the specific item that the 3485  
person will receive. 3486

(4) "Goods or services" means any real property or any 3487

tangible or intangible personal property, or services of any kind 3488  
provided or offered to a person. "Goods or services" includes, but 3489  
is not limited to, advertising; labor performed for the benefit of 3490  
a person; personal property intended to be attached to or 3491  
installed in any real property, regardless of whether it is so 3492  
attached or installed; timeshare estates or licenses; and extended 3493  
service contracts. 3494

(5) "Purchaser" means a person that is solicited to become or 3495  
does become financially obligated as a result of a telephone 3496  
solicitation. 3497

(6) "Salesperson" means an individual who is employed, 3498  
appointed, or authorized by a telephone solicitor to make 3499  
telephone solicitations but does not mean any of the following: 3500

(a) An individual who comes within one of the exemptions in 3501  
division (B) of this section; 3502

(b) An individual employed, appointed, or authorized by a 3503  
person who comes within one of the exemptions in division (B) of 3504  
this section; 3505

(c) An individual under a written contract with a person who 3506  
comes within one of the exemptions in division (B) of this 3507  
section, if liability for all transactions with purchasers is 3508  
assumed by the person so exempted. 3509

(7) "Telephone solicitation" means a communication to a 3510  
person that meets both of the following criteria: 3511

(a) The communication is initiated by or on behalf of a 3512  
telephone solicitor or by a salesperson. 3513

(b) The communication either represents a price or the 3514  
quality or availability of goods or services or is used to induce 3515  
the person to purchase goods or services, including, but not 3516  
limited to, inducement through the offering of a gift, award, or 3517

prize. 3518

(8) "Telephone solicitor" means a person that engages in 3519  
telephone solicitation directly or through one or more 3520  
salespersons either from a location in this state, or from a 3521  
location outside this state to persons in this state. "Telephone 3522  
solicitor" includes, but is not limited to, any such person that 3523  
is an owner, operator, officer, or director of, partner in, or 3524  
other individual engaged in the management activities of, a 3525  
business. 3526

(B) A telephone solicitor is exempt from the provisions of 3527  
sections 4719.02 to 4719.18 and section 4719.99 of the Revised 3528  
Code if the telephone solicitor is any one of the following: 3529

(1) A person engaging in a telephone solicitation that is a 3530  
one-time or infrequent transaction not done in the course of a 3531  
pattern of repeated transactions of a like nature; 3532

(2) A person engaged in telephone solicitation solely for 3533  
religious or political purposes; a charitable organization, 3534  
fund-raising counsel, or professional solicitor in compliance with 3535  
the registration and reporting requirements of Chapter 1716. of 3536  
the Revised Code; or any person or other entity exempt under 3537  
section 1716.03 of the Revised Code from filing a registration 3538  
statement under section 1716.02 of the Revised Code; 3539

(3) A person, making a telephone solicitation involving a 3540  
home solicitation sale as defined in section 1345.21 of the 3541  
Revised Code, that makes the sales presentation and completes the 3542  
sale at a later, face-to-face meeting between the seller and the 3543  
purchaser rather than during the telephone solicitation. However, 3544  
if the person, following the telephone solicitation, causes 3545  
another person to collect the payment of any money, this exemption 3546  
does not apply. 3547

(4) A licensed securities, commodities, or investment broker, 3548

dealer, investment advisor, or associated person when making a 3549  
telephone solicitation within the scope of the person's license. 3550  
As used in division (B)(4) of this section, "licensed securities, 3551  
commodities, or investment broker, dealer, investment advisor, or 3552  
associated person" means a person subject to licensure or 3553  
registration as such by the securities and exchange commission; 3554  
the National Association of Securities Dealers or other 3555  
self-regulatory organization, as defined by 15 U.S.C.A. 78c; by 3556  
the division of securities under Chapter 1707. of the Revised 3557  
Code; or by an official or agency of any other state of the United 3558  
States. 3559

(5)(a) A person primarily engaged in soliciting the sale of a 3560  
newspaper of general circulation; 3561

(b) As used in division (B)(5)(a) of this section, "newspaper 3562  
of general circulation" includes, but is not limited to, both of 3563  
the following: 3564

(i) A newspaper that is a daily law journal designated as an 3565  
official publisher of court calendars pursuant to section 2701.09 3566  
of the Revised Code; 3567

(ii) A newspaper or publication that has at least twenty-five 3568  
per cent editorial, non-advertising content, exclusive of inserts, 3569  
measured relative to total publication space, and an audited 3570  
circulation to at least fifty per cent of the households in the 3571  
newspaper's retail trade zone as defined by the audit. 3572

(6)(a) An issuer, or its subsidiary, that has a class of 3573  
securities to which all of the following apply: 3574

(i) The class of securities is subject to section 12 of the 3575  
"Securities Exchange Act of 1934," 15 U.S.C.A. 781, and is 3576  
registered or is exempt from registration under 15 U.S.C.A. 3577  
781(g)(2)(A), (B), (C), (E), (F), (G), or (H); 3578

(ii) The class of securities is listed on the New York stock 3579

exchange, the American stock exchange, or the NASDAQ national 3580  
market system; 3581

(iii) The class of securities is a reported security as 3582  
defined in 17 C.F.R. 240.11Aa3-1(a)(4). 3583

(b) An issuer, or its subsidiary, that formerly had a class 3584  
of securities that met the criteria set forth in division 3585  
(B)(6)(a) of this section if the issuer, or its subsidiary, has a 3586  
net worth in excess of one hundred million dollars, files or its 3587  
parent files with the securities and exchange commission an S.E.C. 3588  
form 10-K, and has continued in substantially the same business 3589  
since it had a class of securities that met the criteria in 3590  
division (B)(6)(a) of this section. As used in division (B)(6)(b) 3591  
of this section, "issuer" and "subsidiary" include the successor 3592  
to an issuer or subsidiary. 3593

(7) A person soliciting a transaction regulated by the 3594  
commodity futures trading commission, if the person is registered 3595  
or temporarily registered for that activity with the commission 3596  
under 7 U.S.C.A. 1 et. seq. and the registration or temporary 3597  
registration has not expired or been suspended or revoked; 3598

(8) A person soliciting the sale of any book, record, audio 3599  
tape, compact disc, or video, if the person allows the purchaser 3600  
to review the merchandise for at least seven days and provides a 3601  
full refund within thirty days to a purchaser who returns the 3602  
merchandise or if the person solicits the sale on behalf of a 3603  
membership club operating in compliance with regulations adopted 3604  
by the federal trade commission in 16 C.F.R. 425; 3605

(9) A supervised financial institution or its subsidiary. As 3606  
used in division (B)(9) of this section, "supervised financial 3607  
institution" means a bank, trust company, savings and loan 3608  
association, savings bank, credit union, industrial loan company, 3609  
consumer finance lender, commercial finance lender, or institution 3610

described in section 2(c)(2)(F) of the "Bank Holding Company Act of 1956," 12 U.S.C.A. 1841(c)(2)(F), as amended, supervised by an official or agency of the United States, this state, or any other state of the United States; or a licensee or registrant under sections 1321.01 to 1321.19, 1321.51 to 1321.60, or 1321.71 to 1321.83 of the Revised Code.

(10)(a) An insurance company, association, or other organization that is licensed or authorized to conduct business in this state by the superintendent of insurance pursuant to Title XXXIX of the Revised Code or Chapter 1751. of the Revised Code, when soliciting within the scope of its license or authorization.

(b) A licensed insurance broker, agent, or solicitor when soliciting within the scope of the person's license. As used in division (B)(10)(b) of this section, "licensed insurance broker, agent, or solicitor" means any person licensed as an insurance broker, agent, or solicitor by the superintendent of insurance pursuant to Title XXXIX of the Revised Code.

(11) A person soliciting the sale of services provided by a cable television system operating under authority of a governmental franchise or permit;

(12) A person soliciting a business-to-business sale under which any of the following conditions are met:

(a) The telephone solicitor has been operating continuously for at least three years under the same business name under which it solicits purchasers, and at least fifty-one per cent of its gross dollar volume of sales consists of repeat sales to existing customers to whom it has made sales under the same business name.

(b) The purchaser business intends to resell the goods purchased.

(c) The purchaser business intends to use the goods or services purchased in a recycling, reuse, manufacturing, or

remanufacturing process. 3642

(d) The telephone solicitor is a publisher of a periodical or 3643  
of magazines distributed as controlled circulation publications as 3644  
defined in division (CC) of section 5739.01 of the Revised Code 3645  
and is soliciting sales of advertising, subscriptions, reprints, 3646  
lists, information databases, conference participation or 3647  
sponsorships, trade shows or media products related to the 3648  
periodical or magazine, or other publishing services provided by 3649  
the controlled circulation publication. 3650

(13) A person that, not less often than once each year, 3651  
publishes and delivers to potential purchasers a catalog that 3652  
complies with both of the following: 3653

(a) It includes all of the following: 3654

(i) The business address of the seller; 3655

(ii) A written description or illustration of each good or 3656  
service offered for sale; 3657

(iii) A clear and conspicuous disclosure of the sale price of 3658  
each good or service; shipping, handling, and other charges; and 3659  
return policy+; 3660

(b) One of the following applies: 3661

(i) The catalog includes at least twenty-four pages of 3662  
written material and illustrations, is distributed in more than 3663  
one state, and has an annual postage-paid mail circulation of not 3664  
less than two hundred fifty thousand households; 3665

(ii) The catalog includes at least ten pages of written 3666  
material or an equivalent amount of material in electronic form on 3667  
the internet or an on-line computer service, the person does not 3668  
solicit customers by telephone but solely receives telephone calls 3669  
made in response to the catalog, and during the calls the person 3670  
takes orders but does not engage in further solicitation of the 3671

purchaser. As used in division (B)(13)(b)(ii) of this section, 3672  
"further solicitation" does not include providing the purchaser 3673  
with information about, or attempting to sell, any other item in 3674  
the catalog that prompted the purchaser's call or in a 3675  
substantially similar catalog issued by the seller. 3676

(14) A political subdivision or instrumentality of the United 3677  
States, this state, or any state of the United States; 3678

(15) A college or university or any other public or private 3679  
institution of higher education in this state; 3680

(16) A public utility as defined in section 4905.02 of the 3681  
Revised Code or a retail natural gas supplier as defined in 3682  
section 4929.01 of the Revised Code, if the utility or supplier is 3683  
subject to regulation by the public utilities commission, or the 3684  
affiliate of the utility or supplier; 3685

(17) A person that solicits sales through a television 3686  
program or advertisement that is presented in the same market area 3687  
no fewer than twenty days per month or offers for sale no fewer 3688  
than ten distinct items of goods or services; and offers to the 3689  
purchaser an unconditional right to return any good or service 3690  
purchased within a period of at least seven days and to receive a 3691  
full refund within thirty days after the purchaser returns the 3692  
good or cancels the service; 3693

(18)(a) A person that, for at least one year, has been 3694  
operating a retail business under the same name as that used in 3695  
connection with telephone solicitation and both of the following 3696  
occur on a continuing basis: 3697

(i) The person either displays goods and offers them for 3698  
retail sale at the person's business premises or offers services 3699  
for sale and provides them at the person's business premises. 3700

(ii) At least fifty-one per cent of the person's gross dollar 3701  
volume of retail sales involves purchases of goods or services at 3702

the person's business premises. 3703

(b) An affiliate of a person that meets the requirements in 3704  
division (B)(18)(a) of this section if the affiliate meets all of 3705  
the following requirements: 3706

(i) The affiliate has operated a retail business for a period 3707  
of less than one year; 3708

(ii) The affiliate either displays goods and offers them for 3709  
retail sale at the affiliate's business premises or offers 3710  
services for sale and provides them at the affiliate's business 3711  
premises; 3712

(iii) At least fifty-one per cent of the affiliate's gross 3713  
dollar volume of retail sales involves purchases of goods or 3714  
services at the affiliate's business premises. 3715

(c) A person that, for a period of less than one year, has 3716  
been operating a retail business in this state under the same name 3717  
as that used in connection with telephone solicitation, as long as 3718  
all of the following requirements are met: 3719

(i) The person either displays goods and offers them for 3720  
retail sale at the person's business premises or offers services 3721  
for sale and provides them at the person's business premises; 3722

(ii) The goods or services that are the subject of telephone 3723  
solicitation are sold at the person's business premises, and at 3724  
least sixty-five per cent of the person's gross dollar volume of 3725  
retail sales involves purchases of goods or services at the 3726  
person's business premises; 3727

(iii) The person conducts all telephone solicitation 3728  
activities according to sections 310.3, 310.4, and 310.5 of the 3729  
telemarketing sales rule adopted by the federal trade commission 3730  
in 16 C.F.R. part 310. 3731

(19) A person who performs telephone solicitation sales 3732

services on behalf of other persons and to whom one of the 3733  
following applies: 3734

(a) The person has operated under the same ownership, 3735  
control, and business name for at least five years, and the person 3736  
receives at least seventy-five per cent of its gross revenues from 3737  
written telephone solicitation contracts with persons who come 3738  
within one of the exemptions in division (B) of this section. 3739

(b) The person is an affiliate of one or more exempt persons 3740  
and makes telephone solicitations on behalf of only the exempt 3741  
persons of which it is an affiliate. 3742

(c) The person makes telephone solicitations on behalf of 3743  
only exempt persons, the person and each exempt person on whose 3744  
behalf telephone solicitations are made have entered into a 3745  
written contract that specifies the manner in which the telephone 3746  
solicitations are to be conducted and that at a minimum requires 3747  
compliance with the telemarketing sales rule adopted by the 3748  
federal trade commission in 16 C.F.R. part 310, and the person 3749  
conducts the telephone solicitations in the manner specified in 3750  
the written contract. 3751

(d) The person performs telephone solicitation for religious 3752  
or political purposes, a charitable organization, a fund-raising 3753  
council, or a professional solicitor in compliance with the 3754  
registration and reporting requirements of Chapter 1716. of the 3755  
Revised Code; and meets all of the following requirements: 3756

(i) The person has operated under the same ownership, 3757  
control, and business name for at least five years, and the person 3758  
receives at least fifty-one per cent of its gross revenues from 3759  
written telephone solicitation contracts with persons who come 3760  
within the exemption in division (B)(2) of this section; 3761

(ii) The person does not conduct a prize promotion or offer 3762  
the sale of an investment opportunity; 3763

(iii) The person conducts all telephone solicitation 3764  
activities according to sections 310.3, 310.4, and 310.5 of the 3765  
telemarketing sales rules adopted by the federal trade commission 3766  
in 16 C.F.R. part 310. 3767

(20) A person that is a licensed real estate salesperson or 3768  
broker under Chapter 4735. of the Revised Code when soliciting 3769  
within the scope of the person's license; 3770

(21)(a) Either of the following: 3771

(i) A publisher that solicits the sale of the publisher's 3772  
periodical or magazine of general, paid circulation, or a person 3773  
that solicits a sale of that nature on behalf of a publisher under 3774  
a written agreement directly between the publisher and the person. 3775

(ii) A publisher that solicits the sale of the publisher's 3776  
periodical or magazine of general, paid circulation, or a person 3777  
that solicits a sale of that nature as authorized by a publisher 3778  
under a written agreement directly with a publisher's 3779  
clearinghouse provided the person is a resident of Ohio for more 3780  
than three years and initiates all telephone solicitations from 3781  
Ohio and the person conducts the solicitation and sale in 3782  
compliance with 16 C.F.R. part 310, as adopted by the federal 3783  
trade commission. 3784

(b) As used in division (B)(21) of this section, "periodical 3785  
or magazine of general, paid circulation" excludes a periodical or 3786  
magazine circulated only as part of a membership package or given 3787  
as a free gift or prize from the publisher or person. 3788

(22) A person that solicits the sale of food, as defined in 3789  
section 3715.01 of the Revised Code, or the sale of products of 3790  
horticulture, as defined in section 5739.01 of the Revised Code, 3791  
if the person does not intend the solicitation to result in, or 3792  
the solicitation actually does not result in, a sale that costs 3793  
the purchaser an amount greater than five hundred dollars. 3794

(23) A funeral director licensed pursuant to Chapter 4717. of 3795  
the Revised Code when soliciting within the scope of that license, 3796  
if both of the following apply: 3797

(a) The solicitation and sale are conducted in compliance 3798  
with 16 C.F.R. part 453, as adopted by the federal trade 3799  
commission, and with sections 1107.33 and 1345.21 to 1345.28 of 3800  
the Revised Code; 3801

(b) The person provides to the purchaser of any preneed 3802  
funeral contract a notice that clearly and conspicuously sets 3803  
forth the cancellation rights specified in division (G) of section 3804  
1107.33 of the Revised Code, and retains a copy of the notice 3805  
signed by the purchaser. 3806

(24) A person, or affiliate thereof, licensed to sell or 3807  
issue Ohio instruments designated as travelers checks pursuant to 3808  
sections 1315.01 to 1315.18 of the Revised Code. 3809

(25) A person that solicits sales from its previous 3810  
purchasers and meets all of the following requirements: 3811

(a) The solicitation is made under the same business name 3812  
that was previously used to sell goods or services to the 3813  
purchaser; 3814

(b) The person has, for a period of not less than three 3815  
years, operated a business under the same business name as that 3816  
used in connection with telephone solicitation; 3817

(c) The person does not conduct a prize promotion or offer 3818  
the sale of an investment opportunity; 3819

(d) The person conducts all telephone solicitation activities 3820  
according to sections 310.3, 310.4, and 310.5 of the telemarketing 3821  
sales rules adopted by the federal trade commission in 16 C.F.R. 3822  
part 310; 3823

(e) Neither the person nor any of its principals has been 3824

convicted of, pleaded guilty to, or has entered a plea of no 3825  
contest for a felony or a theft offense as defined in sections 3826  
2901.02 and 2913.01 of the Revised Code or similar law of another 3827  
state or of the United States; 3828

(f) Neither the person nor any of its principals has had 3829  
entered against them an injunction or a final judgment or order, 3830  
including an agreed judgment or order, an assurance of voluntary 3831  
compliance, or any similar instrument, in any civil or 3832  
administrative action involving engaging in a pattern of corrupt 3833  
practices, fraud, theft, embezzlement, fraudulent conversion, or 3834  
misappropriation of property; the use of any untrue, deceptive, or 3835  
misleading representation; or the use of any unfair, unlawful, 3836  
deceptive, or unconscionable trade act or practice. 3837

(26) An institution defined as a home health agency in 3838  
section 3701.881 of the Revised Code, that conducts all telephone 3839  
solicitation activities according to sections 310.3, 310.4, and 3840  
310.5 of the telemarketing sales rules adopted by the federal 3841  
trade commission in 16 C.F.R. part 310, and engages in telephone 3842  
solicitation only within the scope of the institution's 3843  
certification, accreditation, contract with the department of 3844  
aging, or status as a home health agency; and that meets one of 3845  
the following requirements: 3846

(a) The institution is certified as a provider of home health 3847  
services under Title XVIII of the Social Security Act, 49 Stat. 3848  
620, 42 U.S.C. 301, as amended; 3849

(b) The institution is accredited by either the joint 3850  
commission on accreditation of health care organizations or the 3851  
community health accreditation program; 3852

(c) The institution is providing passport services under the 3853  
direction of the Ohio department of aging under section 173.40 of 3854  
the Revised Code; 3855

(d) An affiliate of an institution that meets the 3856  
requirements of division (B)(26)(a), (b), or (c) of this section 3857  
when offering for sale substantially the same goods and services 3858  
as those that are offered by the institution that meets the 3859  
requirements of division (B)(26)(a), (b), or (c) of this section. 3860

(27) A person licensed ~~to provide a hospice care program~~ by 3861  
the department of health pursuant to section 3712.04 or 3712.041 3862  
of the Revised Code to provide a hospice care program or pediatric 3863  
respite care program when conducting telephone solicitations 3864  
within the scope of the person's license and according to sections 3865  
310.3, 310.4, and 310.5 of the telemarketing sales rules adopted 3866  
by the federal trade commission in 16 C.F.R. part 310. 3867

**Sec. 4723.01.** As used in this chapter: 3868

(A) "Registered nurse" means an individual who holds a 3869  
current, valid license issued under this chapter that authorizes 3870  
the practice of nursing as a registered nurse. 3871

(B) "Practice of nursing as a registered nurse" means 3872  
providing to individuals and groups nursing care requiring 3873  
specialized knowledge, judgment, and skill derived from the 3874  
principles of biological, physical, behavioral, social, and 3875  
nursing sciences. Such nursing care includes: 3876

(1) Identifying patterns of human responses to actual or 3877  
potential health problems amenable to a nursing regimen; 3878

(2) Executing a nursing regimen through the selection, 3879  
performance, management, and evaluation of nursing actions; 3880

(3) Assessing health status for the purpose of providing 3881  
nursing care; 3882

(4) Providing health counseling and health teaching; 3883

(5) Administering medications, treatments, and executing 3884  
regimens authorized by an individual who is authorized to practice 3885

in this state and is acting within the course of the individual's professional practice;	3886 3887
(6) Teaching, administering, supervising, delegating, and evaluating nursing practice.	3888 3889
(C) "Nursing regimen" may include preventative, restorative, and health-promotion activities.	3890 3891
(D) "Assessing health status" means the collection of data through nursing assessment techniques, which may include interviews, observation, and physical evaluations for the purpose of providing nursing care.	3892 3893 3894 3895
(E) "Licensed practical nurse" means an individual who holds a current, valid license issued under this chapter that authorizes the practice of nursing as a licensed practical nurse.	3896 3897 3898
(F) "The practice of nursing as a licensed practical nurse" means providing to individuals and groups nursing care requiring the application of basic knowledge of the biological, physical, behavioral, social, and nursing sciences at the direction of a licensed physician, dentist, podiatrist, optometrist, chiropractor, or registered nurse. Such nursing care includes:	3899 3900 3901 3902 3903 3904
(1) Observation, patient teaching, and care in a diversity of health care settings;	3905 3906
(2) Contributions to the planning, implementation, and evaluation of nursing;	3907 3908
(3) Administration of medications and treatments authorized by an individual who is authorized to practice in this state and is acting within the course of the individual's professional practice, <del>except that administration of intravenous therapy shall be performed only in accordance with section 4723.17 or 4723.171 of the Revised Code. Medications may be administered by a</del> <u>on the condition that the</u> licensed practical nurse <del>upon proof of</del>	3909 3910 3911 3912 3913 3914 3915

~~completion of a course in medication administration approved by~~ 3916  
~~the board of nursing. is authorized under section 4723.17 of the~~ 3917  
~~Revised Code to administer medications;~~ 3918

(4) Administration to an adult of intravenous therapy 3919  
authorized by an individual who is authorized to practice in this 3920  
state and is acting within the course of the individual's 3921  
professional practice, on the condition that the licensed 3922  
practical nurse is authorized under section ~~4723.17~~ 4723.18 or 3923  
~~4723.171~~ 4723.181 of the Revised Code to perform intravenous 3924  
therapy and performs intravenous therapy only in accordance with 3925  
those sections; 3926

(5) Delegation of nursing tasks as directed by a registered 3927  
nurse; 3928

(6) Teaching nursing tasks to licensed practical nurses and 3929  
individuals to whom the licensed practical nurse is authorized to 3930  
delegate nursing tasks as directed by a registered nurse. 3931

(G) "Certified registered nurse anesthetist" means a 3932  
registered nurse who holds a valid certificate of authority issued 3933  
under this chapter that authorizes the practice of nursing as a 3934  
certified registered nurse anesthetist in accordance with section 3935  
4723.43 of the Revised Code and rules adopted by the board of 3936  
nursing. 3937

(H) "Clinical nurse specialist" means a registered nurse who 3938  
holds a valid certificate of authority issued under this chapter 3939  
that authorizes the practice of nursing as a clinical nurse 3940  
specialist in accordance with section 4723.43 of the Revised Code 3941  
and rules adopted by the board of nursing. 3942

(I) "Certified nurse-midwife" means a registered nurse who 3943  
holds a valid certificate of authority issued under this chapter 3944  
that authorizes the practice of nursing as a certified 3945  
nurse-midwife in accordance with section 4723.43 of the Revised 3946

Code and rules adopted by the board of nursing. 3947

(J) "Certified nurse practitioner" means a registered nurse 3948  
who holds a valid certificate of authority issued under this 3949  
chapter that authorizes the practice of nursing as a certified 3950  
nurse practitioner in accordance with section 4723.43 of the 3951  
Revised Code and rules adopted by the board of nursing. 3952

(K) "Physician" means an individual authorized under Chapter 3953  
4731. of the Revised Code to practice medicine and surgery or 3954  
osteopathic medicine and surgery, ~~except as used in divisions (C)~~ 3955  
~~and (D) of section 4723.482 of the Revised Code.~~ 3956

(L) "Collaboration" or "collaborating" means the following: 3957

(1) In the case of a clinical nurse specialist, except as 3958  
provided in division (L)(3) of this section, or a certified nurse 3959  
practitioner, that one or more podiatrists acting within the scope 3960  
of practice of podiatry in accordance with section 4731.51 of the 3961  
Revised Code and with whom the nurse has entered into a standard 3962  
care arrangement or one or more physicians with whom the nurse has 3963  
entered into a standard care arrangement are continuously 3964  
available to communicate with the clinical nurse specialist or 3965  
certified nurse practitioner either in person or by radio, 3966  
telephone, or other form of telecommunication; 3967

(2) In the case of a certified nurse-midwife, that one or 3968  
more physicians with whom the certified nurse-midwife has entered 3969  
into a standard care arrangement are continuously available to 3970  
communicate with the certified nurse-midwife either in person or 3971  
by radio, telephone, or other form of telecommunication; 3972

(3) In the case of a clinical nurse specialist who practices 3973  
the nursing specialty of mental health or psychiatric mental 3974  
health without being authorized to prescribe drugs and therapeutic 3975  
devices, that one or more physicians are continuously available to 3976  
communicate with the nurse either in person or by radio, 3977

telephone, or other form of telecommunication. 3978

(M) "Supervision," as it pertains to a certified registered 3979  
nurse anesthetist, means that the certified registered nurse 3980  
anesthetist is under the direction of a podiatrist acting within 3981  
the podiatrist's scope of practice in accordance with section 3982  
4731.51 of the Revised Code, a dentist acting within the dentist's 3983  
scope of practice in accordance with Chapter 4715. of the Revised 3984  
Code, or a physician, and, when administering anesthesia, the 3985  
certified registered nurse anesthetist is in the immediate 3986  
presence of the podiatrist, dentist, or physician. 3987

(N) "Standard care arrangement" means a written, formal guide 3988  
for planning and evaluating a patient's health care that is 3989  
developed by one or more collaborating physicians or podiatrists 3990  
and a clinical nurse specialist, certified nurse-midwife, or 3991  
certified nurse practitioner and meets the requirements of section 3992  
4723.431 of the Revised Code. 3993

(O) "Advanced practice registered nurse" means a certified 3994  
registered nurse anesthetist, clinical nurse specialist, certified 3995  
nurse-midwife, or certified nurse practitioner. 3996

(P) "Dialysis care" means the care and procedures that a 3997  
dialysis technician or dialysis technician intern is authorized to 3998  
provide and perform, as specified in section 4723.72 of the 3999  
Revised Code. 4000

(Q) "Dialysis technician" means an individual who holds a 4001  
current, valid certificate ~~or temporary certificate issued under~~ 4002  
~~this chapter that authorizes the individual~~ to practice as a 4003  
dialysis technician ~~in accordance with~~ issued under section 4004  
4723.72 ~~4723.75~~ of the Revised Code. 4005

(R) "Dialysis technician intern" means an individual who 4006  
holds a current, valid certificate to practice as a dialysis 4007  
technician intern issued under section 4723.75 of the Revised 4008

Code. 4009

(S) "Certified community health worker" means an individual 4010  
who holds a current, valid certificate as a community health 4011  
worker issued ~~by the board of nursing~~ under section 4723.85 of the 4012  
Revised Code. 4013

(T) "Medication aide" means an individual who holds a 4014  
current, valid certificate issued under this chapter that 4015  
authorizes the individual to administer medication in accordance 4016  
with section 4723.67 of the Revised Code. 4017

**Sec. 4723.03.** (A) No person shall engage in the practice of 4018  
nursing as a registered nurse, represent the person as being a 4019  
registered nurse, or use the title "registered nurse," the 4020  
initials "R.N.," or any other title implying that the person is a 4021  
registered nurse, for a fee, salary, or other consideration, or as 4022  
a volunteer, without holding a current, valid license as a 4023  
registered nurse under this chapter. 4024

(B) No person shall engage in the practice of nursing as a 4025  
licensed practical nurse, represent the person as being a licensed 4026  
practical nurse, or use the title "licensed practical nurse," the 4027  
initials "L.P.N.," or any other title implying that the person is 4028  
a licensed practical nurse, for a fee, salary, or other 4029  
consideration, or as a volunteer, without holding a current, valid 4030  
license as a practical nurse under this chapter. 4031

(C) No person shall use the titles or initials "graduate 4032  
nurse," "G.N.," "professional nurse," "P.N.," "graduate practical 4033  
nurse," "G.P.N.," "practical nurse," "P.N.," "trained nurse," 4034  
"T.N.," or any other statement, title, or initials that would 4035  
imply or represent to the public that the person is authorized to 4036  
practice nursing in this state, except as follows: 4037

(1) A person licensed under this chapter to practice nursing 4038

as a registered nurse may use that title and the initials "R.N."; 4039

(2) A person licensed under this chapter to practice nursing 4040  
as a licensed practical nurse may use that title and the initials 4041  
"L.P.N."; 4042

(3) A person authorized under this chapter to practice 4043  
nursing as a certified registered nurse anesthetist may use that 4044  
title, the initials "C.R.N.A." or "N.A.," and any other title or 4045  
initials approved by the board of nursing; 4046

(4) A person authorized under this chapter to practice 4047  
nursing as a clinical nurse specialist may use that title, the 4048  
initials "C.N.S.," and any other title or initials approved by the 4049  
board; 4050

(5) A person authorized under this chapter to practice 4051  
nursing as a certified nurse-midwife may use that title, the 4052  
initials "C.N.M.," and any other title or initials approved by the 4053  
board; 4054

(6) A person authorized under this chapter to practice 4055  
nursing as a certified nurse practitioner may use that title, the 4056  
initials "C.N.P.," and any other title or initials approved by the 4057  
board; 4058

(7) A person authorized under this chapter to practice as a 4059  
certified registered nurse anesthetist, clinical nurse specialist, 4060  
certified nurse-midwife, or certified nurse practitioner may use 4061  
the title "advanced practice registered nurse" or the initials 4062  
"A.P.R.N." 4063

(D) No person shall employ a person not licensed as a 4064  
registered nurse under this chapter to engage in the practice of 4065  
nursing as a registered nurse. No person shall employ a person not 4066  
licensed as a practical nurse under this chapter to engage in the 4067  
practice of nursing as a licensed practical nurse. 4068

(E) No person shall sell or fraudulently obtain or furnish 4069  
any nursing diploma, license, certificate, renewal, or record, or 4070  
aid or abet such acts. 4071

**Sec. 4723.06.** (A) The board of nursing shall: 4072

(1) Administer and enforce the provisions of this chapter, 4073  
including the taking of disciplinary action for violations of 4074  
section 4723.28 of the Revised Code, any other provisions of this 4075  
chapter, or rules adopted under this chapter; 4076

(2) Develop criteria that an applicant must meet to be 4077  
eligible to sit for the examination for licensure to practice as a 4078  
registered nurse or as a licensed practical nurse; 4079

(3) Issue and renew nursing licenses, dialysis technician 4080  
certificates, and community health worker certificates, as 4081  
provided in this chapter; 4082

(4) Define the minimum ~~curricula~~ and standards for 4083  
educational programs of the schools of ~~professional~~ registered 4084  
nursing and schools of practical nursing in this state; 4085

(5) Survey, inspect, and grant full approval to prelicensure 4086  
nursing education programs in this state that meet the standards 4087  
established by rules adopted under section 4723.07 of the Revised 4088  
Code. Prelicensure nursing education programs include, but are not 4089  
limited to, diploma, associate degree, baccalaureate degree, 4090  
~~diploma~~ master's degree, and doctor of nursing programs leading to 4091  
initial licensure to practice nursing as a registered nurse and 4092  
practical nurse programs leading to initial licensure to practice 4093  
nursing as a licensed practical nurse. 4094

(6) Grant conditional approval, by a vote of a quorum of the 4095  
board, to a new prelicensure nursing education program or a 4096  
program that is being reestablished after having ceased to 4097  
operate, if the program meets and maintains the minimum standards 4098

of the board established by rules adopted under section 4723.07 of 4099  
the Revised Code. If the board does not grant conditional 4100  
approval, it shall hold an adjudication under Chapter 119. of the 4101  
Revised Code to consider conditional approval of the program. If 4102  
the board grants conditional approval, at ~~its~~ the first meeting 4103  
~~after the first class has completed the program following~~ 4104  
completion of the survey process required by division (A)(5) of 4105  
this section, the board shall determine whether to grant full 4106  
approval to the program. If the board does not grant full approval 4107  
or if it appears that the program has failed to meet and maintain 4108  
standards established by rules adopted under section 4723.07 of 4109  
the Revised Code, the board shall hold an adjudication under 4110  
Chapter 119. of the Revised Code to consider the program. Based on 4111  
results of the adjudication, the board may continue or withdraw 4112  
conditional approval, or grant full approval. 4113

(7) Place on provisional approval, for a period of time 4114  
specified by the board, a program that has ceased to meet and 4115  
maintain the minimum standards of the board established by rules 4116  
adopted under section 4723.07 of the Revised Code. ~~At~~ Prior to or 4117  
at the end of the period, the board shall reconsider whether the 4118  
program meets the standards and shall grant full approval if it 4119  
does. If it does not, the board may withdraw approval, pursuant to 4120  
an adjudication under Chapter 119. of the Revised Code. 4121

(8) Approve continuing ~~nursing~~ education programs and courses 4122  
under standards established in rules adopted under ~~section~~ 4123  
sections 4723.07, 4723.69, 4723.79, and 4723.88 of the Revised 4124  
Code; 4125

~~(9) Approve peer support programs, under rules adopted under~~ 4126  
~~section 4723.07 of the Revised Code, for nurses, for dialysis~~ 4127  
~~technicians, and for certified community health workers;~~ 4128

~~(10)~~ Establish a program for monitoring chemical dependency 4129  
in accordance with section 4723.35 of the Revised Code; 4130

<del>(11)</del> (10) Establish the practice intervention and improvement program in accordance with section 4723.282 of the Revised Code;	4131 4132
<del>(12)</del> (11) Issue and renew certificates of authority to practice nursing as a certified registered nurse anesthetist, clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner;	4133 4134 4135 4136
<del>(13)</del> (12) Approve under section 4723.46 of the Revised Code national certifying organizations for examination and certification of certified registered nurse anesthetists, clinical nurse specialists, certified nurse-midwives, or certified nurse practitioners;	4137 4138 4139 4140 4141
<del>(14)</del> (13) Issue and renew certificates to prescribe in accordance with sections 4723.48 and 4723.486 of the Revised Code;	4142 4143
<del>(15)</del> (14) Grant approval to the planned classroom and clinical study required by section 4723.482 of the Revised Code to be eligible for a certificate to prescribe;	4144 4145 4146
<del>(16)</del> (15) Make an annual edition of the formulary established in rules adopted under section 4723.50 of the Revised Code available to the public either in printed form or by electronic means and, as soon as possible after any revision of the formulary becomes effective, make the revision available to the public in printed form or by electronic means;	4147 4148 4149 4150 4151 4152
<del>(17)</del> (16) Provide guidance and make recommendations to the general assembly, the governor, state agencies, and the federal government with respect to the regulation of the practice of nursing and the enforcement of this chapter;	4153 4154 4155 4156
<del>(18)</del> (17) Make an annual report to the governor, which shall be open for public inspection;	4157 4158
<del>(19)</del> (18) Maintain and have open for public inspection the following records:	4159 4160

(a) A record of all its meetings and proceedings; 4161

(b) A file record of all applicants for, and holders of 4162  
nursing, licenses, registrations, and certificates granted under 4163  
this chapter; dialysis technician certificates granted under this 4164  
chapter; and community health worker certificates granted issued 4165  
by the board under this chapter. The file shall be maintained in 4166  
the form prescribed by rule of the board or in accordance with 4167  
rules adopted under this chapter. The record shall be maintained 4168  
in a format determined by the board. 4169

(c) A list of ~~prelicensure nursing~~ education and training 4170  
programs approved by the board; 4171

~~(d) A list of approved peer support programs for nurses,~~ 4172  
~~dialysis technicians, and certified community health workers.~~ 4173

(19) Deny approval to a person who submits or causes to be 4174  
submitted false, misleading, or deceptive statements, information, 4175  
or documentation to the board in the process of applying for 4176  
approval of a new education or training program. If the board 4177  
proposes to deny approval of a new education or training program, 4178  
it shall do so pursuant to an adjudication conducted under Chapter 4179  
119. of the Revised Code. 4180

(B) The board may fulfill the requirement of division (A)(8) 4181  
of this section by authorizing persons who meet the standards 4182  
established in rules adopted under section 4723.07 of the Revised 4183  
Code to approve continuing ~~nursing~~ education programs and courses. 4184  
Persons so authorized shall approve continuing ~~nursing~~ education 4185  
programs and courses in accordance with standards established in 4186  
rules adopted under section 4723.07 of the Revised Code. 4187

Persons seeking authorization to approve continuing ~~nursing~~ 4188  
education programs and courses shall apply to the board and pay 4189  
the appropriate fee established under section 4723.08 of the 4190  
Revised Code. Authorizations to approve continuing ~~nursing~~ 4191

education programs and courses shall expire, and may be renewed 4192  
according to the schedule established in rules adopted under 4193  
section 4723.07 of the Revised Code. 4194

In addition to approving continuing ~~nursing~~ education 4195  
programs under division (A)(8) of this section, the board may 4196  
sponsor continuing education activities that are directly related 4197  
to the statutes and rules ~~pertaining to the practice of nursing in~~ 4198  
~~this state~~ the board enforces. 4199

**Sec. 4723.063.** (A) As used in this section: 4200

(1) "Health care facility" means: 4201

(a) A hospital registered under section 3701.07 of the 4202  
Revised Code; 4203

(b) A nursing home licensed under section 3721.02 of the 4204  
Revised Code, or by a political subdivision certified under 4205  
section 3721.09 of the Revised Code; 4206

(c) A county home or a county nursing home as defined in 4207  
section 5155.31 of the Revised Code that is certified under Title 4208  
XVIII or XIX of the "Social Security Act," 49 Stat. 620 (1935), 42 4209  
U.S.C. 301, as amended; 4210

(d) A freestanding dialysis center; 4211

(e) A freestanding inpatient rehabilitation facility; 4212

(f) An ambulatory surgical facility; 4213

(g) A freestanding cardiac catheterization facility; 4214

(h) A freestanding birthing center; 4215

(i) A freestanding or mobile diagnostic imaging center; 4216

(j) A freestanding radiation therapy center. 4217

(2) "Nurse education program" means a prelicensure nurse 4218  
education program approved by the board of nursing under section 4219

4723.06 of the Revised Code or a postlicensure nurse education 4220  
program approved by the board of regents under section 3333.04 of 4221  
the Revised Code. 4222

(B) The state board of nursing shall establish and administer 4223  
the nurse education grant program. Under the program, the board 4224  
shall award grants to nurse education programs that have 4225  
partnerships with other education programs, community health 4226  
agencies, ~~or~~ health care facilities, or patient centered medical 4227  
homes. Grant recipients shall use the money to fund partnerships 4228  
to increase the nurse education program's enrollment capacity. 4229  
Methods of increasing a program's enrollment capacity may include 4230  
hiring faculty and preceptors, purchasing educational equipment 4231  
and materials, and other actions acceptable to the board. Grant 4232  
money shall not be used to construct or renovate buildings. 4233  
Partnerships may be developed between one or more nurse education 4234  
programs and one or more health care facilities. 4235

In awarding grants, the board shall give preference to 4236  
partnerships between nurse education programs and hospitals, 4237  
nursing homes, and county homes or county nursing homes, but may 4238  
also award grants to fund partnerships between nurse education 4239  
programs and other health care facilities and between nurse 4240  
education programs and patient centered medical homes. 4241

(C) The board shall adopt rules in accordance with Chapter 4242  
119. of the Revised Code establishing the following: 4243

(1) Eligibility requirements for receipt of a grant; 4244

(2) Grant application forms and procedures; 4245

(3) The amounts in which grants may be made and the total 4246  
amount that may be awarded to a nurse education program that has a 4247  
partnership with other education programs, a community health 4248  
agency, ~~or~~ a health care facility, or a patient centered medical 4249  
home; 4250

(4) A method whereby the board may evaluate the effectiveness of a partnership between joint recipients in increasing the nurse education program's enrollment capacity;

(5) The percentage of the money in the fund that must remain in the fund at all times to maintain a fiscally responsible fund balance;

(6) The percentage of available grants to be awarded to licensed practical nurse education programs, registered nurse education programs, and graduate programs;

(7) Any other matters incidental to the operation of the program.

(D) ~~From January 1, 2004, until~~ Until December 31, ~~2013~~ 2023, the ten dollars of each biennial nursing license renewal fee collected under section 4723.08 of the Revised Code shall be dedicated to the nurse education grant program fund, which is hereby created in the state treasury. The board shall use money in the fund for grants awarded under division (A) of this section and for expenses of administering the grant program. The amount used for administrative expenses in any year shall not exceed ten per cent of the amount transferred to the fund in that year.

(E) Each quarter, for the purposes of transferring funds to the nurse education grant program, the board of nursing shall certify to the director of budget and management the number of biennial licenses renewed under this chapter during the preceding quarter and the amount equal to that number times ten dollars.

(F) Notwithstanding the requirements of section 4743.05 of the Revised Code, from January 1, 2004, until December 31, ~~2013~~ 2023, at the end of each quarter, the director of budget and management shall transfer from the occupational licensing and regulatory fund to the nurse education grant program fund the amount certified under division (E) of this section.

<b>Sec. 4723.07.</b> In accordance with Chapter 119. of the Revised Code, the board of nursing shall adopt and may amend and rescind rules that establish all of the following:	4282
	4283
	4284
(A) Provisions for the board's government and control of its actions and business affairs;	4285
	4286
(B) Minimum <del>curricula and</del> standards for nursing education programs that prepare graduates to be licensed under this chapter and procedures for granting, renewing, and withdrawing approval of those programs;	4287
	4288
	4289
	4290
(C) Criteria that applicants for licensure must meet to be eligible to take examinations for licensure;	4291
	4292
(D) Standards and procedures for renewal of the licenses and certificates issued by the board;	4293
	4294
(E) Standards for approval of continuing nursing education programs and courses for registered nurses, licensed practical nurses, certified registered nurse anesthetists, clinical nurse specialists, certified nurse-midwives, and certified nurse practitioners. The standards may provide for approval of continuing nursing education programs and courses that have been approved by other state boards of nursing or by national accreditation systems for nursing, including, but not limited to, the American nurses' credentialing center and the national association for practical nurse education and service.	4295
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	4304
(F) Standards that persons must meet to be authorized by the board to approve continuing <del>nursing</del> education programs and courses and a schedule by which that authorization expires and may be renewed;	4305
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	4307
	4308
(G) Requirements, including continuing education requirements, for <del>restoring reactivating</del> inactive <del>nursing</del> licenses, <del>dialysis technician certificates, and community health</del>	4309
	4310
	4311

~~worker or~~ certificates, and for ~~restoring nursing~~ reinstating 4312  
licenses, ~~dialysis technician certificates, and community health~~ 4313  
~~worker or~~ certificates that have lapsed ~~through failure to renew;~~ 4314

(H) Conditions that may be imposed for reinstatement of a 4315  
~~nursing license, dialysis technician certificate, or community~~ 4316  
~~health worker or~~ certificate following action taken under section 4317  
3123.47, 4723.28, 4723.281, 4723.652, or 4723.86 of the Revised 4318  
Code resulting in a license or certificate suspension; 4319

~~(I) Standards for approval of peer support programs for~~ 4320  
~~persons who hold a nursing license, dialysis technician~~ 4321  
~~certificate, or community health worker certificate;~~ 4322

~~(J)~~ Requirements for board approval of courses in medication 4323  
administration by licensed practical nurses; 4324

~~(K)~~(J) Criteria for evaluating the qualifications of an 4325  
applicant for a license to practice nursing as a registered nurse 4326  
~~or, a license to practice nursing as a licensed practical nurse,~~ 4327  
or a certificate of authority issued under division ~~(E)~~(B) of 4328  
section 4723.41 of the Revised Code, ~~a dialysis technician~~ 4329  
~~certificate, or a community health worker certificate~~ for the 4330  
purpose of issuing the license or certificate by the board's 4331  
endorsement of the applicant's authority to practice issued by the 4332  
licensing agency of another state; 4333

~~(L)~~(K) Universal ~~blood and body fluid~~ standard precautions 4334  
that shall be used by each ~~person holding a nursing license~~ 4335  
licensee or dialysis technician certificate issued under this 4336  
~~chapter who performs exposure prone invasive procedures~~ holder. 4337  
The rules shall define and establish requirements for universal 4338  
~~blood and body fluid~~ standard precautions that include the 4339  
following: 4340

(1) Appropriate use of hand washing; 4341

(2) Disinfection and sterilization of equipment; 4342

(3) Handling and disposal of needles and other sharp instruments; 4343  
4344

(4) Wearing and disposal of gloves and other protective garments and devices. 4345  
4346

~~(M)~~(L) Standards and procedures for approving certificates of authority to practice nursing as a certified registered nurse anesthetist, clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner, and for renewal of those certificates; 4347  
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~~(N)~~(M) Quality assurance standards for certified registered nurse anesthetists, clinical nurse specialists, certified nurse-midwives, or certified nurse practitioners; 4352  
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4354

~~(O)~~(N) Additional criteria for the standard care arrangement required by section 4723.431 of the Revised Code entered into by a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner and the nurse's collaborating physician or podiatrist; 4355  
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~~(P)~~(O) Continuing education standards for clinical nurse specialists who ~~are exempt~~ were issued a certificate of authority to practice as a clinical nurse specialist under division (C) of section 4723.41 of the Revised Code from the requirement of having passed a certification examination as that division existed at any time before the effective date of this amendment; 4360  
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4364  
4365

~~(Q)~~(P) For purposes of division (B)(31) of section 4723.28 of the Revised Code, the actions, omissions, or other circumstances that constitute failure to establish and maintain professional boundaries with a patient. 4366  
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The board may adopt other rules necessary to carry out the provisions of this chapter. The rules shall be adopted in accordance with Chapter 119. of the Revised Code. 4370  
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4372

Sec. 4723.08. (A) The board of nursing may impose fees not to exceed the following limits:	4373 4374
(1) For application for licensure by examination to practice nursing as a registered nurse or as a licensed practical nurse, seventy-five dollars;	4375 4376 4377
(2) For application for licensure by endorsement to practice nursing as a registered nurse or as a licensed practical nurse, seventy-five dollars;	4378 4379 4380
(3) For application for a certificate of authority to practice nursing as a certified registered nurse anesthetist, clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner, one hundred dollars;	4381 4382 4383 4384
(4) For application for a temporary dialysis technician certificate, the amount specified in rules adopted under section 4723.79 of the Revised Code;	4385 4386 4387
(5) For application for a <del>full</del> dialysis technician certificate, the amount specified in rules adopted under section 4723.79 of the Revised Code;	4388 4389 4390
(6) For application for a certificate to prescribe, fifty dollars;	4391 4392
(7) For <u>providing, pursuant to division (B) of section 4723.271 of the Revised Code, written verification of a nursing license, certificate of authority, <del>or</del> certificate to prescribe, dialysis technician certificate, medication aide certificate, or community health worker certificate</u> to another jurisdiction, fifteen dollars;	4393 4394 4395 4396 4397 4398
(8) For <u>providing, pursuant to division (A) of section 4723.271 of the Revised Code, a replacement copy of a <del>nursing license, certificate of authority, certificate to prescribe, dialysis technician certificate, intravenous therapy card, or</del></u>	4399 4400 4401 4402

~~frameable wall certificate suitable for framing as described in~~ 4403  
~~that division, twenty-five dollars;~~ 4404

~~(9) For biennial renewal of a nursing license that expires on~~ 4405  
~~or after August 31, 2003, but before January 1, 2004, forty five~~ 4406  
~~dollars;~~ 4407

~~(10) For biennial renewal of a nursing license that expires~~ 4408  
~~on or after January 1, 2004, sixty-five dollars;~~ 4409

~~(11) For biennial renewal of a certificate of authority to~~ 4410  
~~practice nursing as a certified registered nurse anesthetist,~~ 4411  
~~clinical nurse specialist, certified nurse mid wife, or certified~~ 4412  
~~nurse practitioner that expires on or before August 31, 2005, one~~ 4413  
~~hundred dollars;~~ 4414

~~(12)(10) For biennial renewal of a certificate of authority~~ 4415  
~~to practice nursing as a certified registered nurse anesthetist,~~ 4416  
~~clinical nurse specialist, certified nurse-midwife, or certified~~ 4417  
~~nurse practitioner that expires on or after September 1, 2005,~~ 4418  
~~eighty-five dollars;~~ 4419

~~(13)(11) For renewal of a certificate to prescribe, fifty~~ 4420  
~~dollars;~~ 4421

~~(14)(12) For biennial renewal of a dialysis technician~~ 4422  
~~certificate, the amount specified in rules adopted under section~~ 4423  
~~4723.79 of the Revised Code;~~ 4424

~~(15)(13) For processing a late application for renewal of a~~ 4425  
~~nursing license, certificate of authority, or dialysis technician~~ 4426  
~~certificate, fifty dollars;~~ 4427

~~(16)(14) For application for authorization to approve~~ 4428  
~~continuing nursing education programs and courses from an~~ 4429  
~~applicant accredited by a national accreditation system for~~ 4430  
~~nursing, five hundred dollars;~~ 4431

~~(17)(15) For application for authorization to approve~~ 4432

continuing ~~nursing~~ education programs and courses from an 4433  
applicant not accredited by a national accreditation system for 4434  
nursing, one thousand dollars; 4435

~~(18)~~(16) For each year for which authorization to approve 4436  
continuing ~~nursing~~ education programs and courses is renewed, one 4437  
hundred fifty dollars; 4438

~~(19)~~(17) For application for approval to operate a dialysis 4439  
training program, the amount specified in rules adopted under 4440  
section 4723.79 of the Revised Code; 4441

~~(20)~~(18) For reinstatement of a lapsed ~~nursing~~ license, 4442  
~~certificate of authority,~~ or ~~dialysis technician~~ certificate 4443  
issued under this chapter, one hundred dollars except as provided 4444  
in section 5903.10 of the Revised Code; 4445

~~(21)~~(19) For written verification of a ~~nursing~~ license, 4446  
~~certificate of authority,~~ or ~~dialysis technician~~ certificate, when 4447  
the verification is performed for purposes other than providing 4448  
verification to another jurisdiction, five dollars; 4449

~~(22)~~(20) For processing a check returned to the board by a 4450  
financial institution as ~~noncollectible~~, twenty-five dollars; 4451

~~(23)~~ For ~~issuance of an intravenous therapy card for which a~~ 4452  
~~fee may be charged under section 4723.17 of the Revised Code,~~ 4453  
~~twenty five dollars;~~ 4454

~~(24)~~ For ~~out of state survey visits of nursing education~~ 4455  
~~programs operating in Ohio, two thousand dollars;~~ 4456

~~(25)~~(21) The amounts specified in rules adopted under section 4457  
4723.88 of the Revised Code pertaining to the issuance of 4458  
certificates to community health workers, including fees for 4459  
application for a certificate, ~~verification of a certificate to~~ 4460  
~~another jurisdiction, written verification of a certificate when~~ 4461  
~~the verification is performed for purposes other than verification~~ 4462

~~to another jurisdiction, providing a replacement copy of a~~ 4463  
~~certificate,~~ biennial renewal of a certificate, processing a late 4464  
application for renewal of a certificate, reinstatement of a 4465  
lapsed certificate, application for approval of a community health 4466  
worker training program for community health workers, and biennial 4467  
renewal of the approval of a training program for community health 4468  
workers. 4469

(B) Each quarter, for purposes of transferring funds under 4470  
section 4743.05 of the Revised Code to the nurse education 4471  
assistance fund created in section 3333.28 of the Revised Code, 4472  
the board of nursing shall certify to the director of budget and 4473  
management the number of biennial licenses renewed under this 4474  
chapter during the preceding quarter and the amount equal to that 4475  
number times five dollars. 4476

(C) The board may charge a participant in a board-sponsored 4477  
continuing education activity an amount not exceeding fifteen 4478  
dollars for each activity. 4479

(D) The board may contract for services pertaining to the 4480  
process of providing written verification of a ~~nursing~~ license, 4481  
~~certificate of authority, dialysis technician certificate, or~~ 4482  
~~community health worker~~ certificate when the verification is 4483  
performed for purposes other than providing verification to 4484  
another jurisdiction. The contract may include provisions 4485  
pertaining to the collection of the fee charged for providing the 4486  
written verification. As part of these provisions, the board may 4487  
permit the contractor to retain a portion of the fees as 4488  
compensation, before any amounts are deposited into the state 4489  
treasury. 4490

**Sec. 4723.09.** (A)(1) An application for licensure by 4491  
examination to practice as a registered nurse or as a licensed 4492  
practical nurse shall be submitted to the board of nursing in the 4493

form prescribed by rules of the board. The application shall 4494  
include evidence that the applicant has completed ~~requirements of~~ 4495  
a nursing education program approved by the board ~~or approved by~~ 4496  
~~another jurisdiction's~~ under division (A) of section 4723.06 of 4497  
the Revised Code or by a board that regulates nurse licensure of 4498  
another jurisdiction that is a member of the national council of 4499  
state boards of nursing. The application also shall include any 4500  
other information required by rules of the board. The application 4501  
shall be accompanied by the application fee required by section 4502  
4723.08 of the Revised Code. 4503

(2) The board shall grant a license to practice nursing as a 4504  
registered nurse or as a licensed practical nurse if all of the 4505  
following apply: 4506

(a) For all applicants, the applicant passes the examination 4507  
accepted by the board under section 4723.10 of the Revised Code. 4508

(b) For an applicant who entered a prelicensure nursing 4509  
education program on or after June 1, 2003, the results of a 4510  
~~criminal records check of the applicant that is completed by the~~ 4511  
~~bureau of criminal identification and investigation and includes a~~ 4512  
~~check of federal bureau of investigation records and that the~~ 4513  
~~bureau submits to the board indicates that the applicant has not~~ 4514  
~~been convicted of, has not pleaded guilty to, and has not had a~~ 4515  
~~judicial finding of guilt for violating section 2903.01, 2903.02,~~ 4516  
~~2903.03, 2903.11, 2905.01, 2907.02, 2907.03, 2907.05, 2909.02,~~ 4517  
~~2911.01, or 2911.11 of the Revised Code or a substantially similar~~ 4518  
~~law of another state, the United States, or another country~~ 4519  
conducted in accordance with section 4723.091 of the Revised Code 4520  
demonstrate that the applicant is not ineligible for licensure as 4521  
specified in section 4723.092 of the Revised Code. 4522

(c) For all applicants, the board determines that the 4523  
applicant has not committed any act that is grounds for 4524  
disciplinary action under section 3123.47 or 4723.28 of the 4525

Revised Code or determines that an applicant who has committed any 4526  
act that is grounds for disciplinary action under either section 4527  
has made restitution or has been rehabilitated, or both. 4528

(d) For all applicants, the applicant is not required to 4529  
register under Chapter 2950. of the Revised Code or a 4530  
substantially similar law of another state, the United States, or 4531  
another country. 4532

(3) The board is not required to afford an adjudication to an 4533  
individual to whom it has refused to grant a license because of 4534  
that individual's failure to pass the examination. 4535

(B)(1) An application for license by endorsement to practice 4536  
nursing as a registered nurse or as a licensed practical nurse 4537  
shall be submitted to the board in the form prescribed by rules of 4538  
the board ~~and shall be accompanied by the application fee required~~ 4539  
~~by section 4723.08 of the Revised Code.~~ The application shall 4540  
include evidence that the applicant holds a current, valid, and 4541  
unrestricted license ~~in good standing~~ in another jurisdiction 4542  
granted after passing an examination approved by the board of that 4543  
jurisdiction that is equivalent to the examination requirements 4544  
under this chapter for a license to practice nursing as a 4545  
registered nurse or licensed practical nurse ~~and.~~ The application 4546  
shall include any other information required by rules of the board 4547  
~~of nursing.~~ The application shall be accompanied by the 4548  
application fee required by section 4723.08 of the Revised Code. 4549

(2) The board shall grant a license by endorsement to 4550  
practice nursing as a registered nurse or as a licensed practical 4551  
nurse if the applicant is licensed or certified by another 4552  
~~jurisdiction and the board determines, pursuant to rules~~ 4553  
~~established under section 4723.07 of the Revised Code, that all of~~ 4554  
the following apply: 4555

~~(1)(a)~~ (a) For all applicants, the ~~educational preparation of the~~ 4556

applicant is ~~substantially similar to the minimum curricula and~~ 4557  
~~standards for~~ provides evidence satisfactory to the board that the 4558  
applicant has successfully completed a nursing education programs 4559  
~~established by~~ program approved by the board under division (A) of 4560  
section ~~4723.07~~ 4723.06 of the Revised Code or by a board of 4561  
another jurisdiction that is a member of the national council of 4562  
state boards of nursing. 4563

~~(2)~~(b) For all applicants, the examination, at the time it is 4564  
successfully completed, is equivalent to the examination 4565  
requirements in effect at that time for applicants who were 4566  
licensed by examination in this state. 4567

~~(3)~~(c) For all applicants, the board determines there is 4568  
sufficient evidence that the applicant completed two contact hours 4569  
of continuing education directly related to this chapter or the 4570  
rules adopted under it. 4571

(d) For all applicants, the results of a criminal records 4572  
~~check of the applicant that is completed by the bureau of criminal~~ 4573  
~~identification and investigation and includes a check of federal~~ 4574  
~~bureau of investigation records and that the bureau submits to the~~ 4575  
~~board indicates that the applicant has not been convicted of, has~~ 4576  
~~not pleaded guilty to, and has not had a judicial finding of guilt~~ 4577  
~~for violating section 2903.01, 2903.02, 2903.03, 2903.11, 2905.01,~~ 4578  
~~2907.02, 2907.03, 2907.05, 2909.02, 2911.01, or 2911.11 of the~~ 4579  
~~Revised Code or a substantially similar law of another state, the~~ 4580  
~~United States, or another country~~ conducted in accordance with 4581  
section 4723.091 of the Revised Code demonstrate that the 4582  
applicant is not ineligible for licensure as specified in section 4583  
4723.092 of the Revised Code. 4584

~~(4)~~(e) For all applicants, the applicant has not committed 4585  
any act that is grounds for disciplinary action under section 4586  
3123.47, or 4723.28, ~~or 4723.281~~ of the Revised Code, or the board 4587  
determines that an applicant who has committed any act that is 4588

grounds for disciplinary action under ~~any~~ either of those sections 4589  
has made restitution or has been rehabilitated, or both. 4590

(f) For all applicants, the applicant is not required to 4591  
register under Chapter 2950. of the Revised Code, or a 4592  
substantially similar law of another state, the United States, or 4593  
another country. 4594

(C) The board may grant a nonrenewable temporary permit to 4595  
practice nursing as a registered nurse or as a licensed practical 4596  
nurse to an applicant for license by endorsement if the board is 4597  
satisfied by the evidence that the applicant holds a current, 4598  
active valid, and unrestricted license in good standing in another 4599  
jurisdiction. Subject to earlier automatic termination as 4600  
described in this paragraph, the temporary permit shall expire at 4601  
the earlier of one hundred eighty days after issuance or upon the 4602  
issuance of a license by endorsement. The temporary permit shall 4603  
terminate automatically if the criminal records check completed by 4604  
the bureau of criminal identification and investigation as 4605  
described in ~~this~~ section 4723.091 of the Revised Code regarding 4606  
the applicant indicates that the applicant ~~previously has been~~ 4607  
~~convicted of, pleaded guilty to, or had a judicial finding of~~ 4608  
~~guilt for a violation of section 2903.01, 2903.02, 2903.03,~~ 4609  
~~2903.11, 2905.01, 2907.02, 2907.03, 2907.05, 2909.02, 2911.01, or~~ 4610  
~~2911.11 of the Revised Code or a substantially similar law of~~ 4611  
~~another state, the United States, or another country~~ is ineligible 4612  
for licensure as specified in section 4723.092 of the Revised 4613  
Code. An applicant whose temporary permit is automatically 4614  
terminated is permanently prohibited from obtaining a license to 4615  
practice nursing in this state as a registered nurse or as a 4616  
licensed practical nurse. 4617

~~(C) An applicant under this section shall submit a request to 4618~~  
~~the bureau of criminal identification and investigation for a 4619~~  
~~criminal records check of the applicant. The request shall be on 4620~~

~~the form prescribed pursuant to division (C)(1) of section 109.572 4621  
of the Revised Code, accompanied by a standard impression sheet to 4622  
obtain fingerprints prescribed pursuant to division (C)(2) of that 4623  
section, and accompanied by the fee prescribed pursuant to 4624  
division (C)(3) of that section. Upon receipt of the completed 4625  
form, the completed impression sheet, and the fee, the bureau 4626  
shall conduct a criminal records check of the applicant. Upon 4627  
completion of the criminal records check, the bureau shall send 4628  
the results of the check to the board. An applicant requesting a 4629  
criminal records check under this division shall ask the 4630  
superintendent of the bureau of criminal identification and 4631  
investigation to also request the federal bureau of investigation 4632  
to provide the superintendent with any information it has with 4633  
respect to the applicant. 4634~~

~~The results of any criminal records check conducted pursuant 4635  
to a request made under this section, and any report containing 4636  
those results, are not public records for purposes of section 4637  
149.43 of the Revised Code and shall not be made available to any 4638  
person or for any purpose other than the following: 4639~~

~~(1) The results may be made available to any person for use 4640  
in determining under this section and division (N) of section 4641  
4723.28 of the Revised Code whether the individual who is the 4642  
subject of the check should be granted a license to practice 4643  
nursing as a registered nurse or as a licensed practical nurse or 4644  
whether any temporary permit granted to the individual under this 4645  
section has terminated automatically. 4646~~

~~(2) The results may be made available to the individual who 4647  
is the subject of the check or that individual's representative. 4648~~

Sec. 4723.091. (A) An individual who applies for licensure 4649  
under section 4723.09 of the Revised Code; issuance of a 4650  
certificate under section 4723.651, 4723.75, 4723.76, or 4723.85 4651

of the Revised Code; reactivation of a license, under division (D) 4652  
of section 4723.24 of the Revised Code, that has been inactive for 4653  
at least five years; or reinstatement of a license, under division 4654  
(D) of section 4723.24 of the Revised Code, that has been expired 4655  
for at least five years shall submit a request to the bureau of 4656  
criminal identification and investigation for a criminal records 4657  
check of the applicant. The request shall be made in accordance 4658  
with section 109.572 of the Revised Code. 4659

(B) An applicant requesting a criminal records check under 4660  
division (A) of this section shall also ask the superintendent of 4661  
the bureau of criminal identification and investigation to request 4662  
that the federal bureau of investigation send to the 4663  
superintendent any information the federal bureau of investigation 4664  
has with respect to the applicant. 4665

(C) On receipt of all items required for the commencement of 4666  
a criminal records check pursuant to division (A) of this section, 4667  
the bureau of criminal identification and investigation shall 4668  
conduct a criminal records check of the applicant. On the 4669  
completion of the criminal records check, the bureau shall send 4670  
the results to the board of nursing. 4671

(D) The results of a criminal records check conducted 4672  
pursuant to a request made under division (A) of this section, and 4673  
any report containing those results, are not public records for 4674  
purposes of section 149.43 of the Revised Code and shall not be 4675  
made available to any person or for any purpose other than the 4676  
following: 4677

(1) The results may be made available to any person for use 4678  
in determining under section 4723.09, 4723.651, 4723.75, 4723.76, 4679  
or 4723.85 of the Revised Code whether the individual who is the 4680  
subject of the check should be granted a license or certificate 4681  
under this chapter or whether any temporary permit granted to the 4682  
individual under either of the following has terminated 4683

automatically: 4684

(a) Section 4723.09 of the Revised Code; 4685

(b) Section 4723.76 of the Revised Code as that section  
existed at any time before the effective date of this section. 4686  
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(2) The results may be made available to any person for use  
in determining under division (D) of section 4723.24 of the  
Revised Code whether the individual who is the subject of the  
check should have the individual's license or certificate  
reactivated or reinstated. 4688  
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(3) The results may be made available to any person for use  
in determining under section 4723.28 of the Revised Code whether  
the individual who is the subject of the check should be subject  
to disciplinary action in accordance with that section. 4693  
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(4) The results may be made available to the individual who  
is the subject of the check or that individual's representative. 4697  
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**Sec. 4723.092.** An individual is ineligible for licensure  
under section 4723.09 of the Revised Code or issuance of a  
certificate under section 4723.651, 4723.75, 4723.76, or 4723.85  
of the Revised Code if a criminal records check conducted in  
accordance with section 4723.091 of the Revised Code indicates  
that the individual has been convicted of, pleaded guilty to, or  
had a judicial finding of guilt for either of the following: 4699  
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(A) Violating section 2903.01, 2903.02, 2903.03, 2903.11,  
2905.01, 2907.02, 2907.03, 2907.05, 2909.02, 2911.01, or 2911.11  
of the Revised Code; 4706  
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(B) Violating a law of another state, the United States, or  
another country that is substantially similar to a law described  
in division (A) of this section. 4709  
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**Sec. 4723.17.** The board of nursing shall authorize a licensed 4712

practical nurse to administer medications if the nurse supplies 4713  
evidence satisfactory to the board that either of the following is 4714  
the case: 4715

(A) The nurse successfully completed, within a practical 4716  
nurse prelicensure education program approved by the board or by 4717  
another jurisdiction's agency that regulates the practice of 4718  
nursing, a course in basic pharmacology. 4719

(B) The nurse successfully completed a postlicensure course 4720  
in basic pharmacology that is acceptable to the board. 4721

**Sec. ~~4723.17~~ 4723.18.** (A) The board of nursing ~~may~~ shall 4722  
authorize a licensed practical nurse to administer to an adult 4723  
intravenous therapy ~~authorized by an individual who is authorized~~ 4724  
~~to practice in this state and is acting within the course of the~~ 4725  
~~individual's professional practice,~~ if the ~~licensed practical~~ 4726  
nurse ~~has a current, valid license issued under this chapter that~~ 4727  
~~includes authorization to administer medications and one~~ supplies 4728  
evidence satisfactory to the board that all of the following ~~is~~ 4729  
are the case: 4730

(1) The nurse holds a current, valid license issued under 4731  
this chapter to practice nursing as a licensed practical nurse. 4732

(2) The nurse has been authorized under section 4723.18 of 4733  
the Revised Code to administer medications. 4734

(3) The nurse ~~has~~ successfully completed, ~~within a practical~~ 4735  
~~nurse prelicensure education program~~ a course of study in the safe 4736  
performance of intravenous therapy approved by the board ~~or by~~ 4737  
~~another jurisdiction's agency that regulates the practice of~~ 4738  
~~nursing, a course of study that prepares the nurse to safely~~ 4739  
~~perform the intravenous therapy procedures the board may authorize~~ 4740  
~~under this section. To meet this requirement, the course of study~~ 4741  
~~must include all of the following:~~ 4742

~~(a) Both didactic and clinical components;~~ 4743

~~(b) Curriculum requirements established in rules the board of nursing shall adopt in accordance with Chapter 119. of the Revised Code;~~ 4744  
4745  
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~~(c) Standards that require the nurse to perform a successful demonstration of the intravenous procedures, including all skills needed to perform them safely pursuant to section 4723.19 of the Revised Code or by an agency in another jurisdiction that regulates the practice of nursing and has requirements for intravenous therapy course approval that are substantially similar to the requirements in division (B) of section 4723.19 of the Revised Code, as determined by the board.~~ 4747  
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~~(2)(4)~~ The nurse has successfully completed a minimum of forty hours of training that includes all of the following: 4755  
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(a) The curriculum established by rules adopted by the board and in effect on January 1, 1999; 4757  
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(b) Training in the anatomy and physiology of the cardiovascular system, signs and symptoms of local and systemic complications in the administration of fluids and antibiotic additives, and guidelines for management of these complications; 4759  
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(c) Any other training or instruction the board considers appropriate; 4763  
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(d) A testing component that requires the nurse to perform a successful demonstration of the intravenous procedures, including all skills needed to perform them safely. 4765  
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(B) Except as provided in section ~~4723.171~~ 4723.181 of the Revised Code and subject to the restrictions in division (D) of this section, a licensed practical nurse may perform intravenous therapy on an adult patient only if authorized by the board pursuant to division (A) of this section and only ~~if it is~~ 4768  
4769  
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~~performed in accordance with this section.~~ 4773

~~A licensed practical nurse authorized by the board to perform~~ 4774  
~~intravenous therapy may perform an intravenous therapy procedure~~ 4775  
~~only~~ at the direction of one of the following: 4776

(1) A licensed physician, dentist, optometrist, or podiatrist 4777  
who, except as provided in division (C)(2) of this section, is 4778  
present and readily available at the facility where the 4779  
intravenous therapy procedure is performed; 4780

(2) A registered nurse in accordance with division (C) of 4781  
this section. 4782

(C)(1) Except as provided in division (C)(2) of this section 4783  
and section ~~4723.171~~ 4723.181 of the Revised Code, when a licensed 4784  
practical nurse authorized by the board to perform intravenous 4785  
therapy performs an intravenous therapy procedure at the direction 4786  
of a registered nurse, the registered nurse or another registered 4787  
nurse shall be readily available at the site where the intravenous 4788  
therapy is performed, and before the licensed practical nurse 4789  
initiates the intravenous therapy, the registered nurse shall 4790  
personally perform an on-site assessment of the ~~individual~~ adult 4791  
patient who is to receive the intravenous therapy. 4792

(2) When a licensed practical nurse authorized by the board 4793  
to perform intravenous therapy performs an intravenous therapy 4794  
procedure in a home as defined in section 3721.10 of the Revised 4795  
Code, or in an intermediate care facility for the mentally 4796  
retarded as defined in section 5111.20 of the Revised Code, at the 4797  
direction of a registered nurse or licensed physician, dentist, 4798  
optometrist, or podiatrist, a registered nurse shall be on the 4799  
premises of the home or facility or accessible by some form of 4800  
telecommunication. 4801

(D) No licensed practical nurse shall perform any of the 4802  
following intravenous therapy procedures: 4803

(1) Initiating or maintaining any of the following:	4804
(a) Blood or blood components;	4805
(b) Solutions for total parenteral nutrition;	4806
(c) Any cancer therapeutic medication including, but not limited to, cancer chemotherapy or an anti-neoplastic agent;	4807 4808
(d) Solutions administered through any central venous line or arterial line or any other line that does not terminate in a peripheral vein, except that a licensed practical nurse authorized by the board to perform intravenous therapy may maintain the solutions specified in division (D)(6)(a) of this section that are being administered through a central venous line or peripherally inserted central catheter;	4809 4810 4811 4812 4813 4814 4815
(e) Any investigational or experimental medication.	4816
(2) Initiating intravenous therapy in any vein, except that a licensed practical nurse authorized by the board to perform intravenous therapy may initiate intravenous therapy in accordance with this section in a vein of the hand, forearm, or antecubital fossa;	4817 4818 4819 4820 4821
(3) Discontinuing a central venous, arterial, or any other line that does not terminate in a peripheral vein;	4822 4823
(4) Initiating or discontinuing a peripherally inserted central catheter;	4824 4825
(5) Mixing, preparing, or reconstituting any medication for intravenous therapy, except that a licensed practical nurse authorized by the board to perform intravenous therapy may prepare or reconstitute an antibiotic additive;	4826 4827 4828 4829
(6) Administering medication via the intravenous route, including all of the following activities:	4830 4831
(a) Adding medication to an intravenous solution or to an existing infusion, except that a licensed practical nurse	4832 4833

authorized by the board to perform intravenous therapy may do 4834  
either any of the following: 4835

(i) Initiate an intravenous infusion containing one or more 4836  
of the following elements: dextrose 5%+   normal saline+   lactated 4837  
ringers+   sodium chloride .45%+   sodium chloride 0.2%+   sterile 4838  
water+  ; 4839

(ii) Hang subsequent containers of the intravenous solutions 4840  
specified in division (D)(6)(a)(i) of this section that contain 4841  
vitamins or electrolytes, if a registered nurse initiated the 4842  
infusion of that same intravenous solution+   4843

~~(b) Initiating or maintaining an intravenous piggyback 4844  
infusion, except that a licensed practical nurse authorized by the 4845  
board to perform intravenous therapy may initiate; 4846~~

(iii) Initiate or maintain an intravenous ~~piggyback~~ infusion 4847  
containing an antibiotic additive+   4848

~~(e)~~(b) Injecting medication via a direct intravenous route, 4849  
except that a licensed practical nurse authorized by the board to 4850  
perform intravenous therapy may inject heparin or normal saline to 4851  
flush an intermittent infusion device or heparin lock including, 4852  
but not limited to, bolus or push. 4853

~~(7) Aspirating any intravenous line to maintain patency; 4854~~

~~(8)~~ Changing tubing on any line including, but not limited 4855  
to, an arterial line or a central venous line, except that a 4856  
licensed practical nurse authorized by the board to perform 4857  
intravenous therapy may change tubing on an intravenous line that 4858  
terminates in a peripheral vein; 4859

~~(9)~~(8) Programming or setting any function of a patient 4860  
controlled infusion pump. 4861

(E) Notwithstanding ~~division~~ divisions (A) and (D) of this 4862  
section, at the direction of a physician or a registered nurse, a 4863

licensed practical nurse authorized by the board to perform 4864  
intravenous therapy may perform the following activities for the 4865  
purpose of performing dialysis: 4866

(1) The routine administration and regulation of saline 4867  
solution for the purpose of maintaining an established fluid plan; 4868

(2) The administration of a heparin dose intravenously; 4869

(3) The administration of a heparin dose peripherally via a 4870  
fistula needle; 4871

(4) The loading and activation of a constant infusion pump ~~or~~ 4872  
~~the;~~ 4873

(5) The intermittent injection of a dose of medication 4874  
prescribed by a licensed physician for dialysis that is 4875  
administered via the hemodialysis blood circuit and through the 4876  
patient's venous access. 4877

(F) No person shall employ or direct a licensed practical 4878  
nurse to perform an intravenous therapy procedure without first 4879  
verifying that the licensed practical nurse is authorized by the 4880  
board to perform intravenous therapy. 4881

~~(G) The board shall issue an intravenous therapy card to the 4882~~  
~~licensed practical nurses authorized pursuant to division (A) of 4883~~  
~~this section to perform intravenous therapy. A fee for issuing the 4884~~  
~~card shall not be charged under section 4723.08 of the Revised 4885~~  
~~Code if the licensed practical nurse receives the card by meeting 4886~~  
~~the requirements of division (A)(1) of this section. The board 4887~~  
~~shall maintain a registry of the names of licensed practical 4888~~  
~~nurses who hold intravenous therapy cards.~~ 4889

**Sec. ~~4723.171~~ 4723.181.** (A) A licensed practical nurse may 4890  
perform on any person any of the intravenous therapy procedures 4891  
specified in division (B) of this section without receiving 4892  
authorization to perform intravenous therapy from the board of 4893

nursing under section ~~4723.17~~ 4723.18 of the Revised Code, if both 4894  
of the following apply: 4895

(1) The licensed practical nurse acts at the direction of a 4896  
registered nurse or a licensed physician, dentist, optometrist, or 4897  
podiatrist and the registered nurse, physician, dentist, 4898  
optometrist, or podiatrist is on the premises where the procedure 4899  
is to be performed or accessible by some form of 4900  
telecommunication. 4901

(2) The licensed practical nurse can demonstrate the 4902  
knowledge, skills, and ability to perform the procedure safely. 4903

(B) The intravenous therapy procedures that a licensed 4904  
practical nurse may perform pursuant to division (A) of this 4905  
section are limited to the following: 4906

(1) Verification of the type of peripheral intravenous 4907  
solution being administered; 4908

(2) Examination of a peripheral infusion site and the 4909  
extremity for possible infiltration; 4910

(3) Regulation of a peripheral intravenous infusion according 4911  
to the prescribed flow rate; 4912

(4) Discontinuation of a peripheral intravenous device at the 4913  
appropriate time; 4914

(5) Performance of routine dressing changes at the insertion 4915  
site of a peripheral venous or arterial infusion, peripherally 4916  
inserted central catheter infusion, or central venous pressure 4917  
subclavian infusion. 4918

Sec. 4723.19. (A) A person or government entity seeking 4919  
approval to provide a course of study in the safe performance of 4920  
intravenous therapy shall apply to the board of nursing in a 4921  
manner specified by the board. 4922

(B) The board shall approve the applicant to provide a course of study in the safe performance of intravenous therapy if the content of the course of study to be provided includes all of the following: 4923  
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(1) Didactic and clinical components; 4927

(2) Curriculum requirements established in rules the board shall adopt in accordance with Chapter 119. of the Revised Code; 4928  
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(3) Standards that require the nurse to perform a successful demonstration of the intravenous procedures, including all skills needed to perform them safely. 4930  
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**Sec. 4723.24.** (A) All Except as otherwise specified in this chapter, all active licenses and certificates issued under this chapter shall be renewed biennially according to a schedule established by the board of nursing. The board shall provide an application for renewal to every holder of an active license or certificate, except when the board is aware that an individual is ineligible for license or certificate renewal for any reason, including pending criminal charges in this state or another jurisdiction, failure to comply with a disciplinary order from the board or the terms of a consent agreement entered into with the board, failure to pay fines or fees owed to the board, or failure to provide on the board's request documentation of having completed the continuing nursing education requirements specified in division (C) of this section. 4933  
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If the board provides a renewal application by mail, the application shall be addressed to the last known post-office address of the license or certificate holder and mailed before the date specified in the board's schedule. Failure of the license or certificate holder to receive an application for renewal from the board shall not excuse the holder from the requirements contained in this section, except as provided in section 5903.10 of the 4947  
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Revised Code. 4954

The license or certificate holder shall complete the renewal 4955  
form and return it to the ~~treasurer of state~~ board with the 4956  
renewal fee required by section 4723.08 of the Revised Code on or 4957  
before the date specified by the board. The license or certificate 4958  
holder shall report any conviction, plea, or judicial finding 4959  
regarding a criminal offense that constitutes grounds for the 4960  
board to impose sanctions under section 4723.28 of the Revised 4961  
Code since the holder last submitted an application to the board. 4962

~~The treasurer shall immediately forward the renewal~~ 4963  
~~application to the board.~~ On receipt of the renewal application, 4964  
the board shall verify ~~that~~ whether the applicant meets the 4965  
renewal requirements ~~and~~. If the applicant meets the requirements, 4966  
the board shall renew the license or certificate for the following 4967  
two-year period. 4968

If a renewal application that meets the renewal requirements 4969  
is submitted after the date specified in the board's schedule, but 4970  
before expiration of the license or certificate, the board shall 4971  
grant a renewal upon payment of the late renewal fee authorized 4972  
under section 4723.08 of the Revised Code. 4973

(B) Every license or certificate holder shall give written 4974  
notice to the board of any change of name or address within thirty 4975  
days of the change. The board shall require the holder to document 4976  
a change of name in a manner acceptable to the board. 4977

(C)(1) Except in the case of a first renewal after licensure 4978  
by examination, to be eligible for renewal of an active license to 4979  
practice nursing as a registered nurse or licensed practical 4980  
nurse, each individual who holds an active license shall, in each 4981  
two-year period specified by the board, complete continuing 4982  
nursing education as follows: 4983

(a) For renewal of a license that was issued for a two-year 4984

renewal period, twenty-four hours of continuing nursing education; 4985

(b) For renewal of a license that was issued for less than a 4986  
two-year renewal period, the number of hours of continuing nursing 4987  
education specified by the board in rules adopted in accordance 4988  
with Chapter 119. of the Revised Code; 4989

(c) Of the hours of continuing nursing education completed in 4990  
any renewal period, at least one hour of the education must be 4991  
directly related to the statutes and rules pertaining to the 4992  
practice of nursing in this state. 4993

(2) The board shall adopt rules establishing the procedure 4994  
for a license holder to certify to the board completion of the 4995  
required continuing nursing education. The board may conduct a 4996  
random sample of license holders and require that the license 4997  
holders included in the sample submit satisfactory documentation 4998  
of having completed the requirements for continuing nursing 4999  
education. On the board's request, a license holder included in 5000  
the sample shall submit the required documentation. 5001

(3) An educational activity may be applied toward meeting the 5002  
continuing nursing education requirement only if it is obtained 5003  
through a program or course approved by the board or a person the 5004  
board has authorized to approve continuing nursing education 5005  
programs and courses. 5006

(4) The continuing education required of a certified 5007  
registered nurse anesthetist, clinical nurse specialist, certified 5008  
nurse-midwife, or certified nurse practitioner to ~~obtain or~~ 5009  
maintain certification by a national certifying organization shall 5010  
be applied toward the continuing education requirements for 5011  
renewal of a license to practice nursing as a registered nurse 5012  
only if it is obtained through a program or course approved by the 5013  
board or a person the board has authorized to approve continuing 5014  
nursing education programs and courses. 5015

(D) Except as otherwise provided in section 4723.28 of the Revised Code, ~~a~~ an individual who holds an active license holder to practice nursing as a registered nurse or licensed practical nurse and who does not intend to practice in Ohio may send to the board written notice to that effect on or before the renewal date, and the board shall classify the license as inactive. During the period that the license is classified as inactive, the holder may not engage in the practice of nursing in Ohio and is not required to pay the renewal fee.

The holder of an inactive license or an individual who has failed to renew the individual's license may have the license ~~restored or renewed~~ reactivated or reinstated upon ~~meeting~~ doing the following, as applicable to the holder or individual:

(1) Applying to the board for license reactivation or reinstatement on forms provided by the board;

(2) Meeting the requirements for ~~restoring and renewing~~ reactivating or reinstating licenses established in rules adopted under section 4723.07 of the Revised Code or, if the individual did not renew because of service in the armed forces of the United States, as provided in section 5903.10 of the Revised Code;

(3) If the license has been inactive for at least five years from the date of application for reactivation or has lapsed for at least five years from the date of application for reinstatement, submitting a request to the bureau of criminal identification and investigation for a criminal records check and check of federal bureau of investigation records pursuant to section 4723.091 of the Revised Code.

**Sec. 4723.271.** The (A) Upon request of the holder of a nursing license, certificate of authority, dialysis technician certificate, medication aide certificate, or community health worker certificate issued under this chapter, the presentment of

proper identification as prescribed in rules adopted by the board 5047  
of nursing, and payment of the fee authorized under section 5048  
4723.08 of the Revised Code, the board of nursing shall provide to 5049  
the requestor a replacement copy of a nursing license, certificate 5050  
of authority, dialysis technician wall certificate, or community 5051  
health worker certificate issued under this chapter upon request 5052  
of the holder accompanied by proper identification as prescribed 5053  
in rules adopted by the board and payment of the fee authorized 5054  
under section 4723.08 of the Revised Code suitable for framing. 5055

(B) Upon request of the holder of a nursing license, 5056  
certificate of authority, certificate to prescribe, dialysis 5057  
technician certificate, medication aide certificate, or community 5058  
health worker certificate issued under this chapter and payment of 5059  
the fee authorized under section 4723.08 of the Revised Code, the 5060  
board shall verify to an agency of another jurisdiction or foreign 5061  
country the fact that the person holds such nursing license, 5062  
certificate of authority, certificate to prescribe, dialysis 5063  
technician certificate, medication aide certificate, or community 5064  
health worker certificate. 5065

**Sec. 4723.28.** (A) The board of nursing, by a vote of a 5066  
quorum, may ~~revoke or may refuse to grant a nursing license,~~ 5067  
~~certificate of authority, or dialysis technician certificate to a~~ 5068  
~~person found by the board to have~~ impose one or more of the 5069  
following sanctions if it finds that a person committed fraud in 5070  
passing an examination required to obtain ~~the~~ a license, 5071  
certificate of authority, or dialysis technician certificate 5072  
issued by the board or to have committed fraud, misrepresentation, 5073  
or deception in applying for or securing any nursing license, 5074  
certificate of authority, or dialysis technician certificate 5075  
issued by the board: deny, revoke, suspend, or place restrictions 5076  
on any nursing license, certificate of authority, or dialysis 5077  
technician certificate issued by the board; reprimand or otherwise 5078

discipline a holder of a nursing license, certificate of 5079  
authority, or dialysis technician certificate; or impose a fine of 5080  
not more than five hundred dollars per violation. 5081

(B) ~~Subject to division (N) of this section, the~~ The board of 5082  
nursing, by a vote of a quorum, may impose one or more of the 5083  
following sanctions: deny, revoke, suspend, or place restrictions 5084  
on any nursing license, certificate of authority, or dialysis 5085  
technician certificate issued by the board; reprimand or otherwise 5086  
discipline a holder of a nursing license, certificate of 5087  
authority, or dialysis technician certificate; or impose a fine of 5088  
not more than five hundred dollars per violation. The sanctions 5089  
may be imposed for any of the following: 5090

(1) Denial, revocation, suspension, or restriction of 5091  
authority to engage in a licensed profession or practice a health 5092  
care occupation, including nursing or practice as a dialysis 5093  
technician, for any reason other than a failure to renew, in Ohio 5094  
or another state or jurisdiction; 5095

(2) Engaging in the practice of nursing or engaging in 5096  
practice as a dialysis technician, having failed to renew a 5097  
nursing license or dialysis technician certificate issued under 5098  
this chapter, or while a nursing license or dialysis technician 5099  
certificate is under suspension; 5100

(3) Conviction of, a plea of guilty to, a judicial finding of 5101  
guilt of, a judicial finding of guilt resulting from a plea of no 5102  
contest to, or a judicial finding of eligibility for a pretrial 5103  
diversion or similar program or for intervention in lieu of 5104  
conviction for, a misdemeanor committed in the course of practice; 5105

(4) Conviction of, a plea of guilty to, a judicial finding of 5106  
guilt of, a judicial finding of guilt resulting from a plea of no 5107  
contest to, or a judicial finding of eligibility for a pretrial 5108  
diversion or similar program or for intervention in lieu of 5109

conviction for, any felony or of any crime involving gross 5110  
immorality or moral turpitude; 5111

(5) Selling, giving away, or administering drugs or 5112  
therapeutic devices for other than legal and legitimate 5113  
therapeutic purposes; or conviction of, a plea of guilty to, a 5114  
judicial finding of guilt of, a judicial finding of guilt 5115  
resulting from a plea of no contest to, or a judicial finding of 5116  
eligibility for a pretrial diversion or similar program or for 5117  
intervention in lieu of conviction for, violating any municipal, 5118  
state, county, or federal drug law; 5119

(6) Conviction of, a plea of guilty to, a judicial finding of 5120  
guilt of, a judicial finding of guilt resulting from a plea of no 5121  
contest to, or a judicial finding of eligibility for a pretrial 5122  
diversion or similar program or for intervention in lieu of 5123  
conviction for, an act in another jurisdiction that would 5124  
constitute a felony or a crime of moral turpitude in Ohio; 5125

(7) Conviction of, a plea of guilty to, a judicial finding of 5126  
guilt of, a judicial finding of guilt resulting from a plea of no 5127  
contest to, or a judicial finding of eligibility for a pretrial 5128  
diversion or similar program or for intervention in lieu of 5129  
conviction for, an act in the course of practice in another 5130  
jurisdiction that would constitute a misdemeanor in Ohio; 5131

(8) Self-administering or otherwise taking into the body any 5132  
dangerous drug, as defined in section 4729.01 of the Revised Code, 5133  
in any way that is not in accordance with a legal, valid 5134  
prescription issued for that individual, or self-administering or 5135  
otherwise taking into the body any drug that is a schedule I 5136  
controlled substance; 5137

(9) Habitual ~~indulgence in the~~ or excessive use of controlled 5138  
substances, other habit-forming drugs, or alcohol or other 5139  
chemical substances to an extent that impairs ~~ability to practice~~ 5140

- the individual's ability to provide safe nursing care or safe dialysis care; 5141  
5142
- (10) Impairment of the ability to practice according to 5143  
acceptable and prevailing standards of safe nursing care or safe 5144  
dialysis care because of ~~habitual or excessive~~ the use of drugs, 5145  
alcohol, or other chemical substances ~~that impair the ability to~~ 5146  
~~practice;~~ 5147
- (11) Impairment of the ability to practice according to 5148  
acceptable and prevailing standards of safe nursing care or safe 5149  
dialysis care because of a physical or mental disability; 5150
- (12) Assaulting or causing harm to a patient or depriving a 5151  
patient of the means to summon assistance; 5152
- (13) ~~Obtaining or attempting to obtain~~ Misappropriation or 5153  
attempted misappropriation of money or anything of value ~~by~~ 5154  
~~intentional misrepresentation or material deception~~ in the course 5155  
of practice; 5156
- (14) Adjudication by a probate court of being mentally ill or 5157  
mentally incompetent. The board may ~~restore~~ reinstate the person's 5158  
nursing license or dialysis technician certificate upon 5159  
adjudication by a probate court of the person's restoration to 5160  
competency or upon submission to the board of other proof of 5161  
competency. 5162
- (15) The suspension or termination of employment by the 5163  
department of defense or the veterans administration of the United 5164  
States for any act that violates or would violate this chapter; 5165
- (16) Violation of this chapter or any rules adopted under it; 5166
- (17) Violation of any restrictions placed by the board on a 5167  
nursing license or dialysis technician certificate ~~by the board;~~ 5168
- (18) Failure to use universal ~~blood and body fluid~~ standard 5169  
precautions established by rules adopted under section 4723.07 of 5170

the Revised Code;	5171
(19) Failure to practice in accordance with acceptable and prevailing standards of safe nursing care or safe dialysis care;	5172 5173
(20) In the case of a registered nurse, engaging in activities that exceed the practice of nursing as a registered nurse;	5174 5175 5176
(21) In the case of a licensed practical nurse, engaging in activities that exceed the practice of nursing as a licensed practical nurse;	5177 5178 5179
(22) In the case of a dialysis technician, engaging in activities that exceed those permitted under section 4723.72 of the Revised Code;	5180 5181 5182
(23) Aiding and abetting a person in that person's practice of nursing without a license or practice as a dialysis technician without a certificate issued under this chapter;	5183 5184 5185
(24) In the case of a certified registered nurse anesthetist, clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner, except as provided in division (M) of this section, either of the following:	5186 5187 5188 5189
(a) Waiving the payment of all or any part of a deductible or copayment that a patient, pursuant to a health insurance or health care policy, contract, or plan that covers such nursing services, would otherwise be required to pay if the waiver is used as an enticement to a patient or group of patients to receive health care services from that provider;	5190 5191 5192 5193 5194 5195
(b) Advertising that the nurse will waive the payment of all or any part of a deductible or copayment that a patient, pursuant to a health insurance or health care policy, contract, or plan that covers such nursing services, would otherwise be required to pay.	5196 5197 5198 5199 5200

(25) Failure to comply with the terms and conditions of participation in the chemical dependency monitoring program established under section 4723.35 of the Revised Code;	5201 5202 5203
(26) Failure to comply with the terms and conditions required under the practice intervention and improvement program established under section 4723.282 of the Revised Code;	5204 5205 5206
(27) In the case of a certified registered nurse anesthetist, clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner:	5207 5208 5209
(a) Engaging in activities that exceed those permitted for the nurse's nursing specialty under section 4723.43 of the Revised Code;	5210 5211 5212
(b) Failure to meet the quality assurance standards established under section 4723.07 of the Revised Code.	5213 5214
(28) In the case of a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner, failure to maintain a standard care arrangement in accordance with section 4723.431 of the Revised Code or to practice in accordance with the standard care arrangement;	5215 5216 5217 5218 5219
(29) In the case of a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner who holds a certificate to prescribe issued under section 4723.48 of the Revised Code, failure to prescribe drugs and therapeutic devices in accordance with section 4723.481 of the Revised Code;	5220 5221 5222 5223 5224
(30) Prescribing any drug or device to perform or induce an abortion, or otherwise performing or inducing an abortion;	5225 5226
(31) Failure to establish and maintain professional boundaries with a patient, as specified in rules adopted under section 4723.07 of the Revised Code;	5227 5228 5229
(32) Regardless of whether the contact or verbal behavior is	5230

consensual, engaging with a patient other than the spouse of the 5231  
registered nurse, licensed practical nurse, or dialysis technician 5232  
in any of the following: 5233

(a) Sexual contact, as defined in section 2907.01 of the 5234  
Revised Code; 5235

(b) Verbal behavior that is sexually demeaning to the patient 5236  
or may be reasonably interpreted by the patient as sexually 5237  
demeaning. 5238

(33) Assisting suicide as defined in section 3795.01 of the 5239  
Revised Code. 5240

(C) Disciplinary actions taken by the board under divisions 5241  
(A) and (B) of this section shall be taken pursuant to an 5242  
adjudication conducted under Chapter 119. of the Revised Code, 5243  
except that in lieu of a hearing, the board may enter into a 5244  
consent agreement with an individual to resolve an allegation of a 5245  
violation of this chapter or any rule adopted under it. A consent 5246  
agreement, when ratified by a vote of a quorum, shall constitute 5247  
the findings and order of the board with respect to the matter 5248  
addressed in the agreement. If the board refuses to ratify a 5249  
consent agreement, the admissions and findings contained in the 5250  
agreement shall be of no effect. 5251

(D) The hearings of the board shall be conducted in 5252  
accordance with Chapter 119. of the Revised Code, the board may 5253  
appoint a hearing examiner, as provided in section 119.09 of the 5254  
Revised Code, to conduct any hearing the board is authorized to 5255  
hold under Chapter 119. of the Revised Code. 5256

In any instance in which the board is required under Chapter 5257  
119. of the Revised Code to give notice of an opportunity for a 5258  
hearing and the applicant, licensee, or license certificate holder 5259  
does not make a timely request for a hearing in accordance with 5260  
section 119.07 of the Revised Code, the board is not required to 5261

hold a hearing, but may adopt, by a vote of a quorum, a final 5262  
order that contains the board's findings. In the final order, the 5263  
board may order any of the sanctions listed in division (A) or (B) 5264  
of this section. 5265

(E) If a criminal action is brought against a registered 5266  
nurse, licensed practical nurse, or dialysis technician for an act 5267  
or crime described in divisions (B)(3) to (7) of this section and 5268  
the action is dismissed by the trial court other than on the 5269  
merits, the board shall conduct an adjudication to determine 5270  
whether the registered nurse, licensed practical nurse, or 5271  
dialysis technician committed the act on which the action was 5272  
based. If the board determines on the basis of the adjudication 5273  
that the registered nurse, licensed practical nurse, or dialysis 5274  
technician committed the act, or if the registered nurse, licensed 5275  
practical nurse, or dialysis technician fails to participate in 5276  
the adjudication, the board may take action as though the 5277  
registered nurse, licensed practical nurse, or dialysis technician 5278  
had been convicted of the act. 5279

If the board takes action on the basis of a conviction, plea, 5280  
or a judicial finding as described in divisions (B)(3) to (7) of 5281  
this section that is overturned on appeal, the registered nurse, 5282  
licensed practical nurse, or dialysis technician may, on 5283  
exhaustion of the appeal process, petition the board for 5284  
reconsideration of its action. On receipt of the petition and 5285  
supporting court documents, the board shall temporarily rescind 5286  
its action. If the board determines that the decision on appeal 5287  
was a decision on the merits, it shall permanently rescind its 5288  
action. If the board determines that the decision on appeal was 5289  
not a decision on the merits, it shall conduct an adjudication to 5290  
determine whether the registered nurse, licensed practical nurse, 5291  
or dialysis technician committed the act on which the original 5292  
conviction, plea, or judicial finding was based. If the board 5293

determines on the basis of the adjudication that the registered 5294  
nurse, licensed practical nurse, or dialysis technician committed 5295  
such act, or if the registered nurse, licensed practical nurse, or 5296  
dialysis technician does not request an adjudication, the board 5297  
shall reinstate its action; otherwise, the board shall permanently 5298  
rescind its action. 5299

Notwithstanding the provision of division (C)(2) of section 5300  
2953.32 of the Revised Code specifying that if records pertaining 5301  
to a criminal case are sealed under that section the proceedings 5302  
in the case shall be deemed not to have occurred, sealing of the 5303  
following records of a conviction on which the board has based an 5304  
action under this section shall have no effect on the board's 5305  
action or any sanction imposed by the board under this section: 5306  
records of any conviction, guilty plea, judicial finding of guilt 5307  
resulting from a plea of no contest, or a judicial finding of 5308  
eligibility for a pretrial diversion program or intervention in 5309  
lieu of conviction. 5310

The board shall not be required to seal, destroy, redact, or 5311  
otherwise modify its records to reflect the court's sealing of 5312  
conviction records. 5313

(F) The board may investigate an individual's criminal 5314  
background in performing its duties under this section. As part of 5315  
such investigation, the board may order the individual to submit, 5316  
at the individual's expense, a request to the bureau of criminal 5317  
identification and investigation for a criminal records check and 5318  
check of federal bureau of investigation records in accordance 5319  
with the procedure described in section 4723.091 of the Revised 5320  
Code. 5321

(G) During the course of an investigation conducted under 5322  
this section, the board may compel any registered nurse, licensed 5323  
practical nurse, or dialysis technician or applicant under this 5324  
chapter to submit to a mental or physical examination, or both, as 5325

required by the board and at the expense of the individual, if the 5326  
board finds reason to believe that the individual under 5327  
investigation may have a physical or mental impairment that may 5328  
affect the individual's ability to provide safe nursing care. 5329  
Failure of any individual to submit to a mental or physical 5330  
examination when directed constitutes an admission of the 5331  
allegations, unless the failure is due to circumstances beyond the 5332  
individual's control, and a default and final order may be entered 5333  
without the taking of testimony or presentation of evidence. 5334

If the board finds that an individual is impaired, the board 5335  
shall require the individual to submit to care, counseling, or 5336  
treatment approved or designated by the board, as a condition for 5337  
initial, continued, reinstated, or renewed authority to practice. 5338  
The individual shall be afforded an opportunity to demonstrate to 5339  
the board that the individual can begin or resume the individual's 5340  
occupation in compliance with acceptable and prevailing standards 5341  
of care under the provisions of the individual's authority to 5342  
practice. 5343

For purposes of this division, any registered nurse, licensed 5344  
practical nurse, or dialysis technician or applicant under this 5345  
chapter shall be deemed to have given consent to submit to a 5346  
mental or physical examination when directed to do so in writing 5347  
by the board, and to have waived all objections to the 5348  
admissibility of testimony or examination reports that constitute 5349  
a privileged communication. 5350

(H) The board shall investigate evidence that appears to show 5351  
that any person has violated any provision of this chapter or any 5352  
rule of the board. Any person may report to the board any 5353  
information the person may have that appears to show a violation 5354  
of any provision of this chapter or rule of the board. In the 5355  
absence of bad faith, any person who reports such information or 5356  
who testifies before the board in any adjudication conducted under 5357

Chapter 119. of the Revised Code shall not be liable for civil 5358  
damages as a result of the report or testimony. 5359

(I) All of the following apply under this chapter with 5360  
respect to the confidentiality of information: 5361

(1) Information received by the board pursuant to a complaint 5362  
or an investigation is confidential and not subject to discovery 5363  
in any civil action, except that the board may disclose 5364  
information to law enforcement officers and government entities 5365  
~~investigating~~ for purposes of an investigation of either a 5366  
licensed health care professional, including a registered nurse, 5367  
licensed practical nurse, or dialysis technician, or a person who 5368  
may have engaged in the unauthorized practice of nursing or 5369  
dialysis care. No law enforcement officer or government entity 5370  
with knowledge of any information disclosed by the board pursuant 5371  
to this division shall divulge the information to any other person 5372  
or government entity except for the purpose of a government 5373  
investigation, a prosecution, or an adjudication by a court or 5374  
government entity. 5375

(2) If an investigation requires a review of patient records, 5376  
the investigation and proceeding shall be conducted in such a 5377  
manner as to protect patient confidentiality. 5378

(3) All adjudications and investigations of the board shall 5379  
be considered civil actions for the purposes of section 2305.252 5380  
of the Revised Code. 5381

(4) Any board activity that involves continued monitoring of 5382  
an individual as part of or following any disciplinary action 5383  
taken under this section shall be conducted in a manner that 5384  
maintains the individual's confidentiality. Information received 5385  
or maintained by the board with respect to the board's monitoring 5386  
activities is ~~confidential and~~ not subject to discovery in any 5387  
civil action and is confidential, except that the board may 5388

disclose information to law enforcement officers and government 5389  
entities for purposes of an investigation of a licensee or 5390  
certificate holder. 5391

(J) Any action taken by the board under this section 5392  
resulting in a suspension from practice shall be accompanied by a 5393  
written statement of the conditions under which the person may be 5394  
reinstated to practice. 5395

(K) When the board refuses to grant a license or certificate 5396  
to an applicant, revokes a license or certificate, or refuses to 5397  
reinstate a license or certificate, the board may specify that its 5398  
action is permanent. An individual subject to permanent action 5399  
taken by the board is forever ineligible to hold a license or 5400  
certificate of the type that was refused or revoked and the board 5401  
shall not accept from the individual an application for 5402  
reinstatement of the license or certificate or for a new license 5403  
or certificate. 5404

(L) No unilateral surrender of a nursing license, certificate 5405  
of authority, or dialysis technician certificate issued under this 5406  
chapter shall be effective unless accepted by majority vote of the 5407  
board. No application for a nursing license, certificate of 5408  
authority, or dialysis technician certificate issued under this 5409  
chapter may be withdrawn without a majority vote of the board. The 5410  
board's jurisdiction to take disciplinary action under this 5411  
section is not removed or limited when an individual has a license 5412  
or certificate classified as inactive or fails to renew a license 5413  
or certificate. 5414

(M) Sanctions shall not be imposed under division (B)(24) of 5415  
this section against any licensee who waives deductibles and 5416  
copayments as follows: 5417

(1) In compliance with the health benefit plan that expressly 5418  
allows such a practice. Waiver of the deductibles or copayments 5419

shall be made only with the full knowledge and consent of the plan purchaser, payer, and third-party administrator. Documentation of the consent shall be made available to the board upon request.

(2) For professional services rendered to any other person licensed pursuant to this chapter to the extent allowed by this chapter and the rules of the board.

~~(N)(1) Any person who enters a prelicensure nursing education program on or after June 1, 2003, and who subsequently applies under division (A) of section 4723.09 of the Revised Code for licensure to practice as a registered nurse or as a licensed practical nurse and any person who applies under division (B) of that section for license by endorsement to practice nursing as a registered nurse or as a licensed practical nurse shall submit a request to the bureau of criminal identification and investigation for the bureau to conduct a criminal records check of the applicant and to send the results to the board, in accordance with section 4723.09 of the Revised Code.~~

~~The board shall refuse to grant a license to practice nursing as a registered nurse or as a licensed practical nurse under section 4723.09 of the Revised Code to a person who entered a prelicensure nursing education program on or after June 1, 2003, and applied under division (A) of section 4723.09 of the Revised Code for the license or a person who applied under division (B) of that section for the license, if the criminal records check performed in accordance with division (C) of that section indicates that the person has pleaded guilty to, been convicted of, or has had a judicial finding of guilt for violating section 2903.01, 2903.02, 2903.03, 2903.11, 2905.01, 2907.02, 2907.03, 2907.05, 2909.02, 2911.01, or 2911.11 of the Revised Code or a substantially similar law of another state, the United States, or another country.~~

~~(2) Any person who enters a dialysis training program on or~~

~~after June 1, 2003, and who subsequently applies for a certificate 5452  
to practice as a dialysis technician shall submit a request to the 5453  
bureau of criminal identification and investigation for the bureau 5454  
to conduct a criminal records check of the applicant and to send 5455  
the results to the board, in accordance with section 4723.75 of 5456  
the Revised Code. 5457~~

~~The board shall refuse to issue a certificate to practice as 5458  
a dialysis technician under section 4723.75 of the Revised Code to 5459  
a person who entered a dialysis training program on or after June 5460  
1, 2003, and whose criminal records check performed in accordance 5461  
with division (C) of that section indicates that the person has 5462  
pleaded guilty to, been convicted of, or has had a judicial 5463  
finding of guilt for violating section 2903.01, 2903.02, 2903.03, 5464  
2903.11, 2905.01, 2907.02, 2907.03, 2907.05, 2909.02, 2911.01, or 5465  
2911.11 of the Revised Code or a substantially similar law of 5466  
another state, the United States, or another country. 5467~~

**Sec. 4723.32.** This chapter does not prohibit any of the 5468  
following: 5469

(A) The practice of nursing by a student currently enrolled 5470  
in and actively pursuing completion of a prelicensure nursing 5471  
education program, if all of the following are the case: 5472

(1) The student is participating in a program located in this 5473  
state and approved by the board of nursing or participating in 5474  
this state in a component of a program located in another 5475  
jurisdiction and approved by a board that is a member of the 5476  
national council of state boards of nursing; 5477

(2) The student's practice is under the auspices of the 5478  
program; 5479

(3) The student acts under the supervision of a registered 5480  
nurse serving for the program as a faculty member or teaching 5481

assistant.	5482
(B) The rendering of medical assistance to a licensed physician, licensed dentist, or licensed podiatrist by a person under the direction, supervision, and control of such licensed physician, dentist, or podiatrist;	5483 5484 5485 5486
(C) The activities of persons employed as nursing aides, attendants, orderlies, or other auxiliary workers in patient homes, nurseries, nursing homes, hospitals, home health agencies, or other similar institutions;	5487 5488 5489 5490
(D) The provision of nursing services to family members or in emergency situations;	5491 5492
(E) The care of the sick when done in connection with the practice of religious tenets of any church and by or for its members;	5493 5494 5495
(F) The practice of nursing as a certified registered nurse anesthetist, clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner by a student currently enrolled in and actively pursuing completion of a program of study leading to initial authorization by the board of nursing to practice nursing in the specialty, if all of the following are the case:	5496 5497 5498 5499 5500 5501
(1) The program qualifies the student to sit for the examination of a national certifying organization <del>listed in division (A)(3) of section 4723.41 of the Revised Code</del> or approved by the board under section 4723.46 of the Revised Code or the program prepares the student to receive a master's degree in accordance with division (A)(2) of section 4723.41 of the Revised Code;	5502 5503 5504 5505 5506 5507 5508
(2) The student's practice is under the auspices of the program;	5509 5510
(3) The student acts under the supervision of a registered	5511

nurse serving for the program as a faculty member, teaching 5512  
assistant, or preceptor. 5513

(G) The activities of an individual who currently holds a 5514  
license to practice nursing in another jurisdiction, if the 5515  
individual's license has not been revoked, the individual is not 5516  
currently under suspension or on probation, the individual does 5517  
not represent the individual as being licensed under this chapter, 5518  
and one of the following is the case: 5519

(1) The individual is engaging in the practice of nursing by 5520  
discharging official duties while employed by or under contract 5521  
with the United States government or any agency thereof; 5522

(2) The individual is engaging in the practice of nursing as 5523  
an employee of an individual, agency, or corporation located in 5524  
the other jurisdiction in a position with employment 5525  
responsibilities that include transporting patients into, out of, 5526  
or through this state, as long as each trip in this state does not 5527  
exceed seventy-two hours; 5528

(3) The individual is consulting with an individual licensed 5529  
in this state to practice any health-related profession; 5530

(4) The individual is engaging in activities associated with 5531  
teaching in this state as a guest lecturer at or for a nursing 5532  
education program, continuing nursing education program, or 5533  
in-service presentation; 5534

(5) The individual is conducting evaluations of nursing care 5535  
that are undertaken on behalf of an accrediting organization, 5536  
including the national league for nursing accrediting committee, 5537  
the joint commission on accreditation of healthcare organizations, 5538  
or any other nationally recognized accrediting organization; 5539

(6) The individual is providing nursing care to an individual 5540  
who is in this state on a temporary basis, not to exceed six 5541  
months in any one calendar year, if the nurse is directly employed 5542

by or under contract with the individual or a guardian or other 5543  
person acting on the individual's behalf; 5544

(7) The individual is providing nursing care during any 5545  
disaster, natural or otherwise, that has been officially declared 5546  
to be a disaster by a public announcement issued by an appropriate 5547  
federal, state, county, or municipal official. 5548

(H) The administration of medication by an individual who 5549  
holds a valid medication aide certificate issued under this 5550  
chapter, if the medication is administered to a resident of a 5551  
nursing home or residential care facility authorized by section 5552  
~~4723.63~~ or 4723.64 of the Revised Code to use a certified 5553  
medication aide and the medication is administered in accordance 5554  
with section 4723.67 of the Revised Code. 5555

**Sec. 4723.34.** (A) ~~Reports to the board of nursing shall be~~ 5556  
~~made as follows:~~ 5557

~~(1) Every employer of~~ A person or governmental entity that 5558  
employs, or contracts directly or through another person or 5559  
governmental entity for the provision of services by, registered 5560  
nurses, licensed practical nurses, ~~or~~ dialysis technicians, 5561  
medication aides, or certified community health workers and that 5562  
knows or has reason to believe that a current or former employee 5563  
or person providing services under a contract who holds a license 5564  
or certificate issued under this chapter engaged in conduct that 5565  
would be grounds for disciplinary action by the board of nursing 5566  
under this chapter or rules adopted under it shall report to the 5567  
board of nursing the name of ~~any~~ such current or former employee 5568  
~~who holds a nursing license or dialysis technician certificate~~ 5569  
~~issued under this chapter who has engaged in conduct that would be~~ 5570  
~~grounds for disciplinary action by the board under section 4723.28~~ 5571  
~~of the Revised Code~~ or person providing services under a contract. 5572  
The report shall be made on the person's or governmental entity's 5573

behalf by an individual licensed by the board who the person or 5574  
governmental entity has designated to make such reports. 5575

~~Every employer of certified community health workers shall~~ 5576  
~~report to the board the name of any current or former employee who~~ 5577  
~~holds a community health worker certificate issued under this~~ 5578  
~~chapter who has engaged in conduct that would be grounds for~~ 5579  
~~disciplinary action by the board under section 4723.86 of the~~ 5580  
~~Revised Code.~~ 5581

~~Every employer of medication aides shall report to the board~~ 5582  
~~the name of any current or former employee who holds a medication~~ 5583  
~~aide certificate issued under this chapter who has engaged in~~ 5584  
~~conduct that would be grounds for disciplinary action by the board~~ 5585  
~~under section 4723.652 of the Revised Code.~~ 5586

~~(2) Nursing associations shall report to the board the name~~ 5587  
~~of any registered nurse or licensed practical nurse and dialysis~~ 5588  
~~technician associations shall report to the board the name of any~~ 5589  
~~dialysis technician who has been investigated and found to~~ 5590  
~~constitute a danger to the public health, safety, and welfare~~ 5591  
~~because of conduct that would be grounds for disciplinary action~~ 5592  
~~by the board under section 4723.28 of the Revised Code, except~~ 5593  
~~that an association is not required to report the individual's~~ 5594  
~~name if the individual is maintaining satisfactory participation~~ 5595  
~~in a peer support program approved by the board under rules~~ 5596  
~~adopted under section 4723.07 of the Revised Code.~~ 5597

~~Community health worker associations shall report to the~~ 5598  
~~board the name of any certified community health worker who has~~ 5599  
~~been investigated and found to constitute a danger to the public~~ 5600  
~~health, safety, and welfare because of conduct that would be~~ 5601  
~~grounds for disciplinary action by the board under section 4723.86~~ 5602  
~~of the Revised Code, except that an association is not required to~~ 5603  
~~report the individual's name if the individual is maintaining~~ 5604  
~~satisfactory participation in a peer support program approved by~~ 5605

~~the board under rules adopted under section 4723.07 of the Revised Code.~~ 5606  
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~~Medication aide associations shall report to the board the name of any medication aide who has been investigated and found to constitute a danger to the public health, safety, and welfare because of conduct that would be grounds for disciplinary action by the board under section 4723.652 of the Revised Code, except that an association is not required to report the individual's name if the individual is maintaining satisfactory participation in a peer support program approved by the board under rules adopted under section 4723.69 of the Revised Code.~~ 5608  
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~~(3) If the A prosecutor in a case described in divisions (B)(3) to (5) of section 4723.28 of the Revised Code, or in a case where the trial court issued an order of dismissal upon technical or procedural grounds of a charge of a misdemeanor committed in the course of practice, a felony charge, or a charge of gross immorality or moral turpitude, who knows or has reason to believe that the person charged is licensed under this chapter to practice nursing as a registered nurse or as a licensed practical nurse or holds a certificate issued under this chapter to practice as a dialysis technician, ~~the prosecutor~~ shall notify the board of nursing of the charge. With regard to certified community health workers and medication aides, ~~if~~ the prosecutor in a case involving a charge of a misdemeanor committed in the course of employment, a felony charge, or a charge of gross immorality or moral turpitude, including a case dismissed on technical or procedural grounds, who knows or has reason to believe that the person charged holds a community health worker or medication aide certificate issued under this chapter, ~~the prosecutor~~ shall notify the board of the charge.~~ 5617  
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~~Each notification required by this division from a prosecutor shall be made on forms prescribed and provided by the board. The~~ 5636  
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report shall include the name and address of the license or 5638  
certificate holder, the charge, and the certified court documents 5639  
recording the action. 5640

(B) If any person or governmental entity fails to provide a 5641  
report required by this section, the board may seek an order from 5642  
a court of competent jurisdiction compelling submission of the 5643  
report. 5644

**Sec. 4723.35.** (A) As used in this section, "chemical 5645  
dependency" means either of the following: 5646

(1) The chronic and habitual use of alcoholic beverages to 5647  
the extent that the user no longer can control the use of alcohol 5648  
or endangers the user's health, safety, or welfare or that of 5649  
others; 5650

(2) The use of a controlled substance as defined in section 5651  
3719.01 of the Revised Code, a harmful intoxicant as defined in 5652  
section 2925.01 of the Revised Code, or a dangerous drug as 5653  
defined in section 4729.01 of the Revised Code, to the extent that 5654  
the user becomes physically or psychologically dependent on the 5655  
substance, intoxicant, or drug or endangers the user's health, 5656  
safety, or welfare or that of others. 5657

(B) The board of nursing may abstain from taking disciplinary 5658  
action under section 4723.28 or 4723.86 of the Revised Code 5659  
against an individual with a chemical dependency if it finds that 5660  
the individual can be treated effectively and there is no 5661  
impairment of the individual's ability to practice according to 5662  
acceptable and prevailing standards of safe care. The board shall 5663  
establish a chemical dependency monitoring program to monitor the 5664  
registered nurses, licensed practical nurses, dialysis 5665  
technicians, and certified community health workers against whom 5666  
the board has abstained from taking action. The board shall 5667  
develop the program, select the program's name, and designate a 5668

coordinator to administer the program. 5669

(C) Determinations regarding an individual's eligibility for admission to, continued participation in, and successful completion of the monitoring program shall be made by the board's supervising member for disciplinary matters in accordance with rules adopted under division (D) of this section. 5670  
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(D) The board shall adopt rules in accordance with Chapter 119. of the Revised Code that establish the following: 5675  
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(1) Eligibility requirements for admission to and continued participation in the monitoring program; 5677  
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(2) Terms and conditions that must be met to participate in and successfully complete the program; 5679  
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(3) Procedures for keeping confidential records regarding participants; 5681  
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(4) Any other requirements or procedures necessary to establish and administer the program. 5683  
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~~(D)~~(E)(1) As a condition of being admitted to the monitoring program, an individual shall surrender to the program coordinator the license or certificate that the individual holds. While the surrender is in effect, the individual is prohibited from engaging in the practice of nursing, engaging in the provision of dialysis care, or engaging in the provision of services that were being provided as a certified community health worker. 5685  
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If the ~~program coordinator~~ board's supervising member for disciplinary matters determines that a participant is capable of resuming practice according to acceptable and prevailing standards of safe care, the program coordinator shall return the participant's license or certificate. If the participant violates the terms and conditions of resumed practice, the ~~program~~ coordinator shall require the participant to surrender the license 5692  
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or certificate as a condition of continued participation in the 5699  
program. The coordinator may require the surrender only on the 5700  
approval of the board's supervising member for disciplinary 5701  
matters. 5702

The surrender of a license or certificate on admission to the 5703  
monitoring program or while participating in the program does not 5704  
constitute an action by the board under section 4723.28 or 4723.86 5705  
of the Revised Code. The participant may rescind the surrender at 5706  
any time and the board may proceed by taking action under section 5707  
4723.28 or 4723.86 of the Revised Code. 5708

(2) If the program coordinator determines that a participant 5709  
is significantly out of compliance with the terms and conditions 5710  
for participation, the coordinator shall notify the board's 5711  
supervising member for disciplinary matters and the supervising 5712  
member shall determine whether to temporarily suspend the 5713  
participant's license or certificate. The ~~program coordinator~~ 5714  
board shall notify the participant of the suspension by certified 5715  
mail sent to the participant's last known address and shall refer 5716  
the matter to the board for formal action under section 4723.28 or 5717  
4723.86 of the Revised Code. 5718

~~(E)~~(F) All of the following apply with respect to the 5719  
receipt, release, and maintenance of records and information by 5720  
the monitoring program: 5721

(1) The program coordinator shall maintain all program 5722  
records in the board's office, and for each participant, shall 5723  
retain the records for a period of ~~five~~ two years following the 5724  
participant's date of successful completion of the program. 5725

(2) When applying to participate in the monitoring program, 5726  
the applicant shall sign a waiver permitting the ~~program~~ 5727  
~~coordinator~~ board to receive and release information necessary ~~for~~ 5728  
~~the coordinator~~ to determine whether the individual is eligible 5729

for admission. After being admitted, the participant shall sign a waiver permitting the ~~program coordinator~~ board to receive and release information necessary to determine whether the individual is eligible for continued participation in the program. Information that may be necessary for the ~~program coordinator board's supervising member for disciplinary matters~~ to determine eligibility for admission or continued participation in the monitoring program includes, but is not limited to, information provided to and by employers, probation officers, law enforcement agencies, peer assistance programs, health professionals, and treatment providers. No entity with knowledge that the information has been provided to the monitoring program shall divulge that knowledge to any other person.

(3) Except as provided in division ~~(E)~~(F)(4) of this section, all records pertaining to an individual's application for or participation in the monitoring program, including medical records, treatment records, and mental health records, shall be confidential. The records are not public records for the purposes of section 149.43 of the Revised Code and are not subject to discovery by subpoena or admissible as evidence in any judicial proceeding.

(4) The ~~program coordinator~~ board may disclose information regarding a participant's progress in the program to any person or government entity that the participant authorizes in writing to be given the information. In disclosing information under this division, the ~~coordinator~~ board shall not include any information that is protected under section 3793.13 of the Revised Code or any federal statute or regulation that provides for the confidentiality of medical, mental health, or substance abuse records.

~~(F)~~(G) In the absence of fraud or bad faith, the ~~program coordinator, the board of nursing, and the board's employees and~~

~~representatives as a whole, its individual members, and its~~ 5762  
~~employees and representatives~~ are not liable for damages in any 5763  
civil action as a result of disclosing information in accordance 5764  
with division ~~(E)~~(F)(4) of this section. In the absence of fraud 5765  
or bad faith, any person reporting to the program with regard to 5766  
an individual's chemical dependence, or the progress or lack of 5767  
progress of that individual with regard to treatment, is not 5768  
liable for damages in any civil action as a result of the report. 5769

**Sec. 4723.41.** (A) Each person who desires to practice nursing 5770  
as a certified nurse-midwife and has not been authorized to 5771  
practice midwifery prior to December 1, 1967, and each person who 5772  
desires to practice nursing as a certified registered nurse 5773  
anesthetist, clinical nurse specialist, or certified nurse 5774  
practitioner shall file with the board of nursing a written 5775  
application for authorization to practice nursing in the desired 5776  
specialty, under oath, on a form prescribed by the board. 5777

Except as provided in ~~divisions~~ division (B), ~~(C), and (D)~~ of 5778  
this section, at the time of making application, the applicant 5779  
shall meet all of the following requirements: 5780

(1) Be a registered nurse; 5781

(2) Submit documentation satisfactory to the board that the 5782  
applicant has earned a graduate degree with a major in a nursing 5783  
specialty or in a related field that qualifies the applicant to 5784  
sit for the certification examination of a national certifying 5785  
organization ~~listed in division (A)(3) of this section or~~ approved 5786  
by the board under section 4723.46 of the Revised Code; 5787

(3) Submit documentation satisfactory to the board of having 5788  
passed the certification examination of ~~one of the following:~~ 5789

~~(a) If the applicant is applying to practice nursing as a~~ 5790  
~~certified nurse-midwife, the American college of nurse-midwives or~~ 5791

~~another national certifying organization approved by the board 5792  
under section 4723.46 of the Revised Code to examine and certify 5793  
nurse-midwives; 5794~~

~~(b) If the applicant is applying to practice nursing as a 5795  
certified registered nurse anesthetist, the national council on 5796  
certification of nurse anesthetists of the American association of 5797  
nurse anesthetists, the national council on recertification of 5798  
nurse anesthetists of the American association of nurse 5799  
anesthetists, or another national certifying organization approved 5800  
by the board under section 4723.46 of the Revised Code to examine 5801  
and certify registered nurse anesthetists; 5802~~

~~(c) If the applicant is applying to practice nursing as a 5803  
clinical nurse specialist, the American nurses credentialing 5804  
center or another national certifying organization approved by the 5805  
board under section 4723.46 of the Revised Code to examine and 5806  
certify clinical nurse specialists; 5807~~

~~(d) If the applicant is applying to practice nursing as a 5808  
certified nurse practitioner, the American nurses credentialing 5809  
center, the national certification corporation, the national board 5810  
of pediatric nurse practitioners and associates, or another a 5811  
national certifying organization approved by the board under 5812  
section 4723.46 of the Revised Code to examine and certify, as 5813  
applicable, nurse-midwives, registered nurse anesthetists, 5814  
clinical nurse specialists, or nurse practitioners-; 5815~~

(4) Submit an affidavit with the application that states all 5816  
of the following: 5817

(a) That the applicant is the person named in the documents 5818  
submitted under divisions (A)(2) and (3) of this section and is 5819  
the lawful possessor thereof; 5820

(b) The applicant's age, residence, the school at which the 5821  
applicant obtained education in the applicant's nursing specialty, 5822

and any other facts that the board requires; 5823

(c) If the applicant is already engaged in the practice of 5824  
nursing as a certified registered nurse anesthetist, clinical 5825  
nurse specialist, certified nurse-midwife, or certified nurse 5826  
practitioner, the period during which and the place where the 5827  
applicant is engaged; 5828

(d) If the applicant is already engaged in the practice of 5829  
nursing as a clinical nurse specialist, certified nurse-midwife, 5830  
or certified nurse practitioner, the names and business addresses 5831  
of the applicant's current collaborating physicians and 5832  
podiatrists. ~~If the applicant is not yet engaged in the practice 5833  
of nursing as a clinical nurse specialist, certified 5834  
nurse-midwife, or certified nurse practitioner, the applicant 5835  
shall submit the names and business addresses of the applicant's 5836  
collaborating physicians or podiatrists not later than thirty days 5837  
after first engaging in the practice. The applicant shall give 5838  
written notice to the board of any additions or deletions to the 5839  
affidavit of collaborating physicians or podiatrists not later 5840  
than thirty days after the change takes effect. 5841~~

~~(B) On or before December 31, 2000, the board shall issue to 5842  
an applicant a certificate of authority to practice nursing as a 5843  
certified registered nurse anesthetist, certified nurse-midwife, 5844  
or certified nurse practitioner if the applicant complies with all 5845  
requirements of this section, other than the requirement that the 5846  
applicant has earned a graduate degree with a major in a nursing 5847  
specialty or in a related field that qualifies the applicant to 5848  
sit for the certification examination of a national certifying 5849  
organization listed in division (A)(3) of this section or approved 5850  
by the board under section 4723.46 of the Revised Code. 5851~~

~~(C) On or before December 31, 2000, the board shall issue to 5852  
an applicant a certificate of authority to practice nursing as a 5853  
clinical nurse specialist if one of the following applies: 5854~~

~~(1) The applicant holds a graduate degree with a major in a clinical area of nursing from an educational institution accredited by a national or regional accrediting organization and complies with all requirements of this section, other than the requirement of having passed a certification examination.~~

~~(2) The applicant holds a graduate degree in nursing or a related field and is certified as a clinical nurse specialist by the American nurses credentialing center or another national certifying organization approved by the board under section 4723.46 of the Revised Code.~~

~~(D) On or before December 31, 2008, the board shall issue to an applicant a certificate of authority to practice nursing as a certified nurse practitioner if the applicant has successfully completed a nurse practitioner certificate program that receives funding under and is employed by a public agency or a private, nonprofit entity that receives funding under Title X of the "Public Health Service Act," 42 U.S.C. 300 and 300a-1 (1991), and complies with all requirements of this section, other than the requirement that the applicant has earned a graduate degree with a major in a nursing specialty or a related field.~~

~~(E)(B)(1)~~ A certified registered nurse anesthetist, clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner who is practicing as such in another jurisdiction may apply for a certificate of authority to practice nursing as a certified registered nurse anesthetist, clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner in this state if the nurse meets the requirements for a certificate of authority set forth in division (A) of this section or division (B)(2) of this section. The

(2) If an applicant practicing in another jurisdiction applies for a certificate of authority under division (B)(2) of this section, the application shall be submitted to the board in

the form prescribed by rules of the board and be accompanied by 5887  
the application fee required by section 4723.08 of the Revised 5888  
Code. The application shall include evidence that the applicant 5889  
meets the requirements of division (B)(2) of this section, holds a 5890  
license or certificate to practice nursing as a certified 5891  
registered nurse anesthetist, clinical nurse specialist, certified 5892  
nurse-midwife, or certified nurse practitioner in good standing in 5893  
another jurisdiction granted after meeting requirements approved 5894  
by the entity of that jurisdiction that licenses nurses, and other 5895  
information required by rules of the board of nursing. 5896

~~If~~ With respect to the educational requirements and national 5897  
certification requirements that an applicant under division (B)(2) 5898  
of this section must meet, both of the following apply: 5899

(a) If the applicant is a certified registered nurse 5900  
anesthetist, certified nurse-midwife, or certified nurse 5901  
practitioner who, on or before December 31, 2000, ~~met the~~ 5902  
~~requirements of this section to practice as such and has~~ 5903  
~~maintained~~ obtained certification in the applicant's nursing 5904  
specialty with a national certifying organization listed in 5905  
division (A)(3) of section 4723.41 of the Revised Code as that 5906  
division existed prior to the effective date of this amendment or 5907  
that was at that time approved by the board under section 4723.46 5908  
of the Revised Code, ~~division (B) of this section shall apply~~ the 5909  
applicant must have maintained the certification. The applicant is 5910  
not required to have earned a graduate degree with a major in a 5911  
nursing specialty or in a related field that qualifies the 5912  
applicant to sit for the certification examination. 5913

(b) If the applicant is a clinical nurse specialist ~~who, on~~ 5914  
~~or before December 31, 2000, met the requirements of this section~~ 5915  
~~to practice as such, division (C) of this section shall apply~~ one 5916  
of the following must apply to the applicant: 5917

(i) On or before December 31, 2000, the applicant obtained a 5918

graduate degree with a major in a clinical area of nursing from an 5919  
educational institution accredited by a national or regional 5920  
accrediting organization. The applicant is not required to have 5921  
passed a certification examination. 5922

(ii) On or before December 31, 2000, the applicant obtained a 5923  
graduate degree in nursing or a related field and was certified as 5924  
a clinical nurse specialist by the American nurses credentialing 5925  
center or another national certifying organization that was at 5926  
that time approved by the board under section 4723.46 of the 5927  
Revised Code. 5928

**Sec. 4723.42.** (A) If the applicant for authorization to 5929  
practice nursing as a certified registered nurse anesthetist, 5930  
clinical nurse specialist, certified nurse-midwife, or certified 5931  
nurse practitioner has met all the requirements of section 4723.41 5932  
of the Revised Code and has paid the fee required by section 5933  
4723.08 of the Revised Code, the board of nursing shall issue its 5934  
certificate of authority to practice nursing as a certified 5935  
registered nurse anesthetist, clinical nurse specialist, certified 5936  
nurse-midwife, or certified nurse practitioner, which shall 5937  
designate the nursing specialty the nurse is authorized to 5938  
practice. The certificate entitles its holder to practice nursing 5939  
in the specialty designated on the certificate. 5940

The board shall issue or deny its certificate not later than 5941  
sixty days after receiving all of the documents required by 5942  
section 4723.41 of the Revised Code. 5943

If an applicant is under investigation for a violation of 5944  
this chapter, the board shall conclude the investigation not later 5945  
than ninety days after receipt of all required documents, unless 5946  
this ninety-day period is extended by written consent of the 5947  
applicant, or unless the board determines that a substantial 5948  
question of such a violation exists and the board has notified the 5949

applicant in writing of the reasons for the continuation of the 5950  
investigation. If the board determines that the applicant has not 5951  
violated this chapter, it shall issue a certificate not later than 5952  
forty-five days after making that determination. 5953

(B) Authorization to practice nursing as a certified 5954  
registered nurse anesthetist, clinical nurse specialist, certified 5955  
nurse-midwife, or certified nurse practitioner shall be renewed 5956  
biennially according to rules and a schedule adopted by the board. 5957  
In providing renewal applications to certificate holders, the 5958  
board shall follow the procedures it follows under section 4723.24 5959  
of the Revised Code in providing renewal applications to license 5960  
holders. Failure of the certificate holder to receive an 5961  
application for renewal from the board does not excuse the holder 5962  
from the requirements of section 4723.44 of the Revised Code. 5963

Not later than the date specified by the board, the holder 5964  
shall complete the renewal form and return it to the board with 5965  
all of the following: 5966

(1) The renewal fee required by section 4723.08 of the 5967  
Revised Code; 5968

(2) ~~Except as provided in division (C) of this section,~~ 5969  
~~documentation~~ Documentation satisfactory to the board that the 5970  
holder has maintained certification in the nursing specialty with 5971  
a national certifying organization ~~listed in division (A)(3) of~~ 5972  
~~section 4723.41 of the Revised Code or~~ approved by the board under 5973  
section 4723.46 of the Revised Code; 5974

(3) A list of the names and business addresses of the 5975  
holder's current collaborating physicians and podiatrists, if the 5976  
holder is a clinical nurse specialist, certified nurse-midwife, or 5977  
certified nurse practitioner; 5978

(4) If the holder's certificate was issued under division (C) 5979  
of section 4723.41 of the Revised Code, as that division existed 5980

at any time before the effective date of this amendment, 5981  
documentation satisfactory to the board that the holder has 5982  
completed continuing education for a clinical nurse specialist as 5983  
required by rule of the board; 5984

~~(5) If the holder's certificate was issued under division (D) 5985  
of section 4723.41 of the Revised Code, documentation satisfactory 5986  
to the board that the holder has continued employment by a public 5987  
agency or a private, nonprofit entity that receives funding under 5988  
Title X of the "Public Health Service Act," 42 U.S.C. 300 and 5989  
300a-1 (1991).~~ 5990

On receipt of the renewal application, fees, and documents, 5991  
the board shall verify that the applicant holds a current license 5992  
to practice nursing as a registered nurse in this state, and, if 5993  
it so verifies, shall renew the certificate. If an applicant 5994  
submits the completed renewal application after the date specified 5995  
in the board's schedule, but before the expiration of the 5996  
certificate, the board shall grant a renewal when the late renewal 5997  
fee required by section 4723.08 of the Revised Code is paid. 5998

An applicant for reinstatement of an expired certificate 5999  
shall submit the reinstatement fee, renewal fee, and late renewal 6000  
fee required by section 4723.08 of the Revised Code. Any holder of 6001  
a certificate who desires inactive status shall give the board 6002  
written notice to that effect. 6003

~~(C) The board shall renew a certificate of authority to 6004  
practice nursing as a clinical nurse specialist issued pursuant to 6005  
division (C) of section 4723.41 of the Revised Code, if the 6006  
certificate holder complies with all renewal requirements of this 6007  
section other than the requirement of having maintained 6008  
certification in the holder's nursing specialty.~~ 6009

**Sec. 4723.43.** A certified registered nurse anesthetist, 6010  
clinical nurse specialist, certified nurse-midwife, or certified 6011

nurse practitioner may provide to individuals and groups nursing care that requires knowledge and skill obtained from advanced formal education and clinical experience. In this capacity as an advanced practice registered nurse, a certified nurse-midwife is subject to division (A) of this section, a certified registered nurse anesthetist is subject to division (B) of this section, a certified nurse practitioner is subject to division (C) of this section, and a clinical nurse specialist is subject to division (D) of this section.

(A) A nurse authorized to practice as a certified nurse-midwife, in collaboration with one or more physicians, may provide the management of preventive services and those primary care services necessary to provide health care to women antepartally, intrapartally, postpartally, and gynecologically, consistent with the nurse's education and certification, and in accordance with rules adopted by the board of nursing.

No certified nurse-midwife may perform version, deliver breech or face presentation, use forceps, do any obstetric operation, or treat any other abnormal condition, except in emergencies. Division (A) of this section does not prohibit a certified nurse-midwife from performing episiotomies or normal vaginal deliveries, or repairing vaginal tears. A certified nurse-midwife who holds a certificate to prescribe issued under section 4723.48 of the Revised Code may, in collaboration with one or more physicians, prescribe drugs and therapeutic devices in accordance with section 4723.481 of the Revised Code.

(B) A nurse authorized to practice as a certified registered nurse anesthetist, with the supervision and in the immediate presence of a physician, podiatrist, or dentist, may administer anesthesia and perform anesthesia induction, maintenance, and emergence, and may perform with supervision preanesthetic

preparation and evaluation, postanesthesia care, and clinical 6043  
support functions, consistent with the nurse's education and 6044  
certification, and in accordance with rules adopted by the board. 6045  
A certified registered nurse anesthetist is not required to obtain 6046  
a certificate to prescribe in order to provide the anesthesia care 6047  
described in this division. 6048

The physician, podiatrist, or dentist supervising a certified 6049  
registered nurse anesthetist must be actively engaged in practice 6050  
in this state. When a certified registered nurse anesthetist is 6051  
supervised by a podiatrist, the nurse's scope of practice is 6052  
limited to the anesthesia procedures that the podiatrist has the 6053  
authority under section 4731.51 of the Revised Code to perform. A 6054  
certified registered nurse anesthetist may not administer general 6055  
anesthesia under the supervision of a podiatrist in a podiatrist's 6056  
office. When a certified registered nurse anesthetist is 6057  
supervised by a dentist, the nurse's scope of practice is limited 6058  
to the anesthesia procedures that the dentist has the authority 6059  
under Chapter 4715. of the Revised Code to perform. 6060

(C) A nurse authorized to practice as a certified nurse 6061  
practitioner, in collaboration with one or more physicians or 6062  
podiatrists, may provide preventive and primary care services, 6063  
provide services for acute illnesses, and evaluate and promote 6064  
patient wellness within the nurse's nursing specialty, consistent 6065  
with the nurse's education and certification, and in accordance 6066  
with rules adopted by the board. A certified nurse practitioner 6067  
who holds a certificate to prescribe issued under section 4723.48 6068  
of the Revised Code may, in collaboration with one or more 6069  
physicians or podiatrists, prescribe drugs and therapeutic devices 6070  
in accordance with section 4723.481 of the Revised Code. 6071

When a certified nurse practitioner is collaborating with a 6072  
podiatrist, the nurse's scope of practice is limited to the 6073  
procedures that the podiatrist has the authority under section 6074

4731.51 of the Revised Code to perform. 6075

(D) A nurse authorized to practice as a clinical nurse 6076  
specialist, in collaboration with one or more physicians or 6077  
podiatrists, may provide and manage the care of individuals and 6078  
groups with complex health problems and provide health care 6079  
services that promote, improve, and manage health care within the 6080  
nurse's nursing specialty, consistent with the nurse's education 6081  
and in accordance with rules adopted by the board. A clinical 6082  
nurse specialist who holds a certificate to prescribe issued under 6083  
section 4723.48 of the Revised Code may, in collaboration with one 6084  
or more physicians or podiatrists, prescribe drugs and therapeutic 6085  
devices in accordance with section 4723.481 of the Revised Code. 6086

When a clinical nurse specialist is collaborating with a 6087  
podiatrist, the nurse's scope of practice is limited to the 6088  
procedures that the podiatrist has the authority under section 6089  
4731.51 of the Revised Code to perform. 6090

**Sec. 4723.431.** (A) Except as provided in division (D)(1) of 6091  
this section, a clinical nurse specialist, certified 6092  
nurse-midwife, or certified nurse practitioner may practice only 6093  
in accordance with a standard care arrangement entered into with 6094  
each physician or podiatrist with whom the nurse collaborates. A 6095  
copy of the standard care arrangement shall be retained on file at 6096  
each site where the nurse practices. Prior approval of the 6097  
standard care arrangement by the board of nursing is not required, 6098  
but the board may periodically review it for compliance with this 6099  
section. 6100

A clinical nurse specialist, certified nurse-midwife, or 6101  
certified nurse practitioner may enter into a standard care 6102  
arrangement with one or more collaborating physicians or 6103  
podiatrists. Each Not later than thirty days after first engaging 6104  
in the practice of nursing as a clinical nurse specialist, 6105

certified nurse-midwife, or certified nurse practitioner, the 6106  
nurse shall submit to the board the name and business address of 6107  
each collaborating physician or podiatrist. Thereafter, the nurse 6108  
shall give to the board written notice of any additions or 6109  
deletions to the nurse's collaborating physicians or podiatrists 6110  
not later than thirty days after the change takes effect. 6111

Each collaborating physician or podiatrist must be actively 6112  
engaged in direct clinical practice in this state and practicing 6113  
in a specialty that is the same as or similar to the nurse's 6114  
nursing specialty. If a collaborating physician or podiatrist 6115  
enters into standard care arrangements with more than three nurses 6116  
who hold certificates to prescribe issued under section 4723.48 of 6117  
the Revised Code, the physician or podiatrist shall not 6118  
collaborate at the same time with more than three of the nurses in 6119  
the prescribing component of their practices. 6120

(B) A standard care arrangement shall be in writing and, 6121  
except as provided in division (D)(2) of this section, shall 6122  
contain all of the following: 6123

(1) Criteria for referral of a patient by the clinical nurse 6124  
specialist, certified nurse-midwife, or certified nurse 6125  
practitioner to a collaborating physician or podiatrist; 6126

(2) A process for the clinical nurse specialist, certified 6127  
nurse-midwife, or certified nurse practitioner to obtain a 6128  
consultation with a collaborating physician or podiatrist; 6129

(3) A plan for coverage in instances of emergency or planned 6130  
absences of either the clinical nurse specialist, certified 6131  
nurse-midwife, or certified nurse practitioner or a collaborating 6132  
physician or podiatrist that provides the means whereby a 6133  
physician or podiatrist is available for emergency care; 6134

(4) The process for resolution of disagreements regarding 6135  
matters of patient management between the clinical nurse 6136

specialist, certified nurse-midwife, or certified nurse 6137  
practitioner and a collaborating physician or podiatrist; 6138

(5) A procedure for a regular review of the referrals by the 6139  
clinical nurse specialist, certified nurse-midwife, or certified 6140  
nurse practitioner to other health care professionals and the care 6141  
outcomes for a random sample of all patients seen by the nurse; 6142

(6) If the clinical nurse specialist or certified nurse 6143  
practitioner regularly provides services to infants, a policy for 6144  
care of infants up to age one and recommendations for 6145  
collaborating physician visits for children from birth to age 6146  
three; 6147

(7) Any other criteria required by rule of the board adopted 6148  
pursuant to section 4723.07 or 4723.50 of the Revised Code. 6149

(C) A standard care arrangement entered into pursuant to this 6150  
section may permit a clinical nurse specialist, certified 6151  
nurse-midwife, or certified nurse practitioner to supervise 6152  
services provided by a home health agency as defined in section 6153  
3701.881 of the Revised Code. 6154

(D)(1) A clinical nurse specialist who does not hold a 6155  
certificate to prescribe and whose nursing specialty is mental 6156  
health or psychiatric mental health, as determined by the board, 6157  
is not required to enter into a standard care arrangement, but 6158  
shall practice in collaboration with one or more physicians. 6159

(2) If a clinical nurse specialist practicing in either of 6160  
the specialties specified in division (D)(1) of this section holds 6161  
a certificate to prescribe, the nurse shall enter into a standard 6162  
care arrangement with one or more physicians. The standard care 6163  
arrangement must meet the requirements of division (B) of this 6164  
section, but only to the extent necessary to address the 6165  
prescribing component of the nurse's practice. 6166

(E) Nothing in this section prohibits a hospital from hiring 6167

a clinical nurse specialist, certified nurse-midwife, or certified  
nurse practitioner as an employee and negotiating standard care  
arrangements on behalf of the employee as necessary to meet the  
requirements of this section. A standard care arrangement between  
the hospital's employee and the employee's collaborating physician  
is subject to approval by the medical staff and governing body of  
the hospital prior to implementation of the arrangement at the  
hospital.

**Sec. 4723.44.** (A) No person shall do any of the following  
unless the person holds a current, valid certificate of authority  
to practice nursing as a certified registered nurse anesthetist,  
clinical nurse specialist, certified nurse-midwife, or certified  
nurse practitioner issued by the board of nursing under this  
chapter:

(1) Engage in the practice of nursing as a certified  
registered nurse anesthetist, clinical nurse specialist, certified  
nurse-midwife, or certified nurse practitioner for a fee, salary,  
or other consideration, or as a volunteer;

(2) Represent the person as being a certified registered  
nurse anesthetist, clinical nurse specialist, certified  
nurse-midwife, or certified nurse practitioner;

(3) Use any title or initials implying that the person is a  
certified registered nurse anesthetist, clinical nurse specialist,  
certified nurse-midwife, or certified nurse practitioner;

(4) Represent the person as being an advanced practice  
registered nurse;

(5) Use any title or initials implying that the person is an  
advanced practice registered nurse.

(B) No person who is not certified by the national council on  
certification of nurse anesthetists of the American association of

nurse anesthetists, the national council on recertification of 6198  
nurse anesthetists of the American association of nurse 6199  
anesthetists, or another national certifying organization approved 6200  
by the board under section 4723.46 of the Revised Code shall use 6201  
the title "certified registered nurse anesthetist" or the initials 6202  
"C.R.N.A.," or any other title or initial implying that the person 6203  
has been certified by the council or organization. 6204

(C) No certified registered nurse anesthetist, clinical nurse 6205  
specialist, certified nurse-midwife, or certified nurse 6206  
practitioner shall do any of the following: 6207

(1) Engage, for a fee, salary, or other consideration, or as 6208  
a volunteer, in the practice of a nursing specialty other than the 6209  
specialty designated on the nurse's current, valid certificate of 6210  
authority issued by the board under this chapter; 6211

(2) Represent the person as being authorized to practice any 6212  
nursing specialty other than the specialty designated on the 6213  
current, valid certificate of authority; 6214

(3) Use the title "certified registered nurse anesthetist" or 6215  
the initials "N.A." or "C.R.N.A.," the title "clinical nurse 6216  
specialist" or the initials "C.N.S.," the title "certified 6217  
nurse-midwife" or the initials "C.N.M.," the title "certified 6218  
nurse practitioner" or the initials "C.N.P.," the title "advanced 6219  
practice registered nurse" or the initials "A.P.R.N.," or any 6220  
other title or initials implying that the nurse is authorized to 6221  
practice any nursing specialty other than the specialty designated 6222  
on the nurse's current, valid certificate of authority; 6223

(4) Enter into a standard care arrangement with a physician 6224  
or podiatrist whose practice is not the same as or similar to the 6225  
nurse's nursing specialty; 6226

(5) Prescribe drugs or therapeutic devices unless the nurse 6227  
holds a current, valid certificate to prescribe issued under 6228

section 4723.48 of the Revised Code; 6229

(6) Prescribe drugs or therapeutic devices under a 6230  
certificate to prescribe in a manner that does not comply with 6231  
section 4723.481 of the Revised Code; 6232

(7) Prescribe any drug or device to perform or induce an 6233  
abortion, or otherwise ~~Perform~~ perform or induce an abortion. 6234

(D) No person shall knowingly employ a person to engage in 6235  
the practice of nursing as a certified registered nurse 6236  
anesthetist, clinical nurse specialist, certified nurse-midwife, 6237  
or certified nurse practitioner unless the person so employed 6238  
holds a current, valid certificate of authority to engage in that 6239  
nursing specialty issued by the board under this chapter. 6240

(E) A certificate certified by the executive director of the 6241  
board, under the official seal of the board, to the effect that it 6242  
appears from the records that no certificate of authority to 6243  
practice nursing as a certified registered nurse anesthetist, 6244  
clinical nurse specialist, certified nurse-midwife, or certified 6245  
nurse practitioner has been issued to any person specified 6246  
therein, or that a certificate, if issued, has been revoked or 6247  
suspended, shall be received as prima-facie evidence of the record 6248  
in any court or before any officer of the state. 6249

**Sec. 4723.48.** (A) A clinical nurse specialist, certified 6250  
nurse-midwife, or certified nurse practitioner seeking authority 6251  
to prescribe drugs and therapeutic devices shall file with the 6252  
board of nursing a written application for a certificate to 6253  
prescribe. The board of nursing shall issue a certificate to 6254  
prescribe to each applicant who meets the requirements specified 6255  
in section 4723.482 or 4723.485 of the Revised Code. 6256

Except as provided in division (B) of this section, the 6257  
initial certificate to prescribe that the board issues to an 6258

applicant shall be issued as an externship certificate. Under an 6259  
externship certificate, the nurse may obtain experience in 6260  
prescribing drugs and therapeutic devices by participating in an 6261  
externship that evaluates the nurse's competence, knowledge, and 6262  
skill in pharmacokinetic principles and their clinical application 6263  
to the specialty being practiced. During the externship, the nurse 6264  
may prescribe drugs and therapeutic devices only when one or more 6265  
physicians are providing supervision in accordance with rules 6266  
adopted under section 4723.50 of the Revised Code. 6267

After completing the externship, the holder of an externship 6268  
certificate may apply for a new certificate to prescribe. On 6269  
receipt of the new certificate, the nurse may prescribe drugs and 6270  
therapeutic devices in collaboration with one or more physicians 6271  
or podiatrists. 6272

~~(B) In the case of an applicant who on May 17, 2000, was 6273  
approved to prescribe drugs and therapeutic devices under section 6274  
4723.56 of the Revised Code, as that section existed on that date, 6275  
the initial certificate to prescribe that the board issues to the 6276  
applicant under this section shall not be an externship 6277  
certificate. The applicant shall be issued a certificate to 6278  
prescribe that permits the recipient to prescribe drugs and 6279  
therapeutic devices in collaboration with one or more physicians 6280  
or podiatrists. 6281~~

~~In the case of an applicant who meets the requirements of 6282  
division (C) of section 4723.482 of the Revised Code, the initial 6283  
certificate to prescribe that the board issues to the applicant 6284  
under this section shall not be an externship certificate. The 6285  
applicant shall be issued a certificate to prescribe that permits 6286  
the recipient to prescribe drugs and therapeutic devices in 6287  
collaboration with one or more physicians or podiatrists. 6288~~

**Sec. 4723.482.** (A) Except as provided in divisions (C) and 6289

(D) of this section, an applicant shall include with the 6290  
application submitted under section 4723.48 of the Revised Code 6291  
all of the following: 6292

(1) ~~Subject to section 4723.483 of the Revised Code, evidence~~ 6293  
Evidence of holding a current, valid certificate of authority 6294  
~~issued under this chapter~~ to practice as a clinical nurse 6295  
specialist, certified nurse-midwife, or certified nurse 6296  
practitioner that was issued by meeting the requirements of 6297  
division (A) of section 4723.41 of the Revised Code; 6298

(2) Evidence of successfully completing the course of study 6299  
in advanced pharmacology and related topics in accordance with the 6300  
requirements specified in division (B) of this section; 6301

(3) The fee required by section 4723.08 of the Revised Code 6302  
for a certificate to prescribe; 6303

(4) Any additional information the board of nursing requires 6304  
pursuant to rules adopted under section 4723.50 of the Revised 6305  
Code. 6306

(B) With respect to the course of study in advanced 6307  
pharmacology and related topics that must be successfully 6308  
completed to obtain a certificate to prescribe, all of the 6309  
following requirements apply: 6310

(1) The course of study shall be completed not longer than 6311  
three years before the application for the certificate to 6312  
prescribe is filed. 6313

(2) The course of study shall consist of planned classroom 6314  
and clinical instruction for a total of not less than forty-five 6315  
contact hours. 6316

(3) The course of study shall meet the requirements to be 6317  
approved by the board in accordance with standards established in 6318  
rules adopted under section 4723.50 of the Revised Code. 6319

(4) The content of the course of study shall be specific to the applicant's nursing specialty.

(5) The instruction provided in the course of study shall include all of the following:

(a) A minimum of thirty-six contact hours of instruction in advanced pharmacology that includes pharmacokinetic principles and clinical application and the use of drugs and therapeutic devices in the prevention of illness and maintenance of health;

(b) Instruction in the fiscal and ethical implications of prescribing drugs and therapeutic devices;

(c) Instruction in the state and federal laws that apply to the authority to prescribe;

(d) Instruction that is specific to schedule II controlled substances, including instruction in all of the following:

(i) Indications for the use of schedule II controlled substances in drug therapies;

(ii) The most recent guidelines for pain management therapies, as established by state and national organizations such as the Ohio pain initiative and the American pain society;

(iii) Fiscal and ethical implications of prescribing schedule II controlled substances;

(iv) State and federal laws that apply to the authority to prescribe schedule II controlled substances;

(v) Prevention of abuse and diversion of schedule II controlled substances, including identification of the risk of abuse and diversion, recognition of abuse and diversion, types of assistance available for prevention of abuse and diversion, and methods of establishing safeguards against abuse and diversion.

(e) Any additional instruction required pursuant to rules adopted under section 4723.50 of the Revised Code.

(C) An applicant who practiced or is practicing as a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner in another jurisdiction or as an employee of the United States government, and is not seeking authority to prescribe drugs and therapeutic devices by meeting the requirements of division (A) or (D) of this section, shall include with the application submitted under section 4723.48 of the Revised Code all of the following:

(1) ~~Subject to section 4723.483 of the Revised Code, evidence~~ Evidence of holding a current, valid certificate of authority issued under this chapter to practice as a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner;

(2) The fee required by section 4723.08 of the Revised Code for a certificate to prescribe;

(3) Either of the following:

(a) Evidence of having held, for a continuous period of at least one year during the three years immediately preceding the date of application, valid authority issued by another jurisdiction to prescribe therapeutic devices and drugs, including at least some controlled substances;

(b) Evidence of having been employed by the United States government and authorized, for a continuous period of at least one year during the three years immediately preceding the date of application, to prescribe therapeutic devices and drugs, including at least some controlled substances, in conjunction with that employment.

(4) ~~If the applicant includes the evidence described in division (C)(3)(a) of this section, documentation from a licensed physician in a form acceptable to the board that the prescribing component of the nurse's practice was overseen or supervised by a~~

~~licensed physician in the other jurisdiction;~~ 6381

~~(5) If the applicant includes the evidence described in 6382  
division (C)(3)(b) of this section, documentation from a licensed 6383  
physician employed by the United States government in a form 6384  
acceptable to the board that the prescribing component of the 6385  
nurse's practice was overseen or supervised by a licensed 6386  
physician employed by the United States government;~~ 6387

~~(6) Evidence of having completed a two-hour course of 6388  
instruction approved by the board in the laws of this state that 6389  
govern drugs and prescriptive authority;~~ 6390

~~(7)(5) Any additional information the board requires pursuant 6391  
to rules adopted under section 4723.50 of the Revised Code. 6392~~

(D) An applicant who practiced or is practicing as a clinical 6393  
nurse specialist, certified nurse-midwife, or certified nurse 6394  
practitioner in another jurisdiction or as an employee of the 6395  
United States government, and is not seeking authority to 6396  
prescribe drugs and therapeutic devices by meeting the 6397  
requirements of division (A) or (C) of this section, shall include 6398  
with the application submitted under section 4723.48 of the 6399  
Revised Code all of the following: 6400

~~(1) Subject to section 4723.483 of the Revised Code, evidence 6401  
Evidence of holding a current, valid certificate of authority 6402  
issued under this chapter to practice as a clinical nurse 6403  
specialist, certified nurse-midwife, or certified nurse 6404  
practitioner;~~ 6405

(2) The fee required by section 4723.08 of the Revised Code 6406  
for a certificate to prescribe; 6407

(3) Either of the following: 6408

(a) Evidence of having held, for a continuous period of at 6409  
least one year during the three years immediately preceding the 6410

date of application, valid authority issued by another 6411  
jurisdiction to prescribe therapeutic devices and drugs, excluding 6412  
controlled substances; 6413

(b) Evidence of having been employed by the United States 6414  
government and authorized, for a continuous period of at least one 6415  
year during the three years immediately preceding the date of 6416  
application, to prescribe therapeutic devices and drugs, excluding 6417  
controlled substances, in conjunction with that employment. 6418

~~(4) If the applicant includes the evidence described in 6419  
division (D)(3)(a) of this section, documentation from a licensed 6420  
physician in a form acceptable to the board that the prescribing 6421  
component of the nurse's practice was overseen or supervised by a 6422  
licensed physician in the other jurisdiction;~~ 6423

~~(5) If the applicant includes the evidence described in 6424  
division (D)(3)(b) of this section, documentation from a licensed 6425  
physician employed by the United States government in a form 6426  
acceptable to the board that the prescribing component of the 6427  
nurse's practice was overseen or supervised by a licensed 6428  
physician employed by the United States government;~~ 6429

~~(6) Any additional information the board requires pursuant to 6430  
rules adopted under section 4723.50 of the Revised Code. 6431~~

**Sec. 4723.485.** (A) A (1) Except as provided in division 6432  
(A)(2) of this section, a certificate to prescribe issued under 6433  
section 4723.48 of the Revised Code as an externship certificate 6434  
is valid for not more than one year, unless earlier suspended or 6435  
revoked by the board of nursing. The 6436

(2) An externship certificate may be extended beyond the 6437  
period for an additional year which it was issued if the holder 6438  
submits to the board evidence of continued participation in an 6439  
externship. The extension period shall not exceed two years. 6440

(3) If an externship is terminated for any reason, the nurse shall notify the board.

(B) To be eligible for a certificate to prescribe after receiving an externship certificate, an applicant shall include with the application submitted under section 4723.48 of the Revised Code all of the following:

(1) A statement from a supervising physician attesting to the applicant's successful completion of the externship;

(2) The fee required by section 4723.08 of the Revised Code for a certificate to prescribe;

(3) Any additional information the board requires pursuant to rules adopted under section 4723.50 of the Revised Code.

**Sec. 4723.487.** (A) As used in this section, "drug database" means the database established and maintained by the state board of pharmacy pursuant to section 4729.75 of the Revised Code.

(B) The board of nursing shall adopt rules in accordance with Chapter 119. of the Revised Code that establish standards and procedures to be followed by an advanced practice registered nurse with a certificate to prescribe issued under section 4723.48 of the Revised Code regarding the review of patient information available through the drug database.

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

**Sec. 4723.50.** (A) In accordance with Chapter 119. of the Revised Code, the board of nursing shall adopt rules as necessary to implement the provisions of this chapter pertaining to the authority of clinical nurse specialists, certified nurse-midwives, and certified nurse practitioners to prescribe drugs and

therapeutic devices and the issuance and renewal of certificates 6470  
to prescribe. 6471

The board shall adopt rules that are consistent with the 6472  
recommendations the board receives from the committee on 6473  
prescriptive governance pursuant to section 4723.492 of the 6474  
Revised Code. After reviewing a recommendation submitted by the 6475  
committee, the board may either adopt the recommendation as a rule 6476  
or ask the committee to reconsider and resubmit the 6477  
recommendation. The board shall not adopt any rule that does not 6478  
conform to a recommendation made by the committee. 6479

(B) The board shall adopt rules under this section that do 6480  
all of the following: 6481

(1) Establish a formulary listing the types of drugs and 6482  
therapeutic devices that may be prescribed by a clinical nurse 6483  
specialist, certified nurse-midwife, or certified nurse 6484  
practitioner. The formulary may include controlled substances, as 6485  
defined in section 3719.01 of the Revised Code. The formulary 6486  
shall not permit the prescribing of any drug or device to perform 6487  
or induce an abortion. 6488

(2) Establish safety standards to be followed by a clinical 6489  
nurse specialist, certified nurse-midwife, or certified nurse 6490  
practitioner when personally furnishing to patients complete or 6491  
partial supplies of antibiotics, antifungals, scabicides, 6492  
contraceptives, prenatal vitamins, antihypertensives, drugs and 6493  
devices used in the treatment of diabetes, drugs and devices used 6494  
in the treatment of asthma, and drugs used in the treatment of 6495  
dyslipidemia; 6496

(3) Establish criteria for the components of the standard 6497  
care arrangements described in section 4723.431 of the Revised 6498  
Code that apply to the authority to prescribe, including the 6499  
components that apply to the authority to prescribe schedule II 6500

controlled substances. The rules shall be consistent with that 6501  
section and include all of the following: 6502

(a) Quality assurance standards; 6503

(b) Standards for periodic review by a collaborating 6504  
physician or podiatrist of the records of patients treated by the 6505  
clinical nurse specialist, certified nurse-midwife, or certified 6506  
nurse practitioner; 6507

(c) Acceptable travel time between the location at which the 6508  
clinical nurse specialist, certified nurse-midwife, or certified 6509  
nurse practitioner is engaging in the prescribing components of 6510  
the nurse's practice and the location of the nurse's collaborating 6511  
physician or podiatrist; 6512

(d) Any other criteria recommended by the committee on 6513  
prescriptive governance. 6514

(4) Establish standards and procedures for issuance and 6515  
renewal of a certificate to prescribe, including specification of 6516  
any additional information the board may require under division 6517  
(A)(4), (C)~~(7)~~(5), or (D)~~(6)~~(5) of section 4723.482 or division 6518  
(B)(3) of section 4723.485 of the Revised Code; 6519

(5) Establish standards for board approval of the course of 6520  
study in advanced pharmacology and related topics required by 6521  
section 4723.482 of the Revised Code; 6522

(6) Establish requirements for board approval of the two-hour 6523  
course of instruction in the laws of this state as required under 6524  
division (C)~~(6)~~(4) of section 4723.482 of the Revised Code and 6525  
division (B)(2) of section 4723.484 of the Revised Code; 6526

(7) Establish standards and procedures for the appropriate 6527  
conduct of an externship as described in section 4723.484 of the 6528  
Revised Code, including the following: 6529

(a) Standards and procedures to be used in evaluating an 6530

individual's participation in an externship; 6531

(b) Standards and procedures for the supervision that a 6532  
physician must provide during an externship, including supervision 6533  
provided by working with the participant and supervision provided 6534  
by making timely reviews of the records of patients treated by the 6535  
participant. The manner in which supervision must be provided may 6536  
vary according to the location where the participant is practicing 6537  
and with the participant's level of experience. 6538

**Sec. 4723.61.** As used in this section and in sections ~~4723.62~~ 6539  
~~4723.64~~ to 4723.69 of the Revised Code: 6540

(A) "Medication" means a drug, as defined in section 4729.01 6541  
of the Revised Code. 6542

(B) "Medication error" means a failure to follow the 6543  
prescriber's instructions when administering a prescription 6544  
medication. 6545

(C) "Nursing home" and "residential care facility" have the 6546  
same meanings as in section 3721.01 of the Revised Code. 6547

(D) "Prescription medication" means a medication that may be 6548  
dispensed only pursuant to a prescription. 6549

(E) "Prescriber" and "prescription" have the same meanings as 6550  
in section 4729.01 of the Revised Code. 6551

**Sec. 4723.64.** ~~On and after the thirty-first day following the~~ 6552  
~~board of nursing's submission of the report required by division~~ 6553  
~~(F)(2) of section 4723.63 of the Revised Code, any~~ A nursing home 6554  
or residential care facility may use one or more medication aides 6555  
to administer prescription medications to its residents, subject 6556  
to both of the following conditions: 6557

(A) Each individual used as a medication aide must hold a 6558  
current, valid medication aide certificate issued by the board of 6559

nursing under this chapter. 6560

(B) The nursing home or residential care facility shall 6561  
ensure that the requirements of section 4723.67 of the Revised 6562  
Code are met. 6563

**Sec. 4723.65.** ~~(A)~~ An individual seeking certification as a 6564  
medication aide shall apply to the board of nursing on a form 6565  
prescribed and provided by the board. ~~If the~~ The application ~~is~~ 6566  
~~submitted on or after the day any nursing home or residential care~~ 6567  
~~facility may initially use medication aides as specified in~~ 6568  
~~section 4723.64 of the Revised Code, the application shall be~~ 6569  
accompanied by the certification fee established in rules adopted 6570  
under section 4723.69 of the Revised Code. 6571

~~(B)(1) Except as provided in division (B)(2) of this section,~~ 6572  
~~an applicant for a medication aide certificate shall submit a~~ 6573  
~~request to the bureau of criminal identification and investigation~~ 6574  
~~for a criminal records check. The request shall be on the form~~ 6575  
~~prescribed pursuant to division (C)(1) of section 109.572 of the~~ 6576  
~~Revised Code and shall be accompanied by a standard impression~~ 6577  
~~sheet to obtain fingerprints prescribed pursuant to division~~ 6578  
~~(C)(2) of that section. The request shall also be accompanied by~~ 6579  
~~the fee prescribed pursuant to division (C)(3) of section 109.572~~ 6580  
~~of the Revised Code. On receipt of the completed form, the~~ 6581  
~~completed impression sheet, and the fee, the bureau shall conduct~~ 6582  
~~a criminal records check of the applicant. On completion of the~~ 6583  
~~criminal records check, the bureau shall send the results of the~~ 6584  
~~check to the board. An applicant requesting a criminal records~~ 6585  
~~check under this division who has not lived in this state for at~~ 6586  
~~least five years shall ask the superintendent of the bureau of~~ 6587  
~~criminal identification and investigation to also request that the~~ 6588  
~~federal bureau of investigation provide the superintendent with~~ 6589  
~~any information it has with respect to the applicant.~~ 6590

~~(2) If a criminal records check of an applicant was completed pursuant to section 3721.121 of the Revised Code not more than five years prior to the date the application is submitted, the applicant may include a certified copy of the criminal records check completed pursuant to that section and is not required to comply with division (B)(1) of this section.~~

~~(3) A criminal records check provided to the board in accordance with division (B)(1) or (B)(2) of this section shall not be made available to any person or for any purpose other than the following:~~

~~(a) The results may be made available to any person for use in determining whether the individual who is the subject of the check should be issued a medication aide certificate.~~

~~(b) The results may be made available to the person who is the subject of the check or a representative of that person.~~

**Sec. 4723.651.** (A) To be eligible to receive a medication aide certificate, an applicant shall meet all of the following conditions:

(1) Be at least eighteen years of age;

(2) Have a high school diploma or a high school equivalence diploma as defined in section 5107.40 of the Revised Code;

(3) If the applicant is to practice as a medication aide in a nursing home, be a nurse aide who satisfies the requirements of division (A)(1), (2), (3), (4), (5), (6), or (8) of section 3721.32 of the Revised Code;

(4) If the applicant is to practice as a medication aide in a residential care facility, be a nurse aide who satisfies the requirements of division (A)(1), (2), (3), (4), (5), (6), or (8) of section 3721.32 of the Revised Code or an individual who has at least one year of direct care experience in a residential care

facility; 6621

(5) Successfully complete the course of instruction provided 6622  
by a training program approved by the board under section 4723.66 6623  
of the Revised Code; 6624

~~(6) Have results on the criminal records check provided to 6625  
the board under division (B)(1) or (2) of section 4723.65 of the 6626  
Revised Code indicating that the applicant has not been convicted 6627  
of, has not pleaded guilty to, and has not had a judicial finding 6628  
of guilt for violating section 2903.01, 2903.02, 2903.03, 2903.11, 6629  
2905.01, 2907.02, 2907.03, 2907.05, 2909.02, 2911.01, or 2911.11 6630  
of the Revised Code or a substantially similar law of another 6631  
state, the United States, or another country Not be ineligible for 6632  
licensure or certification as specified in section 4723.092 of the 6633  
Revised Code; 6634~~

(7) Have not committed any act that is grounds for 6635  
disciplinary action under section 3123.47 or 4723.28 of the 6636  
Revised Code or be determined by the board to have made 6637  
restitution, been rehabilitated, or both; 6638

(8) Not be required to register under Chapter 2950. of the 6639  
Revised Code or a substantially similar law of another state, the 6640  
United States, or another country; 6641

(9) Meet all other requirements for a medication aide 6642  
certificate established in rules adopted under section 4723.69 of 6643  
the Revised Code. 6644

(B) If an applicant meets the requirement specified in 6645  
division (A) of this section, the board shall issue a medication 6646  
aide certificate to the applicant. If a medication aide 6647  
certificate is issued to an individual on the basis of having at 6648  
least one year of direct care experience working in a residential 6649  
care facility, as provided in division (A)(4) of this section, the 6650  
certificate is valid for use only in a residential care facility. 6651

The board shall state the limitation on the certificate issued to the individual.

(C) A medication aide certificate is valid for two years, unless earlier suspended or revoked. The certificate may be renewed in accordance with procedures specified by the board in rules adopted under section 4723.69 of the Revised Code. To be eligible for renewal, an applicant shall pay the renewal fee established in the rules and meet all renewal qualifications specified in the rules.

**Sec. 4723.652.** (A) The board of nursing, by vote of a quorum, may impose one or more of the following sanctions against any individual who applies for, or holds, a medication aide certificate: deny, revoke, suspend, or place restrictions on the certificate; reprimand or otherwise discipline the holder of a medication aide certificate; or impose a fine of not more than five hundred dollars per violation. The sanctions may be imposed for any of the reasons specified in division (A) or (B) of section 4723.28 of the Revised Code, to the extent that those reasons are applicable to medication aides or applicants as specified in rules adopted under section 4723.69 of the Revised Code.

(B) Disciplinary actions taken by the board under this section shall be taken pursuant to an adjudication conducted under Chapter 119. of the Revised Code, except that in lieu of a hearing, the board may enter into a consent agreement with an individual to resolve an allegation of a violation of this chapter or any rule adopted under it. A consent agreement, when ratified by vote of a quorum, shall constitute the findings and order of the board with respect to the matter addressed in the agreement. If the board refuses to ratify a consent agreement, the admissions and findings contained in the agreement shall be of no effect.

(C) In taking actions under this section, the board has the

same powers and duties that it has when taking actions under 6683  
section 4723.28 of the Revised Code. In addition, the board may 6684  
issue an order to summarily suspend or automatically suspend a 6685  
medication aide certificate in the same manner that the board is 6686  
authorized to take those actions under section 4723.281 of the 6687  
Revised Code. 6688

Sec. 4723.653. (A) No person shall engage in the 6689  
administration of medication as a medication aide, represent the 6690  
person as being a certified medication aide, or use the title, 6691  
"medication aide," or any other title implying that the person is 6692  
a certified medication aide, for a fee, salary, or other 6693  
compensation, or as a volunteer, without holding a current, valid 6694  
certificate as a medication aide under this chapter. 6695

(B) No person shall employ a person not certified as a 6696  
medication aide under this chapter to engage in the administration 6697  
of medication as a medication aide. 6698

**Sec. 4723.66. (A)** A person or government entity seeking 6699  
approval to provide a medication aide training program shall apply 6700  
to the board of nursing on a form prescribed and provided by the 6701  
board. ~~If the application is submitted on or after the day any 6702~~  
~~nursing home or residential care facility may initially use 6703~~  
~~medication aides as specified in section 4723.64 of the Revised 6704~~  
~~Code, the~~ The application shall be accompanied by the fee 6705  
established in rules adopted under section 4723.69 of the Revised 6706  
Code. 6707

(B) The board shall approve the applicant to provide a 6708  
medication aide training program if the content of the course of 6709  
instruction to be provided by the program meets the standards 6710  
specified by the board in rules adopted under section 4723.69 of 6711  
the Revised Code and includes all of the following: 6712

(1) At least seventy clock-hours of instruction, including 6713  
both classroom instruction on medication administration and at 6714  
least twenty clock-hours of supervised clinical practice in 6715  
medication administration; 6716

(2) A mechanism for evaluating whether an individual's 6717  
reading, writing, and mathematical skills are sufficient for the 6718  
individual to be able to administer prescription medications 6719  
safely; 6720

(3) An examination that tests the ability to administer 6721  
prescription medications safely and that meets the requirements 6722  
established by the board in rules adopted under section 4723.69 of 6723  
the Revised Code. 6724

(C) The board may deny, suspend, or revoke the approval 6725  
granted to the provider of a medication aide training program for 6726  
reasons specified in rules adopted under section 4723.69 of the 6727  
Revised Code. All actions taken by the board to deny, suspend, or 6728  
revoke the approval of a training program shall be taken in 6729  
accordance with Chapter 119. of the Revised Code. 6730

**Sec. 4723.67.** (A) Except for the prescription medications 6731  
specified in division (C) of this section and the methods of 6732  
medication administration specified in division (D) of this 6733  
section, a medication aide who holds a current, valid medication 6734  
aide certificate issued under this chapter may administer 6735  
prescription medications to the residents of nursing homes and 6736  
residential care facilities that use medication aides pursuant to 6737  
section ~~4723.63~~ or 4723.64 of the Revised Code. A medication aide 6738  
shall administer prescription medications only pursuant to the 6739  
delegation of a registered nurse or a licensed practical nurse 6740  
acting at the direction of a registered nurse. 6741

Delegation of medication administration to a medication aide 6742  
shall be carried out in accordance with the rules for nursing 6743

delegation adopted under this chapter by the board of nursing. A 6744  
nurse who has delegated to a medication aide responsibility for 6745  
the administration of prescription medications to the residents of 6746  
a nursing home or residential care facility shall not withdraw the 6747  
delegation on an arbitrary basis or for any purpose other than 6748  
patient safety. 6749

(B) In exercising the authority to administer prescription 6750  
medications pursuant to nursing delegation, a medication aide may 6751  
administer prescription medications in any of the following 6752  
categories: 6753

(1) Oral medications; 6754

(2) Topical medications; 6755

(3) Medications administered as drops to the eye, ear, or 6756  
nose; 6757

(4) Rectal and vaginal medications; 6758

(5) Medications prescribed with a designation authorizing or 6759  
requiring administration on an as-needed basis, but only if a 6760  
nursing assessment of the patient is completed before the 6761  
medication is administered. 6762

(C) A medication aide shall not administer prescription 6763  
medications in either of the following categories: 6764

(1) Medications containing a schedule II controlled 6765  
substance, as defined in section 3719.01 of the Revised Code; 6766

(2) Medications requiring dosage calculations. 6767

(D) A medication aide shall not administer prescription 6768  
medications by any of the following methods: 6769

(1) Injection; 6770

(2) Intravenous therapy procedures; 6771

(3) Splitting pills for purposes of changing the dose being 6772

given. 6773

(E) A nursing home or residential care facility that uses 6774  
medication aides shall ensure that medication aides do not have 6775  
access to any schedule II controlled substances within the home or 6776  
facility for use by its residents. 6777

**Sec. 4723.68.** (A) A registered nurse, or licensed practical 6778  
nurse acting at the direction of a registered nurse, who delegates 6779  
medication administration to a medication aide who holds a 6780  
current, valid medication aide certificate issued under this 6781  
chapter is not liable in damages to any person or government 6782  
entity in a civil action for injury, death, or loss to person or 6783  
property that allegedly arises from an action or omission of the 6784  
medication aide in performing the medication administration, if 6785  
the delegating nurse delegates the medication administration in 6786  
accordance with this chapter and the rules adopted under this 6787  
chapter. 6788

(B) A person employed by a nursing home or residential care 6789  
facility that uses medication aides pursuant to section ~~4723.63~~ or 6790  
4723.64 of the Revised Code who reports in good faith a medication 6791  
error at the nursing home or residential care facility is not 6792  
subject to disciplinary action by the board of nursing or any 6793  
other government entity regulating that person's professional 6794  
practice and is not liable in damages to any person or government 6795  
entity in a civil action for injury, death, or loss to person or 6796  
property that allegedly results from reporting the medication 6797  
error. 6798

**Sec. 4723.69.** (A) ~~In consultation with the medication aide~~ 6799  
~~advisory council created under section 4723.62 of the Revised~~ 6800  
~~Code, the~~ The board of nursing shall adopt rules to implement 6801  
sections 4723.61 to 4723.68 of the Revised Code. ~~Initial rules~~ 6802

~~shall be adopted not later than February 1, 2006.~~ All rules 6803  
adopted under this section shall be adopted in accordance with 6804  
Chapter 119. of the Revised Code. 6805

(B) The rules adopted under this section shall establish or 6806  
specify all of the following: 6807

(1) Fees, in an amount sufficient to cover the costs the 6808  
board incurs in implementing sections 4723.61 to 4723.68 of the 6809  
Revised Code, for ~~participation in the medication aide pilot~~ 6810  
~~program,~~ certification as a medication aide, and approval of a 6811  
medication aide training program; 6812

(2) Requirements to obtain a medication aide certificate that 6813  
are not otherwise specified in section 4723.651 of the Revised 6814  
Code; 6815

(3) Procedures for renewal of medication aide certificates; 6816

(4) The extent to which the board determines that the reasons 6817  
for taking disciplinary actions under section 4723.28 of the 6818  
Revised Code are applicable reasons for taking disciplinary 6819  
actions under section 4723.652 of the Revised Code against an 6820  
applicant for or holder of a medication aide certificate; 6821

~~(5) Standards for approval of peer support programs for the~~ 6822  
~~holders of medication aide certificates;~~ 6823

~~(6)~~ Standards for medication aide training programs, 6824  
including the examination to be administered by the training 6825  
program to test an individual's ability to administer prescription 6826  
medications safely; 6827

(6) Standards for approval of continuing education programs 6828  
and courses for medication aides; 6829

(7) Reasons for denying, revoking, or suspending approval of 6830  
a medication aide training program; 6831

(8) Other standards and procedures the board considers 6832

necessary to implement sections 4723.61 to 4723.68 of the Revised Code. 6833  
6834

**Sec. 4723.71.** (A) There is hereby established, under the 6835  
board of nursing, the advisory group on dialysis. The advisory 6836  
group shall advise the board of nursing regarding the 6837  
qualifications, standards for training, and competence of dialysis 6838  
technicians and dialysis technician interns and all other related 6839  
matters ~~related to dialysis technicians~~. The advisory group shall 6840  
consist of the members appointed under divisions (B) and (C) of 6841  
this section. A member of the board of nursing or a representative 6842  
appointed by the board shall serve as chairperson of all meetings 6843  
of the advisory group. 6844

(B) The board of nursing shall appoint the following as 6845  
members of the advisory group: 6846

(1) Four dialysis technicians; 6847

(2) A registered nurse who regularly performs dialysis and 6848  
cares for patients who receive dialysis; 6849

(3) A physician, recommended by the state medical board, who 6850  
specializes in nephrology; 6851

(4) An administrator of a dialysis center; 6852

(5) A dialysis patient; 6853

(6) A representative of the ~~association for hospitals and~~ 6854  
~~health systems (OHA)~~ Ohio hospital association; 6855

(7) A representative from the end-stage renal disease 6856  
network, as defined in 42 C.F.R. 405.2102. 6857

(C) The members of the advisory group appointed under 6858  
division (B) of this section may recommend additional persons to 6859  
serve as members of the advisory group. The board of nursing may 6860  
appoint, as appropriate, any of the additional persons 6861

recommended. 6862

(D) The board of nursing shall specify the terms for the 6863  
advisory group members. Members shall serve at the discretion of 6864  
the board of nursing. Members shall receive their actual and 6865  
necessary expenses incurred in the performance of their official 6866  
duties. 6867

(E) Sections 101.82 to 101.87 of the Revised Code do not 6868  
apply to the advisory group. 6869

**Sec. 4723.72.** (A) A dialysis technician or dialysis 6870  
technician intern may engage in dialysis care by doing the 6871  
following: 6872

(1) Performing and monitoring dialysis procedures, including 6873  
initiating, monitoring, and discontinuing dialysis; 6874

(2) Drawing blood; 6875

(3) Administering ~~any of the~~ medications as specified in 6876  
division (C) of this section when the administration is essential 6877  
to the dialysis process; 6878

(4) Responding to complications that arise during dialysis. 6879

(B) A (1) Subject to divisions (B)(2) and (3) of this 6880  
section, a dialysis technician or dialysis technician intern may 6881  
provide the dialysis care specified in division (A) of this 6882  
section only if the care has been delegated to the technician or 6883  
intern by a physician or registered nurse and the technician or 6884  
intern is under the supervision of a physician or registered 6885  
nurse. Supervision requires that the dialysis technician or 6886  
dialysis technician intern be in the immediate presence of a 6887  
physician or registered nurse, ~~or, in.~~ 6888

(2) In accordance with division (E) of section 4723.73 of the 6889  
Revised Code, a dialysis technician intern shall not provide 6890  
dialysis care in a patient's home. 6891

(3) In the case of dialysis care provided in a patient's home 6892  
by a dialysis technician, that the dialysis both of the following 6893  
apply: 6894

(a) The technician shall be supervised in accordance with the 6895  
rules adopted under section 4723.79 of the Revised Code for 6896  
supervision of dialysis technicians who provide dialysis care in a 6897  
patient's home. ~~Division (E)~~ 6898

(b) Division (D)(5) of section 4723.73 of the Revised Code 6899  
does not allow a dialysis technician who provides dialysis care in 6900  
a patient's home to provide dialysis care that is not authorized 6901  
under this section. 6902

(C) A dialysis technician or dialysis technician intern may 6903  
administer ~~medication~~ only the following medications as ordered by 6904  
a licensed health professional authorized to prescribe drugs as 6905  
defined in section 4729.01 of the Revised Code and in accordance 6906  
with the standards for the delegation of dialysis care established 6907  
in division (B) of this section and in rules adopted under section 6908  
4723.79 of the Revised Code. ~~A dialysis technician may administer~~ 6909  
~~only the following medications:~~ 6910

(1) Intradermal lidocaine or other single therapeutically 6911  
equivalent local anesthetic for the purpose of initiating dialysis 6912  
treatment; 6913

(2) Intravenous heparin or other single therapeutically 6914  
equivalent anticoagulant for the purpose of initiating and 6915  
maintaining dialysis treatment; 6916

(3) Intravenous normal saline; 6917

(4) Patient-specific dialysate, to which the ~~person~~ 6918  
technician or intern may add electrolytes but no other additives 6919  
or medications; 6920

(5) ~~Oxygen, when the administration of the oxygen has been~~ 6921

~~delegated to the technician by a registered nurse.~~ 6922

**Sec. 4723.73.** (A) No person ~~shall claim to the public to be a~~ 6923  
~~dialysis technician unless the person holds~~ who does not hold a 6924  
current, valid certificate issued under section 4723.75 or renewed 6925  
under section 4723.77 ~~or a current, valid temporary certificate~~ 6926  
~~issued under section 4723.76 of the Revised Code.~~ shall do either 6927  
of the following: 6928

(1) Claim to the public to be a dialysis technician; 6929

~~(B) No person shall use~~ (2) Use the title "Ohio certified 6930  
dialysis technician," the initials "OCDT," or any other title or 6931  
initials to represent that the person is authorized to perform 6932  
dialysis care as a ~~fully certified dialysis technician, unless the~~ 6933  
~~person holds a current, valid certificate issued under section~~ 6934  
~~4723.75 or renewed under section 4723.77 of the Revised Code.~~ 6935

~~(C)~~(B) No person who does not hold a current, valid dialysis 6936  
technician intern certificate issued under section 4723.76 of the 6937  
Revised Code shall use any do either of the following: 6938

(1) Claim to the public to be a dialysis technician intern; 6939

(2) Use the title ~~or~~ "dialysis technician intern," the 6940  
initials "DTI," or any other title or initials to represent that 6941  
the person is authorized to perform dialysis care as a ~~temporarily~~ 6942  
~~certified dialysis technician, unless the person holds a current,~~ 6943  
~~valid temporary certificate issued under section 4723.76 of the~~ 6944  
~~Revised Code~~ intern. 6945

~~(D)~~(C) No dialysis technician or dialysis technician intern 6946  
shall engage in dialysis care in a manner that is inconsistent 6947  
with section 4723.72 of the Revised Code. 6948

~~(E)~~(D) No person other than a dialysis technician or dialysis 6949  
technician intern shall engage in the dialysis care that is 6950  
authorized by section 4723.72 of the Revised Code, unless the 6951

person is one or more of the following applies: 6952

(1) ~~The person is a~~ A registered nurse or licensed practical 6953  
nurse-;i 6954

(2) ~~The person is a~~ A physician-;i 6955

(3) ~~The person is a~~ A student performing dialysis care under 6956  
the supervision of an instructor as an integral part of a dialysis 6957  
training program approved by the board of nursing under section 6958  
4723.74 of the Revised Code-;i 6959

(4) ~~The person is a~~ A dialysis patient who has been trained 6960  
to engage in the dialysis care with little or no professional 6961  
assistance by completing a medicare-approved self-dialysis or home 6962  
dialysis training program-;i 6963

(5) ~~The person is a~~ A family member or friend of a dialysis 6964  
patient who engages in self-dialysis or home dialysis, and the 6965  
person engages in the dialysis care by assisting the patient in 6966  
performing the self-dialysis or home dialysis, after the person 6967  
providing the assistance has completed a medicare-approved 6968  
self-dialysis or home dialysis training program for the particular 6969  
dialysis patient being assisted. 6970

(E) No dialysis technician intern shall do either of the 6971  
following: 6972

(1) Serve as a trainer or preceptor in a dialysis training 6973  
program; 6974

(2) Provide dialysis care in a patient's home. 6975

(F) No person shall operate a dialysis training program, 6976  
unless the program is approved by the board of nursing under 6977  
section 4723.74 of the Revised Code. 6978

**Sec. 4723.74.** (A) A person who seeks to operate a dialysis 6979  
training program shall apply to the board of nursing for approval 6980

of the program. Applications shall be submitted in accordance with 6981  
rules adopted under section 4723.79 of the Revised Code. The 6982  
person shall include with the application the fee prescribed in 6983  
those rules. If the program meets the requirements for approval as 6984  
specified in the rules, the board shall approve the program. A 6985  
program shall apply for reapproval and may be reapproved in 6986  
accordance with rules adopted under section 4723.79 of the Revised 6987  
Code. 6988

(B) The board may place on provisional approval, for a period 6989  
of time it specifies, a dialysis training program that has ceased 6990  
to meet and maintain the minimum standards of the board 6991  
established by rules adopted under section 4723.79 of the Revised 6992  
Code. Prior to or at the end of the period, the board shall 6993  
reconsider whether the program meets the standards. The board 6994  
shall grant full approval if the program meets the standards. If 6995  
the program does not meet the standards, the board may withdraw 6996  
approval in accordance with division (C) of this section. 6997

(C) The board may withdraw the approval of a program that 6998  
ceases to meet the requirements for approval. Any action to 6999  
withdraw the approval shall be taken in accordance with Chapter 7000  
119. of the Revised Code. 7001

~~(B) A person~~ (D) An individual shall not be permitted to 7002  
enroll, and shall not enroll, in a dialysis training program 7003  
approved by the board under ~~division (A) of~~ this section unless 7004  
the ~~person~~ individual is eighteen years of age or older and 7005  
possesses a high school diploma or high school equivalence 7006  
diploma. 7007

**Sec. 4723.75.** (A) The board of nursing shall issue a 7008  
certificate to practice as a dialysis technician to ~~a person~~ an 7009  
applicant who meets ~~all of~~ the following applicable requirements: 7010

(1) For all ~~persons~~ applicants, the ~~person~~ applies 7011

application is submitted to the board in accordance with rules 7012  
adopted under section 4723.79 of the Revised Code and includes 7013  
with the application the both of the following: 7014

(a) The fee established in these rules adopted under section 7015  
4723.79 of the Revised Code; 7016

(b) The name and address of each approved dialysis training 7017  
program in which the applicant has enrolled and the dates during 7018  
which the applicant was enrolled in each program. 7019

(2) For all ~~persons~~ applicants, the ~~person~~ applicant meets 7020  
the requirements established by the board's rules. 7021

(3) For all ~~persons~~ applicants, the ~~person~~ applicant 7022  
demonstrates competency to practice as a dialysis technician, as 7023  
specified ~~under~~ in division (B) of this section. 7024

(4) For ~~persons~~ applicants who entered a dialysis training 7025  
program on or after June 1, 2003, the results of a criminal 7026  
records check of the person that is completed by the bureau of 7027  
criminal identification and investigation and includes a check of 7028  
federal bureau of investigation records and that the bureau 7029  
submits to the board indicates that the person has not been 7030  
convicted of, has not pleaded guilty to, and has not had a 7031  
judicial finding of guilt for violating section 2903.01, 2903.02, 7032  
2903.03, 2903.11, 2905.01, 2907.02, 2907.03, 2907.05, 2909.02, 7033  
2911.01, or 2911.11 of the Revised Code or a substantially similar 7034  
law of another state, the United States, or another country 7035  
conducted in accordance with section 4723.091 of the Revised Code 7036  
demonstrate that the applicant is not ineligible for certification 7037  
as specified in section 4723.092 of the Revised Code. 7038

(B) For a ~~person~~ an applicant to demonstrate competence to 7039  
practice as a dialysis technician, one of the following must 7040  
apply: 7041

(1) The ~~person~~ meets all of the following requirements: 7042

~~(a) The person applicant has successfully completed a dialysis training program approved by the board under section 4723.74 of the Revised Code-~~ 7043  
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7045

~~(b) The person has been employed to perform and meets both of the following requirements:~~ 7046  
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~~(a) Has performed dialysis care ~~by~~ for a dialysis provider for not less than twelve months immediately prior to the date of application-~~ 7048  
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~~(c) The person passes;~~ 7051

~~(b) Has passed a certification examination demonstrating competence to perform dialysis care. The person must pass the examination not later than eighteen months after entering successfully completing a dialysis training program approved by the board under section 4723.74 of the Revised Code. A person who does not pass the examination within eighteen months after entering a dialysis training program must repeat and successfully complete the training program, or successfully complete another dialysis training program approved by the board, and pass the examination not less than six months after entering the new or repeated program. A person who does not pass the examination within six months after entering the new or repeated program must wait at least one year before entering or reentering any dialysis training program approved by the board, after which the person must successfully complete a dialysis training program approved by the board and pass the examination not later than six months after entering the program.~~ 7052  
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~~(2) The person meets both of the following requirements:~~ 7069

~~(a) The person holds, on December 24, 2000, a current, valid certificate from a qualifying testing organization specified by the board under division (B) of section 4723.751 of the Revised Code or provides evidence satisfactory to the board of having~~ 7070  
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~~passed the examination of a qualifying testing organization not 7074  
longer than five years prior to December 24, 2000. 7075~~

~~(b) The dialysis provider who employs the person provides the 7076  
board with the information specified in rules adopted under 7077  
section 4723.79 of the Revised Code attesting to the person's 7078  
competence to perform dialysis care. 7079~~

~~(3) The person submits evidence satisfactory to the board 7080  
that the person holds a current, valid license, certificate, or 7081  
other authorization to perform dialysis care issued by another 7082  
state that has standards for dialysis technicians that the board 7083  
considers substantially similar to those established under 7084  
sections 4723.71 to 4723.79 of the Revised Code applicant does all 7085  
of the following: 7086~~

~~(a) Has a testing organization approved by the board submit 7087  
evidence satisfactory to the board that the applicant passed an 7088  
examination, in another jurisdiction, that demonstrates the 7089  
applicant's competence to provide dialysis care; 7090~~

~~(b) Submits evidence satisfactory to the board that the 7091  
applicant has been employed to perform dialysis care in another 7092  
jurisdiction for not less than twelve months immediately prior to 7093  
the date of application for certification under this section; 7094~~

~~(c) Submits evidence satisfactory to the board that the 7095  
applicant completed at least two hours of education directly 7096  
related to this chapter and the rules adopted under it. 7097~~

~~(C) A person who applies under this section to be certified 7098  
to practice as a dialysis technician shall submit a request to the 7099  
bureau of criminal identification and investigation for a criminal 7100  
records check of the applicant. The request shall be on the form 7101  
prescribed pursuant to division (C)(1) of section 109.572, 7102  
accompanied by a standard impression sheet to obtain fingerprints 7103  
prescribed pursuant to division (C)(2) of that section, and 7104~~

~~accompanied by the fee prescribed pursuant to division (C)(3) of 7105  
that section. Upon receipt of the completed form, the completed 7106  
impression sheet, and the fee, the bureau shall conduct a criminal 7107  
records check of the applicant. Upon completion of the criminal 7108  
records check, the bureau shall send the results of the check to 7109  
the board. A person requesting a criminal records check under this 7110  
division shall ask the superintendent of the bureau of criminal 7111  
identification and investigation to also request the federal 7112  
bureau of investigation to provide the superintendent with any 7113  
information it has with respect to the person. 7114~~

~~The results of any criminal records check conducted pursuant 7115  
to a request made under this section, and any report containing 7116  
those results, are not public records for purposes of section 7117  
149.43 of the Revised Code and shall not be made available to any 7118  
person or for any purpose other than the following: 7119~~

~~(1) The results may be made available to any person for use 7120  
in determining under this section and division (N) of section 7121  
4723.28 of the Revised Code whether the individual who is the 7122  
subject of the check should be issued a certificate to practice as 7123  
a dialysis technician. 7124~~

~~(2) The results may be made available to the individual who 7125  
is the subject of the check or that individual's representative. 7126  
An applicant who does not pass the certification examination 7127  
described in division (B)(1)(b) of this section within the time 7128  
period prescribed in that division may continue to pursue 7129  
certification by repeating the entire training and application 7130  
process, including doing all of the following: 7131~~

~~(1) Enrolling in and successfully completing a dialysis 7132  
training program approved by the board; 7133~~

~~(2) Submitting a request to the bureau of criminal 7134  
identification and investigation for a criminal records check and 7135~~

check of federal bureau of investigation records pursuant to 7136  
section 4723.091 of the Revised Code; 7137

(3) Submitting an application for a dialysis technician 7138  
intern certificate in accordance with section 4723.76 of the 7139  
Revised Code; 7140

(4) Demonstrating competence to perform dialysis care in 7141  
accordance with division (B) of this section. 7142

**Sec. 4723.751.** ~~(A)~~ The board of nursing shall either conduct 7143  
dialysis technician certification examinations itself or, in 7144  
accordance with rules adopted under section 4723.79 of the Revised 7145  
Code, approve testing organizations to conduct the examinations. 7146  
If it conducts the examinations, the board may use all or part of 7147  
a standard examination created by a testing organization approved 7148  
by the board. Regardless of who conducts it, the examination shall 7149  
cover all of the subjects specified in rules adopted under section 7150  
4723.79 of the Revised Code. 7151

~~(B) The board shall specify the testing organizations that~~ 7152  
~~qualify a person to demonstrate competence to practice as a~~ 7153  
~~dialysis technician pursuant to division (B)(2) of section 4723.75~~ 7154  
~~of the Revised Code.~~ 7155

**Sec. 4723.76.** (A) The board of nursing shall issue a 7156  
~~temporary~~ certificate to practice as a dialysis technician intern 7157  
~~to a person~~ an applicant who has not passed the dialysis 7158  
technician certification examination required by section 4723.751 7159  
of the Revised Code, but who ~~meets~~ satisfies all of the following 7160  
requirements: 7161

(1) ~~The person applies~~ Applies to the board in accordance 7162  
with rules adopted under section 4723.79 of the Revised Code and 7163  
includes with the application ~~the~~ both of the following: 7164

(a) The fee established in those rules adopted under section 7165

4723.79 of the Revised Code; 7166

(b) The name and address of all dialysis training programs 7167  
approved by the board in which the applicant has been enrolled and 7168  
the dates of enrollment in each program. 7169

(2) ~~The person provides~~ Provides documentation from the 7170  
~~person's applicant's~~ employer ~~that demonstrates~~ attesting that the 7171  
~~person applicant~~ is competent to perform dialysis care-; 7172

(3) ~~One of the following applies:~~ 7173

~~(a) The person has~~ Has successfully completed a dialysis 7174  
training program approved by the board of nursing under section 7175  
4723.74 of the Revised Code. 7176

~~(b) The person is, on December 24, 2000, employed as a~~ 7177  
~~dialysis technician but has been so employed for less than twelve~~ 7178  
~~months.~~ 7179

~~(c) The person has experience as a dialysis technician in a~~ 7180  
~~jurisdiction that does not license or certify dialysis technicians~~ 7181  
~~and has successfully completed a training program that is~~ 7182  
~~substantially similar to a program approved by the board.~~ 7183

(B) A ~~temporary~~ dialysis technician intern certificate issued 7184  
to a ~~person~~ an applicant who meets the ~~requirement~~ requirements in 7185  
division (A)(3)(a) of this section is valid for a period of time 7186  
that is eighteen months from the date on which the ~~holder~~ entered 7187  
applicant successfully completed a dialysis training program 7188  
approved by the board under section 4723.74 of the Revised Code, 7189  
minus the time the applicant was enrolled in one or more dialysis 7190  
training programs approved by the board. 7191

~~A temporary certificate issued to a person who meets the~~ 7192  
~~requirement in division (A)(3)(b) of this section is valid for the~~ 7193  
~~number of months equal to eighteen months minus the number of~~ 7194  
~~months the person has been employed as a dialysis technician.~~ 7195

~~A temporary certificate issued to a person who meets the requirement in division (A)(3)(c) of this section and has been working as a dialysis technician for twelve months or longer is valid for six months. A temporary certificate issued to a person who meets the requirement in division (A)(3)(c) of this section and has been employed as a dialysis technician for less than twelve months is valid for the number of months equal to eighteen months minus the number of months the person has been employed as a dialysis technician.~~

~~(C) A temporary dialysis technician intern certificate issued under this section may not be renewed ~~once~~ if the holder enrolls or re-enrolls in a dialysis training program approved by the board. A temporary certificate that has been renewed is not renewable. A person holding a temporary certificate shall provide a copy of the temporary certificate to the dialysis provider who employs the person. The person shall not act as a trainer or preceptor in any dialysis training program.~~

**Sec. 4723.77.** A dialysis technician certificate issued under section 4723.75 of the Revised Code expires biennially and shall be renewed according to a schedule established by the board of nursing in rules adopted under section 4723.79 of the Revised Code. An application for renewal of a dialysis technician certificate shall be accompanied by the renewal fee established in rules adopted by the board under section 4723.79 of the Revised Code. A certificate may be renewed only if, during the period for which the certificate was issued, the certificate holder satisfied the continuing education requirements established by the board's rules. Of the hours of continuing education completed during the period for which the dialysis technician certificate was issued, at least one hour of the education must be directly related to the statutes and rules pertaining to the practice of nursing in this state or the practice as a dialysis technician in this state.

**Sec. 4723.79.** The board of nursing shall adopt rules to 7228  
administer and enforce sections 4723.71 to 4723.79 of the Revised 7229  
Code. The board shall adopt the rules in accordance with Chapter 7230  
119. of the Revised Code. The rules shall establish or specify all 7231  
of the following: 7232

(A) The application process, fee, and requirements for 7233  
approval, reapproval, and withdrawing the approval of a dialysis 7234  
training program under section 4723.74 of the Revised Code. The 7235  
requirements shall include standards that must be satisfied 7236  
regarding curriculum, length of training, and instructions in 7237  
patient care. 7238

(B) The application process, fee, and requirements for 7239  
issuance of a dialysis technician certificate under section 7240  
4723.75 of the Revised Code, except that the amount of the fee 7241  
shall be no greater than the fee charged under division (A)(1) of 7242  
section 4723.08 of the Revised Code; 7243

(C) The application process, fee, and requirements for 7244  
issuance of a ~~temporary~~ dialysis technician intern certificate 7245  
under section 4723.76 of the Revised Code; 7246

(D) The process for approval of testing organizations under 7247  
section 4723.751 of the Revised Code; 7248

(E) Subjects to be included in a certification examination 7249  
~~provided for in division (B)(1) of~~ pursuant to section ~~4723.75~~ 7250  
4723.751 of the Revised Code; 7251

(F) The schedule, fees, and continuing education requirements 7252  
for renewal of a dialysis technician certificate under section 7253  
4723.77 of the Revised Code, except that the amount of the fee for 7254  
~~the renewal of a certificate~~ shall be no greater than the fee 7255  
charged under division (A)~~(9)~~(10) of section 4723.08 of the 7256  
Revised Code ~~or, effective September 1, 2003, division (A)(10) of~~ 7257

~~that section;~~ 7258

(G) ~~Standards and procedures for establishing and maintaining the dialysis registry required by section 4723.78 of the Revised Code, including standards and procedures that persons must follow in providing the information to be included in the registry for approval of continuing education programs and courses for dialysis technicians;~~ 7259  
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(H) Standards for the administration of medication by dialysis technicians and dialysis technician interns under section 4723.72 of the Revised Code; 7265  
7266  
7267

(I) ~~The information a dialysis provider is to provide to the board when attesting to a person's competence to perform dialysis;~~ 7268  
7269

~~(J)~~ Standards and procedures for the supervision of dialysis technicians who provide dialysis care in a patient's home, including monthly home visits by a registered nurse to monitor the quality of the dialysis care; 7270  
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~~(K)~~(J) Any other procedures or requirements necessary for the administration and enforcement of sections 4723.71 to 4723.79 of the Revised Code. 7274  
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**Sec. 4723.83.** ~~(A)~~ An individual seeking a community health worker certificate shall submit an application to the board of nursing on forms the board shall prescribe and furnish. The applicant shall include all information the board requires to process the application. The application shall be accompanied by the fee established in rules adopted under section 4723.88 of the Revised Code. 7277  
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~~(B) An applicant for a community health worker certificate shall submit a request to the bureau of criminal identification and investigation for a criminal records check of the applicant. The request shall be on the form prescribed pursuant to division~~ 7284  
7285  
7286  
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~~(C)(1) of section 109.572 of the Revised Code, accompanied by a  
standard impression sheet to obtain fingerprints prescribed  
pursuant to division (C)(2) of that section, and accompanied by  
the fee prescribed pursuant to division (C)(3) of that section. On  
receipt of the completed form, the completed impression sheet, and  
the fee, the bureau shall conduct a criminal records check of the  
applicant. On completion of the criminal records check, the bureau  
shall send the results of the check to the board. The applicant  
shall ask the superintendent of the bureau of criminal  
identification and investigation to request that the federal  
bureau of investigation provide the superintendent with any  
information it has with respect to the applicant.~~

~~The results of any criminal records check conducted pursuant  
to a request made under this section, and any report containing  
those results, are not public records for purposes of section  
149.43 of the Revised Code and shall not be made available to any  
person or for any purpose other than the following:~~

~~(1) The results may be made available to any person for use  
in determining whether the individual who is the subject of the  
check should be issued a community health worker certificate.~~

~~(2) The results may be made available to the individual who  
is the subject of the check or that individual's representative.~~

**Sec. 4723.84.** (A) To be eligible to receive a community  
health worker certificate, an applicant shall meet all of the  
following conditions:

(1) Be eighteen years of age or older;

(2) Possess a high school diploma or the equivalent of a high  
school diploma, as determined by the board;

(3) Except as provided in division (B) of this section,  
successfully complete a community health worker training program

approved by the board under section 4723.87 of the Revised Code; 7318

(4) ~~Have results on the criminal records check requested~~ 7319  
~~under section 4723.83 of the Revised Code indicating that the~~ 7320  
~~individual has not been convicted of, has not pleaded guilty to,~~ 7321  
~~and has not had a judicial finding of guilt for violating section~~ 7322  
~~2903.01, 2903.02, 2903.03, 2903.11, 2905.01, 2907.02, 2907.03,~~ 7323  
~~2907.05, 2909.02, 2911.01, or 2911.11 of the Revised Code or a~~ 7324  
~~substantially similar law of another state, the United States, or~~ 7325  
~~another country~~ Not be ineligible for certification as specified 7326  
in section 4723.092 of the Revised Code; 7327

(5) Not have committed any act that is grounds for 7328  
disciplinary action under section 3123.47 of the Revised Code or 7329  
rules adopted under division (F) of section 4723.88 of the Revised 7330  
Code or, if such an act has been committed, be determined by the 7331  
board to have made restitution, been rehabilitated, or both; 7332

(6) Not be required to register under Chapter 2950. of the 7333  
Revised Code or a substantially similar law of another state, the 7334  
United States, or another country; 7335

(7) Meet all other requirements the board specifies in rules 7336  
adopted under section 4723.88 of the Revised Code. 7337

(B) In lieu of meeting the condition of completing a 7338  
community health worker training program, an applicant may be 7339  
issued a community health worker certificate if the individual was 7340  
employed in a capacity substantially the same as a community 7341  
health worker ~~before the board implemented the certification~~ 7342  
~~program prior to February 1, 2005.~~ To be eligible under this 7343  
division, an applicant must meet the requirements specified in 7344  
rules adopted by the board under section 4723.88 of the Revised 7345  
Code and provide documentation from the employer attesting to the 7346  
employer's belief that the applicant is competent to perform 7347  
activities as a certified community health worker. 7348

Sec. 4723.87. (A) A person or government entity seeking to 7349  
operate a training program that prepares individuals to become 7350  
certified community health workers shall submit an application to 7351  
the board of nursing on forms the board shall prescribe and 7352  
furnish. The applicant shall include all information the board 7353  
requires to process the application. The application shall be 7354  
accompanied by the fee established in rules adopted under section 7355  
4723.87 of the Revised Code. 7356

The board shall review all applications received. If an 7357  
applicant meets the standards for approval established in the 7358  
board's rules adopted under section 4723.88 of the Revised Code, 7359  
the board shall approve the program. 7360

(B) The board's approval of a training program expires 7361  
biennially and may be renewed in accordance with the schedule and 7362  
procedures established by the board in rules adopted under section 7363  
4723.88 of the Revised Code. 7364

(C) If an approved community health worker training program 7365  
ceases to meet the standards for approval, the board shall 7366  
withdraw its approval of the program, refuse to renew its approval 7367  
of the program, or place the program on provisional approval. In 7368  
withdrawing or refusing to renew its approval, the board shall act 7369  
in accordance with Chapter 119. of the Revised Code. In placing a 7370  
program on provisional approval, the board shall specify the 7371  
period of time during which the provisional approval is valid. ~~At~~ 7372  
Prior to or at the end of the period, the board shall reconsider 7373  
whether the program meets the standards for approval. If the 7374  
program meets the standards for approval, the board shall 7375  
reinstate its full approval of the program or renew its approval 7376  
of the program. If the program does not meet the standards for 7377  
approval, the board shall proceed by withdrawing or refusing to 7378  
renew its approval of the program. 7379

**Sec. 4723.88.** The board of nursing, in accordance with 7380  
Chapter 119. of the Revised Code, shall adopt rules to administer 7381  
and enforce sections 4723.81 to 4723.87 of the Revised Code. The 7382  
rules shall establish all of the following: 7383

(A) Standards and procedures for issuance of community health 7384  
worker certificates; 7385

(B) Standards for evaluating the competency of an individual 7386  
who applies to receive a certificate on the basis of having been 7387  
employed in a capacity substantially the same as a community 7388  
health worker before the board implemented the certification 7389  
program; 7390

(C) Standards and procedures for renewal of community health 7391  
worker certificates, including the continuing education 7392  
requirements that must be met for renewal; 7393

(D) Standards governing the performance of activities related 7394  
to nursing care that are delegated by a registered nurse to 7395  
certified community health workers. In establishing the standards, 7396  
the board shall specify limits on the number of certified 7397  
community health workers a registered nurse may supervise at any 7398  
one time. 7399

(E) Standards and procedures for assessing the quality of the 7400  
services that are provided by certified community health workers; 7401

(F) Standards and procedures for denying, suspending, and 7402  
revoking a community health worker certificate, including reasons 7403  
for imposing the sanctions that are substantially similar to the 7404  
reasons that sanctions are imposed under section 4723.28 of the 7405  
Revised Code; 7406

(G) Standards and procedures for approving and renewing the 7407  
board's approval of training programs that prepare individuals to 7408  
become certified community health workers. In establishing the 7409

standards, the board shall specify the minimum components that 7410  
must be included in a training program, shall require that all 7411  
approved training programs offer the standardized curriculum, and 7412  
shall ensure that the curriculum enables individuals to use the 7413  
training as a basis for entering programs leading to other 7414  
careers, including nursing education programs. 7415

(H) Standards for approval of continuing education programs 7416  
and courses for certified community health workers; 7417

(I) Standards and procedures for withdrawing the board's 7418  
approval of a training program, refusing to renew the approval of 7419  
a training program, and placing a training program on provisional 7420  
approval; 7421

~~(I)~~(J) Amounts for each fee that may be imposed under 7422  
division (A)~~(25)~~(21) of section 4723.08 of the Revised Code; 7423

~~(J)~~(K) Any other standards or procedures the board considers 7424  
necessary and appropriate for the administration and enforcement 7425  
of sections 4723.81 to 4723.87 of the Revised Code. 7426

**Sec. 4723.99.** (A) Except as provided in division (B) of this 7427  
section, whoever violates section 4723.03, 4723.44, 4723.653, or 7428  
4723.73 of the Revised Code is guilty of a felony of the fifth 7429  
degree on a first offense and a felony of the fourth degree on 7430  
each subsequent offense. 7431

(B) ~~A~~ Each of the following is guilty of a minor misdemeanor: 7432

(1) A registered nurse or licensed practical nurse who 7433  
violates division (A) or (B) of section 4723.03 of the Revised 7434  
Code by reason of a license to practice nursing that has lapsed 7435  
for failure to renew or by practicing nursing after a license has 7436  
been classified as inactive ~~is guilty of a minor misdemeanor;~~ 7437

(2) A medication aide who violates section 4723.653 of the 7438  
Revised Code by reason of a medication aide certificate that has 7439

lapsed for failure to renew or by administering medication as a 7440  
medication aide after a certificate has been classified as 7441  
inactive. 7442

**Sec. 4752.02.** (A) Except as provided in division (B) of this 7443  
section, no person shall provide home medical equipment services 7444  
or claim to the public to be a home medical equipment services 7445  
provider unless either of the following is the case: 7446

(1) The person holds a valid license issued under this 7447  
chapter; 7448

(2) The person holds a valid certificate of registration 7449  
issued under this chapter. 7450

(B) Division (A) of this section does not apply to any of the 7451  
following: 7452

(1) A health care practitioner, as defined in section 4769.01 7453  
of the Revised Code, who does not sell or rent home medical 7454  
equipment; 7455

(2) A hospital that provides home medical equipment services 7456  
only as an integral part of patient care and does not provide the 7457  
services through a separate entity that has its own medicare or 7458  
medicaid provider number; 7459

(3) A manufacturer or wholesale distributor of home medical 7460  
equipment that does not sell directly to the public; 7461

(4) A hospice care program or pediatric respite care program, 7462  
as defined by section 3712.01 of the Revised Code, that does not 7463  
sell or rent home medical equipment; 7464

(5) A home, as defined by section 3721.01 of the Revised 7465  
Code; 7466

(6) A home health agency that is certified under Title XVIII 7467  
of the "Social Security Act," 79 Stat. 286 (1965), 42 U.S.C. 1395, 7468

as a provider of home health services and does not sell or rent home medical equipment;

(7) An individual who holds a current, valid license issued under Chapter 4741. of the Revised Code to practice veterinary medicine;

(8) An individual who holds a current, valid license issued under Chapter 4779. of the Revised Code to practice orthotics, prosthetics, or pedorthics;

(9) A pharmacy licensed under Chapter 4729. of the Revised Code that either does not sell or rent home medical equipment or receives total payments of less than ten thousand dollars per year from selling or renting home medical equipment;

(10) A home dialysis equipment provider regulated by federal law.

**Sec. 4759.01.** As used in this chapter:

(A) "~~The practice~~ Practice of dietetics" means any of the following:

(1) Nutritional assessment to determine nutritional needs and to recommend appropriate nutritional intake, including enteral and parenteral nutrition;

(2) Nutritional counseling or education as components of preventive, curative, and restorative health care;

(3) Development, administration, evaluation, and consultation regarding nutritional care standards.

(B) "~~The American dietetic association~~ Academy of nutrition and dietetics" means the national professional organization of dietitians that provides direction and leadership for quality dietetic practice, education, and research known by that name or a successor organization that serves in an equivalent capacity.

(C) "Commission on dietetic registration" means the 7498  
~~commission on dietetic registration that is a member of the~~ 7499  
~~national commission on health certifying agencies~~ entity that 7500  
serves as the credentialing agency for the academy of nutrition 7501  
and dietetics. 7502

(D) "Ohio academy of nutrition and dietetics" means the state 7503  
professional organization known by that name or a successor 7504  
organization that serves in an equivalent capacity. 7505

**Sec. 4759.03.** There is hereby created the Ohio board of 7506  
dietetics consisting of five members appointed by the governor 7507  
with the advice and consent of the senate. The Ohio ~~dietetic~~ 7508  
~~association~~ academy of nutrition and dietetics may submit a list 7509  
of five names for each position or vacancy on the board to be 7510  
filled by a dietitian, and the governor may make ~~his appointment~~ 7511  
appointments from the persons so recommended or from other 7512  
persons. ~~Within~~ 7513

Within thirty days of ~~the effective date of this section~~ July 7514  
1, 1987, the governor shall make initial appointments to the 7515  
board. Of the initial appointments, one shall be for a term ending 7516  
one year after ~~the effective date of this section~~ July 1, 1987, 7517  
one shall be for a term ending two years after ~~the effective date~~ 7518  
~~of this section~~ July 1, 1987, one shall be for a term ending three 7519  
years after ~~the effective date of this section~~ July 1, 1987, one 7520  
shall be for a term ending four years after ~~the effective date of~~ 7521  
~~this section~~ July 1, 1987, and one shall be for a term ending five 7522  
years after ~~the effective date of this section~~ July 1, 1987. 7523  
Thereafter, terms of office shall be for five years, each term 7524  
ending on the same day of the same month as did the term which it 7525  
succeeds. Each member shall hold office from the date of ~~his~~ 7526  
appointment until the end of the term for which ~~he~~ the member was 7527  
appointed. The governor shall appoint a member to fill a vacancy 7528

in the manner prescribed for filling the position in which the 7529  
vacancy occurs. Any member appointed to fill a vacancy occurring 7530  
prior to the expiration of the term for which ~~his~~ the member's 7531  
predecessor was appointed shall hold office for the remainder of 7532  
the term. Any member shall continue in office subsequent to the 7533  
expiration date of ~~his~~ the member's term until ~~his~~ a successor 7534  
takes office, or until a period of sixty days has elapsed, 7535  
whichever occurs first. 7536

Members of the board may be removed by the governor for 7537  
malfeasance, misfeasance, or nonfeasance after an adjudication 7538  
hearing pursuant to Chapter 119. of the Revised Code. Members may 7539  
not be appointed to a second term unless a period of five years 7540  
has passed since the expiration of the first term, except that 7541  
members appointed for less than a five-year term or appointed to 7542  
fill an unexpired term may be appointed for one full term of five 7543  
years immediately following the end of the term for which ~~he~~ the 7544  
member was first appointed. 7545

Three members of the board shall be dietitians who have been 7546  
actively engaged in the practice of dietetics in the state for at 7547  
least five years immediately preceding their appointment; one 7548  
member shall be an educator with a doctoral degree who holds a 7549  
regular faculty appointment in a program that prepares students to 7550  
meet the requirements of division (A)(5) of section 4759.06 of the 7551  
Revised Code; and one member shall be a member of the general 7552  
public who is not and never has been a dietitian, is not a member 7553  
of the immediate family of a dietitian, does not have a financial 7554  
interest in the provision of goods or services to dietitians, and 7555  
is not engaged in any activity related to the practice of 7556  
dietetics. 7557

Each member of the board shall receive an amount fixed 7558  
pursuant to division (J) of section 124.15 of the Revised Code for 7559  
each day, or portion thereof, ~~he is~~ actually engaged in the 7560

discharge of ~~his~~ official duties, and shall be reimbursed for 7561  
actual and necessary expenses incurred in the performance of those 7562  
duties. 7563

**Sec. 4759.05.** The Ohio board of dietetics shall: 7564

(A) Adopt, amend, or rescind rules pursuant to Chapter 119. 7565  
of the Revised Code to carry out the provisions of this chapter, 7566  
including rules governing the following: 7567

(1) Selection and approval of a dietitian licensure 7568  
examination offered by the commission on dietetic registration or 7569  
any other examination; 7570

(2) The examination of applicants for licensure as a 7571  
dietitian, to be held at least twice annually, as required under 7572  
division (A) of section 4759.06 of the Revised Code; 7573

(3) Requirements for pre-professional dietetic experience of 7574  
applicants for licensure as a dietitian that are at least 7575  
equivalent to the requirements adopted by the commission on 7576  
dietetic registration; 7577

(4) Requirements for a person holding a limited permit under 7578  
division (F) of section 4759.06 of the Revised Code, including the 7579  
duration of validity of a limited permit; 7580

(5) Requirements for a licensed dietitian who places a 7581  
license in inactive status under division (G) of section 4759.06 7582  
of the Revised Code, including a procedure for changing inactive 7583  
status to active status; 7584

(6) Continuing education requirements for renewal of a 7585  
license, except that the board may adopt rules to waive the 7586  
requirements for a person who is unable to meet the requirements 7587  
due to illness or other reasons. Rules adopted under this division 7588  
shall be consistent with the continuing education requirements 7589  
adopted by the commission on dietetic registration. 7590

(7) Any additional education requirements the board considers necessary, for applicants who have not practiced dietetics within five years of the initial date of application for licensure;

(8) Standards of professional responsibility and practice for persons licensed under this chapter that are consistent with those standards of professional responsibility and practice adopted by the ~~American dietetic association~~ academy of nutrition and dietetics;

(9) Formulation of a written application form for licensure or license renewal that includes the statement that any applicant who knowingly makes a false statement on the application is guilty of a misdemeanor of the first degree under section 2921.13 of the Revised Code;

(10) Procedures for license renewal;

(11) Establishing a time period after the notification of a violation of section 4759.02 of the Revised Code, by which the person notified must request a hearing by the board under section 4759.09 of the Revised Code;

(12) Requirements for criminal records checks of applicants under section 4776.03 of the Revised Code.

(B) Investigate alleged violations of sections 4759.02 to 4759.10 of the Revised Code. In making its investigations, the board may issue subpoenas, examine witnesses, and administer oaths.

(C) Adopt a seal;

(D) Conduct meetings and keep records as are necessary to carry out the provisions of this chapter;

(E) Publish, and make available to the public, upon request and for a fee not to exceed the actual cost of printing and mailing, the board's rules and requirements for licensure adopted

under division (A) of this section and a record of all persons 7621  
licensed under section 4759.06 of the Revised Code. 7622

**Sec. 4759.06.** (A) The Ohio board of dietetics shall issue or 7623  
renew a license to practice dietetics to an applicant who: 7624

(1) Has satisfactorily completed an application for licensure 7625  
in accordance with division (A) of section 4759.05 of the Revised 7626  
Code; 7627

(2) Has paid the fee required under division (A) of section 7628  
4759.08 of the Revised Code; 7629

(3) Is a resident of the state or performs or plans to 7630  
perform dietetic services within the state; 7631

(4) Is of good moral character; 7632

(5) Has received a baccalaureate or higher degree from an 7633  
institution of higher education that is approved by the board or a 7634  
regional accreditation agency that is recognized by the council on 7635  
postsecondary accreditation, and has completed a program 7636  
consistent with the academic standards for dietitians established 7637  
by the ~~American dietetic association~~ academy of nutrition and 7638  
dietetics; 7639

(6) Has successfully completed a pre-professional dietetic 7640  
experience approved by the ~~American dietetic association~~ academy 7641  
of nutrition and dietetics, or experience approved by the board 7642  
under division (A)(3) of section 4759.05 of the Revised Code; 7643

(7) Has passed the examination approved by the board under 7644  
division (A)(1) of section 4759.05 of the Revised Code; 7645

(8) Is an applicant for renewal of a license, and has 7646  
fulfilled the continuing education requirements adopted under 7647  
division (A)(6) of section 4759.05 of the Revised Code. 7648

(B) The board shall waive the requirements of divisions 7649

(A)(5), (6), and (7) of this section and any rules adopted under 7650  
division (A)(7) of section 4759.05 of the Revised Code if the 7651  
applicant presents satisfactory evidence to the board of current 7652  
registration as a registered dietitian with the commission on 7653  
dietetic registration. 7654

(C) The board shall waive the requirements of division (A)(7) 7655  
of this section if the application for renewal is made within two 7656  
years after the date of license expiration. 7657

(D) The board may waive the requirements of division (A)(5), 7658  
(6), or (7) of this section or any rules adopted under division 7659  
(A)(7) of section 4759.05 of the Revised Code, if the applicant 7660  
presents satisfactory evidence of education, experience, or 7661  
passing an examination in another state or a foreign country, that 7662  
the board considers the equivalent of the requirements stated in 7663  
those divisions or rules. 7664

(E) The board shall issue an initial license to practice 7665  
dietetics to an applicant who meets the requirements of division 7666  
(A) of this section. An initial license shall be valid from the 7667  
date of issuance through the thirtieth day of June following 7668  
issuance of the license. Each subsequent license shall be valid 7669  
from the first day of July through the thirtieth day of June. The 7670  
board shall renew the license of an applicant who is licensed to 7671  
practice dietetics and who meets the continuing education 7672  
requirements of division (A)(6) of section 4759.05 of the Revised 7673  
Code. The renewal shall be pursuant to the standard renewal 7674  
procedure of sections 4745.01 to 4745.03 of the Revised Code. 7675

(F) The board may grant a limited permit to a person who has 7676  
completed the education and pre-professional requirements of 7677  
divisions (A)(5) and (6) of this section and who presents evidence 7678  
to the board of having applied to take the examination approved by 7679  
the board under division (A)(1) of section 4759.05 of the Revised 7680  
Code. A person holding a limited permit who has failed the 7681

examination shall practice only under the direct supervision of a 7682  
licensed dietitian. 7683

(G) A licensed dietitian may place the license in inactive 7684  
status. 7685

**Sec. 4759.10.** Sections 4759.01 to 4759.09 of the Revised Code 7686  
do not apply to any of the following: 7687

(A) A person licensed under Chapters 4701. to 4755. of the 7688  
Revised Code who is acting within the scope of the person's 7689  
profession, provided that the person complies with division (B) of 7690  
section 4759.02 of the Revised Code; 7691

(B) A person who is a graduate of an associate degree program 7692  
approved by the ~~American dietetic association~~ academy of nutrition  
and dietetics or the Ohio board of dietetics who is working as a 7693  
dietetic technician under the supervision of a dietitian licensed 7694  
under section 4759.06 of the Revised Code or registered by the 7695  
commission on dietetic registration, except that the person is 7696  
subject to division (B) of section 4759.02 of the Revised Code if 7697  
the person uses a title other than "dietetic technician"; 7698  
7699

(C) A person who practices dietetics related to employment in 7700  
the armed forces, veteran's administration, or the public health 7701  
service of the United States; 7702

(D) Persons employed by a nonprofit agency approved by the 7703  
board or by a federal, state, municipal or county government, or 7704  
by any other political subdivision, elementary or secondary 7705  
school, or an institution of higher education approved by the 7706  
board or by a regional agency recognized by the council on 7707  
postsecondary accreditation, who performs only nutritional 7708  
education activities and such other nutritional activities as the 7709  
board of dietetics, by rule, permits, provided the person does not 7710  
violate division (B) of section 4759.02 of the Revised Code; 7711

(E) A person who has completed a program meeting the academic standards set ~~by the American dietetic association~~ for dietitians by the academy of nutrition and dietetics, received a baccalaureate or higher degree from a school, college, or university approved by a regional accreditation agency recognized by the council on postsecondary accreditation, works under the supervision of a licensed dietitian or registered dietitian, and does not violate division (B) of section 4759.02 of the Revised Code;

(F) A person when acting, under the direction and supervision of a person licensed under Chapters 4701. to 4755. of the Revised Code, in the execution of a plan of treatment authorized by the licensed person, provided the person complies with division (B) of section 4759.02 of the Revised Code;

(G) The free dissemination of literature in the state;

(H) Provided that the persons involved in the sale, promotion, or explanation of the sale of food, food materials, or dietary supplements do not violate division (B) of section 4759.02 of the Revised Code, the sale of food, food materials, or dietary supplements and the marketing and distribution of food, food materials, or dietary supplements and the promotion or explanation of the use of food, food materials, or dietary supplements provided that the promotion or explanation does not violate Chapter 1345. of the Revised Code;

(I) A person who offers dietary supplements for sale and who makes the following statements about the product if the statements are consistent with the dietary supplement's label or labeling:

(1) Claim a benefit related to a classical nutrient deficiency disease and disclose the prevalence of the disease in the United States;

(2) Describe the role of a nutrient or dietary ingredient

intended to affect the structure or function of the human body; 7743

(3) Characterize the documented mechanism by which a nutrient 7744  
or dietary ingredient acts to maintain the structure or function 7745  
of the human body; 7746

(4) Describe general well-being from the consumption of a 7747  
nutrient or dietary ingredient. 7748

(J) Provided that the persons involved in presenting a 7749  
general program of instruction for weight control do not violate 7750  
division (B) of section 4759.02 of the Revised Code, a general 7751  
program of instruction for weight control approved in writing by a 7752  
licensed dietitian, a physician licensed under Chapter 4731. of 7753  
the Revised Code to practice medicine or surgery or osteopathic 7754  
medicine or surgery, a person licensed in another state that the 7755  
board considers to have substantially equivalent licensure 7756  
requirements as this state, or a registered dietitian; 7757

(K) The continued practice of dietetics at a hospital by a 7758  
person employed at that same hospital to practice dietetics for 7759  
the twenty years immediately prior to July 1, 1987, so long as the 7760  
person works under the supervision of a dietitian licensed under 7761  
section 4759.06 of the Revised Code and does not violate division 7762  
(B) of section 4759.02 of the Revised Code. This division does not 7763  
apply to any person who has held a license issued under this 7764  
chapter to practice dietetics. As used in this division, 7765  
"hospital" has the same meaning as in section 3727.01 of the 7766  
Revised Code. 7767

**Sec. 5111.222.** (A) As used in this section, "low resource 7768  
utilization resident" means a medicaid recipient residing in a 7769  
nursing facility who, for purposes of calculating the nursing 7770  
facility's medicaid reimbursement rate for direct care costs, is 7771  
placed in either of the two lowest resource utilization groups, 7772  
excluding any resource utilization group that is a default group 7773

used for residents with incomplete assessment data. 7774

(B) Except as otherwise provided by sections 5111.20 to 7775  
5111.331 of the Revised Code and by division ~~(B)~~(C) of this 7776  
section, the total rate that the department of job and family 7777  
services shall agree to pay for a fiscal year to the provider of a 7778  
nursing facility pursuant to a provider agreement shall equal the 7779  
sum of all of the following: 7780

(1) The rate for direct care costs determined for the nursing 7781  
facility under section 5111.231 of the Revised Code; 7782

(2) The rate for ancillary and support costs determined for 7783  
the nursing facility's ancillary and support cost peer group under 7784  
section 5111.24 of the Revised Code; 7785

(3) The rate for tax costs determined for the nursing 7786  
facility under section 5111.242 of the Revised Code; 7787

(4) The quality incentive payment paid to the nursing 7788  
facility under section 5111.244 of the Revised Code; 7789

(5) If the nursing facility qualifies as a critical access 7790  
nursing facility, the critical access incentive payment paid to 7791  
the nursing facility under section 5111.246 of the Revised Code; 7792

(6) The rate for capital costs determined for the nursing 7793  
facility's capital costs peer group under section 5111.25 of the 7794  
Revised Code. 7795

~~(B) The department shall adjust the rates otherwise 7796  
determined under division (A) of this section as directed by the 7797  
general assembly through the enactment of law governing medicaid 7798  
payments to providers of nursing facilities, including any law 7799  
that establishes factors by which the rates are to be adjusted. 7800~~

(C) The total rate determined under division (B) of this 7801  
section shall not be paid for nursing facility services provided 7802  
to low resource utilization residents. Instead, the total rate for 7803

nursing facility services that a nursing facility provides to low 7804  
resource utilization residents shall be one hundred thirty dollars 7805  
per medicaid day. 7806

(D) In addition to paying a nursing facility provider the 7807  
nursing facility's total rate determined ~~for the nursing facility~~ 7808  
under division ~~(A)~~(B) or (C) of this section for a fiscal year, 7809  
the department shall pay the provider a quality bonus under 7810  
section 5111.245 of the Revised Code for that fiscal year if the 7811  
provider's nursing facility is a qualifying nursing facility, as 7812  
defined in that section, for that fiscal year. The quality bonus 7813  
shall not be part of the total rate. 7814

**Sec. 5111.231.** (A) As used in this section: 7815

(1) "Applicable calendar year" means the following: 7816

(a) For the purpose of the department of job and family 7817  
services' initial determination under division (D) of this section 7818  
of each peer group's cost per case-mix unit, calendar year 2003; 7819

(b) For the purpose of the department's rebasings, the 7820  
calendar year the department selects. 7821

(2) "Rebasing" means a redetermination under division (D) of 7822  
this section of each peer groups' cost per case-mix unit using 7823  
information from cost reports for an applicable calendar year that 7824  
is later than the applicable calendar year used for the previous 7825  
determination of such costs. 7826

(B) The department of job and family services shall pay a 7827  
provider for each of the provider's eligible nursing facilities a 7828  
per resident per day rate for direct care costs determined 7829  
semiannually by multiplying the cost per case-mix unit determined 7830  
under division (D) of this section for the facility's peer group 7831  
by the facility's semiannual case-mix score determined under 7832  
section 5111.232 of the Revised Code. 7833

(C) For the purpose of determining nursing facilities' rate 7834  
for direct care costs, the department shall establish three peer 7835  
groups. 7836

Each nursing facility located in any of the following 7837  
counties shall be placed in peer group one: Brown, Butler, 7838  
Clermont, Clinton, Hamilton, and Warren. 7839

Each nursing facility located in any of the following 7840  
counties shall be placed in peer group two: Ashtabula, Champaign, 7841  
Clark, Cuyahoga, Darke, Delaware, Fairfield, Fayette, Franklin, 7842  
Fulton, Geauga, Greene, Hancock, Knox, Lake, Licking, Lorain, 7843  
Lucas, Madison, Marion, Medina, Miami, Montgomery, Morrow, Ottawa, 7844  
Pickaway, Portage, Preble, Ross, Sandusky, Seneca, Summit, Union, 7845  
and Wood. 7846

Each nursing facility located in any of the following 7847  
counties shall be placed in peer group three: Adams, Allen, 7848  
Ashland, Athens, Auglaize, Belmont, Carroll, Columbiana, 7849  
Coshocton, Crawford, Defiance, Erie, Gallia, Guernsey, Hardin, 7850  
Harrison, Henry, Highland, Hocking, Holmes, Huron, Jackson, 7851  
Jefferson, Lawrence, Logan, Mahoning, Meigs, Mercer, Monroe, 7852  
Morgan, Muskingum, Noble, Paulding, Perry, Pike, Putnam, Richland, 7853  
Scioto, Shelby, Stark, Trumbull, Tuscarawas, Van Wert, Vinton, 7854  
Washington, Wayne, Williams, and Wyandot. 7855

(D)(1) The department shall determine a cost per case-mix 7856  
unit for each peer group established under division (C) of this 7857  
section. The department is not required to conduct a rebasing more 7858  
than once every ten years. Except as necessary to implement the 7859  
amendments made ~~by this act~~ to this section by Am. Sub. H.B. 153 7860  
and Sub. H.B. 303, both of the 129th general assembly, the cost 7861  
per case-mix unit determined under this division for a peer group 7862  
shall be used for subsequent years until the department conducts a 7863  
rebasings. To determine a peer group's cost per case-mix unit, the 7864  
department shall do all of the following: 7865

(a) Determine the cost per case-mix unit for each nursing facility in the peer group for the applicable calendar year by dividing each facility's desk-reviewed, actual, allowable, per diem direct care costs for the applicable calendar year by the facility's annual average case-mix score determined under section 5111.232 of the Revised Code for the applicable calendar year;

(b) Subject to division (D)(2) of this section, identify which nursing facility in the peer group is at the twenty-fifth percentile of the cost per case-mix units determined under division (D)(1)(a) of this section;

(c) Calculate the amount that is two per cent above the cost per case-mix unit determined under division (D)(1)(a) of this section for the nursing facility identified under division (D)(1)(b) of this section;

(d) Using the index specified in division (D)(3) of this section, multiply the rate of inflation for the eighteen-month period beginning on the first day of July of the applicable calendar year and ending the last day of December of the calendar year immediately following the applicable calendar year by the amount calculated under division (D)(1)(c) of this section;

(e) Until the first rebasing occurs, add one dollar and eighty-eight cents to the amount calculated under division (D)(1)(d) of this section;

(f) Until the first rebasing occurs, increase the amount calculated under division (D)(1)(e) of this section by five and eight hundredths per cent.

(2) In making the identification under division (D)(1)(b) of this section, the department shall exclude both of the following:

(a) Nursing facilities that participated in the medicaid program under the same provider for less than twelve months in the applicable calendar year;

(b) Nursing facilities whose cost per case-mix unit is more than one standard deviation from the mean cost per case-mix unit for all nursing facilities in the nursing facility's peer group for the applicable calendar year.

(3) The following index shall be used for the purpose of the calculation made under division (D)(1)(d) of this section:

(a) Until the first rebasing occurs, the employment cost index for total compensation, health services component, published by the United States bureau of labor statistics, as the index existed on July 1, 2005;

(b) Effective with the first rebasing and except as provided in division (D)(3)(c) of this section, the employment cost index for total compensation, nursing and residential care facilities occupational group, published by the United States bureau of labor statistics;

(c) If the United States bureau of labor statistics ceases to publish the index specified in division (D)(3)(b) of this section, the index the bureau subsequently publishes that covers nursing facilities' staff costs.

(4) The department shall not redetermine a peer group's cost per case-mix unit under this division based on additional information that it receives after the peer group's per case-mix unit is determined. The department shall redetermine a peer group's cost per case-mix unit only if it made an error in determining the peer group's cost per case-mix unit based on information available to the department at the time of the original determination.

**Sec. 5111.24.** (A) As used in this section:

(1) "Applicable calendar year" means the following:

(a) For the purpose of the department of job and family

services' initial determination under division (D) of this section 7927  
of each peer group's rate for ancillary and support costs, 7928  
calendar year 2003; 7929

(b) For the purpose of the department's rebasings, the 7930  
calendar year the department selects. 7931

(2) "Rebasing" means a redetermination under division (D) of 7932  
this section of each peer groups' rate for ancillary and support 7933  
costs using information from cost reports for an applicable 7934  
calendar year that is later than the applicable calendar year used 7935  
for the previous determination of such rates. 7936

(B) The department of job and family services shall pay a 7937  
provider for each of the provider's eligible nursing facilities a 7938  
per resident per day rate for ancillary and support costs 7939  
determined for the nursing facility's peer group under division 7940  
(D) of this section. 7941

(C) For the purpose of determining nursing facilities' rate 7942  
for ancillary and support costs, the department shall establish 7943  
six peer groups. 7944

Each nursing facility located in any of the following 7945  
counties shall be placed in peer group one or two: Brown, Butler, 7946  
Clermont, Clinton, Hamilton, and Warren. Each nursing facility 7947  
located in any of those counties that has fewer than one hundred 7948  
beds shall be placed in peer group one. Each nursing facility 7949  
located in any of those counties that has one hundred or more beds 7950  
shall be placed in peer group two. 7951

Each nursing facility located in any of the following 7952  
counties shall be placed in peer group three or four: Ashtabula, 7953  
Champaign, Clark, Cuyahoga, Darke, Delaware, Fairfield, Fayette, 7954  
Franklin, Fulton, Geauga, Greene, Hancock, Knox, Lake, Licking, 7955  
Lorain, Lucas, Madison, Marion, Medina, Miami, Montgomery, Morrow, 7956  
Ottawa, Pickaway, Portage, Preble, Ross, Sandusky, Seneca, Summit, 7957

Union, and Wood. Each nursing facility located in any of those 7958  
counties that has fewer than one hundred beds shall be placed in 7959  
peer group three. Each nursing facility located in any of those 7960  
counties that has one hundred or more beds shall be placed in peer 7961  
group four. 7962

Each nursing facility located in any of the following 7963  
counties shall be placed in peer group five or six: Adams, Allen, 7964  
Ashland, Athens, Auglaize, Belmont, Carroll, Columbiana, 7965  
Coshocton, Crawford, Defiance, Erie, Gallia, Guernsey, Hardin, 7966  
Harrison, Henry, Highland, Hocking, Holmes, Huron, Jackson, 7967  
Jefferson, Lawrence, Logan, Mahoning, Meigs, Mercer, Monroe, 7968  
Morgan, Muskingum, Noble, Paulding, Perry, Pike, Putnam, Richland, 7969  
Scioto, Shelby, Stark, Trumbull, Tuscarawas, Van Wert, Vinton, 7970  
Washington, Wayne, Williams, and Wyandot. Each nursing facility 7971  
located in any of those counties that has fewer than one hundred 7972  
beds shall be placed in peer group five. Each nursing facility 7973  
located in any of those counties that has one hundred or more beds 7974  
shall be placed in peer group six. 7975

(D)(1) The department shall determine the rate for ancillary 7976  
and support costs for each peer group established under division 7977  
(C) of this section. The department is not required to conduct a 7978  
rebasings more than once every ten years. Except as necessary to 7979  
implement the amendments made ~~by this act~~ to this section by Am. 7980  
Sub. H.B. 153 and Sub. H.B. 303, both of the 129th general 7981  
assembly, the rate for ancillary and support costs determined 7982  
under this division for a peer group shall be used for subsequent 7983  
years until the department conducts a rebasing. To determine a 7984  
peer group's rate for ancillary and support costs, the department 7985  
shall do all of the following: 7986

(a) Subject to division (D)(2) of this section, determine the 7987  
rate for ancillary and support costs for each nursing facility in 7988  
the peer group for the applicable calendar year by using the 7989

greater of the nursing facility's actual inpatient days for the 7990  
applicable calendar year or the inpatient days the nursing 7991  
facility would have had for the applicable calendar year if its 7992  
occupancy rate had been ninety per cent; 7993

(b) Subject to division (D)(3) of this section, identify 7994  
which nursing facility in the peer group is at the twenty-fifth 7995  
percentile of the rate for ancillary and support costs for the 7996  
applicable calendar year determined under division (D)(1)(a) of 7997  
this section; 7998

(c) Multiply the rate for ancillary and support costs 7999  
determined under division (D)(1)(a) of this section for the 8000  
nursing facility identified under division (D)(1)(b) of this 8001  
section by the rate of inflation for the eighteen-month period 8002  
beginning on the first day of July of the applicable calendar year 8003  
and ending the last day of December of the calendar year 8004  
immediately following the applicable calendar year using the 8005  
following: 8006

(i) Until the first rebasing occurs, the consumer price index 8007  
for all items for all urban consumers for the north central 8008  
region, published by the United States bureau of labor statistics, 8009  
as that index existed on July 1, 2005; 8010

(ii) Effective with the first rebasing and except as provided 8011  
in division (D)(1)(c)(iii) of this section, the consumer price 8012  
index for all items for all urban consumers for the midwest 8013  
region, published by the United States bureau of labor statistics; 8014

(iii) If the United States bureau of labor statistics ceases 8015  
to publish the index specified in division (D)(1)(c)(ii) of this 8016  
section, the index the bureau subsequently publishes that covers 8017  
urban consumers' prices for items for the region that includes 8018  
this state. 8019

(d) Until the first rebasing occurs, increase the amount 8020

calculated under division (D)(1)(c) of this section by five and 8021  
eight hundredths per cent. 8022

(2) For the purpose of determining a nursing facility's 8023  
occupancy rate under division (D)(1)(a) of this section, the 8024  
department shall include any beds that the nursing facility 8025  
removes from its medicaid-certified capacity unless the nursing 8026  
facility also removes the beds from its licensed bed capacity. 8027

(3) In making the identification under division (D)(1)(b) of 8028  
this section, the department shall exclude both of the following: 8029

(a) Nursing facilities that participated in the medicaid 8030  
program under the same provider for less than twelve months in the 8031  
applicable calendar year; 8032

(b) Nursing facilities whose ancillary and support costs are 8033  
more than one standard deviation from the mean desk-reviewed, 8034  
actual, allowable, per diem ancillary and support cost for all 8035  
nursing facilities in the nursing facility's peer group for the 8036  
applicable calendar year. 8037

(4) The department shall not redetermine a peer group's rate 8038  
for ancillary and support costs under this division based on 8039  
additional information that it receives after the rate is 8040  
determined. The department shall redetermine a peer group's rate 8041  
for ancillary and support costs only if the department made an 8042  
error in determining the rate based on information available to 8043  
the department at the time of the original determination. 8044

**Sec. 5111.242.** (A) As used in this section, ~~"applicable:~~ 8045

(1) "Applicable calendar year" means the following: 8046

~~(1)~~(a) For the purpose of the department of job and family 8047  
services' initial determination under this section of nursing 8048  
facilities' rate for tax costs, calendar year 2003; 8049

~~(2)~~(b) For the purpose of the department's ~~subsequent~~ 8050

determinations under division (C) of this section of nursing facilities' rate for tax costs rebasings, the calendar year the department selects.

(2) "Rebasing" means a redetermination under division (C) of this section of each nursing facility's rate for tax costs using information from cost reports for an applicable calendar year that is later than the applicable calendar year used for the previous determination of such rates.

(B) The department of job and family services shall pay a provider for each of the provider's eligible nursing facilities a per resident per day rate for tax costs determined under division (C) of this section.

~~(C) At least once every ten years, the~~ The department shall determine the rate for tax costs for each nursing facility. The department is not required to conduct a rebasing more than once every ten years. Except as necessary to implement the amendments made to this section by Sub. H.B. 303 of the 129th general assembly, the rate for tax costs determined under this division for a nursing facility shall be used for subsequent years until the department ~~redetermines it~~ conducts a rebasing. To determine a nursing facility's rate for tax costs and except as provided in division (D) of this section, the department shall ~~divide~~ do both of the following:

(1) Divide the nursing facility's desk-reviewed, actual, allowable tax costs paid for the applicable calendar year by the number of inpatient days the nursing facility would have had if its occupancy rate had been one hundred per cent during the applicable calendar year;

(2) Until the first rebasing occurs, increase the amount calculated under division (C)(1) of this section by five and eight hundredths per cent.

(D) If a nursing facility had a credit regarding its real estate taxes reflected on its cost report for calendar year 2003, the department shall determine, as follows, its rate for tax costs for the period beginning on July 1, 2010, and ending on the first day of the fiscal year for which the department first ~~redetermines~~ ~~all nursing facilities' rate for tax costs under division (C) of this section by dividing~~ conducts a rebasing:

(1) Divide the nursing facility's desk-reviewed, actual, allowable tax costs paid for calendar year 2004 by the number of inpatient days the nursing facility would have had if its occupancy rate had been one hundred per cent during calendar year 2004;

(2) Until the first rebasing occurs, increase the amount calculated under division (D)(1) of this section by five and eight hundredths per cent.

**Sec. 5111.246.** (A) Each fiscal year, the department of job and family services shall pay a critical access incentive payment to the provider of each nursing facility that qualifies as a critical access nursing facility. To qualify as a critical access nursing facility for a fiscal year, a nursing facility must meet all of the following requirements:

(1) The nursing facility must be located in an area that, on December 31, 2011, was designated an empowerment zone under section 1391 of the "Internal Revenue Code of 1986," 107 Stat. 543, 26 U.S.C. 1391, as amended.

(2) The nursing facility must have an occupancy rate of at least eighty-five per cent as of the last day of the calendar year preceding the fiscal year.

(3) The nursing facility must have a medicaid utilization rate of at least sixty-five per cent as of the last day of the

calendar year preceding the fiscal year. 8112

(B) A critical access nursing facility's critical access 8113  
incentive payment for a fiscal year shall equal five per cent of 8114  
the portion of the nursing facility's total rate for the fiscal 8115  
year that is the sum of the rates and payment identified in 8116  
divisions ~~(A)~~(B)(1) to (4) and (6) of section 5111.222 of the 8117  
Revised Code. 8118

**Sec. 5111.25.** (A) As used in this section: 8119

(1) "Applicable calendar year" means the following: 8120

(a) For the purpose of the department of job and family 8121  
services' initial determination under division (D) of this section 8122  
of each peer group's rate for capital costs, calendar year 2003; 8123

(b) For the purpose of the department's rebasings, the 8124  
calendar year the department selects. 8125

(2) "Rebasing" means a redetermination under division (D) of 8126  
this section of each peer groups' rate for capital costs using 8127  
information from cost reports for an applicable calendar year that 8128  
is later than the applicable calendar year used for the previous 8129  
determination of such rates. 8130

(B) The department of job and family services shall pay a 8131  
provider for each of the provider's eligible nursing facilities a 8132  
per resident per day rate for capital costs determined for the 8133  
nursing facility's peer group under division (D) of this section. 8134

(C) For the purpose of determining nursing facilities' rate 8135  
for capital costs, the department shall establish six peer groups. 8136

Each nursing facility located in any of the following 8137  
counties shall be placed in peer group one or two: Brown, Butler, 8138  
Clermont, Clinton, Hamilton, and Warren. Each nursing facility 8139  
located in any of those counties that has fewer than one hundred 8140  
beds shall be placed in peer group one. Each nursing facility 8141

located in any of those counties that has one hundred or more beds 8142  
shall be placed in peer group two. 8143

Each nursing facility located in any of the following 8144  
counties shall be placed in peer group three or four: Ashtabula, 8145  
Champaign, Clark, Cuyahoga, Darke, Delaware, Fairfield, Fayette, 8146  
Franklin, Fulton, Geauga, Greene, Hancock, Knox, Lake, Licking, 8147  
Lorain, Lucas, Madison, Marion, Medina, Miami, Montgomery, Morrow, 8148  
Ottawa, Pickaway, Portage, Preble, Ross, Sandusky, Seneca, Summit, 8149  
Union, and Wood. Each nursing facility located in any of those 8150  
counties that has fewer than one hundred beds shall be placed in 8151  
peer group three. Each nursing facility located in any of those 8152  
counties that has one hundred or more beds shall be placed in peer 8153  
group four. 8154

Each nursing facility located in any of the following 8155  
counties shall be placed in peer group five or six: Adams, Allen, 8156  
Ashland, Athens, Auglaize, Belmont, Carroll, Columbiana, 8157  
Coshocton, Crawford, Defiance, Erie, Gallia, Guernsey, Hardin, 8158  
Harrison, Henry, Highland, Hocking, Holmes, Huron, Jackson, 8159  
Jefferson, Lawrence, Logan, Mahoning, Meigs, Mercer, Monroe, 8160  
Morgan, Muskingum, Noble, Paulding, Perry, Pike, Putnam, Richland, 8161  
Scioto, Shelby, Stark, Trumbull, Tuscarawas, Van Wert, Vinton, 8162  
Washington, Wayne, Williams, and Wyandot. Each nursing facility 8163  
located in any of those counties that has fewer than one hundred 8164  
beds shall be placed in peer group five. Each nursing facility 8165  
located in any of those counties that has one hundred or more beds 8166  
shall be placed in peer group six. 8167

(D)(1) The department shall determine the rate for capital 8168  
costs for each peer group established under division (C) of this 8169  
section. The department is not required to conduct a rebasing more 8170  
than once every ten years. Except as necessary to implement the 8171  
amendments made ~~by this act~~ to this section by Am. Sub. H.B. 153 8172  
and Sub. H.B. 303, both of the 129th general assembly, the rate 8173

for capital costs determined under this division for a peer group 8174  
shall be used for subsequent years until the department conducts a 8175  
rebasings. A To determine a peer group's rate for capital costs 8176  
~~shall be, the department shall do both of the following:~~ 8177

(a) Determine the rate for capital costs determined for the 8178  
nursing facility in the peer group that is at the twenty-fifth 8179  
percentile of the rate for capital costs for the applicable 8180  
calendar year; 8181

(b) Until the first rebasing occurs, increase the amount 8182  
calculated under division (D)(1)(a) of this section by five and 8183  
eight hundredths per cent. In identifying that 8184

(2) To identify the nursing facility in a peer group that is 8185  
at the twenty-fifth percentile of the rate for capital costs for 8186  
the applicable calendar year, the department shall do both of the 8187  
following: 8188

(a) Subject to division (D)~~(2)~~(3) of this section, use the 8189  
greater of each nursing facility's actual inpatient days for the 8190  
applicable calendar year or the inpatient days the nursing 8191  
facility would have had for the applicable calendar year if its 8192  
occupancy rate had been one hundred per cent; 8193

(b) Exclude both of the following: 8194

(i) Nursing facilities that participated in the medicaid 8195  
program under the same provider for less than twelve months in the 8196  
applicable calendar year; 8197

(ii) Nursing facilities whose capital costs are more than one 8198  
standard deviation from the mean desk-reviewed, actual, allowable, 8199  
per diem capital cost for all nursing facilities in the nursing 8200  
facility's peer group for the applicable calendar year. 8201

~~(2)~~(3) For the purpose of determining a nursing facility's 8202  
occupancy rate under division (D)~~(1)~~(2)(a) of this section, the 8203

department shall include any beds that the nursing facility 8204  
removes from its medicaid-certified capacity after June 30, 2005, 8205  
unless the nursing facility also removes the beds from its 8206  
licensed bed capacity. 8207

~~(3)~~(4) The department shall not redetermine a peer group's 8208  
rate for capital costs under this division based on additional 8209  
information that it receives after the rate is determined. The 8210  
department shall redetermine a peer group's rate for capital costs 8211  
only if the department made an error in determining the rate based 8212  
on information available to the department at the time of the 8213  
original determination. 8214

(E) Buildings shall be depreciated using the straight line 8215  
method over forty years or over a different period approved by the 8216  
department. Components and equipment shall be depreciated using 8217  
the straight-line method over a period designated in rules adopted 8218  
under section 5111.02 of the Revised Code, consistent with the 8219  
guidelines of the American hospital association, or over a 8220  
different period approved by the department. Any rules authorized 8221  
by this division that specify useful lives of buildings, 8222  
components, or equipment apply only to assets acquired on or after 8223  
July 1, 1993. Depreciation for costs paid or reimbursed by any 8224  
government agency shall not be included in capital costs unless 8225  
that part of the payment under sections 5111.20 to 5111.331 of the 8226  
Revised Code is used to reimburse the government agency. 8227

(F) The capital cost basis of nursing facility assets shall 8228  
be determined in the following manner: 8229

(1) Except as provided in division (F)(3) of this section, 8230  
for purposes of calculating the rates to be paid for facilities 8231  
with dates of licensure on or before June 30, 1993, the capital 8232  
cost basis of each asset shall be equal to the desk-reviewed, 8233  
actual, allowable, capital cost basis that is listed on the 8234  
facility's cost report for the calendar year preceding the fiscal 8235

year during which the rate will be paid. 8236

(2) For facilities with dates of licensure after June 30, 8237  
1993, the capital cost basis shall be determined in accordance 8238  
with the principles of the medicare program established under 8239  
Title XVIII, except as otherwise provided in sections 5111.20 to 8240  
5111.331 of the Revised Code. 8241

(3) Except as provided in division (F)(4) of this section, if 8242  
a provider transfers an interest in a facility to another provider 8243  
after June 30, 1993, there shall be no increase in the capital 8244  
cost basis of the asset if the providers are related parties or 8245  
the provider to which the interest is transferred authorizes the 8246  
provider that transferred the interest to continue to operate the 8247  
facility under a lease, management agreement, or other 8248  
arrangement. If the previous sentence does not prohibit the 8249  
adjustment of the capital cost basis under this division, the 8250  
basis of the asset shall be adjusted by one-half of the change in 8251  
the consumer price index for all items for all urban consumers, as 8252  
published by the United States bureau of labor statistics, during 8253  
the time that the transferor held the asset. 8254

(4) If a provider transfers an interest in a facility to 8255  
another provider who is a related party, the capital cost basis of 8256  
the asset shall be adjusted as specified in division (F)(3) of 8257  
this section if all of the following conditions are met: 8258

(a) The related party is a relative of owner; 8259

(b) Except as provided in division (F)(4)(c)(ii) of this 8260  
section, the provider making the transfer retains no ownership 8261  
interest in the facility; 8262

(c) The department of job and family services determines that 8263  
the transfer is an arm's length transaction pursuant to rules 8264  
adopted under section 5111.02 of the Revised Code. The rules shall 8265  
provide that a transfer is an arm's length transaction if all of 8266

the following apply: 8267

(i) Once the transfer goes into effect, the provider that 8268  
made the transfer has no direct or indirect interest in the 8269  
provider that acquires the facility or the facility itself, 8270  
including interest as an owner, officer, director, employee, 8271  
independent contractor, or consultant, but excluding interest as a 8272  
creditor. 8273

(ii) The provider that made the transfer does not reacquire 8274  
an interest in the facility except through the exercise of a 8275  
creditor's rights in the event of a default. If the provider 8276  
reacquires an interest in the facility in this manner, the 8277  
department shall treat the facility as if the transfer never 8278  
occurred when the department calculates its reimbursement rates 8279  
for capital costs. 8280

(iii) The transfer satisfies any other criteria specified in 8281  
the rules. 8282

(d) Except in the case of hardship caused by a catastrophic 8283  
event, as determined by the department, or in the case of a 8284  
provider making the transfer who is at least sixty-five years of 8285  
age, not less than twenty years have elapsed since, for the same 8286  
facility, the capital cost basis was adjusted most recently under 8287  
division (F)(4) of this section or actual, allowable cost of 8288  
ownership was determined most recently under division (G)(9) of 8289  
this section. 8290

(G) As used in this division: 8291

"Imputed interest" means the lesser of the prime rate plus 8292  
two per cent or ten per cent. 8293

"Lease expense" means lease payments in the case of an 8294  
operating lease and depreciation expense and interest expense in 8295  
the case of a capital lease. 8296

"New lease" means a lease, to a different lessee, of a nursing facility that previously was operated under a lease.

(1) Subject to division (B) of this section, for a lease of a facility that was effective on May 27, 1992, the entire lease expense is an actual, allowable capital cost during the term of the existing lease. The entire lease expense also is an actual, allowable capital cost if a lease in existence on May 27, 1992, is renewed under either of the following circumstances:

(a) The renewal is pursuant to a renewal option that was in existence on May 27, 1992;

(b) The renewal is for the same lease payment amount and between the same parties as the lease in existence on May 27, 1992.

(2) Subject to division (B) of this section, for a lease of a facility that was in existence but not operated under a lease on May 27, 1992, actual, allowable capital costs shall include the lesser of the annual lease expense or the annual depreciation expense and imputed interest expense that would be calculated at the inception of the lease using the lessor's entire historical capital asset cost basis, adjusted by one-half of the change in the consumer price index for all items for all urban consumers, as published by the United States bureau of labor statistics, during the time the lessor held each asset until the beginning of the lease.

(3) Subject to division (B) of this section, for a lease of a facility with a date of licensure on or after May 27, 1992, that is initially operated under a lease, actual, allowable capital costs shall include the annual lease expense if there was a substantial commitment of money for construction of the facility after December 22, 1992, and before July 1, 1993. If there was not a substantial commitment of money after December 22, 1992, and

before July 1, 1993, actual, allowable capital costs shall include 8328  
the lesser of the annual lease expense or the sum of the 8329  
following: 8330

(a) The annual depreciation expense that would be calculated 8331  
at the inception of the lease using the lessor's entire historical 8332  
capital asset cost basis; 8333

(b) The greater of the lessor's actual annual amortization of 8334  
financing costs and interest expense at the inception of the lease 8335  
or the imputed interest expense calculated at the inception of the 8336  
lease using seventy per cent of the lessor's historical capital 8337  
asset cost basis. 8338

(4) Subject to division (B) of this section, for a lease of a 8339  
facility with a date of licensure on or after May 27, 1992, that 8340  
was not initially operated under a lease and has been in existence 8341  
for ten years, actual, allowable capital costs shall include the 8342  
lesser of the annual lease expense or the annual depreciation 8343  
expense and imputed interest expense that would be calculated at 8344  
the inception of the lease using the entire historical capital 8345  
asset cost basis of one-half of the change in the consumer price 8346  
index for all items for all urban consumers, as published by the 8347  
United States bureau of labor statistics, during the time the 8348  
lessor held each asset until the beginning of the lease. 8349

(5) Subject to division (B) of this section, for a new lease 8350  
of a facility that was operated under a lease on May 27, 1992, 8351  
actual, allowable capital costs shall include the lesser of the 8352  
annual new lease expense or the annual old lease payment. If the 8353  
old lease was in effect for ten years or longer, the old lease 8354  
payment from the beginning of the old lease shall be adjusted by 8355  
one-half of the change in the consumer price index for all items 8356  
for all urban consumers, as published by the United States bureau 8357  
of labor statistics, from the beginning of the old lease to the 8358  
beginning of the new lease. 8359

(6) Subject to division (B) of this section, for a new lease of a facility that was not in existence or that was in existence but not operated under a lease on May 27, 1992, actual, allowable capital costs shall include the lesser of annual new lease expense or the annual amount calculated for the old lease under division (G)(2), (3), (4), or (6) of this section, as applicable. If the old lease was in effect for ten years or longer, the lessor's historical capital asset cost basis shall be, for purposes of calculating the annual amount under division (G)(2), (3), (4), or (6) of this section, adjusted by one-half of the change in the consumer price index for all items for all urban consumers, as published by the United States bureau of labor statistics, from the beginning of the old lease to the beginning of the new lease.

In the case of a lease under division (G)(3) of this section of a facility for which a substantial commitment of money was made after December 22, 1992, and before July 1, 1993, the old lease payment shall be adjusted for the purpose of determining the annual amount.

(7) For any revision of a lease described in division (G)(1), (2), (3), (4), (5), or (6) of this section, or for any subsequent lease of a facility operated under such a lease, other than execution of a new lease, the portion of actual, allowable capital costs attributable to the lease shall be the same as before the revision or subsequent lease.

(8) Except as provided in division (G)(9) of this section, if a provider leases an interest in a facility to another provider who is a related party or previously operated the facility, the related party's or previous operator's actual, allowable capital costs shall include the lesser of the annual lease expense or the reasonable cost to the lessor.

(9) If a provider leases an interest in a facility to another provider who is a related party, regardless of the date of the

lease, the related party's actual, allowable capital costs shall 8392  
include the annual lease expense, subject to the limitations 8393  
specified in divisions (G)(1) to (7) of this section, if all of 8394  
the following conditions are met: 8395

(a) The related party is a relative of owner; 8396

(b) If the lessor retains an ownership interest, it is, 8397  
except as provided in division (G)(9)(c)(ii) of this section, in 8398  
only the real property and any improvements on the real property; 8399

(c) The department of job and family services determines that 8400  
the lease is an arm's length transaction pursuant to rules adopted 8401  
under section 5111.02 of the Revised Code. The rules shall provide 8402  
that a lease is an arm's length transaction if all of the 8403  
following apply: 8404

(i) Once the lease goes into effect, the lessor has no direct 8405  
or indirect interest in the lessee or, except as provided in 8406  
division (G)(9)(b) of this section, the facility itself, including 8407  
interest as an owner, officer, director, employee, independent 8408  
contractor, or consultant, but excluding interest as a lessor. 8409

(ii) The lessor does not reacquire an interest in the 8410  
facility except through the exercise of a lessor's rights in the 8411  
event of a default. If the lessor reacquires an interest in the 8412  
facility in this manner, the department shall treat the facility 8413  
as if the lease never occurred when the department calculates its 8414  
reimbursement rates for capital costs. 8415

(iii) The lease satisfies any other criteria specified in the 8416  
rules. 8417

(d) Except in the case of hardship caused by a catastrophic 8418  
event, as determined by the department, or in the case of a lessor 8419  
who is at least sixty-five years of age, not less than twenty 8420  
years have elapsed since, for the same facility, the capital cost 8421  
basis was adjusted most recently under division (F)(4) of this 8422

section or actual, allowable capital costs were determined most 8423  
recently under division (G)(9) of this section. 8424

(10) This division does not apply to leases of specific items 8425  
of equipment. 8426

**Sec. 5111.88.** (A) As used in sections 5111.88 to 5111.8811 of 8427  
the Revised Code: 8428

(1) "Adult" means an individual at least eighteen years of 8429  
age. 8430

(2) "Authorized representative" means the following: 8431

(a) In the case of a consumer who is a minor, the consumer's 8432  
parent, custodian, or guardian; 8433

(b) In the case of a consumer who is an adult, an individual 8434  
selected by the consumer pursuant to section 5111.8810 of the 8435  
Revised Code to act on the consumer's behalf for purposes 8436  
regarding home care attendant services. 8437

(3) "Authorizing health care professional" means a health 8438  
care professional who, pursuant to section 5111.887 of the Revised 8439  
Code, authorizes a home care attendant to assist a consumer with 8440  
self-administration of medication, nursing tasks, or both. 8441

(4) "Consumer" means an individual to whom all of the 8442  
following apply: 8443

(a) The individual is enrolled in a participating medicaid 8444  
waiver component. 8445

(b) The individual has a medically determinable physical 8446  
impairment to which both of the following apply: 8447

(i) It is expected to last for a continuous period of not 8448  
less than twelve months. 8449

(ii) It causes the individual to require assistance with 8450  
activities of daily living, self-care, and mobility, including 8451

either assistance with self-administration of medication or the performance of nursing tasks, or both.

(c) In the case of an individual who is an adult, the individual is mentally alert and is, or has an authorized representative who is, capable of selecting, directing the actions of, and dismissing a home care attendant.

(d) In the case of an individual who is a minor, the individual has an authorized representative who is capable of selecting, directing the actions of, and dismissing a home care attendant.

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

(6) "Custodian" has the same meaning as in section 2151.011 of the Revised Code.

(7) "Gastrostomy tube" means a percutaneously inserted catheter that terminates in the stomach.

(8) "Guardian" has the same meaning as in section 2111.01 of the Revised Code.

(9) "Health care professional" means a physician or registered nurse.

(10) "Home care attendant" means an individual holding a valid medicaid provider agreement in accordance with section 5111.881 of the Revised Code that authorizes the individual to provide home care attendant services to consumers.

(11) "Home care attendant services" means all of the following as provided by a home care attendant:

(a) Personal care aide services;

(b) Assistance with the self-administration of medication;

(c) Assistance with nursing tasks.

(12) "Jejunostomy tube" means a percutaneously inserted catheter that terminates in the jejunum. 8481  
8482

(13) "Medicaid waiver component" has the same meaning as in section 5111.85 of the Revised Code. 8483  
8484

(14) "Medication" means a drug as defined in section 4729.01 of the Revised Code. 8485  
8486

(15) "Minor" means an individual under eighteen years of age. 8487

(16) "Participating medicaid waiver component" means both of the following: 8488  
8489

(a) The Ohio home care program created under section 5111.861 of the Revised Code; 8490  
8491

(b) The Ohio transitions II aging carve-out program created under section 5111.863 of the Revised Code. 8492  
8493

(17) "Physician" means an individual authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery. 8494  
8495  
8496

(18) "Practice of nursing as a registered nurse," "practice of nursing as a licensed practical nurse," and "registered nurse" have the same meanings as in section 4723.01 of the Revised Code. 8497  
8498  
8499  
"Registered nurse" includes an advanced practice registered nurse, 8500  
as defined in section 4723.01 of the Revised Code. 8501

(19) "Schedule II," "schedule III," "schedule IV," and "schedule V" have the same meanings as in section 3719.01 of the Revised Code. 8502  
8503  
8504

(B) The director of job and family services may submit requests to the United States secretary of health and human services to amend the federal medicaid waivers authorizing the participating medicaid waiver components to have those components cover home care attendant services in accordance with sections 5111.88 to 5111.8810 of the Revised Code and rules adopted under 8505  
8506  
8507  
8508  
8509  
8510

section 5111.8811 of the Revised Code. Notwithstanding sections 8511  
5111.881 to 5111.8811 of the Revised Code, those sections shall be 8512  
implemented regarding a participating medicaid waiver component 8513  
only if the secretary approves a waiver amendment for the 8514  
component. 8515

**Sec. 5111.981.** (A) As used in this section and section 8516  
5111.982 of the Revised Code: 8517

"Dual eligible individual" has the same meaning as in ~~section~~ 8518  
~~1915(h)(2)(B) of the "Social Security Act," 124 Stat. 315 (2010)~~ 8519  
section 1915(h)(2)(B), 42 U.S.C. 1396n(h)(2)(B). 8520

"Medicare ~~program~~" means the program created ~~under Title~~ 8521  
~~XVIII of in~~ the "Social Security Act," ~~79 Stat. 286 (1965) Title~~ 8522  
XVIII, 42 U.S.C. 1395 et seq., as amended. 8523

(B) Subject to division (C) of this section, the medical 8524  
assistance director of job and family services may implement a 8525  
demonstration project called the integrated care delivery system 8526  
to test and evaluate the integration of the care that dual 8527  
eligible individuals receive under ~~the~~ medicare and medicaid 8528  
~~programs~~. No provision of Title LI of the Revised Code applies to 8529  
the ~~demonstration project~~ integrated care delivery system if that 8530  
provision implements or incorporates a provision of federal law 8531  
governing ~~the medicaid program~~ and that provision of federal law 8532  
does not apply to the ~~demonstration project~~ system. 8533

(C) Before implementing the ~~demonstration project~~ integrated 8534  
care delivery system under division (B) of this section, the 8535  
director shall obtain the approval of the United States secretary 8536  
of health and human services in the form of a federal medicaid 8537  
waiver, medicaid state plan amendment, or demonstration grant. The 8538  
director is required to seek the federal approval only if the 8539  
director seeks to implement the ~~demonstration project~~ integrated 8540  
care delivery system. The director shall implement the 8541

~~demonstration project~~ integrated care delivery system in 8542  
accordance with the terms of the federal approval, including the 8543  
terms regarding the duration of the ~~demonstration project~~ system. 8544

Sec. 5111.982. (A) As used in this section: 8545

"Covered skilled nursing facility services" has the same 8546  
meaning as in the "Social Security Act," section 1888(e)(2)(A), 42 8547  
U.S.C. 1395yy(e)(2)(A). 8548

"Current medicare fee-for-service rate" means the 8549  
fee-for-service rate in effect for a covered skilled nursing 8550  
facility service under medicare at the time the service is 8551  
provided. 8552

"Skilled nursing facility" has the same meaning as in the 8553  
"Social Security Act," section 1819(a), 42 U.S.C. 1395i-3(a). 8554

(B) Except as provided in division (C) of this section, a 8555  
managed care organization shall pay a skilled nursing facility at 8556  
least the current medicare fee-for-service rate, without deduction 8557  
for any coinsurance, for covered skilled nursing facility services 8558  
that the skilled nursing facility provides to a dual eligible 8559  
individual if the managed care organization is responsible for the 8560  
payment under the terms of a contract that the managed care 8561  
organization, medical assistance director, and United States 8562  
secretary of health and human services jointly enter into under 8563  
the integrated care delivery system authorized by section 5111.981 8564  
of the Revised Code. 8565

(C) A managed care organization is required to pay the rate 8566  
specified in division (B) of this section for covered skilled 8567  
nursing facility services only if all of the following apply: 8568

(1) The United States secretary agrees to the payment rate as 8569  
part of the contract that the managed care organization, medical 8570  
assistance director, and United States secretary jointly enter 8571

into under the integrated care delivery system; 8572

(2) The managed care organization receives a federal 8573  
capitation payment that is an actuarially sufficient amount for 8574  
the costs that the managed care organization incurs in paying the 8575  
rate; 8576

(3) No state funds are used for any part of the costs that 8577  
the managed care organization incurs in paying the rate; 8578

(4) The integrated care delivery system provides for dual 8579  
eligible individuals to receive the covered skilled nursing 8580  
facility services as part of the system. 8581

**Sec. 5119.22.** (A) As used in this section and section 8582  
5119.221 of the Revised Code: 8583

(1) "Accommodations" means housing, daily meal preparation, 8584  
laundry, housekeeping, arranging for transportation, social and 8585  
recreational activities, maintenance, security, and other services 8586  
that do not constitute personal care services or skilled nursing 8587  
care. 8588

(2) "ADAMHS board" means a board of alcohol, drug addiction, 8589  
and mental health services. 8590

(3) "Adult" means a person who is eighteen years of age or 8591  
older, other than a person described in division (A)(4) of this 8592  
section who is between eighteen and twenty-one years of age. 8593

(4) "Child" means a person who is under eighteen years of age 8594  
or a person with a mental disability who is under twenty-one years 8595  
of age. 8596

(5) "Community mental health agency" means a community mental 8597  
health agency as defined in division (H) of section 5122.01 of the 8598  
Revised Code. 8599

(6) "Community mental health services" means any of the 8600

services listed in section 340.09 of the Revised Code. 8601

(7) "Operator" means the person that is responsible for the 8602  
administration and management of a residential facility. 8603

(8) "Personal care services" means services including, but 8604  
not limited to, the following: 8605

(a) Assisting residents with activities of daily living; 8606

(b) Assisting residents with self-administration of 8607  
medication in accordance with rules adopted under this section; 8608

(c) Preparing special diets, other than complex therapeutic 8609  
diets, for residents pursuant to the instructions of a physician 8610  
or a licensed dietitian, in accordance with rules adopted under 8611  
this section. 8612

"Personal care services" does not include "skilled nursing 8613  
care" as defined in section 3721.01 of the Revised Code. A 8614  
facility need not provide more than one of the services listed in 8615  
division (A)(8) of this section to be considered to be providing 8616  
personal care services. 8617

(9) "Residential facility" means a publicly or privately 8618  
operated home or facility that provides one of the following: 8619

(a) Accommodations, supervision, personal care services, and 8620  
community mental health services for one or more of the following 8621  
unrelated persons who are referred by or are receiving community 8622  
mental health services from a community mental health agency, 8623  
hospital, or practitioner: 8624

(i) Adults with mental illness; 8625

(ii) Persons of any age with severe mental disabilities; 8626

(iii) Children with serious emotional disturbances or in need 8627  
of mental health services. 8628

(b) Accommodations and personal care services for only one or 8629

two unrelated adults; accommodations, supervision, and personal 8630  
care services for three to sixteen unrelated adults; or 8631  
accommodations, supervision, and personal care services for one or 8632  
two of the following unrelated persons: 8633

(i) Persons of any age with mental illness who are referred 8634  
by or are receiving community mental health services from a 8635  
community mental health agency, hospital, or practitioner; 8636

(ii) Persons of any age with severe mental disabilities who 8637  
are referred by or are receiving community mental health services 8638  
from a community mental health agency, hospital, or practitioner. 8639

(c) Room and board for five or more of the following 8640  
unrelated persons: 8641

(i) Adults with mental illness who are referred by or are 8642  
receiving community mental health services from a community mental 8643  
health agency, hospital, or practitioner; 8644

(ii) Adults with severe mental disabilities who are referred 8645  
by or are receiving community mental health services from a 8646  
community mental health agency, hospital, or practitioner. 8647

(10) "Residential facility" does not include any of the 8648  
following: 8649

(a) A hospital subject to licensure under section 5119.20 of 8650  
the Revised Code; 8651

(b) A residential facility licensed under section 5123.19 of 8652  
the Revised Code or otherwise regulated by the department of 8653  
developmental disabilities; 8654

(c) An institution or association subject to certification 8655  
under section 5103.03 of the Revised Code; 8656

(d) A facility operated by a hospice care program licensed 8657  
under section 3712.04 of the Revised Code that is used exclusively 8658  
for care of hospice patients; 8659

- (e) A facility operated by a pediatric respite care program licensed under section 3712.041 of the Revised Code that is used exclusively for care of pediatric respite care patients; 8660  
8661  
8662
- (f) A nursing home, residential care facility, or home for the aging as defined in section 3721.02 of the Revised Code; 8663  
8664
- ~~(f)~~(g) An alcohol or drug addiction program as defined in section 3793.01 of the Revised Code; 8665  
8666
- ~~(g)~~(h) A facility licensed to provide methadone treatment under section 3793.11 of the Revised Code; 8667  
8668
- ~~(h)~~(i) Any facility that receives funding for operating costs from the department of development under any program established to provide emergency shelter housing or transitional housing for the homeless; 8669  
8670  
8671  
8672
- ~~(i)~~(j) A terminal care facility for the homeless that has entered into an agreement with a hospice care program under section 3712.07 of the Revised Code; 8673  
8674  
8675
- ~~(j)~~(k) A facility approved by the veterans administration under section 104(a) of the "Veterans Health Care Amendments of 1983," 97 Stat. 993, 38 U.S.C. 630, as amended, and used exclusively for the placement and care of veterans. 8676  
8677  
8678  
8679
- (11) "Room and board" means the provision of sleeping and living space, meals or meal preparation, laundry services, housekeeping services, or any combination thereof. 8680  
8681  
8682
- (12) "Supervision" means any of the following: 8683
- (a) Observing a resident to ensure the resident's health, safety, and welfare while the resident engages in activities of daily living or other activities; 8684  
8685  
8686
- (b) Reminding a resident to perform or complete an activity, such as reminding a resident to engage in personal hygiene or other self-care activities; 8687  
8688  
8689

- (c) Assisting a resident in making or keeping an appointment. 8690
- (13) "Unrelated" means that a resident is not related to the 8691  
owner or operator of a residential facility or to the owner's or 8692  
operator's spouse as a parent, grandparent, child, stepchild, 8693  
grandchild, brother, sister, niece, nephew, aunt, or uncle, or as 8694  
the child of an aunt or uncle. 8695
- (B) Nothing in division (A)(9) of this section shall be 8696  
construed to permit personal care services to be imposed on a 8697  
resident who is capable of performing the activity in question 8698  
without assistance. 8699
- (C) Except in the case of a residential facility described in 8700  
division (A)(9)(a) of this section, members of the staff of a 8701  
residential facility shall not administer medication to the 8702  
facility's residents, but may do any of the following: 8703
- (1) Remind a resident when to take medication and watch to 8704  
ensure that the resident follows the directions on the container; 8705
- (2) Assist a resident in the self-administration of 8706  
medication by taking the medication from the locked area where it 8707  
is stored, in accordance with rules adopted pursuant to this 8708  
section, and handing it to the resident. If the resident is 8709  
physically unable to open the container, a staff member may open 8710  
the container for the resident. 8711
- (3) Assist a physically impaired but mentally alert resident, 8712  
such as a resident with arthritis, cerebral palsy, or Parkinson's 8713  
disease, in removing oral or topical medication from containers 8714  
and in consuming or applying the medication, upon request by or 8715  
with the consent of the resident. If a resident is physically 8716  
unable to place a dose of medicine to the resident's mouth without 8717  
spilling it, a staff member may place the dose in a container and 8718  
place the container to the mouth of the resident. 8719
- (D)(1) Except as provided in division (D)(2) of this section, 8720

a person operating or seeking to operate a residential facility 8721  
shall apply for licensure of the facility to the department of 8722  
mental health. The application shall be submitted by the operator. 8723  
When applying for the license, the applicant shall pay to the 8724  
department the application fee specified in rules adopted under 8725  
division (L) of this section. The fee is nonrefundable. 8726

The department shall send a copy of an application to the 8727  
ADAMHS board serving the county in which the person operates or 8728  
seeks to operate the facility. The ADAMHS board shall review the 8729  
application and provide to the department any information about 8730  
the applicant or the facility that the board would like the 8731  
department to consider in reviewing the application. 8732

(2) A person may not apply for a license to operate a 8733  
residential facility if the person is or has been the owner, 8734  
operator, or manager of a residential facility for which a license 8735  
to operate was revoked or for which renewal of a license was 8736  
refused for any reason other than nonpayment of the license 8737  
renewal fee, unless both of the following conditions are met: 8738

(a) A period of not less than two years has elapsed since the 8739  
date the director of mental health issued the order revoking or 8740  
refusing to renew the facility's license. 8741

(b) The director's revocation or refusal to renew the license 8742  
was not based on an act or omission at the facility that violated 8743  
a resident's right to be free from abuse, neglect, or 8744  
exploitation. 8745

(E)(1) Any person may operate a residential facility 8746  
providing accommodations and personal care services for one to 8747  
five unrelated persons and licensed as a residential facility that 8748  
meets the criteria specified in division (A)(9)(b) of this section 8749  
as a permitted use in any residential district or zone, including 8750  
any single-family residential district or zone of any political 8751

subdivision. Such facilities may be required to comply with area, 8752  
height, yard, and architectural compatibility requirements that 8753  
are uniformly imposed upon all single-family residences within the 8754  
district or zone. 8755

(2) Any person may operate a residential facility providing 8756  
accommodations and personal care services for six to sixteen 8757  
persons and licensed as a residential facility that meets the 8758  
criteria specified in division (A)(9)(b) of this section as a 8759  
permitted use in any multiple-family residential district or zone 8760  
of any political subdivision, except that a political subdivision 8761  
that has enacted a zoning ordinance or resolution establishing 8762  
planned-unit development districts as defined in section 519.021 8763  
of the Revised Code may exclude such facilities from such 8764  
districts, and a political subdivision that has enacted a zoning 8765  
ordinance or resolution may regulate such facilities in 8766  
multiple-family residential districts or zones as a conditionally 8767  
permitted use or special exception, in either case, under 8768  
reasonable and specific standards and conditions set out in the 8769  
zoning ordinance or resolution to: 8770

(a) Require the architectural design and site layout of the 8771  
home and the location, nature, and height of any walls, screens, 8772  
and fences to be compatible with adjoining land uses and the 8773  
residential character of the neighborhood; 8774

(b) Require compliance with yard, parking, and sign 8775  
regulation. 8776

(3) Divisions (E)(1) and (2) of this section do not affect 8777  
any right of a political subdivision to permit a person to operate 8778  
a residential facility licensed under this section in a 8779  
single-family residential district or zone under conditions 8780  
established by the political subdivision. 8781

(4)(a) Notwithstanding divisions (E)(1) and (2) of this 8782

section and except as provided in division (E)(4)(b) of this 8783  
section, a political subdivision that has enacted a zoning 8784  
ordinance or resolution may limit the excessive concentration of 8785  
licensed residential facilities that meet the criteria specified 8786  
in division (A)(9)(b) of this section. 8787

(b) Division (E)(4)(a) of this section does not authorize a 8788  
political subdivision to prevent or limit the continued existence 8789  
and operation of residential facilities existing and operating on 8790  
~~the effective date of this section September 10, 2012,~~ and that 8791  
meet the criteria specified in division (A)(9)(b) of this section. 8792  
A political subdivision may consider the existence of such 8793  
facilities for the purpose of limiting the excessive concentration 8794  
of such facilities that meet the criteria specified in division 8795  
(A)(9)(b) of this section that are not existing and operating on 8796  
~~the effective date of this section September 10, 2012.~~ 8797

(F)(1) The department of mental health shall inspect and 8798  
license the operation of residential facilities. The department 8799  
shall consider the past record of the facility and the applicant 8800  
or licensee in arriving at its licensure decision. 8801

The department may issue full, probationary, and interim 8802  
licenses. A full license shall expire two years after the date of 8803  
issuance, a probationary license shall expire in a shorter period 8804  
of time as specified in rules adopted by the director of mental 8805  
health under division (L) of this section, and an interim license 8806  
shall expire ninety days after the date of issuance. A license may 8807  
be renewed in accordance with rules adopted by the director under 8808  
division (L) of this section. The renewal application shall be 8809  
submitted by the operator. When applying for renewal of a license, 8810  
the applicant shall pay to the department the renewal fee 8811  
specified in rules adopted under division (L) of this section. The 8812  
fee is nonrefundable. 8813

(2) The department may issue an order suspending the 8814

admission of residents to the facility or refuse to issue or renew 8815  
and may revoke a license if it finds the facility is not in 8816  
compliance with rules adopted by the director pursuant to division 8817  
(L) of this section or if any facility operated by the applicant 8818  
or licensee has been cited for repeated violations of statutes or 8819  
rules during the period of previous licenses. Proceedings 8820  
initiated to deny applications for full or probationary licenses 8821  
or to revoke such licenses are governed by Chapter 119. of the 8822  
Revised Code. 8823

(G) The department may issue an interim license to operate a 8824  
residential facility if both of the following conditions are met: 8825

(1) The department determines that the closing of or the need 8826  
to remove residents from another residential facility has created 8827  
an emergency situation requiring immediate removal of residents 8828  
and an insufficient number of licensed beds are available. 8829

(2) The residential facility applying for an interim license 8830  
meets standards established for interim licenses in rules adopted 8831  
by the director under division (L) of this section. 8832

An interim license shall be valid for ninety days and may be 8833  
renewed by the director no more than twice. Proceedings initiated 8834  
to deny applications for or to revoke interim licenses under this 8835  
division are not subject to Chapter 119. of the Revised Code. 8836

(H)(1) The department of mental health may conduct an 8837  
inspection of a residential facility as follows: 8838

(a) Prior to issuance of a license for the facility; 8839

(b) Prior to renewal of the license; 8840

(c) To determine whether the facility has completed a plan of 8841  
correction required pursuant to division (H)(2) of this section 8842  
and corrected deficiencies to the satisfaction of the department 8843  
and in compliance with this section and rules adopted pursuant to 8844

it; 8845

(d) Upon complaint by any individual or agency; 8846

(e) At any time the director considers an inspection to be 8847  
necessary in order to determine whether the facility is in 8848  
compliance with this section and rules adopted pursuant to this 8849  
section. 8850

(2) In conducting inspections the department may conduct an 8851  
on-site examination and evaluation of the residential facility and 8852  
its personnel, activities, and services. The department shall have 8853  
access to examine and copy all records, accounts, and any other 8854  
documents relating to the operation of the residential facility, 8855  
including records pertaining to residents, and shall have access 8856  
to the facility in order to conduct interviews with the operator, 8857  
staff, and residents. Following each inspection and review, the 8858  
department shall complete a report listing any deficiencies, and 8859  
including, when appropriate, a time table within which the 8860  
operator shall correct the deficiencies. The department may 8861  
require the operator to submit a plan of correction describing how 8862  
the deficiencies will be corrected. 8863

(I) No person shall do any of the following: 8864

(1) Operate a residential facility unless the facility holds 8865  
a valid license; 8866

(2) Violate any of the conditions of licensure after having 8867  
been granted a license; 8868

(3) Interfere with a state or local official's inspection or 8869  
investigation of a residential facility; 8870

(4) Violate any of the provisions of this section or any 8871  
rules adopted pursuant to this section. 8872

(J) The following may enter a residential facility at any 8873  
time: 8874

(1) Employees designated by the director of mental health;	8875
(2) Employees of an ADAMHS board under either of the following circumstances:	8876
(a) When a resident of the facility is receiving services from a community mental health agency under contract with that ADAMHS board or another ADAMHS board;	8877
(a) When a resident of the facility is receiving services from a community mental health agency under contract with that ADAMHS board or another ADAMHS board;	8878
(a) When a resident of the facility is receiving services from a community mental health agency under contract with that ADAMHS board or another ADAMHS board;	8879
(a) When a resident of the facility is receiving services from a community mental health agency under contract with that ADAMHS board or another ADAMHS board;	8880
(b) When authorized by section 340.05 of the Revised Code.	8881
(3) Employees of a community mental health agency under either of the following circumstances:	8882
(a) When the agency has a client residing in the facility;	8883
(a) When the agency has a client residing in the facility;	8884
(b) When the agency is acting as an agent of an ADAMHS board other than the board with which it is under contract.	8885
(b) When the agency is acting as an agent of an ADAMHS board other than the board with which it is under contract.	8886
(4) Representatives of the state long-term care ombudsperson program when the facility provides accommodations, supervision, and personal care services for three to sixteen unrelated adults or to one or two unrelated adults who are recipients under the residential state supplement program.	8887
(4) Representatives of the state long-term care ombudsperson program when the facility provides accommodations, supervision, and personal care services for three to sixteen unrelated adults or to one or two unrelated adults who are recipients under the residential state supplement program.	8888
(4) Representatives of the state long-term care ombudsperson program when the facility provides accommodations, supervision, and personal care services for three to sixteen unrelated adults or to one or two unrelated adults who are recipients under the residential state supplement program.	8889
(4) Representatives of the state long-term care ombudsperson program when the facility provides accommodations, supervision, and personal care services for three to sixteen unrelated adults or to one or two unrelated adults who are recipients under the residential state supplement program.	8890
(4) Representatives of the state long-term care ombudsperson program when the facility provides accommodations, supervision, and personal care services for three to sixteen unrelated adults or to one or two unrelated adults who are recipients under the residential state supplement program.	8891
The persons specified in division (J) of this section shall be afforded access to examine and copy all records, accounts, and any other documents relating to the operation of the residential facility, including records pertaining to residents.	8892
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The persons specified in division (J) of this section shall be afforded access to examine and copy all records, accounts, and any other documents relating to the operation of the residential facility, including records pertaining to residents.	8894
The persons specified in division (J) of this section shall be afforded access to examine and copy all records, accounts, and any other documents relating to the operation of the residential facility, including records pertaining to residents.	8895
(K) Employees of the department of mental health may enter, for the purpose of investigation, any institution, residence, facility, or other structure which has been reported to the department as, or that the department has reasonable cause to believe is, operating as a residential facility without a valid license.	8896
(K) Employees of the department of mental health may enter, for the purpose of investigation, any institution, residence, facility, or other structure which has been reported to the department as, or that the department has reasonable cause to believe is, operating as a residential facility without a valid license.	8897
(K) Employees of the department of mental health may enter, for the purpose of investigation, any institution, residence, facility, or other structure which has been reported to the department as, or that the department has reasonable cause to believe is, operating as a residential facility without a valid license.	8898
(K) Employees of the department of mental health may enter, for the purpose of investigation, any institution, residence, facility, or other structure which has been reported to the department as, or that the department has reasonable cause to believe is, operating as a residential facility without a valid license.	8899
(K) Employees of the department of mental health may enter, for the purpose of investigation, any institution, residence, facility, or other structure which has been reported to the department as, or that the department has reasonable cause to believe is, operating as a residential facility without a valid license.	8900
(K) Employees of the department of mental health may enter, for the purpose of investigation, any institution, residence, facility, or other structure which has been reported to the department as, or that the department has reasonable cause to believe is, operating as a residential facility without a valid license.	8901
(L) The director shall adopt and may amend and rescind rules pursuant to Chapter 119. of the Revised Code governing the licensing and operation of residential facilities. The rules shall	8902
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establish all of the following:	8905
(1) Minimum standards for the health, safety, adequacy, and cultural competency of treatment of and services for persons in residential facilities;	8906 8907 8908
(2) Procedures for the issuance, renewal, or revocation of the licenses of residential facilities;	8909 8910
(3) Procedures for conducting criminal records checks for prospective operators, staff, and other individuals who, if employed by a residential facility, would have unsupervised access to facility residents;	8911 8912 8913 8914
(4) The fee to be paid when applying for a new residential facility license or renewing the license;	8915 8916
(5) Procedures for the operator of a residential facility to follow when notifying the ADAMHS board serving the county in which the facility is located when the facility is serving residents with mental illness or severe mental disability, including the circumstances under which the operator is required to make such a notification;	8917 8918 8919 8920 8921 8922
(6) Procedures for the issuance and termination of orders of suspension of admission of residents to a residential facility;	8923 8924
(7) Measures to be taken by residential facilities relative to residents' medication;	8925 8926
(8) Requirements relating to preparation of special diets;	8927
(9) The maximum number of residents who may be served in a residential facility;	8928 8929
(10) The rights of residents of residential facilities and procedures to protect such rights;	8930 8931
(11) Procedures for obtaining an affiliation agreement approved by the board between a residential facility and a community mental health agency;	8932 8933 8934

(12) Standards and procedures under which the director may 8935  
waive the requirements of any of the rules adopted. 8936

(M)(1) The department may withhold the source of any 8937  
complaint reported as a violation of this section when the 8938  
department determines that disclosure could be detrimental to the 8939  
department's purposes or could jeopardize the investigation. The 8940  
department may disclose the source of any complaint if the 8941  
complainant agrees in writing to such disclosure and shall 8942  
disclose the source upon order by a court of competent 8943  
jurisdiction. 8944

(2) Any person who makes a complaint under division (M)(1) of 8945  
this section, or any person who participates in an administrative 8946  
or judicial proceeding resulting from such a complaint, is immune 8947  
from civil liability and is not subject to criminal prosecution, 8948  
other than for perjury, unless the person has acted in bad faith 8949  
or with malicious purpose. 8950

(N)(1) The director of mental health may petition the court 8951  
of common pleas of the county in which a residential facility is 8952  
located for an order enjoining any person from operating a 8953  
residential facility without a license or from operating a 8954  
licensed facility when, in the director's judgment, there is a 8955  
present danger to the health or safety of any of the occupants of 8956  
the facility. The court shall have jurisdiction to grant such 8957  
injunctive relief upon a showing that the respondent named in the 8958  
petition is operating a facility without a license or there is a 8959  
present danger to the health or safety of any residents of the 8960  
facility. 8961

(2) When the court grants injunctive relief in the case of a 8962  
facility operating without a license, the court shall issue, at a 8963  
minimum, an order enjoining the facility from admitting new 8964  
residents to the facility and an order requiring the facility to 8965  
assist with the safe and orderly relocation of the facility's 8966

residents. 8967

(3) If injunctive relief is granted against a facility for 8968  
operating without a license and the facility continues to operate 8969  
without a license, the director shall refer the case to the 8970  
attorney general for further action. 8971

(O) The director may fine a person for violating division (I) 8972  
of this section. The fine shall be five hundred dollars for a 8973  
first offense; for each subsequent offense, the fine shall be one 8974  
thousand dollars. The director's actions in imposing a fine shall 8975  
be taken in accordance with Chapter 119. of the Revised Code. 8976

**Sec. 5120.55.** (A) As used in this section, "licensed health 8977  
professional" means any or all of the following: 8978

(1) A dentist who holds a current, valid license issued under 8979  
Chapter 4715. of the Revised Code to practice dentistry; 8980

(2) A licensed practical nurse who holds a current, valid 8981  
license issued under Chapter 4723. of the Revised Code that 8982  
authorizes the practice of nursing as a licensed practical nurse; 8983

(3) An optometrist who holds a current, valid certificate of 8984  
licensure issued under Chapter 4725. of the Revised Code that 8985  
authorizes the holder to engage in the practice of optometry; 8986

(4) A physician who is authorized under Chapter 4731. of the 8987  
Revised Code to practice medicine and surgery, osteopathic 8988  
medicine and surgery, or ~~pediatry~~ podiatric medicine and surgery; 8989

(5) A psychologist who holds a current, valid license issued 8990  
under Chapter 4732. of the Revised Code that authorizes the 8991  
practice of psychology as a licensed psychologist; 8992

(6) A registered nurse who holds a current, valid license 8993  
issued under Chapter 4723. of the Revised Code that authorizes the 8994  
practice of nursing as a registered nurse ~~regardless of whether~~ 8995  
the, including such a nurse who is also authorized to practice as 8996

an advanced practice registered nurse as defined in section 8997  
4723.01 of the Revised Code. 8998

(B)(1) The department of rehabilitation and correction may 8999  
establish a recruitment program under which the department, by 9000  
means of a contract entered into under division (C) of this 9001  
section, agrees to repay all or part of the principal and interest 9002  
of a government or other educational loan incurred by a licensed 9003  
health professional who agrees to provide services to inmates of 9004  
correctional institutions under the department's administration. 9005

(2)(a) For a physician to be eligible to participate in the 9006  
program, the physician must have attended a school that was, 9007  
during the time of attendance, a medical school or osteopathic 9008  
medical school in this country accredited by the liaison committee 9009  
on medical education or the American osteopathic association, a 9010  
college of podiatry in this country recognized as being in good 9011  
standing under section 4731.53 of the Revised Code, or a medical 9012  
school, osteopathic medical school, or college of podiatry located 9013  
outside this country that was acknowledged by the world health 9014  
organization and verified by a member state of that organization 9015  
as operating within that state's jurisdiction. 9016

(b) For a nurse to be eligible to participate in the program, 9017  
the nurse must have attended a school that was, during the time of 9018  
attendance, a nursing school in this country accredited by the 9019  
commission on collegiate nursing education or the national league 9020  
for nursing accrediting commission or a nursing school located 9021  
outside this country that was acknowledged by the world health 9022  
organization and verified by a member state of that organization 9023  
as operating within that state's jurisdiction. 9024

(c) For a dentist to be eligible to participate in the 9025  
program, the dentist must have attended a school that was, during 9026  
the time of attendance, a dental college that enabled the dentist 9027  
to meet the requirements specified in section 4715.10 of the 9028

Revised Code to be granted a license to practice dentistry. 9029

(d) For an optometrist to be eligible to participate in the 9030  
program, the optometrist must have attended a school of optometry 9031  
that was, during the time of attendance, approved by the state 9032  
board of optometry. 9033

(e) For a psychologist to be eligible to participate in the 9034  
program, the psychologist must have attended an educational 9035  
institution that, during the time of attendance, maintained a 9036  
specific degree program recognized by the state board of 9037  
psychology as acceptable for fulfilling the requirement of 9038  
division (B)(4) of section 4732.10 of the Revised Code. 9039

(C) The department shall enter into a contract with each 9040  
licensed health professional it recruits under this section. Each 9041  
contract shall include at least the following terms: 9042

(1) The licensed health professional agrees to provide a 9043  
specified scope of medical, osteopathic medical, podiatric, 9044  
optometric, psychological, nursing, or dental services to inmates 9045  
of one or more specified state correctional institutions for a 9046  
specified number of hours per week for a specified number of 9047  
years. 9048

(2) The department agrees to repay all or a specified portion 9049  
of the principal and interest of a government or other educational 9050  
loan taken by the licensed health professional for the following 9051  
expenses to attend, for up to a maximum of four years, a school 9052  
that qualifies the licensed health professional to participate in 9053  
the program: 9054

(a) Tuition; 9055

(b) Other educational expenses for specific purposes, 9056  
including fees, books, and laboratory expenses, in amounts 9057  
determined to be reasonable in accordance with rules adopted under 9058  
division (D) of this section; 9059

(c) Room and board, in an amount determined to be reasonable 9060  
in accordance with rules adopted under division (D) of this 9061  
section. 9062

(3) The licensed health professional agrees to pay the 9063  
department a specified amount, which shall be no less than the 9064  
amount already paid by the department pursuant to its agreement, 9065  
as damages if the licensed health professional fails to complete 9066  
the service obligation agreed to or fails to comply with other 9067  
specified terms of the contract. The contract may vary the amount 9068  
of damages based on the portion of the service obligation that 9069  
remains uncompleted. 9070

(4) Other terms agreed upon by the parties. 9071

The licensed health professional's lending institution or the 9072  
Ohio board of regents, may be a party to the contract. The 9073  
contract may include an assignment to the department of the 9074  
licensed health professional's duty to repay the principal and 9075  
interest of the loan. 9076

(D) If the department elects to implement the recruitment 9077  
program, it shall adopt rules in accordance with Chapter 119. of 9078  
the Revised Code that establish all of the following: 9079

(1) Criteria for designating institutions for which licensed 9080  
health professionals will be recruited; 9081

(2) Criteria for selecting licensed health professionals for 9082  
participation in the program; 9083

(3) Criteria for determining the portion of a loan which the 9084  
department will agree to repay; 9085

(4) Criteria for determining reasonable amounts of the 9086  
expenses described in divisions (C)(2)(b) and (c) of this section; 9087

(5) Procedures for monitoring compliance by a licensed health 9088  
professional with the terms of the contract the licensed health 9089

professional enters into under this section; 9090

(6) Any other criteria or procedures necessary to implement 9091  
the program. 9092

**Section 2.** That existing sections 109.57, 1337.11, 2133.01, 9093  
2305.113, 2305.234, 2317.54, 2711.22, 3701.881, 3701.92, 3701.923, 9094  
3701.924, 3701.925, 3701.926, 3701.927, 3701.928, 3701.929, 9095  
3712.01, 3712.03, 3712.09, 3712.99, 3721.01, 3793.11, 3795.01, 9096  
3963.01, 4503.44, 4719.01, 4723.01, 4723.03, 4723.06, 4723.063, 9097  
4723.07, 4723.08, 4723.09, 4723.17, 4723.171, 4723.24, 4723.271, 9098  
4723.28, 4723.32, 4723.34, 4723.35, 4723.41, 4723.42, 4723.43, 9099  
4723.431, 4723.44, 4723.48, 4723.482, 4723.485, 4723.487, 4723.50, 9100  
4723.61, 4723.64, 4723.65, 4723.651, 4723.652, 4723.66, 4723.67, 9101  
4723.68, 4723.69, 4723.71, 4723.72, 4723.73, 4723.74, 4723.75, 9102  
4723.751, 4723.76, 4723.77, 4723.79, 4723.83, 4723.84, 4723.87, 9103  
4723.88, 4723.99, 4752.02, 4759.01, 4759.03, 4759.05, 4759.06, 9104  
4759.10, 5111.222, 5111.231, 5111.24, 5111.242, 5111.246, 5111.25, 9105  
5111.88, 5111.981, 5119.22, and 5120.55 and sections 4723.483, 9106  
4723.62, 4723.621, 4723.63, and 4723.78 of the Revised Code are 9107  
hereby repealed. 9108

**Section 3.** That Section 3.19 of Am. Sub. H.B. 95 of the 125th 9109  
General Assembly be amended to read as follows: 9110

**Sec. 3.19.** Section 4723.063 of the Revised Code is hereby 9111  
repealed, effective December 31, ~~2013~~ 2023. 9112

**Section 4.** That existing Section 3.19 of Am. Sub. H.B. 95 of 9113  
the 125th General Assembly is hereby repealed. 9114

**Section 5.** Sections 1 to 4 of this act take effect ninety 9115  
days after the effective date of this act, except as follows: 9116

(A) Section 3793.11 of the Revised Code, as amended by this 9117

act, takes effect at the earliest time permitted by law; 9118

(B) Sections 5111.22, 5111.231, 5111.24, 5111.242, 5111.246, 9119  
and 5111.25 of the Revised Code, as amended by this act, take 9120  
effect July 1, 2013. 9121

**Section 6.** That the version of section 109.57 of the Revised 9122  
Code that is scheduled to take effect January 1, 2014, be amended 9123  
to read as follows: 9124

**Sec. 109.57.** (A)(1) The superintendent of the bureau of 9125  
criminal identification and investigation shall procure from 9126  
wherever procurable and file for record photographs, pictures, 9127  
descriptions, fingerprints, measurements, and other information 9128  
that may be pertinent of all persons who have been convicted of 9129  
committing within this state a felony, any crime constituting a 9130  
misdemeanor on the first offense and a felony on subsequent 9131  
offenses, or any misdemeanor described in division (A)(1)(a), 9132  
(A)(5)(a), or (A)(7)(a) of section 109.572 of the Revised Code, of 9133  
all children under eighteen years of age who have been adjudicated 9134  
delinquent children for committing within this state an act that 9135  
would be a felony or an offense of violence if committed by an 9136  
adult or who have been convicted of or pleaded guilty to 9137  
committing within this state a felony or an offense of violence, 9138  
and of all well-known and habitual criminals. The person in charge 9139  
of any county, multicounty, municipal, municipal-county, or 9140  
multicounty-municipal jail or workhouse, community-based 9141  
correctional facility, halfway house, alternative residential 9142  
facility, or state correctional institution and the person in 9143  
charge of any state institution having custody of a person 9144  
suspected of having committed a felony, any crime constituting a 9145  
misdemeanor on the first offense and a felony on subsequent 9146  
offenses, or any misdemeanor described in division (A)(1)(a), 9147  
(A)(5)(a), or (A)(7)(a) of section 109.572 of the Revised Code or 9148

having custody of a child under eighteen years of age with respect 9149  
to whom there is probable cause to believe that the child may have 9150  
committed an act that would be a felony or an offense of violence 9151  
if committed by an adult shall furnish such material to the 9152  
superintendent of the bureau. Fingerprints, photographs, or other 9153  
descriptive information of a child who is under eighteen years of 9154  
age, has not been arrested or otherwise taken into custody for 9155  
committing an act that would be a felony or an offense of violence 9156  
who is not in any other category of child specified in this 9157  
division, if committed by an adult, has not been adjudicated a 9158  
delinquent child for committing an act that would be a felony or 9159  
an offense of violence if committed by an adult, has not been 9160  
convicted of or pleaded guilty to committing a felony or an 9161  
offense of violence, and is not a child with respect to whom there 9162  
is probable cause to believe that the child may have committed an 9163  
act that would be a felony or an offense of violence if committed 9164  
by an adult shall not be procured by the superintendent or 9165  
furnished by any person in charge of any county, multicounty, 9166  
municipal, municipal-county, or multicounty-municipal jail or 9167  
workhouse, community-based correctional facility, halfway house, 9168  
alternative residential facility, or state correctional 9169  
institution, except as authorized in section 2151.313 of the 9170  
Revised Code. 9171

(2) Every clerk of a court of record in this state, other 9172  
than the supreme court or a court of appeals, shall send to the 9173  
superintendent of the bureau a weekly report containing a summary 9174  
of each case involving a felony, involving any crime constituting 9175  
a misdemeanor on the first offense and a felony on subsequent 9176  
offenses, involving a misdemeanor described in division (A)(1)(a), 9177  
(A)(5)(a), or (A)(7)(a) of section 109.572 of the Revised Code, or 9178  
involving an adjudication in a case in which a child under 9179  
eighteen years of age was alleged to be a delinquent child for 9180  
committing an act that would be a felony or an offense of violence 9181

if committed by an adult. The clerk of the court of common pleas 9182  
shall include in the report and summary the clerk sends under this 9183  
division all information described in divisions (A)(2)(a) to (f) 9184  
of this section regarding a case before the court of appeals that 9185  
is served by that clerk. The summary shall be written on the 9186  
standard forms furnished by the superintendent pursuant to 9187  
division (B) of this section and shall include the following 9188  
information: 9189

(a) The incident tracking number contained on the standard 9190  
forms furnished by the superintendent pursuant to division (B) of 9191  
this section; 9192

(b) The style and number of the case; 9193

(c) The date of arrest, offense, summons, or arraignment; 9194

(d) The date that the person was convicted of or pleaded 9195  
guilty to the offense, adjudicated a delinquent child for 9196  
committing the act that would be a felony or an offense of 9197  
violence if committed by an adult, found not guilty of the 9198  
offense, or found not to be a delinquent child for committing an 9199  
act that would be a felony or an offense of violence if committed 9200  
by an adult, the date of an entry dismissing the charge, an entry 9201  
declaring a mistrial of the offense in which the person is 9202  
discharged, an entry finding that the person or child is not 9203  
competent to stand trial, or an entry of a nolle prosequi, or the 9204  
date of any other determination that constitutes final resolution 9205  
of the case; 9206

(e) A statement of the original charge with the section of 9207  
the Revised Code that was alleged to be violated; 9208

(f) If the person or child was convicted, pleaded guilty, or 9209  
was adjudicated a delinquent child, the sentence or terms of 9210  
probation imposed or any other disposition of the offender or the 9211  
delinquent child. 9212

If the offense involved the disarming of a law enforcement officer or an attempt to disarm a law enforcement officer, the clerk shall clearly state that fact in the summary, and the superintendent shall ensure that a clear statement of that fact is placed in the bureau's records.

(3) The superintendent shall cooperate with and assist sheriffs, chiefs of police, and other law enforcement officers in the establishment of a complete system of criminal identification and in obtaining fingerprints and other means of identification of all persons arrested on a charge of a felony, any crime constituting a misdemeanor on the first offense and a felony on subsequent offenses, or a misdemeanor described in division (A)(1)(a), (A)(5)(a), or (A)(7)(a) of section 109.572 of the Revised Code and of all children under eighteen years of age arrested or otherwise taken into custody for committing an act that would be a felony or an offense of violence if committed by an adult. The superintendent also shall file for record the fingerprint impressions of all persons confined in a county, multicounty, municipal, municipal-county, or multicounty-municipal jail or workhouse, community-based correctional facility, halfway house, alternative residential facility, or state correctional institution for the violation of state laws and of all children under eighteen years of age who are confined in a county, multicounty, municipal, municipal-county, or multicounty-municipal jail or workhouse, community-based correctional facility, halfway house, alternative residential facility, or state correctional institution or in any facility for delinquent children for committing an act that would be a felony or an offense of violence if committed by an adult, and any other information that the superintendent may receive from law enforcement officials of the state and its political subdivisions.

(4) The superintendent shall carry out Chapter 2950. of the

Revised Code with respect to the registration of persons who are 9245  
convicted of or plead guilty to a sexually oriented offense or a 9246  
child-victim oriented offense and with respect to all other duties 9247  
imposed on the bureau under that chapter. 9248

(5) The bureau shall perform centralized recordkeeping 9249  
functions for criminal history records and services in this state 9250  
for purposes of the national crime prevention and privacy compact 9251  
set forth in section 109.571 of the Revised Code and is the 9252  
criminal history record repository as defined in that section for 9253  
purposes of that compact. The superintendent or the 9254  
superintendent's designee is the compact officer for purposes of 9255  
that compact and shall carry out the responsibilities of the 9256  
compact officer specified in that compact. 9257

(B) The superintendent shall prepare and furnish to every 9258  
county, multicounty, municipal, municipal-county, or 9259  
multicounty-municipal jail or workhouse, community-based 9260  
correctional facility, halfway house, alternative residential 9261  
facility, or state correctional institution and to every clerk of 9262  
a court in this state specified in division (A)(2) of this section 9263  
standard forms for reporting the information required under 9264  
division (A) of this section. The standard forms that the 9265  
superintendent prepares pursuant to this division may be in a 9266  
tangible format, in an electronic format, or in both tangible 9267  
formats and electronic formats. 9268

(C)(1) The superintendent may operate a center for 9269  
electronic, automated, or other data processing for the storage 9270  
and retrieval of information, data, and statistics pertaining to 9271  
criminals and to children under eighteen years of age who are 9272  
adjudicated delinquent children for committing an act that would 9273  
be a felony or an offense of violence if committed by an adult, 9274  
criminal activity, crime prevention, law enforcement, and criminal 9275  
justice, and may establish and operate a statewide communications 9276

network to be known as the Ohio law enforcement gateway to gather 9277  
and disseminate information, data, and statistics for the use of 9278  
law enforcement agencies and for other uses specified in this 9279  
division. The superintendent may gather, store, retrieve, and 9280  
disseminate information, data, and statistics that pertain to 9281  
children who are under eighteen years of age and that are gathered 9282  
pursuant to sections 109.57 to 109.61 of the Revised Code together 9283  
with information, data, and statistics that pertain to adults and 9284  
that are gathered pursuant to those sections. 9285

(2) The superintendent or the superintendent's designee shall 9286  
gather information of the nature described in division (C)(1) of 9287  
this section that pertains to the offense and delinquency history 9288  
of a person who has been convicted of, pleaded guilty to, or been 9289  
adjudicated a delinquent child for committing a sexually oriented 9290  
offense or a child-victim oriented offense for inclusion in the 9291  
state registry of sex offenders and child-victim offenders 9292  
maintained pursuant to division (A)(1) of section 2950.13 of the 9293  
Revised Code and in the internet database operated pursuant to 9294  
division (A)(13) of that section and for possible inclusion in the 9295  
internet database operated pursuant to division (A)(11) of that 9296  
section. 9297

(3) In addition to any other authorized use of information, 9298  
data, and statistics of the nature described in division (C)(1) of 9299  
this section, the superintendent or the superintendent's designee 9300  
may provide and exchange the information, data, and statistics 9301  
pursuant to the national crime prevention and privacy compact as 9302  
described in division (A)(5) of this section. 9303

(4) The attorney general may adopt rules under Chapter 119. 9304  
of the Revised Code establishing guidelines for the operation of 9305  
and participation in the Ohio law enforcement gateway. The rules 9306  
may include criteria for granting and restricting access to 9307  
information gathered and disseminated through the Ohio law 9308

enforcement gateway. The attorney general shall permit the state 9309  
medical board and board of nursing to access and view, but not 9310  
alter, information gathered and disseminated through the Ohio law 9311  
enforcement gateway. 9312

The attorney general may appoint a steering committee to 9313  
advise the attorney general in the operation of the Ohio law 9314  
enforcement gateway that is comprised of persons who are 9315  
representatives of the criminal justice agencies in this state 9316  
that use the Ohio law enforcement gateway and is chaired by the 9317  
superintendent or the superintendent's designee. 9318

(D)(1) The following are not public records under section 9319  
149.43 of the Revised Code: 9320

(a) Information and materials furnished to the superintendent 9321  
pursuant to division (A) of this section; 9322

(b) Information, data, and statistics gathered or 9323  
disseminated through the Ohio law enforcement gateway pursuant to 9324  
division (C)(1) of this section; 9325

(c) Information and materials furnished to any board or 9326  
person under division (F) or (G) of this section. 9327

(2) The superintendent or the superintendent's designee shall 9328  
gather and retain information so furnished under division (A) of 9329  
this section that pertains to the offense and delinquency history 9330  
of a person who has been convicted of, pleaded guilty to, or been 9331  
adjudicated a delinquent child for committing a sexually oriented 9332  
offense or a child-victim oriented offense for the purposes 9333  
described in division (C)(2) of this section. 9334

(E)(1) The attorney general shall adopt rules, in accordance 9335  
with Chapter 119. of the Revised Code and subject to division 9336  
(E)(2) of this section, setting forth the procedure by which a 9337  
person may receive or release information gathered by the 9338  
superintendent pursuant to division (A) of this section. A 9339

reasonable fee may be charged for this service. If a temporary 9340  
employment service submits a request for a determination of 9341  
whether a person the service plans to refer to an employment 9342  
position has been convicted of or pleaded guilty to an offense 9343  
listed or described in division (A)(1), (2), or (3) of section 9344  
109.572 of the Revised Code, the request shall be treated as a 9345  
single request and only one fee shall be charged. 9346

(2) Except as otherwise provided in this division, a rule 9347  
adopted under division (E)(1) of this section may provide only for 9348  
the release of information gathered pursuant to division (A) of 9349  
this section that relates to the conviction of a person, or a 9350  
person's plea of guilty to, a criminal offense. The superintendent 9351  
shall not release, and the attorney general shall not adopt any 9352  
rule under division (E)(1) of this section that permits the 9353  
release of, any information gathered pursuant to division (A) of 9354  
this section that relates to an adjudication of a child as a 9355  
delinquent child, or that relates to a criminal conviction of a 9356  
person under eighteen years of age if the person's case was 9357  
transferred back to a juvenile court under division (B)(2) or (3) 9358  
of section 2152.121 of the Revised Code and the juvenile court 9359  
imposed a disposition or serious youthful offender disposition 9360  
upon the person under either division, unless either of the 9361  
following applies with respect to the adjudication or conviction: 9362

(a) The adjudication or conviction was for a violation of 9363  
section 2903.01 or 2903.02 of the Revised Code. 9364

(b) The adjudication or conviction was for a sexually 9365  
oriented offense, the juvenile court was required to classify the 9366  
child a juvenile offender registrant for that offense under 9367  
section 2152.82, 2152.83, or 2152.86 of the Revised Code, and that 9368  
classification has not been removed. 9369

(F)(1) As used in division (F)(2) of this section, "head 9370  
start agency" means an entity in this state that has been approved 9371

to be an agency for purposes of subchapter II of the "Community Economic Development Act," 95 Stat. 489 (1981), 42 U.S.C.A. 9831, as amended.

(2)(a) In addition to or in conjunction with any request that is required to be made under section 109.572, 2151.86, 3301.32, 3301.541, division (C) of section 3310.58, or section 3319.39, 3319.391, 3327.10, 3701.881, 5104.012, 5104.013, 5123.081, or 5153.111 of the Revised Code or that is made under section 3314.41, 3319.392, 3326.25, or 3328.20 of the Revised Code, the board of education of any school district; the director of developmental disabilities; any county board of developmental disabilities; any provider or subcontractor as defined in section 5123.081 of the Revised Code; the chief administrator of any chartered nonpublic school; the chief administrator of a registered private provider that is not also a chartered nonpublic school; the chief administrator of any home health agency; the chief administrator of or person operating any child day-care center, type A family day-care home, or type B family day-care home licensed under Chapter 5104. of the Revised Code; the chief administrator of any head start agency; the executive director of a public children services agency; a private company described in section 3314.41, 3319.392, 3326.25, or 3328.20 of the Revised Code; or an employer described in division (J)(2) of section 3327.10 of the Revised Code may request that the superintendent of the bureau investigate and determine, with respect to any individual who has applied for employment in any position after October 2, 1989, or any individual wishing to apply for employment with a board of education may request, with regard to the individual, whether the bureau has any information gathered under division (A) of this section that pertains to that individual. On receipt of the request, subject to division (E)(2) of this section, the superintendent shall determine whether that information exists and, upon request of the person, board, or

entity requesting information, also shall request from the federal 9405  
bureau of investigation any criminal records it has pertaining to 9406  
that individual. The superintendent or the superintendent's 9407  
designee also may request criminal history records from other 9408  
states or the federal government pursuant to the national crime 9409  
prevention and privacy compact set forth in section 109.571 of the 9410  
Revised Code. Within thirty days of the date that the 9411  
superintendent receives a request, subject to division (E)(2) of 9412  
this section, the superintendent shall send to the board, entity, 9413  
or person a report of any information that the superintendent 9414  
determines exists, including information contained in records that 9415  
have been sealed under section 2953.32 of the Revised Code, and, 9416  
within thirty days of its receipt, subject to division (E)(2) of 9417  
this section, shall send the board, entity, or person a report of 9418  
any information received from the federal bureau of investigation, 9419  
other than information the dissemination of which is prohibited by 9420  
federal law. 9421

(b) When a board of education or a registered private 9422  
provider is required to receive information under this section as 9423  
a prerequisite to employment of an individual pursuant to division 9424  
(C) of section 3310.58 or section 3319.39 of the Revised Code, it 9425  
may accept a certified copy of records that were issued by the 9426  
bureau of criminal identification and investigation and that are 9427  
presented by an individual applying for employment with the 9428  
district in lieu of requesting that information itself. In such a 9429  
case, the board shall accept the certified copy issued by the 9430  
bureau in order to make a photocopy of it for that individual's 9431  
employment application documents and shall return the certified 9432  
copy to the individual. In a case of that nature, a district or 9433  
provider only shall accept a certified copy of records of that 9434  
nature within one year after the date of their issuance by the 9435  
bureau. 9436

(c) Notwithstanding division (F)(2)(a) of this section, in the case of a request under section 3319.39, 3319.391, or 3327.10 of the Revised Code only for criminal records maintained by the federal bureau of investigation, the superintendent shall not determine whether any information gathered under division (A) of this section exists on the person for whom the request is made.

(3) The state board of education may request, with respect to any individual who has applied for employment after October 2, 1989, in any position with the state board or the department of education, any information that a school district board of education is authorized to request under division (F)(2) of this section, and the superintendent of the bureau shall proceed as if the request has been received from a school district board of education under division (F)(2) of this section.

(4) When the superintendent of the bureau receives a request for information under section 3319.291 of the Revised Code, the superintendent shall proceed as if the request has been received from a school district board of education and shall comply with divisions (F)(2)(a) and (c) of this section.

(5) When a recipient of a classroom reading improvement grant paid under section 3301.86 of the Revised Code requests, with respect to any individual who applies to participate in providing any program or service funded in whole or in part by the grant, the information that a school district board of education is authorized to request under division (F)(2)(a) of this section, the superintendent of the bureau shall proceed as if the request has been received from a school district board of education under division (F)(2)(a) of this section.

(G) In addition to or in conjunction with any request that is required to be made under section 3701.881, 3712.09, or 3721.121 of the Revised Code with respect to an individual who has applied for employment in a position that involves providing direct care

to an older adult or adult resident, the chief administrator of a 9469  
home health agency, hospice care program, home licensed under 9470  
Chapter 3721. of the Revised Code, or adult day-care program 9471  
operated pursuant to rules adopted under section 3721.04 of the 9472  
Revised Code may request that the superintendent of the bureau 9473  
investigate and determine, with respect to any individual who has 9474  
applied after January 27, 1997, for employment in a position that 9475  
does not involve providing direct care to an older adult or adult 9476  
resident, whether the bureau has any information gathered under 9477  
division (A) of this section that pertains to that individual. 9478

In addition to or in conjunction with any request that is 9479  
required to be made under section 173.27 of the Revised Code with 9480  
respect to an individual who has applied for employment in a 9481  
position that involves providing ombudsperson services to 9482  
residents of long-term care facilities or recipients of 9483  
community-based long-term care services, the state long-term care 9484  
ombudsperson, ombudsperson's designee, or director of health may 9485  
request that the superintendent investigate and determine, with 9486  
respect to any individual who has applied for employment in a 9487  
position that does not involve providing such ombudsperson 9488  
services, whether the bureau has any information gathered under 9489  
division (A) of this section that pertains to that applicant. 9490

In addition to or in conjunction with any request that is 9491  
required to be made under section 173.394 of the Revised Code with 9492  
respect to an individual who has applied for employment in a 9493  
position that involves providing direct care to an individual, the 9494  
chief administrator of a community-based long-term care agency may 9495  
request that the superintendent investigate and determine, with 9496  
respect to any individual who has applied for employment in a 9497  
position that does not involve providing direct care, whether the 9498  
bureau has any information gathered under division (A) of this 9499  
section that pertains to that applicant. 9500

In addition to or in conjunction with any request that is 9501  
required to be made under section 3712.09 of the Revised Code with 9502  
respect to an individual who has applied for employment in a 9503  
position that involves providing direct care to a pediatric 9504  
respite care patient, the chief administrator of a pediatric 9505  
respite care program may request that the superintendent of the 9506  
bureau investigate and determine, with respect to any individual 9507  
who has applied for employment in a position that does not involve 9508  
providing direct care to a pediatric respite care patient, whether 9509  
the bureau has any information gathered under division (A) of this 9510  
section that pertains to that individual. 9511

On receipt of a request under this division, the 9512  
superintendent shall determine whether that information exists 9513  
and, on request of the individual requesting information, shall 9514  
also request from the federal bureau of investigation any criminal 9515  
records it has pertaining to the applicant. The superintendent or 9516  
the superintendent's designee also may request criminal history 9517  
records from other states or the federal government pursuant to 9518  
the national crime prevention and privacy compact set forth in 9519  
section 109.571 of the Revised Code. Within thirty days of the 9520  
date a request is received, subject to division (E)(2) of this 9521  
section, the superintendent shall send to the requester a report 9522  
of any information determined to exist, including information 9523  
contained in records that have been sealed under section 2953.32 9524  
of the Revised Code, and, within thirty days of its receipt, shall 9525  
send the requester a report of any information received from the 9526  
federal bureau of investigation, other than information the 9527  
dissemination of which is prohibited by federal law. 9528

(H) Information obtained by a government entity or person 9529  
under this section is confidential and shall not be released or 9530  
disseminated. 9531

(I) The superintendent may charge a reasonable fee for 9532

providing information or criminal records under division (F)(2) or 9533  
(G) of this section. 9534

(J) As used in this section: 9535

(1) "Pediatric respite care program" and "pediatric care 9536  
patient" have the same meanings as in section 3712.01 of the 9537  
Revised Code. 9538

(2) "Sexually oriented offense" and "child-victim oriented 9539  
offense" have the same meanings as in section 2950.01 of the 9540  
Revised Code. 9541

~~(2)~~(3) "Registered private provider" means a nonpublic school 9542  
or entity registered with the superintendent of public instruction 9543  
under section 3310.41 of the Revised Code to participate in the 9544  
autism scholarship program or section 3310.58 of the Revised Code 9545  
to participate in the Jon Peterson special needs scholarship 9546  
program. 9547

**Section 7.** That the existing version of section 109.57 of the 9548  
Revised Code that is scheduled to take effect January 1, 2014, is 9549  
hereby repealed. 9550

**Section 7A.** Sections 5 and 6 of this act take effect January 9551  
1, 2014. 9552

**Section 8.** The provisions of this act regarding the licensure 9553  
of pediatric respite care programs, as provided in the amendment 9554  
and enactment of sections 3712.01, 3712.03, 3712.031, 3712.041, 9555  
3712.051, 3712.061 3712.09, and 3712.99 of the Revised Code, shall 9556  
be known as "Sarah's Law." 9557

**Section 9.** In the case of an application pending on the 9558  
effective date of this section for a license to maintain methadone 9559  
treatment, the requirement of division (C)(6) of section 3793.11 9560

of the Revised Code, as amended by this act, shall be applied by 9561  
the Department of Alcohol and Drug Addiction Services in 9562  
determining whether to issue the license. The Department may waive 9563  
the requirement pursuant to division (D) of section 3793.11 of the 9564  
Revised Code, as amended by this act. 9565

**Section 10.** (A) Notwithstanding the provisions of section 9566  
4723.482 of the Revised Code specifying that the course of study 9567  
in advanced pharmacology and related topics that must be completed 9568  
as a condition of eligibility to receive a certificate to 9569  
prescribe from the Board of Nursing is to consist of planned 9570  
classroom and clinical instruction, the Board may accept 9571  
instruction completed in another form, including instruction 9572  
obtained through an internet-based program, as fulfillment of all 9573  
or part of the requirement of division (B)(5)(d) of that section 9574  
to complete instruction specific to schedule II controlled 9575  
substances. To be accepted by the Board, the instruction obtained 9576  
in another form shall meet all other standards established in 9577  
rules adopted under section 4723.50 of the Revised Code regarding 9578  
the required instruction specific to schedule II controlled 9579  
substances. 9580

(B) Division (A) of this section applies only in the case of 9581  
an applicant who completed the required course of study prior to 9582  
the effective date of this section and does not alter the 9583  
requirement of division (B)(1) of section 4723.482 of the Revised 9584  
Code that the course of study be completed not longer than three 9585  
years before an application for a certificate to prescribe is 9586  
filed. 9587

**Section 11.** (A) As used in this section, "intermediate care 9588  
facility for individuals with intellectual disabilities" and 9589  
"ICF/IID" mean an intermediate care facility for the mentally 9590

retarded as defined in the "Social Security Act," section 1905(d), 9591  
42 U.S.C. 1396d(d). 9592

(B) The Department of Developmental Disabilities may conduct 9593  
or contract with another entity to conduct, for the first quarter 9594  
of calendar year 2013, assessments of all residents of each 9595  
ICF/IID, regardless of payment source, who are in the ICF/IID, or 9596  
on hospital or therapeutic leave from the ICF/IID, on the day or 9597  
days that the assessments are conducted at the ICF/IID. 9598

(C) If assessments are conducted under division (B) of this 9599  
section, the Department shall do all of the following: 9600

(1) In conducting the assessments, provide for both of the 9601  
following: 9602

(a) The resident assessment instrument prescribed in rules 9603  
authorized by division (B) of section 5111.232 of the Revised Code 9604  
to be used in accordance with an inter-rater reliable process; 9605

(b) The assessments to be performed by individuals who meet 9606  
the requirements to be qualified intellectual disability 9607  
professionals, as specified in 42 C.F.R. 483.430(a). 9608

(2) Use the data obtained from the assessments to determine 9609  
each ICF/IID's case-mix score for the first quarter of calendar 9610  
year 2013; 9611

(3) For the purpose of determining each ICF/IID's fiscal year 9612  
2014 Medicaid rates for direct care costs and subject to divisions 9613  
(C)(8) and (E) of this section, do both of the following: 9614

(a) In determining costs per case-mix units and maximum costs 9615  
per case-mix units for the purpose of division (B) of section 9616  
5111.23 of the Revised Code, use each ICF/IID's case-mix score 9617  
determined under division (C)(2) of this section in place of the 9618  
ICF/IID's average case-mix score for calendar year 2012; 9619

(b) Instead of determining quarterly Medicaid rates for the 9620

direct care costs of each ICF/IID pursuant to division (D) of 9621  
section 5111.23 of the Revised Code, determine, as follows, one 9622  
Medicaid rate for the direct care costs of each ICF/IID to be paid 9623  
for all of fiscal year 2014: 9624

(i) Multiply the ICF/IID's case-mix score determined under 9625  
division (C)(2) of this section by the lesser of the cost per 9626  
case-mix unit determined for the ICF/IID pursuant to division 9627  
(C)(3)(a) of this section or the maximum cost per case-mix unit 9628  
determined for the ICF/IID's peer group pursuant to division 9629  
(C)(3)(a) of this section; 9630

(ii) Adjust the product determined under division 9631  
(C)(3)(b)(i) of this section by the inflation rate estimated in 9632  
accordance with division (B)(3) of section 5111.23 of the Revised 9633  
Code. 9634

(4) For the purpose of determining each ICF/IID's fiscal year 9635  
2015 Medicaid rates for direct care costs and subject to division 9636  
(C)(8) of this section, use the following when determining, 9637  
pursuant to the second paragraph of division (C) of section 9638  
5111.232 of the Revised Code, each ICF/IID's annual average 9639  
case-mix score for calendar year 2013: 9640

(a) For the first quarter of calendar year 2013, the 9641  
ICF/IID's case-mix score determined under division (C)(2) of this 9642  
section; 9643

(b) For the last three quarters of calendar year 2013 and 9644  
except as provided in division (D) of section 5111.232 of the 9645  
Revised Code, the ICF/IID's case-mix scores determined by using 9646  
the data the ICF/IID provider compiles in accordance with the 9647  
first paragraph of division (C) of section 5111.232 of the Revised 9648  
Code. 9649

(5) Notify each ICF/IID provider that the provider is 9650  
permitted but not required to compile assessment data for the 9651

first quarter of calendar year 2013 pursuant to the first 9652  
paragraph of division (C) of section 5111.232 of the Revised Code; 9653

(6) After the assessments of all of an ICF/IID's residents 9654  
are completed but not later than April 30, 2013, provide, or have 9655  
the entity (if any) with which the Department contracts pursuant 9656  
to division (B) of this section provide, the results of the 9657  
assessments to the ICF/IID provider; 9658

(7) Conduct, in accordance with division (C)(8) of this 9659  
section, a reconsideration for any ICF/IID provider who does both 9660  
of the following: 9661

(a) Submits a written request for the reconsideration to the 9662  
Department not later than fifteen days after the provider receives 9663  
the assessments' results pursuant to division (C)(6) of this 9664  
section; 9665

(b) Includes in the request all of the following: 9666

(i) A detailed explanation of the items in the assessments' 9667  
results that the provider disputes; 9668

(ii) Copies of relevant supporting documentation from 9669  
specific resident records; 9670

(iii) The provider's proposed resolution of the disputes. 9671

(8) When conducting a reconsideration required by division 9672  
(C)(7) of this section, do both of the following: 9673

(a) Consider all of the following: 9674

(i) The historic results of the resident assessments 9675  
performed pursuant to the first paragraph of division (C) of 9676  
section 5111.232 of the Revised Code by the ICF/IID provider who 9677  
requested the reconsideration; 9678

(ii) All of the materials the provider includes in the 9679  
reconsideration request; 9680

(iii) All other matters the Department determines necessary for consideration. 9681  
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(b) Issue a written decision regarding the reconsideration not later than the sooner of the following: 9683  
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(i) Thirty days after the Department receives the reconsideration request; 9685  
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(ii) June 1, 2013. 9687

(D) The Department's decision regarding a reconsideration required by division (C)(7) of this section is final and not subject to further appeal. 9688  
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(E) Regardless of what an ICF/IID's case-mix score is determined to be under division (C)(2) of this section or pursuant to a reconsideration required by division (C)(7) of this section, no such case-mix score shall cause an ICF/IID's fiscal year 2014 Medicaid rate for direct care costs to be less than ninety per cent of its June 30, 2013, Medicaid rate for direct care costs. 9691  
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(F) No ICF/IID provider shall be treated as having failed, for the first quarter of calendar year 2013, to timely submit data necessary to determine the ICF/IID's case-mix score for that quarter if the assessment is to be conducted under division (B) of this section. 9697  
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(G) The Department may provide for assessments to be conducted under division (B) of this section and, if it so provides, shall comply with the other divisions of this section notwithstanding anything to the contrary in sections 5111.20, 5111.23, and 5111.232 of the Revised Code. 9702  
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**Section 12.** Section 109.57 of the Revised Code appears for purposes of its amendment by this act having been harmonized to include amendments of earlier acts having effective dates that are earlier and later than the effective date of the amendments by 9707  
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this act. This act neither delays nor accelerates those other 9711  
effective dates, and the earlier amendments take effect according 9712  
to the acts in which they appear. 9713

**Section 13.** Section 109.57 of the Revised Code is presented 9714  
in this act as a composite of the section as amended by both Am. 9715  
Sub. H.B. 487 and Am. Sub. S.B. 337 of the 129th General Assembly. 9716  
The version of section 109.57 of the Revised Code that takes 9717  
effect on January 1, 2014, is presented in this act as a composite 9718  
of the section as amended by Am. Sub. H.B. 487, Am. Sub. S.B. 316, 9719  
and Am. Sub. S.B. 337, all of the 129th General Assembly. The 9720  
General Assembly, applying the principle stated in division (B) of 9721  
section 1.52 of the Revised Code that amendments are to be 9722  
harmonized if reasonably capable of simultaneous operation, finds 9723  
that the composites are the resulting versions of the sections in 9724  
effect prior to the effective date of the sections as presented in 9725  
this act. 9726

**Section 14.** This act is hereby declared to be an emergency 9727  
measure necessary for the immediate preservation of the public 9728  
peace, health, and safety. The reason for such necessity is that 9729  
the certain reforms included in the provisions of this act are 9730  
immediately needed to ensure the efficient regulation of nursing 9731  
services in this state, to create a safe environment for the youth 9732  
of this state while also fulfilling the need to deliver effective 9733  
addiction services to others, and to establish appropriate systems 9734  
for conducting assessments of residents of facilities providing 9735  
needed care to individuals in this state with intellectual 9736  
disabilities. Therefore, this act shall go into immediate effect. 9737