

As Reported by the House Health and Aging Committee

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Representative Pelanda

**Cosponsors: Representatives Brinkman, Becker, Roegner, Buchy, Brenner,
Scherer, Schaffer, Burkley, Ryan, Maag, Schuring, Slaby, Ruhl, Reece, Hill,
Thompson, Celebrezze, Hood, Barnes, Bishoff, Brown, Ginter**

A BILL

To amend sections 1.64, 1751.67, 2133.211, 1
2305.113, 2305.234, 2317.02, 2919.171, 2921.22, 2
2925.61, 3701.351, 3701.926, 3719.121, 3727.08, 3
3923.233, 3923.301, 3923.63, 3923.64, 4713.02, 4
4723.01, 4723.02, 4723.03, 4723.06, 4723.07, 5
4723.08, 4723.09, 4723.151, 4723.16, 4723.24, 6
4723.25, 4723.271, 4723.28, 4723.32, 4723.341, 7
4723.41, 4723.42, 4723.43, 4723.431, 4723.432, 8
4723.44, 4723.46, 4723.47, 4723.48, 4723.481, 9
4723.482, 4723.486, 4723.487, 4723.488, 10
4723.489, 4723.4810, 4723.491, 4723.492, 11
4723.50, 4723.71, 4723.88, 4723.99, 4729.01, 12
4731.27, 4755.48, 4755.481, 4761.17, 5120.55, 13
and 5164.07, to enact new section 4723.49 and 14
sections 4723.011 and 4723.493, and to repeal 15
sections 4723.484, 4723.485, and 4723.49 of the 16
Revised Code to revise the law governing 17
advanced practice registered nurses. 18

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

Section 1. That sections 1.64, 1751.67, 2133.211, 19
2305.113, 2305.234, 2317.02, 2919.171, 2921.22, 2925.61, 20
3701.351, 3701.926, 3719.121, 3727.08, 3923.233, 3923.301, 21
3923.63, 3923.64, 4713.02, 4723.01, 4723.02, 4723.03, 4723.06, 22
4723.07, 4723.08, 4723.09, 4723.151, 4723.16, 4723.24, 4723.25, 23
4723.271, 4723.28, 4723.32, 4723.341, 4723.41, 4723.42, 4723.43, 24
4723.431, 4723.432, 4723.44, 4723.46, 4723.47, 4723.48, 25
4723.481, 4723.482, 4723.486, 4723.487, 4723.488, 4723.489, 26
4723.4810, 4723.491, 4723.492, 4723.50, 4723.71, 4723.88, 27
4723.99, 4729.01, 4731.27, 4755.48, 4755.481, 4761.17, 5120.55, 28
and 5164.07 be amended and new section 4723.49 and sections 29
4723.011 and 4723.493 of the Revised Code be enacted to read as 30
follows: 31

Sec. 1.64. As used in the Revised Code: 32

(A) "Certified nurse-midwife" means an advanced practice 33
registered nurse who holds a current, valid certificate of 34
authority license issued under Chapter 4723. of the Revised Code 35
that authorizes the practice of nursing and is designated as a 36
certified nurse-midwife in accordance with section ~~4723.43~~ 37
4723.42 of the Revised Code and rules adopted by the board of 38
nursing. 39

(B) "Certified nurse practitioner" means an advanced 40
practice registered nurse who holds a current, valid certificate 41
of authority license issued under Chapter 4723. of the Revised 42
Code that authorizes the practice of nursing and is designated 43
as a certified nurse practitioner in accordance with section 44
~~4723.43~~ 4723.42 of the Revised Code and rules adopted by the 45
board of nursing. 46

(C) "Clinical nurse specialist" means an advanced 47
practice registered nurse who holds a current, valid certificate 48

~~of authority license~~ issued under Chapter 4723. of the Revised 49
~~Code that authorizes the practice of nursing and is designated~~ 50
as a clinical nurse specialist in accordance with section 51
~~4723.43~~ 4723.42 of the Revised Code and rules adopted by the 52
board of nursing. 53

(D) "Physician assistant" means an individual who is 54
licensed under Chapter 4730. of the Revised Code to provide 55
services as a physician assistant to patients under the 56
supervision, control, and direction of one or more physicians. 57

Sec. 1751.67. (A) Each individual or group health insuring 58
corporation policy, contract, or agreement delivered, issued for 59
delivery, or renewed in this state that provides maternity 60
benefits shall provide coverage of inpatient care and follow-up 61
care for a mother and her newborn as follows: 62

(1) The policy, contract, or agreement shall cover a 63
minimum of forty-eight hours of inpatient care following a 64
normal vaginal delivery and a minimum of ninety-six hours of 65
inpatient care following a cesarean delivery. Services covered 66
as inpatient care shall include medical, educational, and any 67
other services that are consistent with the inpatient care 68
recommended in the protocols and guidelines developed by 69
national organizations that represent pediatric, obstetric, and 70
nursing professionals. 71

(2) The policy, contract, or agreement shall cover a 72
physician-directed source of follow-up care or a source of 73
follow-up care directed by an advanced practice registered 74
nurse. Services covered as follow-up care shall include physical 75
assessment of the mother and newborn, parent education, 76
assistance and training in breast or bottle feeding, assessment 77
of the home support system, performance of any medically 78

necessary and appropriate clinical tests, and any other services 79
that are consistent with the follow-up care recommended in the 80
protocols and guidelines developed by national organizations 81
that represent pediatric, obstetric, and nursing professionals. 82
The coverage shall apply to services provided in a medical 83
setting or through home health care visits. The coverage shall 84
apply to a home health care visit only if the provider who 85
conducts the visit is knowledgeable and experienced in maternity 86
and newborn care. 87

When a decision is made in accordance with division (B) of 88
this section to discharge a mother or newborn prior to the 89
expiration of the applicable number of hours of inpatient care 90
required to be covered, the coverage of follow-up care shall 91
apply to all follow-up care that is provided within seventy-two 92
hours after discharge. When a mother or newborn receives at 93
least the number of hours of inpatient care required to be 94
covered, the coverage of follow-up care shall apply to follow-up 95
care that is determined to be medically necessary by the 96
provider responsible for discharging the mother or newborn. 97

(B) Any decision to shorten the length of inpatient stay 98
to less than that specified under division (A)(1) of this 99
section shall be made by the physician attending the mother or 100
newborn, except that if a certified nurse-midwife is attending 101
the mother in collaboration with a physician, the decision may 102
be made by the nurse-midwife. Decisions regarding early 103
discharge shall be made only after conferring with the mother or 104
a person responsible for the mother or newborn. For purposes of 105
this division, a person responsible for the mother or newborn 106
may include a parent, guardian, or any other person with 107
authority to make medical decisions for the mother or newborn. 108

(C) (1) No health insuring corporation may do either of the following:	109 110
(a) Terminate the participation of a provider or health care facility in an individual or group health care plan solely for making recommendations for inpatient or follow-up care for a particular mother or newborn that are consistent with the care required to be covered by this section;	111 112 113 114 115
(b) Establish or offer monetary or other financial incentives for the purpose of encouraging a person to decline the inpatient or follow-up care required to be covered by this section.	116 117 118 119
(2) Whoever violates division (C) (1) (a) or (b) of this section has engaged in an unfair and deceptive act or practice in the business of insurance under sections 3901.19 to 3901.26 of the Revised Code.	120 121 122 123
(D) This section does not do any of the following:	124
(1) Require a policy, contract, or agreement to cover inpatient or follow-up care that is not received in accordance with the policy's, contract's, or agreement's terms pertaining to the providers and facilities from which an individual is authorized to receive health care services;	125 126 127 128 129
(2) Require a mother or newborn to stay in a hospital or other inpatient setting for a fixed period of time following delivery;	130 131 132
(3) Require a child to be delivered in a hospital or other inpatient setting;	133 134
(4) Authorize a <u>certified</u> nurse-midwife to practice beyond the authority to practice nurse-midwifery in accordance with	135 136

Chapter 4723. of the Revised Code;	137
(5) Establish minimum standards of medical diagnosis,	138
care, or treatment for inpatient or follow-up care for a mother	139
or newborn. A deviation from the care required to be covered	140
under this section shall not, solely on the basis of this	141
section, give rise to a medical claim or to derivative claims	142
for relief, as those terms are defined in section 2305.113 of	143
the Revised Code.	144
Sec. 2133.211. A person who holds a certificate of	145
authority as a certified nurse practitioner or clinical nurse	146
specialist <u>current, valid license</u> issued under Chapter 4723. of	147
the Revised Code <u>to practice as an advanced practice registered</u>	148
<u>nurse</u> may take any action that may be taken by an attending	149
physician under sections 2133.21 to 2133.26 of the Revised Code	150
and has the immunity provided by section 2133.22 of the Revised	151
Code if the action is taken pursuant to a standard care	152
arrangement with a collaborating physician.	153
A person who holds a license to practice as a physician	154
assistant issued under Chapter 4730. of the Revised Code may	155
take any action that may be taken by an attending physician	156
under sections 2133.21 to 2133.26 of the Revised Code and has	157
the immunity provided by section 2133.22 of the Revised Code if	158
the action is taken pursuant to a supervision agreement entered	159
into under section 4730.19 of the Revised Code, including, if	160
applicable, the policies of a health care facility in which the	161
physician assistant is practicing.	162
Sec. 2305.113. (A) Except as otherwise provided in this	163
section, an action upon a medical, dental, optometric, or	164
chiropractic claim shall be commenced within one year after the	165
cause of action accrued.	166

(B) (1) If prior to the expiration of the one-year period 167
specified in division (A) of this section, a claimant who 168
allegedly possesses a medical, dental, optometric, or 169
chiropractic claim gives to the person who is the subject of 170
that claim written notice that the claimant is considering 171
bringing an action upon that claim, that action may be commenced 172
against the person notified at any time within one hundred 173
eighty days after the notice is so given. 174

(2) An insurance company shall not consider the existence 175
or nonexistence of a written notice described in division (B) (1) 176
of this section in setting the liability insurance premium rates 177
that the company may charge the company's insured person who is 178
notified by that written notice. 179

(C) Except as to persons within the age of minority or of 180
unsound mind as provided by section 2305.16 of the Revised Code, 181
and except as provided in division (D) of this section, both of 182
the following apply: 183

(1) No action upon a medical, dental, optometric, or 184
chiropractic claim shall be commenced more than four years after 185
the occurrence of the act or omission constituting the alleged 186
basis of the medical, dental, optometric, or chiropractic claim. 187

(2) If an action upon a medical, dental, optometric, or 188
chiropractic claim is not commenced within four years after the 189
occurrence of the act or omission constituting the alleged basis 190
of the medical, dental, optometric, or chiropractic claim, then, 191
any action upon that claim is barred. 192

(D) (1) If a person making a medical claim, dental claim, 193
optometric claim, or chiropractic claim, in the exercise of 194
reasonable care and diligence, could not have discovered the 195

injury resulting from the act or omission constituting the 196
alleged basis of the claim within three years after the 197
occurrence of the act or omission, but, in the exercise of 198
reasonable care and diligence, discovers the injury resulting 199
from that act or omission before the expiration of the four-year 200
period specified in division (C) (1) of this section, the person 201
may commence an action upon the claim not later than one year 202
after the person discovers the injury resulting from that act or 203
omission. 204

(2) If the alleged basis of a medical claim, dental claim, 205
optometric claim, or chiropractic claim is the occurrence of an 206
act or omission that involves a foreign object that is left in 207
the body of the person making the claim, the person may commence 208
an action upon the claim not later than one year after the 209
person discovered the foreign object or not later than one year 210
after the person, with reasonable care and diligence, should 211
have discovered the foreign object. 212

(3) A person who commences an action upon a medical claim, 213
dental claim, optometric claim, or chiropractic claim under the 214
circumstances described in division (D) (1) or (2) of this 215
section has the affirmative burden of proving, by clear and 216
convincing evidence, that the person, with reasonable care and 217
diligence, could not have discovered the injury resulting from 218
the act or omission constituting the alleged basis of the claim 219
within the three-year period described in division (D) (1) of 220
this section or within the one-year period described in division 221
(D) (2) of this section, whichever is applicable. 222

(E) As used in this section: 223

(1) "Hospital" includes any person, corporation, 224
association, board, or authority that is responsible for the 225

operation of any hospital licensed or registered in the state, 226
including, but not limited to, those that are owned or operated 227
by the state, political subdivisions, any person, any 228
corporation, or any combination of the state, political 229
subdivisions, persons, and corporations. "Hospital" also 230
includes any person, corporation, association, board, entity, or 231
authority that is responsible for the operation of any clinic 232
that employs a full-time staff of physicians practicing in more 233
than one recognized medical specialty and rendering advice, 234
diagnosis, care, and treatment to individuals. "Hospital" does 235
not include any hospital operated by the government of the 236
United States or any of its branches. 237

(2) "Physician" means a person who is licensed to practice 238
medicine and surgery or osteopathic medicine and surgery by the 239
state medical board or a person who otherwise is authorized to 240
practice medicine and surgery or osteopathic medicine and 241
surgery in this state. 242

(3) "Medical claim" means any claim that is asserted in 243
any civil action against a physician, podiatrist, hospital, 244
home, or residential facility, against any employee or agent of 245
a physician, podiatrist, hospital, home, or residential 246
facility, or against a licensed practical nurse, registered 247
nurse, advanced practice registered nurse, physical therapist, 248
physician assistant, emergency medical technician-basic, 249
emergency medical technician-intermediate, or emergency medical 250
technician-paramedic, and that arises out of the medical 251
diagnosis, care, or treatment of any person. "Medical claim" 252
includes the following: 253

(a) Derivative claims for relief that arise from the plan 254
of care, medical diagnosis, or treatment of a person; 255

(b) Claims that arise out of the plan of care, medical diagnosis, or treatment of any person and to which either of the following applies:	256 257 258
(i) The claim results from acts or omissions in providing medical care.	259 260
(ii) The claim results from the hiring, training, supervision, retention, or termination of caregivers providing medical diagnosis, care, or treatment.	261 262 263
(c) Claims that arise out of the plan of care, medical diagnosis, or treatment of any person and that are brought under section 3721.17 of the Revised Code;	264 265 266
(d) Claims that arise out of skilled nursing care or personal care services provided in a home pursuant to the plan of care, medical diagnosis, or treatment.	267 268 269
(4) "Podiatrist" means any person who is licensed to practice podiatric medicine and surgery by the state medical board.	270 271 272
(5) "Dentist" means any person who is licensed to practice dentistry by the state dental board.	273 274
(6) "Dental claim" means any claim that is asserted in any civil action against a dentist, or against any employee or agent of a dentist, and that arises out of a dental operation or the dental diagnosis, care, or treatment of any person. "Dental claim" includes derivative claims for relief that arise from a dental operation or the dental diagnosis, care, or treatment of a person.	275 276 277 278 279 280 281
(7) "Derivative claims for relief" include, but are not limited to, claims of a parent, guardian, custodian, or spouse	282 283

of an individual who was the subject of any medical diagnosis, 284
care, or treatment, dental diagnosis, care, or treatment, dental 285
operation, optometric diagnosis, care, or treatment, or 286
chiropractic diagnosis, care, or treatment, that arise from that 287
diagnosis, care, treatment, or operation, and that seek the 288
recovery of damages for any of the following: 289

(a) Loss of society, consortium, companionship, care, 290
assistance, attention, protection, advice, guidance, counsel, 291
instruction, training, or education, or any other intangible 292
loss that was sustained by the parent, guardian, custodian, or 293
spouse; 294

(b) Expenditures of the parent, guardian, custodian, or 295
spouse for medical, dental, optometric, or chiropractic care or 296
treatment, for rehabilitation services, or for other care, 297
treatment, services, products, or accommodations provided to the 298
individual who was the subject of the medical diagnosis, care, 299
or treatment, the dental diagnosis, care, or treatment, the 300
dental operation, the optometric diagnosis, care, or treatment, 301
or the chiropractic diagnosis, care, or treatment. 302

(8) "Registered nurse" means any person who is licensed to 303
practice nursing as a registered nurse by the board of nursing. 304

(9) "Chiropractic claim" means any claim that is asserted 305
in any civil action against a chiropractor, or against any 306
employee or agent of a chiropractor, and that arises out of the 307
chiropractic diagnosis, care, or treatment of any person. 308
"Chiropractic claim" includes derivative claims for relief that 309
arise from the chiropractic diagnosis, care, or treatment of a 310
person. 311

(10) "Chiropractor" means any person who is licensed to 312

practice chiropractic by the state chiropractic board.	313
(11) "Optometric claim" means any claim that is asserted	314
in any civil action against an optometrist, or against any	315
employee or agent of an optometrist, and that arises out of the	316
optometric diagnosis, care, or treatment of any person.	317
"Optometric claim" includes derivative claims for relief that	318
arise from the optometric diagnosis, care, or treatment of a	319
person.	320
(12) "Optometrist" means any person licensed to practice	321
optometry by the state board of optometry.	322
(13) "Physical therapist" means any person who is licensed	323
to practice physical therapy under Chapter 4755. of the Revised	324
Code.	325
(14) "Home" has the same meaning as in section 3721.10 of	326
the Revised Code.	327
(15) "Residential facility" means a facility licensed	328
under section 5123.19 of the Revised Code.	329
(16) "Advanced practice registered nurse" means any	330
certified nurse practitioner, clinical nurse specialist,	331
certified registered nurse anesthetist, or certified nurse	332
midwife who holds a certificate of authority issued by the board	333
of nursing under Chapter 4723. <u>has the same meaning as in</u>	334
<u>section 4723.01</u> of the Revised Code.	335
(17) "Licensed practical nurse" means any person who is	336
licensed to practice nursing as a licensed practical nurse by	337
the board of nursing pursuant to Chapter 4723. of the Revised	338
Code.	339
(18) "Physician assistant" means any person who is	340

licensed as a physician assistant under Chapter 4730. of the 341
Revised Code. 342

(19) "Emergency medical technician-basic," "emergency 343
medical technician-intermediate," and "emergency medical 344
technician-paramedic" means any person who is certified under 345
Chapter 4765. of the Revised Code as an emergency medical 346
technician-basic, emergency medical technician-intermediate, or 347
emergency medical technician-paramedic, whichever is applicable. 348

(20) "Skilled nursing care" and "personal care services" 349
have the same meanings as in section 3721.01 of the Revised 350
Code. 351

Sec. 2305.234. (A) As used in this section: 352

(1) "Chiropractic claim," "medical claim," and "optometric 353
claim" have the same meanings as in section 2305.113 of the 354
Revised Code. 355

(2) "Dental claim" has the same meaning as in section 356
2305.113 of the Revised Code, except that it does not include 357
any claim arising out of a dental operation or any derivative 358
claim for relief that arises out of a dental operation. 359

(3) "Governmental health care program" has the same 360
meaning as in section 4731.65 of the Revised Code. 361

(4) "Health care facility or location" means a hospital, 362
clinic, ambulatory surgical facility, office of a health care 363
professional or associated group of health care professionals, 364
training institution for health care professionals, a free 365
clinic or other nonprofit shelter or health care facility as 366
those terms are defined in section 3701.071 of the Revised Code, 367
or any other place where medical, dental, or other health- 368
related diagnosis, care, or treatment is provided to a person. 369

(5) "Health care professional" means any of the following	370
who provide medical, dental, or other health-related diagnosis,	371
care, or treatment:	372
(a) Physicians authorized under Chapter 4731. of the	373
Revised Code to practice medicine and surgery or osteopathic	374
medicine and surgery;	375
(b) Registered Advanced practice registered nurses, _	376
registered nurses, and licensed practical nurses licensed under	377
Chapter 4723. of the Revised Code and individuals who hold a	378
certificate of authority issued under that chapter that	379
authorizes the practice of nursing as a certified registered	380
nurse anesthetist, clinical nurse specialist, certified nurse	381
midwife, or certified nurse practitioner;	382
(c) Physician assistants authorized to practice under	383
Chapter 4730. of the Revised Code;	384
(d) Dentists and dental hygienists licensed under Chapter	385
4715. of the Revised Code;	386
(e) Physical therapists, physical therapist assistants,	387
occupational therapists, occupational therapy assistants, and	388
athletic trainers licensed under Chapter 4755. of the Revised	389
Code;	390
(f) Chiropractors licensed under Chapter 4734. of the	391
Revised Code;	392
(g) Optometrists licensed under Chapter 4725. of the	393
Revised Code;	394
(h) Podiatrists authorized under Chapter 4731. of the	395
Revised Code to practice podiatry;	396
(i) Dietitians licensed under Chapter 4759. of the Revised	397

Code;	398
(j) Pharmacists licensed under Chapter 4729. of the	399
Revised Code;	400
(k) Emergency medical technicians-basic, emergency medical	401
technicians-intermediate, and emergency medical technicians-	402
paramedic, certified under Chapter 4765. of the Revised Code;	403
(l) Respiratory care professionals licensed under Chapter	404
4761. of the Revised Code;	405
(m) Speech-language pathologists and audiologists licensed	406
under Chapter 4753. of the Revised Code;	407
(n) Licensed professional clinical counselors, licensed	408
professional counselors, independent social workers, social	409
workers, independent marriage and family therapists, and	410
marriage and family therapists, licensed under Chapter 4757. of	411
the Revised Code;	412
(o) Psychologists licensed under Chapter 4732. of the	413
Revised Code;	414
(p) Individuals licensed or certified under Chapter 4758.	415
of the Revised Code who are acting within the scope of their	416
license or certificate as members of the profession of chemical	417
dependency counseling or alcohol and other drug prevention	418
services.	419
(6) "Health care worker" means a person other than a	420
health care professional who provides medical, dental, or other	421
health-related care or treatment under the direction of a health	422
care professional with the authority to direct that individual's	423
activities, including medical technicians, medical assistants,	424
dental assistants, orderlies, aides, and individuals acting in	425

similar capacities.	426
(7) "Indigent and uninsured person" means a person who	427
meets both of the following requirements:	428
(a) Relative to being indigent, the person's income is not	429
greater than two hundred per cent of the federal poverty line,	430
as defined by the United States office of management and budget	431
and revised in accordance with section 673(2) of the "Omnibus	432
Budget Reconciliation Act of 1981," 95 Stat. 511, 42 U.S.C.	433
9902, as amended, except in any case in which division (A) (7) (b)	434
(iii) of this section includes a person whose income is greater	435
than two hundred per cent of the federal poverty line.	436
(b) Relative to being uninsured, one of the following	437
applies:	438
(i) The person is not a policyholder, certificate holder,	439
insured, contract holder, subscriber, enrollee, member,	440
beneficiary, or other covered individual under a health	441
insurance or health care policy, contract, or plan.	442
(ii) The person is a policyholder, certificate holder,	443
insured, contract holder, subscriber, enrollee, member,	444
beneficiary, or other covered individual under a health	445
insurance or health care policy, contract, or plan, but the	446
insurer, policy, contract, or plan denies coverage or is the	447
subject of insolvency or bankruptcy proceedings in any	448
jurisdiction.	449
(iii) Until June 30, 2019, the person is eligible for the	450
medicaid program or is a medicaid recipient.	451
(iv) Except as provided in division (A) (7) (b) (iii) of this	452
section, the person is not eligible for or a recipient,	453
enrollee, or beneficiary of any governmental health care	454

program. 455

(8) "Nonprofit health care referral organization" means an 456
entity that is not operated for profit and refers patients to, 457
or arranges for the provision of, health-related diagnosis, 458
care, or treatment by a health care professional or health care 459
worker. 460

(9) "Operation" means any procedure that involves cutting 461
or otherwise infiltrating human tissue by mechanical means, 462
including surgery, laser surgery, ionizing radiation, 463
therapeutic ultrasound, or the removal of intraocular foreign 464
bodies. "Operation" does not include the administration of 465
medication by injection, unless the injection is administered in 466
conjunction with a procedure infiltrating human tissue by 467
mechanical means other than the administration of medicine by 468
injection. "Operation" does not include routine dental 469
restorative procedures, the scaling of teeth, or extractions of 470
teeth that are not impacted. 471

(10) "Tort action" means a civil action for damages for 472
injury, death, or loss to person or property other than a civil 473
action for damages for a breach of contract or another agreement 474
between persons or government entities. 475

(11) "Volunteer" means an individual who provides any 476
medical, dental, or other health-care related diagnosis, care, 477
or treatment without the expectation of receiving and without 478
receipt of any compensation or other form of remuneration from 479
an indigent and uninsured person, another person on behalf of an 480
indigent and uninsured person, any health care facility or 481
location, any nonprofit health care referral organization, or 482
any other person or government entity. 483

(12) "Community control sanction" has the same meaning as 484
in section 2929.01 of the Revised Code. 485

(13) "Deep sedation" means a drug-induced depression of 486
consciousness during which a patient cannot be easily aroused 487
but responds purposefully following repeated or painful 488
stimulation, a patient's ability to independently maintain 489
ventilatory function may be impaired, a patient may require 490
assistance in maintaining a patent airway and spontaneous 491
ventilation may be inadequate, and cardiovascular function is 492
usually maintained. 493

(14) "General anesthesia" means a drug-induced loss of 494
consciousness during which a patient is not arousable, even by 495
painful stimulation, the ability to independently maintain 496
ventilatory function is often impaired, a patient often requires 497
assistance in maintaining a patent airway, positive pressure 498
ventilation may be required because of depressed spontaneous 499
ventilation or drug-induced depression of neuromuscular 500
function, and cardiovascular function may be impaired. 501

(B) (1) Subject to divisions (F) and (G) (3) of this 502
section, a health care professional who is a volunteer and 503
complies with division (B) (2) of this section is not liable in 504
damages to any person or government entity in a tort or other 505
civil action, including an action on a medical, dental, 506
chiropractic, optometric, or other health-related claim, for 507
injury, death, or loss to person or property that allegedly 508
arises from an action or omission of the volunteer in the 509
provision to an indigent and uninsured person of medical, 510
dental, or other health-related diagnosis, care, or treatment, 511
including the provision of samples of medicine and other medical 512
products, unless the action or omission constitutes willful or 513

wanton misconduct. 514

(2) To qualify for the immunity described in division (B) 515
(1) of this section, a health care professional shall do all of 516
the following prior to providing diagnosis, care, or treatment: 517

(a) Determine, in good faith, that the indigent and 518
uninsured person is mentally capable of giving informed consent 519
to the provision of the diagnosis, care, or treatment and is not 520
subject to duress or under undue influence; 521

(b) Inform the person of the provisions of this section, 522
including notifying the person that, by giving informed consent 523
to the provision of the diagnosis, care, or treatment, the 524
person cannot hold the health care professional liable for 525
damages in a tort or other civil action, including an action on 526
a medical, dental, chiropractic, optometric, or other health- 527
related claim, unless the action or omission of the health care 528
professional constitutes willful or wanton misconduct; 529

(c) Obtain the informed consent of the person and a 530
written waiver, signed by the person or by another individual on 531
behalf of and in the presence of the person, that states that 532
the person is mentally competent to give informed consent and, 533
without being subject to duress or under undue influence, gives 534
informed consent to the provision of the diagnosis, care, or 535
treatment subject to the provisions of this section. A written 536
waiver under division (B) (2) (c) of this section shall state 537
clearly and in conspicuous type that the person or other 538
individual who signs the waiver is signing it with full 539
knowledge that, by giving informed consent to the provision of 540
the diagnosis, care, or treatment, the person cannot bring a 541
tort or other civil action, including an action on a medical, 542
dental, chiropractic, optometric, or other health-related claim, 543

against the health care professional unless the action or 544
omission of the health care professional constitutes willful or 545
wanton misconduct. 546

(3) A physician or podiatrist who is not covered by 547
medical malpractice insurance, but complies with division (B) (2) 548
of this section, is not required to comply with division (A) of 549
section 4731.143 of the Revised Code. 550

(C) Subject to divisions (F) and (G) (3) of this section, 551
health care workers who are volunteers are not liable in damages 552
to any person or government entity in a tort or other civil 553
action, including an action upon a medical, dental, 554
chiropractic, optometric, or other health-related claim, for 555
injury, death, or loss to person or property that allegedly 556
arises from an action or omission of the health care worker in 557
the provision to an indigent and uninsured person of medical, 558
dental, or other health-related diagnosis, care, or treatment, 559
unless the action or omission constitutes willful or wanton 560
misconduct. 561

(D) Subject to divisions (F) and (G) (3) of this section, a 562
nonprofit health care referral organization is not liable in 563
damages to any person or government entity in a tort or other 564
civil action, including an action on a medical, dental, 565
chiropractic, optometric, or other health-related claim, for 566
injury, death, or loss to person or property that allegedly 567
arises from an action or omission of the nonprofit health care 568
referral organization in referring indigent and uninsured 569
persons to, or arranging for the provision of, medical, dental, 570
or other health-related diagnosis, care, or treatment by a 571
health care professional described in division (B) (1) of this 572
section or a health care worker described in division (C) of 573

this section, unless the action or omission constitutes willful 574
or wanton misconduct. 575

(E) Subject to divisions (F) and (G) (3) of this section 576
and to the extent that the registration requirements of section 577
3701.071 of the Revised Code apply, a health care facility or 578
location associated with a health care professional described in 579
division (B) (1) of this section, a health care worker described 580
in division (C) of this section, or a nonprofit health care 581
referral organization described in division (D) of this section 582
is not liable in damages to any person or government entity in a 583
tort or other civil action, including an action on a medical, 584
dental, chiropractic, optometric, or other health-related claim, 585
for injury, death, or loss to person or property that allegedly 586
arises from an action or omission of the health care 587
professional or worker or nonprofit health care referral 588
organization relative to the medical, dental, or other health- 589
related diagnosis, care, or treatment provided to an indigent 590
and uninsured person on behalf of or at the health care facility 591
or location, unless the action or omission constitutes willful 592
or wanton misconduct. 593

(F) (1) Except as provided in division (F) (2) of this 594
section, the immunities provided by divisions (B), (C), (D), and 595
(E) of this section are not available to a health care 596
professional, health care worker, nonprofit health care referral 597
organization, or health care facility or location if, at the 598
time of an alleged injury, death, or loss to person or property, 599
the health care professionals or health care workers involved 600
are providing one of the following: 601

(a) Any medical, dental, or other health-related 602
diagnosis, care, or treatment pursuant to a community service 603

work order entered by a court under division (B) of section 604
2951.02 of the Revised Code or imposed by a court as a community 605
control sanction; 606

(b) Performance of an operation to which any one of the 607
following applies: 608

(i) The operation requires the administration of deep 609
sedation or general anesthesia. 610

(ii) The operation is a procedure that is not typically 611
performed in an office. 612

(iii) The individual involved is a health care 613
professional, and the operation is beyond the scope of practice 614
or the education, training, and competence, as applicable, of 615
the health care professional. 616

(c) Delivery of a baby or any other purposeful termination 617
of a human pregnancy. 618

(2) Division (F)(1) of this section does not apply when a 619
health care professional or health care worker provides medical, 620
dental, or other health-related diagnosis, care, or treatment 621
that is necessary to preserve the life of a person in a medical 622
emergency. 623

(G)(1) This section does not create a new cause of action 624
or substantive legal right against a health care professional, 625
health care worker, nonprofit health care referral organization, 626
or health care facility or location. 627

(2) This section does not affect any immunities from civil 628
liability or defenses established by another section of the 629
Revised Code or available at common law to which a health care 630
professional, health care worker, nonprofit health care referral 631

organization, or health care facility or location may be 632
entitled in connection with the provision of emergency or other 633
medical, dental, or other health-related diagnosis, care, or 634
treatment. 635

(3) This section does not grant an immunity from tort or 636
other civil liability to a health care professional, health care 637
worker, nonprofit health care referral organization, or health 638
care facility or location for actions that are outside the scope 639
of authority of health care professionals or health care 640
workers. 641

In the case of the diagnosis, care, or treatment of an 642
indigent and uninsured person who is eligible for the medicaid 643
program or is a medicaid recipient, this section grants an 644
immunity from tort or other civil liability only if the person's 645
diagnosis, care, or treatment is provided in a free clinic, as 646
defined in section 3701.071 of the Revised Code. 647

(4) This section does not affect any legal responsibility 648
of a health care professional, health care worker, or nonprofit 649
health care referral organization to comply with any applicable 650
law of this state or rule of an agency of this state. 651

(5) This section does not affect any legal responsibility 652
of a health care facility or location to comply with any 653
applicable law of this state, rule of an agency of this state, 654
or local code, ordinance, or regulation that pertains to or 655
regulates building, housing, air pollution, water pollution, 656
sanitation, health, fire, zoning, or safety. 657

Sec. 2317.02. The following persons shall not testify in 658
certain respects: 659

(A) (1) An attorney, concerning a communication made to the 660

attorney by a client in that relation or concerning the 661
attorney's advice to a client, except that the attorney may 662
testify by express consent of the client or, if the client is 663
deceased, by the express consent of the surviving spouse or the 664
executor or administrator of the estate of the deceased client. 665
However, if the client voluntarily reveals the substance of 666
attorney-client communications in a nonprivileged context or is 667
deemed by section 2151.421 of the Revised Code to have waived 668
any testimonial privilege under this division, the attorney may 669
be compelled to testify on the same subject. 670

The testimonial privilege established under this division 671
does not apply concerning either of the following: 672

(a) A communication between a client in a capital case, as 673
defined in section 2901.02 of the Revised Code, and the client's 674
attorney if the communication is relevant to a subsequent 675
ineffective assistance of counsel claim by the client alleging 676
that the attorney did not effectively represent the client in 677
the case; 678

(b) A communication between a client who has since died 679
and the deceased client's attorney if the communication is 680
relevant to a dispute between parties who claim through that 681
deceased client, regardless of whether the claims are by testate 682
or intestate succession or by inter vivos transaction, and the 683
dispute addresses the competency of the deceased client when the 684
deceased client executed a document that is the basis of the 685
dispute or whether the deceased client was a victim of fraud, 686
undue influence, or duress when the deceased client executed a 687
document that is the basis of the dispute. 688

(2) An attorney, concerning a communication made to the 689
attorney by a client in that relationship or the attorney's 690

advice to a client, except that if the client is an insurance 691
company, the attorney may be compelled to testify, subject to an 692
in camera inspection by a court, about communications made by 693
the client to the attorney or by the attorney to the client that 694
are related to the attorney's aiding or furthering an ongoing or 695
future commission of bad faith by the client, if the party 696
seeking disclosure of the communications has made a prima-facie 697
showing of bad faith, fraud, or criminal misconduct by the 698
client. 699

(B) (1) A physician, advanced practice registered nurse, or 700
a dentist concerning a communication made to the physician, 701
advanced practice registered nurse, or dentist by a patient in 702
that relation or the ~~physician's or dentist's~~ advice of a 703
physician, advanced practice registered nurse, or dentist given 704
to a patient, except as otherwise provided in this division, 705
division (B) (2), and division (B) (3) of this section, and except 706
that, if the patient is deemed by section 2151.421 of the 707
Revised Code to have waived any testimonial privilege under this 708
division, the physician or advanced practice registered nurse 709
may be compelled to testify on the same subject. 710

The testimonial privilege established under this division 711
does not apply, and a physician, advanced practice registered 712
nurse, or dentist may testify or may be compelled to testify, in 713
any of the following circumstances: 714

(a) In any civil action, in accordance with the discovery 715
provisions of the Rules of Civil Procedure in connection with a 716
civil action, or in connection with a claim under Chapter 4123. 717
of the Revised Code, under any of the following circumstances: 718

(i) If the patient or the guardian or other legal 719
representative of the patient gives express consent; 720

(ii) If the patient is deceased, the spouse of the patient 721
or the executor or administrator of the patient's estate gives 722
express consent; 723

(iii) If a medical claim, dental claim, chiropractic 724
claim, or optometric claim, as defined in section 2305.113 of 725
the Revised Code, an action for wrongful death, any other type 726
of civil action, or a claim under Chapter 4123. of the Revised 727
Code is filed by the patient, the personal representative of the 728
estate of the patient if deceased, or the patient's guardian or 729
other legal representative. 730

(b) In any civil action concerning court-ordered treatment 731
or services received by a patient, if the court-ordered 732
treatment or services were ordered as part of a case plan 733
journalized under section 2151.412 of the Revised Code or the 734
court-ordered treatment or services are necessary or relevant to 735
dependency, neglect, or abuse or temporary or permanent custody 736
proceedings under Chapter 2151. of the Revised Code. 737

(c) In any criminal action concerning any test or the 738
results of any test that determines the presence or 739
concentration of alcohol, a drug of abuse, a combination of 740
them, a controlled substance, or a metabolite of a controlled 741
substance in the patient's whole blood, blood serum or plasma, 742
breath, urine, or other bodily substance at any time relevant to 743
the criminal offense in question. 744

(d) In any criminal action against a physician, advanced 745
practice registered nurse, or dentist. In such an action, the 746
testimonial privilege established under this division does not 747
prohibit the admission into evidence, in accordance with the 748
Rules of Evidence, of a patient's medical or dental records or 749
other communications between a patient and the physician, 750

advanced practice registered nurse, or dentist that are related 751
to the action and obtained by subpoena, search warrant, or other 752
lawful means. A court that permits or compels a physician, 753
advanced practice registered nurse, or dentist to testify in 754
such an action or permits the introduction into evidence of 755
patient records or other communications in such an action shall 756
require that appropriate measures be taken to ensure that the 757
confidentiality of any patient named or otherwise identified in 758
the records is maintained. Measures to ensure confidentiality 759
that may be taken by the court include sealing its records or 760
deleting specific information from its records. 761

(e) (i) If the communication was between a patient who has 762
since died and the deceased patient's physician, advanced 763
practice registered nurse, or dentist, the communication is 764
relevant to a dispute between parties who claim through that 765
deceased patient, regardless of whether the claims are by 766
testate or intestate succession or by inter vivos transaction, 767
and the dispute addresses the competency of the deceased patient 768
when the deceased patient executed a document that is the basis 769
of the dispute or whether the deceased patient was a victim of 770
fraud, undue influence, or duress when the deceased patient 771
executed a document that is the basis of the dispute. 772

(ii) If neither the spouse of a patient nor the executor 773
or administrator of that patient's estate gives consent under 774
division (B) (1) (a) (ii) of this section, testimony or the 775
disclosure of the patient's medical records by a physician, 776
advanced practice registered nurse, dentist, or other health 777
care provider under division (B) (1) (e) (i) of this section is a 778
permitted use or disclosure of protected health information, as 779
defined in 45 C.F.R. 160.103, and an authorization or 780
opportunity to be heard shall not be required. 781

(iii) Division (B) (1) (e) (i) of this section does not 782
require a mental health professional to disclose psychotherapy 783
notes, as defined in 45 C.F.R. 164.501. 784

(iv) An interested person who objects to testimony or 785
disclosure under division (B) (1) (e) (i) of this section may seek 786
a protective order pursuant to Civil Rule 26. 787

(v) A person to whom protected health information is 788
disclosed under division (B) (1) (e) (i) of this section shall not 789
use or disclose the protected health information for any purpose 790
other than the litigation or proceeding for which the 791
information was requested and shall return the protected health 792
information to the covered entity or destroy the protected 793
health information, including all copies made, at the conclusion 794
of the litigation or proceeding. 795

(2) (a) If any law enforcement officer submits a written 796
statement to a health care provider that states that an official 797
criminal investigation has begun regarding a specified person or 798
that a criminal action or proceeding has been commenced against 799
a specified person, that requests the provider to supply to the 800
officer copies of any records the provider possesses that 801
pertain to any test or the results of any test administered to 802
the specified person to determine the presence or concentration 803
of alcohol, a drug of abuse, a combination of them, a controlled 804
substance, or a metabolite of a controlled substance in the 805
person's whole blood, blood serum or plasma, breath, or urine at 806
any time relevant to the criminal offense in question, and that 807
conforms to section 2317.022 of the Revised Code, the provider, 808
except to the extent specifically prohibited by any law of this 809
state or of the United States, shall supply to the officer a 810
copy of any of the requested records the provider possesses. If 811

the health care provider does not possess any of the requested 812
records, the provider shall give the officer a written statement 813
that indicates that the provider does not possess any of the 814
requested records. 815

(b) If a health care provider possesses any records of the 816
type described in division (B) (2) (a) of this section regarding 817
the person in question at any time relevant to the criminal 818
offense in question, in lieu of personally testifying as to the 819
results of the test in question, the custodian of the records 820
may submit a certified copy of the records, and, upon its 821
submission, the certified copy is qualified as authentic 822
evidence and may be admitted as evidence in accordance with the 823
Rules of Evidence. Division (A) of section 2317.422 of the 824
Revised Code does not apply to any certified copy of records 825
submitted in accordance with this division. Nothing in this 826
division shall be construed to limit the right of any party to 827
call as a witness the person who administered the test to which 828
the records pertain, the person under whose supervision the test 829
was administered, the custodian of the records, the person who 830
made the records, or the person under whose supervision the 831
records were made. 832

(3) (a) If the testimonial privilege described in division 833
(B) (1) of this section does not apply as provided in division 834
(B) (1) (a) (iii) of this section, a physician, advanced practice 835
registered nurse, or dentist may be compelled to testify or to 836
submit to discovery under the Rules of Civil Procedure only as 837
to a communication made to the physician, advanced practice 838
registered nurse, or dentist by the patient in question in that 839
relation, or the ~~physician's or dentist's~~ advice of the 840
physician, advanced practice registered nurse, or dentist given 841
to the patient in question, that related causally or 842

historically to physical or mental injuries that are relevant to 843
issues in the medical claim, dental claim, chiropractic claim, 844
or optometric claim, action for wrongful death, other civil 845
action, or claim under Chapter 4123. of the Revised Code. 846

(b) If the testimonial privilege described in division (B) 847
(1) of this section does not apply to a physician, advanced 848
practice registered nurse, or dentist as provided in division 849
(B) (1) (c) of this section, the physician, advanced practice 850
registered nurse, or dentist, in lieu of personally testifying 851
as to the results of the test in question, may submit a 852
certified copy of those results, and, upon its submission, the 853
certified copy is qualified as authentic evidence and may be 854
admitted as evidence in accordance with the Rules of Evidence. 855
Division (A) of section 2317.422 of the Revised Code does not 856
apply to any certified copy of results submitted in accordance 857
with this division. Nothing in this division shall be construed 858
to limit the right of any party to call as a witness the person 859
who administered the test in question, the person under whose 860
supervision the test was administered, the custodian of the 861
results of the test, the person who compiled the results, or the 862
person under whose supervision the results were compiled. 863

(4) The testimonial privilege described in division (B) (1) 864
of this section is not waived when a communication is made by a 865
physician or advanced practice registered nurse to a pharmacist 866
or when there is communication between a patient and a 867
pharmacist in furtherance of the physician-patient or advanced 868
practice registered nurse-patient relation. 869

(5) (a) As used in divisions (B) (1) to (4) of this section, 870
"communication" means acquiring, recording, or transmitting any 871
information, in any manner, concerning any facts, opinions, or 872

statements necessary to enable a physician, advanced practice 873
registered nurse, or dentist to diagnose, treat, prescribe, or 874
act for a patient. A "communication" may include, but is not 875
limited to, any medical or dental, office, or hospital 876
communication such as a record, chart, letter, memorandum, 877
laboratory test and results, x-ray, photograph, financial 878
statement, diagnosis, or prognosis. 879

(b) As used in division (B) (2) of this section, "health 880
care provider" means a hospital, ambulatory care facility, long- 881
term care facility, pharmacy, emergency facility, or health care 882
practitioner. 883

(c) As used in division (B) (5) (b) of this section: 884

(i) "Ambulatory care facility" means a facility that 885
provides medical, diagnostic, or surgical treatment to patients 886
who do not require hospitalization, including a dialysis center, 887
ambulatory surgical facility, cardiac catheterization facility, 888
diagnostic imaging center, extracorporeal shock wave lithotripsy 889
center, home health agency, inpatient hospice, birthing center, 890
radiation therapy center, emergency facility, and an urgent care 891
center. "Ambulatory health care facility" does not include the 892
private office of a physician, advanced practice registered 893
nurse, or dentist, whether the office is for an individual or 894
group practice. 895

(ii) "Emergency facility" means a hospital emergency 896
department or any other facility that provides emergency medical 897
services. 898

(iii) "Health care practitioner" has the same meaning as 899
in section 4769.01 of the Revised Code. 900

(iv) "Hospital" has the same meaning as in section 3727.01 901

of the Revised Code. 902

(v) "Long-term care facility" means a nursing home, 903
residential care facility, or home for the aging, as those terms 904
are defined in section 3721.01 of the Revised Code; a 905
residential facility licensed under section 5119.34 of the 906
Revised Code that provides accommodations, supervision, and 907
personal care services for three to sixteen unrelated adults; a 908
nursing facility, as defined in section 5165.01 of the Revised 909
Code; a skilled nursing facility, as defined in section 5165.01 910
of the Revised Code; and an intermediate care facility for 911
individuals with intellectual disabilities, as defined in 912
section 5124.01 of the Revised Code. 913

(vi) "Pharmacy" has the same meaning as in section 4729.01 914
of the Revised Code. 915

(d) As used in divisions (B) (1) and (2) of this section, 916
"drug of abuse" has the same meaning as in section 4506.01 of 917
the Revised Code. 918

(6) Divisions (B) (1), (2), (3), (4), and (5) of this 919
section apply to doctors of medicine, doctors of osteopathic 920
medicine, doctors of podiatry, advanced practice registered 921
nurses, and dentists. 922

(7) Nothing in divisions (B) (1) to (6) of this section 923
affects, or shall be construed as affecting, the immunity from 924
civil liability conferred by section 307.628 of the Revised Code 925
or the immunity from civil liability conferred by section 926
2305.33 of the Revised Code upon physicians or advanced practice 927
registered nurses who report an employee's use of a drug of 928
abuse, or a condition of an employee other than one involving 929
the use of a drug of abuse, to the employer of the employee in 930

accordance with division (B) of that section. As used in 931
division (B) (7) of this section, "employee," "employer," and 932
"physician" have the same meanings as in section 2305.33 of the 933
Revised Code and "advanced practice registered nurse" has the 934
same meaning as in section 4723.01 of the Revised Code. 935

(C) (1) A cleric, when the cleric remains accountable to 936
the authority of that cleric's church, denomination, or sect, 937
concerning a confession made, or any information confidentially 938
communicated, to the cleric for a religious counseling purpose 939
in the cleric's professional character. The cleric may testify 940
by express consent of the person making the communication, 941
except when the disclosure of the information is in violation of 942
a sacred trust and except that, if the person voluntarily 943
testifies or is deemed by division (A) (4) (c) of section 2151.421 944
of the Revised Code to have waived any testimonial privilege 945
under this division, the cleric may be compelled to testify on 946
the same subject except when disclosure of the information is in 947
violation of a sacred trust. 948

(2) As used in division (C) of this section: 949

(a) "Cleric" means a member of the clergy, rabbi, priest, 950
Christian Science practitioner, or regularly ordained, 951
accredited, or licensed minister of an established and legally 952
cognizable church, denomination, or sect. 953

(b) "Sacred trust" means a confession or confidential 954
communication made to a cleric in the cleric's ecclesiastical 955
capacity in the course of discipline enjoined by the church to 956
which the cleric belongs, including, but not limited to, the 957
Catholic Church, if both of the following apply: 958

(i) The confession or confidential communication was made 959

directly to the cleric. 960

(ii) The confession or confidential communication was made 961
in the manner and context that places the cleric specifically 962
and strictly under a level of confidentiality that is considered 963
inviolable by canon law or church doctrine. 964

(D) Husband or wife, concerning any communication made by 965
one to the other, or an act done by either in the presence of 966
the other, during coverture, unless the communication was made, 967
or act done, in the known presence or hearing of a third person 968
competent to be a witness; and such rule is the same if the 969
marital relation has ceased to exist; 970

(E) A person who assigns a claim or interest, concerning 971
any matter in respect to which the person would not, if a party, 972
be permitted to testify; 973

(F) A person who, if a party, would be restricted under 974
section 2317.03 of the Revised Code, when the property or thing 975
is sold or transferred by an executor, administrator, guardian, 976
trustee, heir, devisee, or legatee, shall be restricted in the 977
same manner in any action or proceeding concerning the property 978
or thing. 979

(G) (1) A school guidance counselor who holds a valid 980
educator license from the state board of education as provided 981
for in section 3319.22 of the Revised Code, a person licensed 982
under Chapter 4757. of the Revised Code as a licensed 983
professional clinical counselor, licensed professional 984
counselor, social worker, independent social worker, marriage 985
and family therapist or independent marriage and family 986
therapist, or registered under Chapter 4757. of the Revised Code 987
as a social work assistant concerning a confidential 988

communication received from a client in that relation or the	989
person's advice to a client unless any of the following applies:	990
(a) The communication or advice indicates clear and	991
present danger to the client or other persons. For the purposes	992
of this division, cases in which there are indications of	993
present or past child abuse or neglect of the client constitute	994
a clear and present danger.	995
(b) The client gives express consent to the testimony.	996
(c) If the client is deceased, the surviving spouse or the	997
executor or administrator of the estate of the deceased client	998
gives express consent.	999
(d) The client voluntarily testifies, in which case the	1000
school guidance counselor or person licensed or registered under	1001
Chapter 4757. of the Revised Code may be compelled to testify on	1002
the same subject.	1003
(e) The court in camera determines that the information	1004
communicated by the client is not germane to the counselor-	1005
client, marriage and family therapist-client, or social worker-	1006
client relationship.	1007
(f) A court, in an action brought against a school, its	1008
administration, or any of its personnel by the client, rules	1009
after an in-camera inspection that the testimony of the school	1010
guidance counselor is relevant to that action.	1011
(g) The testimony is sought in a civil action and concerns	1012
court-ordered treatment or services received by a patient as	1013
part of a case plan journalized under section 2151.412 of the	1014
Revised Code or the court-ordered treatment or services are	1015
necessary or relevant to dependency, neglect, or abuse or	1016
temporary or permanent custody proceedings under Chapter 2151.	1017

of the Revised Code. 1018

(2) Nothing in division (G) (1) of this section shall 1019
relieve a school guidance counselor or a person licensed or 1020
registered under Chapter 4757. of the Revised Code from the 1021
requirement to report information concerning child abuse or 1022
neglect under section 2151.421 of the Revised Code. 1023

(H) A mediator acting under a mediation order issued under 1024
division (A) of section 3109.052 of the Revised Code or 1025
otherwise issued in any proceeding for divorce, dissolution, 1026
legal separation, annulment, or the allocation of parental 1027
rights and responsibilities for the care of children, in any 1028
action or proceeding, other than a criminal, delinquency, child 1029
abuse, child neglect, or dependent child action or proceeding, 1030
that is brought by or against either parent who takes part in 1031
mediation in accordance with the order and that pertains to the 1032
mediation process, to any information discussed or presented in 1033
the mediation process, to the allocation of parental rights and 1034
responsibilities for the care of the parents' children, or to 1035
the awarding of parenting time rights in relation to their 1036
children; 1037

(I) A communications assistant, acting within the scope of 1038
the communication assistant's authority, when providing 1039
telecommunications relay service pursuant to section 4931.06 of 1040
the Revised Code or Title II of the "Communications Act of 1041
1934," 104 Stat. 366 (1990), 47 U.S.C. 225, concerning a 1042
communication made through a telecommunications relay service. 1043
Nothing in this section shall limit the obligation of a 1044
communications assistant to divulge information or testify when 1045
mandated by federal law or regulation or pursuant to subpoena in 1046
a criminal proceeding. 1047

Nothing in this section shall limit any immunity or 1048
privilege granted under federal law or regulation. 1049

(J) (1) A chiropractor in a civil proceeding concerning a 1050
communication made to the chiropractor by a patient in that 1051
relation or the chiropractor's advice to a patient, except as 1052
otherwise provided in this division. The testimonial privilege 1053
established under this division does not apply, and a 1054
chiropractor may testify or may be compelled to testify, in any 1055
civil action, in accordance with the discovery provisions of the 1056
Rules of Civil Procedure in connection with a civil action, or 1057
in connection with a claim under Chapter 4123. of the Revised 1058
Code, under any of the following circumstances: 1059

(a) If the patient or the guardian or other legal 1060
representative of the patient gives express consent. 1061

(b) If the patient is deceased, the spouse of the patient 1062
or the executor or administrator of the patient's estate gives 1063
express consent. 1064

(c) If a medical claim, dental claim, chiropractic claim, 1065
or optometric claim, as defined in section 2305.113 of the 1066
Revised Code, an action for wrongful death, any other type of 1067
civil action, or a claim under Chapter 4123. of the Revised Code 1068
is filed by the patient, the personal representative of the 1069
estate of the patient if deceased, or the patient's guardian or 1070
other legal representative. 1071

(2) If the testimonial privilege described in division (J) 1072
(1) of this section does not apply as provided in division (J) 1073
(1)(c) of this section, a chiropractor may be compelled to 1074
testify or to submit to discovery under the Rules of Civil 1075
Procedure only as to a communication made to the chiropractor by 1076

the patient in question in that relation, or the chiropractor's 1077
advice to the patient in question, that related causally or 1078
historically to physical or mental injuries that are relevant to 1079
issues in the medical claim, dental claim, chiropractic claim, 1080
or optometric claim, action for wrongful death, other civil 1081
action, or claim under Chapter 4123. of the Revised Code. 1082

(3) The testimonial privilege established under this 1083
division does not apply, and a chiropractor may testify or be 1084
compelled to testify, in any criminal action or administrative 1085
proceeding. 1086

(4) As used in this division, "communication" means 1087
acquiring, recording, or transmitting any information, in any 1088
manner, concerning any facts, opinions, or statements necessary 1089
to enable a chiropractor to diagnose, treat, or act for a 1090
patient. A communication may include, but is not limited to, any 1091
chiropractic, office, or hospital communication such as a 1092
record, chart, letter, memorandum, laboratory test and results, 1093
x-ray, photograph, financial statement, diagnosis, or prognosis. 1094

(K) (1) Except as provided under division (K) (2) of this 1095
section, a critical incident stress management team member 1096
concerning a communication received from an individual who 1097
receives crisis response services from the team member, or the 1098
team member's advice to the individual, during a debriefing 1099
session. 1100

(2) The testimonial privilege established under division 1101
(K) (1) of this section does not apply if any of the following 1102
are true: 1103

(a) The communication or advice indicates clear and 1104
present danger to the individual who receives crisis response 1105

services or to other persons. For purposes of this division, 1106
cases in which there are indications of present or past child 1107
abuse or neglect of the individual constitute a clear and 1108
present danger. 1109

(b) The individual who received crisis response services 1110
gives express consent to the testimony. 1111

(c) If the individual who received crisis response 1112
services is deceased, the surviving spouse or the executor or 1113
administrator of the estate of the deceased individual gives 1114
express consent. 1115

(d) The individual who received crisis response services 1116
voluntarily testifies, in which case the team member may be 1117
compelled to testify on the same subject. 1118

(e) The court in camera determines that the information 1119
communicated by the individual who received crisis response 1120
services is not germane to the relationship between the 1121
individual and the team member. 1122

(f) The communication or advice pertains or is related to 1123
any criminal act. 1124

(3) As used in division (K) of this section: 1125

(a) "Crisis response services" means consultation, risk 1126
assessment, referral, and on-site crisis intervention services 1127
provided by a critical incident stress management team to 1128
individuals affected by crisis or disaster. 1129

(b) "Critical incident stress management team member" or 1130
"team member" means an individual specially trained to provide 1131
crisis response services as a member of an organized community 1132
or local crisis response team that holds membership in the Ohio 1133

critical incident stress management network. 1134

(c) "Debriefing session" means a session at which crisis 1135
response services are rendered by a critical incident stress 1136
management team member during or after a crisis or disaster. 1137

(L) (1) Subject to division (L) (2) of this section and 1138
except as provided in division (L) (3) of this section, an 1139
employee assistance professional, concerning a communication 1140
made to the employee assistance professional by a client in the 1141
employee assistance professional's official capacity as an 1142
employee assistance professional. 1143

(2) Division (L) (1) of this section applies to an employee 1144
assistance professional who meets either or both of the 1145
following requirements: 1146

(a) Is certified by the employee assistance certification 1147
commission to engage in the employee assistance profession; 1148

(b) Has education, training, and experience in all of the 1149
following: 1150

(i) Providing workplace-based services designed to address 1151
employer and employee productivity issues; 1152

(ii) Providing assistance to employees and employees' 1153
dependents in identifying and finding the means to resolve 1154
personal problems that affect the employees or the employees' 1155
performance; 1156

(iii) Identifying and resolving productivity problems 1157
associated with an employee's concerns about any of the 1158
following matters: health, marriage, family, finances, substance 1159
abuse or other addiction, workplace, law, and emotional issues; 1160

(iv) Selecting and evaluating available community 1161

resources;	1162
(v) Making appropriate referrals;	1163
(vi) Local and national employee assistance agreements;	1164
(vii) Client confidentiality.	1165
(3) Division (L)(1) of this section does not apply to any of the following:	1166 1167
(a) A criminal action or proceeding involving an offense under sections 2903.01 to 2903.06 of the Revised Code if the employee assistance professional's disclosure or testimony relates directly to the facts or immediate circumstances of the offense;	1168 1169 1170 1171 1172
(b) A communication made by a client to an employee assistance professional that reveals the contemplation or commission of a crime or serious, harmful act;	1173 1174 1175
(c) A communication that is made by a client who is an unemancipated minor or an adult adjudicated to be incompetent and indicates that the client was the victim of a crime or abuse;	1176 1177 1178 1179
(d) A civil proceeding to determine an individual's mental competency or a criminal action in which a plea of not guilty by reason of insanity is entered;	1180 1181 1182
(e) A civil or criminal malpractice action brought against the employee assistance professional;	1183 1184
(f) When the employee assistance professional has the express consent of the client or, if the client is deceased or disabled, the client's legal representative;	1185 1186 1187
(g) When the testimonial privilege otherwise provided by	1188

division (L) (1) of this section is abrogated under law. 1189

Sec. 2919.171. (A) A physician who performs or induces or 1190
attempts to perform or induce an abortion on a pregnant woman 1191
shall submit a report to the department of health in accordance 1192
with the forms, rules, and regulations adopted by the department 1193
that includes all of the information the physician is required 1194
to certify in writing or determine under sections 2919.17 and 1195
2919.18 of the Revised Code: 1196

(B) By September 30 of each year, the department of health 1197
shall issue a public report that provides statistics for the 1198
previous calendar year compiled from all of the reports covering 1199
that calendar year submitted to the department in accordance 1200
with this section for each of the items listed in division (A) 1201
of this section. The report shall also provide the statistics 1202
for each previous calendar year in which a report was filed with 1203
the department pursuant to this section, adjusted to reflect any 1204
additional information that a physician provides to the 1205
department in a late or corrected report. The department shall 1206
ensure that none of the information included in the report could 1207
reasonably lead to the identification of any pregnant woman upon 1208
whom an abortion is performed. 1209

(C) (1) The physician shall submit the report described in 1210
division (A) of this section to the department of health within 1211
fifteen days after the woman is discharged. If the physician 1212
fails to submit the report more than thirty days after that 1213
fifteen-day deadline, the physician shall be subject to a late 1214
fee of five hundred dollars for each additional thirty-day 1215
period or portion of a thirty-day period the report is overdue. 1216
A physician who is required to submit to the department of 1217
health a report under division (A) of this section and who has 1218

not submitted a report or has submitted an incomplete report 1219
more than one year following the fifteen-day deadline may, in an 1220
action brought by the department of health, be directed by a 1221
court of competent jurisdiction to submit a complete report to 1222
the department of health within a period of time stated in a 1223
court order or be subject to contempt of court. 1224

(2) If a physician fails to comply with the requirements 1225
of this section, other than filing a late report with the 1226
department of health, or fails to submit a complete report to 1227
the department of health in accordance with a court order, the 1228
physician is subject to division (B) ~~(41)~~ (44) of section 4731.22 1229
of the Revised Code. 1230

(3) No person shall falsify any report required under this 1231
section. Whoever violates this division is guilty of abortion 1232
report falsification, a misdemeanor of the first degree. 1233

(D) Within ninety days of ~~the effective date of this~~ 1234
~~section~~ October 20, 2011, the department of health shall adopt 1235
rules pursuant to section 111.15 of the Revised Code to assist 1236
in compliance with this section. 1237

Sec. 2921.22. (A) (1) Except as provided in division (A) (2) 1238
of this section, no person, knowing that a felony has been or is 1239
being committed, shall knowingly fail to report such information 1240
to law enforcement authorities. 1241

(2) No person, knowing that a violation of division (B) of 1242
section 2913.04 of the Revised Code has been, or is being 1243
committed or that the person has received information derived 1244
from such a violation, shall knowingly fail to report the 1245
violation to law enforcement authorities. 1246

(B) Except for conditions that are within the scope of 1247

division (E) of this section, no ~~physician, limited-~~ 1248
~~practitioner, nurse, or other~~ person giving aid to a sick or 1249
injured person shall negligently fail to report to law 1250
enforcement authorities any gunshot or stab wound treated or 1251
observed by the ~~physician, limited practitioner, nurse, or-~~ 1252
person, or any serious physical harm to persons that the 1253
~~physician, limited practitioner, nurse, or person~~ knows or has 1254
reasonable cause to believe resulted from an offense of 1255
violence. 1256

(C) No person who discovers the body or acquires the first 1257
knowledge of the death of a person shall fail to report the 1258
death immediately to a physician or advanced practice registered 1259
nurse whom the person knows to be treating the deceased for a 1260
condition from which death at such time would not be unexpected, 1261
or to a law enforcement officer, an ambulance service, an 1262
emergency squad, or the coroner in a political subdivision in 1263
which the body is discovered, the death is believed to have 1264
occurred, or knowledge concerning the death is obtained. For 1265
purposes of this division, "advanced practice registered nurse" 1266
does not include a certified registered nurse anesthetist. 1267

(D) No person shall fail to provide upon request of the 1268
person to whom a report required by division (C) of this section 1269
was made, or to any law enforcement officer who has reasonable 1270
cause to assert the authority to investigate the circumstances 1271
surrounding the death, any facts within the person's knowledge 1272
that may have a bearing on the investigation of the death. 1273

(E) (1) As used in this division, "burn injury" means any 1274
of the following: 1275

(a) Second or third degree burns; 1276

(b) Any burns to the upper respiratory tract or laryngeal	1277
edema due to the inhalation of superheated air;	1278
(c) Any burn injury or wound that may result in death;	1279
(d) Any physical harm to persons caused by or as the	1280
result of the use of fireworks, novelties and trick noisemakers,	1281
and wire sparklers, as each is defined by section 3743.01 of the	1282
Revised Code.	1283
(2) No physician, nurse, <u>physician assistant</u> , or limited	1284
practitioner who, outside a hospital, sanitarium, or other	1285
medical facility, attends or treats a person who has sustained a	1286
burn injury that is inflicted by an explosion or other	1287
incendiary device or that shows evidence of having been	1288
inflicted in a violent, malicious, or criminal manner shall fail	1289
to report the burn injury immediately to the local arson, or	1290
fire and explosion investigation, bureau, if there is a bureau	1291
of this type in the jurisdiction in which the person is attended	1292
or treated, or otherwise to local law enforcement authorities.	1293
(3) No manager, superintendent, or other person in charge	1294
of a hospital, sanitarium, or other medical facility in which a	1295
person is attended or treated for any burn injury that is	1296
inflicted by an explosion or other incendiary device or that	1297
shows evidence of having been inflicted in a violent, malicious,	1298
or criminal manner shall fail to report the burn injury	1299
immediately to the local arson, or fire and explosion	1300
investigation, bureau, if there is a bureau of this type in the	1301
jurisdiction in which the person is attended or treated, or	1302
otherwise to local law enforcement authorities.	1303
(4) No person who is required to report any burn injury	1304
under division (E) (2) or (3) of this section shall fail to file,	1305

within three working days after attending or treating the 1306
victim, a written report of the burn injury with the office of 1307
the state fire marshal. The report shall comply with the uniform 1308
standard developed by the state fire marshal pursuant to 1309
division (A) (15) of section 3737.22 of the Revised Code. 1310

(5) Anyone participating in the making of reports under 1311
division (E) of this section or anyone participating in a 1312
judicial proceeding resulting from the reports is immune from 1313
any civil or criminal liability that otherwise might be incurred 1314
or imposed as a result of such actions. Notwithstanding section 1315
4731.22 of the Revised Code, the physician-patient relationship 1316
or advanced practice registered nurse-patient relationship is 1317
not a ground for excluding evidence regarding a person's burn 1318
injury or the cause of the burn injury in any judicial 1319
proceeding resulting from a report submitted under division (E) 1320
of this section. 1321

(F) (1) Any doctor of medicine or osteopathic medicine, 1322
hospital intern or resident, ~~registered or licensed practical~~ 1323
nurse, psychologist, social worker, independent social worker, 1324
social work assistant, licensed professional clinical counselor, 1325
licensed professional counselor, independent marriage and family 1326
therapist, or marriage and family therapist who knows or has 1327
reasonable cause to believe that a patient or client has been 1328
the victim of domestic violence, as defined in section 3113.31 1329
of the Revised Code, shall note that knowledge or belief and the 1330
basis for it in the patient's or client's records. 1331

(2) Notwithstanding section 4731.22 of the Revised Code, 1332
the ~~doctor-patient-physician-patient~~ privilege or advanced 1333
practice registered nurse-patient privilege shall not be a 1334
ground for excluding any information regarding the report 1335

containing the knowledge or belief noted under division (F) (1) 1336
of this section, and the information may be admitted as evidence 1337
in accordance with the Rules of Evidence. 1338

(G) Divisions (A) and (D) of this section do not require 1339
disclosure of information, when any of the following applies: 1340

(1) The information is privileged by reason of the 1341
relationship between attorney and client; ~~doctor~~ physician and 1342
patient; advanced practice registered nurse and patient; 1343
licensed psychologist or licensed school psychologist and 1344
client; licensed professional clinical counselor, licensed 1345
professional counselor, independent social worker, social 1346
worker, independent marriage and family therapist, or marriage 1347
and family therapist and client; member of the clergy, rabbi, 1348
minister, or priest and any person communicating information 1349
confidentially to the member of the clergy, rabbi, minister, or 1350
priest for a religious counseling purpose of a professional 1351
character; husband and wife; or a communications assistant and 1352
those who are a party to a telecommunications relay service 1353
call. 1354

(2) The information would tend to incriminate a member of 1355
the actor's immediate family. 1356

(3) Disclosure of the information would amount to 1357
revealing a news source, privileged under section 2739.04 or 1358
2739.12 of the Revised Code. 1359

(4) Disclosure of the information would amount to 1360
disclosure by a member of the ordained clergy of an organized 1361
religious body of a confidential communication made to that 1362
member of the clergy in that member's capacity as a member of 1363
the clergy by a person seeking the aid or counsel of that member 1364

of the clergy. 1365

(5) Disclosure would amount to revealing information 1366
acquired by the actor in the course of the actor's duties in 1367
connection with a bona fide program of treatment or services for 1368
drug dependent persons or persons in danger of drug dependence, 1369
which program is maintained or conducted by a hospital, clinic, 1370
person, agency, or services provider certified pursuant to 1371
section 5119.36 of the Revised Code. 1372

(6) Disclosure would amount to revealing information 1373
acquired by the actor in the course of the actor's duties in 1374
connection with a bona fide program for providing counseling 1375
services to victims of crimes that are violations of section 1376
2907.02 or 2907.05 of the Revised Code or to victims of 1377
felonious sexual penetration in violation of former section 1378
2907.12 of the Revised Code. As used in this division, 1379
"counseling services" include services provided in an informal 1380
setting by a person who, by education or experience, is 1381
competent to provide those services. 1382

(H) No disclosure of information pursuant to this section 1383
gives rise to any liability or recrimination for a breach of 1384
privilege or confidence. 1385

(I) Whoever violates division (A) or (B) of this section 1386
is guilty of failure to report a crime. Violation of division 1387
(A) (1) of this section is a misdemeanor of the fourth degree. 1388
Violation of division (A) (2) or (B) of this section is a 1389
misdemeanor of the second degree. 1390

(J) Whoever violates division (C) or (D) of this section 1391
is guilty of failure to report knowledge of a death, a 1392
misdemeanor of the fourth degree. 1393

(K) (1) Whoever negligently violates division (E) of this section is guilty of a minor misdemeanor. 1394
1395

(2) Whoever knowingly violates division (E) of this section is guilty of a misdemeanor of the second degree. 1396
1397

(L) As used in this section, "nurse" includes an advanced practice registered nurse, registered nurse, and licensed practical nurse. 1398
1399
1400

Sec. 2925.61. (A) As used in this section: 1401

(1) "Law enforcement agency" means a government entity that employs peace officers to perform law enforcement duties. 1402
1403

(2) "Licensed health professional" means all of the following: 1404
1405

(a) A physician; 1406

(b) A physician assistant who is licensed under Chapter 4730. of the Revised Code, holds a valid prescriber number issued by the state medical board, and has been granted physician-delegated prescriptive authority; 1407
1408
1409
1410

~~(c) A clinical nurse specialist, certified nurse midwife, or certified~~ An advanced practice registered nurse practitioner who holds a certificate to prescribe current, valid license issued under ~~section 4723.48~~ Chapter 4723. of the Revised Code and is designated as a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner. 1411
1412
1413
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(3) "Peace officer" has the same meaning as in section 2921.51 of the Revised Code. 1417
1418

(4) "Physician" means an individual who is authorized under Chapter 4731. of the Revised Code to practice medicine and 1419
1420

surgery, osteopathic medicine and surgery, or podiatric medicine 1421
and surgery. 1422

(B) A family member, friend, or other individual who is in 1423
a position to assist an individual who is apparently 1424
experiencing or at risk of experiencing an opioid-related 1425
overdose, is not subject to criminal prosecution for a violation 1426
of section 4731.41 of the Revised Code or criminal prosecution 1427
under this chapter if the individual, acting in good faith, does 1428
all of the following: 1429

(1) Obtains naloxone pursuant to a prescription issued by 1430
a licensed health professional or obtains naloxone from one of 1431
the following: a licensed health professional, an individual who 1432
is authorized by a physician under section 4731.941 of the 1433
Revised Code to personally furnish naloxone, or a pharmacist or 1434
pharmacy intern who is authorized by a physician or board of 1435
health under section 4729.44 of the Revised Code to dispense 1436
naloxone without a prescription; 1437

(2) Administers the naloxone obtained as described in 1438
division (B)(1) of this section to an individual who is 1439
apparently experiencing an opioid-related overdose; 1440

(3) Attempts to summon emergency services as soon as 1441
practicable either before or after administering the naloxone. 1442

(C) Division (B) of this section does not apply to a peace 1443
officer or to an emergency medical technician-basic, emergency 1444
medical technician-intermediate, or emergency medical 1445
technician-paramedic, as defined in section 4765.01 of the 1446
Revised Code. 1447

(D) A peace officer employed by a law enforcement agency 1448
is not subject to administrative action, criminal prosecution 1449

for a violation of section 4731.41 of the Revised Code, or 1450
criminal prosecution under this chapter if the peace officer, 1451
acting in good faith, obtains naloxone from the peace officer's 1452
law enforcement agency and administers the naloxone to an 1453
individual who is apparently experiencing an opioid-related 1454
overdose. 1455

Sec. 3701.351. (A) The governing body of every hospital 1456
shall set standards and procedures to be applied by the hospital 1457
and its medical staff in considering and acting upon 1458
applications for staff membership or professional privileges. 1459
These standards and procedures shall be available for public 1460
inspection. 1461

(B) The governing body of any hospital, in considering and 1462
acting upon applications for staff membership or professional 1463
privileges within the scope of the applicants' respective 1464
licensures, shall not discriminate against a qualified person 1465
solely on the basis of whether that person is certified to 1466
practice medicine, osteopathic medicine, or podiatry, ~~or is~~ 1467
licensed to practice dentistry or psychology, or is licensed to 1468
practice nursing as an advanced practice registered nurse. Staff 1469
membership or professional privileges shall be considered and 1470
acted on in accordance with standards and procedures established 1471
under division (A) of this section. This section does not permit 1472
a psychologist to admit a patient to a hospital in violation of 1473
section 3727.06 of the Revised Code. 1474

(C) The governing body of any hospital that is licensed to 1475
provide maternity services, in considering and acting upon 1476
applications for clinical privileges, shall not discriminate 1477
against a qualified person solely on the basis that the person 1478
is authorized to practice nurse-midwifery. An application from a 1479

certified nurse-midwife who is not employed by the hospital 1480
shall contain the name of a physician member of the hospital's 1481
medical staff who holds clinical privileges in obstetrics at 1482
that hospital and who has agreed to be the collaborating 1483
physician for the applicant in accordance with section 4723.43 1484
of the Revised Code. 1485

(D) Any person may apply to the court of common pleas for 1486
temporary or permanent injunctions restraining a violation of 1487
division (A), (B), or (C) of this section. This action is an 1488
additional remedy not dependent on the adequacy of the remedy at 1489
law. 1490

(E) (1) If a hospital does not provide or permit the 1491
provision of any diagnostic or treatment service for mental or 1492
emotional disorders or any other service that may be legally 1493
performed by a psychologist licensed under Chapter 4732. of the 1494
Revised Code, this section does not require the hospital to 1495
provide or permit the provision of any such service and the 1496
hospital shall be exempt from requirements of this section 1497
pertaining to psychologists. 1498

(2) This section does not impair the right of a hospital 1499
to enter into an employment, personal service, or any other kind 1500
of contract with a licensed psychologist, upon any such terms as 1501
the parties may mutually agree, for the provision of any service 1502
that may be legally performed by a licensed psychologist. 1503

Sec. 3701.926. (A) To be eligible for inclusion in the 1504
patient centered medical home education pilot project, a primary 1505
care practice led by physicians shall meet all of the following 1506
requirements: 1507

(1) Consist of physicians who are board-certified in 1508

family medicine, general pediatrics, or internal medicine, as 1509
those designations are issued by a medical specialty certifying 1510
board recognized by the American board of medical specialties or 1511
American osteopathic association; 1512

(2) Be capable of adapting the practice during the period 1513
in which the practice participates in the patient centered 1514
medical home education pilot project in such a manner that the 1515
practice is fully compliant with the minimum standards for 1516
operation of a patient centered medical home, as those standards 1517
are established by the director of health; 1518

(3) Have submitted an application to participate in the 1519
project established under former section 185.05 of the Revised 1520
Code not later than April 15, 2011. 1521

(4) Meet any other criteria established by the director as 1522
part of the selection process. 1523

(B) To be eligible for inclusion in the pilot project, a 1524
primary care practice led by advanced practice registered nurses 1525
shall meet all of the following requirements: 1526

(1) Consist of advanced practice registered nurses, each 1527
of whom meets ~~all~~ both of the following requirements: 1528

(a) ~~Holds a certificate to prescribe issued under section~~ 1529
~~4723.48 of the Revised Code;~~ Is authorized to prescribe drugs and 1530
therapeutic devices under section 4723.43 of the Revised Code; 1531

(b) Is board-certified by a national certifying 1532
organization approved by the board of nursing pursuant to 1533
section 4723.46 of the Revised Code as a family nurse 1534
practitioner ~~or, adult nurse practitioner by the American~~ 1535
~~academy of nurse practitioners or American nurses credentialing~~ 1536
~~center, board-certified as a geriatric adult-gerontology nurse~~ 1537

~~practitioner or, women's health nurse practitioner by the~~ 1538
~~American nurses credentialing center, or is board certified as a~~ 1539
~~pediatric nurse practitioner by the American nurses~~ 1540
~~credentialing center or pediatric nursing certification board;~~ 1541

(c) Collaborates under a standard care arrangement with a 1542
physician with board certification as specified in division (A) 1543
(1) of this section and who is an active participant on the 1544
health care team. 1545

(2) Be capable of adapting the practice during the period 1546
in which the practice participates in the project in such a 1547
manner that the practice is fully compliant with the minimum 1548
standards for operation of a patient centered medical home, as 1549
those standards are established by the director; 1550

(3) Have submitted an application to participate in the 1551
project established under former section 185.05 of the Revised 1552
Code not later than April 15, 2011. 1553

(4) Meet any other criteria established by the director as 1554
part of the selection process. 1555

Sec. 3719.121. (A) Except as otherwise provided in section 1556
4723.28, 4723.35, 4730.25, 4731.22, 4734.39, or 4734.41 of the 1557
Revised Code, the license, certificate, or registration of any 1558
dentist, chiropractor, physician, podiatrist, registered nurse, 1559
advanced practice registered nurse, licensed practical nurse, 1560
physician assistant, pharmacist, pharmacy intern, optometrist, 1561
or veterinarian who is or becomes addicted to the use of 1562
controlled substances shall be suspended by the board that 1563
authorized the person's license, certificate, or registration 1564
until the person offers satisfactory proof to the board that the 1565
person no longer is addicted to the use of controlled 1566

substances. 1567

(B) If the board under which a person has been issued a 1568
license, certificate, or evidence of registration determines 1569
that there is clear and convincing evidence that continuation of 1570
the person's professional practice or method of prescribing or 1571
personally furnishing controlled substances presents a danger of 1572
immediate and serious harm to others, the board may suspend the 1573
person's license, certificate, or registration without a 1574
hearing. Except as otherwise provided in sections 4715.30, 1575
4723.281, 4729.16, 4730.25, 4731.22, and 4734.36 of the Revised 1576
Code, the board shall follow the procedure for suspension 1577
without a prior hearing in section 119.07 of the Revised Code. 1578
The suspension shall remain in effect, unless removed by the 1579
board, until the board's final adjudication order becomes 1580
effective, except that if the board does not issue its final 1581
adjudication order within ninety days after the hearing, the 1582
suspension shall be void on the ninety-first day after the 1583
hearing. 1584

(C) On receiving notification pursuant to section 2929.42 1585
or 3719.12 of the Revised Code, the board under which a person 1586
has been issued a license, certificate, or evidence of 1587
registration immediately shall suspend the license, certificate, 1588
or registration of that person on a plea of guilty to, a finding 1589
by a jury or court of the person's guilt of, or conviction of a 1590
felony drug abuse offense; a finding by a court of the person's 1591
eligibility for intervention in lieu of conviction; a plea of 1592
guilty to, or a finding by a jury or court of the person's guilt 1593
of, or the person's conviction of an offense in another 1594
jurisdiction that is essentially the same as a felony drug abuse 1595
offense; or a finding by a court of the person's eligibility for 1596
treatment or intervention in lieu of conviction in another 1597

jurisdiction. The board shall notify the holder of the license, 1598
certificate, or registration of the suspension, which shall 1599
remain in effect until the board holds an adjudicatory hearing 1600
under Chapter 119. of the Revised Code. 1601

Sec. 3727.08. Not later than ninety days after the 1602
effective date of this section, every hospital shall adopt 1603
protocols providing for conducting an interview with the 1604
patient, for conducting one or more interviews, separate and 1605
apart from the interview with the patient, with any family or 1606
household member present, and for creating whenever possible a 1607
photographic record of the patient's injuries, in situations in 1608
which a doctor of medicine or osteopathic medicine, hospital 1609
intern or resident, or registered, advanced practice registered, 1610
or licensed practical nurse knows or has reasonable cause to 1611
believe that the patient has been the victim of domestic 1612
violence, as defined in section 3113.31 of the Revised Code. 1613

Sec. 3923.233. Notwithstanding any provision of any 1614
certificate furnished by an insurer in connection with or 1615
pursuant to any group sickness and accident insurance policy 1616
delivered, issued, renewed, or used, in or outside this state, 1617
on or after January 1, 1985, and notwithstanding any provision 1618
of any policy of insurance delivered, issued for delivery, 1619
renewed, or used, in or outside this state, on or after January 1620
1, 1985, whenever the policy or certificate is subject to the 1621
jurisdiction of this state and provides for reimbursement for 1622
any service that may be legally performed by an advanced 1623
practice registered nurse who holds a current, valid license 1624
issued under Chapter 4723. of the Revised Code and is designated 1625
as a certified nurse-midwife ~~who is authorized under in~~ 1626
accordance with section 4723.42 of the Revised Code ~~to practice~~ 1627
~~nurse-midwifery,~~ reimbursement under the policy or certificate 1628

shall not be denied to a certified nurse-midwife performing the 1629
service in collaboration with a licensed physician. The 1630
collaborating physician shall be identified on an insurance 1631
claim form. 1632

The cost of collaboration with a certified nurse-midwife 1633
by a licensed physician as required under section 4723.43 of the 1634
Revised Code is a reimbursable expense. 1635

The division of any reimbursement payment for services 1636
performed by a certified nurse-midwife between the certified 1637
nurse-midwife and the certified nurse-midwife's collaborating 1638
physician shall be determined and mutually agreed upon by the 1639
certified nurse-midwife and the physician. The division of fees 1640
shall not be considered a violation of division (B) (17) of 1641
section 4731.22 of the Revised Code. In no case shall the total 1642
fees charged exceed the fee the physician would have charged had 1643
the physician provided the entire service. 1644

Sec. 3923.301. Every person, the state and any of its 1645
instrumentalities, any county, township, school district, or 1646
other political subdivision and any of its instrumentalities, 1647
and any municipal corporation and any of its instrumentalities 1648
that provides payment for health care benefits for any of its 1649
employees resident in this state, which benefits are not 1650
provided by contract with an insurer qualified to provide 1651
sickness and accident insurance or a health insuring 1652
corporation, and that includes reimbursement for any service 1653
that may be legally performed by an advanced practice registered 1654
nurse who holds a current, valid license issued under Chapter 1655
4723. of the Revised Code and is designated as a certified 1656
nurse-midwife ~~who is authorized under in accordance with~~ section 1657
4723.42 of the Revised Code ~~to practice nurse-midwifery~~, shall 1658

not deny reimbursement to a certified nurse-midwife performing 1659
the service if the service is performed in collaboration with a 1660
licensed physician. The collaborating physician shall be 1661
identified on the claim form. 1662

The cost of collaboration with a certified nurse-midwife 1663
by a licensed physician as required under section 4723.43 of the 1664
Revised Code is a reimbursable expense. 1665

The division of any reimbursement payment for services 1666
performed by a certified nurse-midwife between the certified 1667
nurse-midwife and the certified nurse-midwife's collaborating 1668
physician shall be determined and mutually agreed upon by the 1669
certified nurse-midwife and the physician. The division of fees 1670
shall not be considered a violation of division (B) (17) of 1671
section 4731.22 of the Revised Code. In no case shall the total 1672
fees charged exceed the fee the physician would have charged had 1673
the physician provided the entire service. 1674

Sec. 3923.63. (A) Notwithstanding section 3901.71 of the 1675
Revised Code, each individual or group policy of sickness and 1676
accident insurance delivered, issued for delivery, or renewed in 1677
this state that provides maternity benefits shall provide 1678
coverage of inpatient care and follow-up care for a mother and 1679
her newborn as follows: 1680

(1) The policy shall cover a minimum of forty-eight hours 1681
of inpatient care following a normal vaginal delivery and a 1682
minimum of ninety-six hours of inpatient care following a 1683
cesarean delivery. Services covered as inpatient care shall 1684
include medical, educational, and any other services that are 1685
consistent with the inpatient care recommended in the protocols 1686
and guidelines developed by national organizations that 1687
represent pediatric, obstetric, and nursing professionals. 1688

(2) The policy shall cover a physician-directed source of follow-up care or a source of follow-up care directed by an advanced practice registered nurse. Services covered as follow-up care shall include physical assessment of the mother and newborn, parent education, assistance and training in breast or bottle feeding, assessment of the home support system, performance of any medically necessary and appropriate clinical tests, and any other services that are consistent with the follow-up care recommended in the protocols and guidelines developed by national organizations that represent pediatric, obstetric, and nursing professionals. The coverage shall apply to services provided in a medical setting or through home health care visits. The coverage shall apply to a home health care visit only if the health care professional who conducts the visit is knowledgeable and experienced in maternity and newborn care.

When a decision is made in accordance with division (B) of this section to discharge a mother or newborn prior to the expiration of the applicable number of hours of inpatient care required to be covered, the coverage of follow-up care shall apply to all follow-up care that is provided within seventy-two hours after discharge. When a mother or newborn receives at least the number of hours of inpatient care required to be covered, the coverage of follow-up care shall apply to follow-up care that is determined to be medically necessary by the health care professionals responsible for discharging the mother or newborn.

(B) Any decision to shorten the length of inpatient stay to less than that specified under division (A) (1) of this section shall be made by the physician attending the mother or newborn, except that if a certified nurse-midwife is attending

the mother in collaboration with a physician, the decision may 1720
be made by the certified nurse-midwife. Decisions regarding 1721
early discharge shall be made only after conferring with the 1722
mother or a person responsible for the mother or newborn. For 1723
purposes of this division, a person responsible for the mother 1724
or newborn may include a parent, guardian, or any other person 1725
with authority to make medical decisions for the mother or 1726
newborn. 1727

(C) (1) No sickness and accident insurer may do either of 1728
the following: 1729

(a) Terminate the participation of a health care 1730
professional or health care facility as a provider under a 1731
sickness and accident insurance policy solely for making 1732
recommendations for inpatient or follow-up care for a particular 1733
mother or newborn that are consistent with the care required to 1734
be covered by this section; 1735

(b) Establish or offer monetary or other financial 1736
incentives for the purpose of encouraging a person to decline 1737
the inpatient or follow-up care required to be covered by this 1738
section. 1739

(2) Whoever violates division (C) (1) (a) or (b) of this 1740
section has engaged in an unfair and deceptive act or practice 1741
in the business of insurance under sections 3901.19 to 3901.26 1742
of the Revised Code. 1743

(D) This section does not do any of the following: 1744

(1) Require a policy to cover inpatient or follow-up care 1745
that is not received in accordance with the policy's terms 1746
pertaining to the health care professionals and facilities from 1747
which an individual is authorized to receive health care 1748

services;	1749
(2) Require a mother or newborn to stay in a hospital or other inpatient setting for a fixed period of time following delivery;	1750 1751 1752
(3) Require a child to be delivered in a hospital or other inpatient setting;	1753 1754
(4) Authorize a <u>certified</u> nurse-midwife to practice beyond the authority to practice nurse-midwifery in accordance with Chapter 4723. of the Revised Code;	1755 1756 1757
(5) Establish minimum standards of medical diagnosis, care or treatment for inpatient or follow-up care for a mother or newborn. A deviation from the care required to be covered under this section shall not, solely on the basis of this section, give rise to a medical claim or derivative medical claim, as those terms are defined in section 2305.113 of the Revised Code.	1758 1759 1760 1761 1762 1763
Sec. 3923.64. (A) Notwithstanding section 3901.71 of the Revised Code, each public employee benefit plan established or modified in this state that provides maternity benefits shall provide coverage of inpatient care and follow-up care for a mother and her newborn as follows:	1764 1765 1766 1767 1768
(1) The plan shall cover a minimum of forty-eight hours of inpatient care following a normal vaginal delivery and a minimum of ninety-six hours of inpatient care following a cesarean delivery. Services covered as inpatient care shall include medical, educational, and any other services that are consistent with the inpatient care recommended in the protocols and guidelines developed by national organizations that represent pediatric, obstetric, and nursing professionals.	1769 1770 1771 1772 1773 1774 1775 1776
(2) The plan shall cover a physician-directed source of	1777

follow-up care or a source of follow-up care directed by an 1778
advanced practice registered nurse. Services covered as follow- 1779
up care shall include physical assessment of the mother and 1780
newborn, parent education, assistance and training in breast or 1781
bottle feeding, assessment of the home support system, 1782
performance of any medically necessary and appropriate clinical 1783
tests, and any other services that are consistent with the 1784
follow-up care recommended in the protocols and guidelines 1785
developed by national organizations that represent pediatric, 1786
obstetric, and nursing professionals. The coverage shall apply 1787
to services provided in a medical setting or through home health 1788
care visits. The coverage shall apply to a home health care 1789
visit only if the health care professional who conducts the 1790
visit is knowledgeable and experienced in maternity and newborn 1791
care. 1792

When a decision is made in accordance with division (B) of 1793
this section to discharge a mother or newborn prior to the 1794
expiration of the applicable number of hours of inpatient care 1795
required to be covered, the coverage of follow-up care shall 1796
apply to all follow-up care that is provided within seventy-two 1797
hours after discharge. When a mother or newborn receives at 1798
least the number of hours of inpatient care required to be 1799
covered, the coverage of follow-up care shall apply to follow-up 1800
care that is determined to be medically necessary by the health 1801
care professionals responsible for discharging the mother or 1802
newborn. 1803

(B) Any decision to shorten the length of inpatient stay 1804
to less than that specified under division (A)(1) of this 1805
section shall be made by the physician attending the mother or 1806
newborn, except that if a certified nurse-midwife is attending 1807
the mother in collaboration with a physician, the decision may 1808

be made by the certified nurse-midwife. Decisions regarding 1809
early discharge shall be made only after conferring with the 1810
mother or a person responsible for the mother or newborn. For 1811
purposes of this division, a person responsible for the mother 1812
or newborn may include a parent, guardian, or any other person 1813
with authority to make medical decisions for the mother or 1814
newborn. 1815

(C) (1) No public employer who offers an employee benefit 1816
plan may do either of the following: 1817

(a) Terminate the participation of a health care 1818
professional or health care facility as a provider under the 1819
plan solely for making recommendations for inpatient or follow- 1820
up care for a particular mother or newborn that are consistent 1821
with the care required to be covered by this section; 1822

(b) Establish or offer monetary or other financial 1823
incentives for the purpose of encouraging a person to decline 1824
the inpatient or follow-up care required to be covered by this 1825
section. 1826

(2) Whoever violates division (C) (1) (a) or (b) of this 1827
section has engaged in an unfair and deceptive act or practice 1828
in the business of insurance under sections 3901.19 to 3901.26 1829
of the Revised Code. 1830

(D) This section does not do any of the following: 1831

(1) Require a plan to cover inpatient or follow-up care 1832
that is not received in accordance with the plan's terms 1833
pertaining to the health care professionals and facilities from 1834
which an individual is authorized to receive health care 1835
services; 1836

(2) Require a mother or newborn to stay in a hospital or 1837

other inpatient setting for a fixed period of time following 1838
delivery; 1839

(3) Require a child to be delivered in a hospital or other 1840
inpatient setting; 1841

(4) Authorize a certified nurse-midwife to practice beyond 1842
the authority to practice nurse-midwifery in accordance with 1843
Chapter 4723. of the Revised Code; 1844

(5) Establish minimum standards of medical diagnosis, 1845
care, or treatment for inpatient or follow-up care for a mother 1846
or newborn. A deviation from the care required to be covered 1847
under this section shall not, solely on the basis of this 1848
section, give rise to a medical claim or derivative medical 1849
claim, as those terms are defined in section 2305.113 of the 1850
Revised Code. 1851

Sec. 4713.02. (A) There is hereby created the state board 1852
of cosmetology, consisting of all of the following members 1853
appointed by the governor, with the advice and consent of the 1854
senate: 1855

(1) One person holding a current, valid cosmetologist, 1856
managing cosmetologist, or cosmetology instructor license at the 1857
time of appointment; 1858

(2) Two persons holding current, valid managing 1859
cosmetologist licenses and actively engaged in managing beauty 1860
salons at the time of appointment; 1861

(3) One person who holds a current, valid independent 1862
contractor license at the time of appointment or the owner or 1863
manager of a licensed salon in which at least one person holding 1864
a current, valid independent contractor license practices a 1865
branch of cosmetology; 1866

(4) One person who represents individuals who teach the theory and practice of a branch of cosmetology at a vocational school; 1867
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(5) One owner of a licensed school of cosmetology; 1870

(6) One owner of at least five licensed salons; 1871

(7) One person who is either a certified nurse practitioner or clinical nurse specialist holding a ~~certificate of authority~~ current, valid license to practice nursing as an advanced practice registered nurse issued under Chapter 4723. of the Revised Code⁷ or a physician authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery; 1872
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(8) One person representing the general public. 1879

(B) The superintendent of public instruction shall nominate three persons for the governor to choose from when making an appointment under division (A) (4) of this section. 1880
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(C) All members shall be at least twenty-five years of age, residents of the state, and citizens of the United States. No more than two members, at any time, shall be graduates of the same school of cosmetology. 1883
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Except for the initial members appointed under divisions (A) (3) and (4) of this section, terms of office are for five years. The term of the initial member appointed under division (A) (3) of this section shall be three years. The term of the initial member appointed under division (A) (4) of this section shall be four years. Terms shall commence on the first day of November and end on the thirty-first day of October. Each member shall hold office from the date of appointment until the end of the term for which appointed. In case of a vacancy occurring on 1887
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the board, the governor shall, in the same manner prescribed for 1896
the regular appointment to the board, fill the vacancy by 1897
appointing a member. Any member appointed to fill a vacancy 1898
occurring prior to the expiration of the term for which the 1899
member's predecessor was appointed shall hold office for the 1900
remainder of such term. Any member shall continue in office 1901
subsequent to the expiration date of the member's term until the 1902
member's successor takes office, or until a period of sixty days 1903
has elapsed, whichever occurs first. Before entering upon the 1904
discharge of the duties of the office of member, each member 1905
shall take, and file with the secretary of state, the oath of 1906
office required by Section 7 of Article XV, Ohio Constitution. 1907

The members of the board shall receive an amount fixed 1908
pursuant to Chapter 124. of the Revised Code per diem for every 1909
meeting of the board which they attend, together with their 1910
necessary expenses, and mileage for each mile necessarily 1911
traveled. 1912

The members of the board shall annually elect, from among 1913
their number, a chairperson. 1914

The board shall prescribe the duties of its officers and 1915
establish an office within Franklin-~~County~~ county. The board 1916
shall keep all records and files at the office and have the 1917
records and files at all reasonable hours open to public 1918
inspection. The board also shall adopt a seal. 1919

Sec. 4723.01. As used in this chapter: 1920

(A) "Registered nurse" means an individual who holds a 1921
current, valid license issued under this chapter that authorizes 1922
the practice of nursing as a registered nurse. 1923

(B) "Practice of nursing as a registered nurse" means 1924

providing to individuals and groups nursing care requiring	1925
specialized knowledge, judgment, and skill derived from the	1926
principles of biological, physical, behavioral, social, and	1927
nursing sciences. Such nursing care includes:	1928
(1) Identifying patterns of human responses to actual or	1929
potential health problems amenable to a nursing regimen;	1930
(2) Executing a nursing regimen through the selection,	1931
performance, management, and evaluation of nursing actions;	1932
(3) Assessing health status for the purpose of providing	1933
nursing care;	1934
(4) Providing health counseling and health teaching;	1935
(5) Administering medications, treatments, and executing	1936
regimens authorized by an individual who is authorized to	1937
practice in this state and is acting within the course of the	1938
individual's professional practice;	1939
(6) Teaching, administering, supervising, delegating, and	1940
evaluating nursing practice.	1941
(C) "Nursing regimen" may include preventative,	1942
restorative, and health-promotion activities.	1943
(D) "Assessing health status" means the collection of data	1944
through nursing assessment techniques, which may include	1945
interviews, observation, and physical evaluations for the	1946
purpose of providing nursing care.	1947
(E) "Licensed practical nurse" means an individual who	1948
holds a current, valid license issued under this chapter that	1949
authorizes the practice of nursing as a licensed practical	1950
nurse.	1951

(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 registered nurse or any of the following who is authorized to practice in this state: a physician, physician assistant, dentist, podiatrist, optometrist, or chiropractor. Such nursing care includes:

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

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

(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 on the condition that the licensed practical nurse is authorized under section 4723.17 of the Revised Code to administer medications;

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

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

(6) Teaching nursing tasks to licensed practical nurses and individuals to whom the licensed practical nurse is

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authorized to delegate nursing tasks as directed by a registered nurse. 1981
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(G) "Certified registered nurse anesthetist" means ~~a~~an advanced practice registered nurse who holds a current, valid ~~certificate of authority license~~ issued under this chapter ~~that~~ authorizes the practice of nursing and is designated as a certified registered nurse anesthetist in accordance with section ~~4723.43-4723.42~~ of the Revised Code and rules adopted by the board of nursing. 1983
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(H) "Clinical nurse specialist" means ~~a~~an advanced practice registered nurse who holds a current, valid ~~certificate of authority license~~ issued under this chapter ~~that~~ authorizes the practice of nursing and is designated as a clinical nurse specialist in accordance with section ~~4723.43-4723.42~~ of the Revised Code and rules adopted by the board of nursing. 1990
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(I) "Certified nurse-midwife" means ~~a~~an advanced practice registered nurse who holds a current, valid ~~certificate of authority license~~ issued under this chapter ~~that~~ authorizes the practice of nursing and is designated as a certified nurse-midwife in accordance with section ~~4723.43-4723.42~~ of the Revised Code and rules adopted by the board of nursing. 1996
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(J) "Certified nurse practitioner" means ~~a~~an advanced practice registered nurse who holds a current, valid ~~certificate of authority license~~ issued under this chapter ~~that~~ authorizes the practice of nursing and is designated as a certified nurse practitioner in accordance with section ~~4723.43-4723.42~~ of the Revised Code and rules adopted by the board of nursing. 2002
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(K) "Physician" means an individual authorized under Chapter 4731. of the Revised Code to practice medicine and 2008
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surgery or osteopathic medicine and surgery. 2010

(L) "Collaboration" or "collaborating" means the 2011
following: 2012

(1) In the case of a clinical nurse specialist, ~~except as~~ 2013
~~provided in division (L) (3) of this section,~~ or a certified 2014
nurse practitioner, that one or more podiatrists acting within 2015
the scope of practice of podiatry in accordance with section 2016
4731.51 of the Revised Code and with whom the nurse has entered 2017
into a standard care arrangement or one or more physicians with 2018
whom the nurse has entered into a standard care arrangement are 2019
continuously available to communicate with the clinical nurse 2020
specialist or certified nurse practitioner either in person or 2021
~~by radio, telephone, or other form of telecommunication~~ 2022
electronic communication; 2023

(2) In the case of a certified nurse-midwife, that one or 2024
more physicians with whom the certified nurse-midwife has 2025
entered into a standard care arrangement are continuously 2026
available to communicate with the certified nurse-midwife either 2027
in person or ~~by radio, telephone, or other form of~~ 2028
~~telecommunication;~~ 2029

~~(3) In the case of a clinical nurse specialist who~~ 2030
~~practices the nursing specialty of mental health or psychiatric~~ 2031
~~mental health without being authorized to prescribe drugs and~~ 2032
~~therapeutic devices, that one or more physicians are~~ 2033
~~continuously available to communicate with the nurse either in~~ 2034
~~person or by radio, telephone, or other form of~~ 2035
~~telecommunication~~ electronic communication. 2036

(M) "Supervision," as it pertains to a certified 2037
registered nurse anesthetist, means that the certified 2038

registered nurse anesthetist is under the direction of a 2039
podiatrist acting within the podiatrist's scope of practice in 2040
accordance with section 4731.51 of the Revised Code, a dentist 2041
acting within the dentist's scope of practice in accordance with 2042
Chapter 4715. of the Revised Code, or a physician, and, when 2043
administering anesthesia, the certified registered nurse 2044
anesthetist is in the immediate presence of the podiatrist, 2045
dentist, or physician. 2046

(N) "Standard care arrangement" means a written, formal 2047
guide for planning and evaluating a patient's health care that 2048
is developed by one or more collaborating physicians or 2049
podiatrists and a clinical nurse specialist, certified nurse- 2050
midwife, or certified nurse practitioner and meets the 2051
requirements of section 4723.431 of the Revised Code. 2052

(O) "Advanced practice registered nurse" means ~~a certified~~ 2053
~~registered nurse anesthetist, clinical nurse specialist,~~ 2054
~~certified nurse midwife, or certified nurse practitioner~~ an 2055
individual who holds a current, valid license issued under this 2056
chapter that authorizes the practice of nursing as an advanced 2057
practice registered nurse and is designated as any of the 2058
following: 2059

(1) A certified registered nurse anesthetist; 2060

(2) A clinical nurse specialist; 2061

(3) A certified nurse-midwife; 2062

(4) A certified nurse practitioner. 2063

(P) "Practice of nursing as an advanced practice 2064
registered nurse" means providing to individuals and groups 2065
nursing care that requires knowledge and skill obtained from 2066
advanced formal education, training, and clinical experience. 2067

Such nursing care includes the care described in section 4723.43 2068
of the Revised Code. 2069

~~(P)~~(Q) "Dialysis care" means the care and procedures that 2070
a dialysis technician or dialysis technician intern is 2071
authorized to provide and perform, as specified in section 2072
4723.72 of the Revised Code. 2073

~~(Q)~~(R) "Dialysis technician" means an individual who 2074
holds a current, valid certificate to practice as a dialysis 2075
technician issued under section 4723.75 of the Revised Code. 2076

~~(R)~~(S) "Dialysis technician intern" means an individual 2077
who holds a current, valid certificate to practice as a dialysis 2078
technician intern issued under section 4723.75 of the Revised 2079
Code. 2080

~~(S)~~(T) "Certified community health worker" means an 2081
individual who holds a current, valid certificate as a community 2082
health worker issued under section 4723.85 of the Revised Code. 2083

~~(T)~~(U) "Medication aide" means an individual who holds a 2084
current, valid certificate issued under this chapter that 2085
authorizes the individual to administer medication in accordance 2086
with section 4723.67 of the Revised Code; 2087

(V) "Nursing specialty" means a specialty in practice as a 2088
certified registered nurse anesthetist, clinical nurse 2089
specialist, certified nurse-midwife, or certified nurse 2090
practitioner. 2091

Sec. 4723.011. As used in this chapter, unless otherwise 2092
specified, "registered nurse" includes a registered nurse who is 2093
also licensed under this chapter as an advanced practice 2094
registered nurse. 2095

Sec. 4723.02. The board of nursing shall assume and 2096
exercise all the powers and perform all the duties conferred and 2097
imposed on it by this chapter. 2098

The board shall consist of thirteen members who shall be 2099
citizens of the United States and residents of Ohio. Eight 2100
members shall be registered nurses, each of whom shall be a 2101
graduate of an approved program of nursing education that 2102
prepares persons for licensure as a registered nurse, shall hold 2103
a currently active license issued under this chapter to practice 2104
nursing as a registered nurse, and shall have been actively 2105
engaged in the practice of nursing as a registered nurse for the 2106
five years immediately preceding the member's initial 2107
appointment to the board. Of the eight members who are 2108
registered nurses, at least ~~one~~ two shall hold a current, valid 2109
~~certificate of authority license~~ issued under this chapter that 2110
authorizes the practice of nursing as ~~a certified registered~~ 2111
~~nurse anesthetist, clinical nurse specialist, certified nurse~~ 2112
~~midwife, or certified nurse practitioner~~ an advanced practice 2113
registered nurse. Four members shall be licensed practical 2114
nurses, each of whom shall be a graduate of an approved program 2115
of nursing education that prepares persons for licensure as a 2116
practical nurse, shall hold a currently active license issued 2117
under this chapter to practice nursing as a licensed practical 2118
nurse, and shall have been actively engaged in the practice of 2119
nursing as a licensed practical nurse for the five years 2120
immediately preceding the member's initial appointment to the 2121
board. One member shall represent the interests of consumers of 2122
health care. Neither this member nor any person in the member's 2123
immediate family shall be a member of or associated with a 2124
health care provider or profession or shall have a financial 2125
interest in the delivery or financing of health care. 2126

Representation of nursing service and nursing education and of 2127
the various geographical areas of the state shall be considered 2128
in making appointments. 2129

As the term of any member of the board expires, a 2130
successor shall be appointed who has the qualifications the 2131
vacancy requires. Terms of office shall be for four years, 2132
commencing on the first day of January and ending on the thirty- 2133
first day of December. 2134

A current or former board member who has served not more 2135
than one full term or one full term and not more than thirty 2136
months of another term may be reappointed for one additional 2137
term. 2138

Each member shall hold office from the date of appointment 2139
until the end of the term for which the member was appointed. 2140
The term of a member shall expire if the member ceases to meet 2141
any requirement of this section for the member's position on the 2142
board. Any member appointed to fill a vacancy occurring prior to 2143
the expiration of the term for which the member's predecessor 2144
was appointed shall hold office for the remainder of such term. 2145
Any member shall continue in office subsequent to the expiration 2146
date of the member's term until the member's successor takes 2147
office, or until a period of sixty days has elapsed, whichever 2148
occurs first. 2149

Nursing organizations of this state may each submit to the 2150
governor the names of not more than five nominees for each 2151
position to be filled on the board. From the names so submitted 2152
or from others, at the governor's discretion, the governor with 2153
the advice and consent of the senate shall make such 2154
appointments. 2155

Any member of the board may be removed by the governor for 2156
neglect of any duty required by law or for incompetency or 2157
unprofessional or dishonorable conduct, after a hearing as 2158
provided in Chapter 119. of the Revised Code. 2159

Seven members of the board including at least four 2160
registered nurses ~~and~~, at least one of whom is an advanced 2161
practice registered nurse, and one licensed practical nurse 2162
shall at all times constitute a quorum. 2163

Each member of the board shall receive an amount fixed 2164
pursuant to division (J) of section 124.15 of the Revised Code 2165
for each day in attendance at board meetings and in discharge of 2166
official duties, and in addition thereto, necessary expense 2167
incurred in the performance of such duties. 2168

The board shall elect one of its nurse members as 2169
president and one as vice-president. The board shall elect one 2170
of its registered nurse members to serve as the supervising 2171
member for disciplinary matters. 2172

The board may establish advisory groups to serve in 2173
consultation with the board or the executive director. Each 2174
advisory group shall be given a specific charge in writing and 2175
shall report to the board. Members of advisory groups shall 2176
serve without compensation but shall receive their actual and 2177
necessary expenses incurred in the performance of their official 2178
duties. 2179

Sec. 4723.03. (A) No person shall engage in the practice 2180
of nursing as a registered nurse, represent the person as being 2181
a registered nurse, or use the title "registered nurse," the 2182
initials "R.N.," or any other title implying that the person is 2183
a registered nurse, for a fee, salary, or other consideration, 2184

or as a volunteer, without holding a current, valid license as a 2185
registered nurse under this chapter. 2186

(B) No person shall knowingly do any of the following 2187
without holding a current, valid license to practice nursing as 2188
an advanced practice registered nurse issued under this chapter: 2189

(1) Engage in the practice of nursing as an advanced 2190
practice registered nurse; 2191

(2) Represent the person as being an advanced practice 2192
registered nurse; 2193

(3) Use the title "advanced practice registered nurse," 2194
the initials "A.P.R.N.," or any other title implying that the 2195
person is an advanced practice registered nurse, for a fee, 2196
salary, or other consideration, or as a volunteer. 2197

(C) No person shall engage in the practice of nursing as a 2198
licensed practical nurse, represent the person as being a 2199
licensed practical nurse, or use the title "licensed practical 2200
nurse," the initials "L.P.N.," or any other title implying that 2201
the person is a licensed practical nurse, for a fee, salary, or 2202
other consideration, or as a volunteer, without holding a 2203
current, valid license as a practical nurse under this chapter. 2204

~~(C)~~ (D) No person shall use the titles or initials 2205
"graduate nurse," "G.N.," "professional nurse," "P.N.," 2206
"graduate practical nurse," "G.P.N.," "practical nurse," "P.N.," 2207
"trained nurse," "T.N.," or any other statement, title, or 2208
initials that would imply or represent to the public that the 2209
person is authorized to practice nursing in this state, except 2210
as follows: 2211

(1) A person licensed under this chapter to practice 2212
nursing as a registered nurse may use that title and the 2213

initials "R.N."; 2214

(2) A person licensed under this chapter to practice 2215
nursing as a licensed practical nurse may use that title and the 2216
initials "L.P.N."; 2217

(3) A person ~~authorized-licensed~~ under this chapter to 2218
practice nursing as an advanced practice registered nurse and 2219
designated as a certified registered nurse anesthetist may use 2220
that title, the initials "C.R.N.A." or "N.A.," and any other 2221
title or initials approved by the board of nursing; 2222

(4) A person ~~authorized-licensed~~ under this chapter to 2223
practice nursing as an advanced practice registered nurse and 2224
designated as a clinical nurse specialist may use that title, 2225
the initials "C.N.S.," and any other title or initials approved 2226
by the board; 2227

(5) A person ~~authorized-licensed~~ under this chapter to 2228
practice nursing as an advanced practice registered nurse and 2229
designated as a certified nurse-midwife may use that title, the 2230
initials "C.N.M.," and any other title or initials approved by 2231
the board; 2232

(6) A person ~~authorized-licensed~~ under this chapter to 2233
practice nursing as an advanced practice registered nurse and 2234
designated as a certified nurse practitioner may use that title, 2235
the initials "C.N.P.," and any other title or initials approved 2236
by the board; 2237

(7) A person ~~authorized-licensed~~ under this chapter to 2238
practice nursing as ~~a certified registered nurse anesthetist,~~ 2239
~~clinical nurse specialist, certified nurse-midwife, or certified~~ 2240
~~nurse practitioner~~ an advanced practice registered nurse may use 2241
the title "advanced practice registered nurse" or the initials 2242

"A.P.R.N."	2243
(D) <u>(E)</u> No person shall employ a person not licensed as a registered nurse under this chapter to engage in the practice of nursing as a registered nurse. No	2244 2245 2246
<u>No person shall knowingly employ a person not licensed as an advanced practice registered nurse under this chapter to engage in the practice of nursing as an advanced practice registered nurse.</u>	2247 2248 2249 2250
<u>No person shall employ a person not licensed as a practical nurse under this chapter to engage in the practice of nursing as a licensed practical nurse.</u>	2251 2252 2253
(E) <u>(F)</u> No person shall sell or fraudulently obtain or furnish any nursing diploma, license, certificate, renewal, or record, or aid or abet such acts.	2254 2255 2256
Sec. 4723.06. (A) The board of nursing shall:	2257
(1) Administer and enforce the provisions of this chapter, including the taking of disciplinary action for violations of section 4723.28 of the Revised Code, any other provisions of this chapter, or rules adopted under this chapter;	2258 2259 2260 2261
(2) Develop criteria that an applicant must meet to be eligible to sit for the examination for licensure to practice as a registered nurse or as a licensed practical nurse;	2262 2263 2264
(3) Issue and renew nursing licenses, dialysis technician certificates, and community health worker certificates, as provided in this chapter;	2265 2266 2267
(4) Define the minimum <u>educational</u> standards for educational programs of the schools and programs of registered nursing and schools of practical nursing in this state;	2268 2269 2270

(5) Survey, inspect, and grant full approval to 2271
prelicensure nursing education programs in this state that meet 2272
the standards established by rules adopted under section 4723.07 2273
of the Revised Code. Prelicensure nursing education programs 2274
include, but are not limited to, diploma, associate degree, 2275
baccalaureate degree, master's degree, and doctor of nursing 2276
programs leading to initial licensure to practice nursing as a 2277
registered nurse and practical nurse programs leading to initial 2278
licensure to practice nursing as a licensed practical nurse. 2279

(6) Grant conditional approval, by a vote of a quorum of 2280
the board, to a new prelicensure nursing education program or a 2281
program that is being reestablished after having ceased to 2282
operate, if the program meets and maintains the minimum 2283
standards of the board established by rules adopted under 2284
section 4723.07 of the Revised Code. If the board does not grant 2285
conditional approval, it shall hold an adjudication under 2286
Chapter 119. of the Revised Code to consider conditional 2287
approval of the program. If the board grants conditional 2288
approval, at the first meeting following completion of the 2289
survey process required by division (A)(5) of this section, the 2290
board shall determine whether to grant full approval to the 2291
program. If the board does not grant full approval or if it 2292
appears that the program has failed to meet and maintain 2293
standards established by rules adopted under section 4723.07 of 2294
the Revised Code, the board shall hold an adjudication under 2295
Chapter 119. of the Revised Code to consider the program. Based 2296
on results of the adjudication, the board may continue or 2297
withdraw conditional approval, or grant full approval. 2298

(7) Place on provisional approval, for a period of time 2299
specified by the board, a program that has ceased to meet and 2300
maintain the minimum standards of the board established by rules 2301

adopted under section 4723.07 of the Revised Code. Prior to or 2302
at the end of the period, the board shall reconsider whether the 2303
program meets the standards and shall grant full approval if it 2304
does. If it does not, the board may withdraw approval, pursuant 2305
to an adjudication under Chapter 119. of the Revised Code. 2306

(8) Approve continuing education programs and courses 2307
under standards established in rules adopted under sections 2308
4723.07, 4723.69, 4723.79, and 4723.88 of the Revised Code; 2309

(9) Establish a program for monitoring chemical dependency 2310
in accordance with section 4723.35 of the Revised Code; 2311

(10) Establish the practice intervention and improvement 2312
program in accordance with section 4723.282 of the Revised Code; 2313

~~(11) Issue and renew certificates of authority to practice 2314
nursing as a certified registered nurse anesthetist, clinical- 2315
nurse specialist, certified nurse midwife, or certified nurse- 2316
practitioner; 2317~~

~~(12) Approve under section 4723.46 of the Revised Code 2318
national certifying organizations for examination and 2319
certification of certified registered nurse anesthetists, 2320
clinical nurse specialists, certified nurse midwives, or 2321
certified nurse practitioners; 2322~~

~~(13) Issue and renew certificates to prescribe in 2323
accordance with sections 4723.48 and 4723.486 of the Revised 2324
Code; 2325~~

~~(14) Grant approval to the course of study in advanced 2326
pharmacology and related topics required by described in section 2327
4723.482 of the Revised Code ~~to be eligible for a certificate to~~ 2328
~~prescribe; 2329~~~~

~~(15)~~ (12) Make an annual edition of the exclusionary 2330
formulary established in rules adopted under section 4723.50 of 2331
the Revised Code available to the public ~~either in printed form~~ 2332
~~or~~ by electronic means and, as soon as possible after any 2333
revision of the formulary becomes effective, make the revision 2334
available to the public ~~in printed form or~~ by electronic means; 2335

~~(16)~~ (13) Approve under section 4723.46 of the Revised 2336
Code national certifying organizations for examination and 2337
licensure of advanced practice registered nurses, which may 2338
include separate organizations for each nursing specialty; 2339

(14) Provide guidance and make recommendations to the 2340
general assembly, the governor, state agencies, and the federal 2341
government with respect to the regulation of the practice of 2342
nursing and the enforcement of this chapter; 2343

~~(17)~~ (15) Make an annual report to the governor, which 2344
shall be open for public inspection; 2345

~~(18)~~ (16) Maintain and have open for public inspection the 2346
following records: 2347

(a) A record of all its meetings and proceedings; 2348

(b) A record of all applicants for, and holders of, 2349
licenses and certificates issued by the board under this chapter 2350
or in accordance with rules adopted under this chapter. The 2351
record shall be maintained in a format determined by the board. 2352

(c) A list of education and training programs approved by 2353
the board. 2354

~~(19)~~ (17) Deny approval to a person who submits or causes 2355
to be submitted false, misleading, or deceptive statements, 2356
information, or documentation to the board in the process of 2357

applying for approval of a new education or training program. If 2358
the board proposes to deny approval of a new education or 2359
training program, it shall do so pursuant to an adjudication 2360
conducted under Chapter 119. of the Revised Code. 2361

(B) The board may fulfill the requirement of division (A) 2362
(8) of this section by authorizing persons who meet the 2363
standards established in rules adopted under section 4723.07 of 2364
the Revised Code to approve continuing education programs and 2365
courses. Persons so authorized shall approve continuing 2366
education programs and courses in accordance with standards 2367
established in rules adopted under section 4723.07 of the 2368
Revised Code. 2369

Persons seeking authorization to approve continuing 2370
education programs and courses shall apply to the board and pay 2371
the appropriate fee established under section 4723.08 of the 2372
Revised Code. Authorizations to approve continuing education 2373
programs and courses shall expire and may be renewed according 2374
to the schedule established in rules adopted under section 2375
4723.07 of the Revised Code. 2376

In addition to approving continuing education programs 2377
under division (A) (8) of this section, the board may sponsor 2378
continuing education activities that are directly related to the 2379
statutes and rules the board enforces. 2380

Sec. 4723.07. In accordance with Chapter 119. of the 2381
Revised Code, the board of nursing shall adopt and may amend and 2382
rescind rules that establish all of the following: 2383

(A) Provisions for the board's government and control of 2384
its actions and business affairs; 2385

(B) Minimum standards for nursing education programs that 2386

prepare graduates to be licensed under this chapter and 2387
procedures for granting, renewing, and withdrawing approval of 2388
those programs; 2389

(C) Criteria that applicants for licensure must meet to be 2390
eligible to take examinations for licensure; 2391

(D) Standards and procedures for renewal of the licenses 2392
and certificates issued by the board; 2393

(E) Standards for approval of continuing nursing education 2394
programs and courses for registered nurses, advanced practice 2395
registered nurses, and licensed practical nurses,~~certified~~ 2396
~~registered nurse anesthetists, clinical nurse specialists,~~ 2397
~~certified nurse midwives, and certified nurse practitioners.~~ The 2398
standards may provide for approval of continuing nursing 2399
education programs and courses that have been approved by other 2400
state boards of nursing or by national accreditation systems for 2401
nursing, including, but not limited to, the American nurses' 2402
credentialing center and the national association for practical 2403
nurse education and service. 2404

(F) Standards that persons must meet to be authorized by 2405
the board to approve continuing education programs and courses 2406
and a schedule by which that authorization expires and may be 2407
renewed; 2408

(G) Requirements, including continuing education 2409
requirements, for reactivating inactive licenses or 2410
certificates, and for reinstating licenses or certificates that 2411
have lapsed; 2412

(H) Conditions that may be imposed for reinstatement of a 2413
license or certificate following action taken under section 2414
3123.47, 4723.28, 4723.281, 4723.652, or 4723.86 of the Revised 2415

Code resulting in a license or certificate suspension;	2416
(I) Requirements for board approval of courses in	2417
medication administration by licensed practical nurses;	2418
(J) Criteria for evaluating the qualifications of an	2419
applicant for a license to practice nursing as a registered	2420
nurse, <u>a license to practice nursing as an advanced practice</u>	2421
<u>registered nurse, or a license to practice nursing as a licensed</u>	2422
<u>practical nurse, or a certificate of authority issued under</u>	2423
<u>division (B) of section 4723.41 of the Revised Code for the</u>	2424
purpose of issuing the license or certificate by the board's	2425
endorsement of the applicant's authority to practice issued by	2426
the licensing agency of another state;	2427
(K) Universal and standard precautions that shall be used	2428
by each licensee or certificate holder. The rules shall define	2429
and establish requirements for universal and standard	2430
precautions that include the following:	2431
(1) Appropriate use of hand washing;	2432
(2) Disinfection and sterilization of equipment;	2433
(3) Handling and disposal of needles and other sharp	2434
instruments;	2435
(4) Wearing and disposal of gloves and other protective	2436
garments and devices.	2437
(L) Standards and procedures for approving certificates of	2438
authority to practice nursing as a certified registered nurse	2439
anesthetist, clinical nurse specialist, certified nurse midwife,	2440
or certified nurse practitioner, and for renewal of those	2441
certificates;	2442
(M) Quality assurance standards for certified registered	2443

~~nurse anesthetists, clinical nurse specialists, certified nurse-~~ 2444
~~midwives, or certified nurse practitioners~~ advanced practice 2445
registered nurses; 2446

~~(N)~~ (M) Additional criteria for the standard care 2447
arrangement required by section 4723.431 of the Revised Code 2448
entered into by a clinical nurse specialist, certified nurse- 2449
midwife, or certified nurse practitioner and the nurse's 2450
collaborating physician or podiatrist; 2451

~~(O)~~ Continuing education standards for clinical nurse 2452
~~specialists who were issued a certificate of authority to~~ 2453
~~practice as a clinical nurse specialist under division (C) of~~ 2454
~~section 4723.41 of the Revised Code as that division existed at~~ 2455
~~any time before March 20, 2013;~~ 2456

~~(P)~~ (N) For purposes of division (B) (31) of section 2457
4723.28 of the Revised Code, the actions, omissions, or other 2458
circumstances that constitute failure to establish and maintain 2459
professional boundaries with a patient; 2460

~~(Q)~~ (O) Standards and procedures for delegation under 2461
~~division (C) of~~ section 4723.48 of the Revised Code of the 2462
authority to administer drugs. 2463

The board may adopt other rules necessary to carry out the 2464
provisions of this chapter. The rules shall be adopted in 2465
accordance with Chapter 119. of the Revised Code. 2466

Sec. 4723.08. (A) The board of nursing may impose fees not 2467
to exceed the following limits: 2468

(1) For application for licensure by examination or 2469
endorsement to practice nursing as a registered nurse or as a 2470
licensed practical nurse, seventy-five dollars; 2471

(2) For application for licensure by endorsement to	2472
practice nursing as a <u>an advanced practice registered nurse</u> or	2473
as a licensed practical nurse, seventy-five <u>one hundred fifty</u>	2474
dollars;	2475
(3) For application for a certificate of authority to	2476
practice nursing as a certified registered nurse anesthetist,	2477
clinical nurse specialist, certified nurse midwife, or certified	2478
nurse practitioner, one hundred dollars;	2479
(4) For application for a temporary dialysis technician	2480
certificate, the amount specified in rules adopted under section	2481
4723.79 of the Revised Code;	2482
(5) <u>(4)</u> For application for a dialysis technician	2483
certificate, the amount specified in rules adopted under section	2484
4723.79 of the Revised Code;	2485
(6) For application for a certificate to prescribe, fifty	2486
dollars;	2487
(7) <u>(5)</u> For providing, pursuant to division (B) of section	2488
4723.271 of the Revised Code, written verification of a nursing	2489
license, certificate of authority, certificate to prescribe,	2490
dialysis technician certificate, medication aide certificate, or	2491
community health worker certificate to another jurisdiction,	2492
fifteen dollars;	2493
(8) <u>(6)</u> For providing, pursuant to division (A) of section	2494
4723.271 of the Revised Code, a replacement copy of a wall	2495
certificate suitable for framing as described in that division,	2496
twenty-five dollars;	2497
(9) <u>(7)</u> For renewal of a nursing <u>license to practice as a</u>	2498
<u>registered nurse or licensed practical nurse, sixty-five</u>	2499
dollars;	2500

(10) For renewal of a certificate of authority to practice nursing as a certified registered nurse anesthetist, clinical nurse specialist, certified nurse midwife, or certified nurse practitioner, eighty five dollars;	2501
	2502
	2503
	2504
(11) <u>(8)</u> For renewal of a <u>certificate to prescribe license to practice as an advanced practice registered nurse, fifty one hundred thirty-five dollars;</u>	2505
	2506
	2507
(12) <u>(9)</u> For renewal of a dialysis technician certificate, the amount specified in rules adopted under section 4723.79 of the Revised Code;	2508
	2509
	2510
(13) <u>(10)</u> For processing a late application for renewal of a nursing license, certificate of authority, or dialysis technician certificate, fifty dollars;	2511
	2512
	2513
(14) <u>(11)</u> For application for authorization to approve continuing education programs and courses from an applicant accredited by a national accreditation system for nursing, five hundred dollars;	2514
	2515
	2516
	2517
(15) <u>(12)</u> For application for authorization to approve continuing education programs and courses from an applicant not accredited by a national accreditation system for nursing, one thousand dollars;	2518
	2519
	2520
	2521
(16) <u>(13)</u> For each year for which authorization to approve continuing education programs and courses is renewed, one hundred fifty dollars;	2522
	2523
	2524
(17) <u>(14)</u> For application for approval to operate a dialysis training program, the amount specified in rules adopted under section 4723.79 of the Revised Code;	2525
	2526
	2527
(18) <u>(15)</u> For reinstatement of a lapsed license or	2528

certificate issued under this chapter, one hundred dollars 2529
except as provided in section 5903.10 of the Revised Code; 2530

~~(19)~~ (16) For processing a check returned to the board by 2531
a financial institution, twenty-five dollars; 2532

~~(20)~~ (17) The amounts specified in rules adopted under 2533
section 4723.88 of the Revised Code pertaining to the issuance 2534
of certificates to community health workers, including fees for 2535
application for a certificate, renewal of a certificate, 2536
processing a late application for renewal of a certificate, 2537
reinstatement of a lapsed certificate, application for approval 2538
of a community health worker training program for community 2539
health workers, and renewal of the approval of a training 2540
program for community health workers. 2541

(B) Each quarter, for purposes of transferring funds under 2542
section 4743.05 of the Revised Code to the nurse education 2543
assistance fund created in section 3333.28 of the Revised Code, 2544
the board of nursing shall certify to the director of budget and 2545
management the number of licenses renewed under this chapter 2546
during the preceding quarter and the amount equal to that number 2547
times five dollars. 2548

(C) The board may charge a participant in a board- 2549
sponsored continuing education activity an amount not exceeding 2550
fifteen dollars for each activity. 2551

(D) The board may contract for services pertaining to the 2552
process of providing written verification of a license or 2553
certificate when the verification is performed for purposes 2554
other than providing verification to another jurisdiction. The 2555
contract may include provisions pertaining to the collection of 2556
the fee charged for providing the written verification. As part 2557

of these provisions, the board may permit the contractor to 2558
retain a portion of the fees as compensation, before any amounts 2559
are deposited into the state treasury. 2560

Sec. 4723.09. (A) (1) An application for licensure by 2561
examination to practice as a registered nurse or as a licensed 2562
practical nurse shall be submitted to the board of nursing in 2563
the form prescribed by rules of the board. The application shall 2564
include evidence that the applicant has completed a nursing 2565
education program approved by the board under division (A) of 2566
section 4723.06 of the Revised Code or by a board of another 2567
jurisdiction that is a member of the national council of state 2568
boards of nursing. The application also shall include any other 2569
information required by rules of the board. The application 2570
shall be accompanied by the application fee required by section 2571
4723.08 of the Revised Code. 2572

(2) The board shall grant a license to practice nursing as 2573
a registered nurse or as a licensed practical nurse if all of 2574
the following apply: 2575

(a) For all applicants, the applicant passes the 2576
examination accepted by the board under section 4723.10 of the 2577
Revised Code. 2578

(b) For an applicant who entered a prelicensure nursing 2579
education program on or after June 1, 2003, the results of a 2580
criminal records check conducted in accordance with section 2581
4723.091 of the Revised Code demonstrate that the applicant is 2582
not ineligible for licensure as specified in section 4723.092 of 2583
the Revised Code. 2584

(c) For all applicants, the board determines that the 2585
applicant has not committed any act that is grounds for 2586

disciplinary action under section 3123.47 or 4723.28 of the 2587
Revised Code or determines that an applicant who has committed 2588
any act that is grounds for disciplinary action under either 2589
section has made restitution or has been rehabilitated, or both. 2590

(d) For all applicants, the applicant is not required to 2591
register under Chapter 2950. of the Revised Code or a 2592
substantially similar law of another state, the United States, 2593
or another country. 2594

(3) The board is not required to afford an adjudication to 2595
an individual to whom it has refused to grant a license because 2596
of that individual's failure to pass the examination. 2597

(B) (1) An application for ~~license~~ licensure by endorsement 2598
to practice nursing as a registered nurse or as a licensed 2599
practical nurse shall be submitted to the board in the form 2600
prescribed by rules of the board. The application shall include 2601
evidence that the applicant holds a current, valid, and 2602
unrestricted license ~~in or equivalent authorization from another~~ 2603
jurisdiction granted after passing an examination approved by 2604
the board of that jurisdiction that is equivalent to the 2605
examination requirements under this chapter for a license to 2606
practice nursing as a registered nurse or licensed practical 2607
nurse. The application shall include any other information 2608
required by rules of the board. The application shall be 2609
accompanied by the application fee required by section 4723.08 2610
of the Revised Code. 2611

(2) The board shall grant a license by endorsement to 2612
practice nursing as a registered nurse or as a licensed 2613
practical nurse if all of the following apply: 2614

(a) For all applicants, the applicant provides evidence 2615

satisfactory to the board that the applicant has successfully 2616
completed a nursing education program approved by the board 2617
under division (A) of section 4723.06 of the Revised Code or by 2618
a board of another jurisdiction that is a member of the national 2619
council of state boards of nursing. 2620

(b) For all applicants, the examination, at the time it is 2621
successfully completed, is equivalent to the examination 2622
requirements in effect at that time for applicants who were 2623
licensed by examination in this state. 2624

(c) For all applicants, the board determines there is 2625
sufficient evidence that the applicant completed two contact 2626
hours of continuing education directly related to this chapter 2627
or the rules adopted under it. 2628

(d) For all applicants, the results of a criminal records 2629
check conducted in accordance with section 4723.091 of the 2630
Revised Code demonstrate that the applicant is not ineligible 2631
for licensure as specified in section 4723.092 of the Revised 2632
Code. 2633

(e) For all applicants, the applicant has not committed 2634
any act that is grounds for disciplinary action under section 2635
3123.47 or 4723.28 of the Revised Code, or the board determines 2636
that an applicant who has committed any act that is grounds for 2637
disciplinary action under either of those sections has made 2638
restitution or has been rehabilitated, or both. 2639

(f) For all applicants, the applicant is not required to 2640
register under Chapter 2950. of the Revised Code, or a 2641
substantially similar law of another state, the United States, 2642
or another country. 2643

(C) The board may grant a nonrenewable temporary permit to 2644

practice nursing as a registered nurse or as a licensed 2645
practical nurse to an applicant for license by endorsement if 2646
the board is satisfied by the evidence that the applicant holds 2647
a current, valid, and unrestricted license in or equivalent 2648
authorization from another jurisdiction. Subject to earlier 2649
automatic termination as described in this paragraph, the 2650
temporary permit shall expire at the earlier of one hundred 2651
eighty days after issuance or upon the issuance of a license by 2652
endorsement. The temporary permit shall terminate automatically 2653
if the criminal records check completed by the bureau of 2654
criminal identification and investigation as described in 2655
section 4723.091 of the Revised Code regarding the applicant 2656
indicates that the applicant is ineligible for licensure as 2657
specified in section 4723.092 of the Revised Code. An applicant 2658
whose temporary permit is automatically terminated is 2659
permanently prohibited from obtaining a license to practice 2660
nursing in this state as a registered nurse or as a licensed 2661
practical nurse. 2662

Sec. 4723.151. (A) Medical diagnosis, prescription of 2663
medical measures, and the practice of medicine or surgery or any 2664
of its branches by a nurse are prohibited. 2665

(B) Division (A) of this section does not prohibit a 2666
certified registered nurse anesthetist, clinical nurse 2667
specialist, certified nurse-midwife, or certified nurse 2668
practitioner from practicing within the nurse's scope of 2669
practice in accordance with section 4723.43 of the Revised Code. 2670
~~Division (A) of this section does not prohibit a clinical nurse-~~ 2671
~~specialist, certified nurse-midwife, or certified nurse-~~ 2672
~~practitioner who holds a certificate to prescribe issued under-~~ 2673
~~section 4723.48 of the Revised Code from prescribing drugs and~~ 2674
~~therapeutic devices in accordance with section 4723.481 of the~~ 2675

~~Revised Code.~~ 2676

(C) Notwithstanding division (B) of this section, nothing 2677
in this chapter shall be construed as authorizing any nurse to 2678
prescribe any drug or device to perform or induce an abortion, 2679
or to otherwise perform or induce an abortion. 2680

Sec. 4723.16. (A) An individual whom the board of nursing 2681
licenses, ~~certificates,~~ or otherwise legally authorizes to 2682
engage in the practice of nursing as a registered nurse, 2683
advanced practice registered nurse, or ~~as a~~ licensed practical 2684
nurse may render the professional services of a registered, 2685
advanced practice registered, or licensed practical nurse within 2686
this state through a corporation formed under division (B) of 2687
section 1701.03 of the Revised Code, a limited liability company 2688
formed under Chapter 1705. of the Revised Code, a partnership, 2689
or a professional association formed under Chapter 1785. of the 2690
Revised Code. This division does not preclude an individual of 2691
that nature from rendering professional services as a 2692
registered, advanced practice registered, or licensed practical 2693
nurse through another form of business entity, including, but 2694
not limited to, a nonprofit corporation or foundation, or in 2695
another manner that is authorized by or in accordance with this 2696
chapter, another chapter of the Revised Code, or rules of the 2697
board of nursing adopted pursuant to this chapter. 2698

(B) A corporation, limited liability company, partnership, 2699
or professional association described in division (A) of this 2700
section may be formed for the purpose of providing a combination 2701
of the professional services of the following individuals who 2702
are licensed, certificated, or otherwise legally authorized to 2703
practice their respective professions: 2704

(1) Optometrists who are authorized to practice optometry 2705

under Chapter 4725. of the Revised Code;	2706
(2) Chiropractors who are authorized to practice	2707
chiropractic or acupuncture under Chapter 4734. of the Revised	2708
Code;	2709
(3) Psychologists who are authorized to practice	2710
psychology under Chapter 4732. of the Revised Code;	2711
(4) Registered, <u>advanced practice registered</u> , or licensed	2712
practical nurses who are authorized to practice nursing as	2713
registered nurses, <u>advanced practice registered nurses</u> , or as-	2714
licensed practical nurses under this chapter;	2715
(5) Pharmacists who are authorized to practice pharmacy	2716
under Chapter 4729. of the Revised Code;	2717
(6) Physical therapists who are authorized to practice	2718
physical therapy under sections 4755.40 to 4755.56 of the	2719
Revised Code;	2720
(7) Occupational therapists who are licensed to practice	2721
occupational therapy under sections 4755.04 to 4755.13 of the	2722
Revised Code;	2723
(8) Mechanotherapists who are authorized to practice	2724
mechanotherapy under section 4731.151 of the Revised Code;	2725
(9) Doctors of medicine and surgery, osteopathic medicine	2726
and surgery, or podiatric medicine and surgery who are licensed,	2727
certificated, or otherwise legally authorized for their	2728
respective practices under Chapter 4731. of the Revised Code;	2729
(10) Licensed professional clinical counselors, licensed	2730
professional counselors, independent social workers, social	2731
workers, independent marriage and family therapists, or marriage	2732
and family therapists who are authorized for their respective	2733

practices under Chapter 4757. of the Revised Code. 2734

This division shall apply notwithstanding a provision of a 2735
code of ethics applicable to a nurse that prohibits a 2736
registered, advanced practice registered, or licensed practical 2737
nurse from engaging in the practice of nursing as a registered 2738
nurse, advanced practice registered nurse, or ~~as a~~ licensed 2739
practical nurse in combination with a person who is licensed, 2740
certificated, or otherwise legally authorized to practice 2741
optometry, chiropractic, acupuncture through the state 2742
chiropractic board, psychology, pharmacy, physical therapy, 2743
occupational therapy, mechanotherapy, medicine and surgery, 2744
osteopathic medicine and surgery, podiatric medicine and 2745
surgery, professional counseling, social work, or marriage and 2746
family therapy, but who is not also licensed, certificated, or 2747
otherwise legally authorized to engage in the practice of 2748
nursing as a registered nurse, advanced practice registered 2749
nurse, or ~~as a~~ licensed practical nurse. 2750

Sec. 4723.24. (A) (1) Except as otherwise provided in this 2751
chapter, all of the following apply with respect to the 2752
schedules for renewal of licenses and certificates issued by the 2753
board of nursing: 2754

(a) An active license to practice nursing as a registered 2755
nurse is subject to renewal in odd-numbered years. An 2756
application for renewal of the license is due on the fifteenth 2757
day of September of the renewal year. A late application may be 2758
submitted before the license lapses. If a license is not renewed 2759
or classified as inactive, the license lapses on the first day 2760
of November of the renewal year. 2761

(b) An active license to practice nursing as a licensed 2762
practical nurse is subject to renewal in even-numbered years. An 2763

application for renewal of the license is due on the fifteenth 2764
day of September of the renewal year. A late application may be 2765
submitted before the license lapses. If a license is not renewed 2766
or classified as inactive, the license lapses on the first day 2767
of November of the renewal year. 2768

(c) An active license to practice nursing as an advanced 2769
practice registered nurse is subject to renewal in odd-numbered 2770
years. An application for renewal of the license is due on the 2771
fifteenth day of September of the renewal year. A late 2772
application may be submitted before the license lapses. If a 2773
license is not renewed or classified as inactive, the license 2774
lapses on the first day of November of the renewal year. 2775

(d) All other active licenses and certificates issued 2776
under this chapter are subject to renewal according to a 2777
schedule established by the board in rules adopted under section 2778
4723.07 of the Revised Code. 2779

(2) The board shall provide an application for renewal to 2780
every holder of an active license or certificate, except when 2781
the board is aware that an individual is ineligible for license 2782
or certificate renewal for any reason, including pending 2783
criminal charges in this state or another jurisdiction, failure 2784
to comply with a disciplinary order from the board or the terms 2785
of a consent agreement entered into with the board, failure to 2786
pay fines or fees owed to the board, or failure to provide on 2787
the board's request documentation of having completed the 2788
continuing nursing education requirements specified in division 2789
(C) of this section. 2790

If the board provides a renewal application by mail, the 2791
application shall be addressed to the last known post-office 2792
address of the license or certificate holder and mailed before 2793

the date the application is due. Failure of the license or 2794
certificate holder to receive an application for renewal from 2795
the board shall not excuse the holder from the requirements 2796
contained in this section, except as provided in section 5903.10 2797
of the Revised Code. 2798

(3) A license or certificate holder seeking renewal of the 2799
license or certificate shall complete the renewal application 2800
and submit it to the board with the renewal fee established 2801
under section 4723.08 of the Revised Code. If a renewal 2802
application is submitted after the date the application is due, 2803
but before the date the license or certificate lapses, the 2804
applicant shall include with the application the fee established 2805
under section 4723.08 of the Revised Code for processing a late 2806
application for renewal. 2807

With the renewal application, the applicant shall report 2808
any conviction, plea, or judicial finding regarding a criminal 2809
offense that constitutes grounds for the board to impose 2810
sanctions under section 4723.28 of the Revised Code since the 2811
applicant last submitted an application to the board. 2812

(4) On receipt of the renewal application, the board shall 2813
verify whether the applicant meets the renewal requirements. If 2814
the applicant meets the requirements, the board shall renew the 2815
license or certificate. 2816

(B) Every license or certificate holder shall give written 2817
notice to the board of any change of name or address within 2818
thirty days of the change. The board shall require the holder to 2819
document a change of name in a manner acceptable to the board. 2820

(C) (1) Except in the case of a first renewal after 2821
licensure by examination, to be eligible for renewal of an 2822

active license to practice nursing as a registered nurse or 2823
licensed practical nurse, each individual who holds an active 2824
license shall, in each two-year period specified by the board, 2825
complete continuing nursing education as follows: 2826

(a) For renewal of a license that was issued for a two- 2827
year renewal period, twenty-four hours of continuing nursing 2828
education; 2829

(b) For renewal of a license that was issued for less than 2830
a two-year renewal period, the number of hours of continuing 2831
nursing education specified by the board in rules adopted in 2832
accordance with Chapter 119. of the Revised Code; 2833

(c) Of the hours of continuing nursing education completed 2834
in any renewal period, at least one hour of the education must 2835
be directly related to the statutes and rules pertaining to the 2836
practice of nursing in this state. 2837

(2) To be eligible for renewal of an active license to 2838
practice nursing as an advanced practice registered nurse, each 2839
individual who holds an active license shall, in each two-year 2840
period specified by the board, complete continuing education as 2841
follows: 2842

(a) For renewal of a license that was issued for a two- 2843
year renewal period, twenty-four hours of continuing nursing 2844
education; 2845

(b) For renewal of a license that was issued for less than 2846
a two-year renewal period, the number of hours of continuing 2847
nursing education specified by the board in rules adopted in 2848
accordance with Chapter 119. of the Revised Code, including the 2849
number of hours of continuing education in advanced 2850
pharmacology; 2851

(c) In the case of an advanced practice registered nurse 2852
who is designated as a clinical nurse specialist, certified 2853
nurse-midwife, or certified nurse practitioner, of the hours of 2854
continuing nursing education completed in any renewal period, at 2855
least twelve hours of the education must be in advanced 2856
pharmacology and be received from an accredited institution 2857
recognized by the board. 2858

(d) The continuing education required by division (C) (2) 2859
(a) or (b) of this section is in addition to the continuing 2860
education required by division (C) (1) (a) or (b) of this section. 2861

(3) The board shall adopt rules establishing the procedure 2862
for a license holder to certify to the board completion of the 2863
required continuing nursing education. The board may conduct a 2864
random sample of license holders and require that the license 2865
holders included in the sample submit satisfactory documentation 2866
of having completed the requirements for continuing nursing 2867
education. On the board's request, a license holder included in 2868
the sample shall submit the required documentation. 2869

~~(3)~~(4) An educational activity may be applied toward 2870
meeting the continuing nursing education requirement only if it 2871
is obtained through a program or course approved by the board or 2872
a person the board has authorized to approve continuing nursing 2873
education programs and courses. 2874

~~(4)~~(5) The continuing education required of a certified 2875
registered nurse anesthetist, clinical nurse specialist, 2876
certified nurse-midwife, or certified nurse practitioner to 2877
maintain certification by a national certifying organization 2878
shall be applied toward the continuing education requirements 2879
for renewal of a license to practice nursing as a registered 2880
nurse only the following if it the continuing education is 2881

obtained through a program or course approved by the board or a person the board has authorized to approve continuing nursing education programs and courses:

(a) A license to practice nursing as a registered nurse;

(b) A license to practice nursing as an advanced practice registered nurse.

(D) Except as otherwise provided in section 4723.28 of the Revised Code, an individual who holds an active license 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 date the license lapses, 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 as a registered nurse or licensed practical nurse in Ohio and is not required to pay the renewal fee.

The holder of an inactive license to practice nursing as a registered nurse or licensed practical nurse or an individual who has failed to renew the individual's license to practice nursing as a registered nurse or licensed practical nurse may have the license reactivated or reinstated upon 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 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 or a reserve component of the armed forces of the United States,

including the Ohio national guard or the national guard of any 2911
other state, as provided in section 5903.10 of the Revised Code; 2912

(3) If the license has been inactive for at least five 2913
years from the date of application for reactivation or has 2914
lapsed for at least five years from the date of application for 2915
reinstatement, submitting a request to the bureau of criminal 2916
identification and investigation for a criminal records check 2917
and check of federal bureau of investigation records pursuant to 2918
section 4723.091 of the Revised Code. 2919

(E) Except as otherwise provided in section 4723.28 of the 2920
Revised Code, an individual who holds an active license to 2921
practice nursing as an advanced practice registered nurse and 2922
does not intend to practice in Ohio as an advanced practice 2923
registered nurse may send to the board written notice to that 2924
effect on or before the renewal date, and the board shall 2925
classify the license as inactive. During the period that the 2926
license is classified as inactive, the holder may not engage in 2927
the practice of nursing as an advanced practice registered nurse 2928
in Ohio and is not required to pay the renewal fee. 2929

The holder of an inactive license to practice nursing as 2930
an advanced practice registered nurse or an individual who has 2931
failed to renew the individual's license to practice nursing as 2932
an advanced practice registered nurse may have the license 2933
reactivated or reinstated upon doing the following, as 2934
applicable to the holder or individual: 2935

(1) Applying to the board for license reactivation or 2936
reinstatement on forms provided by the board; 2937

(2) Meeting the requirements for reactivating or 2938
reinstating licenses established in rules adopted under section 2939

4723.07 of the Revised Code or, if the individual did not renew 2940
because of service in the armed forces of the United States or a 2941
reserve component of the armed forces of the United States, 2942
including the Ohio national guard or the national guard of any 2943
other state, as provided in section 5903.10 of the Revised Code. 2944

Sec. 4723.25. The board of nursing shall approve one or 2945
more continuing education courses of study that comply with 2946
divisions (E) and (F) of section 4723.07 of the Revised Code and 2947
that assist ~~registered nurses and licensed practical nurses~~ in 2948
recognizing the signs of domestic violence and its relationship 2949
to child abuse. Nurses are not required to take the courses. 2950

Sec. 4723.271. (A) Upon request of the holder of a nursing 2951
license, ~~certificate of authority,~~ dialysis technician 2952
certificate, medication aide certificate, or community health 2953
worker certificate issued under this chapter, the presentment of 2954
proper identification as prescribed in rules adopted by the 2955
board of nursing, and payment of the fee authorized under 2956
section 4723.08 of the Revised Code, the board of nursing shall 2957
provide to the requestor a replacement copy of a wall 2958
certificate suitable for framing. 2959

(B) Upon request of the holder of a nursing license, 2960
volunteer's certificate, ~~certificate of authority, certificate~~ 2961
~~to prescribe,~~ dialysis technician certificate, medication aide 2962
certificate, or community health worker certificate issued under 2963
this chapter and payment of the fee authorized under section 2964
4723.08 of the Revised Code, the board shall verify to an agency 2965
of another jurisdiction or foreign country the fact that the 2966
person holds such nursing license, volunteer's certificate, 2967
~~certificate of authority, certificate to prescribe,~~ dialysis 2968
technician certificate, medication aide certificate, or 2969

community health worker certificate. 2970

Sec. 4723.28. (A) The board of nursing, by a vote of a 2971
quorum, may impose one or more of the following sanctions if it 2972
finds that a person committed fraud in passing an examination 2973
required to obtain a license, ~~certificate of authority,~~ or 2974
dialysis technician certificate issued by the board or to have 2975
committed fraud, misrepresentation, or deception in applying for 2976
or securing any nursing license, ~~certificate of authority,~~ or 2977
dialysis technician certificate issued by the board: deny, 2978
revoke, suspend, or place restrictions on any nursing license, ~~—~~ 2979
~~certificate of authority,~~ or dialysis technician certificate 2980
issued by the board; reprimand or otherwise discipline a holder 2981
of a nursing license, ~~certificate of authority,~~ or dialysis 2982
technician certificate; or impose a fine of not more than five 2983
hundred dollars per violation. 2984

(B) The board of nursing, by a vote of a quorum, may 2985
impose one or more of the following sanctions: deny, revoke, 2986
suspend, or place restrictions on any nursing license, ~~—~~ 2987
~~certificate of authority,~~ or dialysis technician certificate 2988
issued by the board; reprimand or otherwise discipline a holder 2989
of a nursing license, ~~certificate of authority,~~ or dialysis 2990
technician certificate; or impose a fine of not more than five 2991
hundred dollars per violation. The sanctions may be imposed for 2992
any of the following: 2993

(1) Denial, revocation, suspension, or restriction of 2994
authority to engage in a licensed profession or practice a 2995
health care occupation, including nursing or practice as a 2996
dialysis technician, for any reason other than a failure to 2997
renew, in Ohio or another state or jurisdiction; 2998

(2) Engaging in the practice of nursing or engaging in 2999

practice as a dialysis technician, having failed to renew a 3000
nursing license or dialysis technician certificate issued under 3001
this chapter, or while a nursing license or dialysis technician 3002
certificate is under suspension; 3003

(3) Conviction of, a plea of guilty to, a judicial finding 3004
of guilt of, a judicial finding of guilt resulting from a plea 3005
of no contest to, or a judicial finding of eligibility for a 3006
pretrial diversion or similar program or for intervention in 3007
lieu of conviction for, a misdemeanor committed in the course of 3008
practice; 3009

(4) Conviction of, a plea of guilty to, a judicial finding 3010
of guilt of, a judicial finding of guilt resulting from a plea 3011
of no contest to, or a judicial finding of eligibility for a 3012
pretrial diversion or similar program or for intervention in 3013
lieu of conviction for, any felony or of any crime involving 3014
gross immorality or moral turpitude; 3015

(5) Selling, giving away, or administering drugs or 3016
therapeutic devices for other than legal and legitimate 3017
therapeutic purposes; or conviction of, a plea of guilty to, a 3018
judicial finding of guilt of, a judicial finding of guilt 3019
resulting from a plea of no contest to, or a judicial finding of 3020
eligibility for a pretrial diversion or similar program or for 3021
intervention in lieu of conviction for, violating any municipal, 3022
state, county, or federal drug law; 3023

(6) Conviction of, a plea of guilty to, a judicial finding 3024
of guilt of, a judicial finding of guilt resulting from a plea 3025
of no contest to, or a judicial finding of eligibility for a 3026
pretrial diversion or similar program or for intervention in 3027
lieu of conviction for, an act in another jurisdiction that 3028
would constitute a felony or a crime of moral turpitude in Ohio; 3029

(7) Conviction of, a plea of guilty to, a judicial finding
of guilt of, a judicial finding of guilt resulting from a plea
of no contest to, or a judicial finding of eligibility for a
pretrial diversion or similar program or for intervention in
lieu of conviction for, an act in the course of practice in
another jurisdiction that would constitute a misdemeanor in
Ohio;

(8) Self-administering or otherwise taking into the body
any dangerous drug, as defined in section 4729.01 of the Revised
Code, in any way that is not in accordance with a legal, valid
prescription issued for that individual, or self-administering
or otherwise taking into the body any drug that is a schedule I
controlled substance;

(9) Habitual or excessive use of controlled substances,
other habit-forming drugs, or alcohol or other chemical
substances to an extent that impairs the individual's ability to
provide safe nursing care or safe dialysis care;

(10) Impairment of the ability to practice according to
acceptable and prevailing standards of safe nursing care or safe
dialysis care because of the use of drugs, alcohol, or other
chemical substances;

(11) Impairment of the ability to practice according to
acceptable and prevailing standards of safe nursing care or safe
dialysis care because of a physical or mental disability;

(12) Assaulting or causing harm to a patient or depriving
a patient of the means to summon assistance;

(13) Misappropriation or attempted misappropriation of
money or anything of value in the course of practice;

(14) Adjudication by a probate court of being mentally ill

or mentally incompetent. The board may reinstate the person's 3059
nursing license or dialysis technician certificate upon 3060
adjudication by a probate court of the person's restoration to 3061
competency or upon submission to the board of other proof of 3062
competency. 3063

(15) The suspension or termination of employment by the 3064
department of defense or the veterans administration of the 3065
United States for any act that violates or would violate this 3066
chapter; 3067

(16) Violation of this chapter or any rules adopted under 3068
it; 3069

(17) Violation of any restrictions placed by the board on 3070
a nursing license or dialysis technician certificate; 3071

(18) Failure to use universal and standard precautions 3072
established by rules adopted under section 4723.07 of the 3073
Revised Code; 3074

(19) Failure to practice in accordance with acceptable and 3075
prevailing standards of safe nursing care or safe dialysis care; 3076

(20) In the case of a registered nurse, engaging in 3077
activities that exceed the practice of nursing as a registered 3078
nurse; 3079

(21) In the case of a licensed practical nurse, engaging 3080
in activities that exceed the practice of nursing as a licensed 3081
practical nurse; 3082

(22) In the case of a dialysis technician, engaging in 3083
activities that exceed those permitted under section 4723.72 of 3084
the Revised Code; 3085

(23) Aiding and abetting a person in that person's 3086

practice of nursing without a license or practice as a dialysis technician without a certificate issued under this chapter; 3087
3088

(24) In the case of a ~~certified registered nurse~~ 3089
~~anesthetist, clinical nurse specialist, certified nurse midwife,~~ 3090
~~or certified nurse practitioner~~ an advanced practice registered 3091
nurse, except as provided in division (M) of this section, 3092
either of the following: 3093

(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; 3094
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(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. 3100
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(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; 3105
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3107

(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; 3108
3109
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(27) In the case of a ~~certified registered nurse~~ 3111
~~anesthetist, clinical nurse specialist, certified nurse midwife,~~ 3112
~~or certified~~ an advanced practice registered nurse practitioner: 3113

(a) Engaging in activities that exceed those permitted for the nurse's nursing specialty under section 4723.43 of the 3114
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Revised Code;	3116
(b) Failure to meet the quality assurance standards established under section 4723.07 of the Revised Code.	3117 3118
(28) In the case of <u>an advanced practice registered nurse other than a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner described in division (D) of section 4723.431 of the Revised Code or a certified registered nurse anesthetist</u> , 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;	3119 3120 3121 3122 3123 3124 3125 3126
(29) In the case of <u>an advanced practice registered nurse who is designated as a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner</u> 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;	3127 3128 3129 3130 3131 3132
(30) Prescribing any drug or device to perform or induce an abortion, or otherwise performing or inducing an abortion;	3133 3134
(31) Failure to establish and maintain professional boundaries with a patient, as specified in rules adopted under section 4723.07 of the Revised Code;	3135 3136 3137
(32) Regardless of whether the contact or verbal behavior is consensual, engaging with a patient other than the spouse of the registered nurse, licensed practical nurse, or dialysis technician in any of the following:	3138 3139 3140 3141
(a) Sexual contact, as defined in section 2907.01 of the Revised Code;	3142 3143

(b) Verbal behavior that is sexually demeaning to the patient or may be reasonably interpreted by the patient as sexually demeaning.

(33) Assisting suicide, as defined in section 3795.01 of the Revised Code;

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

(35) Failure to comply with section 4723.487 of the Revised Code, unless the state board of pharmacy no longer maintains a drug database pursuant to section 4729.75 of the Revised Code.

(C) Disciplinary actions taken by the board under divisions (A) and (B) of 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 a 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.

(D) The hearings of the board shall be conducted in accordance with Chapter 119. of the Revised Code, the board may appoint a hearing examiner, as provided in section 119.09 of the Revised Code, to conduct any hearing the board is authorized to hold under Chapter 119. of the Revised Code.

In any instance in which the board is required under 3173
Chapter 119. of the Revised Code to give notice of an 3174
opportunity for a hearing and the applicant, licensee, or 3175
certificate holder does not make a timely request for a hearing 3176
in accordance with section 119.07 of the Revised Code, the board 3177
is not required to hold a hearing, but may adopt, by a vote of a 3178
quorum, a final order that contains the board's findings. In the 3179
final order, the board may order any of the sanctions listed in 3180
division (A) or (B) of this section. 3181

(E) If a criminal action is brought against a registered 3182
nurse, licensed practical nurse, or dialysis technician for an 3183
act or crime described in divisions (B)(3) to (7) of this 3184
section and the action is dismissed by the trial court other 3185
than on the merits, the board shall conduct an adjudication to 3186
determine whether the registered nurse, licensed practical 3187
nurse, or dialysis technician committed the act on which the 3188
action was based. If the board determines on the basis of the 3189
adjudication that the registered nurse, licensed practical 3190
nurse, or dialysis technician committed the act, or if the 3191
registered nurse, licensed practical nurse, or dialysis 3192
technician fails to participate in the adjudication, the board 3193
may take action as though the registered nurse, licensed 3194
practical nurse, or dialysis technician had been convicted of 3195
the act. 3196

If the board takes action on the basis of a conviction, 3197
plea, or a judicial finding as described in divisions (B)(3) to 3198
(7) of this section that is overturned on appeal, the registered 3199
nurse, licensed practical nurse, or dialysis technician may, on 3200
exhaustion of the appeal process, petition the board for 3201
reconsideration of its action. On receipt of the petition and 3202
supporting court documents, the board shall temporarily rescind 3203

its action. If the board determines that the decision on appeal 3204
was a decision on the merits, it shall permanently rescind its 3205
action. If the board determines that the decision on appeal was 3206
not a decision on the merits, it shall conduct an adjudication 3207
to determine whether the registered nurse, licensed practical 3208
nurse, or dialysis technician committed the act on which the 3209
original conviction, plea, or judicial finding was based. If the 3210
board determines on the basis of the adjudication that the 3211
registered nurse, licensed practical nurse, or dialysis 3212
technician committed such act, or if the registered nurse, 3213
licensed practical nurse, or dialysis technician does not 3214
request an adjudication, the board shall reinstate its action; 3215
otherwise, the board shall permanently rescind its action. 3216

Notwithstanding the provision of division (C) (2) of 3217
section 2953.32 of the Revised Code specifying that if records 3218
pertaining to a criminal case are sealed under that section the 3219
proceedings in the case shall be deemed not to have occurred, 3220
sealing of the following records on which the board has based an 3221
action under this section shall have no effect on the board's 3222
action or any sanction imposed by the board under this section: 3223
records of any conviction, guilty plea, judicial finding of 3224
guilt resulting from a plea of no contest, or a judicial finding 3225
of eligibility for a pretrial diversion program or intervention 3226
in lieu of conviction. 3227

The board shall not be required to seal, destroy, redact, 3228
or otherwise modify its records to reflect the court's sealing 3229
of conviction records. 3230

(F) The board may investigate an individual's criminal 3231
background in performing its duties under this section. As part 3232
of such investigation, the board may order the individual to 3233

submit, at the individual's expense, a request to the bureau of 3234
criminal identification and investigation for a criminal records 3235
check and check of federal bureau of investigation records in 3236
accordance with the procedure described in section 4723.091 of 3237
the Revised Code. 3238

(G) During the course of an investigation conducted under 3239
this section, the board may compel any registered nurse, 3240
licensed practical nurse, or dialysis technician or applicant 3241
under this chapter to submit to a mental or physical 3242
examination, or both, as required by the board and at the 3243
expense of the individual, if the board finds reason to believe 3244
that the individual under investigation may have a physical or 3245
mental impairment that may affect the individual's ability to 3246
provide safe nursing care. Failure of any individual to submit 3247
to a mental or physical examination when directed constitutes an 3248
admission of the allegations, unless the failure is due to 3249
circumstances beyond the individual's control, and a default and 3250
final order may be entered without the taking of testimony or 3251
presentation of evidence. 3252

If the board finds that an individual is impaired, the 3253
board shall require the individual to submit to care, 3254
counseling, or treatment approved or designated by the board, as 3255
a condition for initial, continued, reinstated, or renewed 3256
authority to practice. The individual shall be afforded an 3257
opportunity to demonstrate to the board that the individual can 3258
begin or resume the individual's occupation in compliance with 3259
acceptable and prevailing standards of care under the provisions 3260
of the individual's authority to practice. 3261

For purposes of this division, any registered nurse, 3262
licensed practical nurse, or dialysis technician or applicant 3263

under this chapter shall be deemed to have given consent to 3264
submit to a mental or physical examination when directed to do 3265
so in writing by the board, and to have waived all objections to 3266
the admissibility of testimony or examination reports that 3267
constitute a privileged communication. 3268

(H) The board shall investigate evidence that appears to 3269
show that any person has violated any provision of this chapter 3270
or any rule of the board. Any person may report to the board any 3271
information the person may have that appears to show a violation 3272
of any provision of this chapter or rule of the board. In the 3273
absence of bad faith, any person who reports such information or 3274
who testifies before the board in any adjudication conducted 3275
under Chapter 119. of the Revised Code shall not be liable for 3276
civil damages as a result of the report or testimony. 3277

(I) All of the following apply under this chapter with 3278
respect to the confidentiality of information: 3279

(1) Information received by the board pursuant to a 3280
complaint or an investigation is confidential and not subject to 3281
discovery in any civil action, except that the board may 3282
disclose information to law enforcement officers and government 3283
entities for purposes of an investigation of either a licensed 3284
health care professional, including a registered nurse, licensed 3285
practical nurse, or dialysis technician, or a person who may 3286
have engaged in the unauthorized practice of nursing or dialysis 3287
care. No law enforcement officer or government entity with 3288
knowledge of any information disclosed by the board pursuant to 3289
this division shall divulge the information to any other person 3290
or government entity except for the purpose of a government 3291
investigation, a prosecution, or an adjudication by a court or 3292
government entity. 3293

(2) If an investigation requires a review of patient records, the investigation and proceeding shall be conducted in such a manner as to protect patient confidentiality.

(3) All adjudications and investigations of the board shall be considered civil actions for the purposes of section 2305.252 of the Revised Code.

(4) Any board activity that involves continued monitoring of an individual as part of or following any disciplinary action taken under this section shall be conducted in a manner that maintains the individual's confidentiality. Information received or maintained by the board with respect to the board's monitoring activities is not subject to discovery in any civil action and is confidential, except that the board may disclose information to law enforcement officers and government entities for purposes of an investigation of a licensee or certificate holder.

(J) Any action taken by the board under this section resulting in a suspension from practice shall be accompanied by a written statement of the conditions under which the person may be reinstated to practice.

(K) When the board refuses to grant a license or certificate to an applicant, revokes a license or certificate, or refuses to reinstate a license or certificate, the board may specify that its action is permanent. An individual subject to permanent action taken by the board is forever ineligible to hold a license or certificate of the type that was refused or revoked and the board shall not accept from the individual an application for reinstatement of the license or certificate or for a new license or certificate.

(L) No unilateral surrender of a nursing license, 3323
certificate of authority, or dialysis technician certificate 3324
issued under this chapter shall be effective unless accepted by 3325
majority vote of the board. No application for a nursing 3326
license, certificate of authority, or dialysis technician 3327
certificate issued under this chapter may be withdrawn without a 3328
majority vote of the board. The board's jurisdiction to take 3329
disciplinary action under this section is not removed or limited 3330
when an individual has a license or certificate classified as 3331
inactive or fails to renew a license or certificate. 3332

(M) Sanctions shall not be imposed under division (B) (24) 3333
of this section against any licensee who waives deductibles and 3334
copayments as follows: 3335

(1) In compliance with the health benefit plan that 3336
expressly allows such a practice. Waiver of the deductibles or 3337
copayments shall be made only with the full knowledge and 3338
consent of the plan purchaser, payer, and third-party 3339
administrator. Documentation of the consent shall be made 3340
available to the board upon request. 3341

(2) For professional services rendered to any other person 3342
licensed pursuant to this chapter to the extent allowed by this 3343
chapter and the rules of the board. 3344

Sec. 4723.32. This chapter does not prohibit any of the 3345
following: 3346

(A) The practice of nursing by a student currently 3347
enrolled in and actively pursuing completion of a prelicensure 3348
nursing education program, if all of the following are the case: 3349

(1) The student is participating in a program located in 3350
this state and approved by the board of nursing or participating 3351

in this state in a component of a program located in another 3352
jurisdiction and approved by a board that is a member of the 3353
national council of state boards of nursing; 3354

(2) The student's practice is under the auspices of the 3355
program; 3356

(3) The student acts under the supervision of a registered 3357
nurse serving for the program as a faculty member or teaching 3358
assistant. 3359

(B) The rendering of medical assistance to a licensed 3360
physician, licensed dentist, or licensed podiatrist by a person 3361
under the direction, supervision, and control of such licensed 3362
physician, dentist, or podiatrist; 3363

(C) The activities of persons employed as nursing aides, 3364
attendants, orderlies, or other auxiliary workers in patient 3365
homes, nurseries, nursing homes, hospitals, home health 3366
agencies, or other similar institutions; 3367

(D) The provision of nursing services to family members or 3368
in emergency situations; 3369

(E) The care of the sick when done in connection with the 3370
practice of religious tenets of any church and by or for its 3371
members; 3372

(F) The practice of nursing as ~~a certified registered-~~ 3373
~~nurse anesthetist, clinical nurse specialist, certified nurse-~~ 3374
~~midwife, or certified nurse practitioner~~ an advanced practice 3375
registered nurse by a student currently enrolled in and actively 3376
pursuing completion of a program of study leading to initial 3377
authorization by the board of nursing to practice nursing as an 3378
advanced practice registered nurse in the a designated 3379
specialty, if all of the following are the case: 3380

(1) The program qualifies the student to sit for the 3381
examination of a national certifying organization approved by 3382
the board under section 4723.46 of the Revised Code or the 3383
program prepares the student to receive a master's or doctoral 3384
degree in accordance with division (A) (2) of section 4723.41 of 3385
the Revised Code; 3386

(2) The student's practice is under the auspices of the 3387
program; 3388

(3) The student acts under the supervision of ~~an advanced~~ 3389
practice registered nurse serving for the program as a faculty 3390
member, teaching assistant, or preceptor. 3391

(G) The activities of an individual who currently holds a 3392
license to practice nursing ~~in or equivalent authorization from~~ 3393
another jurisdiction, if the individual's ~~license authority to~~ 3394
practice has not been revoked, the individual is not currently 3395
under suspension or on probation, the individual does not 3396
represent the individual as being licensed under this chapter, 3397
and one of the following is the case: 3398

(1) The individual is engaging in the practice of nursing 3399
by discharging official duties while employed by or under 3400
contract with the United States government or any agency 3401
thereof; 3402

(2) The individual is engaging in the practice of nursing 3403
as an employee of an individual, agency, or corporation located 3404
in the other jurisdiction in a position with employment 3405
responsibilities that include transporting patients into, out 3406
of, or through this state, as long as each trip in this state 3407
does not exceed seventy-two hours; 3408

(3) The individual is consulting with an individual 3409

licensed in this state to practice any health-related 3410
profession; 3411

(4) The individual is engaging in activities associated 3412
with teaching in this state as a guest lecturer at or for a 3413
nursing education program, continuing nursing education program, 3414
or in-service presentation; 3415

(5) The individual is conducting evaluations of nursing 3416
care that are undertaken on behalf of an accrediting 3417
organization, including the national league for nursing 3418
accrediting committee, the joint commission on accreditation of 3419
healthcare organizations, or any other nationally recognized 3420
accrediting organization; 3421

(6) The individual is providing nursing care to an 3422
individual who is in this state on a temporary basis, not to 3423
exceed six months in any one calendar year, if the nurse is 3424
directly employed by or under contract with the individual or a 3425
guardian or other person acting on the individual's behalf; 3426

(7) The individual is providing nursing care during any 3427
disaster, natural or otherwise, that has been officially 3428
declared to be a disaster by a public announcement issued by an 3429
appropriate federal, state, county, or municipal official. 3430

(H) The administration of medication by an individual who 3431
holds a valid medication aide certificate issued under this 3432
chapter, if the medication is administered to a resident of a 3433
nursing home or residential care facility authorized by section 3434
4723.64 of the Revised Code to use a certified medication aide 3435
and the medication is administered in accordance with section 3436
4723.67 of the Revised Code. 3437

Sec. 4723.341. (A) As used in this section, "person" has 3438

the same meaning as in section 1.59 of the Revised Code and also 3439
includes the board of nursing and its members and employees; 3440
health care facilities, associations, and societies; insurers; 3441
and individuals. 3442

(B) In the absence of fraud or bad faith, no person 3443
reporting to the board of nursing or testifying in an 3444
adjudication conducted under Chapter 119. of the Revised Code 3445
with regard to alleged incidents of negligence or malpractice or 3446
matters subject to this chapter or sections 3123.41 to 3123.50 3447
of the Revised Code and any applicable rules adopted under 3448
section 3123.63 of the Revised Code shall be subject to either 3449
of the following based on making the report or testifying: 3450

(1) Liability in damages in a civil action for injury, 3451
death, or loss to person or property; 3452

(2) Discipline or dismissal by an employer. 3453

(C) An individual who is disciplined or dismissed in 3454
violation of division (B) (2) of this section has the same rights 3455
and duties accorded an employee under sections 4113.52 and 3456
4113.53 of the Revised Code. 3457

(D) In the absence of fraud or bad faith, no professional 3458
association of registered nurses, advanced practice registered 3459
nurses, licensed practical nurses, dialysis technicians, 3460
community health workers, or medication aides that sponsors a 3461
committee or program to provide peer assistance to individuals 3462
with substance abuse problems, no representative or agent of 3463
such a committee or program, and no member of the board of 3464
nursing shall be liable to any person for damages in a civil 3465
action by reason of actions taken to refer a nurse, dialysis 3466
technician, community health worker, or medication aide to a 3467

treatment provider or actions or omissions of the provider in 3468
treating a nurse, dialysis technician, community health worker, 3469
or medication aide. 3470

Sec. 4723.41. (A) Each person who desires to practice 3471
nursing as a certified nurse-midwife and has not been authorized 3472
to practice midwifery prior to December 1, 1967, and each person 3473
who desires to practice nursing as a certified registered nurse 3474
anesthetist, clinical nurse specialist, or certified nurse 3475
practitioner shall file with the board of nursing a written 3476
application for ~~authorization~~ a license to practice nursing as 3477
an advanced practice registered nurse and designation in the 3478
desired specialty. The application must be filed, under oath, on 3479
a form prescribed by the board accompanied by the application 3480
fee required by section 4723.08 of the Revised Code. 3481

Except as provided in division (B) of this section, at the 3482
time of making application, the applicant shall meet all of the 3483
following requirements: 3484

(1) Be a registered nurse; 3485

(2) Submit documentation satisfactory to the board that 3486
the applicant has earned a graduate degree with a major in a 3487
nursing specialty or in a related field that qualifies the 3488
applicant to sit for the certification examination of a national 3489
certifying organization approved by the board under section 3490
4723.46 of the Revised Code; 3491

(3) Submit documentation satisfactory to the board of 3492
having passed the certification examination of a national 3493
certifying organization approved by the board under section 3494
4723.46 of the Revised Code to examine and certify, as 3495
applicable, nurse-midwives, registered nurse anesthetists, 3496

clinical nurse specialists, or nurse practitioners; 3497

(4) Submit an affidavit with the application that states 3498
all of the following: 3499

(a) That the applicant is the person named in the 3500
documents submitted under divisions (A) (2) and (3) of this 3501
section and is the lawful possessor thereof; 3502

(b) The applicant's age, residence, the school at which 3503
the applicant obtained education in the applicant's nursing 3504
specialty, and any other facts that the board requires; 3505

(c) The specialty in which the applicant seeks 3506
designation; 3507

(d) If the applicant is already engaged in the practice of 3508
nursing as a certified registered nurse anesthetist, clinical 3509
nurse specialist, certified nurse-midwife, or certified nurse 3510
practitioner, the period during which and the place where the 3511
applicant is engaged; 3512

~~(d)~~ (e) If the applicant is already engaged in the 3513
practice of nursing as a clinical nurse specialist, certified 3514
nurse-midwife, or certified nurse practitioner, the names and 3515
business addresses of the applicant's current collaborating 3516
physicians and podiatrists. 3517

(B) (1) A certified registered nurse anesthetist, clinical 3518
nurse specialist, certified nurse-midwife, or certified nurse 3519
practitioner who is practicing as such in another jurisdiction 3520
may apply for a ~~certificate of authority~~ license by endorsement 3521
to practice nursing as an advanced practice registered nurse and 3522
designation as a certified registered nurse anesthetist, 3523
clinical nurse specialist, certified nurse-midwife, or certified 3524
nurse practitioner in this state if the nurse meets the 3525

requirements ~~for a certificate of authority~~ set forth in 3526
division (A) of this section or division (B) (2) of this section. 3527

(2) If an applicant practicing in another jurisdiction 3528
applies for ~~a certificate of authority~~ designation under 3529
division (B) (2) of this section, the application shall be 3530
submitted to the board in the form prescribed by rules of the 3531
board and be accompanied by the application fee required by 3532
section 4723.08 of the Revised Code. The application shall 3533
include evidence that the applicant meets the requirements of 3534
division (B) (2) of this section, holds ~~a license or certificate~~
authority to practice nursing as ~~a certified registered nurse~~ 3535
~~anesthetist, clinical nurse specialist, certified nurse midwife,~~ 3537
~~or certified nurse practitioner~~ and is in good standing in 3538
another jurisdiction granted after meeting requirements approved 3539
by the entity of that jurisdiction that ~~licenses~~ regulates 3540
nurses, and other information required by rules of the board of 3541
nursing. 3542

With respect to the educational requirements and national 3543
certification requirements that an applicant under division (B) 3544
(2) of this section must meet, both of the following apply: 3545

(a) If the applicant is a certified registered nurse 3546
anesthetist, certified nurse-midwife, or certified nurse 3547
practitioner who, on or before December 31, 2000, obtained 3548
certification in the applicant's nursing specialty with a 3549
national certifying organization listed in division (A) (3) of 3550
section 4723.41 of the Revised Code as that division existed 3551
prior to ~~the effective date of this amendment~~ March 20, 2013, or 3552
that was at that time approved by the board under section 3553
4723.46 of the Revised Code, the applicant must have maintained 3554
the certification. The applicant is not required to have earned 3555

a graduate degree with a major in a nursing specialty or in a 3556
related field that qualifies the applicant to sit for the 3557
certification examination. 3558

(b) If the applicant is a clinical nurse specialist, one 3559
of the following must apply to the applicant: 3560

(i) On or before December 31, 2000, the applicant obtained 3561
a graduate degree with a major in a clinical area of nursing 3562
from an educational institution accredited by a national or 3563
regional accrediting organization. The applicant is not required 3564
to have passed a certification examination. 3565

(ii) On or before December 31, 2000, the applicant 3566
obtained a graduate degree in nursing or a related field and was 3567
certified as a clinical nurse specialist by the American nurses 3568
credentialing center or another national certifying organization 3569
that was at that time approved by the board under section 3570
4723.46 of the Revised Code. 3571

(3) The board may grant a nonrenewable temporary permit to 3572
practice nursing as an advanced practice registered nurse to an 3573
applicant for licensure by endorsement if the board is satisfied 3574
by the evidence that the applicant holds a valid, unrestricted 3575
license in or equivalent authorization from another 3576
jurisdiction. The temporary permit shall expire at the earlier 3577
of one hundred eighty days after issuance or upon the issuance 3578
of a license by endorsement. 3579

Sec. 4723.42. (A) If the applicant for authorization a 3580
license to practice nursing as a certified registered nurse 3581
anesthetist, clinical nurse specialist, certified nurse-midwife, 3582
or certified nurse practitioner an advanced practice registered 3583
nurse has met all the requirements of section 4723.41 of the 3584

Revised Code and has paid the fee required by section 4723.08 of 3585
the Revised Code, the board of nursing shall issue ~~its~~ 3586
~~certificate of authority to practice nursing the license and~~ 3587
designate the license holder as a certified registered nurse 3588
anesthetist, clinical nurse specialist, certified nurse-midwife, 3589
or certified nurse practitioner, ~~which shall designate the~~ 3590
~~nursing specialty the nurse is authorized to practice. The~~ 3591
~~certificate entitles its~~ license and designation authorize the 3592
holder to practice ~~nursing in the specialty designated on the~~ 3593
~~certificate as an advanced practice registered nurse in the~~ 3594
specialty indicated by the designation. 3595

The board shall issue or deny ~~its certificate the license~~ 3596
not later than ~~sixty~~ thirty days after receiving all of the 3597
documents required by section 4723.41 of the Revised Code. 3598

If an applicant is under investigation for a violation of 3599
this chapter, the board shall conclude the investigation not 3600
later than ninety days after receipt of all required documents, 3601
unless this ninety-day period is extended by written consent of 3602
the applicant, or unless the board determines that a substantial 3603
question of such a violation exists and the board has notified 3604
the applicant in writing of the reasons for the continuation of 3605
the investigation. If the board determines that the applicant 3606
has not violated this chapter, it shall issue a certificate not 3607
later than forty-five days after making that determination. 3608

(B) A ~~certificate of authority~~ license to practice nursing 3609
as a ~~certified registered nurse anesthetist, clinical nurse~~ 3610
~~specialist, certified nurse-midwife, or certified nurse~~ 3611
~~practitioner~~ an advanced practice registered nurse is subject to 3612
the ~~same schedule for renewal~~ schedule that applies under 3613
section 4723.24 of the Revised Code ~~with respect to a license to~~ 3614

~~practice nursing as a registered nurse.~~ In providing renewal 3615
~~applications to certificate holders,~~ the board shall follow the 3616
procedures that apply under section 4723.24 of the Revised Code 3617
for providing renewal applications to license holders. Failure 3618
of the ~~certificate~~ license holder to receive an application for 3619
renewal from the board does not excuse the holder from the 3620
requirements of section 4723.44 of the Revised Code. 3621

A ~~certificate~~ license holder seeking renewal of the 3622
~~certificate~~ license shall complete the renewal application and 3623
submit it to the board with all of the following: 3624

(1) The renewal fee established under section 4723.08 of 3625
the Revised Code and, if the application is submitted after it 3626
is due but before the ~~certificate~~ license lapses, the fee 3627
established under that section for processing a late application 3628
for renewal; 3629

(2) Documentation satisfactory to the board that the 3630
holder has maintained certification in the nursing specialty 3631
with a national certifying organization approved by the board 3632
under section 4723.46 of the Revised Code; 3633

(3) A list of the names and business addresses of the 3634
holder's current collaborating physicians and podiatrists, if 3635
the holder is a clinical nurse specialist, certified nurse- 3636
midwife, or certified nurse practitioner; 3637

(4) If the holder's ~~certificate was issued under division~~ 3638
~~(C) of section 4723.41 of the Revised Code, as that division~~ 3639
~~existed at any time before March 20, 2013~~ license holder is a 3640
clinical nurse specialist, documentation satisfactory to the 3641
board that the holder has completed continuing education for a 3642
~~clinical nurse specialist~~ that specialty as required by rule of 3643

the board. 3644

On receipt of the renewal application, fees, and 3645
documents, the board shall verify that the applicant holds a 3646
current, valid license to practice nursing as a registered nurse 3647
in this state and a current, valid license to practice nursing 3648
as an advanced practice registered nurse in this state, and, if 3649
it so verifies, shall renew the ~~certificate~~license to practice 3650
nursing as an advanced practice registered nurse. 3651

(C) An applicant for reinstatement of a ~~certificate~~ 3652
license that has lapsed shall submit the reinstatement fee, 3653
renewal fee, and fee for processing a late application for 3654
renewal established under section 4723.08 of the Revised Code. 3655

(D) An individual who holds an active ~~certificate~~license 3656
and does not intend to practice in this state as an advanced 3657
practice registered nurse may send to the board written notice 3658
to that effect on or before the date the ~~certificate~~license 3659
lapses, and the board shall classify the ~~certificate~~license as 3660
inactive. 3661

Sec. 4723.43. A certified registered nurse anesthetist, 3662
clinical nurse specialist, certified nurse-midwife, or certified 3663
nurse practitioner may provide to individuals and groups nursing 3664
care that requires knowledge and skill obtained from advanced 3665
formal education and clinical experience. In this capacity as an 3666
advanced practice registered nurse, a certified nurse-midwife is 3667
subject to division (A) of this section, a certified registered 3668
nurse anesthetist is subject to division (B) of this section, a 3669
certified nurse practitioner is subject to division (C) of this 3670
section, and a clinical nurse specialist is subject to division 3671
(D) of this section. 3672

(A) A nurse authorized to practice as a certified nurse- 3673
midwife, in collaboration with one or more physicians, may 3674
provide the management of preventive services and those primary 3675
care services necessary to provide health care to women 3676
antepartally, intrapartally, postpartally, and gynecologically, 3677
consistent with the nurse's education and certification, and in 3678
accordance with rules adopted by the board of nursing. 3679

No certified nurse-midwife may perform version, deliver 3680
breech or face presentation, use forceps, do any obstetric 3681
operation, or treat any other abnormal condition, except in 3682
emergencies. Division (A) of this section does not prohibit a 3683
certified nurse-midwife from performing episiotomies or normal 3684
vaginal deliveries, or repairing vaginal tears. A certified 3685
nurse-midwife ~~who holds a certificate to prescribe issued under~~ 3686
~~section 4723.48 of the Revised Code~~ may, in collaboration with 3687
one or more physicians, prescribe drugs and therapeutic devices 3688
in accordance with section 4723.481 of the Revised Code. 3689

(B) A nurse authorized to practice as a certified 3690
registered nurse anesthetist, with the supervision and in the 3691
immediate presence of a physician, podiatrist, or dentist, may 3692
administer anesthesia and perform anesthesia induction, 3693
maintenance, and emergence, and may perform with supervision 3694
preanesthetic preparation and evaluation, postanesthesia care, 3695
and clinical support functions, consistent with the nurse's 3696
education and certification, and in accordance with rules 3697
adopted by the board. ~~A certified registered nurse anesthetist~~ 3698
~~is not required to obtain a certificate to prescribe in order to~~ 3699
~~provide the anesthesia care described in this division.~~ 3700

The physician, podiatrist, or dentist supervising a 3701
certified registered nurse anesthetist must be actively engaged 3702

in practice in this state. When a certified registered nurse 3703
anesthetist is supervised by a podiatrist, the nurse's scope of 3704
practice is limited to the anesthesia procedures that the 3705
podiatrist has the authority under section 4731.51 of the 3706
Revised Code to perform. A certified registered nurse 3707
anesthetist may not administer general anesthesia under the 3708
supervision of a podiatrist in a podiatrist's office. When a 3709
certified registered nurse anesthetist is supervised by a 3710
dentist, the nurse's scope of practice is limited to the 3711
anesthesia procedures that the dentist has the authority under 3712
Chapter 4715. of the Revised Code to perform. 3713

(C) A nurse authorized to practice as a certified nurse 3714
practitioner, in collaboration with one or more physicians or 3715
podiatrists, may provide preventive and primary care services, 3716
provide services for acute illnesses, and evaluate and promote 3717
patient wellness within the nurse's nursing specialty, 3718
consistent with the nurse's education and certification, and in 3719
accordance with rules adopted by the board. A certified nurse 3720
practitioner ~~who holds a certificate to prescribe issued under~~ 3721
~~section 4723.48 of the Revised Code~~ may, in collaboration with 3722
one or more physicians or podiatrists, prescribe drugs and 3723
therapeutic devices in accordance with section 4723.481 of the 3724
Revised Code. 3725

When a certified nurse practitioner is collaborating with 3726
a podiatrist, the nurse's scope of practice is limited to the 3727
procedures that the podiatrist has the authority under section 3728
4731.51 of the Revised Code to perform. 3729

(D) A nurse authorized to practice as a clinical nurse 3730
specialist, in collaboration with one or more physicians or 3731
podiatrists, may provide and manage the care of individuals and 3732

groups with complex health problems and provide health care 3733
services that promote, improve, and manage health care within 3734
the nurse's nursing specialty, consistent with the nurse's 3735
education and in accordance with rules adopted by the board. A 3736
clinical nurse specialist ~~who holds a certificate to prescribe~~ 3737
~~issued under section 4723.48 of the Revised Code~~ may, in 3738
collaboration with one or more physicians or podiatrists, 3739
prescribe drugs and therapeutic devices in accordance with 3740
section 4723.481 of the Revised Code. 3741

When a clinical nurse specialist is collaborating with a 3742
podiatrist, the nurse's scope of practice is limited to the 3743
procedures that the podiatrist has the authority under section 3744
4731.51 of the Revised Code to perform. 3745

Sec. 4723.431. (A) Except as provided in division (D) (1) 3746
of this section, an advanced practice registered nurse who is 3747
designated as a clinical nurse specialist, certified nurse- 3748
midwife, or certified nurse practitioner may practice only in 3749
accordance with a standard care arrangement entered into with 3750
each physician or podiatrist with whom the nurse collaborates. A 3751
copy of the standard care arrangement shall be retained on file 3752
~~at each site where the nurse practices~~ by the staff office of 3753
the medical system the nurse is working with or nurse's practice 3754
administrator. Prior approval of the standard care arrangement 3755
by the board of nursing is not required, but the board may 3756
periodically review it for compliance with this section. 3757

A clinical nurse specialist, certified nurse-midwife, or 3758
certified nurse practitioner may enter into a standard care 3759
arrangement with one or more collaborating physicians or 3760
podiatrists. Not later than thirty days after first engaging in 3761
the practice of nursing as a clinical nurse specialist, 3762

certified nurse-midwife, or certified nurse practitioner, the 3763
nurse shall submit to the board the name and business address of 3764
each collaborating physician or podiatrist. Thereafter, the 3765
nurse shall ~~give to notify~~ the board ~~written notice~~ of any 3766
additions or deletions to the nurse's collaborating physicians 3767
or podiatrists. Except as provided in division (E) of this 3768
section, the notice must be provided not later than thirty days 3769
after the change takes effect. 3770

Each collaborating physician or podiatrist must be 3771
~~actively engaged in direct clinical~~ authorized to practice in 3772
~~this state and practicing,~~ except as provided in division (D) 3773
(3) of this section, practice in a specialty that is the same as 3774
or similar to the nurse's nursing specialty. If a collaborating 3775
physician or podiatrist enters into standard care arrangements 3776
with more than ~~three~~ five ~~nurses who hold certificates to~~ 3777
~~prescribe issued under section 4723.48 of the Revised Code,~~ the 3778
physician or podiatrist shall not collaborate at the same time 3779
with more than ~~three of the~~ five nurses in the prescribing 3780
component of their practices. 3781

(B) A standard care arrangement shall be in writing and, 3782
except as provided in division (D)(2) of this section, shall 3783
contain all of the following: 3784

(1) Criteria for referral of a patient by the clinical 3785
nurse specialist, certified nurse-midwife, or certified nurse 3786
practitioner to a collaborating physician or podiatrist; 3787

(2) A process for the clinical nurse specialist, certified 3788
nurse-midwife, or certified nurse practitioner to obtain a 3789
consultation with a collaborating physician or podiatrist; 3790

(3) A plan for coverage in instances of emergency or 3791

planned absences of either the clinical nurse specialist, 3792
certified nurse-midwife, or certified nurse practitioner or a 3793
collaborating physician or podiatrist that provides the means 3794
whereby a physician or podiatrist is available for emergency 3795
care; 3796

(4) The process for resolution of disagreements regarding 3797
matters of patient management between the clinical nurse 3798
specialist, certified nurse-midwife, or certified nurse 3799
practitioner and a collaborating physician or podiatrist; 3800

(5) A procedure for a regular review of the referrals by 3801
the clinical nurse specialist, certified nurse-midwife, or 3802
certified nurse practitioner to other health care professionals 3803
and the care outcomes for a random sample of all patients seen 3804
by the nurse; 3805

(6) If the clinical nurse specialist or certified nurse 3806
practitioner regularly provides services to infants, a policy 3807
for care of infants up to age one and recommendations for 3808
collaborating physician visits for children from birth to age 3809
three; 3810

(7) Any other criteria required by rule of the board 3811
adopted pursuant to section 4723.07 or 4723.50 of the Revised 3812
Code. 3813

(C) (1) A standard care arrangement entered into pursuant 3814
to this section may permit a clinical nurse specialist, 3815
certified nurse-midwife, or certified nurse practitioner to 3816
supervise services provided by a home health agency as defined 3817
in section 3701.881 of the Revised Code. 3818

(2) A standard care arrangement entered into pursuant to 3819
this section may permit a clinical nurse specialist, certified 3820

nurse-midwife, or certified nurse practitioner to admit a 3821
patient to a hospital in accordance with section 3727.06 of the 3822
Revised Code. 3823

(D) (1) ~~A-Except as provided in division (D) (2) of this~~ 3824
~~section, a clinical nurse specialist who does not hold a~~ 3825
~~certificate to prescribe and whose nursing specialty is mental~~ 3826
health or psychiatric mental health, as determined by the board, 3827
is not required to enter into a standard care arrangement, but 3828
shall practice in collaboration with one or more physicians. 3829

(2) If a clinical nurse specialist practicing in either of 3830
the specialties specified in division (D) (1) of this 3831
section ~~holds a certificate to prescribe~~ prescribes or personally 3832
furnishes drugs or therapeutic devices, the nurse shall enter 3833
into a standard care arrangement with one or more physicians. 3834
The standard care arrangement must meet the requirements of 3835
division (B) of this section, but only to the extent necessary 3836
to address the prescribing component of the nurse's practice. 3837

(3) A collaborating physician described in division (D) (1) 3838
of this section must be one who practices in one of the 3839
following specialties: 3840

(a) A specialty that is the same as or similar to the 3841
nurse's nursing specialty; 3842

(b) Pediatrics; 3843

(c) Primary care or family practice. 3844

(E) If a physician or podiatrist terminates the 3845
collaboration between the physician or podiatrist and a 3846
certified nurse-midwife, certified nurse practitioner, or 3847
clinical nurse specialist, other than a nurse described in 3848
division (D) of this section, before their standard care 3849

arrangement expires, both of the following apply: 3850

(1) The nurse must immediately notify the board of nursing 3851
of the termination. 3852

(2) Notwithstanding the requirement of section 4723.43 of 3853
the Revised Code that the nurse practice in collaboration with a 3854
physician or podiatrist, the nurse may continue to practice 3855
under the existing standard care arrangement without a 3856
collaborating physician or podiatrist for not more than one 3857
hundred twenty days after notifying the board. 3858

~~(E)~~-(F) Nothing in this section prohibits a hospital from 3859
hiring a clinical nurse specialist, certified nurse-midwife, or 3860
certified nurse practitioner as an employee and negotiating 3861
standard care arrangements on behalf of the employee as 3862
necessary to meet the requirements of this section. A standard 3863
care arrangement between the hospital's employee and the 3864
employee's collaborating physician is subject to approval by the 3865
medical staff and governing body of the hospital prior to 3866
implementation of the arrangement at the hospital. 3867

Sec. 4723.432. (A) ~~A clinical nurse specialist, certified~~ 3868
~~nurse-midwife, or certified nurse practitioner~~ An advanced 3869
practice registered nurse who is designated as a clinical nurse 3870
specialist, certified nurse-midwife, or certified nurse 3871
practitioner shall cooperate with the state medical board in any 3872
investigation the board conducts with respect to a physician or 3873
podiatrist who collaborates with the nurse. The nurse shall 3874
cooperate with the board in any investigation the board conducts 3875
with respect to the unauthorized practice of medicine by the 3876
nurse. 3877

(B) ~~A~~ An advanced practice registered nurse who is 3878

designated as a certified registered nurse anesthetist shall 3879
cooperate with the state medical board or state dental board in 3880
any investigation either board conducts with respect to a 3881
physician, podiatrist, or dentist who permits the nurse to 3882
practice with the supervision of that physician, podiatrist, or 3883
dentist. The nurse shall cooperate with either board in any 3884
investigation it conducts with respect to the unauthorized 3885
practice of medicine or dentistry by the nurse. 3886

Sec. 4723.44. (A) No person shall knowingly do any of the 3887
following unless the person holds a current, valid ~~certificate~~ 3888
~~of authority to practice nursing as a certified registered nurse~~ 3889
~~anesthetist, clinical nurse specialist, certified nurse midwife,~~ 3890
~~or certified nurse practitioner license~~ issued by the board of 3891
nursing under this chapter to practice nursing as an advanced 3892
practice registered nurse in the specialty indicated by the 3893
designation: 3894

(1) Engage in the practice of nursing as a ~~certified~~ 3895
~~registered nurse anesthetist, clinical nurse specialist,~~ 3896
~~certified nurse midwife, or certified nurse practitioner~~ an 3897
advanced practice registered nurse for a fee, salary, or other 3898
consideration, or as a volunteer; 3899

(2) Represent the person as being an advanced practice 3900
registered nurse, including representing the person as being a 3901
certified registered nurse anesthetist, clinical nurse 3902
specialist, certified nurse-midwife, or certified nurse 3903
practitioner; 3904

(3) Use any title or initials implying that the person is 3905
an advanced practice registered nurse, including using any title 3906
or initials implying the person is a certified registered nurse 3907
anesthetist, clinical nurse specialist, certified nurse-midwife, 3908

or certified nurse practitioner; 3909

~~(4) Represent the person as being an advanced practice- 3910
registered nurse; 3911~~

~~(5) Use any title or initials implying that the person is- 3912
an advanced practice registered nurse. 3913~~

~~(B) No person who is not certified by the national council- 3914
on certification of nurse anesthetists of the American- 3915
association of nurse anesthetists, the national council on- 3916
recertification of nurse anesthetists of the American- 3917
association of nurse anesthetists, or another national- 3918
certifying organization approved by the board under section- 3919
4723.46 of the Revised Code shall use the title "certified- 3920
registered nurse anesthetist" or the initials "C.R.N.A.," or any- 3921
other title or initial implying that the person has been- 3922
certified by the council or organization. 3923~~

~~(C) No certified registered nurse anesthetist, clinical- 3924
nurse specialist, certified nurse midwife, or certified nurse- 3925
practitioner advanced practice registered nurse shall knowingly 3926
do any of the following: 3927~~

(1) Engage, for a fee, salary, or other consideration, or 3928
as a volunteer, in the practice of a nursing specialty other 3929
than the specialty designated on the nurse's current, valid 3930
~~certificate of authority~~ license issued by the board under this 3931
chapter to practice nursing as an advanced practice registered 3932
nurse; 3933

(2) Represent the person as being authorized to practice 3934
any nursing specialty other than the specialty designated on the 3935
current, valid ~~certificate of authority~~ license to practice 3936
nursing as an advanced practice registered nurse; 3937

(3) Use the title "certified registered nurse anesthetist" 3938
or the initials "N.A." or "C.R.N.A.," the title "clinical nurse 3939
specialist" or the initials "C.N.S.," the title "certified 3940
nurse-midwife" or the initials "C.N.M.," the title "certified 3941
nurse practitioner" or the initials "C.N.P.," the title 3942
"advanced practice registered nurse" or the initials "A.P.R.N.," 3943
or any other title or initials implying that the nurse is 3944
authorized to practice any nursing specialty other than the 3945
specialty designated on the nurse's current, valid ~~certificate~~ 3946
~~of authority~~ license to practice nursing as an advanced practice 3947
registered nurse; 3948

(4) Enter into a standard care arrangement with a 3949
physician or podiatrist whose practice is not the same as or 3950
similar to the nurse's nursing specialty; 3951

~~(5) Prescribe drugs or therapeutic devices unless the~~ 3952
~~nurse holds a current, valid certificate to prescribe issued~~ 3953
~~under section 4723.48 of the Revised Code;~~ 3954

~~(6) Prescribe drugs or therapeutic devices under a~~ 3955
~~certificate to prescribe in a manner that does not comply with~~ 3956
section 4723.481 of the Revised Code; 3957

~~(7)~~ (6) Prescribe any drug or device to perform or induce 3958
an abortion, or otherwise perform or induce an abortion. 3959

~~(D)~~ (C) No person shall knowingly employ a person to 3960
engage in the practice of nursing as a ~~certified registered~~ 3961
~~nurse anesthetist, clinical nurse specialist, certified nurse~~ 3962
~~midwife, or certified nurse practitioner~~ an advanced practice 3963
registered nurse unless the person so employed holds a current, 3964
valid ~~certificate of authority to engage in that nursing~~ 3965
~~specialty license and designation~~ issued by the board under this 3966

chapter to practice as an advanced practice registered nurse in 3967
the specialty indicated by the designation. 3968

~~(E)~~ (D) A ~~certificate document~~ certified by the executive 3969
director of the board, under the official seal of the board, to 3970
the effect that it appears from the records of the board that no 3971
~~certificate of authority license~~ to practice nursing as a 3972
~~certified registered nurse anesthetist, clinical nurse~~ 3973
~~specialist, certified nurse midwife, or certified nurse~~ 3974
~~practitioner~~ an advanced practice registered nurse has been 3975
issued to ~~any~~ the person specified therein in the document, or 3976
that a ~~certificate~~ license to practice nursing as an advanced 3977
practice registered nurse, if issued, has been revoked or 3978
suspended, shall be received as prima-facie evidence of the 3979
record of the board in any court or before any officer of the 3980
state. 3981

Sec. 4723.46. (A) The board of nursing shall establish a 3982
list of national certifying organizations approved by the board 3983
to examine and certify advanced practice registered nurses to 3984
practice nursing specialties. To be approved by the board, a 3985
national certifying organization must meet all of the following 3986
requirements: 3987

(1) Be national in the scope of its credentialing; 3988

(2) Have an educational requirement beyond that required 3989
for registered nurse licensure; 3990

(3) Have practice requirements beyond those required for 3991
registered nurse licensure; 3992

(4) Have testing requirements beyond those required for 3993
registered nurse licensure that measure the theoretical and 3994
clinical content of a nursing specialty, are developed in 3995

accordance with accepted standards of validity and reliability, 3996
and are open to registered nurses who have successfully 3997
completed the educational program required by the organization; 3998

(5) Issue certificates to advanced practice registered 3999
nurses, including certified registered nurse anesthetists, 4000
clinical nurse specialists, certified nurse-midwives, or 4001
certified nurse practitioners; 4002

(6) Periodically review the qualifications of advanced 4003
practice registered nurses, including certified registered nurse 4004
anesthetists, clinical nurse specialists, certified nurse- 4005
midwives, or certified nurse practitioners. 4006

(B) Not later than the thirtieth day of January of each 4007
year, the board shall publish the list of national certifying 4008
organizations that have met the requirements of division (A) of 4009
this section within the previous year and remove from the list 4010
organizations that no longer meet the requirements. 4011

Sec. 4723.47. ~~(A) If a certified registered nurse~~ 4012
~~anesthetist's, clinical nurse specialist's, certified nurse~~ 4013
~~midwife's, or certified nurse practitioner's~~ an advanced 4014
practice registered nurse's license to practice nursing as a 4015
registered nurse lapses for failure to renew under section 4016
4723.24 of the Revised Code, the nurse's ~~certificate of~~ 4017
~~authority~~ license to practice nursing as a ~~certified registered~~ 4018
~~nurse anesthetist, clinical nurse specialist, certified nurse~~ 4019
~~midwife, or certified nurse practitioner~~ an advanced practice 4020
registered nurse is lapsed until the license to practice nursing 4021
as a registered nurse is reinstated. If an advanced practice 4022
registered nurse's license to practice nursing as a registered 4023
nurse is classified as inactive under section 4723.24 of the 4024
Revised Code, the nurse's license to practice nursing as an 4025

advanced practice nurse is automatically classified as inactive 4026
while the license to practice nursing as a registered nurse 4027
remains inactive. If the either license held by an advanced 4028
practice registered nurse is revoked under section 4723.28 or 4029
4723.281 of the Revised Code, the nurse's certificate of 4030
authority other license is automatically revoked. If the either 4031
license is suspended under either section 4723.28 or 4728.281 of 4032
the Revised Code, the nurse's certificate of authority other 4033
license is automatically suspended while the license remains 4034
suspended suspension remains in effect. If the license is 4035
classified as inactive under section 4723.24 of the Revised 4036
Code, the nurse's certificate of authority is automatically 4037
classified as inactive while the license remains inactive. 4038

~~(B) If a clinical nurse specialist, certified nurse~~ 4039
~~midwife, or certified nurse practitioner holds a certificate to~~ 4040
~~prescribe issued under section 4723.48 of the Revised Code and~~ 4041
~~the nurse's certificate of authority to practice as a clinical~~ 4042
~~nurse specialist, certified nurse midwife, or certified nurse~~ 4043
~~practitioner lapses for failure to renew under section 4723.41~~ 4044
~~of the Revised Code, the nurse's certificate to prescribe is~~ 4045
~~lapsed until the certificate of authority is reinstated. If the~~ 4046
~~certificate of authority becomes inactive in accordance with~~ 4047
~~section 4723.42 of the Revised Code, the nurse's certificate to~~ 4048
~~prescribe is lapsed until the certificate of authority becomes~~ 4049
~~active. If the certificate of authority is revoked under section~~ 4050
~~4723.28 or 4723.281 of the Revised Code, the nurse's certificate~~ 4051
~~to prescribe is automatically revoked. If the certificate of~~ 4052
~~authority is suspended under either section, the nurse's~~ 4053
~~certificate to prescribe is automatically suspended while the~~ 4054
~~certificate of authority remains suspended. If a restriction is~~ 4055
~~placed on the certificate of authority under section 4723.28 of~~ 4056

~~the Revised Code, the same restriction is placed on the nurse's
certificate to prescribe while the certificate of authority
remains restricted.~~ 4057
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Sec. 4723.48. ~~(A) A clinical nurse specialist, certified
nurse midwife, or certified nurse practitioner seeking authority
to prescribe drugs and therapeutic devices shall file with the
board of nursing a written application for a certificate to
prescribe. The board of nursing shall issue a certificate to
prescribe to each applicant who meets the requirements specified
in section 4723.482 or 4723.485 of the Revised Code.~~ 4060
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~~Except as provided in division (B) of this section, the
initial certificate to prescribe that the board issues to an
applicant shall be issued as an externship certificate. Under an
externship certificate, the nurse may obtain experience in
prescribing drugs and therapeutic devices by participating in an
externship that evaluates the nurse's competence, knowledge, and
skill in pharmacokinetic principles and their clinical
application to the specialty being practiced. During the
externship, the nurse may prescribe drugs and therapeutic
devices only when one or more physicians are providing
supervision in accordance with rules adopted under section
4723.50 of the Revised Code.~~ 4067
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~~After completing the externship, the holder of an
externship certificate may apply for a new certificate to
prescribe. On receipt of the new certificate, the nurse may
prescribe drugs and therapeutic devices in collaboration with
one or more physicians or podiatrists.~~ 4079
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~~(B) In the case of an applicant who meets the requirements
of division (C) of section 4723.482 of the Revised Code, the
initial certificate to prescribe that the board issues to the~~ 4084
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~~applicant under this section shall not be an externship-~~ 4087
~~certificate. The applicant shall be issued a certificate to-~~ 4088
~~prescribe that permits the recipient to prescribe drugs and-~~ 4089
~~therapeutic devices in collaboration with one or more physicians-~~ 4090
~~or podiatrists.~~ 4091

~~(C) (1) The holder of a certificate issued under this-~~ 4092
~~section-~~ (A) A clinical nurse specialist, certified nurse- 4093
midwife, or certified nurse practitioner who holds a license to 4094
practice nursing issued under section 4723.42 of the Revised 4095
Code may delegate to a person not otherwise authorized to 4096
administer drugs the authority to administer to a specified 4097
patient a drug, ~~other than~~ unless the drug is a controlled 4098
substance, ~~or is~~ listed in the formulary established in rules 4099
adopted under section 4723.50 of the Revised Code. The 4100
delegation shall be in accordance with division ~~(C) (2)~~ (B) of 4101
this section and standards and procedures established in rules 4102
adopted under division ~~(Q)~~ (O) of section 4723.07 of the Revised 4103
Code. 4104

~~(2) (B) Prior to delegating the authority, the certificate-~~ 4105
~~holder~~ nurse shall do both of the following: 4106

~~(a) (1) Assess the patient and determine that the drug is~~ 4107
appropriate for the patient; 4108

~~(b) (2) Determine that the person to whom the authority~~ 4109
will be delegated has met the conditions specified in division 4110
(D) of section 4723.489 of the Revised Code. 4111

Sec. 4723.481. This section establishes standards and 4112
conditions regarding the authority of an advanced practice 4113
registered nurse who is designated as a clinical nurse 4114
specialist, certified nurse-midwife, or certified nurse 4115

practitioner to prescribe and personally furnish drugs and 4116
therapeutic devices under a ~~certificate to prescribe~~ license 4117
issued under section ~~4723.48~~ 4723.42 of the Revised Code. 4118

(A) ~~A~~ Except as provided in division (F) of this section, 4119
a clinical nurse specialist, certified nurse-midwife, or 4120
certified nurse practitioner shall not prescribe or furnish any 4121
drug or therapeutic device that is ~~not included in the types of~~ 4122
~~drugs and devices~~ listed on the exclusionary formulary 4123
established in rules adopted under section 4723.50 of the 4124
Revised Code. 4125

(B) The prescriptive authority of a clinical nurse 4126
specialist, certified nurse-midwife, or certified nurse 4127
practitioner shall not exceed the prescriptive authority of the 4128
collaborating physician or podiatrist, including the 4129
collaborating physician's authority to treat chronic pain with 4130
controlled substances and products containing tramadol as 4131
described in section 4731.052 of the Revised Code. 4132

(C) (1) Except as provided in division (C) (2) or (3) of 4133
this section, a clinical nurse specialist, certified nurse- 4134
midwife, or certified nurse practitioner may prescribe to a 4135
patient a schedule II controlled substance only if all of the 4136
following are the case: 4137

(a) The patient has a terminal condition, as defined in 4138
section 2133.01 of the Revised Code. 4139

(b) The collaborating physician of the clinical nurse 4140
specialist, certified nurse-midwife, or certified nurse 4141
practitioner initially prescribed the substance for the patient. 4142

(c) The prescription is for an amount that does not exceed 4143
the amount necessary for the patient's use in a single, twenty- 4144

four-hour period. 4145

(2) The restrictions on prescriptive authority in division 4146
(C)(1) of this section do not apply if a clinical nurse 4147
specialist, certified nurse-midwife, or certified nurse 4148
practitioner issues the prescription to the patient from any of 4149
the following locations: 4150

(a) A hospital registered under section 3701.07 of the 4151
Revised Code; 4152

(b) An entity owned or controlled, in whole or in part, by 4153
a hospital or by an entity that owns or controls, in whole or in 4154
part, one or more hospitals; 4155

(c) A health care facility operated by the department of 4156
mental health and addiction services or the department of 4157
developmental disabilities; 4158

(d) A nursing home licensed under section 3721.02 of the 4159
Revised Code or by a political subdivision certified under 4160
section 3721.09 of the Revised Code; 4161

(e) A county home or district home operated under Chapter 4162
5155. of the Revised Code that is certified under the medicare 4163
or medicaid program; 4164

(f) A hospice care program, as defined in section 3712.01 4165
of the Revised Code; 4166

(g) A community mental health services provider, as 4167
defined in section 5122.01 of the Revised Code; 4168

(h) An ambulatory surgical facility, as defined in section 4169
3702.30 of the Revised Code; 4170

(i) A freestanding birthing center, as defined in section 4171

3702.141 of the Revised Code; 4172

(j) A federally qualified health center, as defined in 4173
section 3701.047 of the Revised Code; 4174

(k) A federally qualified health center look-alike, as 4175
defined in section 3701.047 of the Revised Code; 4176

(l) A health care office or facility operated by the board 4177
of health of a city or general health district or the authority 4178
having the duties of a board of health under section 3709.05 of 4179
the Revised Code; 4180

(m) A site where a medical practice is operated, but only 4181
if the practice is comprised of one or more physicians who also 4182
are owners of the practice; the practice is organized to provide 4183
direct patient care; and the clinical nurse specialist, 4184
certified nurse-midwife, or certified nurse practitioner 4185
providing services at the site has a standard care arrangement 4186
and collaborates with at least one of the physician owners who 4187
practices primarily at that site; 4188

(n) A residential care facility, as defined in section 4189
3721.01 of the Revised Code. 4190

(3) A clinical nurse specialist, certified nurse-midwife, 4191
or certified nurse practitioner shall not issue to a patient a 4192
prescription for a schedule II controlled substance from a 4193
convenience care clinic even if the clinic is owned or operated 4194
by an entity specified in division (C) (2) of this section. 4195

(D) A pharmacist who acts in good faith reliance on a 4196
prescription issued by a clinical nurse specialist, certified 4197
nurse-midwife, or certified nurse practitioner under division 4198
(C) (2) of this section is not liable for or subject to any of 4199
the following for relying on the prescription: damages in any 4200

civil action, prosecution in any criminal proceeding, or 4201
professional disciplinary action by the state board of pharmacy 4202
under Chapter 4729. of the Revised Code. 4203

~~(E) A clinical nurse specialist, certified nurse midwife, 4204
or certified nurse practitioner may personally furnish to a 4205
patient a sample of any drug or therapeutic device included in 4206
the types of drugs and devices listed on the formulary, except 4207
that all of the following conditions apply: 4208~~

~~(1) The amount of the sample furnished shall not exceed a 4209
seventy-two hour supply, except when the minimum available 4210
quantity of the sample is packaged in an amount that is greater 4211
than a seventy-two hour supply, in which case the packaged 4212
amount may be furnished. 4213~~

~~(2) No charge may be imposed for the sample or for 4214
furnishing it. 4215~~

~~(3) Samples of controlled substances may not be personally 4216
furnished. 4217~~

~~(F) A clinical nurse specialist, certified nurse midwife, 4218
or certified nurse practitioner may personally furnish to a 4219
patient a complete or partial supply of a drug or therapeutic 4220
device included in the types of drugs and devices listed on the 4221
formulary, except that all of the following conditions apply: 4222~~

~~(1) The clinical nurse specialist, certified nurse 4223
midwife, or certified nurse practitioner shall personally 4224
furnish only antibiotics, antifungals, scabicides, 4225
contraceptives, prenatal vitamins, antihypertensives, drugs and 4226
devices used in the treatment of diabetes, drugs and devices 4227
used in the treatment of asthma, and drugs used in the treatment 4228
of dyslipidemia. 4229~~

~~(2) The clinical nurse specialist, certified nurse-
midwife, or certified nurse practitioner shall not furnish the
drugs and devices in locations other than a health department
operated by the board of health of a city or general health
district or the authority having the duties of a board of health
under section 3709.05 of the Revised Code, a federally funded
comprehensive primary care clinic, or a nonprofit health care
clinic or program.~~

~~(3) The clinical nurse specialist, certified nurse-
midwife, or certified nurse practitioner shall comply with all
safety standards for personally furnishing supplies of drugs and
devices, as established in rules adopted under section 4723.50
of the Revised Code.~~

~~(G) A clinical nurse specialist, certified nurse-midwife,
or certified nurse practitioner shall comply with section
3719.061 of the Revised Code if the nurse prescribes for a
minor, as defined in that section, an opioid analgesic, as
defined in section 3719.01 of the Revised Code.~~

(F) Until the board of nursing establishes a new formulary
in rules adopted under section 4723.50 of the Revised Code, a
clinical nurse specialist, certified nurse-midwife, or certified
nurse practitioner who prescribes or furnishes any drug or
therapeutic device shall do so in accordance with the formulary
established by the board prior to the effective date of this
amendment.

Sec. 4723.482. ~~(A) Except as provided in divisions (C) and
(D) of this section, an~~ An applicant for a license to practice
nursing as an advanced practice registered nurse who seeks
designation as a clinical nurse specialist, certified nurse-
midwife, or certified nurse practitioner shall include with the

application submitted under section ~~4723.48~~ 4723.41 of the 4260
Revised Code ~~all of the following:~~ 4261

~~(1) Evidence of holding a current, valid certificate of 4262
authority to practice as a clinical nurse specialist, certified 4263
nurse-midwife, or certified nurse practitioner that was issued 4264
by meeting the requirements of division (A) of section 4723.41 4265
of the Revised Code;~~ 4266

~~(2) Evidence evidence of successfully completing the 4267
course of study in advanced pharmacology and related topics in 4268
accordance with the requirements specified in division (B) of 4269
this section;~~ 4270

~~(3) The fee required by section 4723.08 of the Revised 4271
Code for a certificate to prescribe;~~ 4272

~~(4) Any additional information the board of nursing 4273
requires pursuant to rules adopted under section 4723.50 of the 4274
Revised Code. 4275~~

(B) With respect to the course of study in advanced 4276
pharmacology and related topics ~~that must be successfully 4277
completed to obtain a certificate to prescribe, all of the 4278
following requirements apply:~~ 4279

(1) The course of study shall be completed not longer than 4280
~~three five years before the application for the certificate to 4281
prescribe is filed.~~ 4282

(2) The course of study shall be not less than forty-five 4283
contact hours. 4284

(3) The course of study shall meet the requirements to be 4285
approved by the board in accordance with standards established 4286
in rules adopted under section 4723.50 of the Revised Code. 4287

(4) The content of the course of study shall be specific	4288
to the applicant's nursing specialty.	4289
(5) The instruction provided in the course of study shall	4290
include all of the following:	4291
(a) A minimum of thirty-six contact hours of instruction	4292
in advanced pharmacology that includes pharmacokinetic	4293
principles and clinical application and the use of drugs and	4294
therapeutic devices in the prevention of illness and maintenance	4295
of health;	4296
(b) Instruction in the fiscal and ethical implications of	4297
prescribing drugs and therapeutic devices;	4298
(c) Instruction in the state and federal laws that apply	4299
to the authority to prescribe;	4300
(d) Instruction that is specific to schedule II controlled	4301
substances, including instruction in all of the following:	4302
(i) Indications for the use of schedule II controlled	4303
substances in drug therapies;	4304
(ii) The most recent guidelines for pain management	4305
therapies, as established by state and national organizations	4306
such as the Ohio pain initiative and the American pain society;	4307
(iii) Fiscal and ethical implications of prescribing	4308
schedule II controlled substances;	4309
(iv) State and federal laws that apply to the authority to	4310
prescribe schedule II controlled substances;	4311
(v) Prevention of abuse and diversion of schedule II	4312
controlled substances, including identification of the risk of	4313
abuse and diversion, recognition of abuse and diversion, types	4314

of assistance available for prevention of abuse and diversion, 4315
and methods of establishing safeguards against abuse and 4316
diversion. 4317

~~(c) Any additional instruction required pursuant to rules 4318
adopted under section 4723.50 of the Revised Code. 4319~~

(C) An applicant who practiced or is practicing as a 4320
clinical nurse specialist, certified nurse-midwife, or certified 4321
nurse practitioner in another jurisdiction or as an employee of 4322
the United States government, ~~and is not seeking authority to 4323
prescribe drugs and therapeutic devices by meeting the 4324
requirements of division (A) or (D) of this section,~~ shall 4325
include with the application submitted under section ~~4723.48 4326
4723.41~~ of the Revised Code all of the following: 4327

(1) Evidence of ~~holding a current, valid certificate of 4328
authority issued under this chapter to practice as a clinical 4329
nurse specialist, certified nurse midwife, or certified nurse 4330
practitioner~~ having completed a two-hour course of instruction 4331
approved by the board in the laws of this state that govern 4332
drugs and prescriptive authority; 4333

(2) ~~The fee required by section 4723.08 of the Revised 4334
Code for a certificate to prescribe;~~ 4335

~~(3) Either of the following: 4336~~

(a) Evidence of having held, for a continuous period of at 4337
least one year during the three years immediately preceding the 4338
date of application, valid authority issued by another 4339
jurisdiction to prescribe therapeutic devices and drugs, 4340
including at least some controlled substances; 4341

(b) Evidence of having been employed by the United States 4342
government and authorized, for a continuous period of at least 4343

one year during the three years immediately preceding the date 4344
of application, to prescribe therapeutic devices and drugs, 4345
including at least some controlled substances, in conjunction 4346
with that employment. 4347

~~(4) Evidence of having completed a two-hour course of 4348
instruction approved by the board in the laws of this state that 4349
govern drugs and prescriptive authority; 4350~~

~~(5) Any additional information the board requires pursuant to 4351
rules adopted under section 4723.50 of the Revised Code. 4352~~

~~(D) An applicant who practiced or is practicing as a 4353
clinical nurse specialist, certified nurse-midwife, or certified 4354
nurse practitioner in another jurisdiction or as an employee of 4355
the United States government, and is not seeking authority to 4356
prescribe drugs and therapeutic devices by meeting the 4357
requirements of division (A) or (C) of this section, shall 4358
include with the application submitted under section 4723.48 of 4359
the Revised Code all of the following: 4360~~

~~(1) Evidence of holding a current, valid certificate of 4361
authority issued under this chapter to practice as a clinical 4362
nurse specialist, certified nurse-midwife, or certified nurse 4363
practitioner; 4364~~

~~(2) The fee required by section 4723.08 of the Revised 4365
Code for a certificate to prescribe; 4366~~

~~(3) Either of the following: 4367~~

~~(a) Evidence of having held, for a continuous period of at 4368
least one year during the three years immediately preceding the 4369
date of application, valid authority issued by another 4370
jurisdiction to prescribe therapeutic devices and drugs, 4371
excluding controlled substances; 4372~~

~~(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, excluding controlled substances, in conjunction with that employment.~~ 4373
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~~(4) Any additional information the board requires pursuant to rules adopted under section 4723.50 of the Revised Code.~~ 4379
4380

Sec. 4723.486. ~~(A) A certificate to prescribe issued under section 4723.48 of the Revised Code that is not issued as an externship certificate is valid for two years, unless otherwise provided in rules adopted under section 4723.50 of the Revised Code or earlier suspended or revoked by the board. The board of nursing shall renew certificates to prescribe according to procedures and a renewal schedule established in rules adopted under section 4723.50 of the Revised Code.~~ 4381
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~~(B) Except as provided in division (C) of this section, the board may renew a certificate to prescribe if the holder submits to the board all of the following:~~ 4389
4390
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~~(1) Evidence of having completed during the previous two years at least twelve hours of continuing education in advanced pharmacology, or, if the certificate has been held for less than a full renewal period, the number of hours required by the board in rules adopted under section 4723.50 of the Revised Code;~~ 4392
4393
4394
4395
4396

~~(2) The fee required under section 4723.08 of the Revised Code for renewal of a certificate to prescribe;~~ 4397
4398

~~(3) Any additional information the board requires pursuant to rules adopted under section 4723.50 of the Revised Code.~~ 4399
4400

~~(C)(1) Except as provided in division (C)(2)(B) of this~~ 4401

section, in the case of a ~~certificate~~license holder who is 4402
seeking renewal of a license to practice nursing as an advanced 4403
practice registered nurse and who prescribes opioid analgesics 4404
or benzodiazepines, as defined in section 3719.01 of the Revised 4405
Code, the holder shall certify to the board whether the holder 4406
has been granted access to the drug database established and 4407
maintained by the state board of pharmacy pursuant to section 4408
4729.75 of the Revised Code. 4409

~~(2)~~(B) The requirement in division ~~(C)~~(1)~~(A)~~ of this 4410
section does not apply if any of the following is the case: 4411

~~(a)~~(1) The state board of pharmacy notifies the board of 4412
nursing pursuant to section 4729.861 of the Revised Code that 4413
the ~~certificate~~license holder has been restricted from 4414
obtaining further information from the drug database. 4415

~~(b)~~(2) The state board of pharmacy no longer maintains 4416
the drug database. 4417

~~(c)~~(3) The ~~certificate~~license holder does not practice 4418
nursing in this state. 4419

~~(3)~~(C) If a ~~certificate~~license holder certifies to the 4420
board of nursing that the holder has been granted access to the 4421
drug database and the board finds through an audit or other 4422
means that the holder has not been granted access, the board may 4423
take action under section 4723.28 of the Revised Code. 4424

~~(D)~~ The continuing education in pharmacology required 4425
under division ~~(B)~~(1) of this section must be received from an 4426
accredited institution recognized by the board. The hours of 4427
continuing education required are in addition to any other 4428
continuing education requirement that must be completed pursuant 4429
to this chapter. 4430

Sec. 4723.487. (A) As used in this section: 4431

(1) "Drug database" means the database established and 4432
maintained by the state board of pharmacy pursuant to section 4433
4729.75 of the Revised Code. 4434

(2) "Opioid analgesic" and "benzodiazepine" have the same 4435
meanings as in section 3719.01 of the Revised Code. 4436

(B) Except as provided in divisions (C) and (E) of this 4437
section, an advanced practice registered nurse ~~holding a~~ 4438
~~certificate to prescribe issued under this chapter who is~~ 4439
designated as a clinical nurse specialist, certified nurse- 4440
midwife, or certified nurse practitioner shall comply with all 4441
of the following as conditions of prescribing a drug that is 4442
either an opioid analgesic or a benzodiazepine as part of a 4443
patient's course of treatment for a particular condition: 4444

(1) Before initially prescribing the drug, the advanced 4445
practice registered nurse or the advanced practice registered 4446
nurse's delegate shall request from the drug database a report 4447
of information related to the patient that covers at least the 4448
twelve months immediately preceding the date of the request. If 4449
the advanced practice registered nurse practices primarily in a 4450
county of this state that adjoins another state, the advanced 4451
practice registered nurse or delegate also shall request a 4452
report of any information available in the drug database that 4453
pertains to prescriptions issued or drugs furnished to the 4454
patient in the state adjoining that county. 4455

(2) If the patient's course of treatment for the condition 4456
continues for more than ninety days after the initial report is 4457
requested, the advanced practice registered nurse or delegate 4458
shall make periodic requests for reports of information from the 4459

drug database until the course of treatment has ended. The 4460
requests shall be made at intervals not exceeding ninety days, 4461
determined according to the date the initial request was made. 4462
The request shall be made in the same manner provided in 4463
division (B)(1) of this section for requesting the initial 4464
report of information from the drug database. 4465

(3) On receipt of a report under division (B)(1) or (2) of 4466
this section, the advanced practice registered nurse shall 4467
assess the information in the report. The advanced practice 4468
registered nurse shall document in the patient's record that the 4469
report was received and the information was assessed. 4470

(C) Division (B) of this section does not apply if in any 4471
of the following circumstances: 4472

(1) A drug database report regarding the patient is not 4473
available, in which case the advanced practice registered nurse 4474
shall document in the patient's record the reason that the 4475
report is not available. 4476

(2) The drug is prescribed in an amount indicated for a 4477
period not to exceed seven days. 4478

(3) The drug is prescribed for the treatment of cancer or 4479
another condition associated with cancer. 4480

(4) The drug is prescribed to a hospice patient in a 4481
hospice care program, as those terms are defined in section 4482
3712.01 of the Revised Code, or any other patient diagnosed as 4483
terminally ill. 4484

(5) The drug is prescribed for administration in a 4485
hospital, nursing home, or residential care facility. 4486

(D) The board of nursing may adopt rules, in accordance 4487

with Chapter 119. of the Revised Code, that establish standards 4488
and procedures to be followed by an advanced practice registered 4489
nurse ~~with a certificate to prescribe issued under section~~ 4490
~~4723.48 of the Revised Code~~ regarding the review of patient 4491
information available through the drug database under division 4492
(A) (5) of section 4729.80 of the Revised Code. The rules shall 4493
be adopted in accordance with Chapter 119. of the Revised Code. 4494

(E) This section and any rules adopted under it do not 4495
apply if the state board of pharmacy no longer maintains the 4496
drug database. 4497

Sec. 4723.488. (A) Notwithstanding any provision of this 4498
chapter or rule adopted by the board of nursing, ~~a clinical~~ 4499
~~nurse specialist, certified nurse-midwife, or certified nurse~~ 4500
~~practitioner who holds a certificate to prescribe issued under~~ 4501
~~section 4723.48 of the Revised Code~~ an advanced practice 4502
registered nurse who is designated as a clinical nurse 4503
specialist, certified nurse-midwife, or certified nurse 4504
practitioner may personally furnish a supply of naloxone, or 4505
issue a prescription for naloxone, without having examined the 4506
individual to whom it may be administered if both of the 4507
following conditions are met: 4508

(1) The naloxone supply is furnished to, or the 4509
prescription is issued to and in the name of, a family member, 4510
friend, or other individual in a position to assist an 4511
individual who there is reason to believe is at risk of 4512
experiencing an opioid-related overdose. 4513

(2) The advanced practice registered nurse instructs the 4514
individual receiving the naloxone supply or prescription to 4515
summon emergency services as soon as practicable either before 4516
or after administering naloxone to an individual apparently 4517

experiencing an opioid-related overdose. 4518

(B) ~~A~~ An advanced practice registered nurse who under 4519
division (A) of this section in good faith furnishes a supply of 4520
naloxone or issues a prescription for naloxone is not liable for 4521
or subject to any of the following for any action or omission of 4522
the individual to whom the naloxone is furnished or the 4523
prescription is issued: damages in any civil action, prosecution 4524
in any criminal proceeding, or professional disciplinary action. 4525

Sec. 4723.489. A person not otherwise authorized to 4526
administer drugs may administer a drug to a specified patient if 4527
all of the following conditions are met: 4528

(A) The authority to administer the drug is delegated to 4529
the person by an advanced practice registered nurse who is a 4530
clinical nurse specialist, certified nurse-midwife, or certified 4531
nurse practitioner and holds a ~~certificate to prescribe~~ license 4532
issued under section ~~4723.48~~ 4723.42 of the Revised Code. 4533

(B) The drug is not listed in the formulary established in 4534
rules adopted under section 4723.50 of the Revised Code ~~but,~~ is 4535
not a controlled substance, and is not to be administered 4536
intravenously. 4537

(C) The drug is to be administered at a location other 4538
than a hospital inpatient care unit, as defined in section 4539
3727.50 of the Revised Code; a hospital emergency department or 4540
a freestanding emergency department; or an ambulatory surgical 4541
facility, as defined in section 3702.30 of the Revised Code. 4542

(D) The person has successfully completed education based 4543
on a recognized body of knowledge concerning drug administration 4544
and demonstrates to the person's employer the knowledge, skills, 4545
and ability to administer the drug safely. 4546

(E) The person's employer has given the advanced practice registered nurse access to documentation, in written or electronic form, showing that the person has met the conditions specified in division (D) of this section.

(F) The advanced practice registered nurse is physically present at the location where the drug is administered.

Sec. 4723.4810. (A) (1) Notwithstanding any conflicting provision of this chapter or rule adopted by the board of nursing, a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner who holds a ~~certificate to prescribe~~ license to practice nursing as an advanced practice registered nurse issued under section ~~4723.48~~ 4723.42 of the Revised Code may issue a prescription for or personally furnish a complete or partial supply of a drug to treat chlamydia, gonorrhea, or trichomoniasis, without having examined the individual for whom the drug is intended, if all of the following conditions are met:

(a) The individual is a sexual partner of the nurse's patient.

(b) The patient has been diagnosed with chlamydia, gonorrhea, or trichomoniasis.

(c) The patient reports to the nurse that the individual is unable or unlikely to be evaluated or treated by a health professional.

(2) A prescription issued under this section shall include the individual's name and address, if known. If the nurse is unable to obtain the individual's name and address, the prescription shall include the patient's name and address and the words "expedited partner therapy" or the letters "EPT."

(3) A nurse may prescribe or personally furnish a drug 4576
under this section for not more than a total of two individuals 4577
who are sexual partners of the nurse's patient. 4578

(B) For each drug prescribed or personally furnished under 4579
this section, the nurse shall do all of the following: 4580

(1) Provide the patient with information concerning the 4581
drug for the purpose of sharing the information with the 4582
individual, including directions for use of the drug and any 4583
side effects, adverse reactions, or known contraindications 4584
associated with the drug; 4585

(2) Recommend to the patient that the individual seek 4586
treatment from a health professional; 4587

(3) Document all of the following in the patient's record: 4588

(a) The name of the drug prescribed or furnished and its 4589
dosage; 4590

(b) That information concerning the drug was provided to 4591
the patient for the purpose of sharing the information with the 4592
individual; 4593

(c) If known, any adverse reactions the individual 4594
experiences from treatment with the drug. 4595

(C) A nurse who prescribes or personally furnishes a drug 4596
under this section may contact the individual for whom the drug 4597
is intended. 4598

(1) If the nurse contacts the individual, the nurse shall 4599
do all of the following: 4600

(a) Inform the individual that the individual may have 4601
been exposed to chlamydia, gonorrhea, or trichomoniasis; 4602

(b) Encourage the individual to seek treatment from a health professional;

(c) Explain the treatment options available to the individual, including treatment with a prescription drug, directions for use of the drug, and any side effects, adverse reactions, or known contraindications associated with the drug;

(d) Document in the patient's record that the nurse contacted the individual.

(2) If the nurse does not contact the individual, the nurse shall document that fact in the patient's record.

(D) A nurse who in good faith prescribes or personally furnishes a drug under this section is not liable for or subject to any of the following:

- (1) Damages in any civil action;
- (2) Prosecution in any criminal proceeding;
- (3) Professional disciplinary action.

Sec. 4723.49. (A) There is hereby created the committee on prescriptive governance. The committee shall consist of the following members:

(1) Two advanced practice registered nurses, one of whom is nominated by an Ohio advanced practice registered nurse specialty association and one of whom is nominated by the Ohio association of advanced practice registered nurses or its successor organization;

(2) A member of the board of nursing who is an advanced practice registered nurse and represents the public;

(3) Two physicians, each actively engaged in practice with

a clinical nurse specialist, certified nurse-midwife, or 4630
certified nurse practitioner, one of whom is nominated by the 4631
Ohio state medical association or its successor organization and 4632
one of whom is nominated by the Ohio academy of family 4633
physicians or its successor organization; 4634

(4) A member of the state medical board who is a physician 4635
and represents the public; 4636

(5) A pharmacist actively engaged in practice in this 4637
state as a clinical pharmacist. 4638

(B) The board of nursing shall appoint the members who are 4639
nurses, the state medical board shall appoint the members who 4640
are physicians, and the state board of pharmacy shall appoint 4641
the member who is a pharmacist. 4642

(C) Initial appointments to the committee shall be made 4643
not later than sixty days after the effective date of this 4644
section. Of the initial appointments the board of nursing must 4645
make, one shall be for a term of one year and two shall be for 4646
terms of two years. Of the initial appointments the state 4647
medical board must make, one shall be for a term of one year and 4648
two shall be for terms of two years. The initial appointment by 4649
the state board of pharmacy shall be for a term of two years. 4650
Thereafter, terms shall be for two years, with each term ending 4651
on the same day of the same month as did the term that it 4652
succeeds. Vacancies shall be filled in the same manner as 4653
appointments. 4654

When the term of any member expires, a successor shall be 4655
appointed in the same manner as the initial appointment. Any 4656
member appointed to fill a vacancy occurring prior to the 4657
expiration of the term for which the member's predecessor was 4658

appointed shall hold office for the remainder of that term. A 4659
member shall continue in office subsequent to the expiration 4660
date of the member's term until the member's successor takes 4661
office or until a period of sixty days has elapsed, whichever 4662
occurs first. A member may be reappointed. 4663

Sec. 4723.491. (A) The committee on prescriptive 4664
governance shall organize by selecting a chairperson from among 4665
its members who are nurses ~~or collaborating physicians~~. The 4666
committee may select a new chairperson at any time. 4667

~~(B) Five members constitute a quorum for the transaction~~ 4668
~~of official business~~ The committee may transact official 4669
business only if all seven members of the committee are present. 4670
The clinical pharmacist member may participate in any meeting of 4671
the committee, but shall not be included as a voting member ~~only~~ 4672
~~when the committee is considering one of the following:~~ 4673

~~(1) The composition of the formulary of drugs and~~ 4674
~~therapeutic devices that may be prescribed by a clinical nurse~~ 4675
~~specialist, certified nurse-midwife, or certified nurse~~ 4676
~~practitioner who holds a certificate to prescribe issued under~~ 4677
~~section 4723.48 of the Revised Code;~~ 4678

~~(2) The manner in which a nurse may personally furnish to~~ 4679
~~patients drugs and therapeutic devices packaged as samples and~~ 4680
~~may personally furnish partial or complete supplies of other~~ 4681
~~drugs and therapeutic devices;~~ 4682

~~(3) Recommendations to be given to the board of nursing~~ 4683
~~for use in adopting rules under section 4723.50 of the Revised~~ 4684
~~Code pertaining to the matters specified in divisions (B)(1) and~~ 4685
~~(2) of this section. In the event of a tie vote, the board of~~ 4686
nursing shall cast the deciding vote. 4687

(C) Members shall serve without compensation but shall 4688
receive payment for their actual and necessary expenses incurred 4689
in the performance of their official duties. The expenses shall 4690
be paid by the board of nursing. 4691

(D) The committee shall meet at least once a year. 4692

Sec. 4723.492. The committee on prescriptive governance 4693
shall develop ~~recommendations regarding the authority to~~ 4694
~~prescribe~~ a recommended exclusionary formulary that specifies 4695
the drugs and therapeutic devices pursuant to a certificate to 4696
~~prescribe issued under section 4723.48 of the Revised Code. The~~ 4697
~~recommendations shall include provisions that apply specifically~~ 4698
~~to the authority to prescribe schedule II controlled~~ 4699
~~substances~~ that a clinical nurse specialist, certified nurse- 4700
midwife, or certified nurse practitioner cannot prescribe or 4701
furnish. A recommended exclusionary formulary shall not permit 4702
the prescribing or furnishing of any drug or device prohibited 4703
by federal or state law. 4704

The committee shall submit ~~recommendations~~ a recommended 4705
exclusionary formulary to the board of nursing ~~as necessary at~~ 4706
least once per year for the board to fulfill its duty to adopt 4707
~~rules under section 4723.50 of the Revised Code~~ board's 4708
approval. At the board's request, the committee shall reconsider 4709
a ~~recommendation~~ recommended exclusionary formulary it has 4710
submitted and resubmit the ~~recommendation~~ recommended 4711
exclusionary formulary to the board accordingly. 4712

Sec. 4723.493. (A) There is hereby created within the 4713
board of nursing the advisory committee on advanced practice 4714
registered nursing. The committee shall consist of the following 4715
members and any other members the board appoints under division 4716
(B) of this section: 4717

(1) Four advanced practice registered nurses, each 4718
actively engaged in the practice of advanced practice registered 4719
nursing in a clinical setting in this state, at least one of 4720
whom is actively engaged in providing primary care, at least one 4721
of whom is actively engaged in practice as a certified 4722
registered nurse anesthetist, and at least one of whom is 4723
actively engaged in practice as a certified nurse-midwife; 4724

(2) Four advanced practice registered nurses, each serving 4725
as a faculty member of an approved program of nursing education 4726
that prepares students for licensure as advanced practice 4727
registered nurses; 4728

(3) A member of the board of nursing who is an advanced 4729
practice registered nurse; 4730

(4) A representative of an entity employing ten or more 4731
advanced practice registered nurses actively engaged in practice 4732
in this state. 4733

(B) The board of nursing shall appoint the members 4734
described in division (A) of this section. Initial appointments 4735
must be made not later than sixty days after the effective date 4736
of this section. Recommendations for initial appointments and 4737
for filling any vacancies may be submitted to the board by 4738
professional nursing associations and individuals. The board 4739
shall appoint initial members and fill vacancies according to 4740
the recommendations it receives. If it does not receive any 4741
recommendations or receives an insufficient number of 4742
recommendations, the board shall appoint members and fill 4743
vacancies on its own advice. 4744

The board may appoint additional members to the committee 4745
on the committee's recommendation. 4746

Members shall not be appointed for specified terms but 4747
serve at the pleasure of the board. 4748

(C) The committee shall organize by selecting a 4749
chairperson from among its members. The committee may select a 4750
new chairperson at any time. Six members constitute a quorum for 4751
the transaction of official business. Members shall serve 4752
without compensation but receive payment for their actual and 4753
necessary expenses incurred in the performance of their official 4754
duties. The expenses shall be paid by the board of nursing. 4755

(D) The committee shall advise the board regarding the 4756
practice and regulation of advanced practice registered nurses 4757
and may make recommendations to the committee on prescriptive 4758
governance. The committee may also recommend to the board that 4759
an individual with expertise in an advanced practice registered 4760
nursing specialty be appointed under division (B) of this 4761
section as an additional member of the committee. 4762

Sec. 4723.50. (A) In accordance with Chapter 119. of the 4763
Revised Code, the board of nursing shall adopt rules as 4764
necessary to implement the provisions of this chapter pertaining 4765
to the authority of advanced practice registered nurses who are 4766
designated as clinical nurse specialists, certified nurse- 4767
midwives, and certified nurse practitioners to prescribe and 4768
furnish drugs and therapeutic devices ~~and the issuance and~~ 4769
~~renewal of certificates to prescribe.~~ 4770

The board shall adopt rules that are consistent with ~~the~~ 4771
~~recommendations~~ a recommended exclusionary formulary the board 4772
receives from the committee on prescriptive governance pursuant 4773
to section 4723.492 of the Revised Code. After reviewing a 4774
~~recommendation~~ formulary submitted by the committee, the board 4775
may either adopt the ~~recommendation~~ formulary as a rule or ask 4776

the committee to reconsider and resubmit the ~~recommendation~~ 4777
formulary. The board shall not adopt any rule that does not 4778
conform to a ~~recommendation made by the~~ formulary developed by 4779
the committee. 4780

~~(B) The board shall adopt rules under this section that do~~ 4781
~~all of the following:~~ 4782

~~(1) Establish a formulary listing the types of drugs and~~ 4783
~~therapeutic devices that may be prescribed by a clinical nurse~~ 4784
~~specialist, certified nurse midwife, or certified nurse~~ 4785
~~practitioner. The exclusionary formulary may include shall~~ 4786
permit the prescribing of controlled substances, as defined in 4787
section 3719.01 of the Revised Code, in a manner consistent with 4788
section 4723.481 of the Revised Code. The formulary shall not 4789
permit the prescribing or furnishing of any of the following: 4790

(1) A drug or device to perform or induce an abortion; 4791

(2) A drug or device prohibited by federal or state law. 4792

~~(2) Establish safety standards to be followed by a~~ 4793
~~clinical nurse specialist, certified nurse midwife, or certified~~ 4794
~~nurse practitioner when personally furnishing to patients~~ 4795
~~complete or partial supplies of antibiotics, antifungals,~~ 4796
~~scabicides, contraceptives, prenatal vitamins,~~ 4797
~~antihypertensives, drugs and devices used in the treatment of~~ 4798
~~diabetes, drugs and devices used in the treatment of asthma, and~~ 4799
~~drugs used in the treatment of dyslipidemia;~~ 4800

~~(3) Establish criteria for the components of the standard~~ 4801
~~care arrangements described in section 4723.431 of the Revised~~ 4802
~~Code that apply to the authority to prescribe, including the~~ 4803
~~components that apply to the authority to prescribe schedule II~~ 4804
~~controlled substances. The rules shall be consistent with that~~ 4805

~~section and include all of the following:—~~ 4806

~~(a) Quality assurance standards;—~~ 4807

~~(b) Standards for periodic review by a collaborating—~~ 4808
~~physician or podiatrist of the records of patients treated by—~~ 4809
~~the clinical nurse specialist, certified nurse midwife, or—~~ 4810
~~certified nurse practitioner;—~~ 4811

~~(c) Acceptable travel time between the location at which—~~ 4812
~~the clinical nurse specialist, certified nurse midwife, or—~~ 4813
~~certified nurse practitioner is engaging in the prescribing—~~ 4814
~~components of the nurse's practice and the location of the—~~ 4815
~~nurse's collaborating physician or podiatrist;—~~ 4816

~~(d) Any other criteria recommended by the committee on—~~ 4817
~~prescriptive governance.~~ 4818

~~(4) Establish standards and procedures for issuance and—~~ 4819
~~renewal of a certificate to prescribe, including specification—~~ 4820
~~of any additional information the board may require under—~~ 4821
~~division (A) (4), (C) (5), or (D) (4) of section 4723.482, division—~~ 4822
~~(B) (3) of section 4723.485, or division (B) (3) of section—~~ 4823
~~4723.486 of the Revised Code;—~~ 4824

~~(5)—(B) In addition to the rules described in division (A)~~ 4825
~~of this section, the board shall adopt rules under this section~~ 4826
~~that do the following:~~ 4827

~~(1) Establish standards for board approval of the course~~ 4828
~~of study in advanced pharmacology and related topics required by~~ 4829
~~section 4723.482 of the Revised Code;~~ 4830

~~(6)—(2) Establish requirements for board approval of the~~ 4831
~~two-hour course of instruction in the laws of this state as~~ 4832
~~required under division (C) (4)—(1) of section 4723.482 of the~~ 4833

Revised Code and division (B) (2) of section 4723.484 of the Revised Code; 4834
4835

~~(7) Establish standards and procedures for the appropriate conduct of an externship as described in section 4723.484 of the Revised Code, including the following: 4836
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~~(a) Standards and procedures to be used in evaluating an individual's participation in an externship; 4839
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~~(b) Standards and procedures for the supervision that a physician must provide during an externship, including supervision provided by working with the participant and supervision provided by making timely reviews of the records of patients treated by the participant. The manner in which supervision must be provided may vary according to the location where the participant is practicing and with the participant's level of experience. 4841
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(3) Establish criteria for the components of the standard care arrangements described in section 4723.431 of the Revised Code that apply to the authority to prescribe, including the components that apply to the authority to prescribe schedule II controlled substances. The rules shall be consistent with that section and include all of the following: 4848
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(a) Quality assurance standards; 4854

(b) Standards for periodic review by a collaborating physician or podiatrist of the records of patients treated by the clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner; 4855
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(c) Acceptable travel time between the location at which the clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner is engaging in the prescribing components of the nurse's practice and the location of the 4859
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nurse's collaborating physician or podiatrist; 4863

(d) Any other criteria recommended by the committee on 4864
prescriptive governance. 4865

Sec. 4723.71. (A) There is hereby established, under the 4866
board of nursing, the advisory group on dialysis. The advisory 4867
group shall advise the board of nursing regarding the 4868
qualifications, standards for training, and competence of 4869
dialysis technicians and dialysis technician interns and all 4870
other related matters. The advisory group shall consist of the 4871
members appointed under divisions (B) and (C) of this section. A 4872
member of the board of nursing or a representative appointed by 4873
the board shall serve as chairperson of all meetings of the 4874
advisory group. 4875

(B) The board of nursing shall appoint the following as 4876
members of the advisory group: 4877

(1) Four dialysis technicians; 4878

(2) A registered nurse who regularly performs dialysis and 4879
cares for patients who receive dialysis; 4880

(3) A physician, recommended by the state medical board, 4881
who specializes in nephrology or an advanced practice registered 4882
nurse recommended by the board of nursing who specializes in 4883
nephrology; 4884

(4) An administrator of a dialysis center; 4885

(5) A dialysis patient; 4886

(6) A representative of the Ohio hospital association; 4887

(7) A representative from the end-stage renal disease 4888
network, as defined in 42 C.F.R. 405.2102. 4889

(C) The members of the advisory group appointed under 4890
division (B) of this section may recommend additional persons to 4891
serve as members of the advisory group. The board of nursing may 4892
appoint, as appropriate, any of the additional persons 4893
recommended. 4894

(D) The board of nursing shall specify the terms for the 4895
advisory group members. Members shall serve at the discretion of 4896
the board of nursing. Members shall receive their actual and 4897
necessary expenses incurred in the performance of their official 4898
duties. 4899

(E) Sections 101.82 to 101.87 of the Revised Code do not 4900
apply to the advisory group. 4901

Sec. 4723.88. The board of nursing, in accordance with 4902
Chapter 119. of the Revised Code, shall adopt rules to 4903
administer and enforce sections 4723.81 to 4723.87 of the 4904
Revised Code. The rules shall establish all of the following: 4905

(A) Standards and procedures for issuance of community 4906
health worker certificates; 4907

(B) Standards for evaluating the competency of an 4908
individual who applies to receive a certificate on the basis of 4909
having been employed in a capacity substantially the same as a 4910
community health worker before the board implemented the 4911
certification program; 4912

(C) Standards and procedures for renewal of community 4913
health worker certificates, including the continuing education 4914
requirements that must be met for renewal; 4915

(D) Standards governing the performance of activities 4916
related to nursing care that are delegated by a registered nurse 4917
to certified community health workers. In establishing the 4918

standards, the board shall specify limits on the number of 4919
certified community health workers a registered nurse may 4920
supervise at any one time. 4921

(E) Standards and procedures for assessing the quality of 4922
the services that are provided by certified community health 4923
workers; 4924

(F) Standards and procedures for denying, suspending, and 4925
revoking a community health worker certificate, including 4926
reasons for imposing the sanctions that are substantially 4927
similar to the reasons that sanctions are imposed under section 4928
4723.28 of the Revised Code; 4929

(G) Standards and procedures for approving and renewing 4930
the board's approval of training programs that prepare 4931
individuals to become certified community health workers. In 4932
establishing the standards, the board shall specify the minimum 4933
components that must be included in a training program, shall 4934
require that all approved training programs offer the 4935
standardized curriculum, and shall ensure that the curriculum 4936
enables individuals to use the training as a basis for entering 4937
programs leading to other careers, including nursing education 4938
programs. 4939

(H) Standards for approval of continuing education 4940
programs and courses for certified community health workers; 4941

(I) Standards and procedures for withdrawing the board's 4942
approval of a training program, refusing to renew the approval 4943
of a training program, and placing a training program on 4944
provisional approval; 4945

(J) Amounts for each fee that may be imposed under 4946
division (A) ~~(20)~~ (17) of section 4723.08 of the Revised Code; 4947

(K) Any other standards or procedures the board considers 4948
necessary and appropriate for the administration and enforcement 4949
of sections 4723.81 to 4723.87 of the Revised Code. 4950

Sec. 4723.99. (A) Except as provided in division (B) of 4951
this section, whoever violates section 4723.03, 4723.44, 4952
4723.653, or 4723.73 of the Revised Code is guilty of a felony 4953
of the fifth degree on a first offense and a felony of the 4954
fourth degree on each subsequent offense. 4955

(B) Each of the following is guilty of a minor 4956
misdemeanor: 4957

(1) A registered nurse, advanced practice registered 4958
nurse, or licensed practical nurse who violates division (A) ~~or~~ 4959
, (B), or (C) of section 4723.03 of the Revised Code by reason 4960
of a license to practice nursing that has lapsed for failure to 4961
renew or by practicing nursing after a license has been 4962
classified as inactive; 4963

(2) A medication aide who violates section 4723.653 of the 4964
Revised Code by reason of a medication aide certificate that has 4965
lapsed for failure to renew or by administering medication as a 4966
medication aide after a certificate has been classified as 4967
inactive. 4968

Sec. 4729.01. As used in this chapter: 4969

(A) "Pharmacy," except when used in a context that refers 4970
to the practice of pharmacy, means any area, room, rooms, place 4971
of business, department, or portion of any of the foregoing 4972
where the practice of pharmacy is conducted. 4973

(B) "Practice of pharmacy" means providing pharmacist care 4974
requiring specialized knowledge, judgment, and skill derived 4975
from the principles of biological, chemical, behavioral, social, 4976

pharmaceutical, and clinical sciences. As used in this division,	4977
"pharmacist care" includes the following:	4978
(1) Interpreting prescriptions;	4979
(2) Dispensing drugs and drug therapy related devices;	4980
(3) Compounding drugs;	4981
(4) Counseling individuals with regard to their drug	4982
therapy, recommending drug therapy related devices, and	4983
assisting in the selection of drugs and appliances for treatment	4984
of common diseases and injuries and providing instruction in the	4985
proper use of the drugs and appliances;	4986
(5) Performing drug regimen reviews with individuals by	4987
discussing all of the drugs that the individual is taking and	4988
explaining the interactions of the drugs;	4989
(6) Performing drug utilization reviews with licensed	4990
health professionals authorized to prescribe drugs when the	4991
pharmacist determines that an individual with a prescription has	4992
a drug regimen that warrants additional discussion with the	4993
prescriber;	4994
(7) Advising an individual and the health care	4995
professionals treating an individual with regard to the	4996
individual's drug therapy;	4997
(8) Acting pursuant to a consult agreement with one or	4998
more physicians authorized under Chapter 4731. of the Revised	4999
Code to practice medicine and surgery or osteopathic medicine	5000
and surgery, if an agreement has been established;	5001
(9) Engaging in the administration of immunizations to the	5002
extent authorized by section 4729.41 of the Revised Code.	5003

(C) "Compounding" means the preparation, mixing, 5004
assembling, packaging, and labeling of one or more drugs in any 5005
of the following circumstances: 5006

(1) Pursuant to a prescription issued by a licensed health 5007
professional authorized to prescribe drugs; 5008

(2) Pursuant to the modification of a prescription made in 5009
accordance with a consult agreement; 5010

(3) As an incident to research, teaching activities, or 5011
chemical analysis; 5012

(4) In anticipation of orders for drugs pursuant to 5013
prescriptions, based on routine, regularly observed dispensing 5014
patterns; 5015

(5) Pursuant to a request made by a licensed health 5016
professional authorized to prescribe drugs for a drug that is to 5017
be used by the professional for the purpose of direct 5018
administration to patients in the course of the professional's 5019
practice, if all of the following apply: 5020

(a) At the time the request is made, the drug is not 5021
commercially available regardless of the reason that the drug is 5022
not available, including the absence of a manufacturer for the 5023
drug or the lack of a readily available supply of the drug from 5024
a manufacturer. 5025

(b) A limited quantity of the drug is compounded and 5026
provided to the professional. 5027

(c) The drug is compounded and provided to the 5028
professional as an occasional exception to the normal practice 5029
of dispensing drugs pursuant to patient-specific prescriptions. 5030

(D) "Consult agreement" means an agreement that has been 5031

entered into under section 4729.39 of the Revised Code. 5032

(E) "Drug" means: 5033

(1) Any article recognized in the United States 5034
pharmacopoeia and national formulary, or any supplement to them, 5035
intended for use in the diagnosis, cure, mitigation, treatment, 5036
or prevention of disease in humans or animals; 5037

(2) Any other article intended for use in the diagnosis, 5038
cure, mitigation, treatment, or prevention of disease in humans 5039
or animals; 5040

(3) Any article, other than food, intended to affect the 5041
structure or any function of the body of humans or animals; 5042

(4) Any article intended for use as a component of any 5043
article specified in division (E) (1), (2), or (3) of this 5044
section; but does not include devices or their components, 5045
parts, or accessories. 5046

(F) "Dangerous drug" means any of the following: 5047

(1) Any drug to which either of the following applies: 5048

(a) Under the "Federal Food, Drug, and Cosmetic Act," 52 5049
Stat. 1040 (1938), 21 U.S.C.A. 301, as amended, the drug is 5050
required to bear a label containing the legend "Caution: Federal 5051
law prohibits dispensing without prescription" or "Caution: 5052
Federal law restricts this drug to use by or on the order of a 5053
licensed veterinarian" or any similar restrictive statement, or 5054
the drug may be dispensed only upon a prescription; 5055

(b) Under Chapter 3715. or 3719. of the Revised Code, the 5056
drug may be dispensed only upon a prescription. 5057

(2) Any drug that contains a schedule V controlled 5058

substance and that is exempt from Chapter 3719. of the Revised Code or to which that chapter does not apply; 5059
5060

(3) Any drug intended for administration by injection into the human body other than through a natural orifice of the human body. 5061
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5063

(G) "Federal drug abuse control laws" has the same meaning as in section 3719.01 of the Revised Code. 5064
5065

(H) "Prescription" means both of the following: 5066

(1) A written, electronic, or oral order for drugs or combinations or mixtures of drugs to be used by a particular individual or for treating a particular animal, issued by a licensed health professional authorized to prescribe drugs; 5067
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(2) For purposes of sections 2925.61, 4723.488, 4729.44, 4730.431, and 4731.94 of the Revised Code, a written, electronic, or oral order for naloxone issued to and in the name of a family member, friend, or other individual in a position to assist an individual who there is reason to believe is at risk of experiencing an opioid-related overdose. 5071
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(3) For purposes of sections 4723.4810, 4729.282, 4730.432, and 4731.93 of the Revised Code, a written, electronic, or oral order for a drug to treat chlamydia, gonorrhoea, or trichomoniasis issued to and in the name of a patient who is not the intended user of the drug but is the sexual partner of the intended user. 5077
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(I) "Licensed health professional authorized to prescribe drugs" or "prescriber" means an individual who is authorized by law to prescribe drugs or dangerous drugs or drug therapy related devices in the course of the individual's professional practice, including only the following: 5083
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(1) A dentist licensed under Chapter 4715. of the Revised Code;	5088 5089
(2) A clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner who holds a certificate to prescribe current, valid license to practice nursing as an advanced practice registered nurse issued under section 4723.48 Chapter 4723. of the Revised Code;	5090 5091 5092 5093 5094
(3) An optometrist licensed under Chapter 4725. of the Revised Code to practice optometry under a therapeutic pharmaceutical agents certificate;	5095 5096 5097
(4) A physician authorized under Chapter 4731. of the Revised Code to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery;	5098 5099 5100
(5) A physician assistant who holds a license to practice as a physician assistant issued under Chapter 4730. of the Revised Code, holds a valid prescriber number issued by the state medical board, and has been granted physician-delegated prescriptive authority;	5101 5102 5103 5104 5105
(6) A veterinarian licensed under Chapter 4741. of the Revised Code.	5106 5107
(J) "Sale" and "sell" include delivery, transfer, barter, exchange, or gift, or offer therefor, and each such transaction made by any person, whether as principal proprietor, agent, or employee.	5108 5109 5110 5111
(K) "Wholesale sale" and "sale at wholesale" mean any sale in which the purpose of the purchaser is to resell the article purchased or received by the purchaser.	5112 5113 5114
(L) "Retail sale" and "sale at retail" mean any sale other	5115

than a wholesale sale or sale at wholesale. 5116

(M) "Retail seller" means any person that sells any 5117
dangerous drug to consumers without assuming control over and 5118
responsibility for its administration. Mere advice or 5119
instructions regarding administration do not constitute control 5120
or establish responsibility. 5121

(N) "Price information" means the price charged for a 5122
prescription for a particular drug product and, in an easily 5123
understandable manner, all of the following: 5124

(1) The proprietary name of the drug product; 5125

(2) The established (generic) name of the drug product; 5126

(3) The strength of the drug product if the product 5127
contains a single active ingredient or if the drug product 5128
contains more than one active ingredient and a relevant strength 5129
can be associated with the product without indicating each 5130
active ingredient. The established name and quantity of each 5131
active ingredient are required if such a relevant strength 5132
cannot be so associated with a drug product containing more than 5133
one ingredient. 5134

(4) The dosage form; 5135

(5) The price charged for a specific quantity of the drug 5136
product. The stated price shall include all charges to the 5137
consumer, including, but not limited to, the cost of the drug 5138
product, professional fees, handling fees, if any, and a 5139
statement identifying professional services routinely furnished 5140
by the pharmacy. Any mailing fees and delivery fees may be 5141
stated separately without repetition. The information shall not 5142
be false or misleading. 5143

(O) "Wholesale distributor of dangerous drugs" means a 5144
person engaged in the sale of dangerous drugs at wholesale and 5145
includes any agent or employee of such a person authorized by 5146
the person to engage in the sale of dangerous drugs at 5147
wholesale. 5148

(P) "Manufacturer of dangerous drugs" means a person, 5149
other than a pharmacist, who manufactures dangerous drugs and 5150
who is engaged in the sale of those dangerous drugs within this 5151
state. 5152

(Q) "Terminal distributor of dangerous drugs" means a 5153
person who is engaged in the sale of dangerous drugs at retail, 5154
or any person, other than a wholesale distributor or a 5155
pharmacist, who has possession, custody, or control of dangerous 5156
drugs for any purpose other than for that person's own use and 5157
consumption, and includes pharmacies, hospitals, nursing homes, 5158
and laboratories and all other persons who procure dangerous 5159
drugs for sale or other distribution by or under the supervision 5160
of a pharmacist or licensed health professional authorized to 5161
prescribe drugs. 5162

(R) "Promote to the public" means disseminating a 5163
representation to the public in any manner or by any means, 5164
other than by labeling, for the purpose of inducing, or that is 5165
likely to induce, directly or indirectly, the purchase of a 5166
dangerous drug at retail. 5167

(S) "Person" includes any individual, partnership, 5168
association, limited liability company, or corporation, the 5169
state, any political subdivision of the state, and any district, 5170
department, or agency of the state or its political 5171
subdivisions. 5172

(T) "Finished dosage form" has the same meaning as in 5173
section 3715.01 of the Revised Code. 5174

(U) "Generically equivalent drug" has the same meaning as 5175
in section 3715.01 of the Revised Code. 5176

(V) "Animal shelter" means a facility operated by a humane 5177
society or any society organized under Chapter 1717. of the 5178
Revised Code or a dog pound operated pursuant to Chapter 955. of 5179
the Revised Code. 5180

(W) "Food" has the same meaning as in section 3715.01 of 5181
the Revised Code. 5182

(X) "Pain management clinic" has the same meaning as in 5183
section 4731.054 of the Revised Code. 5184

Sec. 4731.27. (A) As used in this section, 5185
"collaboration," "physician," "standard care arrangement," and 5186
"supervision" have the same meanings as in section 4723.01 of 5187
the Revised Code. 5188

(B) Except as provided in division (D)(1) of section 5189
4723.431 of the Revised Code, a physician or podiatrist shall 5190
enter into a standard care arrangement with each clinical nurse 5191
specialist, certified nurse-midwife, or certified nurse 5192
practitioner with whom the physician or podiatrist is in 5193
collaboration. 5194

The collaborating physician or podiatrist shall fulfill 5195
the responsibilities of collaboration, as specified in the 5196
arrangement and in accordance with division (A) of section 5197
4723.431 of the Revised Code. A copy of the standard care 5198
arrangement shall be retained on file at each site where the 5199
nurse practices. Prior approval of the standard care arrangement 5200
by the state medical board is not required, but the board may 5201

periodically review it. 5202

Nothing in this division prohibits a hospital from hiring 5203
a clinical nurse specialist, certified nurse-midwife, or 5204
certified nurse practitioner as an employee and negotiating 5205
standard care arrangements on behalf of the employee as 5206
necessary to meet the requirements of this section. A standard 5207
care arrangement between the hospital's employee and the 5208
employee's collaborating physician is subject to approval by the 5209
medical staff and governing body of the hospital prior to 5210
implementation of the arrangement at the hospital. 5211

~~(C) With respect to a clinical nurse specialist, certified-~~ 5212
~~nurse-midwife, or certified nurse practitioner participating in-~~ 5213
~~an externship pursuant to an initial certificate to prescribe-~~ 5214
~~issued under section 4723.48 of the Revised Code, the physician-~~ 5215
~~responsible for evaluating the externship shall provide the-~~ 5216
~~state medical board with the name of the nurse. If the-~~ 5217
~~externship is terminated for any reason, the physician shall-~~ 5218
~~notify the board.~~ 5219

~~(D)~~ A physician or podiatrist shall cooperate with the 5220
board of nursing in any investigation the board conducts with 5221
respect to a clinical nurse specialist, certified nurse-midwife, 5222
or certified nurse practitioner who collaborates with the 5223
physician or podiatrist or with respect to a certified 5224
registered nurse anesthetist who practices with the supervision 5225
of the physician or podiatrist. 5226

Sec. 4755.48. (A) No person shall employ fraud or 5227
deception in applying for or securing a license to practice 5228
physical therapy or to be a physical therapist assistant. 5229

(B) No person shall practice or in any way imply or claim 5230

to the public by words, actions, or the use of letters as 5231
described in division (C) of this section to be able to practice 5232
physical therapy or to provide physical therapy services, 5233
including practice as a physical therapist assistant, unless the 5234
person holds a valid license under sections 4755.40 to 4755.56 5235
of the Revised Code or except for submission of claims as 5236
provided in section 4755.56 of the Revised Code. 5237

(C) No person shall use the words or letters, physical 5238
therapist, physical therapy, physical therapy services, 5239
physiotherapist, physiotherapy, physiotherapy services, licensed 5240
physical therapist, P.T., Ph.T., P.T.T., R.P.T., L.P.T., M.P.T., 5241
D.P.T., M.S.P.T., P.T.A., physical therapy assistant, physical 5242
therapist assistant, physical therapy technician, licensed 5243
physical therapist assistant, L.P.T.A., R.P.T.A., or any other 5244
letters, words, abbreviations, or insignia, indicating or 5245
implying that the person is a physical therapist or physical 5246
therapist assistant without a valid license under sections 5247
4755.40 to 4755.56 of the Revised Code. 5248

(D) No person who practices physical therapy or assists in 5249
the provision of physical therapy treatments under the 5250
supervision of a physical therapist shall fail to display the 5251
person's current license granted under sections 4755.40 to 5252
4755.56 of the Revised Code in a conspicuous location in the 5253
place where the person spends the major part of the person's 5254
time so engaged. 5255

(E) Nothing in sections 4755.40 to 4755.56 of the Revised 5256
Code shall affect or interfere with the performance of the 5257
duties of any physical therapist or physical therapist assistant 5258
in active service in the army, navy, coast guard, marine corps, 5259
air force, public health service, or marine hospital service of 5260

the United States, while so serving. 5261

(F) Nothing in sections 4755.40 to 4755.56 of the Revised 5262
Code shall prevent or restrict the activities or services of a 5263
person pursuing a course of study leading to a degree in 5264
physical therapy in an accredited or approved educational 5265
program if the activities or services constitute a part of a 5266
supervised course of study and the person is designated by a 5267
title that clearly indicates the person's status as a student. 5268

(G) (1) Subject to division (G) (2) of this section, nothing 5269
in sections 4755.40 to 4755.56 of the Revised Code shall prevent 5270
or restrict the activities or services of any person who holds a 5271
current, unrestricted license to practice physical therapy in 5272
another state when that person, pursuant to contract or 5273
employment with an athletic team located in the state in which 5274
the person holds the license, provides physical therapy to any 5275
of the following while the team is traveling to or from or 5276
participating in a sporting event in this state: 5277

(a) A member of the athletic team; 5278

(b) A member of the athletic team's coaching, 5279
communications, equipment, or sports medicine staff; 5280

(c) A member of a band or cheerleading squad accompanying 5281
the athletic team; 5282

(d) The athletic team's mascot. 5283

(2) In providing physical therapy pursuant to division (G) 5284
(1) of this section, the person shall not do either of the 5285
following: 5286

(a) Provide physical therapy at a health care facility; 5287

(b) Provide physical therapy for more than sixty days in a 5288

calendar year. 5289

(H) (1) Except as provided in division (H) (2) of this 5290
section and subject to division (I) of this section, no person 5291
shall practice physical therapy other than on the prescription 5292
of, or the referral of a patient by, a person who is licensed in 5293
this or another state to do at least one of the following: 5294

(a) Practice medicine and surgery, chiropractic, 5295
dentistry, osteopathic medicine and surgery, podiatric medicine 5296
and surgery; 5297

(b) Practice as a physician assistant; 5298

(c) Practice nursing as a ~~certified registered nurse~~ 5299
~~anesthetist, clinical nurse specialist, certified nurse midwife,~~ 5300
~~or certified an advanced practice registered nurse practitioner.~~ 5301

(2) The prohibition in division (H) (1) of this section on 5302
practicing physical therapy other than on the prescription of, 5303
or the referral of a patient by, any of the persons described in 5304
that division does not apply if either of the following applies 5305
to the person: 5306

(a) The person holds a master's or doctorate degree from a 5307
professional physical therapy program that is accredited by a 5308
national physical therapy accreditation agency recognized by the 5309
United States department of education. 5310

(b) On or before December 31, 2004, the person has 5311
completed at least two years of practical experience as a 5312
licensed physical therapist. 5313

(I) To be authorized to prescribe physical therapy or 5314
refer a patient to a physical therapist for physical therapy, a 5315
person described in division (H) (1) of this section must be in 5316

good standing with the relevant licensing board in this state or 5317
the state in which the person is licensed and must act only 5318
within the person's scope of practice. 5319

(J) In the prosecution of any person for violation of 5320
division (B) or (C) of this section, it is not necessary to 5321
allege or prove want of a valid license to practice physical 5322
therapy or to practice as a physical therapist assistant, but 5323
such matters shall be a matter of defense to be established by 5324
the accused. 5325

Sec. 4755.481. (A) If a physical therapist evaluates and 5326
treats a patient without the prescription of, or the referral of 5327
the patient by, a person described in division (G) (1) of section 5328
4755.48 of the Revised Code, all of the following apply: 5329

(1) The physical therapist shall, upon consent of the 5330
patient, inform the relevant person described in division (G) (1) 5331
of section 4755.48 of the Revised Code of the evaluation not 5332
later than five business days after the evaluation is made. 5333

(2) If the physical therapist determines, based on 5334
reasonable evidence, that no substantial progress has been made 5335
with respect to that patient during the thirty-day period 5336
immediately following the date of the patient's initial visit 5337
with the physical therapist, the physical therapist shall 5338
consult with or refer the patient to a person described in 5339
division ~~(G)~~ (H) (1) of section 4755.48 of the Revised Code, 5340
unless either of the following applies: 5341

(a) The evaluation, treatment, or services are being 5342
provided for fitness, wellness, or prevention purposes. 5343

(b) The patient previously was diagnosed with chronic, 5344
neuromuscular, or developmental conditions and the evaluation, 5345

treatment, or services are being provided for problems or 5346
symptoms associated with one or more of those previously 5347
diagnosed conditions. 5348

(3) If the physical therapist determines that orthotic 5349
devices are necessary to treat the patient, the physical 5350
therapist shall be limited to the application of the following 5351
orthotic devices: 5352

(a) Upper extremity adaptive equipment used to facilitate 5353
the activities of daily living; 5354

(b) Finger splints; 5355

(c) Wrist splints; 5356

(d) Prefabricated elastic or fabric abdominal supports 5357
with or without metal or plastic reinforcing stays and other 5358
prefabricated soft goods requiring minimal fitting; 5359

(e) Nontherapeutic accommodative inlays; 5360

(f) Shoes that are not manufactured or modified for a 5361
particular individual; 5362

(g) Prefabricated foot care products; 5363

(h) Custom foot orthotics; 5364

(i) Durable medical equipment. 5365

(4) If, at any time, the physical therapist has reason to 5366
believe that the patient has symptoms or conditions that require 5367
treatment or services beyond the scope of practice of a physical 5368
therapist, the physical therapist shall refer the patient to a 5369
licensed health care practitioner acting within the 5370
practitioner's scope of practice. 5371

(B) Nothing in sections 4755.40 to 4755.56 of the Revised 5372

Code shall be construed to require reimbursement under any 5373
health insuring corporation policy, contract, or agreement, any 5374
sickness and accident insurance policy, the medicaid program, or 5375
the health partnership program or qualified health plans 5376
established pursuant to sections 4121.44 to 4121.442 of the 5377
Revised Code, for any physical therapy service rendered without 5378
the prescription of, or the referral of the patient by, a person 5379
described in division (G) (1) of section 4755.48 of the Revised 5380
Code. 5381

(C) For purposes of this section, "business day" means any 5382
calendar day that is not a Saturday, Sunday, or legal holiday. 5383
"Legal holiday" has the same meaning as in section 1.14 of the 5384
Revised Code. 5385

Sec. 4761.17. All of the following apply to the practice 5386
of respiratory care by a person who holds a license or limited 5387
permit issued under this chapter: 5388

(A) The person shall practice only pursuant to a 5389
prescription or other order for respiratory care issued by any 5390
of the following: 5391

(1) A physician; 5392

(2) A ~~registered clinical nurse specialist, certified~~ 5393
~~nurse-midwife, or certified nurse practitioner~~ who holds a 5394
~~certificate of authority current, valid license~~ issued under 5395
Chapter 4723. of the Revised Code to practice as a ~~certified~~ 5396
~~nurse practitioner or clinical nurse specialist~~ nursing as an 5397
advanced practice registered nurse and has entered into a 5398
standard care arrangement with a physician ~~that allows the nurse~~ 5399
~~to prescribe or order respiratory care services;~~ 5400

(3) A physician assistant who holds a valid prescriber 5401

number issued by the state medical board, has been granted 5402
physician-delegated prescriptive authority, and has entered into 5403
a supervision agreement that allows the physician assistant to 5404
prescribe or order respiratory care services. 5405

(B) The person shall practice only under the supervision 5406
of any of the following: 5407

(1) A physician; 5408

(2) A certified nurse practitioner, certified nurse- 5409
midwife, or clinical nurse specialist ~~who is authorized to~~ 5410
~~prescribe or order respiratory care services as provided in~~ 5411
~~division (A) (2) of this section;~~ 5412

(3) A physician assistant who is authorized to prescribe 5413
or order respiratory care services as provided in division (A) 5414
(3) of this section. 5415

(C) (1) When practicing under the prescription or order of 5416
a certified nurse practitioner, certified nurse midwife, or 5417
clinical nurse specialist or under the supervision of such a 5418
nurse, the person's administration of medication that requires a 5419
prescription is limited to the drugs that the nurse is 5420
authorized to prescribe pursuant to ~~the nurse's certificate to~~ 5421
~~prescribe issued under~~ section ~~4723.48~~ 4723.481 of the Revised 5422
Code. 5423

(2) When practicing under the prescription or order of a 5424
physician assistant or under the supervision of a physician 5425
assistant, the person's administration of medication that 5426
requires a prescription is limited to the drugs that the 5427
physician assistant is authorized to prescribe pursuant to the 5428
physician assistant's physician-delegated prescriptive 5429
authority. 5430

Sec. 5120.55. (A) As used in this section, "licensed health professional" means any or all of the following:

(1) A dentist who holds a current, valid license issued under Chapter 4715. of the Revised Code to practice dentistry;

(2) A licensed practical nurse who holds a current, valid license issued under Chapter 4723. of the Revised Code that authorizes the practice of nursing as a licensed practical nurse;

(3) An optometrist who holds a current, valid certificate of licensure issued under Chapter 4725. of the Revised Code that authorizes the holder to engage in the practice of optometry;

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

(5) A psychologist who holds a current, valid license issued under Chapter 4732. of the Revised Code that authorizes the practice of psychology as a licensed psychologist;

(6) A registered nurse who holds a current, valid license issued under Chapter 4723. of the Revised Code that authorizes the practice of nursing as a registered nurse, including such a nurse who is also ~~authorized~~ licensed to practice as an advanced practice registered nurse as defined in section 4723.01 of the Revised Code.

(B) (1) The department of rehabilitation and correction may establish a recruitment program under which the department, by means of a contract entered into under division (C) of this section, agrees to repay all or part of the principal and interest of a government or other educational loan incurred by a licensed health professional who agrees to provide services to

inmates of correctional institutions under the department's 5460
administration. 5461

(2) (a) For a physician to be eligible to participate in 5462
the program, the physician must have attended a school that was, 5463
during the time of attendance, a medical school or osteopathic 5464
medical school in this country accredited by the liaison 5465
committee on medical education or the American osteopathic 5466
association, a college of podiatry in this country recognized as 5467
being in good standing under section 4731.53 of the Revised 5468
Code, or a medical school, osteopathic medical school, or 5469
college of podiatry located outside this country that was 5470
acknowledged by the world health organization and verified by a 5471
member state of that organization as operating within that 5472
state's jurisdiction. 5473

(b) For a nurse to be eligible to participate in the 5474
program, the nurse must have attended a school that was, during 5475
the time of attendance, a nursing school in this country 5476
accredited by the commission on collegiate nursing education or 5477
the national league for nursing accrediting commission or a 5478
nursing school located outside this country that was 5479
acknowledged by the world health organization and verified by a 5480
member state of that organization as operating within that 5481
state's jurisdiction. 5482

(c) For a dentist to be eligible to participate in the 5483
program, the dentist must have attended a school that was, 5484
during the time of attendance, a dental college that enabled the 5485
dentist to meet the requirements specified in section 4715.10 of 5486
the Revised Code to be granted a license to practice dentistry. 5487

(d) For an optometrist to be eligible to participate in 5488
the program, the optometrist must have attended a school of 5489

optometry that was, during the time of attendance, approved by 5490
the state board of optometry. 5491

(e) For a psychologist to be eligible to participate in 5492
the program, the psychologist must have attended an educational 5493
institution that, during the time of attendance, maintained a 5494
specific degree program recognized by the state board of 5495
psychology as acceptable for fulfilling the requirement of 5496
division (B) (3) of section 4732.10 of the Revised Code. 5497

(C) The department shall enter into a contract with each 5498
licensed health professional it recruits under this section. 5499
Each contract shall include at least the following terms: 5500

(1) The licensed health professional agrees to provide a 5501
specified scope of medical, osteopathic medical, podiatric, 5502
optometric, psychological, nursing, or dental services to 5503
inmates of one or more specified state correctional institutions 5504
for a specified number of hours per week for a specified number 5505
of years. 5506

(2) The department agrees to repay all or a specified 5507
portion of the principal and interest of a government or other 5508
educational loan taken by the licensed health professional for 5509
the following expenses to attend, for up to a maximum of four 5510
years, a school that qualifies the licensed health professional 5511
to participate in the program: 5512

(a) Tuition; 5513

(b) Other educational expenses for specific purposes, 5514
including fees, books, and laboratory expenses, in amounts 5515
determined to be reasonable in accordance with rules adopted 5516
under division (D) of this section; 5517

(c) Room and board, in an amount determined to be 5518

reasonable in accordance with rules adopted under division (D) 5519
of this section. 5520

(3) The licensed health professional agrees to pay the 5521
department a specified amount, which shall be no less than the 5522
amount already paid by the department pursuant to its agreement, 5523
as damages if the licensed health professional fails to complete 5524
the service obligation agreed to or fails to comply with other 5525
specified terms of the contract. The contract may vary the 5526
amount of damages based on the portion of the service obligation 5527
that remains uncompleted. 5528

(4) Other terms agreed upon by the parties. 5529

The licensed health professional's lending institution or 5530
the Ohio board of regents, may be a party to the contract. The 5531
contract may include an assignment to the department of the 5532
licensed health professional's duty to repay the principal and 5533
interest of the loan. 5534

(D) If the department elects to implement the recruitment 5535
program, it shall adopt rules in accordance with Chapter 119. of 5536
the Revised Code that establish all of the following: 5537

(1) Criteria for designating institutions for which 5538
licensed health professionals will be recruited; 5539

(2) Criteria for selecting licensed health professionals 5540
for participation in the program; 5541

(3) Criteria for determining the portion of a loan which 5542
the department will agree to repay; 5543

(4) Criteria for determining reasonable amounts of the 5544
expenses described in divisions (C) (2) (b) and (c) of this 5545
section; 5546

(5) Procedures for monitoring compliance by a licensed 5547
health professional with the terms of the contract the licensed 5548
health professional enters into under this section; 5549

(6) Any other criteria or procedures necessary to 5550
implement the program. 5551

Sec. 5164.07. (A) The medicaid program shall include 5552
coverage of inpatient care and follow-up care for a mother and 5553
her newborn as follows: 5554

(1) The medicaid program shall cover a minimum of forty- 5555
eight hours of inpatient care following a normal vaginal 5556
delivery and a minimum of ninety-six hours of inpatient care 5557
following a cesarean delivery. Services covered as inpatient 5558
care shall include medical, educational, and any other services 5559
that are consistent with the inpatient care recommended in the 5560
protocols and guidelines developed by national organizations 5561
that represent pediatric, obstetric, and nursing professionals. 5562

(2) The medicaid program shall cover a physician-directed 5563
source of follow-up care or a source of follow-up care directed 5564
by an advanced practice registered nurse. Services covered as 5565
follow-up care shall include physical assessment of the mother 5566
and newborn, parent education, assistance and training in breast 5567
or bottle feeding, assessment of the home support system, 5568
performance of any medically necessary and appropriate clinical 5569
tests, and any other services that are consistent with the 5570
follow-up care recommended in the protocols and guidelines 5571
developed by national organizations that represent pediatric, 5572
obstetric, and nursing professionals. The coverage shall apply 5573
to services provided in a medical setting or through home health 5574
care visits. The coverage shall apply to a home health care 5575
visit only if the health care professional who conducts the 5576

visit is knowledgeable and experienced in maternity and newborn 5577
care. 5578

When a decision is made in accordance with division (B) of 5579
this section to discharge a mother or newborn prior to the 5580
expiration of the applicable number of hours of inpatient care 5581
required to be covered, the coverage of follow-up care shall 5582
apply to all follow-up care that is provided within forty-eight 5583
hours after discharge. When a mother or newborn receives at 5584
least the number of hours of inpatient care required to be 5585
covered, the coverage of follow-up care shall apply to follow-up 5586
care that is determined to be medically necessary by the health 5587
care professionals responsible for discharging the mother or 5588
newborn. 5589

(B) Any decision to shorten the length of inpatient stay 5590
to less than that specified under division (A) (1) of this 5591
section shall be made by the physician attending the mother or 5592
newborn, except that if a certified nurse-midwife is attending 5593
the mother in collaboration with a physician, the decision may 5594
be made by the certified nurse-midwife. Decisions regarding 5595
early discharge shall be made only after conferring with the 5596
mother or a person responsible for the mother or newborn. For 5597
purposes of this division, a person responsible for the mother 5598
or newborn may include a parent, guardian, or any other person 5599
with authority to make medical decisions for the mother or 5600
newborn. 5601

(C) The department of medicaid, in administering the 5602
medicaid program, may not do either of the following: 5603

(1) Terminate the provider agreement of a health care 5604
professional or health care facility solely for making 5605
recommendations for inpatient or follow-up care for a particular 5606

mother or newborn that are consistent with the care required to 5607
be covered by this section; 5608

(2) Establish or offer monetary or other financial 5609
incentives for the purpose of encouraging a person to decline 5610
the inpatient or follow-up care required to be covered by this 5611
section. 5612

(D) This section does not do any of the following: 5613

(1) Require the medicaid program to cover inpatient or 5614
follow-up care that is not received in accordance with the 5615
program's terms pertaining to the health care professionals and 5616
facilities from which a medicaid recipient is authorized to 5617
receive health care services. 5618

(2) Require a mother or newborn to stay in a hospital or 5619
other inpatient setting for a fixed period of time following 5620
delivery; 5621

(3) Require a child to be delivered in a hospital or other 5622
inpatient setting; 5623

(4) Authorize a certified nurse-midwife to practice beyond 5624
the authority to practice nurse-midwifery in accordance with 5625
Chapter 4723. of the Revised Code; 5626

(5) Establish minimum standards of medical diagnosis, 5627
care, or treatment for inpatient or follow-up care for a mother 5628
or newborn. A deviation from the care required to be covered 5629
under this section shall not, on the basis of this section, give 5630
rise to a medical claim or derivative medical claim, as those 5631
terms are defined in section 2305.113 of the Revised Code. 5632

Section 2. That existing sections 1.64, 1751.67, 2133.211, 5633
2305.113, 2305.234, 2317.02, 2919.171, 2921.22, 2925.61, 5634

3701.351, 3701.926, 3719.121, 3727.08, 3923.233, 3923.301, 5635
3923.63, 3923.64, 4713.02, 4723.01, 4723.02, 4723.03, 4723.06, 5636
4723.07, 4723.08, 4723.09, 4723.151, 4723.16, 4723.24, 4723.25, 5637
4723.271, 4723.28, 4723.32, 4723.341, 4723.41, 4723.42, 4723.43, 5638
4723.431, 4723.432, 4723.44, 4723.46, 4723.47, 4723.48, 5639
4723.481, 4723.482, 4723.486, 4723.487, 4723.488, 4723.489, 5640
4723.4810, 4723.491, 4723.492, 4723.50, 4723.71, 4723.88, 5641
4723.99, 4729.01, 4731.27, 4755.48, 4755.481, 4761.17, 5120.55, 5642
and 5164.07 and sections 4723.484, 4723.485, and 4723.49 of the 5643
Revised Code are hereby repealed. 5644

Section 3. The General Assembly, applying the principle 5645
stated in division (B) of section 1.52 of the Revised Code that 5646
amendments are to be harmonized if reasonably capable of 5647
simultaneous operation, finds that the following sections, 5648
presented in this act as composites of the sections as amended 5649
by the acts indicated, are the resulting versions of the 5650
sections in effect prior to the effective date of the sections 5651
as presented in this act: 5652

Section 2305.113 of the Revised Code is presented in this 5653
act as a composite of the section as amended by Sub. H.B. 290 of 5654
the 130th General Assembly and Sub. S.B. 110 of the 131st 5655
General Assembly. 5656

Section 2925.61 of the Revised Code is presented in this 5657
act as a composite of the section as amended by both Am. Sub. 5658
H.B. 4 and Sub. S.B. 110 of the 131st General Assembly. 5659

Section 4729.01 of the Revised Code is presented in this 5660
act as a composite of the section as amended by both Sub. H.B. 5661
124 and Am. Sub. H.B. 188 of the 131st General Assembly. 5662

Section 4755.48 of the Revised Code is presented in this 5663

act as a composite of the section as amended by both Am. Sub. 5664
H.B. 284 and Sub. S.B. 141 of the 129th General Assembly. 5665

Section 4. (A) The Board of Nursing may continue to issue 5666
certificates of authority and certificates to prescribe pursuant 5667
to Chapter 4723. of the Revised Code for not longer than ninety 5668
days after the effective date of this act. Thereafter, the Board 5669
shall issue advanced practice registered nurse licenses in 5670
accordance with this act. 5671

(B) Certificates of authority and certificates to 5672
prescribe issued pursuant to division (A) of this section or 5673
Chapter 4723. of the Revised Code, as that chapter existed 5674
immediately prior to the effective date of this act, satisfy the 5675
requirements for advanced practice registered nurse licenses, as 5676
created by this act. The certificates remain valid until 5677
December 31, 2016, unless earlier suspended or revoked by the 5678
Board. 5679

Section 5. It is the intent of the General Assembly in 5680
repealing and reenacting section 4723.49 of the Revised Code to 5681
abolish the existing Committee on Prescriptive Governance and 5682
establish a new Committee on Prescriptive Governance. Not later 5683
than sixty days after the last appointment is made to the new 5684
Committee on Prescriptive Governance, the Committee shall submit 5685
recommendations to the Board of Nursing as necessary for the 5686
Board to fulfill its duty to adopt rules under division (B)(1) 5687
of section 4723.50 of the Revised Code. The Board shall adopt 5688
the rules as soon as practicable after receiving the 5689
recommendations. 5690