

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

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**Sub. H. B. No. 216**

**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, Anielski, Antonio, Arndt, Boose, Boyd, Clyde, Curtin, Derickson, Dovilla, Grossman, Hambley, Kuhns, Leland, Lepore-Hagan, O'Brien, M., O'Brien, S., Patterson, Rezabek, Rogers, Smith, K., Smith, R., Sprague, Sweeney**

**Senators Gardner, Beagle, Jones, Tavares, Cafaro, Brown**

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**A BILL**

To amend sections 1.64, 313.212, 1751.67, 2133.211, 1  
2305.113, 2305.234, 2317.02, 2919.171, 2921.22, 2  
2925.61, 3313.7112, 3333.122, 3701.351, 3  
3701.926, 3719.121, 3727.08, 3923.233, 3923.301, 4  
3923.63, 3923.64, 4713.02, 4723.01, 4723.02, 5  
4723.03, 4723.06, 4723.07, 4723.08, 4723.09, 6  
4723.151, 4723.16, 4723.18, 4723.24, 4723.25, 7  
4723.271, 4723.28, 4723.32, 4723.341, 4723.41, 8  
4723.42, 4723.43, 4723.431, 4723.432, 4723.44, 9  
4723.46, 4723.47, 4723.48, 4723.481, 4723.482, 10  
4723.486, 4723.487, 4723.488, 4723.489, 11  
4723.4810, 4723.491, 4723.492, 4723.50, 4723.66, 12  
4723.71, 4723.74, 4723.75, 4723.76, 4723.87, 13  
4723.88, 4723.99, 4729.01, 4731.27, 4731.51, 14  
4755.48, 4755.481, 4761.11, 4761.17, 5120.55, 15  
and 5164.07, to enact new section 4723.49 and 16  
sections 3701.138, 4723.011, 4723.493, and 17  
4731.511, and to repeal sections 4723.484, 18

4723.485, and 4723.49 of the Revised Code to 19  
revise the laws governing advanced practice 20  
registered nurses and the Board of Nursing, to 21  
authorize podiatrists to order and supervise 22  
hyperbaric oxygen therapy, and to require state 23  
agencies to assess the prevalence of diabetes 24  
and engage in other related activities. 25

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

**Section 1.** That sections 1.64, 313.212, 1751.67, 2133.211, 26  
2305.113, 2305.234, 2317.02, 2919.171, 2921.22, 2925.61, 27  
3313.7112, 3333.122, 3701.351, 3701.926, 3719.121, 3727.08, 28  
3923.233, 3923.301, 3923.63, 3923.64, 4713.02, 4723.01, 4723.02, 29  
4723.03, 4723.06, 4723.07, 4723.08, 4723.09, 4723.151, 4723.16, 30  
4723.18, 4723.24, 4723.25, 4723.271, 4723.28, 4723.32, 4723.341, 31  
4723.41, 4723.42, 4723.43, 4723.431, 4723.432, 4723.44, 4723.46, 32  
4723.47, 4723.48, 4723.481, 4723.482, 4723.486, 4723.487, 33  
4723.488, 4723.489, 4723.4810, 4723.491, 4723.492, 4723.50, 34  
4723.66, 4723.71, 4723.74, 4723.75, 4723.76, 4723.87, 4723.88, 35  
4723.99, 4729.01, 4731.27, 4731.51, 4755.48, 4755.481, 4761.11, 36  
4761.17, 5120.55, and 5164.07 be amended and new section 4723.49 37  
and sections 3701.138, 4723.011, 4723.493, and 4731.511 of the 38  
Revised Code be enacted to read as follows: 39

**Sec. 1.64.** As used in the Revised Code: 40

(A) "Certified nurse-midwife" means a an advanced practice 41  
registered nurse who holds a current, valid certificate of 42  
authority license issued under Chapter 4723. of the Revised Code 43  
that authorizes the practice of nursing and is designated as a 44

certified nurse-midwife in accordance with section ~~4723.43-~~ 45  
4723.42 of the Revised Code and rules adopted by the board of 46  
nursing. 47

(B) "Certified nurse practitioner" means ~~a~~ an advanced 48  
practice registered nurse who holds a current, valid certificate- 49  
of authority license issued under Chapter 4723. of the Revised 50  
Code ~~that authorizes the practice of nursing and is designated~~ 51  
as a certified nurse practitioner in accordance with section 52  
~~4723.43-~~ 4723.42 of the Revised Code and rules adopted by the 53  
board of nursing. 54

(C) "Clinical nurse specialist" means ~~a~~ an advanced 55  
practice registered nurse who holds a current, valid certificate- 56  
of authority license issued under Chapter 4723. of the Revised 57  
Code ~~that authorizes the practice of nursing and is designated~~ 58  
as a clinical nurse specialist in accordance with section 59  
~~4723.43-~~ 4723.42 of the Revised Code and rules adopted by the 60  
board of nursing. 61

(D) "Physician assistant" means an individual who is 62  
licensed under Chapter 4730. of the Revised Code to provide 63  
services as a physician assistant to patients under the 64  
supervision, control, and direction of one or more physicians. 65

**Sec. 313.212.** If the coroner determines that a drug 66  
overdose is the cause of death of a person, the coroner may 67  
provide a notice of the death to the state medical board, board 68  
of nursing, or state dental board. The coroner may include in 69  
the notice any information relating to the drug that resulted in 70  
the overdose, including whether it was obtained by prescription 71  
and, if so, the name of the individual authorized under Chapter- 72  
~~4731. of the Revised Code to practice medicine or surgery,~~ 73  
~~osteopathic medicine or surgery, or podiatric medicine or~~ 74

~~surgery who prescribed the drug to the decedent~~ it. 75

**Sec. 1751.67.** (A) Each individual or group health insuring 76  
corporation policy, contract, or agreement delivered, issued for 77  
delivery, or renewed in this state that provides maternity 78  
benefits shall provide coverage of inpatient care and follow-up 79  
care for a mother and her newborn as follows: 80

(1) The policy, contract, or agreement shall cover a 81  
minimum of forty-eight hours of inpatient care following a 82  
normal vaginal delivery and a minimum of ninety-six hours of 83  
inpatient care following a cesarean delivery. Services covered 84  
as inpatient care shall include medical, educational, and any 85  
other services that are consistent with the inpatient care 86  
recommended in the protocols and guidelines developed by 87  
national organizations that represent pediatric, obstetric, and 88  
nursing professionals. 89

(2) The policy, contract, or agreement shall cover a 90  
physician-directed source of follow-up care or a source of 91  
follow-up care directed by an advanced practice registered 92  
nurse. Services covered as follow-up care shall include physical 93  
assessment of the mother and newborn, parent education, 94  
assistance and training in breast or bottle feeding, assessment 95  
of the home support system, performance of any medically 96  
necessary and appropriate clinical tests, and any other services 97  
that are consistent with the follow-up care recommended in the 98  
protocols and guidelines developed by national organizations 99  
that represent pediatric, obstetric, and nursing professionals. 100  
The coverage shall apply to services provided in a medical 101  
setting or through home health care visits. The coverage shall 102  
apply to a home health care visit only if the provider who 103  
conducts the visit is knowledgeable and experienced in maternity 104

and newborn care. 105

When a decision is made in accordance with division (B) of 106  
this section to discharge a mother or newborn prior to the 107  
expiration of the applicable number of hours of inpatient care 108  
required to be covered, the coverage of follow-up care shall 109  
apply to all follow-up care that is provided within seventy-two 110  
hours after discharge. When a mother or newborn receives at 111  
least the number of hours of inpatient care required to be 112  
covered, the coverage of follow-up care shall apply to follow-up 113  
care that is determined to be medically necessary by the 114  
provider responsible for discharging the mother or newborn. 115

(B) Any decision to shorten the length of inpatient stay 116  
to less than that specified under division (A)(1) of this 117  
section shall be made by the physician attending the mother or 118  
newborn, except that if a certified nurse-midwife is attending 119  
the mother in collaboration with a physician, the decision may 120  
be made by the certified nurse-midwife. Decisions regarding 121  
early discharge shall be made only after conferring with the 122  
mother or a person responsible for the mother or newborn. For 123  
purposes of this division, a person responsible for the mother 124  
or newborn may include a parent, guardian, or any other person 125  
with authority to make medical decisions for the mother or 126  
newborn. 127

(C) (1) No health insuring corporation may do either of the 128  
following: 129

(a) Terminate the participation of a provider or health 130  
care facility in an individual or group health care plan solely 131  
for making recommendations for inpatient or follow-up care for a 132  
particular mother or newborn that are consistent with the care 133  
required to be covered by this section; 134

(b) Establish or offer monetary or other financial	135
incentives for the purpose of encouraging a person to decline	136
the inpatient or follow-up care required to be covered by this	137
section.	138
(2) Whoever violates division (C) (1) (a) or (b) of this	139
section has engaged in an unfair and deceptive act or practice	140
in the business of insurance under sections 3901.19 to 3901.26	141
of the Revised Code.	142
(D) This section does not do any of the following:	143
(1) Require a policy, contract, or agreement to cover	144
inpatient or follow-up care that is not received in accordance	145
with the policy's, contract's, or agreement's terms pertaining	146
to the providers and facilities from which an individual is	147
authorized to receive health care services;	148
(2) Require a mother or newborn to stay in a hospital or	149
other inpatient setting for a fixed period of time following	150
delivery;	151
(3) Require a child to be delivered in a hospital or other	152
inpatient setting;	153
(4) Authorize a <u>certified</u> nurse-midwife to practice beyond	154
the authority to practice nurse-midwifery in accordance with	155
Chapter 4723. of the Revised Code;	156
(5) Establish minimum standards of medical diagnosis,	157
care, or treatment for inpatient or follow-up care for a mother	158
or newborn. A deviation from the care required to be covered	159
under this section shall not, solely on the basis of this	160
section, give rise to a medical claim or to derivative claims	161
for relief, as those terms are defined in section 2305.113 of	162
the Revised Code.	163

**Sec. 2133.211.** A person who holds a ~~certificate of~~ 164  
~~authority as a certified nurse practitioner or clinical nurse-~~ 165  
~~specialist~~ current, valid license issued under Chapter 4723. of 166  
the Revised Code to practice as an advanced practice registered 167  
nurse may take any action that may be taken by an attending 168  
physician under sections 2133.21 to 2133.26 of the Revised Code 169  
and has the immunity provided by section 2133.22 of the Revised 170  
Code if the action is taken pursuant to a standard care 171  
arrangement with a collaborating physician. 172

A person who holds a license to practice as a physician 173  
assistant issued under Chapter 4730. of the Revised Code may 174  
take any action that may be taken by an attending physician 175  
under sections 2133.21 to 2133.26 of the Revised Code and has 176  
the immunity provided by section 2133.22 of the Revised Code if 177  
the action is taken pursuant to a supervision agreement entered 178  
into under section 4730.19 of the Revised Code, including, if 179  
applicable, the policies of a health care facility in which the 180  
physician assistant is practicing. 181

**Sec. 2305.113.** (A) Except as otherwise provided in this 182  
section, an action upon a medical, dental, optometric, or 183  
chiropractic claim shall be commenced within one year after the 184  
cause of action accrued. 185

(B) (1) If prior to the expiration of the one-year period 186  
specified in division (A) of this section, a claimant who 187  
allegedly possesses a medical, dental, optometric, or 188  
chiropractic claim gives to the person who is the subject of 189  
that claim written notice that the claimant is considering 190  
bringing an action upon that claim, that action may be commenced 191  
against the person notified at any time within one hundred 192  
eighty days after the notice is so given. 193

(2) An insurance company shall not consider the existence 194  
or nonexistence of a written notice described in division (B) (1) 195  
of this section in setting the liability insurance premium rates 196  
that the company may charge the company's insured person who is 197  
notified by that written notice. 198

(C) Except as to persons within the age of minority or of 199  
unsound mind as provided by section 2305.16 of the Revised Code, 200  
and except as provided in division (D) of this section, both of 201  
the following apply: 202

(1) No action upon a medical, dental, optometric, or 203  
chiropractic claim shall be commenced more than four years after 204  
the occurrence of the act or omission constituting the alleged 205  
basis of the medical, dental, optometric, or chiropractic claim. 206

(2) If an action upon a medical, dental, optometric, or 207  
chiropractic claim is not commenced within four years after the 208  
occurrence of the act or omission constituting the alleged basis 209  
of the medical, dental, optometric, or chiropractic claim, then, 210  
any action upon that claim is barred. 211

(D) (1) If a person making a medical claim, dental claim, 212  
optometric claim, or chiropractic claim, in the exercise of 213  
reasonable care and diligence, could not have discovered the 214  
injury resulting from the act or omission constituting the 215  
alleged basis of the claim within three years after the 216  
occurrence of the act or omission, but, in the exercise of 217  
reasonable care and diligence, discovers the injury resulting 218  
from that act or omission before the expiration of the four-year 219  
period specified in division (C) (1) of this section, the person 220  
may commence an action upon the claim not later than one year 221  
after the person discovers the injury resulting from that act or 222  
omission. 223

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

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

(E) As used in this section:

(1) "Hospital" includes any person, corporation, association, board, or authority that is responsible for the operation of any hospital licensed or registered in the state, including, but not limited to, those that are owned or operated by the state, political subdivisions, any person, any corporation, or any combination of the state, political subdivisions, persons, and corporations. "Hospital" also includes any person, corporation, association, board, entity, or authority that is responsible for the operation of any clinic that employs a full-time staff of physicians practicing in more than one recognized medical specialty and rendering advice,

diagnosis, care, and treatment to individuals. "Hospital" does 254  
not include any hospital operated by the government of the 255  
United States or any of its branches. 256

(2) "Physician" means a person who is licensed to practice 257  
medicine and surgery or osteopathic medicine and surgery by the 258  
state medical board or a person who otherwise is authorized to 259  
practice medicine and surgery or osteopathic medicine and 260  
surgery in this state. 261

(3) "Medical claim" means any claim that is asserted in 262  
any civil action against a physician, podiatrist, hospital, 263  
home, or residential facility, against any employee or agent of 264  
a physician, podiatrist, hospital, home, or residential 265  
facility, or against a licensed practical nurse, registered 266  
nurse, advanced practice registered nurse, physical therapist, 267  
physician assistant, emergency medical technician-basic, 268  
emergency medical technician-intermediate, or emergency medical 269  
technician-paramedic, and that arises out of the medical 270  
diagnosis, care, or treatment of any person. "Medical claim" 271  
includes the following: 272

(a) Derivative claims for relief that arise from the plan 273  
of care, medical diagnosis, or treatment of a person; 274

(b) Claims that arise out of the plan of care, medical 275  
diagnosis, or treatment of any person and to which either of the 276  
following applies: 277

(i) The claim results from acts or omissions in providing 278  
medical care. 279

(ii) The claim results from the hiring, training, 280  
supervision, retention, or termination of caregivers providing 281  
medical diagnosis, care, or treatment. 282

(c) Claims that arise out of the plan of care, medical	283
diagnosis, or treatment of any person and that are brought under	284
section 3721.17 of the Revised Code;	285
(d) Claims that arise out of skilled nursing care or	286
personal care services provided in a home pursuant to the plan	287
of care, medical diagnosis, or treatment.	288
(4) "Podiatrist" means any person who is licensed to	289
practice podiatric medicine and surgery by the state medical	290
board.	291
(5) "Dentist" means any person who is licensed to practice	292
dentistry by the state dental board.	293
(6) "Dental claim" means any claim that is asserted in any	294
civil action against a dentist, or against any employee or agent	295
of a dentist, and that arises out of a dental operation or the	296
dental diagnosis, care, or treatment of any person. "Dental	297
claim" includes derivative claims for relief that arise from a	298
dental operation or the dental diagnosis, care, or treatment of	299
a person.	300
(7) "Derivative claims for relief" include, but are not	301
limited to, claims of a parent, guardian, custodian, or spouse	302
of an individual who was the subject of any medical diagnosis,	303
care, or treatment, dental diagnosis, care, or treatment, dental	304
operation, optometric diagnosis, care, or treatment, or	305
chiropractic diagnosis, care, or treatment, that arise from that	306
diagnosis, care, treatment, or operation, and that seek the	307
recovery of damages for any of the following:	308
(a) Loss of society, consortium, companionship, care,	309
assistance, attention, protection, advice, guidance, counsel,	310
instruction, training, or education, or any other intangible	311

loss that was sustained by the parent, guardian, custodian, or spouse; 312  
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(b) Expenditures of the parent, guardian, custodian, or spouse for medical, dental, optometric, or chiropractic care or treatment, for rehabilitation services, or for other care, treatment, services, products, or accommodations provided to the individual who was the subject of the medical diagnosis, care, or treatment, the dental diagnosis, care, or treatment, the dental operation, the optometric diagnosis, care, or treatment, or the chiropractic diagnosis, care, or treatment. 314  
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(8) "Registered nurse" means any person who is licensed to practice nursing as a registered nurse by the board of nursing. 322  
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(9) "Chiropractic claim" means any claim that is asserted in any civil action against a chiropractor, or against any employee or agent of a chiropractor, and that arises out of the chiropractic diagnosis, care, or treatment of any person. 324  
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"Chiropractic claim" includes derivative claims for relief that arise from the chiropractic diagnosis, care, or treatment of a person. 328  
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(10) "Chiropractor" means any person who is licensed to practice chiropractic by the state chiropractic board. 331  
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(11) "Optometric claim" means any claim that is asserted in any civil action against an optometrist, or against any employee or agent of an optometrist, and that arises out of the optometric diagnosis, care, or treatment of any person. 333  
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"Optometric claim" includes derivative claims for relief that arise from the optometric diagnosis, care, or treatment of a person. 337  
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(12) "Optometrist" means any person licensed to practice 340

optometry by the state board of optometry.	341
(13) "Physical therapist" means any person who is licensed to practice physical therapy under Chapter 4755. of the Revised Code.	342 343 344
(14) "Home" has the same meaning as in section 3721.10 of the Revised Code.	345 346
(15) "Residential facility" means a facility licensed under section 5123.19 of the Revised Code.	347 348
(16) <del>"Advanced practice registered nurse" means any certified nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist, or certified nurse-midwife who holds a certificate of authority issued by the board of nursing under Chapter 4723. <u>has the same meaning as in section 4723.01</u> of the Revised Code.</del>	349 350 351 352 353 354
(17) "Licensed practical nurse" means any person who is licensed to practice nursing as a licensed practical nurse by the board of nursing pursuant to Chapter 4723. of the Revised Code.	355 356 357 358
(18) "Physician assistant" means any person who is licensed as a physician assistant under Chapter 4730. of the Revised Code.	359 360 361
(19) "Emergency medical technician-basic," "emergency medical technician-intermediate," and "emergency medical technician-paramedic" means any person who is certified under Chapter 4765. of the Revised Code as an emergency medical technician-basic, emergency medical technician-intermediate, or emergency medical technician-paramedic, whichever is applicable.	362 363 364 365 366 367
(20) "Skilled nursing care" and "personal care services"	368

have the same meanings as in section 3721.01 of the Revised Code. 369  
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**Sec. 2305.234.** (A) As used in this section: 371

(1) "Chiropractic claim," "medical claim," and "optometric claim" have the same meanings as in section 2305.113 of the Revised Code. 372  
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(2) "Dental claim" has the same meaning as in section 2305.113 of the Revised Code, except that it does not include any claim arising out of a dental operation or any derivative claim for relief that arises out of a dental operation. 375  
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(3) "Governmental health care program" has the same meaning as in section 4731.65 of the Revised Code. 379  
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(4) "Health care facility or location" means a hospital, clinic, ambulatory surgical facility, office of a health care professional or associated group of health care professionals, training institution for health care professionals, a free clinic or other nonprofit shelter or health care facility as those terms are defined in section 3701.071 of the Revised Code, or any other place where medical, dental, or other health-related diagnosis, care, or treatment is provided to a person. 381  
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(5) "Health care professional" means any of the following who provide medical, dental, or other health-related diagnosis, care, or treatment: 389  
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(a) Physicians authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery; 392  
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(b) Registered-Advanced practice registered nurses, registered nurses, and licensed practical nurses licensed under 395  
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<del>Chapter 4723. of the Revised Code and individuals who hold a</del>	397
<del>certificate of authority issued under that chapter that</del>	398
<del>authorizes the practice of nursing as a certified registered</del>	399
<del>nurse anesthetist, clinical nurse specialist, certified nurse</del>	400
<del>midwife, or certified nurse practitioner;</del>	401
(c) Physician assistants authorized to practice under	402
Chapter 4730. of the Revised Code;	403
(d) Dentists and dental hygienists licensed under Chapter	404
4715. of the Revised Code;	405
(e) Physical therapists, physical therapist assistants,	406
occupational therapists, occupational therapy assistants, and	407
athletic trainers licensed under Chapter 4755. of the Revised	408
Code;	409
(f) Chiropractors licensed under Chapter 4734. of the	410
Revised Code;	411
(g) Optometrists licensed under Chapter 4725. of the	412
Revised Code;	413
(h) Podiatrists authorized under Chapter 4731. of the	414
Revised Code to practice podiatry;	415
(i) Dietitians licensed under Chapter 4759. of the Revised	416
Code;	417
(j) Pharmacists licensed under Chapter 4729. of the	418
Revised Code;	419
(k) Emergency medical technicians-basic, emergency medical	420
technicians-intermediate, and emergency medical technicians-	421
paramedic, certified under Chapter 4765. of the Revised Code;	422
(l) Respiratory care professionals licensed under Chapter	423

4761. of the Revised Code;	424
(m) Speech-language pathologists and audiologists licensed under Chapter 4753. of the Revised Code;	425 426
(n) Licensed professional clinical counselors, licensed professional counselors, independent social workers, social workers, independent marriage and family therapists, and marriage and family therapists, licensed under Chapter 4757. of the Revised Code;	427 428 429 430 431
(o) Psychologists licensed under Chapter 4732. of the Revised Code;	432 433
(p) Independent chemical dependency counselors-clinical supervisors, independent chemical dependency counselors, chemical dependency counselors III, and chemical dependency counselors II, licensed under Chapter 4758. of the Revised Code, and chemical dependency counselor assistants, prevention consultants, prevention specialists, prevention specialist assistants, and registered applicants, certified under that chapter.	434 435 436 437 438 439 440 441
(6) "Health care worker" means a person other than a health care professional who provides medical, dental, or other health-related care or treatment under the direction of a health care professional with the authority to direct that individual's activities, including medical technicians, medical assistants, dental assistants, orderlies, aides, and individuals acting in similar capacities.	442 443 444 445 446 447 448
(7) "Indigent and uninsured person" means a person who meets both of the following requirements:	449 450
(a) Relative to being indigent, the person's income is not greater than two hundred per cent of the federal poverty line,	451 452

as defined by the United States office of management and budget 453  
and revised in accordance with section 673(2) of the "Omnibus 454  
Budget Reconciliation Act of 1981," 95 Stat. 511, 42 U.S.C. 455  
9902, as amended, except in any case in which division (A) (7) (b) 456  
(iii) of this section includes a person whose income is greater 457  
than two hundred per cent of the federal poverty line. 458

(b) Relative to being uninsured, one of the following 459  
applies: 460

(i) The person is not a policyholder, certificate holder, 461  
insured, contract holder, subscriber, enrollee, member, 462  
beneficiary, or other covered individual under a health 463  
insurance or health care policy, contract, or plan. 464

(ii) The person is a policyholder, certificate holder, 465  
insured, contract holder, subscriber, enrollee, member, 466  
beneficiary, or other covered individual under a health 467  
insurance or health care policy, contract, or plan, but the 468  
insurer, policy, contract, or plan denies coverage or is the 469  
subject of insolvency or bankruptcy proceedings in any 470  
jurisdiction. 471

(iii) Until June 30, 2019, the person is eligible for the 472  
medicaid program or is a medicaid recipient. 473

(iv) Except as provided in division (A) (7) (b) (iii) of this 474  
section, the person is not eligible for or a recipient, 475  
enrollee, or beneficiary of any governmental health care 476  
program. 477

(8) "Nonprofit health care referral organization" means an 478  
entity that is not operated for profit and refers patients to, 479  
or arranges for the provision of, health-related diagnosis, 480  
care, or treatment by a health care professional or health care 481

worker. 482

(9) "Operation" means any procedure that involves cutting 483  
or otherwise infiltrating human tissue by mechanical means, 484  
including surgery, laser surgery, ionizing radiation, 485  
therapeutic ultrasound, or the removal of intraocular foreign 486  
bodies. "Operation" does not include the administration of 487  
medication by injection, unless the injection is administered in 488  
conjunction with a procedure infiltrating human tissue by 489  
mechanical means other than the administration of medicine by 490  
injection. "Operation" does not include routine dental 491  
restorative procedures, the scaling of teeth, or extractions of 492  
teeth that are not impacted. 493

(10) "Tort action" means a civil action for damages for 494  
injury, death, or loss to person or property other than a civil 495  
action for damages for a breach of contract or another agreement 496  
between persons or government entities. 497

(11) "Volunteer" means an individual who provides any 498  
medical, dental, or other health-care related diagnosis, care, 499  
or treatment without the expectation of receiving and without 500  
receipt of any compensation or other form of remuneration from 501  
an indigent and uninsured person, another person on behalf of an 502  
indigent and uninsured person, any health care facility or 503  
location, any nonprofit health care referral organization, or 504  
any other person or government entity. 505

(12) "Community control sanction" has the same meaning as 506  
in section 2929.01 of the Revised Code. 507

(13) "Deep sedation" means a drug-induced depression of 508  
consciousness during which a patient cannot be easily aroused 509  
but responds purposefully following repeated or painful 510

stimulation, a patient's ability to independently maintain 511  
ventilatory function may be impaired, a patient may require 512  
assistance in maintaining a patent airway and spontaneous 513  
ventilation may be inadequate, and cardiovascular function is 514  
usually maintained. 515

(14) "General anesthesia" means a drug-induced loss of 516  
consciousness during which a patient is not arousable, even by 517  
painful stimulation, the ability to independently maintain 518  
ventilatory function is often impaired, a patient often requires 519  
assistance in maintaining a patent airway, positive pressure 520  
ventilation may be required because of depressed spontaneous 521  
ventilation or drug-induced depression of neuromuscular 522  
function, and cardiovascular function may be impaired. 523

(B) (1) Subject to divisions (F) and (G) (3) of this 524  
section, a health care professional who is a volunteer and 525  
complies with division (B) (2) of this section is not liable in 526  
damages to any person or government entity in a tort or other 527  
civil action, including an action on a medical, dental, 528  
chiropractic, optometric, or other health-related claim, for 529  
injury, death, or loss to person or property that allegedly 530  
arises from an action or omission of the volunteer in the 531  
provision to an indigent and uninsured person of medical, 532  
dental, or other health-related diagnosis, care, or treatment, 533  
including the provision of samples of medicine and other medical 534  
products, unless the action or omission constitutes willful or 535  
wanton misconduct. 536

(2) To qualify for the immunity described in division (B) 537  
(1) of this section, a health care professional shall do all of 538  
the following prior to providing diagnosis, care, or treatment: 539

(a) Determine, in good faith, that the indigent and 540

uninsured person is mentally capable of giving informed consent 541  
to the provision of the diagnosis, care, or treatment and is not 542  
subject to duress or under undue influence; 543

(b) Inform the person of the provisions of this section, 544  
including notifying the person that, by giving informed consent 545  
to the provision of the diagnosis, care, or treatment, the 546  
person cannot hold the health care professional liable for 547  
damages in a tort or other civil action, including an action on 548  
a medical, dental, chiropractic, optometric, or other health- 549  
related claim, unless the action or omission of the health care 550  
professional constitutes willful or wanton misconduct; 551

(c) Obtain the informed consent of the person and a 552  
written waiver, signed by the person or by another individual on 553  
behalf of and in the presence of the person, that states that 554  
the person is mentally competent to give informed consent and, 555  
without being subject to duress or under undue influence, gives 556  
informed consent to the provision of the diagnosis, care, or 557  
treatment subject to the provisions of this section. A written 558  
waiver under division (B) (2) (c) of this section shall state 559  
clearly and in conspicuous type that the person or other 560  
individual who signs the waiver is signing it with full 561  
knowledge that, by giving informed consent to the provision of 562  
the diagnosis, care, or treatment, the person cannot bring a 563  
tort or other civil action, including an action on a medical, 564  
dental, chiropractic, optometric, or other health-related claim, 565  
against the health care professional unless the action or 566  
omission of the health care professional constitutes willful or 567  
wanton misconduct. 568

(3) A physician or podiatrist who is not covered by 569  
medical malpractice insurance, but complies with division (B) (2) 570

of this section, is not required to comply with division (A) of 571  
section 4731.143 of the Revised Code. 572

(C) Subject to divisions (F) and (G) (3) of this section, 573  
health care workers who are volunteers are not liable in damages 574  
to any person or government entity in a tort or other civil 575  
action, including an action upon a medical, dental, 576  
chiropractic, optometric, or other health-related claim, for 577  
injury, death, or loss to person or property that allegedly 578  
arises from an action or omission of the health care worker in 579  
the provision to an indigent and uninsured person of medical, 580  
dental, or other health-related diagnosis, care, or treatment, 581  
unless the action or omission constitutes willful or wanton 582  
misconduct. 583

(D) Subject to divisions (F) and (G) (3) of this section, a 584  
nonprofit health care referral organization is not liable in 585  
damages to any person or government entity in a tort or other 586  
civil action, including an action on a medical, dental, 587  
chiropractic, optometric, or other health-related claim, for 588  
injury, death, or loss to person or property that allegedly 589  
arises from an action or omission of the nonprofit health care 590  
referral organization in referring indigent and uninsured 591  
persons to, or arranging for the provision of, medical, dental, 592  
or other health-related diagnosis, care, or treatment by a 593  
health care professional described in division (B) (1) of this 594  
section or a health care worker described in division (C) of 595  
this section, unless the action or omission constitutes willful 596  
or wanton misconduct. 597

(E) Subject to divisions (F) and (G) (3) of this section 598  
and to the extent that the registration requirements of section 599  
3701.071 of the Revised Code apply, a health care facility or 600

location associated with a health care professional described in 601  
division (B)(1) of this section, a health care worker described 602  
in division (C) of this section, or a nonprofit health care 603  
referral organization described in division (D) of this section 604  
is not liable in damages to any person or government entity in a 605  
tort or other civil action, including an action on a medical, 606  
dental, chiropractic, optometric, or other health-related claim, 607  
for injury, death, or loss to person or property that allegedly 608  
arises from an action or omission of the health care 609  
professional or worker or nonprofit health care referral 610  
organization relative to the medical, dental, or other health- 611  
related diagnosis, care, or treatment provided to an indigent 612  
and uninsured person on behalf of or at the health care facility 613  
or location, unless the action or omission constitutes willful 614  
or wanton misconduct. 615

(F)(1) Except as provided in division (F)(2) of this 616  
section, the immunities provided by divisions (B), (C), (D), and 617  
(E) of this section are not available to a health care 618  
professional, health care worker, nonprofit health care referral 619  
organization, or health care facility or location if, at the 620  
time of an alleged injury, death, or loss to person or property, 621  
the health care professionals or health care workers involved 622  
are providing one of the following: 623

(a) Any medical, dental, or other health-related 624  
diagnosis, care, or treatment pursuant to a community service 625  
work order entered by a court under division (B) of section 626  
2951.02 of the Revised Code or imposed by a court as a community 627  
control sanction; 628

(b) Performance of an operation to which any one of the 629  
following applies: 630

(i) The operation requires the administration of deep sedation or general anesthesia. 631  
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(ii) The operation is a procedure that is not typically performed in an office. 633  
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(iii) The individual involved is a health care professional, and the operation is beyond the scope of practice or the education, training, and competence, as applicable, of the health care professional. 635  
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(c) Delivery of a baby or any other purposeful termination of a human pregnancy. 639  
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(2) Division (F) (1) of this section does not apply when a health care professional or health care worker provides medical, dental, or other health-related diagnosis, care, or treatment that is necessary to preserve the life of a person in a medical emergency. 641  
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(G) (1) This section does not create a new cause of action or substantive legal right against a health care professional, health care worker, nonprofit health care referral organization, or health care facility or location. 646  
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(2) This section does not affect any immunities from civil liability or defenses established by another section of the Revised Code or available at common law to which a health care professional, health care worker, nonprofit health care referral organization, or health care facility or location may be entitled in connection with the provision of emergency or other medical, dental, or other health-related diagnosis, care, or treatment. 650  
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(3) This section does not grant an immunity from tort or other civil liability to a health care professional, health care 658  
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worker, nonprofit health care referral organization, or health 660  
care facility or location for actions that are outside the scope 661  
of authority of health care professionals or health care 662  
workers. 663

In the case of the diagnosis, care, or treatment of an 664  
indigent and uninsured person who is eligible for the medicaid 665  
program or is a medicaid recipient, this section grants an 666  
immunity from tort or other civil liability only if the person's 667  
diagnosis, care, or treatment is provided in a free clinic, as 668  
defined in section 3701.071 of the Revised Code. 669

(4) This section does not affect any legal responsibility 670  
of a health care professional, health care worker, or nonprofit 671  
health care referral organization to comply with any applicable 672  
law of this state or rule of an agency of this state. 673

(5) This section does not affect any legal responsibility 674  
of a health care facility or location to comply with any 675  
applicable law of this state, rule of an agency of this state, 676  
or local code, ordinance, or regulation that pertains to or 677  
regulates building, housing, air pollution, water pollution, 678  
sanitation, health, fire, zoning, or safety. 679

**Sec. 2317.02.** The following persons shall not testify in 680  
certain respects: 681

(A) (1) An attorney, concerning a communication made to the 682  
attorney by a client in that relation or concerning the 683  
attorney's advice to a client, except that the attorney may 684  
testify by express consent of the client or, if the client is 685  
deceased, by the express consent of the surviving spouse or the 686  
executor or administrator of the estate of the deceased client. 687  
However, if the client voluntarily reveals the substance of 688

attorney-client communications in a nonprivileged context or is 689  
deemed by section 2151.421 of the Revised Code to have waived 690  
any testimonial privilege under this division, the attorney may 691  
be compelled to testify on the same subject. 692

The testimonial privilege established under this division 693  
does not apply concerning either of the following: 694

(a) A communication between a client in a capital case, as 695  
defined in section 2901.02 of the Revised Code, and the client's 696  
attorney if the communication is relevant to a subsequent 697  
ineffective assistance of counsel claim by the client alleging 698  
that the attorney did not effectively represent the client in 699  
the case; 700

(b) A communication between a client who has since died 701  
and the deceased client's attorney if the communication is 702  
relevant to a dispute between parties who claim through that 703  
deceased client, regardless of whether the claims are by testate 704  
or intestate succession or by inter vivos transaction, and the 705  
dispute addresses the competency of the deceased client when the 706  
deceased client executed a document that is the basis of the 707  
dispute or whether the deceased client was a victim of fraud, 708  
undue influence, or duress when the deceased client executed a 709  
document that is the basis of the dispute. 710

(2) An attorney, concerning a communication made to the 711  
attorney by a client in that relationship or the attorney's 712  
advice to a client, except that if the client is an insurance 713  
company, the attorney may be compelled to testify, subject to an 714  
in camera inspection by a court, about communications made by 715  
the client to the attorney or by the attorney to the client that 716  
are related to the attorney's aiding or furthering an ongoing or 717  
future commission of bad faith by the client, if the party 718

seeking disclosure of the communications has made a prima-facie 719  
showing of bad faith, fraud, or criminal misconduct by the 720  
client. 721

(B) (1) A physician, advanced practice registered nurse, or 722  
~~a~~ dentist concerning a communication made to the physician, 723  
advanced practice registered nurse, or dentist by a patient in 724  
that relation or the ~~physician's or dentist's~~ advice of a 725  
physician, advanced practice registered nurse, or dentist given 726  
to a patient, except as otherwise provided in this division, 727  
division (B) (2), and division (B) (3) of this section, and except 728  
that, if the patient is deemed by section 2151.421 of the 729  
Revised Code to have waived any testimonial privilege under this 730  
division, the physician or advanced practice registered nurse 731  
may be compelled to testify on the same subject. 732

The testimonial privilege established under this division 733  
does not apply, and a physician, advanced practice registered 734  
nurse, or dentist may testify or may be compelled to testify, in 735  
any of the following circumstances: 736

(a) In any civil action, in accordance with the discovery 737  
provisions of the Rules of Civil Procedure in connection with a 738  
civil action, or in connection with a claim under Chapter 4123. 739  
of the Revised Code, under any of the following circumstances: 740

(i) If the patient or the guardian or other legal 741  
representative of the patient gives express consent; 742

(ii) If the patient is deceased, the spouse of the patient 743  
or the executor or administrator of the patient's estate gives 744  
express consent; 745

(iii) If a medical claim, dental claim, chiropractic 746  
claim, or optometric claim, as defined in section 2305.113 of 747

the Revised Code, an action for wrongful death, any other type 748  
of civil action, or a claim under Chapter 4123. of the Revised 749  
Code is filed by the patient, the personal representative of the 750  
estate of the patient if deceased, or the patient's guardian or 751  
other legal representative. 752

(b) In any civil action concerning court-ordered treatment 753  
or services received by a patient, if the court-ordered 754  
treatment or services were ordered as part of a case plan 755  
journalized under section 2151.412 of the Revised Code or the 756  
court-ordered treatment or services are necessary or relevant to 757  
dependency, neglect, or abuse or temporary or permanent custody 758  
proceedings under Chapter 2151. of the Revised Code. 759

(c) In any criminal action concerning any test or the 760  
results of any test that determines the presence or 761  
concentration of alcohol, a drug of abuse, a combination of 762  
them, a controlled substance, or a metabolite of a controlled 763  
substance in the patient's whole blood, blood serum or plasma, 764  
breath, urine, or other bodily substance at any time relevant to 765  
the criminal offense in question. 766

(d) In any criminal action against a physician, advanced 767  
practice registered nurse, or dentist. In such an action, the 768  
testimonial privilege established under this division does not 769  
prohibit the admission into evidence, in accordance with the 770  
Rules of Evidence, of a patient's medical or dental records or 771  
other communications between a patient and the physician,  772  
advanced practice registered nurse, or dentist that are related 773  
to the action and obtained by subpoena, search warrant, or other 774  
lawful means. A court that permits or compels a physician,  775  
advanced practice registered nurse, or dentist to testify in 776  
such an action or permits the introduction into evidence of 777

patient records or other communications in such an action shall 778  
require that appropriate measures be taken to ensure that the 779  
confidentiality of any patient named or otherwise identified in 780  
the records is maintained. Measures to ensure confidentiality 781  
that may be taken by the court include sealing its records or 782  
deleting specific information from its records. 783

(e) (i) If the communication was between a patient who has 784  
since died and the deceased patient's physician, advanced 785  
practice registered nurse, or dentist, the communication is 786  
relevant to a dispute between parties who claim through that 787  
deceased patient, regardless of whether the claims are by 788  
testate or intestate succession or by inter vivos transaction, 789  
and the dispute addresses the competency of the deceased patient 790  
when the deceased patient executed a document that is the basis 791  
of the dispute or whether the deceased patient was a victim of 792  
fraud, undue influence, or duress when the deceased patient 793  
executed a document that is the basis of the dispute. 794

(ii) If neither the spouse of a patient nor the executor 795  
or administrator of that patient's estate gives consent under 796  
division (B) (1) (a) (ii) of this section, testimony or the 797  
disclosure of the patient's medical records by a physician, 798  
advanced practice registered nurse, dentist, or other health 799  
care provider under division (B) (1) (e) (i) of this section is a 800  
permitted use or disclosure of protected health information, as 801  
defined in 45 C.F.R. 160.103, and an authorization or 802  
opportunity to be heard shall not be required. 803

(iii) Division (B) (1) (e) (i) of this section does not 804  
require a mental health professional to disclose psychotherapy 805  
notes, as defined in 45 C.F.R. 164.501. 806

(iv) An interested person who objects to testimony or 807

disclosure under division (B) (1) (e) (i) of this section may seek 808  
a protective order pursuant to Civil Rule 26. 809

(v) A person to whom protected health information is 810  
disclosed under division (B) (1) (e) (i) of this section shall not 811  
use or disclose the protected health information for any purpose 812  
other than the litigation or proceeding for which the 813  
information was requested and shall return the protected health 814  
information to the covered entity or destroy the protected 815  
health information, including all copies made, at the conclusion 816  
of the litigation or proceeding. 817

(2) (a) If any law enforcement officer submits a written 818  
statement to a health care provider that states that an official 819  
criminal investigation has begun regarding a specified person or 820  
that a criminal action or proceeding has been commenced against 821  
a specified person, that requests the provider to supply to the 822  
officer copies of any records the provider possesses that 823  
pertain to any test or the results of any test administered to 824  
the specified person to determine the presence or concentration 825  
of alcohol, a drug of abuse, a combination of them, a controlled 826  
substance, or a metabolite of a controlled substance in the 827  
person's whole blood, blood serum or plasma, breath, or urine at 828  
any time relevant to the criminal offense in question, and that 829  
conforms to section 2317.022 of the Revised Code, the provider, 830  
except to the extent specifically prohibited by any law of this 831  
state or of the United States, shall supply to the officer a 832  
copy of any of the requested records the provider possesses. If 833  
the health care provider does not possess any of the requested 834  
records, the provider shall give the officer a written statement 835  
that indicates that the provider does not possess any of the 836  
requested records. 837

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

(3) (a) If the testimonial privilege described in division (B) (1) of this section does not apply as provided in division (B) (1) (a) (iii) of this section, a physician, advanced practice registered nurse, or dentist may be compelled to testify or to submit to discovery under the Rules of Civil Procedure only as to a communication made to the physician, advanced practice registered nurse, or dentist by the patient in question in that relation, or the ~~physician's or dentist's~~ advice of the physician, advanced practice registered nurse, or dentist given to the patient in question, that related causally or historically to physical or mental injuries that are relevant to issues in the medical claim, dental claim, chiropractic claim, or optometric claim, action for wrongful death, other civil action, or claim under Chapter 4123. of the Revised Code.

(b) If the testimonial privilege described in division (B) 869  
(1) of this section does not apply to a physician, advanced 870  
practice registered nurse, or dentist as provided in division 871  
(B) (1) (c) of this section, the physician, advanced practice 872  
registered nurse, or dentist, in lieu of personally testifying 873  
as to the results of the test in question, may submit a 874  
certified copy of those results, and, upon its submission, the 875  
certified copy is qualified as authentic evidence and may be 876  
admitted as evidence in accordance with the Rules of Evidence. 877  
Division (A) of section 2317.422 of the Revised Code does not 878  
apply to any certified copy of results submitted in accordance 879  
with this division. Nothing in this division shall be construed 880  
to limit the right of any party to call as a witness the person 881  
who administered the test in question, the person under whose 882  
supervision the test was administered, the custodian of the 883  
results of the test, the person who compiled the results, or the 884  
person under whose supervision the results were compiled. 885

(4) The testimonial privilege described in division (B) (1) 886  
of this section is not waived when a communication is made by a 887  
physician or advanced practice registered nurse to a pharmacist 888  
or when there is communication between a patient and a 889  
pharmacist in furtherance of the physician-patient or advanced 890  
practice registered nurse-patient relation. 891

(5) (a) As used in divisions (B) (1) to (4) of this section, 892  
"communication" means acquiring, recording, or transmitting any 893  
information, in any manner, concerning any facts, opinions, or 894  
statements necessary to enable a physician, advanced practice 895  
registered nurse, or dentist to diagnose, treat, prescribe, or 896  
act for a patient. A "communication" may include, but is not 897  
limited to, any medical or dental, office, or hospital 898  
communication such as a record, chart, letter, memorandum, 899

laboratory test and results, x-ray, photograph, financial	900
statement, diagnosis, or prognosis.	901
(b) As used in division (B) (2) of this section, "health	902
care provider" means a hospital, ambulatory care facility, long-	903
term care facility, pharmacy, emergency facility, or health care	904
practitioner.	905
(c) As used in division (B) (5) (b) of this section:	906
(i) "Ambulatory care facility" means a facility that	907
provides medical, diagnostic, or surgical treatment to patients	908
who do not require hospitalization, including a dialysis center,	909
ambulatory surgical facility, cardiac catheterization facility,	910
diagnostic imaging center, extracorporeal shock wave lithotripsy	911
center, home health agency, inpatient hospice, birthing center,	912
radiation therapy center, emergency facility, and an urgent care	913
center. "Ambulatory health care facility" does not include the	914
private office of a physician, <u>advanced practice registered</u>	915
<u>nurse</u> , or dentist, whether the office is for an individual or	916
group practice.	917
(ii) "Emergency facility" means a hospital emergency	918
department or any other facility that provides emergency medical	919
services.	920
(iii) "Health care practitioner" has the same meaning as	921
in section 4769.01 of the Revised Code.	922
(iv) "Hospital" has the same meaning as in section 3727.01	923
of the Revised Code.	924
(v) "Long-term care facility" means a nursing home,	925
residential care facility, or home for the aging, as those terms	926
are defined in section 3721.01 of the Revised Code; a	927
residential facility licensed under section 5119.34 of the	928

Revised Code that provides accommodations, supervision, and 929  
personal care services for three to sixteen unrelated adults; a 930  
nursing facility, as defined in section 5165.01 of the Revised 931  
Code; a skilled nursing facility, as defined in section 5165.01 932  
of the Revised Code; and an intermediate care facility for 933  
individuals with intellectual disabilities, as defined in 934  
section 5124.01 of the Revised Code. 935

(vi) "Pharmacy" has the same meaning as in section 4729.01 936  
of the Revised Code. 937

(d) As used in divisions (B)(1) and (2) of this section, 938  
"drug of abuse" has the same meaning as in section 4506.01 of 939  
the Revised Code. 940

(6) Divisions (B)(1), (2), (3), (4), and (5) of this 941  
section apply to doctors of medicine, doctors of osteopathic 942  
medicine, doctors of podiatry, advanced practice registered 943  
nurses, and dentists. 944

(7) Nothing in divisions (B)(1) to (6) of this section 945  
affects, or shall be construed as affecting, the immunity from 946  
civil liability conferred by section 307.628 of the Revised Code 947  
or the immunity from civil liability conferred by section 948  
2305.33 of the Revised Code upon physicians or advanced practice 949  
registered nurses who report an employee's use of a drug of 950  
abuse, or a condition of an employee other than one involving 951  
the use of a drug of abuse, to the employer of the employee in 952  
accordance with division (B) of that section. As used in 953  
division (B)(7) of this section, "employee," "employer," and 954  
"physician" have the same meanings as in section 2305.33 of the 955  
Revised Code and "advanced practice registered nurse" has the 956  
same meaning as in section 4723.01 of the Revised Code. 957

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

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

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

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

(i) The confession or confidential communication was made directly to the cleric.

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

(D) Husband or wife, concerning any communication made by 987  
one to the other, or an act done by either in the presence of 988  
the other, during coverture, unless the communication was made, 989  
or act done, in the known presence or hearing of a third person 990  
competent to be a witness; and such rule is the same if the 991  
marital relation has ceased to exist; 992

(E) A person who assigns a claim or interest, concerning 993  
any matter in respect to which the person would not, if a party, 994  
be permitted to testify; 995

(F) A person who, if a party, would be restricted under 996  
section 2317.03 of the Revised Code, when the property or thing 997  
is sold or transferred by an executor, administrator, guardian, 998  
trustee, heir, devisee, or legatee, shall be restricted in the 999  
same manner in any action or proceeding concerning the property 1000  
or thing. 1001

(G) (1) A school guidance counselor who holds a valid 1002  
educator license from the state board of education as provided 1003  
for in section 3319.22 of the Revised Code, a person licensed 1004  
under Chapter 4757. of the Revised Code as a licensed 1005  
professional clinical counselor, licensed professional 1006  
counselor, social worker, independent social worker, marriage 1007  
and family therapist or independent marriage and family 1008  
therapist, or registered under Chapter 4757. of the Revised Code 1009  
as a social work assistant concerning a confidential 1010  
communication received from a client in that relation or the 1011  
person's advice to a client unless any of the following applies: 1012

(a) The communication or advice indicates clear and 1013  
present danger to the client or other persons. For the purposes 1014  
of this division, cases in which there are indications of 1015  
present or past child abuse or neglect of the client constitute 1016

a clear and present danger. 1017

(b) The client gives express consent to the testimony. 1018

(c) If the client is deceased, the surviving spouse or the 1019  
executor or administrator of the estate of the deceased client 1020  
gives express consent. 1021

(d) The client voluntarily testifies, in which case the 1022  
school guidance counselor or person licensed or registered under 1023  
Chapter 4757. of the Revised Code may be compelled to testify on 1024  
the same subject. 1025

(e) The court in camera determines that the information 1026  
communicated by the client is not germane to the counselor- 1027  
client, marriage and family therapist-client, or social worker- 1028  
client relationship. 1029

(f) A court, in an action brought against a school, its 1030  
administration, or any of its personnel by the client, rules 1031  
after an in-camera inspection that the testimony of the school 1032  
guidance counselor is relevant to that action. 1033

(g) The testimony is sought in a civil action and concerns 1034  
court-ordered treatment or services received by a patient as 1035  
part of a case plan journalized under section 2151.412 of the 1036  
Revised Code or the court-ordered treatment or services are 1037  
necessary or relevant to dependency, neglect, or abuse or 1038  
temporary or permanent custody proceedings under Chapter 2151. 1039  
of the Revised Code. 1040

(2) Nothing in division (G) (1) of this section shall 1041  
relieve a school guidance counselor or a person licensed or 1042  
registered under Chapter 4757. of the Revised Code from the 1043  
requirement to report information concerning child abuse or 1044  
neglect under section 2151.421 of the Revised Code. 1045

(H) A mediator acting under a mediation order issued under 1046  
division (A) of section 3109.052 of the Revised Code or 1047  
otherwise issued in any proceeding for divorce, dissolution, 1048  
legal separation, annulment, or the allocation of parental 1049  
rights and responsibilities for the care of children, in any 1050  
action or proceeding, other than a criminal, delinquency, child 1051  
abuse, child neglect, or dependent child action or proceeding, 1052  
that is brought by or against either parent who takes part in 1053  
mediation in accordance with the order and that pertains to the 1054  
mediation process, to any information discussed or presented in 1055  
the mediation process, to the allocation of parental rights and 1056  
responsibilities for the care of the parents' children, or to 1057  
the awarding of parenting time rights in relation to their 1058  
children; 1059

(I) A communications assistant, acting within the scope of 1060  
the communication assistant's authority, when providing 1061  
telecommunications relay service pursuant to section 4931.06 of 1062  
the Revised Code or Title II of the "Communications Act of 1063  
1934," 104 Stat. 366 (1990), 47 U.S.C. 225, concerning a 1064  
communication made through a telecommunications relay service. 1065  
Nothing in this section shall limit the obligation of a 1066  
communications assistant to divulge information or testify when 1067  
mandated by federal law or regulation or pursuant to subpoena in 1068  
a criminal proceeding. 1069

Nothing in this section shall limit any immunity or 1070  
privilege granted under federal law or regulation. 1071

(J) (1) A chiropractor in a civil proceeding concerning a 1072  
communication made to the chiropractor by a patient in that 1073  
relation or the chiropractor's advice to a patient, except as 1074  
otherwise provided in this division. The testimonial privilege 1075

established under this division does not apply, and a 1076  
chiropractor may testify or may be compelled to testify, in any 1077  
civil action, in accordance with the discovery provisions of the 1078  
Rules of Civil Procedure in connection with a civil action, or 1079  
in connection with a claim under Chapter 4123. of the Revised 1080  
Code, under any of the following circumstances: 1081

(a) If the patient or the guardian or other legal 1082  
representative of the patient gives express consent. 1083

(b) If the patient is deceased, the spouse of the patient 1084  
or the executor or administrator of the patient's estate gives 1085  
express consent. 1086

(c) If a medical claim, dental claim, chiropractic claim, 1087  
or optometric claim, as defined in section 2305.113 of the 1088  
Revised Code, an action for wrongful death, any other type of 1089  
civil action, or a claim under Chapter 4123. of the Revised Code 1090  
is filed by the patient, the personal representative of the 1091  
estate of the patient if deceased, or the patient's guardian or 1092  
other legal representative. 1093

(2) If the testimonial privilege described in division (J) 1094  
(1) of this section does not apply as provided in division (J) 1095  
(1)(c) of this section, a chiropractor may be compelled to 1096  
testify or to submit to discovery under the Rules of Civil 1097  
Procedure only as to a communication made to the chiropractor by 1098  
the patient in question in that relation, or the chiropractor's 1099  
advice to the patient in question, that related causally or 1100  
historically to physical or mental injuries that are relevant to 1101  
issues in the medical claim, dental claim, chiropractic claim, 1102  
or optometric claim, action for wrongful death, other civil 1103  
action, or claim under Chapter 4123. of the Revised Code. 1104

(3) The testimonial privilege established under this 1105  
division does not apply, and a chiropractor may testify or be 1106  
compelled to testify, in any criminal action or administrative 1107  
proceeding. 1108

(4) As used in this division, "communication" means 1109  
acquiring, recording, or transmitting any information, in any 1110  
manner, concerning any facts, opinions, or statements necessary 1111  
to enable a chiropractor to diagnose, treat, or act for a 1112  
patient. A communication may include, but is not limited to, any 1113  
chiropractic, office, or hospital communication such as a 1114  
record, chart, letter, memorandum, laboratory test and results, 1115  
x-ray, photograph, financial statement, diagnosis, or prognosis. 1116

(K) (1) Except as provided under division (K) (2) of this 1117  
section, a critical incident stress management team member 1118  
concerning a communication received from an individual who 1119  
receives crisis response services from the team member, or the 1120  
team member's advice to the individual, during a debriefing 1121  
session. 1122

(2) The testimonial privilege established under division 1123  
(K) (1) of this section does not apply if any of the following 1124  
are true: 1125

(a) The communication or advice indicates clear and 1126  
present danger to the individual who receives crisis response 1127  
services or to other persons. For purposes of this division, 1128  
cases in which there are indications of present or past child 1129  
abuse or neglect of the individual constitute a clear and 1130  
present danger. 1131

(b) The individual who received crisis response services 1132  
gives express consent to the testimony. 1133

(c) If the individual who received crisis response services is deceased, the surviving spouse or the executor or administrator of the estate of the deceased individual gives express consent. 1134  
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(d) The individual who received crisis response services voluntarily testifies, in which case the team member may be compelled to testify on the same subject. 1138  
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(e) The court in camera determines that the information communicated by the individual who received crisis response services is not germane to the relationship between the individual and the team member. 1141  
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(f) The communication or advice pertains or is related to any criminal act. 1145  
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(3) As used in division (K) of this section: 1147

(a) "Crisis response services" means consultation, risk assessment, referral, and on-site crisis intervention services provided by a critical incident stress management team to individuals affected by crisis or disaster. 1148  
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(b) "Critical incident stress management team member" or "team member" means an individual specially trained to provide crisis response services as a member of an organized community or local crisis response team that holds membership in the Ohio critical incident stress management network. 1152  
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(c) "Debriefing session" means a session at which crisis response services are rendered by a critical incident stress management team member during or after a crisis or disaster. 1157  
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(L) (1) Subject to division (L) (2) of this section and except as provided in division (L) (3) of this section, an 1160  
1161

employee assistance professional, concerning a communication 1162  
made to the employee assistance professional by a client in the 1163  
employee assistance professional's official capacity as an 1164  
employee assistance professional. 1165

(2) Division (L)(1) of this section applies to an employee 1166  
assistance professional who meets either or both of the 1167  
following requirements: 1168

(a) Is certified by the employee assistance certification 1169  
commission to engage in the employee assistance profession; 1170

(b) Has education, training, and experience in all of the 1171  
following: 1172

(i) Providing workplace-based services designed to address 1173  
employer and employee productivity issues; 1174

(ii) Providing assistance to employees and employees' 1175  
dependents in identifying and finding the means to resolve 1176  
personal problems that affect the employees or the employees' 1177  
performance; 1178

(iii) Identifying and resolving productivity problems 1179  
associated with an employee's concerns about any of the 1180  
following matters: health, marriage, family, finances, substance 1181  
abuse or other addiction, workplace, law, and emotional issues; 1182

(iv) Selecting and evaluating available community 1183  
resources; 1184

(v) Making appropriate referrals; 1185

(vi) Local and national employee assistance agreements; 1186

(vii) Client confidentiality. 1187

(3) Division (L)(1) of this section does not apply to any 1188

of the following:	1189
(a) A criminal action or proceeding involving an offense	1190
under sections 2903.01 to 2903.06 of the Revised Code if the	1191
employee assistance professional's disclosure or testimony	1192
relates directly to the facts or immediate circumstances of the	1193
offense;	1194
(b) A communication made by a client to an employee	1195
assistance professional that reveals the contemplation or	1196
commission of a crime or serious, harmful act;	1197
(c) A communication that is made by a client who is an	1198
unemancipated minor or an adult adjudicated to be incompetent	1199
and indicates that the client was the victim of a crime or	1200
abuse;	1201
(d) A civil proceeding to determine an individual's mental	1202
competency or a criminal action in which a plea of not guilty by	1203
reason of insanity is entered;	1204
(e) A civil or criminal malpractice action brought against	1205
the employee assistance professional;	1206
(f) When the employee assistance professional has the	1207
express consent of the client or, if the client is deceased or	1208
disabled, the client's legal representative;	1209
(g) When the testimonial privilege otherwise provided by	1210
division (L) (1) of this section is abrogated under law.	1211
<b>Sec. 2919.171.</b> (A) A physician who performs or induces or	1212
attempts to perform or induce an abortion on a pregnant woman	1213
shall submit a report to the department of health in accordance	1214
with the forms, rules, and regulations adopted by the department	1215
that includes all of the information the physician is required	1216

to certify in writing or determine under sections 2919.17 and 1217  
2919.18 of the Revised Code: 1218

(B) By September 30 of each year, the department of health 1219  
shall issue a public report that provides statistics for the 1220  
previous calendar year compiled from all of the reports covering 1221  
that calendar year submitted to the department in accordance 1222  
with this section for each of the items listed in division (A) 1223  
of this section. The report shall also provide the statistics 1224  
for each previous calendar year in which a report was filed with 1225  
the department pursuant to this section, adjusted to reflect any 1226  
additional information that a physician provides to the 1227  
department in a late or corrected report. The department shall 1228  
ensure that none of the information included in the report could 1229  
reasonably lead to the identification of any pregnant woman upon 1230  
whom an abortion is performed. 1231

(C) (1) The physician shall submit the report described in 1232  
division (A) of this section to the department of health within 1233  
fifteen days after the woman is discharged. If the physician 1234  
fails to submit the report more than thirty days after that 1235  
fifteen-day deadline, the physician shall be subject to a late 1236  
fee of five hundred dollars for each additional thirty-day 1237  
period or portion of a thirty-day period the report is overdue. 1238  
A physician who is required to submit to the department of 1239  
health a report under division (A) of this section and who has 1240  
not submitted a report or has submitted an incomplete report 1241  
more than one year following the fifteen-day deadline may, in an 1242  
action brought by the department of health, be directed by a 1243  
court of competent jurisdiction to submit a complete report to 1244  
the department of health within a period of time stated in a 1245  
court order or be subject to contempt of court. 1246

(2) If a physician fails to comply with the requirements 1247  
of this section, other than filing a late report with the 1248  
department of health, or fails to submit a complete report to 1249  
the department of health in accordance with a court order, the 1250  
physician is subject to division (B) ~~(41)~~ (44) of section 4731.22 1251  
of the Revised Code. 1252

(3) No person shall falsify any report required under this 1253  
section. Whoever violates this division is guilty of abortion 1254  
report falsification, a misdemeanor of the first degree. 1255

(D) Within ninety days of ~~the effective date of this~~ 1256  
~~section~~ October 20, 2011, the department of health shall adopt 1257  
rules pursuant to section 111.15 of the Revised Code to assist 1258  
in compliance with this section. 1259

**Sec. 2921.22.** (A) (1) Except as provided in division (A) (2) 1260  
of this section, no person, knowing that a felony has been or is 1261  
being committed, shall knowingly fail to report such information 1262  
to law enforcement authorities. 1263

(2) No person, knowing that a violation of division (B) of 1264  
section 2913.04 of the Revised Code has been, or is being 1265  
committed or that the person has received information derived 1266  
from such a violation, shall knowingly fail to report the 1267  
violation to law enforcement authorities. 1268

(B) Except for conditions that are within the scope of 1269  
division (E) of this section, no ~~physician, limited~~ 1270  
~~practitioner, nurse, or other~~ person giving aid to a sick or 1271  
injured person shall negligently fail to report to law 1272  
enforcement authorities any gunshot or stab wound treated or 1273  
observed by the ~~physician, limited practitioner, nurse, or~~ 1274  
person, or any serious physical harm to persons that the 1275

~~physician, limited practitioner, nurse, or person~~ knows or has 1276  
reasonable cause to believe resulted from an offense of 1277  
violence. 1278

(C) No person who discovers the body or acquires the first 1279  
knowledge of the death of a person shall fail to report the 1280  
death immediately to a physician or advanced practice registered 1281  
nurse whom the person knows to be treating the deceased for a 1282  
condition from which death at such time would not be unexpected, 1283  
or to a law enforcement officer, an ambulance service, an 1284  
emergency squad, or the coroner in a political subdivision in 1285  
which the body is discovered, the death is believed to have 1286  
occurred, or knowledge concerning the death is obtained. For 1287  
purposes of this division, "advanced practice registered nurse" 1288  
does not include a certified registered nurse anesthetist. 1289

(D) No person shall fail to provide upon request of the 1290  
person to whom a report required by division (C) of this section 1291  
was made, or to any law enforcement officer who has reasonable 1292  
cause to assert the authority to investigate the circumstances 1293  
surrounding the death, any facts within the person's knowledge 1294  
that may have a bearing on the investigation of the death. 1295

(E) (1) As used in this division, "burn injury" means any 1296  
of the following: 1297

(a) Second or third degree burns; 1298

(b) Any burns to the upper respiratory tract or laryngeal 1299  
edema due to the inhalation of superheated air; 1300

(c) Any burn injury or wound that may result in death; 1301

(d) Any physical harm to persons caused by or as the 1302  
result of the use of fireworks, novelties and trick noisemakers, 1303  
and wire sparklers, as each is defined by section 3743.01 of the 1304

Revised Code. 1305

(2) No physician, nurse, physician assistant, or limited 1306  
practitioner who, outside a hospital, sanitarium, or other 1307  
medical facility, attends or treats a person who has sustained a 1308  
burn injury that is inflicted by an explosion or other 1309  
incendiary device or that shows evidence of having been 1310  
inflicted in a violent, malicious, or criminal manner shall fail 1311  
to report the burn injury immediately to the local arson, or 1312  
fire and explosion investigation, bureau, if there is a bureau 1313  
of this type in the jurisdiction in which the person is attended 1314  
or treated, or otherwise to local law enforcement authorities. 1315

(3) No manager, superintendent, or other person in charge 1316  
of a hospital, sanitarium, or other medical facility in which a 1317  
person is attended or treated for any burn injury that is 1318  
inflicted by an explosion or other incendiary device or that 1319  
shows evidence of having been inflicted in a violent, malicious, 1320  
or criminal manner shall fail to report the burn injury 1321  
immediately to the local arson, or fire and explosion 1322  
investigation, bureau, if there is a bureau of this type in the 1323  
jurisdiction in which the person is attended or treated, or 1324  
otherwise to local law enforcement authorities. 1325

(4) No person who is required to report any burn injury 1326  
under division (E) (2) or (3) of this section shall fail to file, 1327  
within three working days after attending or treating the 1328  
victim, a written report of the burn injury with the office of 1329  
the state fire marshal. The report shall comply with the uniform 1330  
standard developed by the state fire marshal pursuant to 1331  
division (A) (15) of section 3737.22 of the Revised Code. 1332

(5) Anyone participating in the making of reports under 1333  
division (E) of this section or anyone participating in a 1334

judicial proceeding resulting from the reports is immune from 1335  
any civil or criminal liability that otherwise might be incurred 1336  
or imposed as a result of such actions. Notwithstanding section 1337  
4731.22 of the Revised Code, the physician-patient relationship 1338  
or advanced practice registered nurse-patient relationship is 1339  
not a ground for excluding evidence regarding a person's burn 1340  
injury or the cause of the burn injury in any judicial 1341  
proceeding resulting from a report submitted under division (E) 1342  
of this section. 1343

(F) (1) Any doctor of medicine or osteopathic medicine, 1344  
hospital intern or resident, ~~registered or licensed practical~~ 1345  
nurse, psychologist, social worker, independent social worker, 1346  
social work assistant, licensed professional clinical counselor, 1347  
licensed professional counselor, independent marriage and family 1348  
therapist, or marriage and family therapist who knows or has 1349  
reasonable cause to believe that a patient or client has been 1350  
the victim of domestic violence, as defined in section 3113.31 1351  
of the Revised Code, shall note that knowledge or belief and the 1352  
basis for it in the patient's or client's records. 1353

(2) Notwithstanding section 4731.22 of the Revised Code, 1354  
the ~~doctor-patient-physician-patient privilege or advanced~~ 1355  
practice registered nurse-patient privilege shall not be a 1356  
ground for excluding any information regarding the report 1357  
containing the knowledge or belief noted under division (F) (1) 1358  
of this section, and the information may be admitted as evidence 1359  
in accordance with the Rules of Evidence. 1360

(G) Divisions (A) and (D) of this section do not require 1361  
disclosure of information, when any of the following applies: 1362

(1) The information is privileged by reason of the 1363  
relationship between attorney and client; ~~doctor-physician~~ and 1364

patient; advanced practice registered nurse and patient; 1365  
licensed psychologist or licensed school psychologist and 1366  
client; licensed professional clinical counselor, licensed 1367  
professional counselor, independent social worker, social 1368  
worker, independent marriage and family therapist, or marriage 1369  
and family therapist and client; member of the clergy, rabbi, 1370  
minister, or priest and any person communicating information 1371  
confidentially to the member of the clergy, rabbi, minister, or 1372  
priest for a religious counseling purpose of a professional 1373  
character; husband and wife; or a communications assistant and 1374  
those who are a party to a telecommunications relay service 1375  
call. 1376

(2) The information would tend to incriminate a member of 1377  
the actor's immediate family. 1378

(3) Disclosure of the information would amount to 1379  
revealing a news source, privileged under section 2739.04 or 1380  
2739.12 of the Revised Code. 1381

(4) Disclosure of the information would amount to 1382  
disclosure by a member of the ordained clergy of an organized 1383  
religious body of a confidential communication made to that 1384  
member of the clergy in that member's capacity as a member of 1385  
the clergy by a person seeking the aid or counsel of that member 1386  
of the clergy. 1387

(5) Disclosure would amount to revealing information 1388  
acquired by the actor in the course of the actor's duties in 1389  
connection with a bona fide program of treatment or services for 1390  
drug dependent persons or persons in danger of drug dependence, 1391  
which program is maintained or conducted by a hospital, clinic, 1392  
person, agency, or services provider certified pursuant to 1393  
section 5119.36 of the Revised Code. 1394

(6) Disclosure would amount to revealing information 1395  
acquired by the actor in the course of the actor's duties in 1396  
connection with a bona fide program for providing counseling 1397  
services to victims of crimes that are violations of section 1398  
2907.02 or 2907.05 of the Revised Code or to victims of 1399  
felonious sexual penetration in violation of former section 1400  
2907.12 of the Revised Code. As used in this division, 1401  
"counseling services" include services provided in an informal 1402  
setting by a person who, by education or experience, is 1403  
competent to provide those services. 1404

(H) No disclosure of information pursuant to this section 1405  
gives rise to any liability or recrimination for a breach of 1406  
privilege or confidence. 1407

(I) Whoever violates division (A) or (B) of this section 1408  
is guilty of failure to report a crime. Violation of division 1409  
(A)(1) of this section is a misdemeanor of the fourth degree. 1410  
Violation of division (A)(2) or (B) of this section is a 1411  
misdemeanor of the second degree. 1412

(J) Whoever violates division (C) or (D) of this section 1413  
is guilty of failure to report knowledge of a death, a 1414  
misdemeanor of the fourth degree. 1415

(K)(1) Whoever negligently violates division (E) of this 1416  
section is guilty of a minor misdemeanor. 1417

(2) Whoever knowingly violates division (E) of this 1418  
section is guilty of a misdemeanor of the second degree. 1419

(L) As used in this section, "nurse" includes an advanced 1420  
practice registered nurse, registered nurse, and licensed 1421  
practical nurse. 1422

**Sec. 2925.61.** (A) As used in this section: 1423

(1) "Law enforcement agency" means a government entity	1424
that employs peace officers to perform law enforcement duties.	1425
(2) "Licensed health professional" means all of the	1426
following:	1427
(a) A physician;	1428
(b) A physician assistant who is licensed under Chapter	1429
4730. of the Revised Code, holds a valid prescriber number	1430
issued by the state medical board, and has been granted	1431
physician-delegated prescriptive authority;	1432
(c) <del>A clinical nurse specialist, certified nurse midwife,</del>	1433
<del>or certified</del> <u>An advanced practice registered nurse practitioner</u>	1434
who holds a <u>certificate to prescribe current, valid license</u>	1435
issued under <del>section 4723.48</del> <u>Chapter 4723.</u> of the Revised Code	1436
<u>and is designated as a clinical nurse specialist, certified</u>	1437
<u>nurse-midwife, or certified nurse practitioner.</u>	1438
(3) "Peace officer" has the same meaning as in section	1439
2921.51 of the Revised Code.	1440
(4) "Physician" means an individual who is authorized	1441
under Chapter 4731. of the Revised Code to practice medicine and	1442
surgery, osteopathic medicine and surgery, or podiatric medicine	1443
and surgery.	1444
(B) A family member, friend, or other individual who is in	1445
a position to assist an individual who is apparently	1446
experiencing or at risk of experiencing an opioid-related	1447
overdose, is not subject to criminal prosecution for a violation	1448
of section 4731.41 of the Revised Code or criminal prosecution	1449
under this chapter if the individual, acting in good faith, does	1450
all of the following:	1451

(1) Obtains naloxone pursuant to a prescription issued by 1452  
a licensed health professional or obtains naloxone from one of 1453  
the following: a licensed health professional, an individual who 1454  
is authorized by a physician under section 4731.941 of the 1455  
Revised Code to personally furnish naloxone, or a pharmacist or 1456  
pharmacy intern who is authorized by a physician or board of 1457  
health under section 4729.44 of the Revised Code to dispense 1458  
naloxone without a prescription; 1459

(2) Administers the naloxone obtained as described in 1460  
division (B)(1) of this section to an individual who is 1461  
apparently experiencing an opioid-related overdose; 1462

(3) Attempts to summon emergency services as soon as 1463  
practicable either before or after administering the naloxone. 1464

(C) Division (B) of this section does not apply to a peace 1465  
officer or to an emergency medical technician-basic, emergency 1466  
medical technician-intermediate, or emergency medical 1467  
technician-paramedic, as defined in section 4765.01 of the 1468  
Revised Code. 1469

(D) A peace officer employed by a law enforcement agency 1470  
is not subject to administrative action, criminal prosecution 1471  
for a violation of section 4731.41 of the Revised Code, or 1472  
criminal prosecution under this chapter if the peace officer, 1473  
acting in good faith, obtains naloxone from the peace officer's 1474  
law enforcement agency and administers the naloxone to an 1475  
individual who is apparently experiencing an opioid-related 1476  
overdose. 1477

**Sec. 3313.7112.** (A) As used in this section: 1478

(1) "Board of education" means a board of education of a 1479  
city, local, exempted village, or joint vocational school 1480

district.	1481
(2) "Governing authority" means a governing authority of a chartered nonpublic school.	1482 1483
(3) "Licensed health care professional" means <del>either any</del> of the following:	1484 1485
(a) A physician authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery;	1486 1487 1488
(b) A registered nurse, <u>advanced practice registered nurse</u> , or licensed practical nurse licensed under Chapter 4723. of the Revised Code;	1489 1490 1491
(c) <u>A physician assistant licensed under Chapter 4730. of the Revised Code.</u>	1492 1493
(4) "Local health department" means a department operated by a board of health of a city or general health district or the authority having the duties of a board of health as described in section 3709.05 of the Revised Code.	1494 1495 1496 1497
(5) "School employee" or "employee" means either of the following:	1498 1499
(a) A person employed by <del>the a board of education of a city, local, exempted village, or joint vocational school district or the governing authority of a chartered nonpublic school;</del>	1500 1501 1502 1503
(b) A licensed health care professional employed by or under contract with a local health department who is assigned to a school in a city, local, exempted village, or joint vocational school district or a chartered nonpublic school.	1504 1505 1506 1507

(6) "Treating practitioner" means any of the following who 1508  
has primary responsibility for treating a student's diabetes and 1509  
has been identified as such by the student's parent, guardian, 1510  
or other person having care or charge of the student or, if the 1511  
student is at least eighteen years of age, by the student: 1512

(a) A physician authorized under Chapter 4731. of the 1513  
Revised Code to practice medicine and surgery or osteopathic 1514  
medicine and surgery; 1515

(b) An advanced practice registered nurse who holds a 1516  
current, valid license to practice nursing as an advanced 1517  
practice registered nurse issued under Chapter 4723. of the 1518  
Revised Code and is designated as a clinical nurse specialist or 1519  
certified nurse practitioner in accordance with section 4723.42 1520  
of the Revised Code; 1521

(c) A physician assistant who holds a license issued under 1522  
Chapter 4730. of the Revised Code, holds a valid prescriber 1523  
number issued by the state medical board, and has been granted 1524  
physician-delegated prescriptive authority. 1525

(7) "504 plan" means a plan based on an evaluation 1526  
conducted in accordance with section 504 of the "Rehabilitation 1527  
Act of 1973," 29 U.S.C. 794, as amended. 1528

(B) (1) ~~The~~ Each board of education or governing authority 1529  
shall ensure that each student enrolled in the school district 1530  
or chartered nonpublic school who has diabetes receives 1531  
appropriate and needed diabetes care in accordance with an order 1532  
signed by the student's treating ~~physician~~ practitioner. The 1533  
diabetes care to be provided includes any of the following: 1534

(a) Checking and recording blood glucose levels and ketone 1535  
levels or assisting the student with checking and recording 1536

these levels;	1537
(b) Responding to blood glucose levels that are outside of the student's target range;	1538 1539
(c) In the case of severe hypoglycemia, administering glucagon and other emergency treatments as prescribed;	1540 1541
(d) Administering insulin or assisting the student in self-administering insulin through the insulin delivery system the student uses;	1542 1543 1544
(e) Providing oral diabetes medications;	1545
(f) Understanding recommended schedules and food intake for meals and snacks in order to calculate medication dosages pursuant to the <del>student's physician's order of the student's treating practitioner</del> ;	1546 1547 1548 1549
(g) Following the <del>physician's treating practitioner's</del> instructions regarding meals, snacks, and physical activity;	1550 1551
(h) Administering diabetes medication, as long as the conditions prescribed in division (C) of this section are satisfied.	1552 1553 1554
(2) Not later than fourteen days after receipt of an order signed by the treating <del>physician-practitioner</del> of a student with diabetes, the board <u>of education</u> or governing authority shall inform the student's parent, guardian, or other person having care or charge of the student that the student may be entitled to a 504 plan regarding the student's diabetes. The department of education shall develop a 504 plan information sheet for use by a board <u>of education</u> or governing authority when informing a student's parent, guardian, or other person having care or charge of the student that the student may be entitled to a 504	1555 1556 1557 1558 1559 1560 1561 1562 1563 1564

plan regarding the student's diabetes. 1565

(C) Notwithstanding division (B) of section 3313.713 of 1566  
the Revised Code or any other provision of the Revised Code, 1567  
diabetes medication may be administered under this section by a 1568  
school nurse or, in the absence of a school nurse, a school 1569  
employee who is trained in diabetes care under division (E) of 1570  
this section. Medication administration may be provided under 1571  
this section only when the conditions prescribed in division (C) 1572  
of section 3313.713 of the Revised Code are satisfied. 1573

Notwithstanding division (D) of section 3313.713 of the 1574  
Revised Code, medication that is to be administered under this 1575  
section may be kept in an easily accessible location. 1576

(D) (1) ~~Not later than one hundred eighty days after the~~ 1577  
~~effective date of this section, the~~ The department of education 1578  
shall adopt nationally recognized guidelines, as determined by 1579  
the department, for the training of school employees in diabetes 1580  
care for students. In doing so, the department shall consult 1581  
with the department of health, the American diabetes 1582  
association, and the Ohio school nurses association. The 1583  
department may consult with any other organizations as 1584  
determined appropriate by the department. 1585

(2) The guidelines shall address all of the following 1586  
issues: 1587

(a) Recognizing the symptoms of hypoglycemia and 1588  
hyperglycemia; 1589

(b) The appropriate treatment for a student who exhibits 1590  
the symptoms of hypoglycemia or hyperglycemia; 1591

(c) Recognizing situations that require the provision of 1592  
emergency medical assistance to a student; 1593

(d) Understanding the appropriate treatment for a student, 1594  
based on ~~a student's physician's~~ an order issued by the 1595  
student's treating practitioner, if the student's blood glucose 1596  
level is not within the target range indicated by the order; 1597

(e) Understanding the instructions in ~~a student's~~ 1598  
~~physician's~~ an order issued by a student's treating practitioner 1599  
concerning necessary medications; 1600

(f) Performing blood glucose and ketone tests for a 1601  
student in accordance with ~~a student's physician's~~ an order 1602  
issued by the student's treating practitioner and recording the 1603  
results of those tests; 1604

(g) Administering insulin, glucagon, or other medication 1605  
to a student in accordance with ~~a student's physician's~~ an order 1606  
issued by the student's treating practitioner and recording the 1607  
results of the administration; 1608

(h) Understanding the relationship between the diet 1609  
recommended in ~~a student's physician's~~ an order issued by a 1610  
student's treating practitioner and actions that may be taken if 1611  
the recommended diet is not followed. 1612

(E) (1) To ensure that a student with diabetes receives the 1613  
diabetes care specified in division (B) of this section, a board 1614  
of education or governing authority may provide training that 1615  
complies with the guidelines developed under division (D) of 1616  
this section to a school employee at each school attended by a 1617  
student with diabetes. With respect to any training provided, 1618  
all of the following apply: 1619

(a) The training shall be coordinated by a school nurse 1620  
or, if the school does not employ a school nurse, a licensed 1621  
health care professional with expertise in diabetes who is 1622

approved by the school to provide the training. 1623

(b) The training shall take place prior to the beginning 1624  
of each school year or, as needed, not later than fourteen days 1625  
after receipt by the board of education or governing authority 1626  
of an order signed by the treating ~~physician~~ practitioner of a 1627  
student with diabetes. 1628

(c) On completion of the training, the board of education 1629  
or governing authority, in a manner it determines, shall 1630  
determine whether each employee trained is competent to provide 1631  
diabetes care. 1632

(d) The school nurse or approved licensed health care 1633  
professional with expertise in diabetes care shall promptly 1634  
provide all necessary follow-up training and supervision to an 1635  
employee who receives training. 1636

(2) The principal of a school attended by a student with 1637  
diabetes or another school official authorized to act on behalf 1638  
of the principal may distribute a written notice to each 1639  
employee containing all of the following: 1640

(a) A statement that the school is required to provide 1641  
diabetes care to a student with diabetes and is seeking 1642  
employees who are willing to be trained to provide that care; 1643

(b) A description of the tasks to be performed; 1644

(c) A statement that participation is voluntary and that 1645  
the school district or governing authority will not take action 1646  
against an employee who does not agree to provide diabetes care; 1647

(d) A statement that training will be provided by a 1648  
licensed health care professional to an employee who agrees to 1649  
provide care; 1650

(e) A statement that a trained employee is immune from liability under division (J) of this section; 1651  
1652

(f) The name of the individual who should be contacted if an employee is interested in providing diabetes care. 1653  
1654

(3) No employee of a board of education or governing authority shall be subject to a penalty or disciplinary action under school or district policies for refusing to volunteer to be trained in diabetes care. 1655  
1656  
1657  
1658

(4) No board or governing authority shall discourage employees from agreeing to provide diabetes care under this section. 1659  
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1661

(F) A board of education or governing authority may provide training in the recognition of hypoglycemia and hyperglycemia and actions to take in response to emergency situations involving these conditions to both of the following: 1662  
1663  
1664  
1665

(1) A school employee who has primary responsibility for supervising a student with diabetes during some portion of the school day; 1666  
1667  
1668

(2) A bus driver employed by a school district or chartered nonpublic school responsible for the transportation of a student with diabetes. 1669  
1670  
1671

(G) A student with diabetes shall be permitted to attend the school the student would otherwise attend if the student did not have diabetes and the diabetes care specified in division (B) of this section shall be provided at the school. A board of education or governing authority shall not restrict a student who has diabetes from attending the school on the basis that the student has diabetes, that the school does not have a full-time school nurse, or that the school does not have an employee 1672  
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trained in diabetes care. The school shall not require or 1680  
pressure a parent, guardian, or other person having care or 1681  
charge of a student to provide diabetes care for the student 1682  
with diabetes at school or school-related activities. 1683

(H) (1) Notwithstanding section 3313.713 of the Revised 1684  
Code or any policy adopted under that section and except as 1685  
provided in division (H) (2) of this section, on written request 1686  
of the parent, guardian, or other person having care or charge 1687  
of a student and authorization by the student's treating 1688  
~~physician practitioner~~, a student with diabetes shall be 1689  
permitted during regular school hours and school-sponsored 1690  
activities to attend to the care and management of the student's 1691  
diabetes in accordance with the ~~student's physician's order~~ 1692  
~~during regular school hours and school-sponsored activities~~ 1693  
issued by the student's treating practitioner if the student's 1694  
treating ~~physician practitioner~~ determines that the student is 1695  
capable of performing diabetes care tasks. The student shall be 1696  
permitted to perform diabetes care tasks in a classroom, in any 1697  
area of the school or school grounds, and at any school-related 1698  
activity, and to possess on the student's self at all times all 1699  
necessary supplies and equipment to perform these tasks. If the 1700  
student or the parent, guardian, or other person having care or 1701  
charge of the student so requests, the student shall have access 1702  
to a private area for performing diabetes care tasks. 1703

(2) If the student performs any diabetes care tasks or 1704  
uses medical equipment for purposes other than the student's own 1705  
care, the board of education or governing authority may revoke 1706  
the student's permission to attend to the care and management of 1707  
the student's diabetes. 1708

(I) (1) Notwithstanding any other provision of the Revised 1709

Code to the contrary, a licensed health care professional shall 1710  
be permitted to provide training to a school employee under 1711  
division (E) of this section or to supervise the employee in 1712  
performing diabetes care tasks. 1713

(2) Nothing in this section diminishes the rights of 1714  
eligible students or the obligations of school districts or 1715  
governing authorities under the "Individuals with Disabilities 1716  
Education Act," 20 U.S.C. 1400 et seq., section 504 of the 1717  
"Rehabilitation Act," 29 U.S.C. 794, or the "Americans with 1718  
Disabilities Act," 42 U.S.C. 12101 et seq. 1719

(J) (1) A school or school district, a member of a board or 1720  
governing authority, or a district or school employee is not 1721  
liable in damages in a civil action for injury, death, or loss 1722  
to person or property allegedly arising from providing care or 1723  
performing duties under this section unless the act or omission 1724  
constitutes willful or wanton misconduct. 1725

This section does not eliminate, limit, or reduce any 1726  
other immunity or defense that a school or school district, 1727  
member of a board of education or governing authority, or 1728  
district or school employee may be entitled to under Chapter 1729  
2744. or any other provision of the Revised Code or under the 1730  
common law of this state. 1731

(2) A school employee shall not be subject to disciplinary 1732  
action under school or district policies for providing care or 1733  
performing duties under this section. 1734

(3) A school nurse or other licensed health care 1735  
professional shall be immune from disciplinary action by the 1736  
board of nursing or any other regulatory board for providing 1737  
care or performing duties under this section if the care 1738

provided or duties performed are consistent with applicable 1739  
professional standards. 1740

(K) (1) Not later than the last day of December of each 1741  
year, a board of education or governing authority shall report 1742  
to the department of education both of the following: 1743

(a) The number of students with diabetes enrolled in the 1744  
school district or chartered nonpublic school during the 1745  
previous school year; 1746

(b) The number of errors associated with the 1747  
administration of diabetes medication to students with diabetes 1748  
during the previous school year. 1749

(2) Not later than the last day of March of each year, the 1750  
department shall issue a report summarizing the information 1751  
received by the department under division (K) (1) of this section 1752  
for the previous school year. The department shall make the 1753  
report available on its internet web site. 1754

**Sec. 3333.122.** (A) The chancellor of higher education 1755  
shall adopt rules to carry out this section and as authorized 1756  
under section 3333.123 of the Revised Code. The rules shall 1757  
include definitions of the terms "resident," "expected family 1758  
contribution," "full-time student," "three-quarters-time 1759  
student," "half-time student," "one-quarter-time student," 1760  
"state cost of attendance," and "accredited" for the purpose of 1761  
those sections. 1762

(B) Only an Ohio resident who meets both of the following 1763  
is eligible for a grant awarded under this section: 1764

(1) The resident has an expected family contribution of 1765  
two thousand one hundred ninety or less; 1766

- (2) The resident enrolls in one of the following: 1767
- (a) An undergraduate program, or a nursing diploma program 1768  
approved by the board of nursing under ~~division (A) (5) of~~ 1769  
section 4723.06 of the Revised Code, at a state-assisted state 1770  
institution of higher education, as defined in section 3345.12 1771  
of the Revised Code, that meets the requirements of Title VI of 1772  
the Civil Rights Act of 1964; 1773
- (b) An undergraduate program, or a nursing diploma program 1774  
approved by the board of nursing under ~~division (A) (5) of~~ 1775  
section 4723.06 of the Revised Code, at a private, nonprofit 1776  
institution in this state holding a certificate of authorization 1777  
pursuant to Chapter 1713. of the Revised Code; 1778
- (c) An undergraduate program, or a nursing diploma program 1779  
approved by the board of nursing under ~~division (A) (5) of~~ 1780  
section 4723.06 of the Revised Code, at a career college in this 1781  
state that holds a certificate of registration from the state 1782  
board of career colleges and schools under Chapter 3332. of the 1783  
Revised Code or at a private institution exempt from regulation 1784  
under Chapter 3332. of the Revised Code as prescribed in section 1785  
3333.046 of the Revised Code, if the program has a certificate 1786  
of authorization pursuant to Chapter 1713. of the Revised Code. 1787
- (C) (1) The chancellor shall establish and administer a 1788  
needs-based financial aid grants program based on the United 1789  
States department of education's method of determining financial 1790  
need. The program shall be known as the Ohio college opportunity 1791  
grant program. The general assembly shall support the needs- 1792  
based financial aid program by such sums and in such manner as 1793  
it may provide, but the chancellor also may receive funds from 1794  
other sources to support the program. If, for any academic year, 1795  
the amounts available for support of the program are inadequate 1796

to provide grants to all eligible students, the chancellor shall 1797  
do one of the following: 1798

(a) Give preference in the payment of grants based upon 1799  
expected family contribution, beginning with the lowest expected 1800  
family contribution category and proceeding upward by category 1801  
to the highest expected family contribution category; 1802

(b) Proportionately reduce the amount of each grant to be 1803  
awarded for the academic year under this section; 1804

(c) Use an alternate formula for such grants that 1805  
addresses the shortage of available funds and has been submitted 1806  
to and approved by the controlling board. 1807

(2) The needs-based financial aid grant shall be paid to 1808  
the eligible student through the institution in which the 1809  
student is enrolled, except that no needs-based financial aid 1810  
grant shall be paid to any person serving a term of 1811  
imprisonment. Applications for the grants shall be made as 1812  
prescribed by the chancellor, and such applications may be made 1813  
in conjunction with and upon the basis of information provided 1814  
in conjunction with student assistance programs funded by 1815  
agencies of the United States government or from financial 1816  
resources of the institution of higher education. The 1817  
institution shall certify that the student applicant meets the 1818  
requirements set forth in division (B) of this section. Needs- 1819  
based financial aid grants shall be provided to an eligible 1820  
student only as long as the student is making appropriate 1821  
progress toward a nursing diploma or an associate or bachelor's 1822  
degree. No student shall be eligible to receive a grant for more 1823  
than ten semesters, fifteen quarters, or the equivalent of five 1824  
academic years. A grant made to an eligible student on the basis 1825  
of less than full-time enrollment shall be based on the number 1826

of credit hours for which the student is enrolled and shall be 1827  
computed in accordance with a formula adopted by rule issued by 1828  
the chancellor. No student shall receive more than one grant on 1829  
the basis of less than full-time enrollment. 1830

(D) (1) Except as provided in division (D) (4) of this 1831  
section, no grant awarded under this section shall exceed the 1832  
total state cost of attendance. 1833

(2) Subject to divisions (D) (1), (3), and (4) of this 1834  
section, the amount of a grant awarded to a student under this 1835  
section shall equal the student's remaining state cost of 1836  
attendance after the student's Pell grant and expected family 1837  
contribution are applied to the instructional and general 1838  
charges for the undergraduate program. However, for students 1839  
enrolled in a state university or college as defined in section 1840  
3345.12 of the Revised Code or a university branch, the 1841  
chancellor may provide that the grant amount shall equal the 1842  
student's remaining instructional and general charges for the 1843  
undergraduate program after the student's Pell grant and 1844  
expected family contribution have been applied to those charges, 1845  
but, in no case, shall the grant amount for such a student 1846  
exceed any maximum that the chancellor may set by rule. 1847

(3) For a student enrolled for a semester or quarter in 1848  
addition to the portion of the academic year covered by a grant 1849  
under this section, the maximum grant amount shall be a 1850  
percentage of the maximum specified in any table established in 1851  
rules adopted by the chancellor as provided in division (A) of 1852  
this section. The maximum grant for a fourth quarter shall be 1853  
one-third of the maximum amount so prescribed. The maximum grant 1854  
for a third semester shall be one-half of the maximum amount so 1855  
prescribed. 1856

(4) If a student is enrolled in a two-year institution of higher education and is eligible for an education and training voucher through the Ohio education and training voucher program that receives federal funding under the John H. Chafee foster care independence program, 42 U.S.C. 677, the amount of a grant awarded under this section may exceed the total state cost of attendance to additionally cover housing costs.

(E) No grant shall be made to any student in a course of study in theology, religion, or other field of preparation for a religious profession unless such course of study leads to an accredited bachelor of arts, bachelor of science, associate of arts, or associate of science degree.

(F) (1) Except as provided in division (F) (2) of this section, no grant shall be made to any student for enrollment during a fiscal year in an institution with a cohort default rate determined by the United States secretary of education pursuant to the "Higher Education Amendments of 1986," 100 Stat. 1278, 1408, 20 U.S.C.A. 1085, as amended, as of the fifteenth day of June preceding the fiscal year, equal to or greater than thirty per cent for each of the preceding two fiscal years.

(2) Division (F) (1) of this section does not apply in the case of either of the following:

(a) The institution pursuant to federal law appeals its loss of eligibility for federal financial aid and the United States secretary of education determines its cohort default rate after recalculation is lower than the rate specified in division (F) (1) of this section or the secretary determines due to mitigating circumstances that the institution may continue to participate in federal financial aid programs. The chancellor shall adopt rules requiring any such appellant to provide

information to the chancellor regarding an appeal. 1887

(b) Any student who has previously received a grant 1888  
pursuant to any provision of this section, including prior to 1889  
the section's amendment by H.B. 1 of the 128th general assembly, 1890  
effective July 17, 2009, and who meets all other eligibility 1891  
requirements of this section. 1892

(3) The chancellor shall adopt rules for the notification 1893  
of all institutions whose students will be ineligible to 1894  
participate in the grant program pursuant to division (F) (1) of 1895  
this section. 1896

(4) A student's attendance at any institution whose 1897  
students are ineligible for grants due to division (F) (1) of 1898  
this section shall not affect that student's eligibility to 1899  
receive a grant when enrolled in another institution. 1900

(G) Institutions of higher education that enroll students 1901  
receiving needs-based financial aid grants under this section 1902  
shall report to the chancellor all students who have received 1903  
such needs-based financial aid grants but are no longer eligible 1904  
for all or part of those grants and shall refund any moneys due 1905  
the state within thirty days after the beginning of the quarter 1906  
or term immediately following the quarter or term in which the 1907  
student was no longer eligible to receive all or part of the 1908  
student's grant. There shall be an interest charge of one per 1909  
cent per month on all moneys due and payable after such thirty- 1910  
day period. The chancellor shall immediately notify the office 1911  
of budget and management and the legislative service commission 1912  
of all refunds so received. 1913

Sec. 3701.138. (A) Subject to division (B) of this 1914  
section, the director of health shall convene meetings with 1915

staff of the department of health, department of medicaid, 1916  
department of administrative services, and commission on 1917  
minority health to do all of the following: 1918

(1) Assess the prevalence of all types of diabetes in this 1919  
state, including disparities in that prevalence among various 1920  
demographic populations and local jurisdictions; 1921

(2) Establish and reevaluate goals for each of the 1922  
agencies to reduce that prevalence; 1923

(3) Identify how to measure the progress achieved toward 1924  
attaining the goals established under division (A) (2) of this 1925  
section; 1926

(4) Establish and monitor the implementation of plans for 1927  
each agency to reduce the prevalence of all types of diabetes, 1928  
improve diabetes care, and control complications associated with 1929  
diabetes among the populations of concern to each agency; 1930

(5) Consider any other matter associated with reducing the 1931  
prevalence of all types of diabetes in this state that the 1932  
director considers appropriate; 1933

(6) Collect the information needed to prepare the reports 1934  
required by division (C) of this section. 1935

(B) The director shall convene the meetings required by 1936  
division (A) of this section at the director's discretion, but 1937  
not less than twice each calendar year. 1938

(C) Not later than the thirty-first day of January of each 1939  
even-numbered year beginning in 2018, the director shall submit 1940  
a report to the general assembly in accordance with section 1941  
101.68 of the Revised Code that addresses or contains all of the 1942  
following for the two-year period preceding the report's 1943

<u>submission:</u>	1944
<u>(1) The results of the assessment required by division (A)</u>	1945
<u>(1) of this section;</u>	1946
<u>(2) The progress each agency has made toward achieving the</u>	1947
<u>goals established under division (A) (2) of this section and</u>	1948
<u>implementing the plans required by division (A) (4) of this</u>	1949
<u>section;</u>	1950
<u>(3) An assessment of the health and financial impacts that</u>	1951
<u>all types of diabetes have had on the state and local</u>	1952
<u>jurisdictions, and, subject to division (D) of this section,</u>	1953
<u>each agency specified in division (A) of this section;</u>	1954
<u>(4) A description of the efforts the agencies specified in</u>	1955
<u>division (A) of this section have taken to coordinate programs</u>	1956
<u>intended to prevent, treat, and manage all types of diabetes and</u>	1957
<u>associated complications;</u>	1958
<u>(5) Recommendations for legislative policies to reduce the</u>	1959
<u>impact that diabetes, pre-diabetes, and complications from</u>	1960
<u>diabetes have on the citizens of this state, including specific</u>	1961
<u>action steps that could be taken, the expected outcomes of the</u>	1962
<u>action steps, and benchmarks for measuring progress toward</u>	1963
<u>achieving the outcomes;</u>	1964
<u>(6) A budget proposal that identifies the needs and</u>	1965
<u>resources required to implement the recommendations described in</u>	1966
<u>division (C) (5) of this section, as well as estimates of the</u>	1967
<u>costs to implement the recommendations;</u>	1968
<u>(7) Any other information concerning diabetes prevention,</u>	1969
<u>treatment, or management in this state that the director</u>	1970
<u>considers appropriate.</u>	1971

<u>(D) An agency-specific assessment required by division (C)</u>	1972
<u>of this section shall include all of the following:</u>	1973
<u>(1) A list and description of each diabetes prevention or</u>	1974
<u>control program the agency administers, the number of</u>	1975
<u>individuals with each type of diabetes and their dependents who</u>	1976
<u>are impacted by each program, the expenses associated with</u>	1977
<u>administering each program, and the funds appropriated for each</u>	1978
<u>program, along with each funding source;</u>	1979
<u>(2) A comparison of the expenses described in division (D)</u>	1980
<u>(1) of this section with the expenses the agency incurs in</u>	1981
<u>administering programs to reduce the prevalence of other chronic</u>	1982
<u>diseases and conditions;</u>	1983
<u>(3) An evaluation of the benefits that have resulted from</u>	1984
<u>each program listed pursuant to division (D)(1) of this section.</u>	1985
<u>(E) Nothing in this section requires the agencies</u>	1986
<u>specified in division (A) of this section to establish programs</u>	1987
<u>for diabetes prevention, treatment, and management that had not</u>	1988
<u>been initiated or funded prior to the effective date of this</u>	1989
<u>section.</u>	1990
<b>Sec. 3701.351.</b> (A) The governing body of every hospital	1991
shall set standards and procedures to be applied by the hospital	1992
and its medical staff in considering and acting upon	1993
applications for staff membership or professional privileges.	1994
These standards and procedures shall be available for public	1995
inspection.	1996
(B) The governing body of any hospital, in considering and	1997
acting upon applications for staff membership or professional	1998
privileges within the scope of the applicants' respective	1999
licensures, shall not discriminate against a qualified person	2000

solely on the basis of whether that person is certified to 2001  
practice medicine, osteopathic medicine, or podiatry, ~~or is~~ 2002  
licensed to practice dentistry or psychology, or is licensed to 2003  
practice nursing as an advanced practice registered nurse. Staff 2004  
membership or professional privileges shall be considered and 2005  
acted on in accordance with standards and procedures established 2006  
under division (A) of this section. This section does not permit 2007  
a psychologist to admit a patient to a hospital in violation of 2008  
section 3727.06 of the Revised Code. 2009

(C) The governing body of any hospital that is licensed to 2010  
provide maternity services, in considering and acting upon 2011  
applications for clinical privileges, shall not discriminate 2012  
against a qualified person solely on the basis that the person 2013  
is authorized to practice nurse-midwifery. An application from a 2014  
certified nurse-midwife who is not employed by the hospital 2015  
shall contain the name of a physician member of the hospital's 2016  
medical staff who holds clinical privileges in obstetrics at 2017  
that hospital and who has agreed to be the collaborating 2018  
physician for the applicant in accordance with section 4723.43 2019  
of the Revised Code. 2020

(D) Any person may apply to the court of common pleas for 2021  
temporary or permanent injunctions restraining a violation of 2022  
division (A), (B), or (C) of this section. This action is an 2023  
additional remedy not dependent on the adequacy of the remedy at 2024  
law. 2025

(E) (1) If a hospital does not provide or permit the 2026  
provision of any diagnostic or treatment service for mental or 2027  
emotional disorders or any other service that may be legally 2028  
performed by a psychologist licensed under Chapter 4732. of the 2029  
Revised Code, this section does not require the hospital to 2030

provide or permit the provision of any such service and the 2031  
hospital shall be exempt from requirements of this section 2032  
pertaining to psychologists. 2033

(2) This section does not impair the right of a hospital 2034  
to enter into an employment, personal service, or any other kind 2035  
of contract with a licensed psychologist, upon any such terms as 2036  
the parties may mutually agree, for the provision of any service 2037  
that may be legally performed by a licensed psychologist. 2038

**Sec. 3701.926.** (A) To be eligible for inclusion in the 2039  
patient centered medical home education pilot project, a primary 2040  
care practice led by physicians shall meet all of the following 2041  
requirements: 2042

(1) Consist of physicians who are board-certified in 2043  
family medicine, general pediatrics, or internal medicine, as 2044  
those designations are issued by a medical specialty certifying 2045  
board recognized by the American board of medical specialties or 2046  
American osteopathic association; 2047

(2) Be capable of adapting the practice during the period 2048  
in which the practice participates in the patient centered 2049  
medical home education pilot project in such a manner that the 2050  
practice is fully compliant with the minimum standards for 2051  
operation of a patient centered medical home, as those standards 2052  
are established by the director of health; 2053

(3) Have submitted an application to participate in the 2054  
project established under former section 185.05 of the Revised 2055  
Code not later than April 15, 2011. 2056

(4) Meet any other criteria established by the director as 2057  
part of the selection process. 2058

(B) To be eligible for inclusion in the pilot project, a 2059

primary care practice led by advanced practice registered nurses 2060  
shall meet all of the following requirements: 2061

(1) Consist of advanced practice registered nurses, each 2062  
of whom meets ~~all both~~ of the following requirements: 2063

(a)  ~~Holds a certificate to prescribe issued under section~~ 2064  
 ~~4723.48 of the Revised Code; Is authorized to prescribe drugs and~~ 2065  
 ~~therapeutic devices under section 4723.43 of the Revised Code;~~ 2066

(b) Is board-certified by a national certifying 2067  
organization approved by the board of nursing pursuant to 2068  
section 4723.46 of the Revised Code as a family nurse 2069  
practitioner ~~or, adult nurse practitioner by the American~~ 2070  
 ~~academy of nurse practitioners or American nurses credentialing~~ 2071  
 ~~center, board certified as a geriatric adult-gerontology nurse~~ 2072  
practitioner ~~or, women's health nurse practitioner by the~~ 2073  
 ~~American nurses credentialing center, or is board certified as a~~ 2074  
pediatric nurse practitioner ~~by the American nurses~~ 2075  
 ~~credentialing center or pediatric nursing certification board;~~ 2076

(c) Collaborates under a standard care arrangement with a 2077  
physician with board certification as specified in division (A) 2078  
(1) of this section and who is an active participant on the 2079  
health care team. 2080

(2) Be capable of adapting the practice during the period 2081  
in which the practice participates in the project in such a 2082  
manner that the practice is fully compliant with the minimum 2083  
standards for operation of a patient centered medical home, as 2084  
those standards are established by the director; 2085

(3) Have submitted an application to participate in the 2086  
project established under former section 185.05 of the Revised 2087  
Code not later than April 15, 2011. 2088

(4) Meet any other criteria established by the director as 2089  
part of the selection process. 2090

**Sec. 3719.121.** (A) Except as otherwise provided in section 2091  
4723.28, 4723.35, 4730.25, 4731.22, 4734.39, or 4734.41 of the 2092  
Revised Code, the license, certificate, or registration of any 2093  
dentist, chiropractor, physician, podiatrist, registered nurse, 2094  
advanced practice registered nurse, licensed practical nurse, 2095  
physician assistant, pharmacist, pharmacy intern, optometrist, 2096  
or veterinarian who is or becomes addicted to the use of 2097  
controlled substances shall be suspended by the board that 2098  
authorized the person's license, certificate, or registration 2099  
until the person offers satisfactory proof to the board that the 2100  
person no longer is addicted to the use of controlled 2101  
substances. 2102

(B) If the board under which a person has been issued a 2103  
license, certificate, or evidence of registration determines 2104  
that there is clear and convincing evidence that continuation of 2105  
the person's professional practice or method of administering, 2106  
prescribing, dispensing, or personally furnishing controlled 2107  
substances or other dangerous drugs presents a danger of 2108  
immediate and serious harm to others, the board may suspend the 2109  
person's license, certificate, or registration without a 2110  
hearing. Except as otherwise provided in sections 4715.30, 2111  
4723.281, 4729.16, 4730.25, 4731.22, and 4734.36 of the Revised 2112  
Code, the board shall follow the procedure for suspension 2113  
without a prior hearing in section 119.07 of the Revised Code. 2114  
The suspension shall remain in effect, unless removed by the 2115  
board, until the board's final adjudication order becomes 2116  
effective, except that if the board does not issue its final 2117  
adjudication order within ninety days after the hearing, the 2118  
suspension shall be void on the ninety-first day after the 2119

hearing. 2120

(C) On receiving notification pursuant to section 2929.42 2121  
or 3719.12 of the Revised Code, the board under which a person 2122  
has been issued a license, certificate, or evidence of 2123  
registration immediately shall suspend the license, certificate, 2124  
or registration of that person on a plea of guilty to, a finding 2125  
by a jury or court of the person's guilt of, or conviction of a 2126  
felony drug abuse offense; a finding by a court of the person's 2127  
eligibility for intervention in lieu of conviction; a plea of 2128  
guilty to, or a finding by a jury or court of the person's guilt 2129  
of, or the person's conviction of an offense in another 2130  
jurisdiction that is essentially the same as a felony drug abuse 2131  
offense; or a finding by a court of the person's eligibility for 2132  
treatment or intervention in lieu of conviction in another 2133  
jurisdiction. The board shall notify the holder of the license, 2134  
certificate, or registration of the suspension, which shall 2135  
remain in effect until the board holds an adjudicatory hearing 2136  
under Chapter 119. of the Revised Code. 2137

**Sec. 3727.08.** Not later than ninety days after the 2138  
effective date of this section, every hospital shall adopt 2139  
protocols providing for conducting an interview with the 2140  
patient, for conducting one or more interviews, separate and 2141  
apart from the interview with the patient, with any family or 2142  
household member present, and for creating whenever possible a 2143  
photographic record of the patient's injuries, in situations in 2144  
which a doctor of medicine or osteopathic medicine, hospital 2145  
intern or resident, or registered, advanced practice registered, 2146  
or licensed practical nurse knows or has reasonable cause to 2147  
believe that the patient has been the victim of domestic 2148  
violence, as defined in section 3113.31 of the Revised Code. 2149

**Sec. 3923.233.** Notwithstanding any provision of any 2150  
certificate furnished by an insurer in connection with or 2151  
pursuant to any group sickness and accident insurance policy 2152  
delivered, issued, renewed, or used, in or outside this state, 2153  
on or after January 1, 1985, and notwithstanding any provision 2154  
of any policy of insurance delivered, issued for delivery, 2155  
renewed, or used, in or outside this state, on or after January 2156  
1, 1985, whenever the policy or certificate is subject to the 2157  
jurisdiction of this state and provides for reimbursement for 2158  
any service that may be legally performed by an advanced 2159  
practice registered nurse who holds a current, valid license 2160  
issued under Chapter 4723. of the Revised Code and is designated 2161  
as a certified nurse-midwife who is authorized under in 2162  
accordance with section 4723.42 of the Revised Code ~~to practice~~ 2163  
~~nurse-midwifery~~, reimbursement under the policy or certificate 2164  
shall not be denied to a certified nurse-midwife performing the 2165  
service in collaboration with a licensed physician. The 2166  
collaborating physician shall be identified on an insurance 2167  
claim form. 2168

The cost of collaboration with a certified nurse-midwife 2169  
by a licensed physician as required under section 4723.43 of the 2170  
Revised Code is a reimbursable expense. 2171

The division of any reimbursement payment for services 2172  
performed by a certified nurse-midwife between the certified 2173  
nurse-midwife and the certified nurse-midwife's collaborating 2174  
physician shall be determined and mutually agreed upon by the 2175  
certified nurse-midwife and the physician. The division of fees 2176  
shall not be considered a violation of division (B) (17) of 2177  
section 4731.22 of the Revised Code. In no case shall the total 2178  
fees charged exceed the fee the physician would have charged had 2179  
the physician provided the entire service. 2180

**Sec. 3923.301.** Every person, the state and any of its 2181  
instrumentalities, any county, township, school district, or 2182  
other political subdivision and any of its instrumentalities, 2183  
and any municipal corporation and any of its instrumentalities 2184  
that provides payment for health care benefits for any of its 2185  
employees resident in this state, which benefits are not 2186  
provided by contract with an insurer qualified to provide 2187  
sickness and accident insurance or a health insuring 2188  
corporation, and that includes reimbursement for any service 2189  
that may be legally performed by an advanced practice registered 2190  
nurse who holds a current, valid license issued under Chapter 2191  
4723. of the Revised Code and is designated as a certified 2192  
nurse-midwife ~~who is authorized under~~ in accordance with section 2193  
4723.42 of the Revised Code ~~to practice nurse-midwifery~~, shall 2194  
not deny reimbursement to a certified nurse-midwife performing 2195  
the service if the service is performed in collaboration with a 2196  
licensed physician. The collaborating physician shall be 2197  
identified on the claim form. 2198

The cost of collaboration with a certified nurse-midwife 2199  
by a licensed physician as required under section 4723.43 of the 2200  
Revised Code is a reimbursable expense. 2201

The division of any reimbursement payment for services 2202  
performed by a certified nurse-midwife between the certified 2203  
nurse-midwife and the certified nurse-midwife's collaborating 2204  
physician shall be determined and mutually agreed upon by the 2205  
certified nurse-midwife and the physician. The division of fees 2206  
shall not be considered a violation of division (B) (17) of 2207  
section 4731.22 of the Revised Code. In no case shall the total 2208  
fees charged exceed the fee the physician would have charged had 2209  
the physician provided the entire service. 2210

**Sec. 3923.63.** (A) Notwithstanding section 3901.71 of the Revised Code, each individual or group policy of sickness and accident insurance delivered, issued for delivery, or renewed 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:

(1) The policy 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.

(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 2241  
this section to discharge a mother or newborn prior to the 2242  
expiration of the applicable number of hours of inpatient care 2243  
required to be covered, the coverage of follow-up care shall 2244  
apply to all follow-up care that is provided within seventy-two 2245  
hours after discharge. When a mother or newborn receives at 2246  
least the number of hours of inpatient care required to be 2247  
covered, the coverage of follow-up care shall apply to follow-up 2248  
care that is determined to be medically necessary by the health 2249  
care professionals responsible for discharging the mother or 2250  
newborn. 2251

(B) Any decision to shorten the length of inpatient stay 2252  
to less than that specified under division (A)(1) of this 2253  
section shall be made by the physician attending the mother or 2254  
newborn, except that if a certified nurse-midwife is attending 2255  
the mother in collaboration with a physician, the decision may 2256  
be made by the certified nurse-midwife. Decisions regarding 2257  
early discharge shall be made only after conferring with the 2258  
mother or a person responsible for the mother or newborn. For 2259  
purposes of this division, a person responsible for the mother 2260  
or newborn may include a parent, guardian, or any other person 2261  
with authority to make medical decisions for the mother or 2262  
newborn. 2263

(C) (1) No sickness and accident insurer may do either of 2264  
the following: 2265

(a) Terminate the participation of a health care 2266  
professional or health care facility as a provider under a 2267  
sickness and accident insurance policy solely for making 2268  
recommendations for inpatient or follow-up care for a particular 2269  
mother or newborn that are consistent with the care required to 2270

be covered by this section;	2271
(b) Establish or offer monetary or other financial	2272
incentives for the purpose of encouraging a person to decline	2273
the inpatient or follow-up care required to be covered by this	2274
section.	2275
(2) Whoever violates division (C) (1) (a) or (b) of this	2276
section has engaged in an unfair and deceptive act or practice	2277
in the business of insurance under sections 3901.19 to 3901.26	2278
of the Revised Code.	2279
(D) This section does not do any of the following:	2280
(1) Require a policy to cover inpatient or follow-up care	2281
that is not received in accordance with the policy's terms	2282
pertaining to the health care professionals and facilities from	2283
which an individual is authorized to receive health care	2284
services;	2285
(2) Require a mother or newborn to stay in a hospital or	2286
other inpatient setting for a fixed period of time following	2287
delivery;	2288
(3) Require a child to be delivered in a hospital or other	2289
inpatient setting;	2290
(4) Authorize a <u>certified</u> nurse-midwife to practice beyond	2291
the authority to practice nurse-midwifery in accordance with	2292
Chapter 4723. of the Revised Code;	2293
(5) Establish minimum standards of medical diagnosis, care	2294
or treatment for inpatient or follow-up care for a mother or	2295
newborn. A deviation from the care required to be covered under	2296
this section shall not, solely on the basis of this section,	2297
give rise to a medical claim or derivative medical claim, as	2298

those terms are defined in section 2305.113 of the Revised Code. 2299

**Sec. 3923.64.** (A) Notwithstanding section 3901.71 of the 2300  
Revised Code, each public employee benefit plan established or 2301  
modified in this state that provides maternity benefits shall 2302  
provide coverage of inpatient care and follow-up care for a 2303  
mother and her newborn as follows: 2304

(1) The plan shall cover a minimum of forty-eight hours of 2305  
inpatient care following a normal vaginal delivery and a minimum 2306  
of ninety-six hours of inpatient care following a cesarean 2307  
delivery. Services covered as inpatient care shall include 2308  
medical, educational, and any other services that are consistent 2309  
with the inpatient care recommended in the protocols and 2310  
guidelines developed by national organizations that represent 2311  
pediatric, obstetric, and nursing professionals. 2312

(2) The plan shall cover a physician-directed source of 2313  
follow-up care or a source of follow-up care directed by an 2314  
advanced practice registered nurse. Services covered as follow- 2315  
up care shall include physical assessment of the mother and 2316  
newborn, parent education, assistance and training in breast or 2317  
bottle feeding, assessment of the home support system, 2318  
performance of any medically necessary and appropriate clinical 2319  
tests, and any other services that are consistent with the 2320  
follow-up care recommended in the protocols and guidelines 2321  
developed by national organizations that represent pediatric, 2322  
obstetric, and nursing professionals. The coverage shall apply 2323  
to services provided in a medical setting or through home health 2324  
care visits. The coverage shall apply to a home health care 2325  
visit only if the health care professional who conducts the 2326  
visit is knowledgeable and experienced in maternity and newborn 2327  
care. 2328

When a decision is made in accordance with division (B) of 2329  
this section to discharge a mother or newborn prior to the 2330  
expiration of the applicable number of hours of inpatient care 2331  
required to be covered, the coverage of follow-up care shall 2332  
apply to all follow-up care that is provided within seventy-two 2333  
hours after discharge. When a mother or newborn receives at 2334  
least the number of hours of inpatient care required to be 2335  
covered, the coverage of follow-up care shall apply to follow-up 2336  
care that is determined to be medically necessary by the health 2337  
care professionals responsible for discharging the mother or 2338  
newborn. 2339

(B) Any decision to shorten the length of inpatient stay 2340  
to less than that specified under division (A)(1) of this 2341  
section shall be made by the physician attending the mother or 2342  
newborn, except that if a certified nurse-midwife is attending 2343  
the mother in collaboration with a physician, the decision may 2344  
be made by the certified nurse-midwife. Decisions regarding 2345  
early discharge shall be made only after conferring with the 2346  
mother or a person responsible for the mother or newborn. For 2347  
purposes of this division, a person responsible for the mother 2348  
or newborn may include a parent, guardian, or any other person 2349  
with authority to make medical decisions for the mother or 2350  
newborn. 2351

(C) (1) No public employer who offers an employee benefit 2352  
plan may do either of the following: 2353

(a) Terminate the participation of a health care 2354  
professional or health care facility as a provider under the 2355  
plan solely for making recommendations for inpatient or follow- 2356  
up care for a particular mother or newborn that are consistent 2357  
with the care required to be covered by this section; 2358

(b) Establish or offer monetary or other financial 2359  
incentives for the purpose of encouraging a person to decline 2360  
the inpatient or follow-up care required to be covered by this 2361  
section. 2362

(2) Whoever violates division (C) (1) (a) or (b) of this 2363  
section has engaged in an unfair and deceptive act or practice 2364  
in the business of insurance under sections 3901.19 to 3901.26 2365  
of the Revised Code. 2366

(D) This section does not do any of the following: 2367

(1) Require a plan to cover inpatient or follow-up care 2368  
that is not received in accordance with the plan's terms 2369  
pertaining to the health care professionals and facilities from 2370  
which an individual is authorized to receive health care 2371  
services; 2372

(2) Require a mother or newborn to stay in a hospital or 2373  
other inpatient setting for a fixed period of time following 2374  
delivery; 2375

(3) Require a child to be delivered in a hospital or other 2376  
inpatient setting; 2377

(4) Authorize a certified nurse-midwife to practice beyond 2378  
the authority to practice nurse-midwifery in accordance with 2379  
Chapter 4723. of the Revised Code; 2380

(5) Establish minimum standards of medical diagnosis, 2381  
care, or treatment for inpatient or follow-up care for a mother 2382  
or newborn. A deviation from the care required to be covered 2383  
under this section shall not, solely on the basis of this 2384  
section, give rise to a medical claim or derivative medical 2385  
claim, as those terms are defined in section 2305.113 of the 2386  
Revised Code. 2387

<b>Sec. 4713.02.</b> (A) There is hereby created the state board	2388
of cosmetology, consisting of all of the following members	2389
appointed by the governor, with the advice and consent of the	2390
senate:	2391
(1) One individual holding a current, valid cosmetologist	2392
or cosmetology instructor license at the time of appointment;	2393
(2) Two individuals holding current, valid cosmetologist	2394
licenses and actively engaged in managing beauty salons for a	2395
period of not less than five years at the time of appointment;	2396
(3) One individual who holds a current, valid independent	2397
contractor license at the time of appointment and practices a	2398
branch of cosmetology;	2399
(4) One individual who represents individuals who teach	2400
the theory and practice of a branch of cosmetology at a	2401
vocational or career-technical school;	2402
(5) One owner or executive actively engaged in the daily	2403
operations of a licensed school of cosmetology;	2404
(6) One owner of at least five licensed salons;	2405
(7) One individual who is either a certified nurse	2406
practitioner or clinical nurse specialist holding a <del>certificate</del>	2407
<del>of authority</del> <u>current, valid license to practice nursing as an</u>	2408
<u>advanced practice registered nurse</u> issued under Chapter 4723. of	2409
the Revised Code, or a physician authorized under Chapter 4731.	2410
of the Revised Code to practice medicine and surgery or	2411
osteopathic medicine and surgery;	2412
(8) One individual representing the general public;	2413
(9) One individual who holds a current, valid tanning	2414
permit and who has owned or managed a tanning facility for at	2415

least five years immediately preceding the individual's 2416  
appointment; 2417

(10) One individual who holds a current, valid esthetician 2418  
license and who has been actively practicing esthetics for a 2419  
period of not less than five years immediately preceding the 2420  
individual's appointment. 2421

(B) The superintendent of public instruction shall 2422  
nominate three individuals for the governor to choose from when 2423  
making an appointment under division (A) (4) of this section. 2424

(C) All members shall be at least twenty-five years of 2425  
age, residents of the state, and citizens of the United States. 2426  
No more than two members, at any time, shall be graduates of the 2427  
same school of cosmetology. Not more than one member shall have 2428  
a common financial connection with any school of cosmetology or 2429  
salon. 2430

Terms of office are for five years. Terms shall commence 2431  
on the first day of November and end on the thirty-first day of 2432  
October. Each member shall hold office from the date of 2433  
appointment until the end of the term for which appointed. In 2434  
case of a vacancy occurring on the board, the governor shall, in 2435  
the same manner prescribed for the regular appointment to the 2436  
board, fill the vacancy by appointing a member. Any member 2437  
appointed to fill a vacancy occurring prior to the expiration of 2438  
the term for which the member's predecessor was appointed shall 2439  
hold office for the remainder of such term. Any member shall 2440  
continue in office subsequent to the expiration date of the 2441  
member's term until the member's successor takes office, or 2442  
until a period of sixty days has elapsed, whichever occurs 2443  
first. Before entering upon the discharge of the duties of the 2444  
office of member, each member shall take, and file with the 2445

secretary of state, the oath of office required by Section 7 of 2446  
Article XV, Ohio Constitution. 2447

The members of the board shall receive an amount fixed 2448  
pursuant to Chapter 124. of the Revised Code per diem for every 2449  
meeting of the board which they attend, together with their 2450  
necessary expenses, and mileage for each mile necessarily 2451  
traveled. 2452

The members of the board shall annually elect, from among 2453  
their number, a chairperson and a vice-chairperson. The 2454  
executive director appointed pursuant to section 4713.06 of the 2455  
Revised Code shall serve as the board's secretary. 2456

(D) The board shall prescribe the duties of its officers 2457  
and establish an office within Franklin county. The board shall 2458  
keep all records and files at the office and have the records 2459  
and files at all reasonable hours open to public inspection in 2460  
accordance with section 149.43 of the Revised Code and any rules 2461  
adopted by the board in compliance with this state's record 2462  
retention policy. The board also shall adopt a seal. 2463

**Sec. 4723.01.** As used in this chapter: 2464

(A) "Registered nurse" means an individual who holds a 2465  
current, valid license issued under this chapter that authorizes 2466  
the practice of nursing as a registered nurse. 2467

(B) "Practice of nursing as a registered nurse" means 2468  
providing to individuals and groups nursing care requiring 2469  
specialized knowledge, judgment, and skill derived from the 2470  
principles of biological, physical, behavioral, social, and 2471  
nursing sciences. Such nursing care includes: 2472

(1) Identifying patterns of human responses to actual or 2473  
potential health problems amenable to a nursing regimen; 2474

(2) Executing a nursing regimen through the selection,	2475
performance, management, and evaluation of nursing actions;	2476
(3) Assessing health status for the purpose of providing	2477
nursing care;	2478
(4) Providing health counseling and health teaching;	2479
(5) Administering medications, treatments, and executing	2480
regimens authorized by an individual who is authorized to	2481
practice in this state and is acting within the course of the	2482
individual's professional practice;	2483
(6) Teaching, administering, supervising, delegating, and	2484
evaluating nursing practice.	2485
(C) "Nursing regimen" may include preventative,	2486
restorative, and health-promotion activities.	2487
(D) "Assessing health status" means the collection of data	2488
through nursing assessment techniques, which may include	2489
interviews, observation, and physical evaluations for the	2490
purpose of providing nursing care.	2491
(E) "Licensed practical nurse" means an individual who	2492
holds a current, valid license issued under this chapter that	2493
authorizes the practice of nursing as a licensed practical	2494
nurse.	2495
(F) "The practice of nursing as a licensed practical	2496
nurse" means providing to individuals and groups nursing care	2497
requiring the application of basic knowledge of the biological,	2498
physical, behavioral, social, and nursing sciences at the	2499
direction of a registered nurse or any of the following who is	2500
authorized to practice in this state: a physician, physician	2501
assistant, dentist, podiatrist, optometrist, or chiropractor.	2502

Such nursing care includes:	2503
(1) Observation, patient teaching, and care in a diversity of health care settings;	2504 2505
(2) Contributions to the planning, implementation, and evaluation of nursing;	2506 2507
(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;	2508 2509 2510 2511 2512 2513
(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;	2514 2515 2516 2517 2518 2519 2520
(5) Delegation of nursing tasks as directed by a registered nurse;	2521 2522
(6) Teaching nursing tasks to licensed practical nurses and individuals to whom the licensed practical nurse is authorized to delegate nursing tasks as directed by a registered nurse.	2523 2524 2525 2526
(G) "Certified registered nurse anesthetist" means <del>a</del> <u>an</u> <u>advanced practice</u> registered nurse who holds a <u>current, valid</u> <del>certificate of authority license</del> issued under this chapter <del>that</del> <del>authorizes the practice of nursing and is designated as a</del> certified registered nurse anesthetist in accordance with	2527 2528 2529 2530 2531

section ~~4723.43~~4723.42 of the Revised Code and rules adopted by 2532  
the board of nursing. 2533

(H) "Clinical nurse specialist" means ~~a~~ an advanced 2534  
practice registered nurse who holds a current, valid ~~certificate~~ 2535  
~~of authority~~ license issued under this chapter ~~that authorizes~~ 2536  
~~the practice of nursing and is designated~~ as a clinical nurse 2537  
specialist in accordance with section ~~4723.43~~4723.42 of the 2538  
Revised Code and rules adopted by the board of nursing. 2539

(I) "Certified nurse-midwife" means ~~a~~ an advanced practice 2540  
registered nurse who holds a current, valid ~~certificate of~~ 2541  
~~authority~~ license issued under this chapter ~~that authorizes the~~ 2542  
~~practice of nursing and is designated~~ as a certified nurse- 2543  
midwife in accordance with section ~~4723.43~~4723.42 of the 2544  
Revised Code and rules adopted by the board of nursing. 2545

(J) "Certified nurse practitioner" means ~~a~~ an advanced 2546  
practice registered nurse who holds a current, valid ~~certificate~~ 2547  
~~of authority~~ license issued under this chapter ~~that authorizes~~ 2548  
~~the practice of nursing and is designated~~ as a certified nurse 2549  
practitioner in accordance with section ~~4723.43~~4723.42 of the 2550  
Revised Code and rules adopted by the board of nursing. 2551

(K) "Physician" means an individual authorized under 2552  
Chapter 4731. of the Revised Code to practice medicine and 2553  
surgery or osteopathic medicine and surgery. 2554

(L) "Collaboration" or "collaborating" means the 2555  
following: 2556

(1) In the case of a clinical nurse specialist, ~~except as~~ 2557  
~~provided in division (L) (3) of this section,~~ or a certified 2558  
nurse practitioner, that one or more podiatrists acting within 2559  
the scope of practice of podiatry in accordance with section 2560

4731.51 of the Revised Code and with whom the nurse has entered 2561  
into a standard care arrangement or one or more physicians with 2562  
whom the nurse has entered into a standard care arrangement are 2563  
continuously available to communicate with the clinical nurse 2564  
specialist or certified nurse practitioner either in person or 2565  
~~by radio, telephone, or other form of telecommunication~~ 2566  
electronic communication; 2567

(2) In the case of a certified nurse-midwife, that one or 2568  
more physicians with whom the certified nurse-midwife has 2569  
entered into a standard care arrangement are continuously 2570  
available to communicate with the certified nurse-midwife either 2571  
in person or ~~by radio, telephone, or other form of~~ 2572  
~~telecommunication;~~ 2573

~~(3) In the case of a clinical nurse specialist who~~ 2574  
~~practices the nursing specialty of mental health or psychiatric~~ 2575  
~~mental health without being authorized to prescribe drugs and~~ 2576  
~~therapeutic devices, that one or more physicians are~~ 2577  
~~continuously available to communicate with the nurse either in~~ 2578  
~~person or by radio, telephone, or other form of~~ 2579  
~~telecommunication~~ electronic communication. 2580

(M) "Supervision," as it pertains to a certified 2581  
registered nurse anesthetist, means that the certified 2582  
registered nurse anesthetist is under the direction of a 2583  
podiatrist acting within the podiatrist's scope of practice in 2584  
accordance with section 4731.51 of the Revised Code, a dentist 2585  
acting within the dentist's scope of practice in accordance with 2586  
Chapter 4715. of the Revised Code, or a physician, and, when 2587  
administering anesthesia, the certified registered nurse 2588  
anesthetist is in the immediate presence of the podiatrist, 2589  
dentist, or physician. 2590

(N) "Standard care arrangement" means a written, formal 2591  
guide for planning and evaluating a patient's health care that 2592  
is developed by one or more collaborating physicians or 2593  
podiatrists and a clinical nurse specialist, certified nurse- 2594  
midwife, or certified nurse practitioner and meets the 2595  
requirements of section 4723.431 of the Revised Code. 2596

(O) "Advanced practice registered nurse" means ~~a certified~~ 2597  
~~registered nurse anesthetist, clinical nurse specialist,~~ 2598  
~~certified nurse midwife, or certified nurse practitioner~~ an 2599  
individual who holds a current, valid license issued under this 2600  
chapter that authorizes the practice of nursing as an advanced 2601  
practice registered nurse and is designated as any of the 2602  
following: 2603

(1) A certified registered nurse anesthetist; 2604

(2) A clinical nurse specialist; 2605

(3) A certified nurse-midwife; 2606

(4) A certified nurse practitioner. 2607

(P) "Practice of nursing as an advanced practice 2608  
registered nurse" means providing to individuals and groups 2609  
nursing care that requires knowledge and skill obtained from 2610  
advanced formal education, training, and clinical experience. 2611  
Such nursing care includes the care described in section 4723.43 2612  
of the Revised Code. 2613

~~(P)~~ (Q) "Dialysis care" means the care and procedures that 2614  
a dialysis technician or dialysis technician intern is 2615  
authorized to provide and perform, as specified in section 2616  
4723.72 of the Revised Code. 2617

~~(Q)~~ (R) "Dialysis technician" means an individual who 2618

holds a current, valid certificate to practice as a dialysis technician issued under section 4723.75 of the Revised Code. 2619  
2620

~~(R)~~(S) "Dialysis technician intern" means an individual who holds a current, valid certificate to practice as a dialysis technician intern issued under section 4723.75 of the Revised Code. 2621  
2622  
2623  
2624

~~(S)~~(T) "Certified community health worker" means an individual who holds a current, valid certificate as a community health worker issued under section 4723.85 of the Revised Code. 2625  
2626  
2627

~~(T)~~(U) "Medication aide" means an individual who holds a current, valid certificate issued under this chapter that authorizes the individual to administer medication in accordance with section 4723.67 of the Revised Code; 2628  
2629  
2630  
2631

(V) "Nursing specialty" means a specialty in practice as a certified registered nurse anesthetist, clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner. 2632  
2633  
2634  
2635

Sec. 4723.011. As used in this chapter, unless otherwise specified, "registered nurse" includes a registered nurse who is also licensed under this chapter as an advanced practice registered nurse. 2636  
2637  
2638  
2639

**Sec. 4723.02.** The board of nursing shall assume and exercise all the powers and perform all the duties conferred and imposed on it by this chapter. 2640  
2641  
2642

The board shall consist of thirteen members who shall be citizens of the United States and residents of Ohio. Eight members shall be registered nurses, each of whom shall be a graduate of an approved program of nursing education that prepares persons for licensure as a registered nurse, shall hold 2643  
2644  
2645  
2646  
2647

a currently active license issued under this chapter to practice 2648  
nursing as a registered nurse, and shall have been actively 2649  
engaged in the practice of nursing as a registered nurse for the 2650  
five years immediately preceding the member's initial 2651  
appointment to the board. Of the eight members who are 2652  
registered nurses, at least ~~one~~ two shall hold a current, valid 2653  
~~certificate of authority license~~ issued under this chapter that 2654  
authorizes the practice of nursing as ~~a certified registered~~ 2655  
~~nurse anesthetist, clinical nurse specialist, certified nurse~~ 2656  
~~midwife, or certified nurse practitioner~~ an advanced practice 2657  
registered nurse. Four members shall be licensed practical 2658  
nurses, each of whom shall be a graduate of an approved program 2659  
of nursing education that prepares persons for licensure as a 2660  
practical nurse, shall hold a currently active license issued 2661  
under this chapter to practice nursing as a licensed practical 2662  
nurse, and shall have been actively engaged in the practice of 2663  
nursing as a licensed practical nurse for the five years 2664  
immediately preceding the member's initial appointment to the 2665  
board. One member shall represent the interests of consumers of 2666  
health care. Neither this member nor any person in the member's 2667  
immediate family shall be a member of or associated with a 2668  
health care provider or profession or shall have a financial 2669  
interest in the delivery or financing of health care. 2670  
Representation of nursing service and nursing education and of 2671  
the various geographical areas of the state shall be considered 2672  
in making appointments. 2673

As the term of any member of the board expires, a 2674  
successor shall be appointed who has the qualifications the 2675  
vacancy requires. Terms of office shall be for four years, 2676  
commencing on the first day of January and ending on the thirty- 2677  
first day of December. 2678

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

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

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

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

Seven members of the board including at least four registered nurses and at least one licensed practical nurse shall at all times constitute a quorum.

Each member of the board shall receive an amount fixed

pursuant to division (J) of section 124.15 of the Revised Code 2708  
for each day in attendance at board meetings and in discharge of 2709  
official duties, and in addition thereto, necessary expense 2710  
incurred in the performance of such duties. 2711

The board shall elect one of its nurse members as 2712  
president and one as vice-president. The board shall elect one 2713  
of its registered nurse members to serve as the supervising 2714  
member for disciplinary matters. 2715

The board may establish advisory groups to serve in 2716  
consultation with the board or the executive director. Each 2717  
advisory group shall be given a specific charge in writing and 2718  
shall report to the board. Members of advisory groups shall 2719  
serve without compensation but shall receive their actual and 2720  
necessary expenses incurred in the performance of their official 2721  
duties. 2722

**Sec. 4723.03.** (A) No person shall engage in the practice 2723  
of nursing as a registered nurse, represent the person as being 2724  
a registered nurse, or use the title "registered nurse," the 2725  
initials "R.N.," or any other title implying that the person is 2726  
a registered nurse, for a fee, salary, or other consideration, 2727  
or as a volunteer, without holding a current, valid license as a 2728  
registered nurse under this chapter. 2729

(B) No person shall knowingly do any of the following 2730  
without holding a current, valid license to practice nursing as 2731  
an advanced practice registered nurse issued under this chapter: 2732

(1) Engage in the practice of nursing as an advanced 2733  
practice registered nurse; 2734

(2) Represent the person as being an advanced practice 2735  
registered nurse; 2736

(3) Use the title "advanced practice registered nurse," 2737  
the initials "A.P.R.N.," or any other title implying that the 2738  
person is an advanced practice registered nurse, for a fee, 2739  
salary, or other consideration, or as a volunteer. 2740

(C) No person who is not otherwise authorized to do so 2741  
shall knowingly prescribe or personally furnish drugs or 2742  
therapeutic devices without holding a current, valid license to 2743  
practice nursing as an advanced practice registered nurse issued 2744  
under this chapter and being designated as a clinical nurse 2745  
specialist, certified nurse-midwife, or certified nurse 2746  
practitioner under section 4723.42 of the Revised Code; 2747

(D) No person shall engage in the practice of nursing as a 2748  
licensed practical nurse, represent the person as being a 2749  
licensed practical nurse, or use the title "licensed practical 2750  
nurse," the initials "L.P.N.," or any other title implying that 2751  
the person is a licensed practical nurse, for a fee, salary, or 2752  
other consideration, or as a volunteer, without holding a 2753  
current, valid license as a practical nurse under this chapter. 2754

~~(C)~~ (E) No person shall use the titles or initials 2755  
"graduate nurse," "G.N.," "professional nurse," "P.N.," 2756  
"graduate practical nurse," "G.P.N.," "practical nurse," "P.N.," 2757  
"trained nurse," "T.N.," or any other statement, title, or 2758  
initials that would imply or represent to the public that the 2759  
person is authorized to practice nursing in this state, except 2760  
as follows: 2761

(1) A person licensed under this chapter to practice 2762  
nursing as a registered nurse may use that title and the 2763  
initials "R.N."; 2764

(2) A person licensed under this chapter to practice 2765

nursing as a licensed practical nurse may use that title and the 2766  
initials "L.P.N."; 2767

(3) A person ~~authorized~~licensed under this chapter to 2768  
practice nursing as an advanced practice registered nurse and 2769  
designated as a certified registered nurse anesthetist may use 2770  
that title~~, or~~ the initials "A.P.R.N.-C.R.N.A." ~~or "N.A.,"~~ and 2771  
~~any other title or initials approved by the board of nursing;~~ 2772

(4) A person ~~authorized~~licensed under this chapter to 2773  
practice nursing as an advanced practice registered nurse and 2774  
designated as a clinical nurse specialist may use that title~~, or~~ 2775  
the initials "A.P.R.N.-C.N.S." ~~and any other title or initials~~ 2776  
~~approved by the board;~~ 2777

(5) A person ~~authorized~~licensed under this chapter to 2778  
practice nursing as an advanced practice registered nurse and 2779  
designated as a certified nurse-midwife may use that title~~, or~~ 2780  
the initials "A.P.R.N.-C.N.M." ~~and any other title or initials~~ 2781  
~~approved by the board;~~ 2782

(6) A person ~~authorized~~licensed under this chapter to 2783  
practice nursing as an advanced practice registered nurse and 2784  
designated as a certified nurse practitioner may use that title~~, or~~ 2785  
~~or~~ the initials "A.P.R.N.-C.N.P." ~~and any other title or~~ 2786  
~~initials approved by the board;~~ 2787

(7) A person ~~authorized~~licensed under this chapter to 2788  
practice nursing as ~~a certified registered nurse anesthetist,~~ 2789  
~~clinical nurse specialist, certified nurse midwife, or certified~~ 2790  
~~nurse practitioner~~an advanced practice registered nurse may use 2791  
the title "advanced practice registered nurse" or the initials 2792  
"A.P.R.N." 2793

~~(D)~~(F) No person shall employ a person not licensed as a 2794

registered nurse under this chapter to engage in the practice of 2795  
nursing as a registered nurse. ~~No~~ 2796

No person shall knowingly employ a person not licensed as 2797  
an advanced practice registered nurse under this chapter to 2798  
engage in the practice of nursing as an advanced practice 2799  
registered nurse. 2800

No person shall employ a person not licensed as a 2801  
practical nurse under this chapter to engage in the practice of 2802  
nursing as a licensed practical nurse. 2803

~~(E)~~ (G) No person shall sell or fraudulently obtain or 2804  
furnish any nursing diploma, license, certificate, renewal, or 2805  
record, or aid or abet such acts. 2806

**Sec. 4723.06.** (A) The board of nursing shall: 2807

(1) Administer and enforce the provisions of this chapter, 2808  
including the taking of disciplinary action for violations of 2809  
section 4723.28 of the Revised Code, any other provisions of 2810  
this chapter, or rules adopted under this chapter; 2811

(2) Develop criteria that an applicant must meet to be 2812  
eligible to sit for the examination for licensure to practice as 2813  
a registered nurse or as a licensed practical nurse; 2814

(3) Issue and renew nursing licenses, dialysis technician 2815  
certificates, and community health worker certificates, as 2816  
provided in this chapter; 2817

(4) Define the minimum educational standards for 2818  
~~educational programs of the schools~~ and programs of registered 2819  
nursing and ~~schools of~~ practical nursing in this state; 2820

(5) Survey, inspect, and grant full approval to 2821  
prelicensure nursing education programs in this state that meet 2822

the standards established by rules adopted under section 4723.07 2823  
of the Revised Code. Prelicensure nursing education programs 2824  
include, but are not limited to, diploma, associate degree, 2825  
baccalaureate degree, master's degree, and doctor of nursing 2826  
programs leading to initial licensure to practice nursing as a 2827  
registered nurse and practical nurse programs leading to initial 2828  
licensure to practice nursing as a licensed practical nurse. 2829

(6) Grant conditional approval, by a vote of a quorum of 2830  
the board, to a new prelicensure nursing education program or a 2831  
program that is being reestablished after having ceased to 2832  
operate, if the program meets and maintains the minimum 2833  
standards of the board established by rules adopted under 2834  
section 4723.07 of the Revised Code. If the board does not grant 2835  
conditional approval, it shall hold an adjudication under 2836  
Chapter 119. of the Revised Code to consider conditional 2837  
approval of the program. If the board grants conditional 2838  
approval, at the first meeting following completion of the 2839  
survey process required by division (A) (5) of this section, the 2840  
board shall determine whether to grant full approval to the 2841  
program. If the board does not grant full approval or if it 2842  
appears that the program has failed to meet and maintain 2843  
standards established by rules adopted under section 4723.07 of 2844  
the Revised Code, the board shall hold an adjudication under 2845  
Chapter 119. of the Revised Code to consider the program. Based 2846  
on results of the adjudication, the board may continue or 2847  
withdraw conditional approval, or grant full approval. 2848

(7) Place on provisional approval, for a period of time 2849  
specified by the board, a prelicensure nursing education program 2850  
that has ceased to meet and maintain the minimum standards of 2851  
the board established by rules adopted under section 4723.07 of 2852  
the Revised Code. Prior to or at the end of the period, the 2853

board shall reconsider whether the program meets the standards 2854  
and shall grant full approval if it does. If it does not, the 2855  
board may withdraw approval, pursuant to an adjudication under 2856  
Chapter 119. of the Revised Code. 2857

(8) Approve continuing education programs and courses 2858  
under standards established in rules adopted under sections 2859  
4723.07, 4723.69, 4723.79, and 4723.88 of the Revised Code; 2860

(9) Establish a program for monitoring chemical dependency 2861  
in accordance with section 4723.35 of the Revised Code; 2862

(10) Establish the practice intervention and improvement 2863  
program in accordance with section 4723.282 of the Revised Code; 2864

~~(11) Issue and renew certificates of authority to practice 2865  
nursing as a certified registered nurse anesthetist, clinical 2866  
nurse specialist, certified nurse midwife, or certified nurse 2867  
practitioner; 2868~~

~~(12) Approve under section 4723.46 of the Revised Code 2869  
national certifying organizations for examination and 2870  
certification of certified registered nurse anesthetists, 2871  
clinical nurse specialists, certified nurse midwives, or 2872  
certified nurse practitioners; 2873~~

~~(13) Issue and renew certificates to prescribe in 2874  
accordance with sections 4723.48 and 4723.486 of the Revised 2875  
Code; 2876~~

~~(14) Grant approval to the course of study in advanced 2877  
pharmacology and related topics required by described in section 2878  
4723.482 of the Revised Code ~~to be eligible for a certificate to~~ 2879  
~~prescribe; 2880~~~~

~~(15)~~ (12) Make an annual edition of the exclusionary 2881

formulary established in rules adopted under section 4723.50 of 2882  
the Revised Code available to the public ~~either in printed form~~ 2883  
~~or~~ by electronic means and, as soon as possible after any 2884  
revision of the formulary becomes effective, make the revision 2885  
available to the public ~~in printed form or~~ by electronic means; 2886

~~(16)~~ (13) Approve under section 4723.46 of the Revised 2887  
Code national certifying organizations for examination and 2888  
licensure of advanced practice registered nurses, which may 2889  
include separate organizations for each nursing specialty; 2890

(14) Provide guidance and make recommendations to the 2891  
general assembly, the governor, state agencies, and the federal 2892  
government with respect to the regulation of the practice of 2893  
nursing and the enforcement of this chapter; 2894

~~(17)~~ (15) Make an annual report to the governor, which 2895  
shall be open for public inspection; 2896

~~(18)~~ (16) Maintain and have open for public inspection the 2897  
following records: 2898

(a) A record of all its meetings and proceedings; 2899

(b) A record of all applicants for, and holders of, 2900  
licenses and certificates issued by the board under this chapter 2901  
or in accordance with rules adopted under this chapter. The 2902  
record shall be maintained in a format determined by the board. 2903

(c) A list of education and training programs approved by 2904  
the board. 2905

~~(19)~~ (17) Deny conditional approval to a new prelicensure 2906  
nursing education program or a program that is being 2907  
reestablished after having ceased to operate if the program or a 2908  
person who acting on behalf of the program submits or causes to 2909

be submitted to the board false, misleading, or deceptive 2910  
statements, information, or documentation ~~to the board~~ in the 2911  
process of applying for approval of ~~a new education or training~~ 2912  
the program. If the board proposes to deny approval of ~~a new~~ 2913  
~~education or training~~ the program, it shall do so pursuant to an 2914  
adjudication conducted under Chapter 119. of the Revised Code. 2915

(B) The board may fulfill the requirement of division (A) 2916  
(8) of this section by authorizing persons who meet the 2917  
standards established in rules adopted under section 4723.07 of 2918  
the Revised Code to approve continuing education programs and 2919  
courses. Persons so authorized shall approve continuing 2920  
education programs and courses in accordance with standards 2921  
established in rules adopted under section 4723.07 of the 2922  
Revised Code. 2923

Persons seeking authorization to approve continuing 2924  
education programs and courses shall apply to the board and pay 2925  
the appropriate fee established under section 4723.08 of the 2926  
Revised Code. Authorizations to approve continuing education 2927  
programs and courses shall expire and may be renewed according 2928  
to the schedule established in rules adopted under section 2929  
4723.07 of the Revised Code. 2930

In addition to approving continuing education programs 2931  
under division (A) (8) of this section, the board may sponsor 2932  
continuing education activities that are directly related to the 2933  
statutes and rules the board enforces. 2934

(C) (1) The board may deny conditional approval to a new 2935  
prelicensure nursing education program or program that is being 2936  
reestablished after having ceased to operate if the program is 2937  
controlled by a person who controls or has controlled a program 2938  
that had its approval withdrawn, revoked, suspended, or 2939

restricted by the board or a board of another jurisdiction that 2940  
is a member of the national council of state boards of nursing. 2941  
If the board proposes to deny approval, it shall do so pursuant 2942  
to an adjudication conducted under Chapter 119. of the Revised 2943  
Code. 2944

(2) As used in this division, "control" means any of the 2945  
following: 2946

(a) Holding fifty per cent or more of the outstanding 2947  
voting securities or membership interest of a prelicensure 2948  
nursing education program; 2949

(b) In the case of an unincorporated prelicensure nursing 2950  
education program, having the right to fifty per cent or more of 2951  
the program's profits or in the event of a dissolution, fifty 2952  
per cent or more of the program's assets; 2953

(c) In the case of a prelicensure nursing education 2954  
program that is a for-profit or not-for-profit corporation, 2955  
having the contractual authority presently to designate fifty 2956  
per cent or more of its directors; 2957

(d) In the case of a prelicensure nursing education 2958  
program that is a trust, having the contractual authority 2959  
presently to designate fifty per cent or more of its trustees; 2960

(e) Having the authority to direct the management, 2961  
policies, or investments of a prelicensure nursing education 2962  
program. 2963

(D) (1) When an action taken by the board under division 2964  
(A) (6), (7), or (17) or (C) (1) of this section is required to be 2965  
taken pursuant to an adjudication conducted under Chapter 119. 2966  
of the Revised Code, the board may, in lieu of an adjudication 2967  
hearing, enter into a consent agreement to resolve the matter. A 2968

consent agreement, when ratified by a vote of a quorum of the 2969  
board, constitutes the findings and order of the board with 2970  
respect to the matter addressed in the agreement. If the board 2971  
refuses to ratify a consent agreement, the admissions and 2972  
findings contained in the agreement are of no effect. 2973

(2) In any instance in which the board is required under 2974  
Chapter 119. of the Revised Code to give notice to a person 2975  
seeking approval of a prelicensure nursing education program of 2976  
an opportunity for a hearing and the person does not make a 2977  
timely request for a hearing in accordance with section 119.07 2978  
of the Revised Code, the board is not required to hold a 2979  
hearing, but may adopt, by a vote of a quorum, a final order 2980  
that contains the board's findings. 2981

(3) When the board denies or withdraws approval of a 2982  
prelicensure nursing education program, the board may specify 2983  
that its action is permanent. A program subject to a permanent 2984  
action taken by the board is forever ineligible for approval and 2985  
the board shall not accept an application for the program's 2986  
reinstatement or approval. 2987

**Sec. 4723.07.** In accordance with Chapter 119. of the 2988  
Revised Code, the board of nursing shall adopt and may amend and 2989  
rescind rules that establish all of the following: 2990

(A) Provisions for the board's government and control of 2991  
its actions and business affairs; 2992

(B) Minimum standards for nursing education programs that 2993  
prepare graduates to be licensed under this chapter and 2994  
procedures for granting, renewing, and withdrawing approval of 2995  
those programs; 2996

(C) Criteria that applicants for licensure must meet to be 2997

eligible to take examinations for licensure;	2998
(D) Standards and procedures for renewal of the licenses and certificates issued by the board;	2999 3000
(E) Standards for approval of continuing nursing education programs and courses for registered nurses, <u>advanced practice registered nurses, and licensed practical nurses</u> , <del>certified registered nurse anesthetists, clinical nurse specialists, certified nurse midwives, and certified nurse practitioners</del> . The standards may provide for approval of continuing nursing education programs and courses that have been approved by other state boards of nursing or by national accreditation systems for nursing, including, but not limited to, the American nurses' credentialing center and the national association for practical nurse education and service.	3001 3002 3003 3004 3005 3006 3007 3008 3009 3010 3011
(F) Standards that persons must meet to be authorized by the board to approve continuing education programs and courses and a schedule by which that authorization expires and may be renewed;	3012 3013 3014 3015
(G) Requirements, including continuing education requirements, for reactivating inactive licenses or certificates, and for reinstating licenses or certificates that have lapsed;	3016 3017 3018 3019
(H) Conditions that may be imposed for reinstatement of a license or certificate following action taken under section 3123.47, 4723.28, 4723.281, 4723.652, or 4723.86 of the Revised Code resulting in a license or certificate suspension;	3020 3021 3022 3023
(I) Requirements for board approval of courses in medication administration by licensed practical nurses;	3024 3025
(J) Criteria for evaluating the qualifications of an	3026

applicant for a license to practice nursing as a registered 3027  
nurse, a license to practice nursing as an advanced practice 3028  
registered nurse, or a license to practice nursing as a licensed 3029  
practical nurse, ~~or a certificate of authority issued under~~ 3030  
~~division (B) of section 4723.41 of the Revised Code for the~~ 3031  
purpose of issuing the license ~~or certificate~~ by the board's 3032  
endorsement of the applicant's authority to practice issued by 3033  
the licensing agency of another state; 3034

(K) Universal and standard precautions that shall be used 3035  
by each licensee or certificate holder. The rules shall define 3036  
and establish requirements for universal and standard 3037  
precautions that include the following: 3038

(1) Appropriate use of hand washing; 3039

(2) Disinfection and sterilization of equipment; 3040

(3) Handling and disposal of needles and other sharp 3041  
instruments; 3042

(4) Wearing and disposal of gloves and other protective 3043  
garments and devices. 3044

~~(L) Standards and procedures for approving certificates of~~ 3045  
~~authority to practice nursing as a certified registered nurse~~ 3046  
~~anesthetist, clinical nurse specialist, certified nurse midwife,~~ 3047  
~~or certified nurse practitioner, and for renewal of those~~ 3048  
~~certificates;~~ 3049

~~(M) Quality assurance standards for certified registered~~ 3050  
~~nurse anesthetists, clinical nurse specialists, certified nurse~~ 3051  
~~midwives, or certified nurse practitioners~~ advanced practice 3052  
registered nurses; 3053

~~(N)~~ (M) Additional criteria for the standard care 3054

arrangement required by section 4723.431 of the Revised Code 3055  
entered into by a clinical nurse specialist, certified nurse- 3056  
midwife, or certified nurse practitioner and the nurse's 3057  
collaborating physician or podiatrist; 3058

~~(O) Continuing education standards for clinical nurse 3059  
specialists who were issued a certificate of authority to 3060  
practice as a clinical nurse specialist under division (C) of 3061  
section 4723.41 of the Revised Code as that division existed at 3062  
any time before March 20, 2013; 3063~~

~~(P)~~ (N) For purposes of division (B) (31) of section 3064  
4723.28 of the Revised Code, the actions, omissions, or other 3065  
circumstances that constitute failure to establish and maintain 3066  
professional boundaries with a patient; 3067

~~(O)~~ (O) Standards and procedures for delegation under 3068  
~~division (C) of~~ section 4723.48 of the Revised Code of the 3069  
authority to administer drugs. 3070

The board may adopt other rules necessary to carry out the 3071  
provisions of this chapter. The rules shall be adopted in 3072  
accordance with Chapter 119. of the Revised Code. 3073

**Sec. 4723.08.** (A) The board of nursing may impose fees not 3074  
to exceed the following limits: 3075

(1) For application for licensure by examination or 3076  
endorsement to practice nursing as a registered nurse or as a 3077  
licensed practical nurse, seventy-five dollars; 3078

(2) For application for licensure ~~by endorsement to~~ 3079  
practice nursing as ~~a~~ an advanced practice registered nurse ~~or~~ 3080  
~~as a licensed practical nurse, seventy-five~~ one hundred fifty 3081  
dollars; 3082

<del>(3) For application for a certificate of authority to</del>	3083
<del>practice nursing as a certified registered nurse anesthetist,</del>	3084
<del>clinical nurse specialist, certified nurse midwife, or certified</del>	3085
<del>nurse practitioner, one hundred dollars;</del>	3086
<del>(4) For application for a temporary dialysis technician</del>	3087
<del>intern certificate, the amount specified in rules adopted under</del>	3088
<del>section 4723.79 of the Revised Code;</del>	3089
<del>(5) (4) For application for a dialysis technician</del>	3090
<del>certificate, the amount specified in rules adopted under section</del>	3091
<del>4723.79 of the Revised Code;</del>	3092
<del>(6) For application for a certificate to prescribe, fifty</del>	3093
<del>dollars;</del>	3094
<del>(7) (5) For providing, pursuant to division (B) of section</del>	3095
<del>4723.271 of the Revised Code, written verification of a nursing</del>	3096
<del>license, certificate of authority, certificate to prescribe,</del>	3097
<del>dialysis technician certificate, medication aide certificate, or</del>	3098
<del>community health worker certificate to another jurisdiction,</del>	3099
<del>fifteen dollars;</del>	3100
<del>(8) (6) For providing, pursuant to division (A) of section</del>	3101
<del>4723.271 of the Revised Code, a replacement copy of a wall</del>	3102
<del>certificate suitable for framing as described in that division,</del>	3103
<del>twenty-five dollars;</del>	3104
<del>(9) (7) For renewal of a nursing license to practice as a</del>	3105
<del>registered nurse or licensed practical nurse, sixty-five</del>	3106
<del>dollars;</del>	3107
<del>(10) For renewal of a certificate of authority to practice</del>	3108
<del>nursing as a certified registered nurse anesthetist, clinical</del>	3109
<del>nurse specialist, certified nurse midwife, or certified nurse</del>	3110
<del>practitioner, eighty-five dollars;</del>	3111

<del>(11)</del> <u>(8)</u> For renewal of a <del>certificate to prescribe license</del>	3112
<u>to practice as an advanced practice registered nurse, fifty-one</u>	3113
<u>hundred thirty-five dollars;</u>	3114
<del>(12)</del> <u>(9)</u> For renewal of a dialysis technician certificate,	3115
the amount specified in rules adopted under section 4723.79 of	3116
the Revised Code;	3117
<del>(13)</del> <u>(10)</u> For processing a late application for renewal of	3118
a nursing license, certificate of authority, or dialysis	3119
technician certificate, fifty dollars;	3120
<del>(14)</del> <u>(11)</u> For application for authorization to approve	3121
continuing education programs and courses from an applicant	3122
accredited by a national accreditation system for nursing, five	3123
hundred dollars;	3124
<del>(15)</del> <u>(12)</u> For application for authorization to approve	3125
continuing education programs and courses from an applicant not	3126
accredited by a national accreditation system for nursing, one	3127
thousand dollars;	3128
<del>(16)</del> <u>(13)</u> For each year for which authorization to approve	3129
continuing education programs and courses is renewed, one	3130
hundred fifty dollars;	3131
<del>(17)</del> <u>(14)</u> For application for approval to operate a	3132
dialysis training program, the amount specified in rules adopted	3133
under section 4723.79 of the Revised Code;	3134
<del>(18)</del> <u>(15)</u> For reinstatement of a lapsed license or	3135
certificate issued under this chapter, one hundred dollars	3136
except as provided in section 5903.10 of the Revised Code;	3137
<del>(19)</del> <u>(16)</u> For processing a check returned to the board by	3138
a financial institution, twenty-five dollars;	3139

~~(20)~~ (17) The amounts specified in rules adopted under 3140  
section 4723.88 of the Revised Code pertaining to the issuance 3141  
of certificates to community health workers, including fees for 3142  
application for a certificate, renewal of a certificate, 3143  
processing a late application for renewal of a certificate, 3144  
reinstatement of a lapsed certificate, application for approval 3145  
of a community health worker training program for community 3146  
health workers, and renewal of the approval of a training 3147  
program for community health workers. 3148

(B) Each quarter, for purposes of transferring funds under 3149  
section 4743.05 of the Revised Code to the nurse education 3150  
assistance fund created in section 3333.28 of the Revised Code, 3151  
the board of nursing shall certify to the director of budget and 3152  
management the number of licenses renewed under this chapter 3153  
during the preceding quarter and the amount equal to that number 3154  
times five dollars. 3155

(C) The board may charge a participant in a board- 3156  
sponsored continuing education activity an amount not exceeding 3157  
fifteen dollars for each activity. 3158

(D) The board may contract for services pertaining to the 3159  
process of providing written verification of a license or 3160  
certificate when the verification is performed for purposes 3161  
other than providing verification to another jurisdiction. The 3162  
contract may include provisions pertaining to the collection of 3163  
the fee charged for providing the written verification. As part 3164  
of these provisions, the board may permit the contractor to 3165  
retain a portion of the fees as compensation, before any amounts 3166  
are deposited into the state treasury. 3167

**Sec. 4723.09.** (A) (1) An application for licensure by 3168  
examination to practice as a registered nurse or as a licensed 3169

practical nurse shall be submitted to the board of nursing in 3170  
the form prescribed by rules of the board. The application shall 3171  
include ~~evidence~~ all of the following: 3172

(a) Evidence that the applicant has ~~completed a nursing~~ 3173  
~~education program approved by the board under division (A) of~~ 3174  
~~section 4723.06 of the Revised Code or by a board of another~~ 3175  
~~jurisdiction that is a member of the national council of state~~ 3176  
~~boards of nursing. The application also shall include any met~~ 3177  
the educational requirements described in division (C) of this 3178  
section; 3179

(b) Any other information required by rules of the board. 3180  
~~The application shall be accompanied by the;~~ 3181

(c) The application fee required by section 4723.08 of the 3182  
Revised Code. 3183

(2) The board shall grant a license to practice nursing as 3184  
a registered nurse or as a licensed practical nurse if ~~all of~~ 3185  
~~the following apply~~ the conditions of divisions (A) (2) (a) to (d) 3186  
have been met: 3187

~~(a) For all applicants, the~~ The applicant passes the 3188  
examination accepted by the board under section 4723.10 of the 3189  
Revised Code. 3190

~~(b) For~~ In the case of an applicant who entered a 3191  
prelicensure nursing education program on or after June 1, 2003, 3192  
the results of a criminal records check conducted in accordance 3193  
with section 4723.091 of the Revised Code demonstrate that the 3194  
applicant is not ineligible for licensure as specified in 3195  
section 4723.092 of the Revised Code. 3196

~~(c) For all applicants, the~~ The board determines that the 3197  
applicant has not committed any act that is grounds for 3198

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

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

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

(B) (1) An application for ~~license~~ licensure by endorsement to practice nursing as a registered nurse or as a licensed practical nurse shall be submitted to the board in the form prescribed by rules of the board. The application shall include ~~evidence~~ all of the following:

(a) Evidence that the applicant holds a current, valid, and unrestricted license ~~in or equivalent authorization from~~ another jurisdiction granted after passing an examination approved by the board of that jurisdiction that is equivalent to the examination requirements under this chapter for a license to practice nursing as a registered nurse or licensed practical nurse. ~~The application shall include any;~~

(b) Any other information required by rules of the board. ~~The application shall be accompanied by the;~~

(c) The application fee required by section 4723.08 of the Revised Code.

(2) The board shall grant a license by endorsement to practice nursing as a registered nurse or as a licensed

practical nurse if ~~all of the following apply~~ the conditions of 3228  
divisions (B) (2) (a) to (f) have been met: 3229

(a) ~~For all applicants, the~~ The applicant provides 3230  
evidence satisfactory to the board that the applicant has 3231  
~~successfully completed a nursing education program approved by~~ 3232  
~~the board under division (A) of section 4723.06 of the Revised~~ 3233  
~~Code or by a board of another jurisdiction that is a member of~~ 3234  
~~the national council of state boards of nursing~~ met the 3235  
educational requirements described in division (C) of this 3236  
section. 3237

(b) ~~For all applicants, the~~ The examination, at the time 3238  
it is successfully completed, is equivalent to the examination 3239  
requirements in effect at that time for applicants who were 3240  
licensed by examination in this state. 3241

(c) ~~For all applicants, the~~ The board determines there is 3242  
sufficient evidence that the applicant completed two contact 3243  
hours of continuing education directly related to this chapter 3244  
or the rules adopted under it. 3245

(d) ~~For all applicants, the~~ The results of a criminal 3246  
records check conducted in accordance with section 4723.091 of 3247  
the Revised Code demonstrate that the applicant is not 3248  
ineligible for licensure as specified in section 4723.092 of the 3249  
Revised Code. 3250

(e) ~~For all applicants, the~~ The applicant has not 3251  
committed any act that is grounds for disciplinary action under 3252  
section 3123.47 or 4723.28 of the Revised Code, or the board 3253  
determines that an applicant who has committed any act that is 3254  
grounds for disciplinary action under either of those sections 3255  
has made restitution or has been rehabilitated, or both. 3256

(f) ~~For all applicants, the~~ The applicant is not required 3257  
to register under Chapter 2950. of the Revised Code, or a 3258  
substantially similar law of another state, the United States, 3259  
or another country. 3260

(C) (1) To be eligible for licensure by examination or 3261  
endorsement, an applicant seeking a license to practice nursing 3262  
as a registered nurse must successfully complete either of the 3263  
following: 3264

(a) A nursing education program approved by the board 3265  
under division (A) of section 4723.06 of the Revised Code; 3266

(b) A nursing education program approved by a board of 3267  
another jurisdiction that is a member of the national council of 3268  
state boards of nursing. 3269

(2) To be eligible for licensure by examination or 3270  
endorsement, an applicant seeking a license to practice nursing 3271  
as a licensed practical nurse must successfully complete one of 3272  
the following: 3273

(a) A nursing education program approved by the board 3274  
under division (A) of section 4723.06 of the Revised Code; 3275

(b) A nursing education program approved by a board of 3276  
another jurisdiction that is a member of the national council of 3277  
state boards of nursing; 3278

(c) A practical nurse course offered or approved by the 3279  
United States army. 3280

(D) The board may grant a nonrenewable temporary permit to 3281  
practice nursing as a registered nurse or as a licensed 3282  
practical nurse to an applicant for license by endorsement if 3283  
the board is satisfied by the evidence that the applicant holds 3284

a current, valid, and unrestricted license ~~in or equivalent~~ 3285  
authorization from another jurisdiction. Subject to earlier 3286  
automatic termination as described in this paragraph, the 3287  
temporary permit shall expire at the earlier of one hundred 3288  
eighty days after issuance or upon the issuance of a license by 3289  
endorsement. The temporary permit shall terminate automatically 3290  
if the criminal records check completed by the bureau of 3291  
criminal identification and investigation as described in 3292  
section 4723.091 of the Revised Code regarding the applicant 3293  
indicates that the applicant is ineligible for licensure as 3294  
specified in section 4723.092 of the Revised Code. An applicant 3295  
whose temporary permit is automatically terminated is 3296  
permanently prohibited from obtaining a license to practice 3297  
nursing in this state as a registered nurse or as a licensed 3298  
practical nurse. 3299

**Sec. 4723.151.** (A) Medical diagnosis, prescription of 3300  
medical measures, and the practice of medicine or surgery or any 3301  
of its branches by a nurse are prohibited. 3302

(B) Division (A) of this section does not prohibit a 3303  
certified registered nurse anesthetist, clinical nurse 3304  
specialist, certified nurse-midwife, or certified nurse 3305  
practitioner from practicing within the nurse's scope of 3306  
practice in accordance with section 4723.43 of the Revised Code. 3307  
~~Division (A) of this section does not prohibit a clinical nurse-~~ 3308  
~~specialist, certified nurse-midwife, or certified nurse-~~ 3309  
~~practitioner who holds a certificate to prescribe issued under-~~ 3310  
~~section 4723.48 of the Revised Code from prescribing drugs and-~~ 3311  
~~therapeutic devices in accordance with section 4723.481 of the-~~ 3312  
~~Revised Code.~~ 3313

(C) Notwithstanding division (B) of this section, nothing 3314

in this chapter shall be construed as authorizing any nurse to 3315  
prescribe any drug or device to perform or induce an abortion, 3316  
or to otherwise perform or induce an abortion. 3317

**Sec. 4723.16.** (A) An individual whom the board of nursing 3318  
licenses, ~~certificates,~~ or otherwise legally authorizes to 3319  
engage in the practice of nursing as a registered nurse,      3320  
advanced practice registered nurse, or ~~as a~~ licensed practical 3321  
nurse may render the professional services of a registered,      3322  
advanced practice registered, or licensed practical nurse within 3323  
this state through a corporation formed under division (B) of 3324  
section 1701.03 of the Revised Code, a limited liability company 3325  
formed under Chapter 1705. of the Revised Code, a partnership, 3326  
or a professional association formed under Chapter 1785. of the 3327  
Revised Code. This division does not preclude an individual of 3328  
that nature from rendering professional services as a 3329  
registered, advanced practice registered, or licensed practical 3330  
nurse through another form of business entity, including, but 3331  
not limited to, a nonprofit corporation or foundation, or in 3332  
another manner that is authorized by or in accordance with this 3333  
chapter, another chapter of the Revised Code, or rules of the 3334  
board of nursing adopted pursuant to this chapter. 3335

(B) A corporation, limited liability company, partnership, 3336  
or professional association described in division (A) of this 3337  
section may be formed for the purpose of providing a combination 3338  
of the professional services of the following individuals who 3339  
are licensed, certificated, or otherwise legally authorized to 3340  
practice their respective professions: 3341

(1) Optometrists who are authorized to practice optometry 3342  
under Chapter 4725. of the Revised Code; 3343

(2) Chiropractors who are authorized to practice 3344

chiropractic or acupuncture under Chapter 4734. of the Revised Code;	3345 3346
(3) Psychologists who are authorized to practice psychology under Chapter 4732. of the Revised Code;	3347 3348
(4) Registered, <u>advanced practice registered</u> , or licensed practical nurses who are authorized to practice nursing as registered nurses, <u>advanced practice registered nurses</u> , or <del>as</del> licensed practical nurses under this chapter;	3349 3350 3351 3352
(5) Pharmacists who are authorized to practice pharmacy under Chapter 4729. of the Revised Code;	3353 3354
(6) Physical therapists who are authorized to practice physical therapy under sections 4755.40 to 4755.56 of the Revised Code;	3355 3356 3357
(7) Occupational therapists who are licensed to practice occupational therapy under sections 4755.04 to 4755.13 of the Revised Code;	3358 3359 3360
(8) Mechanotherapists who are authorized to practice mechanotherapy under section 4731.151 of the Revised Code;	3361 3362
(9) Doctors of medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery who are licensed, certificated, or otherwise legally authorized for their respective practices under Chapter 4731. of the Revised Code;	3363 3364 3365 3366
(10) Licensed professional clinical counselors, licensed professional counselors, independent social workers, social workers, independent marriage and family therapists, or marriage and family therapists who are authorized for their respective practices under Chapter 4757. of the Revised Code.	3367 3368 3369 3370 3371
This division shall apply notwithstanding a provision of a	3372

code of ethics applicable to a nurse that prohibits a 3373  
registered, advanced practice registered, or licensed practical 3374  
nurse from engaging in the practice of nursing as a registered 3375  
nurse, advanced practice registered nurse, or ~~as a~~ licensed 3376  
practical nurse in combination with a person who is licensed, 3377  
certificated, or otherwise legally authorized to practice 3378  
optometry, chiropractic, acupuncture through the state 3379  
chiropractic board, psychology, pharmacy, physical therapy, 3380  
occupational therapy, mechanotherapy, medicine and surgery, 3381  
osteopathic medicine and surgery, podiatric medicine and 3382  
surgery, professional counseling, social work, or marriage and 3383  
family therapy, but who is not also licensed, certificated, or 3384  
otherwise legally authorized to engage in the practice of 3385  
nursing as a registered nurse, advanced practice registered 3386  
nurse, or ~~as a~~ licensed practical nurse. 3387

**Sec. 4723.18.** (A) The board of nursing shall authorize a 3388  
licensed practical nurse to administer to an adult intravenous 3389  
therapy if the nurse supplies evidence satisfactory to the board 3390  
that ~~all of the following are the case~~ the conditions of 3391  
divisions (A) (1) to (3) of this section have been met: 3392

(1) The nurse holds a current, valid license issued under 3393  
this chapter to practice nursing as a licensed practical nurse. 3394

(2) The nurse has been authorized under section 4723.17 of 3395  
the Revised Code to administer medications. 3396

(3) The nurse successfully completed ~~a~~ either of the 3397  
following: 3398

(a) A course of study in the safe performance of 3399  
intravenous therapy approved by the board pursuant to section 3400  
4723.19 of the Revised Code or by an agency in another 3401

jurisdiction that regulates the practice of nursing and has 3402  
requirements for intravenous therapy course approval that are 3403  
substantially similar to the requirements in division (B) of 3404  
section 4723.19 of the Revised Code, as determined by the board.— 3405

~~(4) The nurse has successfully completed a minimum of— 3406  
forty hours of training.; 3407~~

(b) A continuing education course or program approved by 3408  
the board pursuant to section 4723.06 of the Revised Code that 3409  
includes all of the following: 3410

~~(a) (i) The curriculum established by rules adopted by the 3411  
board; 3412~~

~~(b) (ii) Training in the anatomy and physiology of the 3413  
cardiovascular system, signs and symptoms of local and systemic 3414  
complications in the administration of fluids and antibiotic 3415  
additives, and guidelines for management of these complications; 3416~~

~~(c) (iii) Any other training or instruction the board 3417  
considers appropriate; 3418~~

~~(d) (iv) A testing component that requires the nurse to 3419  
perform a successful demonstration of the intravenous 3420  
procedures, including all skills needed to perform them safely. 3421~~

(B) Except as provided in section 4723.181 of the Revised 3422  
Code and subject to the restrictions in division (D) of this 3423  
section, a licensed practical nurse may perform intravenous 3424  
therapy on an adult patient only if authorized by the board 3425  
pursuant to division (A) of this section and only at the 3426  
direction of one of the following: 3427

(1) A physician, physician assistant, dentist, 3428  
optometrist, or podiatrist who is authorized to practice in this 3429

state and, except as provided in division (C) (2) of this 3430  
section, is present and readily available at the facility where 3431  
the intravenous therapy procedure is performed; 3432

(2) A registered nurse in accordance with division (C) of 3433  
this section. 3434

(C) (1) Except as provided in division (C) (2) of this 3435  
section and section 4723.181 of the Revised Code, when a 3436  
licensed practical nurse authorized by the board to perform 3437  
intravenous therapy performs an intravenous therapy procedure at 3438  
the direction of a registered nurse, the registered nurse or 3439  
another registered nurse shall be readily available at the site 3440  
where the intravenous therapy is performed, and before the 3441  
licensed practical nurse initiates the intravenous therapy, the 3442  
registered nurse shall personally perform an on-site assessment 3443  
of the adult patient who is to receive the intravenous therapy. 3444

(2) When a licensed practical nurse authorized by the 3445  
board to perform intravenous therapy performs an intravenous 3446  
therapy procedure in a home as defined in section 3721.10 of the 3447  
Revised Code, or in an intermediate care facility for 3448  
individuals with intellectual disabilities as defined in section 3449  
5124.01 of the Revised Code, at the direction of a registered 3450  
nurse or licensed a physician, physician assistant, dentist, 3451  
optometrist, or podiatrist who is authorized to practice in this 3452  
state, a registered nurse shall be on the premises of the home 3453  
or facility or accessible by some form of telecommunication. 3454

(D) No licensed practical nurse shall perform any of the 3455  
following intravenous therapy procedures: 3456

(1) Initiating or maintaining any of the following: 3457

(a) Blood or blood components; 3458

(b) Solutions for total parenteral nutrition;	3459
(c) Any cancer therapeutic medication including, but not limited to, cancer chemotherapy or an anti-neoplastic agent;	3460 3461
(d) Solutions administered through any central venous line or arterial line or any other line that does not terminate in a peripheral vein, except that a licensed practical nurse authorized by the board to perform intravenous therapy may maintain the solutions specified in division (D)(6)(a) of this section that are being administered through a central venous line or peripherally inserted central catheter;	3462 3463 3464 3465 3466 3467 3468
(e) Any investigational or experimental medication.	3469
(2) Initiating intravenous therapy in any vein, except that a licensed practical nurse authorized by the board to perform intravenous therapy may initiate intravenous therapy in accordance with this section in a vein of the hand, forearm, or antecubital fossa;	3470 3471 3472 3473 3474
(3) Discontinuing a central venous, arterial, or any other line that does not terminate in a peripheral vein;	3475 3476
(4) Initiating or discontinuing a peripherally inserted central catheter;	3477 3478
(5) Mixing, preparing, or reconstituting any medication for intravenous therapy, except that a licensed practical nurse authorized by the board to perform intravenous therapy may prepare or reconstitute an antibiotic additive;	3479 3480 3481 3482
(6) Administering medication via the intravenous route, including all of the following activities:	3483 3484
(a) Adding medication to an intravenous solution or to an existing infusion, except that a licensed practical nurse	3485 3486

authorized by the board to perform intravenous therapy may do 3487  
any of the following: 3488

(i) Initiate an intravenous infusion containing one or 3489  
more of the following elements: dextrose 5%, normal saline, 3490  
lactated ringers, sodium chloride .45%, sodium chloride 0.2%, 3491  
sterile water; 3492

(ii) Hang subsequent containers of the intravenous 3493  
solutions specified in division (D) (6) (a) (i) of this section 3494  
that contain vitamins or electrolytes, if a registered nurse 3495  
initiated the infusion of that same intravenous solution; 3496

(iii) Initiate or maintain an intravenous infusion 3497  
containing an antibiotic additive. 3498

(b) Injecting medication via a direct intravenous route, 3499  
except that a licensed practical nurse authorized by the board 3500  
to perform intravenous therapy may inject heparin or normal 3501  
saline to flush an intermittent infusion device or heparin lock 3502  
including, but not limited to, bolus or push. 3503

(7) Changing tubing on any line including, but not limited 3504  
to, an arterial line or a central venous line, except that a 3505  
licensed practical nurse authorized by the board to perform 3506  
intravenous therapy may change tubing on an intravenous line 3507  
that terminates in a peripheral vein; 3508

(8) Programming or setting any function of a patient 3509  
controlled infusion pump. 3510

(E) Notwithstanding divisions (A) and (D) of this section, 3511  
at the direction of a physician or a registered nurse, a 3512  
licensed practical nurse authorized by the board to perform 3513  
intravenous therapy may perform the following activities for the 3514  
purpose of performing dialysis: 3515

(1) The routine administration and regulation of saline solution for the purpose of maintaining an established fluid plan;	3516 3517 3518
(2) The administration of a heparin dose intravenously;	3519
(3) The administration of a heparin dose peripherally via a fistula needle;	3520 3521
(4) The loading and activation of a constant infusion pump;	3522 3523
(5) The intermittent injection of a dose of medication that is administered via the hemodialysis blood circuit and through the patient's venous access.	3524 3525 3526
(F) No person shall employ or direct a licensed practical nurse to perform an intravenous therapy procedure without first verifying that the licensed practical nurse is authorized by the board to perform intravenous therapy.	3527 3528 3529 3530
<b>Sec. 4723.24.</b> (A) (1) Except as otherwise provided in this chapter, all of the following apply with respect to the schedules for renewal of licenses and certificates issued by the board of nursing:	3531 3532 3533 3534
(a) An active license to practice nursing as a registered nurse is subject to renewal in odd-numbered years. An application for renewal of the license is due on the fifteenth day of September of the renewal year. A late application may be submitted before the license lapses. If a license is not renewed or classified as inactive, the license lapses on the first day of November of the renewal year.	3535 3536 3537 3538 3539 3540 3541
(b) An active license to practice nursing as a licensed practical nurse is subject to renewal in even-numbered years. An	3542 3543

application for renewal of the license is due on the fifteenth 3544  
day of September of the renewal year. A late application may be 3545  
submitted before the license lapses. If a license is not renewed 3546  
or classified as inactive, the license lapses on the first day 3547  
of November of the renewal year. 3548

(c) An active license to practice nursing as an advanced 3549  
practice registered nurse is subject to renewal in odd-numbered 3550  
years. An application for renewal of the license is due on the 3551  
fifteenth day of September of the renewal year. A late 3552  
application may be submitted before the license lapses. If a 3553  
license is not renewed or classified as inactive, the license 3554  
lapses on the first day of November of the renewal year. 3555

(d) All other active licenses and certificates issued 3556  
under this chapter are subject to renewal according to a 3557  
schedule established by the board in rules adopted under section 3558  
4723.07 of the Revised Code. 3559

(2) The board shall provide an application for renewal to 3560  
every holder of an active license or certificate, except when 3561  
the board is aware that an individual is ineligible for license 3562  
or certificate renewal for any reason, including pending 3563  
criminal charges in this state or another jurisdiction, failure 3564  
to comply with a disciplinary order from the board or the terms 3565  
of a consent agreement entered into with the board, failure to 3566  
pay fines or fees owed to the board, or failure to provide on 3567  
the board's request documentation of having completed the 3568  
continuing nursing education requirements specified in division 3569  
(C) of this section. 3570

If the board provides a renewal application by mail, the 3571  
application shall be addressed to the last known post-office 3572  
address of the license or certificate holder and mailed before 3573

the date the application is due. Failure of the license or 3574  
certificate holder to receive an application for renewal from 3575  
the board shall not excuse the holder from the requirements 3576  
contained in this section, except as provided in section 5903.10 3577  
of the Revised Code. 3578

(3) A license or certificate holder seeking renewal of the 3579  
license or certificate shall complete the renewal application 3580  
and submit it to the board with the renewal fee established 3581  
under section 4723.08 of the Revised Code. If a renewal 3582  
application is submitted after the date the application is due, 3583  
but before the date the license or certificate lapses, the 3584  
applicant shall include with the application the fee established 3585  
under section 4723.08 of the Revised Code for processing a late 3586  
application for renewal. 3587

With the renewal application, the applicant shall report 3588  
any conviction, plea, or judicial finding regarding a criminal 3589  
offense that constitutes grounds for the board to impose 3590  
sanctions under section 4723.28 of the Revised Code since the 3591  
applicant last submitted an application to the board. 3592

(4) On receipt of the renewal application, the board shall 3593  
verify whether the applicant meets the renewal requirements. If 3594  
the applicant meets the requirements, the board shall renew the 3595  
license or certificate. 3596

(B) Every license or certificate holder shall give written 3597  
notice to the board of any change of name or address within 3598  
thirty days of the change. The board shall require the holder to 3599  
document a change of name in a manner acceptable to the board. 3600

(C) (1) Except in the case of a first renewal after 3601  
licensure by examination, to be eligible for renewal of an 3602

active license to practice nursing as a registered nurse or 3603  
licensed practical nurse, each individual who holds an active 3604  
license shall, in each two-year period specified by the board, 3605  
complete continuing nursing education as follows: 3606

(a) For renewal of a license that was issued for a two- 3607  
year renewal period, twenty-four hours of continuing nursing 3608  
education; 3609

(b) For renewal of a license that was issued for less than 3610  
a two-year renewal period, the number of hours of continuing 3611  
nursing education specified by the board in rules adopted in 3612  
accordance with Chapter 119. of the Revised Code; 3613

(c) Of the hours of continuing nursing education completed 3614  
in any renewal period, at least one hour of the education must 3615  
be directly related to the statutes and rules pertaining to the 3616  
practice of nursing in this state. 3617

(2) To be eligible for renewal of an active license to 3618  
practice nursing as an advanced practice registered nurse, each 3619  
individual who holds an active license shall, in each two-year 3620  
period specified by the board, complete continuing education as 3621  
follows: 3622

(a) For renewal of a license that was issued for a two- 3623  
year renewal period, twenty-four hours of continuing nursing 3624  
education; 3625

(b) For renewal of a license that was issued for less than 3626  
a two-year renewal period, the number of hours of continuing 3627  
nursing education specified by the board in rules adopted in 3628  
accordance with Chapter 119. of the Revised Code, including the 3629  
number of hours of continuing education in advanced 3630  
pharmacology; 3631

(c) In the case of an advanced practice registered nurse 3632  
who is designated as a clinical nurse specialist, certified 3633  
nurse-midwife, or certified nurse practitioner, of the hours of 3634  
continuing nursing education completed in any renewal period, at 3635  
least twelve hours of the education must be in advanced 3636  
pharmacology and be received from an accredited institution 3637  
recognized by the board. 3638

(d) The continuing education required by division (C) (2) 3639  
(a) or (b) of this section is in addition to the continuing 3640  
education required by division (C) (1) (a) or (b) of this section. 3641

(3) The board shall adopt rules establishing the procedure 3642  
for a license holder to certify to the board completion of the 3643  
required continuing nursing education. The board may conduct a 3644  
random sample of license holders and require that the license 3645  
holders included in the sample submit satisfactory documentation 3646  
of having completed the requirements for continuing nursing 3647  
education. On the board's request, a license holder included in 3648  
the sample shall submit the required documentation. 3649

~~(3)~~ (4) An educational activity may be applied toward 3650  
meeting the continuing nursing education requirement only if it 3651  
is obtained through a program or course approved by the board or 3652  
a person the board has authorized to approve continuing nursing 3653  
education programs and courses. 3654

~~(4)~~ (5) The continuing education required of a certified 3655  
registered nurse anesthetist, clinical nurse specialist, 3656  
certified nurse-midwife, or certified nurse practitioner to 3657  
maintain certification by a national certifying organization 3658  
shall be applied toward the continuing education requirements 3659  
for renewal of a license to practice nursing as a registered 3660  
nurse only the following if it the continuing education is 3661

obtained through a program or course approved by the board or a 3662  
person the board has authorized to approve continuing nursing 3663  
education programs and courses: 3664

(a) A license to practice nursing as a registered nurse; 3665

(b) A license to practice nursing as an advanced practice 3666  
registered nurse. 3667

(D) Except as otherwise provided in section 4723.28 of the 3668  
Revised Code, an individual who holds an active license to 3669  
practice nursing as a registered nurse or licensed practical 3670  
nurse and who does not intend to practice in Ohio may send to 3671  
the board written notice to that effect on or before the date 3672  
the license lapses, and the board shall classify the license as 3673  
inactive. During the period that the license is classified as 3674  
inactive, the holder may not engage in the practice of nursing 3675  
as a registered nurse or licensed practical nurse in Ohio and is 3676  
not required to pay the renewal fee. 3677

The holder of an inactive license to practice nursing as a 3678  
registered nurse or licensed practical nurse or an individual 3679  
who has failed to renew the individual's license to practice 3680  
nursing as a registered nurse or licensed practical nurse may 3681  
have the license reactivated or reinstated upon doing the 3682  
following, as applicable to the holder or individual: 3683

(1) Applying to the board for license reactivation or 3684  
reinstatement on forms provided by the board; 3685

(2) Meeting the requirements for reactivating or 3686  
reinstating licenses established in rules adopted under section 3687  
4723.07 of the Revised Code or, if the individual did not renew 3688  
because of service in the armed forces of the United States or a 3689  
reserve component of the armed forces of the United States, 3690

including the Ohio national guard or the national guard of any 3691  
other state, as provided in section 5903.10 of the Revised Code; 3692

(3) If the license has been inactive for at least five 3693  
years from the date of application for reactivation or has 3694  
lapsed for at least five years from the date of application for 3695  
reinstatement, submitting a request to the bureau of criminal 3696  
identification and investigation for a criminal records check 3697  
and check of federal bureau of investigation records pursuant to 3698  
section 4723.091 of the Revised Code. 3699

(E) Except as otherwise provided in section 4723.28 of the 3700  
Revised Code, an individual who holds an active license to 3701  
practice nursing as an advanced practice registered nurse and 3702  
does not intend to practice in Ohio as an advanced practice 3703  
registered nurse may send to the board written notice to that 3704  
effect on or before the renewal date, and the board shall 3705  
classify the license as inactive. During the period that the 3706  
license is classified as inactive, the holder may not engage in 3707  
the practice of nursing as an advanced practice registered nurse 3708  
in Ohio and is not required to pay the renewal fee. 3709

The holder of an inactive license to practice nursing as 3710  
an advanced practice registered nurse or an individual who has 3711  
failed to renew the individual's license to practice nursing as 3712  
an advanced practice registered nurse may have the license 3713  
reactivated or reinstated upon doing the following, as 3714  
applicable to the holder or individual: 3715

(1) Applying to the board for license reactivation or 3716  
reinstatement on forms provided by the board; 3717

(2) Meeting the requirements for reactivating or 3718  
reinstating licenses established in rules adopted under section 3719

4723.07 of the Revised Code or, if the individual did not renew 3720  
because of service in the armed forces of the United States or a 3721  
reserve component of the armed forces of the United States, 3722  
including the Ohio national guard or the national guard of any 3723  
other state, as provided in section 5903.10 of the Revised Code. 3724

**Sec. 4723.25.** The board of nursing shall approve one or 3725  
more continuing education courses of study that comply with 3726  
divisions (E) and (F) of section 4723.07 of the Revised Code and 3727  
that assist ~~registered nurses and licensed practical nurses~~ in 3728  
recognizing the signs of domestic violence and its relationship 3729  
to child abuse. Nurses are not required to take the courses. 3730

**Sec. 4723.271.** (A) Upon request of the holder of a nursing 3731  
license, ~~certificate of authority,~~ dialysis technician 3732  
certificate, medication aide certificate, or community health 3733  
worker certificate issued under this chapter, the presentment of 3734  
proper identification as prescribed in rules adopted by the 3735  
board of nursing, and payment of the fee authorized under 3736  
section 4723.08 of the Revised Code, the board of nursing shall 3737  
provide to the requestor a replacement copy of a wall 3738  
certificate suitable for framing. 3739

(B) Upon request of the holder of a nursing license, 3740  
volunteer's certificate, ~~certificate of authority, certificate~~ 3741  
~~to prescribe,~~ dialysis technician certificate, medication aide 3742  
certificate, or community health worker certificate issued under 3743  
this chapter and payment of the fee authorized under section 3744  
4723.08 of the Revised Code, the board shall verify to an agency 3745  
of another jurisdiction or foreign country the fact that the 3746  
person holds such nursing license, volunteer's certificate, 3747  
~~certificate of authority, certificate to prescribe,~~ dialysis 3748  
technician certificate, medication aide certificate, or 3749

community health worker certificate. 3750

**Sec. 4723.28.** (A) The board of nursing, by a vote of a 3751  
quorum, may impose one or more of the following sanctions if it 3752  
finds that a person committed fraud in passing an examination 3753  
required to obtain a license, ~~certificate of authority,~~ or 3754  
dialysis technician certificate issued by the board or to have 3755  
committed fraud, misrepresentation, or deception in applying for 3756  
or securing any nursing license, ~~certificate of authority,~~ or 3757  
dialysis technician certificate issued by the board: deny, 3758  
revoke, suspend, or place restrictions on any nursing license, ~~—~~ 3759  
~~certificate of authority,~~ or dialysis technician certificate 3760  
issued by the board; reprimand or otherwise discipline a holder 3761  
of a nursing license, ~~certificate of authority,~~ or dialysis 3762  
technician certificate; or impose a fine of not more than five 3763  
hundred dollars per violation. 3764

(B) The board of nursing, by a vote of a quorum, may 3765  
impose one or more of the following sanctions: deny, revoke, 3766  
suspend, or place restrictions on any nursing license, ~~—~~ 3767  
~~certificate of authority,~~ or dialysis technician certificate 3768  
issued by the board; reprimand or otherwise discipline a holder 3769  
of a nursing license, ~~certificate of authority,~~ or dialysis 3770  
technician certificate; or impose a fine of not more than five 3771  
hundred dollars per violation. The sanctions may be imposed for 3772  
any of the following: 3773

(1) Denial, revocation, suspension, or restriction of 3774  
authority to engage in a licensed profession or practice a 3775  
health care occupation, including nursing or practice as a 3776  
dialysis technician, for any reason other than a failure to 3777  
renew, in Ohio or another state or jurisdiction; 3778

(2) Engaging in the practice of nursing or engaging in 3779

practice as a dialysis technician, having failed to renew a 3780  
nursing license or dialysis technician certificate issued under 3781  
this chapter, or while a nursing license or dialysis technician 3782  
certificate is under suspension; 3783

(3) Conviction of, a plea of guilty to, a judicial finding 3784  
of guilt of, a judicial finding of guilt resulting from a plea 3785  
of no contest to, or a judicial finding of eligibility for a 3786  
pretrial diversion or similar program or for intervention in 3787  
lieu of conviction for, a misdemeanor committed in the course of 3788  
practice; 3789

(4) Conviction of, a plea of guilty to, a judicial finding 3790  
of guilt of, a judicial finding of guilt resulting from a plea 3791  
of no contest to, or a judicial finding of eligibility for a 3792  
pretrial diversion or similar program or for intervention in 3793  
lieu of conviction for, any felony or of any crime involving 3794  
gross immorality or moral turpitude; 3795

(5) Selling, giving away, or administering drugs or 3796  
therapeutic devices for other than legal and legitimate 3797  
therapeutic purposes; or conviction of, a plea of guilty to, a 3798  
judicial finding of guilt of, a judicial finding of guilt 3799  
resulting from a plea of no contest to, or a judicial finding of 3800  
eligibility for a pretrial diversion or similar program or for 3801  
intervention in lieu of conviction for, violating any municipal, 3802  
state, county, or federal drug law; 3803

(6) Conviction of, a plea of guilty to, a judicial finding 3804  
of guilt of, a judicial finding of guilt resulting from a plea 3805  
of no contest to, or a judicial finding of eligibility for a 3806  
pretrial diversion or similar program or for intervention in 3807  
lieu of conviction for, an act in another jurisdiction that 3808  
would constitute a felony or a crime of moral turpitude in Ohio; 3809

- (7) Conviction of, a plea of guilty to, a judicial finding 3810  
of guilt of, a judicial finding of guilt resulting from a plea 3811  
of no contest to, or a judicial finding of eligibility for a 3812  
pretrial diversion or similar program or for intervention in 3813  
lieu of conviction for, an act in the course of practice in 3814  
another jurisdiction that would constitute a misdemeanor in 3815  
Ohio; 3816
- (8) Self-administering or otherwise taking into the body 3817  
any dangerous drug, as defined in section 4729.01 of the Revised 3818  
Code, in any way that is not in accordance with a legal, valid 3819  
prescription issued for that individual, or self-administering 3820  
or otherwise taking into the body any drug that is a schedule I 3821  
controlled substance; 3822
- (9) Habitual or excessive use of controlled substances, 3823  
other habit-forming drugs, or alcohol or other chemical 3824  
substances to an extent that impairs the individual's ability to 3825  
provide safe nursing care or safe dialysis care; 3826
- (10) Impairment of the ability to practice according to 3827  
acceptable and prevailing standards of safe nursing care or safe 3828  
dialysis care because of the use of drugs, alcohol, or other 3829  
chemical substances; 3830
- (11) Impairment of the ability to practice according to 3831  
acceptable and prevailing standards of safe nursing care or safe 3832  
dialysis care because of a physical or mental disability; 3833
- (12) Assaulting or causing harm to a patient or depriving 3834  
a patient of the means to summon assistance; 3835
- (13) Misappropriation or attempted misappropriation of 3836  
money or anything of value in the course of practice; 3837
- (14) Adjudication by a probate court of being mentally ill 3838

or mentally incompetent. The board may reinstate the person's 3839  
nursing license or dialysis technician certificate upon 3840  
adjudication by a probate court of the person's restoration to 3841  
competency or upon submission to the board of other proof of 3842  
competency. 3843

(15) The suspension or termination of employment by the 3844  
United States department of defense or ~~the department of~~ 3845  
veterans ~~administration of the United States~~ affairs for any act 3846  
that violates or would violate this chapter; 3847

(16) Violation of this chapter or any rules adopted under 3848  
it; 3849

(17) Violation of any restrictions placed by the board on 3850  
a nursing license or dialysis technician certificate; 3851

(18) Failure to use universal and standard precautions 3852  
established by rules adopted under section 4723.07 of the 3853  
Revised Code; 3854

(19) Failure to practice in accordance with acceptable and 3855  
prevailing standards of safe nursing care or safe dialysis care; 3856

(20) In the case of a registered nurse, engaging in 3857  
activities that exceed the practice of nursing as a registered 3858  
nurse; 3859

(21) In the case of a licensed practical nurse, engaging 3860  
in activities that exceed the practice of nursing as a licensed 3861  
practical nurse; 3862

(22) In the case of a dialysis technician, engaging in 3863  
activities that exceed those permitted under section 4723.72 of 3864  
the Revised Code; 3865

(23) Aiding and abetting a person in that person's 3866

practice of nursing without a license or practice as a dialysis technician without a certificate issued under this chapter; 3867  
3868

(24) In the case of ~~a certified registered nurse~~ 3869  
~~anesthetist, clinical nurse specialist, certified nurse midwife,~~ 3870  
~~or certified nurse practitioner~~ an advanced practice registered 3871  
nurse, except as provided in division (M) of this section, 3872  
either of the following: 3873

(a) Waiving the payment of all or any part of a deductible 3874  
or copayment that a patient, pursuant to a health insurance or 3875  
health care policy, contract, or plan that covers such nursing 3876  
services, would otherwise be required to pay if the waiver is 3877  
used as an enticement to a patient or group of patients to 3878  
receive health care services from that provider; 3879

(b) Advertising that the nurse will waive the payment of 3880  
all or any part of a deductible or copayment that a patient, 3881  
pursuant to a health insurance or health care policy, contract, 3882  
or plan that covers such nursing services, would otherwise be 3883  
required to pay. 3884

(25) Failure to comply with the terms and conditions of 3885  
participation in the chemical dependency monitoring program 3886  
established under section 4723.35 of the Revised Code; 3887

(26) Failure to comply with the terms and conditions 3888  
required under the practice intervention and improvement program 3889  
established under section 4723.282 of the Revised Code; 3890

(27) In the case of ~~a certified registered nurse~~ 3891  
~~anesthetist, clinical nurse specialist, certified nurse midwife,~~ 3892  
~~or certified~~ an advanced practice registered nurse practitioner: 3893

(a) Engaging in activities that exceed those permitted for 3894  
the nurse's nursing specialty under section 4723.43 of the 3895

Revised Code;	3896
(b) Failure to meet the quality assurance standards established under section 4723.07 of the Revised Code.	3897 3898
(28) In the case of <u>an advanced practice registered nurse</u> <del>other than a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner</del> <u>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;	3899 3900 3901 3902 3903 3904
(29) In the case of <u>an advanced practice registered nurse who is designated as a clinical nurse specialist</u> , certified nurse-midwife, or certified nurse practitioner <del>who holds a certificate to prescribe issued under section 4723.48 of the Revised Code</del> , failure to prescribe drugs and therapeutic devices in accordance with section 4723.481 of the Revised Code;	3905 3906 3907 3908 3909 3910
(30) Prescribing any drug or device to perform or induce an abortion, or otherwise performing or inducing an abortion;	3911 3912
(31) Failure to establish and maintain professional boundaries with a patient, as specified in rules adopted under section 4723.07 of the Revised Code;	3913 3914 3915
(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:	3916 3917 3918 3919
(a) Sexual contact, as defined in section 2907.01 of the Revised Code;	3920 3921
(b) Verbal behavior that is sexually demeaning to the patient or may be reasonably interpreted by the patient as	3922 3923

sexually demeaning.	3924
(33) Assisting suicide, as defined in section 3795.01 of the Revised Code;	3925 3926
(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;	3927 3928 3929 3930
(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;	3931 3932 3933 3934
<u>(36) The revocation, suspension, restriction, reduction, or termination of clinical privileges by the United States department of defense or department of veterans affairs or the termination or suspension of a certificate of registration to prescribe drugs by the drug enforcement administration of the United States department of justice.</u>	3935 3936 3937 3938 3939 3940
(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.	3941 3942 3943 3944 3945 3946 3947 3948 3949 3950 3951
(D) The hearings of the board shall be conducted in	3952

accordance with Chapter 119. of the Revised Code, the board may 3953  
appoint a hearing examiner, as provided in section 119.09 of the 3954  
Revised Code, to conduct any hearing the board is authorized to 3955  
hold under Chapter 119. of the Revised Code. 3956

In any instance in which the board is required under 3957  
Chapter 119. of the Revised Code to give notice of an 3958  
opportunity for a hearing and the applicant, licensee, or 3959  
certificate holder does not make a timely request for a hearing 3960  
in accordance with section 119.07 of the Revised Code, the board 3961  
is not required to hold a hearing, but may adopt, by a vote of a 3962  
quorum, a final order that contains the board's findings. In the 3963  
final order, the board may order any of the sanctions listed in 3964  
division (A) or (B) of this section. 3965

(E) If a criminal action is brought against a registered 3966  
nurse, licensed practical nurse, or dialysis technician for an 3967  
act or crime described in divisions (B) (3) to (7) of this 3968  
section and the action is dismissed by the trial court other 3969  
than on the merits, the board shall conduct an adjudication to 3970  
determine whether the registered nurse, licensed practical 3971  
nurse, or dialysis technician committed the act on which the 3972  
action was based. If the board determines on the basis of the 3973  
adjudication that the registered nurse, licensed practical 3974  
nurse, or dialysis technician committed the act, or if the 3975  
registered nurse, licensed practical nurse, or dialysis 3976  
technician fails to participate in the adjudication, the board 3977  
may take action as though the registered nurse, licensed 3978  
practical nurse, or dialysis technician had been convicted of 3979  
the act. 3980

If the board takes action on the basis of a conviction, 3981  
plea, or a judicial finding as described in divisions (B) (3) to 3982

(7) of this section that is overturned on appeal, the registered nurse, licensed practical nurse, or dialysis technician may, on exhaustion of the appeal process, petition the board for reconsideration of its action. On receipt of the petition and supporting court documents, the board shall temporarily rescind its action. If the board determines that the decision on appeal was a decision on the merits, it shall permanently rescind its action. If the board determines that the decision on appeal was not a decision on the merits, it shall conduct an adjudication to determine whether the registered nurse, licensed practical nurse, or dialysis technician committed the act on which the original conviction, plea, or judicial finding was based. If the board determines on the basis of the adjudication that the registered nurse, licensed practical nurse, or dialysis technician committed such act, or if the registered nurse, licensed practical nurse, or dialysis technician does not request an adjudication, the board shall reinstate its action; otherwise, the board shall permanently rescind its action.

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

The board shall not be required to seal, destroy, redact, or otherwise modify its records to reflect the court's sealing

of conviction records. 4014

(F) The board may investigate an individual's criminal 4015  
background in performing its duties under this section. As part 4016  
of such investigation, the board may order the individual to 4017  
submit, at the individual's expense, a request to the bureau of 4018  
criminal identification and investigation for a criminal records 4019  
check and check of federal bureau of investigation records in 4020  
accordance with the procedure described in section 4723.091 of 4021  
the Revised Code. 4022

(G) During the course of an investigation conducted under 4023  
this section, the board may compel any registered nurse, 4024  
licensed practical nurse, or dialysis technician or applicant 4025  
under this chapter to submit to a mental or physical 4026  
examination, or both, as required by the board and at the 4027  
expense of the individual, if the board finds reason to believe 4028  
that the individual under investigation may have a physical or 4029  
mental impairment that may affect the individual's ability to 4030  
provide safe nursing care. Failure of any individual to submit 4031  
to a mental or physical examination when directed constitutes an 4032  
admission of the allegations, unless the failure is due to 4033  
circumstances beyond the individual's control, and a default and 4034  
final order may be entered without the taking of testimony or 4035  
presentation of evidence. 4036

If the board finds that an individual is impaired, the 4037  
board shall require the individual to submit to care, 4038  
counseling, or treatment approved or designated by the board, as 4039  
a condition for initial, continued, reinstated, or renewed 4040  
authority to practice. The individual shall be afforded an 4041  
opportunity to demonstrate to the board that the individual can 4042  
begin or resume the individual's occupation in compliance with 4043

acceptable and prevailing standards of care under the provisions 4044  
of the individual's authority to practice. 4045

For purposes of this division, any registered nurse, 4046  
licensed practical nurse, or dialysis technician or applicant 4047  
under this chapter shall be deemed to have given consent to 4048  
submit to a mental or physical examination when directed to do 4049  
so in writing by the board, and to have waived all objections to 4050  
the admissibility of testimony or examination reports that 4051  
constitute a privileged communication. 4052

(H) The board shall investigate evidence that appears to 4053  
show that any person has violated any provision of this chapter 4054  
or any rule of the board. Any person may report to the board any 4055  
information the person may have that appears to show a violation 4056  
of any provision of this chapter or rule of the board. In the 4057  
absence of bad faith, any person who reports such information or 4058  
who testifies before the board in any adjudication conducted 4059  
under Chapter 119. of the Revised Code shall not be liable for 4060  
civil damages as a result of the report or testimony. 4061

(I) All of the following apply under this chapter with 4062  
respect to the confidentiality of information: 4063

(1) Information received by the board pursuant to a 4064  
complaint or an investigation is confidential and not subject to 4065  
discovery in any civil action, except that the board may 4066  
disclose information to law enforcement officers and government 4067  
entities for purposes of an investigation of either a licensed 4068  
health care professional, including a registered nurse, licensed 4069  
practical nurse, or dialysis technician, or a person who may 4070  
have engaged in the unauthorized practice of nursing or dialysis 4071  
care. No law enforcement officer or government entity with 4072  
knowledge of any information disclosed by the board pursuant to 4073

this division shall divulge the information to any other person 4074  
or government entity except for the purpose of a government 4075  
investigation, a prosecution, or an adjudication by a court or 4076  
government entity. 4077

(2) If an investigation requires a review of patient 4078  
records, the investigation and proceeding shall be conducted in 4079  
such a manner as to protect patient confidentiality. 4080

(3) All adjudications and investigations of the board 4081  
shall be considered civil actions for the purposes of section 4082  
2305.252 of the Revised Code. 4083

(4) Any board activity that involves continued monitoring 4084  
of an individual as part of or following any disciplinary action 4085  
taken under this section shall be conducted in a manner that 4086  
maintains the individual's confidentiality. Information received 4087  
or maintained by the board with respect to the board's 4088  
monitoring activities is not subject to discovery in any civil 4089  
action and is confidential, except that the board may disclose 4090  
information to law enforcement officers and government entities 4091  
for purposes of an investigation of a licensee or certificate 4092  
holder. 4093

(J) Any action taken by the board under this section 4094  
resulting in a suspension from practice shall be accompanied by 4095  
a written statement of the conditions under which the person may 4096  
be reinstated to practice. 4097

(K) When the board refuses to grant a license or 4098  
certificate to an applicant, revokes a license or certificate, 4099  
or refuses to reinstate a license or certificate, the board may 4100  
specify that its action is permanent. An individual subject to 4101  
permanent action taken by the board is forever ineligible to 4102

hold a license or certificate of the type that was refused or 4103  
revoked and the board shall not accept from the individual an 4104  
application for reinstatement of the license or certificate or 4105  
for a new license or certificate. 4106

(L) No unilateral surrender of a nursing license, 4107  
certificate of authority, or dialysis technician certificate 4108  
issued under this chapter shall be effective unless accepted by 4109  
majority vote of the board. No application for a nursing 4110  
license, certificate of authority, or dialysis technician 4111  
certificate issued under this chapter may be withdrawn without a 4112  
majority vote of the board. The board's jurisdiction to take 4113  
disciplinary action under this section is not removed or limited 4114  
when an individual has a license or certificate classified as 4115  
inactive or fails to renew a license or certificate. 4116

(M) Sanctions shall not be imposed under division (B) (24) 4117  
of this section against any licensee who waives deductibles and 4118  
copayments as follows: 4119

(1) In compliance with the health benefit plan that 4120  
expressly allows such a practice. Waiver of the deductibles or 4121  
copayments shall be made only with the full knowledge and 4122  
consent of the plan purchaser, payer, and third-party 4123  
administrator. Documentation of the consent shall be made 4124  
available to the board upon request. 4125

(2) For professional services rendered to any other person 4126  
licensed pursuant to this chapter to the extent allowed by this 4127  
chapter and the rules of the board. 4128

**Sec. 4723.32.** This chapter does not prohibit any of the 4129  
following: 4130

(A) The practice of nursing by a student currently 4131

enrolled in and actively pursuing completion of a prelicensure	4132
nursing education program, if all of the following are the case:	4133
(1) The student is participating in a program located in	4134
this state and approved by the board of nursing or participating	4135
in this state in a component of a program located in another	4136
jurisdiction and approved by a board that is a member of the	4137
national council of state boards of nursing;	4138
(2) The student's practice is under the auspices of the	4139
program;	4140
(3) The student acts under the supervision of a registered	4141
nurse serving for the program as a faculty member or teaching	4142
assistant.	4143
(B) The rendering of medical assistance to a licensed	4144
physician, licensed dentist, or licensed podiatrist by a person	4145
under the direction, supervision, and control of such licensed	4146
physician, dentist, or podiatrist;	4147
(C) The activities of persons employed as nursing aides,	4148
attendants, orderlies, or other auxiliary workers in patient	4149
homes, nurseries, nursing homes, hospitals, home health	4150
agencies, or other similar institutions;	4151
(D) The provision of nursing services to family members or	4152
in emergency situations;	4153
(E) The care of the sick when done in connection with the	4154
practice of religious tenets of any church and by or for its	4155
members;	4156
(F) The practice of nursing as <del>a certified registered</del>	4157
<del>nurse anesthetist, clinical nurse specialist, certified nurse</del>	4158
<del>midwife, or certified nurse practitioner</del> <u>an advanced practice</u>	4159

registered nurse by a student currently enrolled in and actively 4160  
pursuing completion of a program of study leading to initial 4161  
authorization by the board of nursing to practice nursing as an 4162  
advanced practice registered nurse in ~~the~~ a designated 4163  
specialty, if all of the following are the case: 4164

(1) The program qualifies the student to sit for the 4165  
examination of a national certifying organization approved by 4166  
the board under section 4723.46 of the Revised Code or the 4167  
program prepares the student to receive a master's or doctoral 4168  
degree in accordance with division (A) (2) of section 4723.41 of 4169  
the Revised Code; 4170

(2) The student's practice is under the auspices of the 4171  
program; 4172

(3) The student acts under the supervision of ~~a~~an 4173  
advanced practice registered nurse serving for the program as a 4174  
faculty member, teaching assistant, or preceptor. 4175

(G) The activities of an individual who currently holds a 4176  
license to practice nursing ~~in or equivalent authorization from~~ 4177  
another jurisdiction, if the individual's ~~license~~ authority to 4178  
practice has not been revoked, the individual is not currently 4179  
under suspension or on probation, the individual does not 4180  
represent the individual as being licensed under this chapter, 4181  
and one of the following is the case: 4182

(1) The individual is engaging in the practice of nursing 4183  
by discharging official duties while employed by or under 4184  
contract with the United States government or any agency 4185  
thereof; 4186

(2) The individual is engaging in the practice of nursing 4187  
as an employee of an individual, agency, or corporation located 4188

in the other jurisdiction in a position with employment 4189  
responsibilities that include transporting patients into, out 4190  
of, or through this state, as long as each trip in this state 4191  
does not exceed seventy-two hours; 4192

(3) The individual is consulting with an individual 4193  
licensed in this state to practice any health-related 4194  
profession; 4195

(4) The individual is engaging in activities associated 4196  
with teaching in this state as a guest lecturer at or for a 4197  
nursing education program, continuing nursing education program, 4198  
or in-service presentation; 4199

(5) The individual is conducting evaluations of nursing 4200  
care that are undertaken on behalf of an accrediting 4201  
organization, including the national league for nursing 4202  
accrediting committee, the joint commission on accreditation of 4203  
healthcare organizations, or any other nationally recognized 4204  
accrediting organization; 4205

(6) The individual is providing nursing care to an 4206  
individual who is in this state on a temporary basis, not to 4207  
exceed six months in any one calendar year, if the nurse is 4208  
directly employed by or under contract with the individual or a 4209  
guardian or other person acting on the individual's behalf; 4210

(7) The individual is providing nursing care during any 4211  
disaster, natural or otherwise, that has been officially 4212  
declared to be a disaster by a public announcement issued by an 4213  
appropriate federal, state, county, or municipal official. 4214

(H) The administration of medication by an individual who 4215  
holds a valid medication aide certificate issued under this 4216  
chapter, if the medication is administered to a resident of a 4217

nursing home, residential care facility, or ICF/IID authorized 4218  
by section 4723.64 of the Revised Code to use a certified 4219  
medication aide and the medication is administered in accordance 4220  
with section 4723.67 of the Revised Code. 4221

**Sec. 4723.341.** (A) As used in this section, "person" has 4222  
the same meaning as in section 1.59 of the Revised Code and also 4223  
includes the board of nursing and its members and employees; 4224  
health care facilities, associations, and societies; insurers; 4225  
and individuals. 4226

(B) In the absence of fraud or bad faith, no person 4227  
reporting to the board of nursing or testifying in an 4228  
adjudication conducted under Chapter 119. of the Revised Code 4229  
with regard to alleged incidents of negligence or malpractice or 4230  
matters subject to this chapter or sections 3123.41 to 3123.50 4231  
of the Revised Code and any applicable rules adopted under 4232  
section 3123.63 of the Revised Code shall be subject to either 4233  
of the following based on making the report or testifying: 4234

(1) Liability in damages in a civil action for injury, 4235  
death, or loss to person or property; 4236

(2) Discipline or dismissal by an employer. 4237

(C) An individual who is disciplined or dismissed in 4238  
violation of division (B) (2) of this section has the same rights 4239  
and duties accorded an employee under sections 4113.52 and 4240  
4113.53 of the Revised Code. 4241

(D) In the absence of fraud or bad faith, no professional 4242  
association of registered nurses, advanced practice registered 4243  
nurses, licensed practical nurses, dialysis technicians, 4244  
community health workers, or medication aides that sponsors a 4245  
committee or program to provide peer assistance to individuals 4246

with substance abuse problems, no representative or agent of 4247  
such a committee or program, and no member of the board of 4248  
nursing shall be liable to any person for damages in a civil 4249  
action by reason of actions taken to refer a nurse, dialysis 4250  
technician, community health worker, or medication aide to a 4251  
treatment provider or actions or omissions of the provider in 4252  
treating a nurse, dialysis technician, community health worker, 4253  
or medication aide. 4254

**Sec. 4723.41.** (A) Each person who desires to practice 4255  
nursing as a certified nurse-midwife and has not been authorized 4256  
to practice midwifery prior to December 1, 1967, and each person 4257  
who desires to practice nursing as a certified registered nurse 4258  
anesthetist, clinical nurse specialist, or certified nurse 4259  
practitioner shall file with the board of nursing a written 4260  
application for ~~authorization a license to practice nursing as~~ 4261  
an advanced practice registered nurse and designation in the 4262  
desired specialty. The application must be filed, under oath, on 4263  
a form prescribed by the board accompanied by the application 4264  
fee required by section 4723.08 of the Revised Code. 4265

Except as provided in division (B) of this section, at the 4266  
time of making application, the applicant shall meet all of the 4267  
following requirements: 4268

(1) Be a registered nurse; 4269

(2) Submit documentation satisfactory to the board that 4270  
the applicant has earned a ~~graduate~~ master's or doctoral degree 4271  
with a major in a nursing specialty or in a related field that 4272  
qualifies the applicant to sit for the certification examination 4273  
of a national certifying organization approved by the board 4274  
under section 4723.46 of the Revised Code; 4275

(3) Submit documentation satisfactory to the board of 4276  
having passed the certification examination of a national 4277  
certifying organization approved by the board under section 4278  
4723.46 of the Revised Code to examine and certify, as 4279  
applicable, nurse-midwives, registered nurse anesthetists, 4280  
clinical nurse specialists, or nurse practitioners; 4281

(4) Submit an affidavit with the application that states 4282  
all of the following: 4283

(a) That the applicant is the person named in the 4284  
documents submitted under divisions (A) (2) and (3) of this 4285  
section and is the lawful possessor thereof; 4286

(b) The applicant's age, residence, the school at which 4287  
the applicant obtained education in the applicant's nursing 4288  
specialty, and any other facts that the board requires; 4289

~~(c) If the applicant is already engaged in the practice of 4290  
nursing as a certified registered nurse anesthetist, clinical 4291  
nurse specialist, certified nurse midwife, or certified nurse 4292  
practitioner, the period during which and the place where the 4293  
applicant is engaged; 4294~~

~~(d) If the applicant is already engaged in the practice of 4295  
nursing as a clinical nurse specialist, certified nurse midwife, 4296  
or certified nurse practitioner, the names and business 4297  
addresses of the applicant's current collaborating physicians 4298  
and podiatrists The specialty in which the applicant seeks 4299  
designation. 4300~~

(B) (1) A certified registered nurse anesthetist, clinical 4301  
nurse specialist, certified nurse-midwife, or certified nurse 4302  
practitioner who is practicing or has practiced as such in 4303  
another jurisdiction may apply for a ~~certificate of authority~~ 4304

license by endorsement to practice nursing as an advanced 4305  
practice registered nurse and designation as a certified 4306  
registered nurse anesthetist, clinical nurse specialist, 4307  
certified nurse-midwife, or certified nurse practitioner in this 4308  
state if the nurse meets the requirements ~~for a certificate of~~ 4309  
~~authority~~ set forth in division (A) of this section or division 4310  
(B) (2) of this section. 4311

(2) If an applicant who is practicing or has practiced in 4312  
another jurisdiction applies for ~~a certificate of authority~~ 4313  
designation under division (B) (2) of this section, the 4314  
application shall be submitted to the board in the form 4315  
prescribed by rules of the board and be accompanied by the 4316  
application fee required by section 4723.08 of the Revised Code. 4317  
The application shall include evidence that the applicant meets 4318  
the requirements of division (B) (2) of this section, holds ~~a~~ 4319  
~~license or certificate~~ authority to practice nursing ~~as a~~ 4320  
~~certified registered nurse anesthetist, clinical nurse~~ 4321  
~~specialist, certified nurse-midwife, or certified nurse~~ 4322  
~~practitioner~~ and is in good standing in another jurisdiction 4323  
granted after meeting requirements approved by the entity of 4324  
that jurisdiction that ~~licenses~~ regulates nurses, and other 4325  
information required by rules of the board of nursing. 4326

With respect to the educational requirements and national 4327  
certification requirements that an applicant under division (B) 4328  
(2) of this section must meet, both of the following apply: 4329

(a) If the applicant is a certified registered nurse 4330  
anesthetist, certified nurse-midwife, or certified nurse 4331  
practitioner who, on or before December 31, 2000, obtained 4332  
certification in the applicant's nursing specialty with a 4333  
national certifying organization listed in division (A) (3) of 4334

section 4723.41 of the Revised Code as that division existed 4335  
prior to ~~the effective date of this amendment~~ March 20, 2013, or 4336  
that was at that time approved by the board under section 4337  
4723.46 of the Revised Code, the applicant must have maintained 4338  
the certification. The applicant is not required to have earned 4339  
a ~~graduate~~ master's or doctoral degree with a major in a nursing 4340  
specialty or in a related field that qualifies the applicant to 4341  
sit for the certification examination. 4342

(b) If the applicant is a clinical nurse specialist, one 4343  
of the following must apply to the applicant: 4344

(i) On or before December 31, 2000, the applicant obtained 4345  
a ~~graduate~~ master's or doctoral degree with a major in a 4346  
clinical area of nursing from an educational institution 4347  
accredited by a national or regional accrediting organization. 4348  
The applicant is not required to have passed a certification 4349  
examination. 4350

(ii) On or before December 31, 2000, the applicant 4351  
obtained a ~~graduate~~ master's or doctoral degree in nursing or a 4352  
related field and was certified as a clinical nurse specialist 4353  
by the American nurses credentialing center or another national 4354  
certifying organization that was at that time approved by the 4355  
board under section 4723.46 of the Revised Code. 4356

(3) The board may grant a nonrenewable temporary permit to 4357  
practice nursing as an advanced practice registered nurse to an 4358  
applicant for licensure by endorsement if the board is satisfied 4359  
by the evidence that the applicant holds a valid, unrestricted 4360  
license in or equivalent authorization from another 4361  
jurisdiction. The temporary permit shall expire at the earlier 4362  
of one hundred eighty days after issuance or upon the issuance 4363  
of a license by endorsement. 4364

**Sec. 4723.42.** (A) If the applicant for ~~authorization~~a 4365  
license to practice nursing as a ~~certified registered nurse~~ 4366  
~~anesthetist, clinical nurse specialist, certified nurse-midwife,~~ 4367  
~~or certified nurse practitioner~~an advanced practice registered 4368  
nurse has met all the requirements of section 4723.41 of the 4369  
Revised Code and has paid the fee required by section 4723.08 of 4370  
the Revised Code, the board of nursing shall issue ~~its~~ 4371  
~~certificate of authority to practice nursing~~the license and 4372  
designate the license holder as a certified registered nurse 4373  
anesthetist, clinical nurse specialist, certified nurse-midwife, 4374  
or certified nurse practitioner, ~~which shall designate the~~ 4375  
~~nursing specialty~~ the nurse is authorized to practice. The 4376  
~~certificate entitles its~~ license and designation authorize the 4377  
holder to practice ~~nursing in the specialty designated on the~~ 4378  
~~certificate~~as an advanced practice registered nurse in the 4379  
specialty indicated by the designation. 4380

The board shall issue or deny ~~its certificate~~the license 4381  
not later than ~~sixty~~thirty days after receiving all of the 4382  
documents required by section 4723.41 of the Revised Code. 4383

If an applicant is under investigation for a violation of 4384  
this chapter, the board shall conclude the investigation not 4385  
later than ninety days after receipt of all required documents, 4386  
unless this ninety-day period is extended by written consent of 4387  
the applicant, or unless the board determines that a substantial 4388  
question of such a violation exists and the board has notified 4389  
the applicant in writing of the reasons for the continuation of 4390  
the investigation. If the board determines that the applicant 4391  
has not violated this chapter, it shall issue a certificate not 4392  
later than forty-five days after making that determination. 4393

(B) A ~~certificate of authority~~license to practice nursing 4394

as a ~~certified registered nurse anesthetist, clinical nurse-  
specialist, certified nurse-midwife, or certified nurse-  
practitioner~~ an advanced practice registered nurse is subject to  
the ~~same schedule for renewal~~ schedule that applies under  
section 4723.24 of the Revised Code ~~with respect to a license to  
practice nursing as a registered nurse~~. In providing renewal  
applications ~~to certificate holders~~, the board shall follow the  
procedures that apply under section 4723.24 of the Revised Code  
for providing renewal applications to license holders. Failure  
of the ~~certificate~~ license holder to receive an application for  
renewal from the board does not excuse the holder from the  
requirements of section 4723.44 of the Revised Code.

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

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

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

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

(4) If the ~~holder's certificate was issued under division~~

~~(C) of section 4723.41 of the Revised Code, as that division~~ 4424  
~~existed at any time before March 20, 2013,~~ license holder is a 4425  
clinical nurse specialist, documentation satisfactory to the 4426  
board that the holder has completed continuing education for a 4427  
~~clinical nurse specialist that specialty~~ as required by rule of 4428  
the board. 4429

On receipt of the renewal application, fees, and 4430  
documents, the board shall verify that the applicant holds a 4431  
current, valid license to practice nursing as a registered nurse 4432  
in this state and a current, valid license to practice nursing 4433  
as an advanced practice registered nurse in this state, and, if 4434  
it so verifies, shall renew the ~~certificate~~ license to practice 4435  
nursing as an advanced practice registered nurse. 4436

(C) An applicant for reinstatement of a ~~certificate~~ 4437  
license that has lapsed shall submit the reinstatement fee, ~~—~~ 4438  
~~renewal fee, and fee for processing a late application for~~ 4439  
~~renewal~~ established under section 4723.08 of the Revised Code. 4440

(D) An individual who holds an active ~~certificate~~ license 4441  
and does not intend to practice in this state as an advanced 4442  
practice registered nurse may send to the board written or 4443  
electronic notice to that effect on or before the date the 4444  
~~certificate~~ license lapses, and the board shall classify the 4445  
~~certificate~~ license as inactive. 4446

**Sec. 4723.43.** A certified registered nurse anesthetist, 4447  
clinical nurse specialist, certified nurse-midwife, or certified 4448  
nurse practitioner may provide to individuals and groups nursing 4449  
care that requires knowledge and skill obtained from advanced 4450  
formal education and clinical experience. In this capacity as an 4451  
advanced practice registered nurse, a certified nurse-midwife is 4452  
subject to division (A) of this section, a certified registered 4453

nurse anesthetist is subject to division (B) of this section, a 4454  
certified nurse practitioner is subject to division (C) of this 4455  
section, and a clinical nurse specialist is subject to division 4456  
(D) of this section. 4457

(A) A nurse authorized to practice as a certified nurse- 4458  
midwife, in collaboration with one or more physicians, may 4459  
provide the management of preventive services and those primary 4460  
care services necessary to provide health care to women 4461  
antepartally, intrapartally, postpartally, and gynecologically, 4462  
consistent with the nurse's education and certification, and in 4463  
accordance with rules adopted by the board of nursing. 4464

No certified nurse-midwife may perform version, deliver 4465  
breech or face presentation, use forceps, do any obstetric 4466  
operation, or treat any other abnormal condition, except in 4467  
emergencies. Division (A) of this section does not prohibit a 4468  
certified nurse-midwife from performing episiotomies or normal 4469  
vaginal deliveries, or repairing vaginal tears. A certified 4470  
nurse-midwife ~~who holds a certificate to prescribe issued under~~ 4471  
~~section 4723.48 of the Revised Code~~ may, in collaboration with 4472  
one or more physicians, prescribe drugs and therapeutic devices 4473  
in accordance with section 4723.481 of the Revised Code. 4474

(B) A nurse authorized to practice as a certified 4475  
registered nurse anesthetist, with the supervision and in the 4476  
immediate presence of a physician, podiatrist, or dentist, may 4477  
administer anesthesia and perform anesthesia induction, 4478  
maintenance, and emergence, and may perform with supervision 4479  
preanesthetic preparation and evaluation, postanesthesia care, 4480  
and clinical support functions, consistent with the nurse's 4481  
education and certification, and in accordance with rules 4482  
adopted by the board. ~~A certified registered nurse anesthetist~~ 4483

~~is not required to obtain a certificate to prescribe in order to~~ 4484  
~~provide the anesthesia care described in this division.~~ 4485

The physician, podiatrist, or dentist supervising a 4486  
certified registered nurse anesthetist must be actively engaged 4487  
in practice in this state. When a certified registered nurse 4488  
anesthetist is supervised by a podiatrist, the nurse's scope of 4489  
practice is limited to the anesthesia procedures that the 4490  
podiatrist has the authority under section 4731.51 of the 4491  
Revised Code to perform. A certified registered nurse 4492  
anesthetist may not administer general anesthesia under the 4493  
supervision of a podiatrist in a podiatrist's office. When a 4494  
certified registered nurse anesthetist is supervised by a 4495  
dentist, the nurse's scope of practice is limited to the 4496  
anesthesia procedures that the dentist has the authority under 4497  
Chapter 4715. of the Revised Code to perform. 4498

(C) A nurse authorized to practice as a certified nurse 4499  
practitioner, in collaboration with one or more physicians or 4500  
podiatrists, may provide preventive and primary care services, 4501  
provide services for acute illnesses, and evaluate and promote 4502  
patient wellness within the nurse's nursing specialty, 4503  
consistent with the nurse's education and certification, and in 4504  
accordance with rules adopted by the board. A certified nurse 4505  
practitioner ~~who holds a certificate to prescribe issued under~~ 4506  
~~section 4723.48 of the Revised Code~~ may, in collaboration with 4507  
one or more physicians or podiatrists, prescribe drugs and 4508  
therapeutic devices in accordance with section 4723.481 of the 4509  
Revised Code. 4510

When a certified nurse practitioner is collaborating with 4511  
a podiatrist, the nurse's scope of practice is limited to the 4512  
procedures that the podiatrist has the authority under section 4513

4731.51 of the Revised Code to perform. 4514

(D) A nurse authorized to practice as a clinical nurse 4515  
specialist, in collaboration with one or more physicians or 4516  
podiatrists, may provide and manage the care of individuals and 4517  
groups with complex health problems and provide health care 4518  
services that promote, improve, and manage health care within 4519  
the nurse's nursing specialty, consistent with the nurse's 4520  
education and in accordance with rules adopted by the board. A 4521  
clinical nurse specialist ~~who holds a certificate to prescribe~~ 4522  
~~issued under section 4723.48 of the Revised Code~~ may, in 4523  
collaboration with one or more physicians or podiatrists, 4524  
prescribe drugs and therapeutic devices in accordance with 4525  
section 4723.481 of the Revised Code. 4526

When a clinical nurse specialist is collaborating with a 4527  
podiatrist, the nurse's scope of practice is limited to the 4528  
procedures that the podiatrist has the authority under section 4529  
4731.51 of the Revised Code to perform. 4530

**Sec. 4723.431.** (A) ~~Except as provided in division (D)(1)~~ 4531  
~~of this section, An advanced practice registered nurse who is~~ 4532  
~~designated as a~~ clinical nurse specialist, certified nurse- 4533  
midwife, or certified nurse practitioner may practice only in 4534  
accordance with a standard care arrangement entered into with 4535  
each physician or podiatrist with whom the nurse collaborates. A 4536  
copy of the standard care arrangement shall be retained on file 4537  
~~at each site where the nurse practices~~ by the nurse's employer. 4538  
Prior approval of the standard care arrangement by the board of 4539  
nursing is not required, but the board may periodically review 4540  
it for compliance with this section. 4541

A clinical nurse specialist, certified nurse-midwife, or 4542  
certified nurse practitioner may enter into a standard care 4543

arrangement with one or more collaborating physicians or 4544  
podiatrists. Not later than thirty days after first engaging in 4545  
the practice of nursing as a clinical nurse specialist, 4546  
certified nurse-midwife, or certified nurse practitioner, the 4547  
nurse shall submit to the board the name and business address of 4548  
each collaborating physician or podiatrist. Thereafter, the 4549  
nurse shall ~~give to notify~~ the board ~~written notice~~ of any 4550  
additions or deletions to the nurse's collaborating physicians 4551  
or podiatrists. Except as provided in division (E) of this 4552  
section, the notice must be provided not later than thirty days 4553  
after the change takes effect. 4554

Each collaborating physician or podiatrist must be 4555  
~~actively engaged in direct clinical~~ authorized to practice in 4556  
this state and ~~practicing~~, except as provided in division (D) 4557  
of this section, practice in a specialty that is the same as or 4558  
similar to the nurse's nursing specialty. If a collaborating 4559  
physician or podiatrist enters into standard care arrangements 4560  
with more than ~~three five~~ nurses who hold certificates to 4561  
~~prescribe issued under section 4723.49 of the Revised Code~~, the 4562  
physician or podiatrist shall not collaborate at the same time 4563  
with more than ~~three of the five~~ nurses in the prescribing 4564  
component of their practices. 4565

(B) A standard care arrangement shall be in writing and, ~~—~~ 4566  
~~except as provided in division (D) (2) of this section,~~ shall 4567  
contain all of the following: 4568

(1) Criteria for referral of a patient by the clinical 4569  
nurse specialist, certified nurse-midwife, or certified nurse 4570  
practitioner to a collaborating physician or podiatrist; 4571

(2) A process for the clinical nurse specialist, certified 4572  
nurse-midwife, or certified nurse practitioner to obtain a 4573

consultation with a collaborating physician or podiatrist; 4574

(3) A plan for coverage in instances of emergency or 4575  
planned absences of either the clinical nurse specialist, 4576  
certified nurse-midwife, or certified nurse practitioner or a 4577  
collaborating physician or podiatrist that provides the means 4578  
whereby a physician or podiatrist is available for emergency 4579  
care; 4580

(4) The process for resolution of disagreements regarding 4581  
matters of patient management between the clinical nurse 4582  
specialist, certified nurse-midwife, or certified nurse 4583  
practitioner and a collaborating physician or podiatrist; 4584

~~(5) A procedure for a regular review of the referrals by 4585  
the clinical nurse specialist, certified nurse-midwife, or 4586  
certified nurse practitioner to other health care professionals 4587  
and the care outcomes for a random sample of all patients seen 4588  
by the nurse; 4589~~

~~(6) If the clinical nurse specialist or certified nurse 4590  
practitioner regularly provides services to infants, a policy 4591  
for care of infants up to age one and recommendations for 4592  
collaborating physician visits for children from birth to age 4593  
three; 4594~~

~~(7) Any other criteria required by rule of the board 4595  
adopted pursuant to section 4723.07 or 4723.50 of the Revised 4596  
Code. 4597~~

(C) (1) A standard care arrangement entered into pursuant 4598  
to this section may permit a clinical nurse specialist, 4599  
certified nurse-midwife, or certified nurse practitioner to 4600  
supervise services provided by a home health agency as defined 4601  
in section 3701.881 of the Revised Code. 4602

(2) A standard care arrangement entered into pursuant to 4603  
this section may permit a clinical nurse specialist, certified 4604  
nurse-midwife, or certified nurse practitioner to admit a 4605  
patient to a hospital in accordance with section 3727.06 of the 4606  
Revised Code. 4607

~~(D)(1) A collaborating physician who enters into a 4608  
standard care arrangement with a clinical nurse specialist ~~who~~ 4609  
 ~~does not hold a certificate to prescribe and whose nursing~~ 4610  
specialty is mental health or psychiatric mental health, as 4611  
determined by the board, ~~is not required to enter into a~~ 4612  
 ~~standard care arrangement, but shall practice in collaboration~~ 4613  
 ~~with one or more physicians.~~ 4614~~

~~(2) If a clinical nurse specialist practicing in either of 4615  
the specialties specified in division (D)(1) of this section 4616  
holds a certificate to prescribe, the nurse shall enter into a 4617  
standard care arrangement with one or more physicians. The 4618  
standard care arrangement must meet the requirements of division 4619  
(B) of this section, but only to the extent necessary to address 4620  
the prescribing component of the nurse's practice must practice 4621  
in one of the following specialties: 4622~~

(1) A specialty that is the same as or similar to the 4623  
nurse's nursing specialty; 4624

(2) Pediatrics; 4625

(3) Primary care or family practice. 4626

(E)(1) Except as provided in division (E)(2) of this 4627  
section, if a physician or podiatrist terminates the 4628  
collaboration between the physician or podiatrist and a 4629  
certified nurse-midwife, certified nurse practitioner, or 4630  
clinical nurse specialist before their standard care arrangement 4631

expires, all of the following apply: 4632

(a) The physician or podiatrist must give the nurse 4633  
written or electronic notice of the termination. 4634

(b) Once the nurse receives the termination notice, the 4635  
nurse must notify the board of nursing of the termination as 4636  
soon as practicable by submitting to the board a copy of the 4637  
physician's or podiatrist's termination notice. 4638

(c) Notwithstanding the requirement of section 4723.43 of 4639  
the Revised Code that the nurse practice in collaboration with a 4640  
physician or podiatrist, the nurse may continue to practice 4641  
under the existing standard care arrangement without a 4642  
collaborating physician or podiatrist for not more than one 4643  
hundred twenty days after submitting to the board a copy of the 4644  
termination notice. 4645

(2) In the event that the collaboration between a 4646  
physician or podiatrist and a certified nurse-midwife, certified 4647  
nurse practitioner, or clinical nurse specialist terminates 4648  
because of the physician's or podiatrist's death, the nurse must 4649  
notify the board of the death as soon as practicable. The nurse 4650  
may continue to practice under the existing standard care 4651  
arrangement without a collaborating physician or podiatrist for 4652  
not more than one hundred twenty days after notifying the board 4653  
of the physician's or podiatrist's death. 4654

~~(E)~~(F) Nothing in this section prohibits a hospital from 4655  
hiring a clinical nurse specialist, certified nurse-midwife, or 4656  
certified nurse practitioner as an employee and negotiating 4657  
standard care arrangements on behalf of the employee as 4658  
necessary to meet the requirements of this section. A standard 4659  
care arrangement between the hospital's employee and the 4660

employee's collaborating physician is subject to approval by the 4661  
medical staff and governing body of the hospital prior to 4662  
implementation of the arrangement at the hospital. 4663

**Sec. 4723.432.** (A) ~~A clinical nurse specialist, certified-~~ 4664  
~~nurse-midwife, or certified nurse practitioner~~ An advanced 4665  
practice registered nurse who is designated as a clinical nurse 4666  
specialist, certified nurse-midwife, or certified nurse 4667  
practitioner shall cooperate with the state medical board in any 4668  
investigation the board conducts with respect to a physician or 4669  
podiatrist who collaborates with the nurse. The nurse shall 4670  
cooperate with the board in any investigation the board conducts 4671  
with respect to the unauthorized practice of medicine by the 4672  
nurse. 4673

(B) ~~A~~ An advanced practice registered nurse who is 4674  
designated as a certified registered nurse anesthetist shall 4675  
cooperate with the state medical board or state dental board in 4676  
any investigation either board conducts with respect to a 4677  
physician, podiatrist, or dentist who permits the nurse to 4678  
practice with the supervision of that physician, podiatrist, or 4679  
dentist. The nurse shall cooperate with either board in any 4680  
investigation it conducts with respect to the unauthorized 4681  
practice of medicine or dentistry by the nurse. 4682

**Sec. 4723.44.** (A) No person shall knowingly do any of the 4683  
following unless the person holds a current, valid ~~certificate-~~ 4684  
~~of authority to practice nursing as a certified registered nurse-~~ 4685  
~~anesthetist, clinical nurse specialist, certified nurse-midwife,~~ 4686  
~~or certified nurse practitioner~~ license issued by the board of 4687  
nursing under this chapter to practice nursing as an advanced 4688  
practice registered nurse in the specialty indicated by the 4689  
designation: 4690

(1) Engage in the practice of nursing as a ~~certified~~ 4691  
~~registered nurse anesthetist, clinical nurse specialist,~~ 4692  
~~certified nurse midwife, or certified nurse practitioner~~ an 4693  
advanced practice registered nurse for a fee, salary, or other 4694  
consideration, or as a volunteer; 4695

(2) Represent the person as being an advanced practice 4696  
registered nurse, including representing the person as being a 4697  
certified registered nurse anesthetist, clinical nurse 4698  
specialist, certified nurse-midwife, or certified nurse 4699  
practitioner; 4700

(3) Use any title or initials implying that the person is 4701  
an advanced practice registered nurse, including using any title 4702  
or initials implying the person is a certified registered nurse 4703  
anesthetist, clinical nurse specialist, certified nurse-midwife, 4704  
or certified nurse practitioner; 4705

~~(4) Represent the person as being an advanced practice~~ 4706  
~~registered nurse;~~ 4707

~~(5) Use any title or initials implying that the person is~~ 4708  
~~an advanced practice registered nurse.~~ 4709

(B) ~~No person who is not certified by the national council~~ 4710  
~~on certification of nurse anesthetists of the American~~ 4711  
~~association of nurse anesthetists, the national council on~~ 4712  
~~recertification of nurse anesthetists of the American~~ 4713  
~~association of nurse anesthetists, or another national~~ 4714  
~~certifying organization approved by the board under section~~ 4715  
~~4723.46 of the Revised Code shall use the title "certified~~ 4716  
~~registered nurse anesthetist" or the initials "C.R.N.A.," or any~~ 4717  
~~other title or initial implying that the person has been~~ 4718  
~~certified by the council or organization.~~ 4719

~~(C) No certified registered nurse anesthetist, clinical nurse specialist, certified nurse midwife, or certified nurse practitioner~~ 4720  
~~advanced practice registered nurse shall knowingly~~ 4721  
do any of the following: 4722  
4723

(1) Engage, for a fee, salary, or other consideration, or 4724  
as a volunteer, in the practice of a nursing specialty other 4725  
than the specialty designated on the nurse's current, valid 4726  
~~certificate of authority license~~ issued by the board under this 4727  
chapter to practice nursing as an advanced practice registered 4728  
nurse; 4729

(2) Represent the person as being authorized to practice 4730  
any nursing specialty other than the specialty designated on the 4731  
current, valid ~~certificate of authority license to practice~~ 4732  
nursing as an advanced practice registered nurse; 4733

(3) Use the title "certified registered nurse anesthetist" 4734  
or the initials "N.A." or "C.R.N.A.," the title "clinical nurse 4735  
specialist" or the initials "C.N.S.," the title "certified 4736  
nurse-midwife" or the initials "C.N.M.," the title "certified 4737  
nurse practitioner" or the initials "C.N.P.," the title 4738  
"advanced practice registered nurse" or the initials "A.P.R.N.," 4739  
or any other title or initials implying that the nurse is 4740  
authorized to practice any nursing specialty other than the 4741  
specialty designated on the nurse's current, valid ~~certificate~~ 4742  
~~of authority license to practice nursing as an advanced practice~~ 4743  
registered nurse; 4744

(4) ~~Enter~~ Except as provided in division (D) of section 4745  
4723.431 of the Revised Code, enter into a standard care 4746  
arrangement with a physician or podiatrist whose practice is not 4747  
the same as or similar to the nurse's nursing specialty; 4748

~~(5) Prescribe drugs or therapeutic devices unless the nurse holds a current, valid certificate to prescribe issued under section 4723.48 of the Revised Code;~~ 4749  
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~~(6) Prescribe drugs or therapeutic devices under a certificate to prescribe in a manner that does not comply with section 4723.481 of the Revised Code;~~ 4752  
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~~(7)~~ (6) Prescribe any drug or device to perform or induce an abortion, or otherwise perform or induce an abortion. 4755  
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~~(D)~~ (C) No person shall knowingly employ a person to engage in the practice of nursing as ~~a certified registered nurse anesthetist, clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner~~ an advanced practice registered nurse unless the person so employed holds a current, valid certificate of authority to engage in that nursing ~~specialty license and designation~~ issued by the board under this chapter to practice as an advanced practice registered nurse in the specialty indicated by the designation. 4757  
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~~(E)~~ (D) A ~~certificate document~~ certified by the executive director of the board, under the official seal of the board, to the effect that it appears from the records of the board that no ~~certificate of authority license~~ to practice nursing as a ~~certified registered nurse anesthetist, clinical nurse specialist, certified nurse-midwife, or certified nurse-practitioner~~ an advanced practice registered nurse has been issued to ~~any the person specified therein in the document~~, or that a ~~certificate license to practice nursing as an advanced practice registered nurse~~, if issued, has been revoked or suspended, shall be received as prima-facie evidence of the record of the board in any court or before any officer of the state. 4766  
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**Sec. 4723.46.** (A) The board of nursing shall establish a 4779  
list of national certifying organizations approved by the board 4780  
to examine and certify advanced practice registered nurses to 4781  
practice nursing specialties. To be approved by the board, a 4782  
national certifying organization must meet all of the following 4783  
requirements: 4784

(1) Be national in the scope of its credentialing; 4785

(2) Have an educational requirement beyond that required 4786  
for registered nurse licensure; 4787

(3) Have practice requirements beyond those required for 4788  
registered nurse licensure; 4789

(4) Have testing requirements beyond those required for 4790  
registered nurse licensure that measure the theoretical and 4791  
clinical content of a nursing specialty, are developed in 4792  
accordance with accepted standards of validity and reliability, 4793  
and are open to registered nurses who have successfully 4794  
completed the educational program required by the organization; 4795

(5) Issue certificates to advanced practice registered 4796  
nurses, including certified registered nurse anesthetists, 4797  
clinical nurse specialists, certified nurse-midwives, or 4798  
certified nurse practitioners; 4799

(6) Periodically review the qualifications of advanced 4800  
practice registered nurses, including certified registered nurse 4801  
anesthetists, clinical nurse specialists, certified nurse- 4802  
midwives, or certified nurse practitioners. 4803

(B) Not later than the thirtieth day of January of each 4804  
year, the board shall publish the list of national certifying 4805  
organizations that have met the requirements of division (A) of 4806  
this section within the previous year and remove from the list 4807

organizations that no longer meet the requirements. 4808

**Sec. 4723.47.** ~~(A) If a certified registered nurse~~ 4809  
~~anesthetist's, clinical nurse specialist's, certified nurse~~ 4810  
~~midwife's, or certified nurse practitioner's~~ an advanced 4811  
practice registered nurse's license to practice nursing as a 4812  
registered nurse lapses for failure to renew under section 4813  
4723.24 of the Revised Code, the nurse's ~~certificate of~~ 4814  
~~authority~~ license to practice nursing as a ~~certified registered~~ 4815  
~~nurse anesthetist, clinical nurse specialist, certified nurse~~ 4816  
~~midwife, or certified nurse practitioner~~ an advanced practice 4817  
registered nurse is lapsed until the license to practice nursing 4818  
as a registered nurse is reinstated. If an advanced practice 4819  
registered nurse's license to practice nursing as a registered 4820  
nurse is classified as inactive under section 4723.24 of the 4821  
Revised Code, the nurse's license to practice nursing as an 4822  
advanced practice nurse is automatically classified as inactive 4823  
while the license to practice nursing as a registered nurse 4824  
remains inactive. If the either license held by an advanced 4825  
practice registered nurse is revoked under section 4723.28 or 4826  
4723.281 of the Revised Code, the nurse's ~~certificate of~~ 4827  
~~authority~~ other license is automatically revoked. If the either 4828  
license is suspended under ~~either~~ section 4723.28 or 4728.281 of 4829  
the Revised Code, the nurse's certificate of authority other 4830  
license is automatically suspended while the ~~license remains~~ 4831  
~~suspended~~ suspension remains in effect. If the license is 4832  
~~classified as inactive under section 4723.24 of the Revised~~ 4833  
~~Code, the nurse's certificate of authority is automatically~~ 4834  
~~classified as inactive while the license remains inactive.~~ 4835

~~(B) If a clinical nurse specialist, certified nurse~~ 4836  
~~midwife, or certified nurse practitioner holds a certificate to~~ 4837  
~~prescribe issued under section 4723.48 of the Revised Code and~~ 4838

~~the nurse's certificate of authority to practice as a clinical nurse specialist, certified nurse midwife, or certified nurse practitioner lapses for failure to renew under section 4723.41 of the Revised Code, the nurse's certificate to prescribe is lapsed until the certificate of authority is reinstated. If the certificate of authority becomes inactive in accordance with section 4723.42 of the Revised Code, the nurse's certificate to prescribe is lapsed until the certificate of authority becomes active. If the certificate of authority is revoked under section 4723.28 or 4723.281 of the Revised Code, the nurse's certificate to prescribe is automatically revoked. If the certificate of authority is suspended under either section, the nurse's certificate to prescribe is automatically suspended while the certificate of authority remains suspended. If a restriction is placed on the certificate of authority under section 4723.28 of the Revised Code, the same restriction is placed on the nurse's certificate to prescribe while the certificate of authority remains restricted.~~

**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.~~

~~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.~~ 4870-4875

~~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.~~ 4876-4880

~~(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 applicant under this section shall not be an externship certificate. The applicant shall be issued a certificate to prescribe that permits the recipient to prescribe drugs and therapeutic devices in collaboration with one or more physicians or podiatrists.~~ 4881-4888

~~(C) (1) The holder of a certificate issued under this section~~ 4889  
(A) A clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner who holds a license to practice nursing issued under section 4723.42 of the Revised Code may delegate to a person not otherwise authorized to administer drugs the authority to administer to a specified patient a drug, ~~either than~~ unless the drug is a controlled substance, or is listed in the formulary established in rules adopted under section 4723.50 of the Revised Code. The delegation shall be in accordance with division ~~(C) (2)~~ (B) of this section and standards and procedures established in rules 4890-4899

adopted under division ~~(Q)~~ (O) of section 4723.07 of the Revised Code. 4900  
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~~(2)~~ (B) Prior to delegating the authority, the ~~certificate holder nurse~~ shall do both of the following: 4902  
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~~(a)~~ (1) Assess the patient and determine that the drug is appropriate for the patient; 4904  
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~~(b)~~ (2) Determine that the person to whom the authority will be delegated has met the conditions specified in division (D) of section 4723.489 of the Revised Code. 4906  
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**Sec. 4723.481.** This section establishes standards and conditions regarding the authority of an advanced practice registered nurse who is designated as a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner to prescribe and personally furnish drugs and therapeutic devices under a ~~certificate to prescribe~~ license issued under section ~~4723.48~~ 4723.42 of the Revised Code. 4909  
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(A) ~~A~~ Except as provided in division (F) of this section, a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner shall not prescribe or furnish any drug or therapeutic device that is ~~not included in the types of drugs and devices~~ listed on the exclusionary formulary established in rules adopted under section 4723.50 of the Revised Code. 4916  
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(B) The prescriptive authority of a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner shall not exceed the prescriptive authority of the collaborating physician or podiatrist, including the collaborating physician's authority to treat chronic pain with controlled substances and products containing tramadol as 4923  
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described in section 4731.052 of the Revised Code. 4929

(C) (1) Except as provided in division (C) (2) or (3) of 4930  
this section, a clinical nurse specialist, certified nurse- 4931  
midwife, or certified nurse practitioner may prescribe to a 4932  
patient a schedule II controlled substance only if all of the 4933  
following are the case: 4934

(a) The patient has a terminal condition, as defined in 4935  
section 2133.01 of the Revised Code. 4936

(b) ~~The collaborating~~ A physician of the clinical nurse- 4937  
~~specialist, certified nurse midwife, or certified nurse~~ 4938  
~~practitioner~~ initially prescribed the substance for the patient. 4939

(c) The prescription is for an amount that does not exceed 4940  
the amount necessary for the patient's use in a single, ~~twenty-~~ 4941  
~~four-hour~~ seventy-two-hour period. 4942

(2) The restrictions on prescriptive authority in division 4943  
(C) (1) of this section do not apply if a clinical nurse 4944  
specialist, certified nurse-midwife, or certified nurse 4945  
practitioner issues the prescription to the patient from any of 4946  
the following locations: 4947

(a) A hospital registered under section 3701.07 of the 4948  
Revised Code; 4949

(b) An entity owned or controlled, in whole or in part, by 4950  
a hospital or by an entity that owns or controls, in whole or in 4951  
part, one or more hospitals; 4952

(c) A health care facility operated by the department of 4953  
mental health and addiction services or the department of 4954  
developmental disabilities; 4955

(d) A nursing home licensed under section 3721.02 of the 4956

Revised Code or by a political subdivision certified under 4957  
section 3721.09 of the Revised Code; 4958

(e) A county home or district home operated under Chapter 4959  
5155. of the Revised Code that is certified under the medicare 4960  
or medicaid program; 4961

(f) A hospice care program, as defined in section 3712.01 4962  
of the Revised Code; 4963

(g) A community mental health services provider, as 4964  
defined in section 5122.01 of the Revised Code; 4965

(h) An ambulatory surgical facility, as defined in section 4966  
3702.30 of the Revised Code; 4967

(i) A freestanding birthing center, as defined in section 4968  
3702.141 of the Revised Code; 4969

(j) A federally qualified health center, as defined in 4970  
section 3701.047 of the Revised Code; 4971

(k) A federally qualified health center look-alike, as 4972  
defined in section 3701.047 of the Revised Code; 4973

(l) A health care office or facility operated by the board 4974  
of health of a city or general health district or the authority 4975  
having the duties of a board of health under section 3709.05 of 4976  
the Revised Code; 4977

(m) A site where a medical practice is operated, but only 4978  
if the practice is comprised of one or more physicians who also 4979  
are owners of the practice; the practice is organized to provide 4980  
direct patient care; and the clinical nurse specialist, 4981  
certified nurse-midwife, or certified nurse practitioner 4982  
providing services at the site has a standard care arrangement 4983  
and collaborates with at least one of the physician owners who 4984

practices primarily at that site; 4985

(n) A residential care facility, as defined in section 4986  
3721.01 of the Revised Code. 4987

(3) A clinical nurse specialist, certified nurse-midwife, 4988  
or certified nurse practitioner shall not issue to a patient a 4989  
prescription for a schedule II controlled substance from a 4990  
convenience care clinic even if the clinic is owned or operated 4991  
by an entity specified in division (C) (2) of this section. 4992

(D) A pharmacist who acts in good faith reliance on a 4993  
prescription issued by a clinical nurse specialist, certified 4994  
nurse-midwife, or certified nurse practitioner under division 4995  
(C) (2) of this section is not liable for or subject to any of 4996  
the following for relying on the prescription: damages in any 4997  
civil action, prosecution in any criminal proceeding, or 4998  
professional disciplinary action by the state board of pharmacy 4999  
under Chapter 4729. of the Revised Code. 5000

~~(E) A clinical nurse specialist, certified nurse midwife,~~ 5001  
~~or certified nurse practitioner may personally furnish to a~~ 5002  
~~patient a sample of any drug or therapeutic device included in~~ 5003  
~~the types of drugs and devices listed on the formulary, except~~ 5004  
~~that all of the following conditions apply:—~~ 5005

~~(1) The amount of the sample furnished shall not exceed a~~ 5006  
~~seventy two hour supply, except when the minimum available~~ 5007  
~~quantity of the sample is packaged in an amount that is greater~~ 5008  
~~than a seventy two hour supply, in which case the packaged~~ 5009  
~~amount may be furnished.—~~ 5010

~~(2) No charge may be imposed for the sample or for~~ 5011  
~~furnishing it.—~~ 5012

~~(3) Samples of controlled substances may not be personally~~ 5013

furnished.— 5014

~~(F) A clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner may personally furnish to a patient a complete or partial supply of a drug or therapeutic device included in the types of drugs and devices listed on the formulary, except that all of the following conditions apply:—~~ 5015  
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~~(1) The clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner shall personally furnish only antibiotics, antifungals, scabicides, contraceptives, prenatal vitamins, antihypertensives, drugs and devices used in the treatment of diabetes, drugs and devices used in the treatment of asthma, and drugs used in the treatment of dyslipidemia.—~~ 5020  
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~~(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.—~~ 5027  
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~~(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.—~~ 5035  
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~~(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~~ 5040  
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minor, as defined in that section, an opioid analgesic, as 5043  
defined in section 3719.01 of the Revised Code. 5044

(F) Until the board of nursing establishes a new formulary 5045  
in rules adopted under section 4723.50 of the Revised Code, a 5046  
clinical nurse specialist, certified nurse-midwife, or certified 5047  
nurse practitioner who prescribes or furnishes any drug or 5048  
therapeutic device shall do so in accordance with the formulary 5049  
established by the board prior to the effective date of this 5050  
amendment. 5051

**Sec. 4723.482.** ~~(A) Except as provided in divisions (C) and~~ 5052  
~~(D) of this section, an~~ An applicant for a license to practice 5053  
nursing as an advanced practice registered nurse who seeks 5054  
designation as a clinical nurse specialist, certified nurse- 5055  
midwife, or certified nurse practitioner shall include with the 5056  
application submitted under section ~~4723.48~~ 4723.41 of the 5057  
Revised Code ~~all of the following:~~ 5058

~~(1) Evidence of holding a current, valid certificate of~~ 5059  
~~authority to practice as a clinical nurse specialist, certified~~ 5060  
~~nurse-midwife, or certified nurse practitioner that was issued~~ 5061  
~~by meeting the requirements of division (A) of section 4723.41~~ 5062  
~~of the Revised Code;~~ 5063

~~(2) Evidence~~ evidence of successfully completing the 5064  
course of study in advanced pharmacology and related topics in 5065  
accordance with the requirements specified in division (B) of 5066  
this section; 5067

~~(3) The fee required by section 4723.08 of the Revised~~ 5068  
~~Code for a certificate to prescribe;~~ 5069

~~(4) Any additional information the board of nursing~~ 5070  
~~requires pursuant to rules adopted under section 4723.50 of the~~ 5071

~~Revised Code.~~ 5072

(B) With respect to the course of study in advanced 5073  
pharmacology and related topics ~~that must be successfully~~ 5074  
~~completed to obtain a certificate to prescribe~~, all of the 5075  
following requirements apply: 5076

(1) The course of study shall be completed not longer than 5077  
~~three five~~ years before the application ~~for the certificate to~~ 5078  
~~prescribe~~ is filed. 5079

(2) The course of study shall be not less than forty-five 5080  
contact hours. 5081

(3) The course of study shall meet the requirements to be 5082  
approved by the board in accordance with standards established 5083  
in rules adopted under section 4723.50 of the Revised Code. 5084

(4) The content of the course of study shall be specific 5085  
to the applicant's nursing specialty. 5086

(5) The instruction provided in the course of study shall 5087  
include all of the following: 5088

(a) A minimum of thirty-six contact hours of instruction 5089  
in advanced pharmacology that includes pharmacokinetic 5090  
principles and clinical application and the use of drugs and 5091  
therapeutic devices in the prevention of illness and maintenance 5092  
of health; 5093

(b) Instruction in the fiscal and ethical implications of 5094  
prescribing drugs and therapeutic devices; 5095

(c) Instruction in the state and federal laws that apply 5096  
to the authority to prescribe; 5097

(d) Instruction that is specific to schedule II controlled 5098

substances, including instruction in all of the following:	5099
(i) Indications for the use of schedule II controlled substances in drug therapies;	5100 5101
(ii) The most recent guidelines for pain management therapies, as established by state and national organizations such as the Ohio pain initiative and the American pain society;	5102 5103 5104
(iii) Fiscal and ethical implications of prescribing schedule II controlled substances;	5105 5106
(iv) State and federal laws that apply to the authority to prescribe schedule II controlled substances;	5107 5108
(v) Prevention of abuse and diversion of schedule II controlled substances, including identification of the risk of abuse and diversion, recognition of abuse and diversion, types of assistance available for prevention of abuse and diversion, and methods of establishing safeguards against abuse and diversion.	5109 5110 5111 5112 5113 5114
<del>    (e) Any additional instruction required pursuant to rules adopted under section 4723.50 of the Revised Code.</del>	5115 5116
(C) An applicant who practiced or is practicing as a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner in another jurisdiction or as an employee of the United States government, <del>and is not seeking authority to prescribe drugs and therapeutic devices by meeting the requirements of division (A) or (D) of this section,</del> shall include with the application submitted under section <del>4723.48</del> <u>4723.41</u> of the Revised Code all of the following:	5117 5118 5119 5120 5121 5122 5123 5124
(1) Evidence of <del>holding a current, valid certificate of authority issued under this chapter to practice as a clinical</del>	5125 5126

~~nurse specialist, certified nurse midwife, or certified nurse practitioner having completed a two-hour course of instruction approved by the board in the laws of this state that govern drugs and prescriptive authority;~~ 5127  
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~~(2) The fee required by section 4723.08 of the Revised Code for a certificate to prescribe;~~ 5131  
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~~(3) Either of the following:~~ 5133

(a) Evidence of having held, for a continuous period of at least one year during the three years immediately preceding the date of application, valid authority issued by another jurisdiction to prescribe therapeutic devices and drugs, including at least some controlled substances; 5134  
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(b) Evidence of having been employed by the United States government and authorized, for a continuous period of at least one year during the three years immediately preceding the date of application, to prescribe therapeutic devices and drugs, including at least some controlled substances, in conjunction with that employment. 5139  
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~~(4) Evidence of having completed a two-hour course of instruction approved by the board in the laws of this state that govern drugs and prescriptive authority;~~ 5145  
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~~(5) Any additional information the board requires pursuant to rules adopted under section 4723.50 of the Revised Code.~~ 5148  
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~~(D) An applicant who practiced or is practicing as a clinical nurse specialist, certified nurse midwife, or certified nurse practitioner in another jurisdiction or as an employee of the United States government, and is not seeking authority to prescribe drugs and therapeutic devices by meeting the requirements of division (A) or (C) of this section, shall~~ 5150  
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~~include with the application submitted under section 4723.48 of the Revised Code all of the following:~~ 5156  
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~~(1) Evidence of holding a current, valid certificate of authority issued under this chapter to practice as a clinical nurse specialist, certified nurse midwife, or certified nurse practitioner;~~ 5158  
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~~(2) The fee required by section 4723.08 of the Revised Code for a certificate to prescribe;~~ 5162  
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~~(3) Either of the following:~~ 5164

~~(a) Evidence of having held, for a continuous period of at least one year during the three years immediately preceding the date of application, valid authority issued by another jurisdiction to prescribe therapeutic devices and drugs, excluding controlled substances;~~ 5165  
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~~(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.~~ 5170  
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~~(4) Any additional information the board requires pursuant to rules adopted under section 4723.50 of the Revised Code.~~ 5176  
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**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~~ 5178  
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~~under section 4723.50 of the Revised Code.~~ 5185

~~(B) Except as provided in division (C) of this section,~~ 5186  
~~the board may renew a certificate to prescribe if the holder~~ 5187  
~~submits to the board all of the following:~~ 5188

~~(1) Evidence of having completed during the previous two-~~ 5189  
~~years at least twelve hours of continuing education in advanced-~~ 5190  
~~pharmacology, or, if the certificate has been held for less than~~ 5191  
~~a full renewal period, the number of hours required by the board~~ 5192  
~~in rules adopted under section 4723.50 of the Revised Code;~~ 5193

~~(2) The fee required under section 4723.08 of the Revised-~~ 5194  
~~Code for renewal of a certificate to prescribe;~~ 5195

~~(3) Any additional information the board requires pursuant-~~ 5196  
~~to rules adopted under section 4723.50 of the Revised Code.~~ 5197

~~(C)(1) Except as provided in division (C)(2)(B) of this~~ 5198  
~~section, in the case of a certificate-license holder who is~~ 5199  
~~seeking renewal of a license to practice nursing as an advanced~~ 5200  
~~practice registered nurse and who prescribes opioid analgesics~~ 5201  
~~or benzodiazepines, as defined in section 3719.01 of the Revised~~ 5202  
~~Code, the holder shall certify to the board whether the holder~~ 5203  
~~has been granted access to the drug database established and~~ 5204  
~~maintained by the state board of pharmacy pursuant to section~~ 5205  
~~4729.75 of the Revised Code.~~ 5206

~~(2)(B) The requirement in division (C)(1)(A) of this~~ 5207  
~~section does not apply if any of the following is the case:~~ 5208

~~(a)(1) The state board of pharmacy notifies the board of~~ 5209  
~~nursing pursuant to section 4729.861 of the Revised Code that~~ 5210  
~~the certificate-license holder has been restricted from~~ 5211  
~~obtaining further information from the drug database.~~ 5212

~~(b) (2)~~ The state board of pharmacy no longer maintains the drug database. 5213  
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~~(c) (3)~~ The ~~certificate~~ license holder does not practice nursing in this state. 5215  
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~~(3) (C)~~ If a ~~certificate~~ license holder certifies to the board of nursing that the holder has been granted access to the drug database and the board finds through an audit or other means that the holder has not been granted access, the board may take action under section 4723.28 of the Revised Code. 5217  
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~~(D)~~ ~~The continuing education in pharmacology required under division (B) (1) of this section must be received from an accredited institution recognized by the board. The hours of continuing education required are in addition to any other continuing education requirement that must be completed pursuant to this chapter.~~ 5222  
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**Sec. 4723.487.** (A) As used in this section: 5228

(1) "Drug database" means the database established and maintained by the state board of pharmacy pursuant to section 4729.75 of the Revised Code. 5229  
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(2) "Opioid analgesic" and "benzodiazepine" have the same meanings as in section 3719.01 of the Revised Code. 5232  
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(B) Except as provided in divisions (C) and (E) of this section, an advanced practice registered nurse ~~holding a certificate to prescribe issued under this chapter who is~~ designated as a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner shall comply with all of the following as conditions of prescribing a drug that is either an opioid analgesic or a benzodiazepine as part of a patient's course of treatment for a particular condition: 5234  
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(1) Before initially prescribing the drug, the advanced practice registered nurse or the advanced practice registered nurse's delegate shall request from the drug database a report of information related to the patient that covers at least the twelve months immediately preceding the date of the request. If the advanced practice registered nurse practices primarily in a county of this state that adjoins another state, the advanced practice registered nurse or delegate also shall request a report of any information available in the drug database that pertains to prescriptions issued or drugs furnished to the patient in the state adjoining that county.

(2) If the patient's course of treatment for the condition continues for more than ninety days after the initial report is requested, the advanced practice registered nurse or delegate shall make periodic requests for reports of information from the drug database until the course of treatment has ended. The requests shall be made at intervals not exceeding ninety days, determined according to the date the initial request was made. The request shall be made in the same manner provided in division (B)(1) of this section for requesting the initial report of information from the drug database.

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

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

(1) A drug database report regarding the patient is not available, in which case the advanced practice registered nurse

shall document in the patient's record the reason that the report is not available. 5272  
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(2) The drug is prescribed in an amount indicated for a period not to exceed seven days. 5274  
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(3) The drug is prescribed for the treatment of cancer or another condition associated with cancer. 5276  
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(4) The drug is prescribed to a hospice patient in a hospice care program, as those terms are defined in section 3712.01 of the Revised Code, or any other patient diagnosed as terminally ill. 5278  
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(5) The drug is prescribed for administration in a hospital, nursing home, or residential care facility. 5282  
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(D) The board of nursing may adopt rules, in accordance with Chapter 119. of the Revised Code, that establish standards and procedures to be followed by an advanced practice registered nurse ~~with a certificate to prescribe issued under section 4723.48 of the Revised Code~~ regarding the review of patient information available through the drug database under division (A) (5) of section 4729.80 of the Revised Code. The rules shall be adopted in accordance with Chapter 119. of the Revised Code. 5284  
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(E) This section and any rules adopted under it do not apply if the state board of pharmacy no longer maintains the drug database. 5292  
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**Sec. 4723.488.** (A) Notwithstanding any 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 issued under section 4723.48 of the Revised Code~~ an advanced practice registered nurse who is designated as a clinical nurse 5295  
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specialist, certified nurse-midwife, or certified nurse practitioner may personally furnish a supply of naloxone, or issue a prescription for naloxone, without having examined the individual to whom it may be administered if both of the following conditions are met:

(1) The naloxone supply is furnished to, or the prescription is 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.

(2) The advanced practice registered nurse instructs the individual receiving the naloxone supply or prescription to summon emergency services as soon as practicable either before or after administering naloxone to an individual apparently experiencing an opioid-related overdose.

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

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

(A) The authority to administer the drug is delegated to the person by an advanced practice registered nurse who is a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner and holds a ~~certificate to prescribe~~ license

issued under section ~~4723.48~~4723.42 of the Revised Code. 5330

(B) The drug is not listed in the formulary established in 5331  
rules adopted under section 4723.50 of the Revised Code ~~but~~, is 5332  
not a controlled substance, and is not to be administered 5333  
intravenously. 5334

(C) The drug is to be administered at a location other 5335  
than a hospital inpatient care unit, as defined in section 5336  
3727.50 of the Revised Code; a hospital emergency department or 5337  
a freestanding emergency department; or an ambulatory surgical 5338  
facility, as defined in section 3702.30 of the Revised Code. 5339

(D) The person has successfully completed education based 5340  
on a recognized body of knowledge concerning drug administration 5341  
and demonstrates to the person's employer the knowledge, skills, 5342  
and ability to administer the drug safely. 5343

(E) The person's employer has given the advanced practice 5344  
registered nurse access to documentation, in written or 5345  
electronic form, showing that the person has met the conditions 5346  
specified in division (D) of this section. 5347

(F) The advanced practice registered nurse is physically 5348  
present at the location where the drug is administered. 5349

**Sec. 4723.4810.** (A) (1) Notwithstanding any conflicting 5350  
provision of this chapter or rule adopted by the board of 5351  
nursing, a clinical nurse specialist, certified nurse-midwife, 5352  
or certified nurse practitioner who holds a ~~certificate to~~ 5353  
prescribe license to practice nursing as an advanced practice 5354  
registered nurse issued under section ~~4723.48~~4723.42 of the 5355  
Revised Code may issue a prescription for or personally furnish 5356  
a complete or partial supply of a drug to treat chlamydia, 5357  
gonorrhoea, or trichomoniasis, without having examined the 5358

individual for whom the drug is intended, if all of the 5359  
following conditions are met: 5360

(a) The individual is a sexual partner of the nurse's 5361  
patient. 5362

(b) The patient has been diagnosed with chlamydia, 5363  
gonorrhea, or trichomoniasis. 5364

(c) The patient reports to the nurse that the individual 5365  
is unable or unlikely to be evaluated or treated by a health 5366  
professional. 5367

(2) A prescription issued under this section shall include 5368  
the individual's name and address, if known. If the nurse is 5369  
unable to obtain the individual's name and address, the 5370  
prescription shall include the patient's name and address and 5371  
the words "expedited partner therapy" or the letters "EPT." 5372

(3) A nurse may prescribe or personally furnish a drug 5373  
under this section for not more than a total of two individuals 5374  
who are sexual partners of the nurse's patient. 5375

(B) For each drug prescribed or personally furnished under 5376  
this section, the nurse shall do all of the following: 5377

(1) Provide the patient with information concerning the 5378  
drug for the purpose of sharing the information with the 5379  
individual, including directions for use of the drug and any 5380  
side effects, adverse reactions, or known contraindications 5381  
associated with the drug; 5382

(2) Recommend to the patient that the individual seek 5383  
treatment from a health professional; 5384

(3) Document all of the following in the patient's record: 5385

(a) The name of the drug prescribed or furnished and its dosage;	5386 5387
(b) That information concerning the drug was provided to the patient for the purpose of sharing the information with the individual;	5388 5389 5390
(c) If known, any adverse reactions the individual experiences from treatment with the drug.	5391 5392
(C) A nurse who prescribes or personally furnishes a drug under this section may contact the individual for whom the drug is intended.	5393 5394 5395
(1) If the nurse contacts the individual, the nurse shall do all of the following:	5396 5397
(a) Inform the individual that the individual may have been exposed to chlamydia, gonorrhoea, or trichomoniasis;	5398 5399
(b) Encourage the individual to seek treatment from a health professional;	5400 5401
(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;	5402 5403 5404 5405
(d) Document in the patient's record that the nurse contacted the individual.	5406 5407
(2) If the nurse does not contact the individual, the nurse shall document that fact in the patient's record.	5408 5409
(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:	5410 5411 5412

- (1) Damages in any civil action; 5413
- (2) Prosecution in any criminal proceeding; 5414
- (3) Professional disciplinary action. 5415

Sec. 4723.49. (A) There is hereby created the committee on 5416  
prescriptive governance. The committee shall consist of the 5417  
following members: 5418

(1) Two advanced practice registered nurses, one of whom 5419  
is nominated by an Ohio advanced practice registered nurse 5420  
specialty association and one of whom is nominated by the Ohio 5421  
association of advanced practice registered nurses or its 5422  
successor organization; 5423

(2) A member of the board of nursing who is an advanced 5424  
practice registered nurse and represents the public; 5425

(3) Two physicians, each actively engaged in practice with 5426  
a clinical nurse specialist, certified nurse-midwife, or 5427  
certified nurse practitioner, one of whom is nominated by the 5428  
Ohio state medical association or its successor organization and 5429  
one of whom is nominated by the Ohio academy of family 5430  
physicians or its successor organization; 5431

(4) A member of the state medical board who is a physician 5432  
and represents the public; 5433

(5) A pharmacist actively engaged in practice in this 5434  
state as a clinical pharmacist. 5435

(B) The board of nursing shall appoint the members who are 5436  
nurses, the state medical board shall appoint the members who 5437  
are physicians, and the state board of pharmacy shall appoint 5438  
the member who is a pharmacist. 5439

(C) Initial appointments to the committee shall be made 5440  
not later than sixty days after the effective date of this 5441  
section. Of the initial appointments the board of nursing must 5442  
make, one shall be for a term of one year and two shall be for 5443  
terms of two years. Of the initial appointments the state 5444  
medical board must make, one shall be for a term of one year and 5445  
two shall be for terms of two years. The initial appointment by 5446  
the state board of pharmacy shall be for a term of two years. 5447  
Thereafter, terms shall be for two years, with each term ending 5448  
on the same day of the same month as did the term that it 5449  
succeeds. Vacancies shall be filled in the same manner as 5450  
appointments. 5451

When the term of any member expires, a successor shall be 5452  
appointed in the same manner as the initial appointment. Any 5453  
member appointed to fill a vacancy occurring prior to the 5454  
expiration of the term for which the member's predecessor was 5455  
appointed shall hold office for the remainder of that term. A 5456  
member shall continue in office subsequent to the expiration 5457  
date of the member's term until the member's successor takes 5458  
office or until a period of sixty days has elapsed, whichever 5459  
occurs first. A member may be reappointed for one additional 5460  
term only. 5461

**Sec. 4723.491.** (A) The committee on prescriptive 5462  
governance shall organize by selecting a chairperson from among 5463  
its members who are nurses ~~or collaborating physicians~~. The 5464  
committee may select a new chairperson at any time. 5465

~~(B) Five members constitute a quorum for the transaction~~ 5466  
~~of official business~~ The committee may transact official 5467  
business if at least four voting members of the committee are 5468  
present. The clinical pharmacist member may participate in any 5469

meeting of the committee, but shall not be included as a voting 5470  
member ~~only when the committee is considering one of the~~ 5471  
~~following:~~ 5472

~~(1) The composition of the formulary of drugs and 5473  
therapeutic devices that may be prescribed by a clinical nurse 5474  
specialist, certified nurse midwife, or certified nurse 5475  
practitioner who holds a certificate to prescribe issued under 5476  
section 4723.48 of the Revised Code;~~ 5477

~~(2) The manner in which a nurse may personally furnish to 5478  
patients drugs and therapeutic devices packaged as samples and 5479  
may personally furnish partial or complete supplies of other 5480  
drugs and therapeutic devices;~~ 5481

~~(3) Recommendations to be given to the board of nursing 5482  
for use in adopting rules under section 4723.50 of the Revised 5483  
Code pertaining to the matters specified in divisions (B) (1) and 5484  
(2) of this section. In the event of a tie vote, the member 5485  
described in division (A) (2) of section 4723.49 of the Revised 5486  
Code shall notify the board of nursing of the tie. The board 5487  
shall cast the deciding vote following a meeting of the board. 5488~~

(C) Members shall serve without compensation but shall 5489  
receive payment for their actual and necessary expenses incurred 5490  
in the performance of their official duties. The expenses shall 5491  
be paid by the board of nursing. 5492

(D) The committee shall meet at least twice a year. 5493

**Sec. 4723.492.** The committee on prescriptive governance 5494  
shall develop ~~recommendations regarding the authority to~~ 5495  
prescribe a recommended exclusionary formulary that specifies 5496  
the drugs and therapeutic devices pursuant to a certificate to 5497  
~~prescribe issued under section 4723.48 of the Revised Code. The~~ 5498

~~recommendations shall include provisions that apply specifically~~ 5499  
~~to the authority to prescribe schedule II controlled substances~~ 5500  
~~that a clinical nurse specialist, certified nurse-midwife, or~~ 5501  
~~certified nurse practitioner cannot prescribe or furnish. A~~ 5502  
~~recommended exclusionary formulary shall not permit the~~ 5503  
~~prescribing or furnishing of any drug or device prohibited by~~ 5504  
~~federal or state law.~~ 5505

The committee shall submit ~~recommendations~~ a recommended 5506  
exclusionary formulary to the board of nursing ~~as necessary at~~ 5507  
~~least twice each year for the board to fulfill its duty to adopt~~ 5508  
~~rules under section 4723.50 of the Revised Code~~ board's 5509  
approval. At the board's request, the committee shall reconsider 5510  
a ~~recommendation~~ recommended exclusionary formulary it has 5511  
submitted and resubmit the ~~recommendation~~ recommended 5512  
exclusionary formulary to the board accordingly. 5513

**Sec. 4723.493.** (A) There is hereby created within the 5514  
board of nursing the advisory committee on advanced practice 5515  
registered nursing. The committee shall consist of the following 5516  
members and any other members the board appoints under division 5517  
(B) of this section: 5518

(1) Four advanced practice registered nurses, each 5519  
actively engaged in the practice of advanced practice registered 5520  
nursing in a clinical setting in this state, at least one of 5521  
whom is actively engaged in providing primary care, at least one 5522  
of whom is actively engaged in practice as a certified 5523  
registered nurse anesthetist, and at least one of whom is 5524  
actively engaged in practice as a certified nurse-midwife; 5525

(2) Two advanced practice registered nurses, each serving 5526  
as a faculty member of an approved program of nursing education 5527  
that prepares students for licensure as advanced practice 5528

registered nurses; 5529

(3) A member of the board of nursing who is an advanced 5530  
practice registered nurse; 5531

(4) A representative of an entity employing ten or more 5532  
advanced practice registered nurses actively engaged in practice 5533  
in this state. 5534

(B) The board of nursing shall appoint the members 5535  
described in division (A) of this section. Recommendations for 5536  
initial appointments and for filling any vacancies may be 5537  
submitted to the board by organizations representing advanced 5538  
practice registered nurses practicing in this state and by 5539  
schools of advanced practice registered nursing. The board shall 5540  
appoint initial members and fill vacancies according to the 5541  
recommendations it receives. If it does not receive any 5542  
recommendations or receives an insufficient number of 5543  
recommendations, the board shall appoint members and fill 5544  
vacancies on its own advice. 5545

Initial appointments to the committee shall be made not 5546  
later than sixty days after the effective date of this section. 5547  
Of the initial appointments described in division (A) (1) of this 5548  
section, two shall be for terms of one year and two shall be for 5549  
terms of two years. Of the initial appointments described in 5550  
division (A) (2) of this section, one shall be for a term of one 5551  
year and one shall be for a term of two years. Of the initial 5552  
appointments described in divisions (A) (3) and (4) of this 5553  
section, each shall be for a term of two years. Thereafter, 5554  
terms shall be for two years, with each term ending on the same 5555  
day of the same month as did the term that it succeeds. 5556  
Vacancies shall be filled in the same manner as appointments. 5557

When the term of any member expires, a successor shall be 5558  
appointed in the same manner as the initial appointment. Any 5559  
member appointed to fill a vacancy occurring prior to the 5560  
expiration of the term for which the member's predecessor was 5561  
appointed shall hold office for the remainder of that term. A 5562  
member shall continue in office subsequent to the expiration 5563  
date of the member's term until the member's successor takes 5564  
office or until a period of sixty days has elapsed, whichever 5565  
occurs first. A member may be reappointed for one additional 5566  
term only. 5567

(C) The committee shall organize by selecting a 5568  
chairperson from among its members. The committee may select a 5569  
new chairperson at any time. Five members constitute a quorum 5570  
for the transaction of official business. Members shall serve 5571  
without compensation but receive payment for their actual and 5572  
necessary expenses incurred in the performance of their official 5573  
duties. The expenses shall be paid by the board of nursing. 5574

(D) The committee shall advise the board regarding the 5575  
practice and regulation of advanced practice registered nurses 5576  
and may make recommendations to the committee on prescriptive 5577  
governance. The committee may also recommend to the board that 5578  
an individual with expertise in an advanced practice registered 5579  
nursing specialty be appointed under division (B) of this 5580  
section as an additional member of the committee. 5581

**Sec. 4723.50.** (A) In accordance with Chapter 119. of the 5582  
Revised Code, the board of nursing shall adopt rules as 5583  
necessary to implement the provisions of this chapter pertaining 5584  
to the authority of advanced practice registered nurses who are 5585  
designated as clinical nurse specialists, certified nurse- 5586  
midwives, and certified nurse practitioners to prescribe and 5587

~~furnish~~ drugs and therapeutic devices ~~and the issuance and~~ 5588  
~~renewal of certificates to prescribe.~~ 5589

The board shall adopt rules that are consistent with ~~the~~ 5590  
~~recommendations~~ a recommended exclusionary formulary the board 5591  
receives from the committee on prescriptive governance pursuant 5592  
to section 4723.492 of the Revised Code. After reviewing a 5593  
~~recommendation~~ formulary submitted by the committee, the board 5594  
may either adopt the ~~recommendation~~ formulary as a rule or ask 5595  
the committee to reconsider and resubmit the ~~recommendation~~ 5596  
formulary. The board shall not adopt any rule that does not 5597  
conform to a ~~recommendation made by the~~ formulary developed by 5598  
the committee. 5599

~~(B) The board shall adopt rules under this section that do~~ 5600  
~~all of the following:~~ 5601

~~(1) Establish a formulary listing the types of drugs and~~ 5602  
~~therapeutic devices that may be prescribed by a clinical nurse~~ 5603  
~~specialist, certified nurse midwife, or certified nurse~~ 5604  
~~practitioner. The~~ exclusionary formulary may include ~~shall~~ 5605  
permit the prescribing of controlled substances, as defined in 5606  
section 3719.01 of the Revised Code, in a manner consistent with 5607  
section 4723.481 of the Revised Code. The formulary shall not 5608  
permit the prescribing or furnishing of any of the following: 5609

(1) A drug or device to perform or induce an abortion; 5610

(2) A drug or device prohibited by federal or state law. 5611

~~(2) Establish safety standards to be followed by a~~ 5612  
~~clinical nurse specialist, certified nurse midwife, or certified~~ 5613  
~~nurse practitioner when personally furnishing to patients~~ 5614  
~~complete or partial supplies of antibiotics, antifungals,~~ 5615  
~~scabicides, contraceptives, prenatal vitamins,~~ 5616

~~antihypertensives, drugs and devices used in the treatment of-~~ 5617  
~~diabetes, drugs and devices used in the treatment of asthma, and-~~ 5618  
~~drugs used in the treatment of dyslipidemia;—~~ 5619

~~(3) Establish criteria for the components of the standard-~~ 5620  
~~care arrangements described in section 4723.431 of the Revised-~~ 5621  
~~Code that apply to the authority to prescribe, including the-~~ 5622  
~~components that apply to the authority to prescribe schedule II-~~ 5623  
~~controlled substances. The rules shall be consistent with that-~~ 5624  
~~section and include all of the following:—~~ 5625

~~(a) Quality assurance standards;—~~ 5626

~~(b) Standards for periodic review by a collaborating-~~ 5627  
~~physician or podiatrist of the records of patients treated by-~~ 5628  
~~the clinical nurse specialist, certified nurse midwife, or-~~ 5629  
~~certified nurse practitioner;—~~ 5630

~~(c) Acceptable travel time between the location at which-~~ 5631  
~~the clinical nurse specialist, certified nurse midwife, or-~~ 5632  
~~certified nurse practitioner is engaging in the prescribing-~~ 5633  
~~components of the nurse's practice and the location of the-~~ 5634  
~~nurse's collaborating physician or podiatrist;—~~ 5635

~~(d) Any other criteria recommended by the committee on-~~ 5636  
~~prescriptive governance. —~~ 5637

~~(4) Establish standards and procedures for issuance and-~~ 5638  
~~renewal of a certificate to prescribe, including specification-~~ 5639  
~~of any additional information the board may require under-~~ 5640  
~~division (A) (4), (C) (5), or (D) (4) of section 4723.482, division-~~ 5641  
~~(B) (3) of section 4723.485, or division (B) (3) of section-~~ 5642  
~~4723.486 of the Revised Code;—~~ 5643

~~(5) (B) In addition to the rules described in division (A)~~ 5644  
~~of this section, the board shall adopt rules under this section~~ 5645

that do the following: 5646

(1) Establish standards for board approval of the course 5647  
of study in advanced pharmacology and related topics required by 5648  
section 4723.482 of the Revised Code; 5649

~~(6)~~(2) Establish requirements for board approval of the 5650  
two-hour course of instruction in the laws of this state as 5651  
required under division (C)~~(4)~~(1) of section 4723.482 of the 5652  
Revised Code and division (B) (2) of section 4723.484 of the 5653  
Revised Code; 5654

~~(7) Establish standards and procedures for the appropriate~~ 5655  
~~conduct of an externship as described in section 4723.484 of the~~ 5656  
~~Revised Code, including the following:~~ 5657

~~(a) Standards and procedures to be used in evaluating an~~ 5658  
~~individual's participation in an externship;~~ 5659

~~(b) Standards and procedures for the supervision that a~~ 5660  
~~physician must provide during an externship, including~~ 5661  
~~supervision provided by working with the participant and~~ 5662  
~~supervision provided by making timely reviews of the records of~~ 5663  
~~patients treated by the participant. The manner in which~~ 5664  
~~supervision must be provided may vary according to the location~~ 5665  
~~where the participant is practicing and with the participant's~~ 5666  
~~level of experience~~ 5667

(3) Establish criteria for the components of 5667  
the standard care arrangements described in section 4723.431 of 5668  
the Revised Code that apply to the authority to prescribe, 5669  
including the components that apply to the authority to 5670  
prescribe schedule II controlled substances. The rules shall be 5671  
consistent with that section and include all of the following: 5672

(a) Quality assurance standards; 5673

(b) Standards for periodic review by a collaborating 5674

physician or podiatrist of the records of patients treated by 5675  
the clinical nurse specialist, certified nurse-midwife, or 5676  
certified nurse practitioner; 5677

(c) Acceptable travel time between the location at which 5678  
the clinical nurse specialist, certified nurse-midwife, or 5679  
certified nurse practitioner is engaging in the prescribing 5680  
components of the nurse's practice and the location of the 5681  
nurse's collaborating physician or podiatrist; 5682

(d) Any other criteria recommended by the committee on 5683  
prescriptive governance. 5684

**Sec. 4723.66.** (A) A person or government entity seeking 5685  
approval to provide a medication aide training program shall 5686  
apply to the board of nursing on a form prescribed and provided 5687  
by the board. The application shall be accompanied by the fee 5688  
established in rules adopted under section 4723.69 of the 5689  
Revised Code. 5690

(B) ~~The~~ Except as provided in division (C) of this 5691  
section, the board shall approve the applicant to provide a 5692  
medication aide training program if the content of the course of 5693  
instruction to be provided by the program meets the standards 5694  
specified by the board in rules adopted under section 4723.69 of 5695  
the Revised Code and includes all of the following: 5696

(1) At least seventy clock-hours of instruction, including 5697  
both classroom instruction on medication administration and at 5698  
least twenty clock-hours of supervised clinical practice in 5699  
medication administration; 5700

(2) A mechanism for evaluating whether an individual's 5701  
reading, writing, and mathematical skills are sufficient for the 5702  
individual to be able to administer prescription medications 5703

safely; 5704

(3) An examination that tests the ability to administer 5705  
prescription medications safely and that meets the requirements 5706  
established by the board in rules adopted under section 4723.69 5707  
of the Revised Code. 5708

(C) The board shall deny the application for approval if 5709  
an applicant submits or causes to be submitted to the board 5710  
false, misleading, or deceptive statements, information, or 5711  
documentation in the process of applying for approval of the 5712  
program. 5713

(D) (1) The board may deny, suspend, or revoke the approval 5714  
granted to the provider of a medication aide training program 5715  
for reasons specified in rules adopted under section 4723.69 of 5716  
the Revised Code. All- 5717

(2) The board may deny the application for approval if the 5718  
program is controlled by a person who controls or has controlled 5719  
a program that had its approval withdrawn, revoked, suspended, 5720  
or restricted by the board or a board of another jurisdiction 5721  
that is a member of the national council of state boards of 5722  
nursing. As used in division (D) (2) of this section, "control" 5723  
means any of the following: 5724

(a) Holding fifty per cent or more of the program's 5725  
outstanding voting securities or membership interest; 5726

(b) In the case of a program that is not incorporated, 5727  
having the right to fifty per cent or more of the program's 5728  
profits or in the event of a dissolution, fifty per cent or more 5729  
of the program's assets; 5730

(c) In the case of a program that is a for-profit or not- 5731  
for-profit corporation, having the contractual authority 5732

presently to designate fifty per cent or more of the program's 5733  
directors; 5734

(d) In the case of a program that is a trust, having the 5735  
contractual authority presently to designate fifty per cent or 5736  
more of the program's trustees; 5737

(e) Having the authority to direct the program's 5738  
management, policies, or investments. 5739

(E) Except as otherwise provided in this division, all 5740  
actions taken by the board to deny, suspend, or revoke the 5741  
approval of a training program shall be taken in accordance with 5742  
Chapter 119. of the Revised Code. 5743

When an action taken by the board is required to be taken 5744  
pursuant to an adjudication conducted under Chapter 119. of the 5745  
Revised Code, the board may, in lieu of an adjudication hearing, 5746  
enter into a consent agreement to resolve the matter. A consent 5747  
agreement, when ratified by a vote of a quorum of the board, 5748  
constitutes the findings and order of the board with respect to 5749  
the matter addressed in the agreement. If the board refuses to 5750  
ratify a consent agreement, the admissions and findings 5751  
contained in the agreement are of no effect. 5752

In any instance in which the board is required under 5753  
Chapter 119. of the Revised Code to give notice to a program of 5754  
an opportunity for a hearing and the program does not make a 5755  
timely request for a hearing in accordance with section 119.07 5756  
of the Revised Code, the board is not required to hold a 5757  
hearing, but may adopt, by a vote of a quorum, a final order 5758  
that contains the board's findings. 5759

(F) When the board denies, suspends, or revokes approval 5760  
of a program, the board may specify that its action is 5761

permanent. A program subject to a permanent action taken by the 5762  
board is forever ineligible for approval and the board shall not 5763  
accept an application for the program's reinstatement or 5764  
approval. 5765

**Sec. 4723.71.** (A) There is hereby established, under the 5766  
board of nursing, the advisory group on dialysis. The advisory 5767  
group shall advise the board of nursing regarding the 5768  
qualifications, standards for training, and competence of 5769  
dialysis technicians and dialysis technician interns and all 5770  
other related matters. The advisory group shall consist of the 5771  
members appointed under divisions (B) and (C) of this section. A 5772  
member of the board of nursing or a representative appointed by 5773  
the board shall serve as chairperson of all meetings of the 5774  
advisory group. 5775

(B) The board of nursing shall appoint the following as 5776  
members of the advisory group: 5777

(1) Four dialysis technicians; 5778

(2) A registered nurse who regularly performs dialysis and 5779  
cares for patients who receive dialysis; 5780

(3) A physician, recommended by the state medical board, 5781  
who specializes in nephrology or an advanced practice registered 5782  
nurse recommended by the board of nursing who specializes in 5783  
nephrology; 5784

(4) An administrator of a dialysis center; 5785

(5) A dialysis patient; 5786

(6) A representative of the Ohio hospital association; 5787

(7) A representative from the end-stage renal disease 5788  
network, as defined in 42 C.F.R. 405.2102. 5789

(C) The members of the advisory group appointed under 5790  
division (B) of this section may recommend additional persons to 5791  
serve as members of the advisory group. The board of nursing may 5792  
appoint, as appropriate, any of the additional persons 5793  
recommended. 5794

(D) The board of nursing shall specify the terms for the 5795  
advisory group members. Members shall serve at the discretion of 5796  
the board of nursing. Members shall receive their actual and 5797  
necessary expenses incurred in the performance of their official 5798  
duties. 5799

(E) Sections 101.82 to 101.87 of the Revised Code do not 5800  
apply to the advisory group. 5801

**Sec. 4723.74.** (A) A person who seeks to operate a dialysis 5802  
training program shall apply to the board of nursing for 5803  
approval of the program. Applications shall be submitted in 5804  
accordance with rules adopted under section 4723.79 of the 5805  
Revised Code. The person shall include with the application the 5806  
fee prescribed in those rules. ~~If~~ 5807

(B)(1) Except as provided in divisions (B)(2) and (3) of 5808  
this section, if the program meets the requirements for approval 5809  
as specified in the rules, the board shall approve the program. 5810  
A program shall apply for reapproval and may be reapproved in 5811  
accordance with rules adopted under section 4723.79 of the 5812  
Revised Code. 5813

~~(B)(2)~~ The board shall deny approval if a program or a 5814  
person on behalf of a program submits or causes to be submitted 5815  
to the board false, misleading, or deceptive statements, 5816  
information, or documentation in the process of applying for 5817  
approval of the program. 5818

(3) The board may deny approval if a program is controlled 5819  
by a person who controls or has controlled a program that had 5820  
its approval withdrawn, revoked, suspended, or restricted by the 5821  
board or a board of another jurisdiction that is a member of the 5822  
national council of state boards of nursing. As used in division 5823  
(B)(3) of this section, "control" means any of the following: 5824

(a) Holding fifty per cent or more of the program's 5825  
outstanding voting securities or membership interest; 5826

(b) In the case of an applicant that is not incorporated, 5827  
having the right to fifty per cent or more of the program's 5828  
profits or in the event of a dissolution, fifty per cent or more 5829  
of the program's assets; 5830

(c) In the case of an applicant that is a for-profit or 5831  
not-for-profit corporation, having the contractual authority 5832  
presently to designate fifty per cent or more of the program's 5833  
directors; 5834

(d) In the case of an applicant that is a trust, having 5835  
the contractual authority presently to designate fifty per cent 5836  
or more of the program's trustees; 5837

(e) Having the authority to direct the program's 5838  
management, policies, or investments. 5839

(4) If the board proposes to deny approval under divisions 5840  
(B)(2) or (3) of this section, it shall do so pursuant to an 5841  
adjudication conducted under Chapter 119. of the Revised Code. 5842

(C) The board may place on provisional approval, for a 5843  
period of time it specifies, a dialysis training program that 5844  
has ceased to meet and maintain the minimum standards of the 5845  
board established by rules adopted under section 4723.79 of the 5846  
Revised Code. Prior to or at the end of the period, the board 5847

shall reconsider whether the program meets the standards. The 5848  
board shall grant full approval if the program meets the 5849  
standards. If the program does not meet the standards, the board 5850  
may withdraw approval in accordance with division ~~(C)~~ (D) of 5851  
this section. 5852

~~(C)~~ (D) The board may withdraw the approval of a program 5853  
that ceases to meet the requirements for approval. Any action to 5854  
withdraw the approval shall be taken in accordance with Chapter 5855  
119. of the Revised Code. 5856

~~(D)~~ (E) When an action taken by the board is required to 5857  
be taken pursuant to an adjudication conducted under Chapter 5858  
119. of the Revised Code, the board may, in lieu of an 5859  
adjudication hearing, enter into a consent agreement to resolve 5860  
the matter. A consent agreement, when ratified by a vote of a 5861  
quorum of the board, constitutes the findings and order of the 5862  
board with respect to the matter addressed in the agreement. If 5863  
the board refuses to ratify a consent agreement, the admissions 5864  
and findings contained in the agreement are of no effect. 5865

In any instance in which the board is required under 5866  
Chapter 119. of the Revised Code to give notice to a program of 5867  
an opportunity for a hearing and the program does not make a 5868  
timely request for a hearing in accordance with section 119.07 5869  
of the Revised Code, the board is not required to hold a 5870  
hearing, but may adopt, by a vote of a quorum, a final order 5871  
that contains the board's findings. 5872

(F) When the board denies or withdraws approval of a 5873  
program, the board may specify that its action is permanent. A 5874  
program subject to a permanent action taken by the board is 5875  
forever ineligible for approval and the board shall not accept 5876  
an application for the program's reinstatement or approval. 5877

(G) An individual shall not be permitted to enroll, and shall not enroll, in a dialysis training program approved by the board under this section unless the individual is eighteen years of age or older and possesses a high school diploma or certificate of high school equivalence.

**Sec. 4723.75.** (A) The board of nursing shall issue a certificate to practice as a dialysis technician to an applicant ~~who meets the following applicable requirements if the~~ conditions of divisions (A)(1) to (5) of this section have been met:

(1) ~~For all applicants, the~~ The application is submitted to the board in accordance with rules adopted under section 4723.79 of the Revised Code and includes both of the following:

(a) The fee established in rules adopted under section 4723.79 of the Revised Code;

(b) The name and address of each approved dialysis training program in which the applicant has enrolled and the dates during which the applicant was enrolled in each program.

(2) ~~For all applicants, the~~ The applicant meets the requirements established by the board's rules.

(3) ~~For all applicants, the~~ The applicant demonstrates competency to practice as a dialysis technician, as specified in division (B) of this section.

(4) ~~For applicants~~ In the case of an applicant who entered a dialysis training program on or after June 1, 2003, the results of a criminal records check conducted in accordance with section 4723.091 of the Revised Code demonstrate that the applicant is not ineligible for certification as specified in section 4723.092 of the Revised Code.

(5) The applicant is not required to register under Chapter 2950. of the Revised Code or a substantially similar law of another state, the United States, or another country. 5907  
5908  
5909

(B) For an applicant to demonstrate competence to practice as a dialysis technician, one of the following must apply: 5910  
5911

(1) The applicant has successfully completed a dialysis training program approved by the board under section 4723.74 of the Revised Code and meets both of the following requirements: 5912  
5913  
5914

(a) Has performed dialysis care for a dialysis provider for not less than twelve months immediately prior to the date of application; 5915  
5916  
5917

(b) Has passed a certification examination demonstrating competence to perform dialysis care not later than eighteen months after successfully completing a dialysis training program approved by the board under section 4723.74 of the Revised Code. 5918  
5919  
5920  
5921

(2) The applicant does all of the following: 5922

(a) Has a testing organization approved by the board submit evidence satisfactory to the board that the applicant passed an examination, in another jurisdiction, that demonstrates the applicant's competence to provide dialysis care; 5923  
5924  
5925  
5926  
5927

(b) Submits evidence satisfactory to the board that the applicant has been employed to perform dialysis care in another jurisdiction for not less than twelve months immediately prior to the date of application for certification under this section; 5928  
5929  
5930  
5931

(c) Submits evidence satisfactory to the board that the applicant completed at least two hours of education directly related to this chapter and the rules adopted under it. 5932  
5933  
5934

(C) An applicant who does not pass the certification examination described in division (B) (1) (b) of this section within the time period prescribed in that division may continue to pursue certification by repeating the entire training and application process, including doing all of the following:

(1) Enrolling in and successfully completing a dialysis training program approved by the board;

(2) Submitting a request to the bureau of criminal identification and investigation for a criminal records check and check of federal bureau of investigation records pursuant to section 4723.091 of the Revised Code;

(3) Submitting an application for a dialysis technician intern certificate in accordance with section 4723.76 of the Revised Code;

(4) Demonstrating competence to perform dialysis care in accordance with division (B) of this section.

**Sec. 4723.76.** (A) The board of nursing shall issue a certificate to practice as a dialysis technician intern to an applicant who has not passed the dialysis technician certification examination required by section 4723.751 of the Revised Code, but who satisfies all of the following requirements:

(1) Applies to the board in accordance with rules adopted under section 4723.79 of the Revised Code and includes with the application both of the following:

(a) The fee established in rules adopted under section 4723.79 of the Revised Code;

(b) The name and address of all dialysis training programs

approved by the board in which the applicant has been enrolled 5963  
and the dates of enrollment in each program. 5964

(2) Provides documentation from the applicant's employer 5965  
attesting that the applicant is competent to perform dialysis 5966  
care; 5967

(3) Has successfully completed a dialysis training program 5968  
approved by the board of nursing under section 4723.74 of the 5969  
Revised Code; 5970

(4) Is not required to register under Chapter 2950. of the 5971  
Revised Code or a substantially similar law of another state, 5972  
the United States, or another country. 5973

(B) A dialysis technician intern certificate issued to an 5974  
applicant who meets the requirements in division (A) of this 5975  
section is valid for a period of time that is eighteen months 5976  
from the date on which the applicant successfully completed a 5977  
dialysis training program approved by the board under section 5978  
4723.74 of the Revised Code, minus the time the applicant was 5979  
enrolled in one or more dialysis training programs approved by 5980  
the board. 5981

(C) A dialysis technician intern certificate issued under 5982  
this section may not be renewed. 5983

**Sec. 4723.87.** (A) A person or government entity seeking to 5984  
operate a training program that prepares individuals to become 5985  
certified community health workers shall submit an application 5986  
to the board of nursing on forms the board shall prescribe and 5987  
furnish. The applicant shall include all information the board 5988  
requires to process the application. The application shall be 5989  
accompanied by the fee established in rules adopted under 5990  
section 4723.87 of the Revised Code. 5991

The board shall review all applications received. ~~If~~ 5992  
Except as provided in division (B) of this section, if an 5993  
applicant meets the standards for approval established in the 5994  
board's rules adopted under section 4723.88 of the Revised Code, 5995  
the board shall approve the program. 5996

(B) (1) The board shall deny approval of the program if an 5997  
applicant submits or causes to be submitted to the board false, 5998  
misleading, or deceptive statements, information, or 5999  
documentation in the process of applying for approval of the 6000  
program. 6001

(2) The board may deny approval if the program is 6002  
controlled by a person who controls or has controlled a program 6003  
that had its approval withdrawn, revoked, suspended, or 6004  
restricted by the board or a board of another jurisdiction that 6005  
is a member of the national council of state boards of nursing. 6006  
As used in division (B) (2) of this section, "control" means any 6007  
of the following: 6008

(i) Holding fifty per cent or more of the program's 6009  
outstanding voting securities or membership interest; 6010

(ii) In the case of a program that is not incorporated, 6011  
having the right to fifty per cent or more of the program's 6012  
profits or in the event of a dissolution, fifty per cent or more 6013  
of the program's assets; 6014

(iii) In the case of a program that is a for-profit or 6015  
not-for-profit corporation, having the contractual authority 6016  
presently to designate fifty per cent or more of the program's 6017  
directors; 6018

(iv) In the case of a program that is a trust, having the 6019  
contractual authority presently to designate fifty per cent or 6020

more of the program's trustees; 6021

(v) Having the authority to direct the program's 6022  
management, policies, or investments. 6023

(3) If the board proposes to deny approval of a program, 6024  
it shall do so pursuant to an adjudication conducted under 6025  
Chapter 119. of the Revised Code. 6026

(C) The board's approval of a training program expires 6027  
biennially and may be renewed in accordance with the schedule 6028  
and procedures established by the board in rules adopted under 6029  
section 4723.88 of the Revised Code. 6030

~~(C)~~ (D) If an approved community health worker training 6031  
program ceases to meet the standards for approval, the board 6032  
shall withdraw its approval of the program, refuse to renew its 6033  
approval of the program, or place the program on provisional 6034  
approval. In withdrawing or refusing to renew its approval, the 6035  
board shall act in accordance with Chapter 119. of the Revised 6036  
Code. In placing a program on provisional approval, the board 6037  
shall specify the period of time during which the provisional 6038  
approval is valid. Prior to or at the end of the period, the 6039  
board shall reconsider whether the program meets the standards 6040  
for approval. If the program meets the standards for approval, 6041  
the board shall reinstate its full approval of the program or 6042  
renew its approval of the program. If the program does not meet 6043  
the standards for approval, the board shall proceed by 6044  
withdrawing or refusing to renew its approval of the program. 6045

(E) When an action taken by the board is required to be 6046  
taken pursuant to an adjudication conducted under Chapter 119. 6047  
of the Revised Code, the board may, in lieu of an adjudication 6048  
hearing, enter into a consent agreement to resolve the matter. A 6049

consent agreement, when ratified by a vote of a quorum of the 6050  
board, constitutes the findings and order of the board with 6051  
respect to the matter addressed in the agreement. If the board 6052  
refuses to ratify a consent agreement, the admissions and 6053  
findings contained in the agreement are of no effect. 6054

In any instance in which the board is required under 6055  
Chapter 119. of the Revised Code to give notice to a program of 6056  
an opportunity for a hearing and the program does not make a 6057  
timely request for a hearing in accordance with section 119.07 6058  
of the Revised Code, the board is not required to hold a 6059  
hearing, but may adopt, by a vote of a quorum, a final order 6060  
that contains the board's findings. 6061

When the board denies, withdraws, or refuses to renew 6062  
approval of a program, the board may specify that its action is 6063  
permanent. A program subject to a permanent action taken by the 6064  
board is forever ineligible for approval and the board shall not 6065  
accept an application for the program's reinstatement or 6066  
approval. 6067

**Sec. 4723.88.** The board of nursing, in accordance with 6068  
Chapter 119. of the Revised Code, shall adopt rules to 6069  
administer and enforce sections 4723.81 to 4723.87 of the 6070  
Revised Code. The rules shall establish all of the following: 6071

(A) Standards and procedures for issuance of community 6072  
health worker certificates; 6073

(B) Standards for evaluating the competency of an 6074  
individual who applies to receive a certificate on the basis of 6075  
having been employed in a capacity substantially the same as a 6076  
community health worker before the board implemented the 6077  
certification program; 6078

(C) Standards and procedures for renewal of community health worker certificates, including the continuing education requirements that must be met for renewal;

(D) Standards governing the performance of activities related to nursing care that are delegated by a registered nurse to certified community health workers. In establishing the standards, the board shall specify limits on the number of certified community health workers a registered nurse may supervise at any one time.

(E) Standards and procedures for assessing the quality of the services that are provided by certified community health workers;

(F) Standards and procedures for denying, suspending, and revoking a community health worker certificate, including reasons for imposing the sanctions that are substantially similar to the reasons that sanctions are imposed under section 4723.28 of the Revised Code;

(G) Standards and procedures for approving and renewing the board's approval of training programs that prepare individuals to become certified community health workers. In establishing the standards, the board shall specify the minimum components that must be included in a training program, shall require that all approved training programs offer the standardized curriculum, and shall ensure that the curriculum enables individuals to use the training as a basis for entering programs leading to other careers, including nursing education programs.

(H) Standards for approval of continuing education programs and courses for certified community health workers;

(I) Standards and procedures for withdrawing the board's approval of a training program, refusing to renew the approval of a training program, and placing a training program on provisional approval;

(J) Amounts for each fee that may be imposed under division (A) ~~(20)~~ (17) of section 4723.08 of the Revised Code;

(K) Any other standards or procedures the board considers necessary and appropriate for the administration and enforcement of sections 4723.81 to 4723.87 of the Revised Code.

**Sec. 4723.99.** (A) Except as provided in division (B) of this section, whoever violates section 4723.03, 4723.44, 4723.653, or 4723.73 of the Revised Code is guilty of a felony of the fifth degree on a first offense and a felony of the fourth degree on each subsequent offense.

(B) Each of the following is guilty of a minor misdemeanor:

(1) A registered nurse, advanced practice registered nurse, or licensed practical nurse who violates division (A) ~~or~~ (B), (C), or (D) of section 4723.03 of the Revised Code by reason of a license to practice nursing that has lapsed for failure to renew or by practicing nursing after a license has been classified as inactive;

(2) A medication aide who violates section 4723.653 of the Revised Code by reason of a medication aide certificate that has lapsed for failure to renew or by administering medication as a medication aide after a certificate has been classified as inactive.

**Sec. 4729.01.** As used in this chapter:

(A) "Pharmacy," except when used in a context that refers 6136  
to the practice of pharmacy, means any area, room, rooms, place 6137  
of business, department, or portion of any of the foregoing 6138  
where the practice of pharmacy is conducted. 6139

(B) "Practice of pharmacy" means providing pharmacist care 6140  
requiring specialized knowledge, judgment, and skill derived 6141  
from the principles of biological, chemical, behavioral, social, 6142  
pharmaceutical, and clinical sciences. As used in this division, 6143  
"pharmacist care" includes the following: 6144

(1) Interpreting prescriptions; 6145

(2) Dispensing drugs and drug therapy related devices; 6146

(3) Compounding drugs; 6147

(4) Counseling individuals with regard to their drug 6148  
therapy, recommending drug therapy related devices, and 6149  
assisting in the selection of drugs and appliances for treatment 6150  
of common diseases and injuries and providing instruction in the 6151  
proper use of the drugs and appliances; 6152

(5) Performing drug regimen reviews with individuals by 6153  
discussing all of the drugs that the individual is taking and 6154  
explaining the interactions of the drugs; 6155

(6) Performing drug utilization reviews with licensed 6156  
health professionals authorized to prescribe drugs when the 6157  
pharmacist determines that an individual with a prescription has 6158  
a drug regimen that warrants additional discussion with the 6159  
prescriber; 6160

(7) Advising an individual and the health care 6161  
professionals treating an individual with regard to the 6162  
individual's drug therapy; 6163

(8) Acting pursuant to a consult agreement with one or more physicians authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery, if an agreement has been established;

(9) Engaging in the administration of immunizations to the extent authorized by section 4729.41 of the Revised Code.

(C) "Compounding" means the preparation, mixing, assembling, packaging, and labeling of one or more drugs in any of the following circumstances:

(1) Pursuant to a prescription issued by a licensed health professional authorized to prescribe drugs;

(2) Pursuant to the modification of a prescription made in accordance with a consult agreement;

(3) As an incident to research, teaching activities, or chemical analysis;

(4) In anticipation of orders for drugs pursuant to prescriptions, based on routine, regularly observed dispensing patterns;

(5) Pursuant to a request made by a licensed health professional authorized to prescribe drugs for a drug that is to be used by the professional for the purpose of direct administration to patients in the course of the professional's practice, if all of the following apply:

(a) At the time the request is made, the drug is not commercially available regardless of the reason that the drug is not available, including the absence of a manufacturer for the drug or the lack of a readily available supply of the drug from a manufacturer.

(b) A limited quantity of the drug is compounded and provided to the professional.	6192 6193
(c) The drug is compounded and provided to the professional as an occasional exception to the normal practice of dispensing drugs pursuant to patient-specific prescriptions.	6194 6195 6196
(D) "Consult agreement" means an agreement that has been entered into under section 4729.39 of the Revised Code.	6197 6198
(E) "Drug" means:	6199
(1) Any article recognized in the United States pharmacopoeia and national formulary, or any supplement to them, intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans or animals;	6200 6201 6202 6203
(2) Any other article intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans or animals;	6204 6205 6206
(3) Any article, other than food, intended to affect the structure or any function of the body of humans or animals;	6207 6208
(4) Any article intended for use as a component of any article specified in division (E) (1), (2), or (3) of this section; but does not include devices or their components, parts, or accessories.	6209 6210 6211 6212
(F) "Dangerous drug" means any of the following:	6213
(1) Any drug to which either of the following applies:	6214
(a) Under the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301, as amended, the drug is required to bear a label containing the legend "Caution: Federal law prohibits dispensing without prescription" or "Caution:	6215 6216 6217 6218

Federal law restricts this drug to use by or on the order of a licensed veterinarian" or any similar restrictive statement, or the drug may be dispensed only upon a prescription;

(b) Under Chapter 3715. or 3719. of the Revised Code, the drug may be dispensed only upon a prescription.

(2) Any drug that contains a schedule V controlled substance and that is exempt from Chapter 3719. of the Revised Code or to which that chapter does not apply;

(3) Any drug intended for administration by injection into the human body other than through a natural orifice of the human body.

(G) "Federal drug abuse control laws" has the same meaning as in section 3719.01 of the Revised Code.

(H) "Prescription" means all of the following:

(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;

(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.

(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, gonorrhea, or trichomoniasis issued to and in the name of a

patient who is not the intended user of the drug but is the 6247  
sexual partner of the intended user; 6248

(4) For purposes of sections 3313.7110, 3313.7111, 6249  
3314.143, 3326.28, 3328.29, 4723.483, 4729.88, 4730.433, 6250  
4731.96, and 5101.76 of the Revised Code, a written, electronic, 6251  
or oral order for an epinephrine autoinjector issued to and in 6252  
the name of a school, school district, or camp; 6253

(5) For purposes of Chapter 3728. and sections 4723.483, 6254  
4729.88, 4730.433, and 4731.96 of the Revised Code, a written, 6255  
electronic, or oral order for an epinephrine autoinjector issued 6256  
to and in the name of a qualified entity, as defined in section 6257  
3728.01 of the Revised Code. 6258

(I) "Licensed health professional authorized to prescribe 6259  
drugs" or "prescriber" means an individual who is authorized by 6260  
law to prescribe drugs or dangerous drugs or drug therapy 6261  
related devices in the course of the individual's professional 6262  
practice, including only the following: 6263

(1) A dentist licensed under Chapter 4715. of the Revised 6264  
Code; 6265

(2) A clinical nurse specialist, certified nurse-midwife, 6266  
or certified nurse practitioner who holds a ~~certificate to~~ 6267  
~~prescribe current, valid license to practice nursing as an~~ 6268  
advanced practice registered nurse issued under ~~section 4723.48~~ 6269  
Chapter 4723. of the Revised Code; 6270

(3) An optometrist licensed under Chapter 4725. of the 6271  
Revised Code to practice optometry under a therapeutic 6272  
pharmaceutical agents certificate; 6273

(4) A physician authorized under Chapter 4731. of the 6274  
Revised Code to practice medicine and surgery, osteopathic 6275

medicine and surgery, or podiatric medicine and surgery;	6276
(5) A physician assistant who holds a license to practice	6277
as a physician assistant issued under Chapter 4730. of the	6278
Revised Code, holds a valid prescriber number issued by the	6279
state medical board, and has been granted physician-delegated	6280
prescriptive authority;	6281
(6) A veterinarian licensed under Chapter 4741. of the	6282
Revised Code.	6283
(J) "Sale" and "sell" include delivery, transfer, barter,	6284
exchange, or gift, or offer therefor, and each such transaction	6285
made by any person, whether as principal proprietor, agent, or	6286
employee.	6287
(K) "Wholesale sale" and "sale at wholesale" mean any sale	6288
in which the purpose of the purchaser is to resell the article	6289
purchased or received by the purchaser.	6290
(L) "Retail sale" and "sale at retail" mean any sale other	6291
than a wholesale sale or sale at wholesale.	6292
(M) "Retail seller" means any person that sells any	6293
dangerous drug to consumers without assuming control over and	6294
responsibility for its administration. Mere advice or	6295
instructions regarding administration do not constitute control	6296
or establish responsibility.	6297
(N) "Price information" means the price charged for a	6298
prescription for a particular drug product and, in an easily	6299
understandable manner, all of the following:	6300
(1) The proprietary name of the drug product;	6301
(2) The established (generic) name of the drug product;	6302

(3) The strength of the drug product if the product 6303  
contains a single active ingredient or if the drug product 6304  
contains more than one active ingredient and a relevant strength 6305  
can be associated with the product without indicating each 6306  
active ingredient. The established name and quantity of each 6307  
active ingredient are required if such a relevant strength 6308  
cannot be so associated with a drug product containing more than 6309  
one ingredient. 6310

(4) The dosage form; 6311

(5) The price charged for a specific quantity of the drug 6312  
product. The stated price shall include all charges to the 6313  
consumer, including, but not limited to, the cost of the drug 6314  
product, professional fees, handling fees, if any, and a 6315  
statement identifying professional services routinely furnished 6316  
by the pharmacy. Any mailing fees and delivery fees may be 6317  
stated separately without repetition. The information shall not 6318  
be false or misleading. 6319

(O) "Wholesale distributor of dangerous drugs" means a 6320  
person engaged in the sale of dangerous drugs at wholesale and 6321  
includes any agent or employee of such a person authorized by 6322  
the person to engage in the sale of dangerous drugs at 6323  
wholesale. 6324

(P) "Manufacturer of dangerous drugs" means a person, 6325  
other than a pharmacist, who manufactures dangerous drugs and 6326  
who is engaged in the sale of those dangerous drugs within this 6327  
state. 6328

(Q) "Terminal distributor of dangerous drugs" means a 6329  
person who is engaged in the sale of dangerous drugs at retail, 6330  
or any person, other than a wholesale distributor or a 6331

pharmacist, who has possession, custody, or control of dangerous 6332  
drugs for any purpose other than for that person's own use and 6333  
consumption, and includes pharmacies, hospitals, nursing homes, 6334  
and laboratories and all other persons who procure dangerous 6335  
drugs for sale or other distribution by or under the supervision 6336  
of a pharmacist or licensed health professional authorized to 6337  
prescribe drugs. 6338

(R) "Promote to the public" means disseminating a 6339  
representation to the public in any manner or by any means, 6340  
other than by labeling, for the purpose of inducing, or that is 6341  
likely to induce, directly or indirectly, the purchase of a 6342  
dangerous drug at retail. 6343

(S) "Person" includes any individual, partnership, 6344  
association, limited liability company, or corporation, the 6345  
state, any political subdivision of the state, and any district, 6346  
department, or agency of the state or its political 6347  
subdivisions. 6348

(T) "Finished dosage form" has the same meaning as in 6349  
section 3715.01 of the Revised Code. 6350

(U) "Generically equivalent drug" has the same meaning as 6351  
in section 3715.01 of the Revised Code. 6352

(V) "Animal shelter" means a facility operated by a humane 6353  
society or any society organized under Chapter 1717. of the 6354  
Revised Code or a dog pound operated pursuant to Chapter 955. of 6355  
the Revised Code. 6356

(W) "Food" has the same meaning as in section 3715.01 of 6357  
the Revised Code. 6358

(X) "Pain management clinic" has the same meaning as in 6359  
section 4731.054 of the Revised Code. 6360

Sec. 4731.27. (A) As used in this section, 6361  
"collaboration," "physician," "standard care arrangement," and 6362  
"supervision" have the same meanings as in section 4723.01 of 6363  
the Revised Code. 6364

~~(B) Except as provided in division (D)(1) of section~~ 6365  
~~4723.431 of the Revised Code, a~~ A physician or podiatrist shall 6366  
enter into a standard care arrangement with each clinical nurse 6367  
specialist, certified nurse-midwife, or certified nurse 6368  
practitioner with whom the physician or podiatrist is in 6369  
collaboration. 6370

The collaborating physician or podiatrist shall fulfill 6371  
the responsibilities of collaboration, as specified in the 6372  
arrangement and in accordance with division (A) of section 6373  
4723.431 of the Revised Code. A copy of the standard care 6374  
arrangement shall be retained on file ~~at each site where~~ by the 6375  
~~nurse practices~~ nurse's employer. Prior approval of the standard 6376  
care arrangement by the state medical board is not required, but 6377  
the board may periodically review it. 6378

A physician or podiatrist who terminates collaboration 6379  
with a certified nurse-midwife, certified nurse practitioner, or 6380  
clinical nurse specialist before their standard care arrangement 6381  
expires shall give the nurse the written or electronic notice of 6382  
termination required by division (E)(1) of section 4723.431 of 6383  
the Revised Code. 6384

Nothing in this division prohibits a hospital from hiring 6385  
a clinical nurse specialist, certified nurse-midwife, or 6386  
certified nurse practitioner as an employee and negotiating 6387  
standard care arrangements on behalf of the employee as 6388  
necessary to meet the requirements of this section. A standard 6389  
care arrangement between the hospital's employee and the 6390

employee's collaborating physician is subject to approval by the 6391  
medical staff and governing body of the hospital prior to 6392  
implementation of the arrangement at the hospital. 6393

~~(C) With respect to a clinical nurse specialist, certified 6394  
nurse midwife, or certified nurse practitioner participating in 6395  
an externship pursuant to an initial certificate to prescribe 6396  
issued under section 4723.48 of the Revised Code, the physician 6397  
responsible for evaluating the externship shall provide the 6398  
state medical board with the name of the nurse. If the 6399  
externship is terminated for any reason, the physician shall 6400  
notify the board. 6401~~

~~(D) A physician or podiatrist shall cooperate with the 6402  
board of nursing in any investigation the board conducts with 6403  
respect to a clinical nurse specialist, certified nurse-midwife, 6404  
or certified nurse practitioner who collaborates with the 6405  
physician or podiatrist or with respect to a certified 6406  
registered nurse anesthetist who practices with the supervision 6407  
of the physician or podiatrist. 6408~~

**Sec. 4731.51.** The practice of podiatric medicine and 6409  
surgery consists of the medical, mechanical, and surgical 6410  
treatment of ailments of the foot, the muscles and tendons of 6411  
the leg governing the functions of the foot; and superficial 6412  
lesions of the hand other than those associated with trauma. 6413  
Podiatrists are permitted the use of such preparations, 6414  
medicines, and drugs as may be necessary for the treatment of 6415  
such ailments. ~~The~~ A podiatrist may treat the local 6416  
manifestations of systemic diseases as they appear in the hand 6417  
and foot, but the patient shall be concurrently referred to a 6418  
doctor of medicine or a doctor of osteopathic medicine and 6419  
surgery for the treatment of the systemic disease itself. 6420

General anaesthetics may be used under this section only in 6421  
colleges of podiatric medicine and surgery approved by the state 6422  
medical board pursuant to section 4731.53 of the Revised Code 6423  
and in hospitals approved by the joint commission ~~on the~~ 6424  
~~accreditation of hospitals,~~ or the American osteopathic 6425  
association. ~~The~~ 6426

Hyperbaric oxygen therapy may be ordered by a podiatrist 6427  
to treat ailments within the scope of practice of podiatry as 6428  
set forth in this section and, in accordance with section 6429  
4731.511 of the Revised Code, the podiatrist may supervise 6430  
hyperbaric oxygen therapy for the treatment of such ailments. 6431

The use of x-ray or radium for therapeutic purposes is not 6432  
permitted. 6433

**Sec. 4731.511.** (A) As used in this section: 6434

(1) "Hyperbaric oxygen therapy" means the administration 6435  
of pure oxygen in a pressurized room or chamber. 6436

(2) "Physician" means an individual authorized under this 6437  
chapter to practice medicine and surgery or osteopathic medicine 6438  
and surgery. 6439

(B) A podiatrist may supervise hyperbaric oxygen therapy 6440  
if all of the following conditions are met: 6441

(1) The podiatrist has consulted with a physician who has 6442  
been authorized to perform hyperbaric oxygen therapy by the 6443  
facility in which the hyperbaric oxygen room or chamber is 6444  
located. 6445

(2) The podiatrist orders hyperbaric oxygen therapy only 6446  
for treatment within the scope of practice of podiatry as 6447  
described in section 4731.51 of the Revised Code. 6448

(3) The podiatrist is certified in advanced cardiovascular life support by a certifying organization recognized by the state medical board. 6449  
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6451

(4) The podiatrist has completed, at a minimum, a forty-hour introductory course in hyperbaric medicine recognized by the American board of foot and ankle surgery or by the undersea and hyperbaric medical society. 6452  
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6454  
6455

(5) The podiatrist is board-certified or board-qualified by the American board of foot and ankle surgery or the American board of podiatric medicine. 6456  
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On the request of the state medical board, the podiatrist shall submit to the board evidence demonstrating that the podiatrist is certified in advanced cardiovascular life support and has completed a course in hyperbaric medicine as described in this section. 6459  
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(C) When hyperbaric oxygen therapy is supervised under this section, both of the following apply: 6464  
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(1) The podiatrist must be immediately available throughout the performance of the therapy. 6466  
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(2) A physician who has been authorized to perform hyperbaric oxygen therapy by the facility in which the hyperbaric room or chamber is located must be readily available for consultation throughout the performance of the therapy to furnish assistance and direction in the event a complication occurs that is outside the scope of practice of podiatry as described in section 4731.51 of the Revised Code. 6468  
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**Sec. 4755.48.** (A) No person shall employ fraud or deception in applying for or securing a license to practice physical therapy or to be a physical therapist assistant. 6475  
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6477

(B) No person shall practice or in any way imply or claim 6478  
to the public by words, actions, or the use of letters as 6479  
described in division (C) of this section to be able to practice 6480  
physical therapy or to provide physical therapy services, 6481  
including practice as a physical therapist assistant, unless the 6482  
person holds a valid license under sections 4755.40 to 4755.56 6483  
of the Revised Code or except for submission of claims as 6484  
provided in section 4755.56 of the Revised Code. 6485

(C) No person shall use the words or letters, physical 6486  
therapist, physical therapy, physical therapy services, 6487  
physiotherapist, physiotherapy, physiotherapy services, licensed 6488  
physical therapist, P.T., Ph.T., P.T.T., R.P.T., L.P.T., M.P.T., 6489  
D.P.T., M.S.P.T., P.T.A., physical therapy assistant, physical 6490  
therapist assistant, physical therapy technician, licensed 6491  
physical therapist assistant, L.P.T.A., R.P.T.A., or any other 6492  
letters, words, abbreviations, or insignia, indicating or 6493  
implying that the person is a physical therapist or physical 6494  
therapist assistant without a valid license under sections 6495  
4755.40 to 4755.56 of the Revised Code. 6496

(D) No person who practices physical therapy or assists in 6497  
the provision of physical therapy treatments under the 6498  
supervision of a physical therapist shall fail to display the 6499  
person's current license granted under sections 4755.40 to 6500  
4755.56 of the Revised Code in a conspicuous location in the 6501  
place where the person spends the major part of the person's 6502  
time so engaged. 6503

(E) Nothing in sections 4755.40 to 4755.56 of the Revised 6504  
Code shall affect or interfere with the performance of the 6505  
duties of any physical therapist or physical therapist assistant 6506  
in active service in the army, navy, coast guard, marine corps, 6507

air force, public health service, or marine hospital service of 6508  
the United States, while so serving. 6509

(F) Nothing in sections 4755.40 to 4755.56 of the Revised 6510  
Code shall prevent or restrict the activities or services of a 6511  
person pursuing a course of study leading to a degree in 6512  
physical therapy in an accredited or approved educational 6513  
program if the activities or services constitute a part of a 6514  
supervised course of study and the person is designated by a 6515  
title that clearly indicates the person's status as a student. 6516

(G) (1) Subject to division (G) (2) of this section, nothing 6517  
in sections 4755.40 to 4755.56 of the Revised Code shall prevent 6518  
or restrict the activities or services of any person who holds a 6519  
current, unrestricted license to practice physical therapy in 6520  
another state when that person, pursuant to contract or 6521  
employment with an athletic team located in the state in which 6522  
the person holds the license, provides physical therapy to any 6523  
of the following while the team is traveling to or from or 6524  
participating in a sporting event in this state: 6525

(a) A member of the athletic team; 6526

(b) A member of the athletic team's coaching, 6527  
communications, equipment, or sports medicine staff; 6528

(c) A member of a band or cheerleading squad accompanying 6529  
the athletic team; 6530

(d) The athletic team's mascot. 6531

(2) In providing physical therapy pursuant to division (G) 6532  
(1) of this section, the person shall not do either of the 6533  
following: 6534

(a) Provide physical therapy at a health care facility; 6535

(b) Provide physical therapy for more than sixty days in a 6536  
calendar year. 6537

(H) (1) Except as provided in division (H) (2) of this 6538  
section and subject to division (I) of this section, no person 6539  
shall practice physical therapy other than on the prescription 6540  
of, or the referral of a patient by, a person who is licensed in 6541  
this or another state to do at least one of the following: 6542

(a) Practice medicine and surgery, chiropractic, 6543  
dentistry, osteopathic medicine and surgery, podiatric medicine 6544  
and surgery; 6545

(b) Practice as a physician assistant; 6546

(c) Practice nursing as ~~a certified registered nurse~~ 6547  
~~anesthetist, clinical nurse specialist, certified nurse midwife,~~ 6548  
~~or certified an advanced practice registered nurse practitioner.~~ 6549

(2) The prohibition in division (H) (1) of this section on 6550  
practicing physical therapy other than on the prescription of, 6551  
or the referral of a patient by, any of the persons described in 6552  
that division does not apply if either of the following applies 6553  
to the person: 6554

(a) The person holds a master's or doctorate degree from a 6555  
professional physical therapy program that is accredited by a 6556  
national physical therapy accreditation agency recognized by the 6557  
United States department of education. 6558

(b) On or before December 31, 2004, the person has 6559  
completed at least two years of practical experience as a 6560  
licensed physical therapist. 6561

(I) To be authorized to prescribe physical therapy or 6562  
refer a patient to a physical therapist for physical therapy, a 6563

person described in division (H) (1) of this section must be in 6564  
good standing with the relevant licensing board in this state or 6565  
the state in which the person is licensed and must act only 6566  
within the person's scope of practice. 6567

(J) In the prosecution of any person for violation of 6568  
division (B) or (C) of this section, it is not necessary to 6569  
allege or prove want of a valid license to practice physical 6570  
therapy or to practice as a physical therapist assistant, but 6571  
such matters shall be a matter of defense to be established by 6572  
the accused. 6573

**Sec. 4755.481.** (A) If a physical therapist evaluates and 6574  
treats a patient without the prescription of, or the referral of 6575  
the patient by, a person described in division ~~(G)~~ (H) (1) of 6576  
section 4755.48 of the Revised Code, all of the following apply: 6577

(1) The physical therapist shall, upon consent of the 6578  
patient, inform the relevant person described in division ~~(G)~~ (H) 6579  
(1) of section 4755.48 of the Revised Code of the evaluation not 6580  
later than five business days after the evaluation is made. 6581

(2) If the physical therapist determines, based on 6582  
reasonable evidence, that no substantial progress has been made 6583  
with respect to that patient during the thirty-day period 6584  
immediately following the date of the patient's initial visit 6585  
with the physical therapist, the physical therapist shall 6586  
consult with or refer the patient to a person described in 6587  
division ~~(G)~~ (H) (1) of section 4755.48 of the Revised Code, 6588  
unless either of the following applies: 6589

(a) The evaluation, treatment, or services are being 6590  
provided for fitness, wellness, or prevention purposes. 6591

(b) The patient previously was diagnosed with chronic, 6592

neuromuscular, or developmental conditions and the evaluation, 6593  
treatment, or services are being provided for problems or 6594  
symptoms associated with one or more of those previously 6595  
diagnosed conditions. 6596

(3) If the physical therapist determines that orthotic 6597  
devices are necessary to treat the patient, the physical 6598  
therapist shall be limited to the application of the following 6599  
orthotic devices: 6600

(a) Upper extremity adaptive equipment used to facilitate 6601  
the activities of daily living; 6602

(b) Finger splints; 6603

(c) Wrist splints; 6604

(d) Prefabricated elastic or fabric abdominal supports 6605  
with or without metal or plastic reinforcing stays and other 6606  
prefabricated soft goods requiring minimal fitting; 6607

(e) Nontherapeutic accommodative inlays; 6608

(f) Shoes that are not manufactured or modified for a 6609  
particular individual; 6610

(g) Prefabricated foot care products; 6611

(h) Custom foot orthotics; 6612

(i) Durable medical equipment. 6613

(4) If, at any time, the physical therapist has reason to 6614  
believe that the patient has symptoms or conditions that require 6615  
treatment or services beyond the scope of practice of a physical 6616  
therapist, the physical therapist shall refer the patient to a 6617  
licensed health care practitioner acting within the 6618  
practitioner's scope of practice. 6619

(B) Nothing in sections 4755.40 to 4755.56 of the Revised Code shall be construed to require reimbursement under any health insuring corporation policy, contract, or agreement, any sickness and accident insurance policy, the medicaid program, or the health partnership program or qualified health plans established pursuant to sections 4121.44 to 4121.442 of the Revised Code, for any physical therapy service rendered without the prescription of, or the referral of the patient by, a person described in division ~~(G)~~(H) (1) of section 4755.48 of the Revised Code.

(C) For purposes of this section, "business day" means any calendar day that is not a Saturday, Sunday, or legal holiday. "Legal holiday" has the same meaning as in section 1.14 of the Revised Code.

**Sec. 4761.11.** (A) Nothing in this chapter shall be construed to prevent or restrict the practice, services, or activities of any person who:

(1) Is a health care professional licensed by this state providing respiratory care services included in the scope of practice established by the license held, as long as the person does not represent that the person is engaged in the practice of respiratory care;

(2) Is employed as a respiratory care professional by an agency of the United States government and provides respiratory care solely under the direction or control of the employing agency;

(3) Is a student enrolled in ~~a~~an Ohio respiratory care board-approved respiratory care education program leading to a certificate of completion in respiratory care and is performing

duties that are part of a supervised course of study; 6649

(4) Is a nonresident of this state practicing or offering 6650  
to practice respiratory care, if the respiratory care services 6651  
are offered for not more than thirty days in a year, services 6652  
are provided under the supervision of a respiratory care 6653  
professional licensed under this chapter, and the nonresident 6654  
registers with the board in accordance with rules adopted by the 6655  
board under section 4761.03 of the Revised Code and meets either 6656  
of the following requirements: 6657

(a) Qualifies for licensure under this chapter, except for 6658  
passage of the examination required under division (A) (3) of 6659  
section 4761.04 of the Revised Code; 6660

(b) Holds a valid license issued by a state that has 6661  
licensure requirements considered by the board to be comparable 6662  
to those of this state and has not been issued a license in 6663  
another state that has been revoked or is currently under 6664  
suspension or on probation. 6665

(5) Provides respiratory care only to relatives or in 6666  
medical emergencies; 6667

(6) Provides gratuitous care to friends or personal family 6668  
members; 6669

(7) Provides only self care; 6670

(8) Is employed in the office of a physician and renders 6671  
medical assistance under the physician's direct supervision 6672  
without representing that the person is engaged in the practice 6673  
of respiratory care; 6674

(9) Is employed in a clinical chemistry or arterial blood 6675  
gas laboratory and is supervised by a physician without 6676

representing that the person is engaged in the practice of 6677  
respiratory care; 6678

(10) Is engaged in the practice of respiratory care as an 6679  
employee of a person or governmental entity located in another 6680  
state and provides respiratory care services for less than 6681  
seventy-two hours to patients being transported into, out of, or 6682  
through this state; 6683

(11) Is employed as a certified hyperbaric technologist, 6684  
has filed with the board a copy of the person's current 6685  
certification as a hyperbaric technologist in accordance with 6686  
the rules adopted by the board under section 4761.03 of the 6687  
Revised Code, has paid the fee established pursuant to section 6688  
4761.07 of the Revised Code, and administers hyperbaric oxygen 6689  
therapy under the direct supervision of a physician, a 6690  
podiatrist acting in compliance with section 4731.511 of the 6691  
Revised Code, a physician assistant, or an advanced practice 6692  
registered nurse and without representing that the person is 6693  
engaged in the practice of respiratory care. 6694

(B) Nothing in this chapter shall be construed to prevent 6695  
any person from advertising, describing, or offering to provide 6696  
respiratory care or billing for respiratory care when the 6697  
respiratory care services are provided by a health care 6698  
professional licensed by this state practicing within the scope 6699  
of practice established by the license held. Nothing in this 6700  
chapter shall be construed to prevent a hospital or nursing 6701  
facility from advertising, describing, or offering to provide 6702  
respiratory care, or billing for respiratory care rendered by a 6703  
person licensed under this chapter or persons who may provide 6704  
limited aspects of respiratory care or respiratory care tasks 6705  
pursuant to division (B) of section 4761.10 of the Revised Code. 6706

(C) Notwithstanding division (A) of section 4761.10 of the Revised Code, in a life-threatening situation, in the absence of licensed personnel, unlicensed persons shall not be prohibited from taking life-saving measures.

(D) Nothing in this chapter shall be construed as authorizing a respiratory care professional to practice medicine and surgery or osteopathic medicine and surgery. This division does not prohibit a respiratory care professional from administering topical or intradermal medications for the purpose of producing localized decreased sensation as part of a procedure or task that is within the scope of practice of a respiratory care professional.

**Sec. 4761.17.** All of the following apply to the practice of respiratory care by a person who holds a license or limited permit issued under this chapter:

(A) The person shall practice only pursuant to a prescription or other order for respiratory care issued by any of the following:

(1) A physician;

(2) A registered clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner who holds a certificate of authority current, valid license issued under Chapter 4723. of the Revised Code to practice ~~as a certified nurse practitioner or clinical nurse specialist nursing as an~~ advanced practice registered nurse and has entered into a standard care arrangement with a physician ~~that allows the nurse to prescribe or order respiratory care services;~~

(3) A physician assistant who holds a valid prescriber number issued by the state medical board, has been granted

physician-delegated prescriptive authority, and has entered into 6736  
a supervision agreement that allows the physician assistant to 6737  
prescribe or order respiratory care services. 6738

(B) The person shall practice only under the supervision 6739  
of any of the following: 6740

(1) A physician; 6741

(2) A certified nurse practitioner, certified nurse- 6742  
midwife, or clinical nurse specialist ~~who is authorized to~~ 6743  
~~prescribe or order respiratory care services as provided in~~ 6744  
~~division (A) (2) of this section;~~ 6745

(3) A physician assistant who is authorized to prescribe 6746  
or order respiratory care services as provided in division (A) 6747  
(3) of this section. 6748

(C) (1) When practicing under the prescription or order of 6749  
a certified nurse practitioner, certified nurse midwife, or 6750  
clinical nurse specialist or under the supervision of such a 6751  
nurse, the person's administration of medication that requires a 6752  
prescription is limited to the drugs that the nurse is 6753  
authorized to prescribe pursuant to ~~the nurse's certificate to~~ 6754  
~~prescribe issued under section 4723.48-4723.481~~ of the Revised 6755  
Code. 6756

(2) When practicing under the prescription or order of a 6757  
physician assistant or under the supervision of a physician 6758  
assistant, the person's administration of medication that 6759  
requires a prescription is limited to the drugs that the 6760  
physician assistant is authorized to prescribe pursuant to the 6761  
physician assistant's physician-delegated prescriptive 6762  
authority. 6763

**Sec. 5120.55.** (A) As used in this section, "licensed 6764

health professional" means any or all of the following: 6765

(1) A dentist who holds a current, valid license issued 6766  
under Chapter 4715. of the Revised Code to practice dentistry; 6767

(2) A licensed practical nurse who holds a current, valid 6768  
license issued under Chapter 4723. of the Revised Code that 6769  
authorizes the practice of nursing as a licensed practical 6770  
nurse; 6771

(3) An optometrist who holds a current, valid certificate 6772  
of licensure issued under Chapter 4725. of the Revised Code that 6773  
authorizes the holder to engage in the practice of optometry; 6774

(4) A physician who is authorized under Chapter 4731. of 6775  
the Revised Code to practice medicine and surgery, osteopathic 6776  
medicine and surgery, or podiatric medicine and surgery; 6777

(5) A psychologist who holds a current, valid license 6778  
issued under Chapter 4732. of the Revised Code that authorizes 6779  
the practice of psychology as a licensed psychologist; 6780

(6) A registered nurse who holds a current, valid license 6781  
issued under Chapter 4723. of the Revised Code that authorizes 6782  
the practice of nursing as a registered nurse, including such a 6783  
nurse who is also ~~authorized~~licensed to practice as an advanced 6784  
practice registered nurse as defined in section 4723.01 of the 6785  
Revised Code. 6786

(B) (1) The department of rehabilitation and correction may 6787  
establish a recruitment program under which the department, by 6788  
means of a contract entered into under division (C) of this 6789  
section, agrees to repay all or part of the principal and 6790  
interest of a government or other educational loan incurred by a 6791  
licensed health professional who agrees to provide services to 6792  
inmates of correctional institutions under the department's 6793

administration. 6794

(2) (a) For a physician to be eligible to participate in 6795  
the program, the physician must have attended a school that was, 6796  
during the time of attendance, a medical school or osteopathic 6797  
medical school in this country accredited by the liaison 6798  
committee on medical education or the American osteopathic 6799  
association, a college of podiatry in this country recognized as 6800  
being in good standing under section 4731.53 of the Revised 6801  
Code, or a medical school, osteopathic medical school, or 6802  
college of podiatry located outside this country that was 6803  
acknowledged by the world health organization and verified by a 6804  
member state of that organization as operating within that 6805  
state's jurisdiction. 6806

(b) For a nurse to be eligible to participate in the 6807  
program, the nurse must have attended a school that was, during 6808  
the time of attendance, a nursing school in this country 6809  
accredited by the commission on collegiate nursing education or 6810  
the national league for nursing accrediting commission or a 6811  
nursing school located outside this country that was 6812  
acknowledged by the world health organization and verified by a 6813  
member state of that organization as operating within that 6814  
state's jurisdiction. 6815

(c) For a dentist to be eligible to participate in the 6816  
program, the dentist must have attended a school that was, 6817  
during the time of attendance, a dental college that enabled the 6818  
dentist to meet the requirements specified in section 4715.10 of 6819  
the Revised Code to be granted a license to practice dentistry. 6820

(d) For an optometrist to be eligible to participate in 6821  
the program, the optometrist must have attended a school of 6822  
optometry that was, during the time of attendance, approved by 6823

the state board of optometry. 6824

(e) For a psychologist to be eligible to participate in 6825  
the program, the psychologist must have attended an educational 6826  
institution that, during the time of attendance, maintained a 6827  
specific degree program recognized by the state board of 6828  
psychology as acceptable for fulfilling the requirement of 6829  
division (B) (3) of section 4732.10 of the Revised Code. 6830

(C) The department shall enter into a contract with each 6831  
licensed health professional it recruits under this section. 6832  
Each contract shall include at least the following terms: 6833

(1) The licensed health professional agrees to provide a 6834  
specified scope of medical, osteopathic medical, podiatric, 6835  
optometric, psychological, nursing, or dental services to 6836  
inmates of one or more specified state correctional institutions 6837  
for a specified number of hours per week for a specified number 6838  
of years. 6839

(2) The department agrees to repay all or a specified 6840  
portion of the principal and interest of a government or other 6841  
educational loan taken by the licensed health professional for 6842  
the following expenses to attend, for up to a maximum of four 6843  
years, a school that qualifies the licensed health professional 6844  
to participate in the program: 6845

(a) Tuition; 6846

(b) Other educational expenses for specific purposes, 6847  
including fees, books, and laboratory expenses, in amounts 6848  
determined to be reasonable in accordance with rules adopted 6849  
under division (D) of this section; 6850

(c) Room and board, in an amount determined to be 6851  
reasonable in accordance with rules adopted under division (D) 6852

of this section. 6853

(3) The licensed health professional agrees to pay the 6854  
department a specified amount, which shall be no less than the 6855  
amount already paid by the department pursuant to its agreement, 6856  
as damages if the licensed health professional fails to complete 6857  
the service obligation agreed to or fails to comply with other 6858  
specified terms of the contract. The contract may vary the 6859  
amount of damages based on the portion of the service obligation 6860  
that remains uncompleted. 6861

(4) Other terms agreed upon by the parties. 6862

The licensed health professional's lending institution or 6863  
the Ohio board of regents, may be a party to the contract. The 6864  
contract may include an assignment to the department of the 6865  
licensed health professional's duty to repay the principal and 6866  
interest of the loan. 6867

(D) If the department elects to implement the recruitment 6868  
program, it shall adopt rules in accordance with Chapter 119. of 6869  
the Revised Code that establish all of the following: 6870

(1) Criteria for designating institutions for which 6871  
licensed health professionals will be recruited; 6872

(2) Criteria for selecting licensed health professionals 6873  
for participation in the program; 6874

(3) Criteria for determining the portion of a loan which 6875  
the department will agree to repay; 6876

(4) Criteria for determining reasonable amounts of the 6877  
expenses described in divisions (C) (2) (b) and (c) of this 6878  
section; 6879

(5) Procedures for monitoring compliance by a licensed 6880

health professional with the terms of the contract the licensed 6881  
health professional enters into under this section; 6882

(6) Any other criteria or procedures necessary to 6883  
implement the program. 6884

**Sec. 5164.07.** (A) The medicaid program shall include 6885  
coverage of inpatient care and follow-up care for a mother and 6886  
her newborn as follows: 6887

(1) The medicaid program shall cover a minimum of forty- 6888  
eight hours of inpatient care following a normal vaginal 6889  
delivery and a minimum of ninety-six hours of inpatient care 6890  
following a cesarean delivery. Services covered as inpatient 6891  
care shall include medical, educational, and any other services 6892  
that are consistent with the inpatient care recommended in the 6893  
protocols and guidelines developed by national organizations 6894  
that represent pediatric, obstetric, and nursing professionals. 6895

(2) The medicaid program shall cover a physician-directed 6896  
source of follow-up care or a source of follow-up care directed 6897  
by an advanced practice registered nurse. Services covered as 6898  
follow-up care shall include physical assessment of the mother 6899  
and newborn, parent education, assistance and training in breast 6900  
or bottle feeding, assessment of the home support system, 6901  
performance of any medically necessary and appropriate clinical 6902  
tests, and any other services that are consistent with the 6903  
follow-up care recommended in the protocols and guidelines 6904  
developed by national organizations that represent pediatric, 6905  
obstetric, and nursing professionals. The coverage shall apply 6906  
to services provided in a medical setting or through home health 6907  
care visits. The coverage shall apply to a home health care 6908  
visit only if the health care professional who conducts the 6909  
visit is knowledgeable and experienced in maternity and newborn 6910

care. 6911

When a decision is made in accordance with division (B) of 6912  
this section to discharge a mother or newborn prior to the 6913  
expiration of the applicable number of hours of inpatient care 6914  
required to be covered, the coverage of follow-up care shall 6915  
apply to all follow-up care that is provided within forty-eight 6916  
hours after discharge. When a mother or newborn receives at 6917  
least the number of hours of inpatient care required to be 6918  
covered, the coverage of follow-up care shall apply to follow-up 6919  
care that is determined to be medically necessary by the health 6920  
care professionals responsible for discharging the mother or 6921  
newborn. 6922

(B) Any decision to shorten the length of inpatient stay 6923  
to less than that specified under division (A)(1) of this 6924  
section shall be made by the physician attending the mother or 6925  
newborn, except that if a certified nurse-midwife is attending 6926  
the mother in collaboration with a physician, the decision may 6927  
be made by the certified nurse-midwife. Decisions regarding 6928  
early discharge shall be made only after conferring with the 6929  
mother or a person responsible for the mother or newborn. For 6930  
purposes of this division, a person responsible for the mother 6931  
or newborn may include a parent, guardian, or any other person 6932  
with authority to make medical decisions for the mother or 6933  
newborn. 6934

(C) The department of medicaid, in administering the 6935  
medicaid program, may not do either of the following: 6936

(1) Terminate the provider agreement of a health care 6937  
professional or health care facility solely for making 6938  
recommendations for inpatient or follow-up care for a particular 6939  
mother or newborn that are consistent with the care required to 6940

be covered by this section; 6941

(2) Establish or offer monetary or other financial 6942  
incentives for the purpose of encouraging a person to decline 6943  
the inpatient or follow-up care required to be covered by this 6944  
section. 6945

(D) This section does not do any of the following: 6946

(1) Require the medicaid program to cover inpatient or 6947  
follow-up care that is not received in accordance with the 6948  
program's terms pertaining to the health care professionals and 6949  
facilities from which a medicaid recipient is authorized to 6950  
receive health care services. 6951

(2) Require a mother or newborn to stay in a hospital or 6952  
other inpatient setting for a fixed period of time following 6953  
delivery; 6954

(3) Require a child to be delivered in a hospital or other 6955  
inpatient setting; 6956

(4) Authorize a certified nurse-midwife to practice beyond 6957  
the authority to practice nurse-midwifery in accordance with 6958  
Chapter 4723. of the Revised Code; 6959

(5) Establish minimum standards of medical diagnosis, 6960  
care, or treatment for inpatient or follow-up care for a mother 6961  
or newborn. A deviation from the care required to be covered 6962  
under this section shall not, on the basis of this section, give 6963  
rise to a medical claim or derivative medical claim, as those 6964  
terms are defined in section 2305.113 of the Revised Code. 6965

**Section 2.** That existing sections 1.64, 313.212, 1751.67, 6966  
2133.211, 2305.113, 2305.234, 2317.02, 2919.171, 2921.22, 6967  
2925.61, 3313.7112, 3333.122, 3701.351, 3701.926, 3719.121, 6968

3727.08, 3923.233, 3923.301, 3923.63, 3923.64, 4713.02, 4723.01, 6969  
4723.02, 4723.03, 4723.06, 4723.07, 4723.08, 4723.09, 4723.151, 6970  
4723.16, 4723.18, 4723.24, 4723.25, 4723.271, 4723.28, 4723.32, 6971  
4723.341, 4723.41, 4723.42, 4723.43, 4723.431, 4723.432, 6972  
4723.44, 4723.46, 4723.47, 4723.48, 4723.481, 4723.482, 6973  
4723.486, 4723.487, 4723.488, 4723.489, 4723.4810, 4723.491, 6974  
4723.492, 4723.50, 4723.66, 4723.71, 4723.74, 4723.75, 4723.76, 6975  
4723.87, 4723.88, 4723.99, 4729.01, 4731.27, 4731.51, 4755.48, 6976  
4755.481, 4761.11, 4761.17, 5120.55, and 5164.07 and sections 6977  
4723.484, 4723.485, and 4723.49 of the Revised Code are hereby 6978  
repealed. 6979

**Section 3.** The General Assembly, applying the principle 6980  
stated in division (B) of section 1.52 of the Revised Code that 6981  
amendments are to be harmonized if reasonably capable of 6982  
simultaneous operation, finds that the following sections, 6983  
presented in this act as composites of the sections as amended 6984  
by the acts indicated, are the resulting versions of the 6985  
sections in effect prior to the effective date of the sections 6986  
as presented in this act: 6987

Section 2305.113 of the Revised Code is presented in this 6988  
act as a composite of the section as amended by Sub. H.B. 290 of 6989  
the 130th General Assembly and Sub. S.B. 110 of the 131st 6990  
General Assembly. 6991

Section 2925.61 of the Revised Code is presented in this 6992  
act as a composite of the section as amended by both Am. Sub. 6993  
H.B. 4 and Sub. S.B. 110 of the 131st General Assembly. 6994

Section 4755.48 of the Revised Code is presented in this 6995  
act as a composite of the section as amended by both Am. Sub. 6996  
H.B. 284 and Sub. S.B. 141 of the 129th General Assembly. 6997

**Section 4.** (A) The Board of Nursing may continue to issue 6998  
certificates of authority and certificates to prescribe pursuant 6999  
to Chapter 4723. of the Revised Code for not longer than ninety 7000  
days after the effective date of this act. Thereafter, the Board 7001  
shall issue advanced practice registered nurse licenses in 7002  
accordance with this act. 7003

(B) Certificates of authority and certificates to 7004  
prescribe issued pursuant to division (A) of this section or 7005  
Chapter 4723. of the Revised Code, as that chapter existed 7006  
immediately prior to the effective date of this act, satisfy the 7007  
requirements for advanced practice registered nurse licenses, as 7008  
created by this act. The certificates remain valid until 7009  
December 31, 2017, unless earlier suspended or revoked by the 7010  
Board. 7011

**Section 5.** It is the intent of the General Assembly in 7012  
repealing and reenacting section 4723.49 of the Revised Code to 7013  
abolish the existing Committee on Prescriptive Governance and 7014  
establish a new Committee on Prescriptive Governance. Not later 7015  
than sixty days after the last appointment is made to the new 7016  
Committee on Prescriptive Governance, the Committee shall submit 7017  
recommendations to the Board of Nursing as necessary for the 7018  
Board to fulfill its duty to adopt rules under division (B) (1) 7019  
of section 4723.50 of the Revised Code. The Board shall adopt 7020  
the rules as soon as practicable after receiving the 7021  
recommendations. 7022