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Senator Burke

**Cosponsors: Senators Manning, Hite, Gardner, Beagle, Jones, Lehner, Balderson,
Brown, Coley, Eklund, Hottinger, Oelslager, Patton, Peterson, Sawyer, Schiavoni,
Seitz, Tavares, Thomas, Uecker, Yuko**

A BILL

To amend sections 1.64, 2133.211, 2151.3515, 1
2305.113, 2925.61, 3701.048, 3701.92, 3727.06, 2
4503.44, 4723.01, 4723.06, 4723.07, 4723.18, 3
4723.181, 4723.48, 4723.482, 4723.50, 4729.01, 4
4730.01, 4730.02, 4730.03, 4730.04, 4730.06, 5
4730.08, 4730.091, 4730.10, 4730.101, 4730.11, 6
4730.12, 4730.13, 4730.14, 4730.19, 4730.21, 7
4730.22, 4730.25, 4730.251, 4730.27, 4730.28, 8
4730.31, 4730.32, 4730.33, 4730.38, 4730.39, 9
4730.41, 4730.42, 4730.43, 4730.431, 4730.49, 10
4730.51, 4730.53, 4731.07, 4731.72, 4761.01, 11
4761.17, 4765.01, 4765.51, and 5123.47; to 12
amend, for the purpose of adopting new section 13
numbers as indicated in parentheses, sections 14
4730.091 (4730.201) and 4730.092 (4730.202); to 15
enact new sections 4730.20 and 4730.44 and 16
sections 4723.489, 4730.111, and 4730.203; and 17
to repeal sections 4730.081, 4730.09, 4730.15, 18
4730.16, 4730.17, 4730.18, 4730.20, 4730.44, 19
4730.45, 4730.46, 4730.47, 4730.48, 4730.50, and 20
4730.52 of the Revised Code regarding the 21
authority of advanced practice registered nurses 22

with prescriptive authority to delegate drug 23
administration, advanced practice registered 24
nurse pharmacology instruction, billing for 25
anatomic pathology services performed on 26
dermatology specimens, and licensure of 27
physician assistants. 28

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

Section 1. That sections 1.64, 2133.211, 2151.3515, 29
2305.113, 2925.61, 3701.048, 3701.92, 3727.06, 4503.44, 4723.01, 30
4723.06, 4723.07, 4723.18, 4723.181, 4723.48, 4723.482, 4723.50, 31
4729.01, 4730.01, 4730.02, 4730.03, 4730.04, 4730.06, 4730.08, 32
4730.091, 4730.10, 4730.101, 4730.11, 4730.12, 4730.13, 4730.14, 33
4730.19, 4730.21, 4730.22, 4730.25, 4730.251, 4730.27, 4730.28, 34
4730.31, 4730.32, 4730.33, 4730.38, 4730.39, 4730.41, 4730.42, 35
4730.43, 4730.431, 4730.49, 4730.51, 4730.53, 4731.07, 4731.72, 36
4761.01, 4761.17, 4765.01, 4765.51, and 5123.47 be amended; 37
sections 4730.091 (4730.201) and 4730.092 (4730.202) be amended 38
for the purpose of adopting new section numbers as shown in 39
parentheses; and new sections 4730.20 and 4730.44 and sections 40
4723.489, 4730.111, and 4730.203 of the Revised Code be enacted 41
to read as follows: 42

Sec. 1.64. As used in the Revised Code: 43

(A) "Certified nurse-midwife" means a registered nurse who 44
holds a valid certificate of authority issued under Chapter 45
4723. of the Revised Code that authorizes the practice of 46
nursing as a certified nurse-midwife in accordance with section 47
4723.43 of the Revised Code and rules adopted by the board of 48

nursing. 49

(B) "Certified nurse practitioner" means a registered 50
nurse who holds a valid certificate of authority issued under 51
Chapter 4723. of the Revised Code that authorizes the practice 52
of nursing as a certified nurse practitioner in accordance with 53
section 4723.43 of the Revised Code and rules adopted by the 54
board of nursing. 55

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

(D) "Physician assistant" means an individual who ~~holds a~~ 62
~~valid certificate to practice issued~~ is licensed under Chapter 63
4730. of the Revised Code ~~authorizing the individual to provide~~ 64
services as a physician assistant to patients under the 65
supervision, control, and direction of one or more physicians. 66

Sec. 2133.211. A person who holds a certificate of 67
authority ~~to practice~~ as a certified nurse practitioner or 68
clinical nurse specialist issued under ~~section 4723.42~~ Chapter 69
4723. of the Revised Code may take any action that may be taken 70
by an attending physician under sections 2133.21 to 2133.26 of 71
the Revised Code and has the immunity provided by section 72
2133.22 of the Revised Code if the action is taken pursuant to a 73
standard care arrangement with a collaborating physician. 74

A person who holds a ~~certificate~~ license to practice as a 75
physician assistant issued under Chapter 4730. of the Revised 76
Code may take any action that may be taken by an attending 77

physician under sections 2133.21 to 2133.26 of the Revised Code 78
and has the immunity provided by section 2133.22 of the Revised 79
Code if the action is taken pursuant to a ~~physician supervisory~~ 80
~~plan approved pursuant to supervision agreement entered into~~ 81
under section 4730.17-4730.19 of the Revised Code or, 82
including, if applicable, the policies of a health care facility 83
in which the physician assistant is practicing. 84

Sec. 2151.3515. As used in sections 2151.3515 to 2151.3530 85
of the Revised Code: 86

(A) "Deserted child" means a child whose parent has 87
voluntarily delivered the child to an emergency medical service 88
worker, peace officer, or hospital employee without expressing 89
an intent to return for the child. 90

(B) "Emergency medical service organization," "emergency 91
medical technician-basic," "emergency medical technician- 92
intermediate," "first responder," and "paramedic" have the same 93
meanings as in section 4765.01 of the Revised Code. 94

(C) "Emergency medical service worker" means a first 95
responder, emergency medical technician-basic, emergency medical 96
technician-intermediate, or paramedic. 97

(D) "Hospital" has the same meaning as in section 3727.01 98
of the Revised Code. 99

(E) "Hospital employee" means any of the following 100
persons: 101

(1) A physician who has been granted privileges to 102
practice at the hospital; 103

(2) A nurse, physician assistant, or nursing assistant 104
employed by the hospital; 105

(3) An authorized person employed by the hospital who is acting under the direction of a physician described in division (E) (1) of this section.

(F) "Law enforcement agency" means an organization or entity made up of peace officers.

(G) "Nurse" means a person who is licensed under Chapter 4723. of the Revised Code to practice as a registered nurse or licensed practical nurse.

(H) "Nursing assistant" means a person designated by a hospital as a nurse aide or nursing assistant whose job is to aid nurses, physicians, and physician assistants in the performance of their duties.

(I) "Peace officer" means a sheriff, deputy sheriff, constable, police officer of a township or joint police district, marshal, deputy marshal, municipal police officer, or a state highway patrol trooper.

(J) ~~"Physician" and "physician assistant" have the same meanings as in section 4730.01~~ means an individual authorized under Chapter 4731. of the Revised Code to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery.

(K) "Physician assistant" means an individual who holds a current, valid license to practice as a physician assistant issued under Chapter 4730. of the Revised Code.

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

(B) (1) If prior to the expiration of the one-year period 134
specified in division (A) of this section, a claimant who 135
allegedly possesses a medical, dental, optometric, or 136
chiropractic claim gives to the person who is the subject of 137
that claim written notice that the claimant is considering 138
bringing an action upon that claim, that action may be commenced 139
against the person notified at any time within one hundred 140
eighty days after the notice is so given. 141

(2) An insurance company shall not consider the existence 142
or nonexistence of a written notice described in division (B) (1) 143
of this section in setting the liability insurance premium rates 144
that the company may charge the company's insured person who is 145
notified by that written notice. 146

(C) Except as to persons within the age of minority or of 147
unsound mind as provided by section 2305.16 of the Revised Code, 148
and except as provided in division (D) of this section, both of 149
the following apply: 150

(1) No action upon a medical, dental, optometric, or 151
chiropractic claim shall be commenced more than four years after 152
the occurrence of the act or omission constituting the alleged 153
basis of the medical, dental, optometric, or chiropractic claim. 154

(2) If an action upon a medical, dental, optometric, or 155
chiropractic claim is not commenced within four years after the 156
occurrence of the act or omission constituting the alleged basis 157
of the medical, dental, optometric, or chiropractic claim, then, 158
any action upon that claim is barred. 159

(D) (1) If a person making a medical claim, dental claim, 160
optometric claim, or chiropractic claim, in the exercise of 161
reasonable care and diligence, could not have discovered the 162

injury resulting from the act or omission constituting the 163
alleged basis of the claim within three years after the 164
occurrence of the act or omission, but, in the exercise of 165
reasonable care and diligence, discovers the injury resulting 166
from that act or omission before the expiration of the four-year 167
period specified in division (C) (1) of this section, the person 168
may commence an action upon the claim not later than one year 169
after the person discovers the injury resulting from that act or 170
omission. 171

(2) If the alleged basis of a medical claim, dental claim, 172
optometric claim, or chiropractic claim is the occurrence of an 173
act or omission that involves a foreign object that is left in 174
the body of the person making the claim, the person may commence 175
an action upon the claim not later than one year after the 176
person discovered the foreign object or not later than one year 177
after the person, with reasonable care and diligence, should 178
have discovered the foreign object. 179

(3) A person who commences an action upon a medical claim, 180
dental claim, optometric claim, or chiropractic claim under the 181
circumstances described in division (D) (1) or (2) of this 182
section has the affirmative burden of proving, by clear and 183
convincing evidence, that the person, with reasonable care and 184
diligence, could not have discovered the injury resulting from 185
the act or omission constituting the alleged basis of the claim 186
within the three-year period described in division (D) (1) of 187
this section or within the one-year period described in division 188
(D) (2) of this section, whichever is applicable. 189

(E) As used in this section: 190

(1) "Hospital" includes any person, corporation, 191
association, board, or authority that is responsible for the 192

operation of any hospital licensed or registered in the state, 193
including, but not limited to, those that are owned or operated 194
by the state, political subdivisions, any person, any 195
corporation, or any combination of the state, political 196
subdivisions, persons, and corporations. "Hospital" also 197
includes any person, corporation, association, board, entity, or 198
authority that is responsible for the operation of any clinic 199
that employs a full-time staff of physicians practicing in more 200
than one recognized medical specialty and rendering advice, 201
diagnosis, care, and treatment to individuals. "Hospital" does 202
not include any hospital operated by the government of the 203
United States or any of its branches. 204

(2) "Physician" means a person who is licensed to practice 205
medicine and surgery or osteopathic medicine and surgery by the 206
state medical board or a person who otherwise is authorized to 207
practice medicine and surgery or osteopathic medicine and 208
surgery in this state. 209

(3) "Medical claim" means any claim that is asserted in 210
any civil action against a physician, podiatrist, hospital, 211
home, or residential facility, against any employee or agent of 212
a physician, podiatrist, hospital, home, or residential 213
facility, or against a licensed practical nurse, registered 214
nurse, advanced practice registered nurse, physical therapist, 215
physician assistant, emergency medical technician-basic, 216
emergency medical technician-intermediate, or emergency medical 217
technician-paramedic, and that arises out of the medical 218
diagnosis, care, or treatment of any person. "Medical claim" 219
includes the following: 220

(a) Derivative claims for relief that arise from the 221
medical diagnosis, care, or treatment of a person; 222

(b) Claims that arise out of the medical diagnosis, care,	223
or treatment of any person and to which either of the following	224
applies:	225
(i) The claim results from acts or omissions in providing	226
medical care.	227
(ii) The claim results from the hiring, training,	228
supervision, retention, or termination of caregivers providing	229
medical diagnosis, care, or treatment.	230
(c) Claims that arise out of the medical diagnosis, care,	231
or treatment of any person and that are brought under section	232
3721.17 of the Revised Code.	233
(4) "Podiatrist" means any person who is licensed to	234
practice podiatric medicine and surgery by the state medical	235
board.	236
(5) "Dentist" means any person who is licensed to practice	237
dentistry by the state dental board.	238
(6) "Dental claim" means any claim that is asserted in any	239
civil action against a dentist, or against any employee or agent	240
of a dentist, and that arises out of a dental operation or the	241
dental diagnosis, care, or treatment of any person. "Dental	242
claim" includes derivative claims for relief that arise from a	243
dental operation or the dental diagnosis, care, or treatment of	244
a person.	245
(7) "Derivative claims for relief" include, but are not	246
limited to, claims of a parent, guardian, custodian, or spouse	247
of an individual who was the subject of any medical diagnosis,	248
care, or treatment, dental diagnosis, care, or treatment, dental	249
operation, optometric diagnosis, care, or treatment, or	250
chiropractic diagnosis, care, or treatment, that arise from that	251

diagnosis, care, treatment, or operation, and that seek the	252
recovery of damages for any of the following:	253
(a) Loss of society, consortium, companionship, care,	254
assistance, attention, protection, advice, guidance, counsel,	255
instruction, training, or education, or any other intangible	256
loss that was sustained by the parent, guardian, custodian, or	257
spouse;	258
(b) Expenditures of the parent, guardian, custodian, or	259
spouse for medical, dental, optometric, or chiropractic care or	260
treatment, for rehabilitation services, or for other care,	261
treatment, services, products, or accommodations provided to the	262
individual who was the subject of the medical diagnosis, care,	263
or treatment, the dental diagnosis, care, or treatment, the	264
dental operation, the optometric diagnosis, care, or treatment,	265
or the chiropractic diagnosis, care, or treatment.	266
(8) "Registered nurse" means any person who is licensed to	267
practice nursing as a registered nurse by the board of nursing.	268
(9) "Chiropractic claim" means any claim that is asserted	269
in any civil action against a chiropractor, or against any	270
employee or agent of a chiropractor, and that arises out of the	271
chiropractic diagnosis, care, or treatment of any person.	272
"Chiropractic claim" includes derivative claims for relief that	273
arise from the chiropractic diagnosis, care, or treatment of a	274
person.	275
(10) "Chiropractor" means any person who is licensed to	276
practice chiropractic by the state chiropractic board.	277
(11) "Optometric claim" means any claim that is asserted	278
in any civil action against an optometrist, or against any	279
employee or agent of an optometrist, and that arises out of the	280

optometric diagnosis, care, or treatment of any person.	281
"Optometric claim" includes derivative claims for relief that	282
arise from the optometric diagnosis, care, or treatment of a	283
person.	284
(12) "Optometrist" means any person licensed to practice	285
optometry by the state board of optometry.	286
(13) "Physical therapist" means any person who is licensed	287
to practice physical therapy under Chapter 4755. of the Revised	288
Code.	289
(14) "Home" has the same meaning as in section 3721.10 of	290
the Revised Code.	291
(15) "Residential facility" means a facility licensed	292
under section 5123.19 of the Revised Code.	293
(16) "Advanced practice registered nurse" means any	294
certified nurse practitioner, clinical nurse specialist,	295
certified registered nurse anesthetist, or certified nurse-	296
midwife who holds a certificate of authority issued by the board	297
of nursing under Chapter 4723. of the Revised Code.	298
(17) "Licensed practical nurse" means any person who is	299
licensed to practice nursing as a licensed practical nurse by	300
the board of nursing pursuant to Chapter 4723. of the Revised	301
Code.	302
(18) "Physician assistant" means any person who holds a	303
valid certificate to practice issued pursuant to <u>is licensed as</u>	304
<u>a physician assistant under</u> Chapter 4730. of the Revised Code.	305
(19) "Emergency medical technician-basic," "emergency	306
medical technician-intermediate," and "emergency medical	307
technician-paramedic" means any person who is certified under	308

Chapter 4765. of the Revised Code as an emergency medical 309
technician-basic, emergency medical technician-intermediate, or 310
emergency medical technician-paramedic, whichever is applicable. 311

Sec. 2925.61. (A) As used in this section: 312

(1) "Administer naloxone" means to give naloxone to a 313
person by either of the following routes: 314

(a) Using a device manufactured for the intranasal 315
administration of liquid drugs; 316

(b) Using an autoinjector in a manufactured dosage form. 317

(2) "Law enforcement agency" means a government entity 318
that employs peace officers to perform law enforcement duties. 319

(3) "Licensed health professional" means all of the 320
following: 321

(a) A physician who is authorized under Chapter 4731. of 322
the Revised Code to practice medicine and surgery, osteopathic 323
medicine and surgery, or podiatric medicine and surgery; 324

(b) A physician assistant who is licensed under Chapter 325
4730. of the Revised Code, holds a ~~certificate to prescribe~~ 326
~~valid prescriber number issued under Chapter 4730. of the~~ 327
~~Revised Code~~ by the state medical board, and has been granted 328
physician-delegated prescriptive authority; 329

(c) A clinical nurse specialist, certified nurse-midwife, 330
or certified nurse practitioner who holds a certificate to 331
prescribe issued under section 4723.48 of the Revised Code. 332

(4) "Peace officer" has the same meaning as in section 333
2921.51 of the Revised Code. 334

(B) A family member, friend, or other individual who is in 335

a position to assist an individual who is apparently 336
experiencing or at risk of experiencing an opioid-related 337
overdose, is not subject to criminal prosecution for a violation 338
of section 4731.41 of the Revised Code or criminal prosecution 339
under this chapter if the individual, acting in good faith, does 340
all of the following: 341

(1) Obtains naloxone from a licensed health professional 342
or a prescription for naloxone from a licensed health 343
professional; 344

(2) Administers that naloxone to an individual who is 345
apparently experiencing an opioid-related overdose; 346

(3) Attempts to summon emergency services either 347
immediately before or immediately after administering the 348
naloxone. 349

(C) Division (B) of this section does not apply to a peace 350
officer or to an emergency medical technician-basic, emergency 351
medical technician-intermediate, or emergency medical 352
technician-paramedic, as defined in section 4765.01 of the 353
Revised Code. 354

(D) A peace officer employed by a law enforcement agency 355
is not subject to administrative action, criminal prosecution 356
for a violation of section 4731.41 of the Revised Code, or 357
criminal prosecution under this chapter if the peace officer, 358
acting in good faith, obtains naloxone from the peace officer's 359
law enforcement agency and administers the naloxone to an 360
individual who is apparently experiencing an opioid-related 361
overdose. 362

Sec. 3701.048. (A) As used in this section: 363

(1) "Board of health" means the board of health of a city 364

or general health district or the authority having the duties of 365
a board of health under section 3709.05 of the Revised Code. 366

(2) "Controlled substance" has the same meaning as in 367
section 3719.01 of the Revised Code. 368

(3) "Drug," "dangerous drug," and "licensed health 369
professional authorized to prescribe drugs" have the same 370
meanings as in section 4729.01 of the Revised Code. 371

(4) "Registered volunteer" has the same meaning as in 372
section 5502.281 of the Revised Code. 373

(B) In consultation with the appropriate professional 374
regulatory boards of this state, the director of health shall 375
develop one or more protocols that authorize the following 376
individuals to administer, deliver, or distribute drugs, other 377
than schedule II and III controlled substances, during a period 378
of time described in division (E) of this section, 379
notwithstanding any statute or rule that otherwise prohibits or 380
restricts the administration, delivery, or distribution of drugs 381
by those individuals: 382

(1) A physician authorized under Chapter 4731. of the 383
Revised Code to practice medicine and surgery, osteopathic 384
medicine and surgery, or podiatric medicine and surgery; 385

(2) A physician assistant ~~who holds a certificate to~~ 386
~~practice issued~~ licensed under Chapter 4730. of the Revised 387
Code; 388

(3) A dentist or dental hygienist licensed under Chapter 389
4715. of the Revised Code; 390

(4) A registered nurse licensed under Chapter 4723. of the 391
Revised Code, including an advanced practice registered nurse, 392

as defined in section 4723.01 of the Revised Code;	393
(5) A licensed practical nurse licensed under Chapter 4723. of the Revised Code;	394 395
(6) An optometrist licensed under Chapter 4725. of the Revised Code;	396 397
(7) A pharmacist or pharmacy intern licensed under Chapter 4729. of the Revised Code;	398 399
(8) A respiratory care professional licensed under Chapter 4761. of the Revised Code;	400 401
(9) An emergency medical technician-basic, emergency medical technician-intermediate, or emergency medical technician-paramedic who holds a certificate to practice issued under Chapter 4765. of the Revised Code;	402 403 404 405
(10) A veterinarian licensed under Chapter 4741. of the Revised Code.	406 407
(C) In consultation with the executive director of the emergency management agency, the director of health shall develop one or more protocols that authorize employees of boards of health and registered volunteers to deliver or distribute drugs, other than schedule II and III controlled substances, during a period of time described in division (E) of this section, notwithstanding any statute or rule that otherwise prohibits or restricts the delivery or distribution of drugs by those individuals.	408 409 410 411 412 413 414 415 416
(D) In consultation with the state board of pharmacy, the director of health shall develop one or more protocols that authorize pharmacists and pharmacy interns to dispense, during a period of time described in division (E) of this section,	417 418 419 420

limited quantities of dangerous drugs, other than schedule II 421
and III controlled substances, without a written, oral, or 422
electronic prescription from a licensed health professional 423
authorized to prescribe drugs or without a record of a 424
prescription, notwithstanding any statute or rule that otherwise 425
prohibits or restricts the dispensing of drugs without a 426
prescription or record of a prescription. 427

(E) On the governor's declaration of an emergency that 428
affects the public health, the director of health may issue an 429
order to implement one or more of the protocols developed 430
pursuant to division (B), (C), or (D) of this section. At a 431
minimum, the director's order shall identify the one or more 432
protocols to be implemented and the period of time during which 433
the one or more protocols are to be effective. 434

(F) (1) An individual who administers, delivers, 435
distributes, or dispenses a drug or dangerous drug in accordance 436
with one or more of the protocols implemented under division (E) 437
of this section is not liable for damages in any civil action 438
unless the individual's acts or omissions in performing those 439
activities constitute willful or wanton misconduct. 440

(2) An individual who administers, delivers, distributes, 441
or dispenses a drug or dangerous drug in accordance with one or 442
more of the protocols implemented under division (E) of this 443
section is not subject to criminal prosecution or professional 444
disciplinary action under any chapter in Title XLVII of the 445
Revised Code. 446

Sec. 3701.92. As used in sections 3701.921 to 3701.929 of 447
the Revised Code: 448

(A) "Advanced practice registered nurse" has the same 449

meaning as in section 4723.01 of the Revised Code. 450

(B) "Patient centered medical home education advisory 451
group" means the entity established under section 3701.924 of 452
the Revised Code. 453

(C) "Patient centered medical home education program" 454
means the program established under section 3701.921 of the 455
Revised Code and any pilot projects operated pursuant to that 456
section. 457

(D) "Patient centered medical home education pilot 458
project" means the pilot project established under section 459
3701.923 of the Revised Code. 460

(E) "Physician assistant" ~~has the same meaning as in~~ 461
~~section 4730.01 means a person who is licensed as a physician~~ 462
~~assistant under Chapter 4730.~~ of the Revised Code. 463

Sec. 3727.06. (A) As used in this section: 464

(1) "Doctor" means an individual authorized to practice 465
medicine and surgery or osteopathic medicine and surgery. 466

(2) "Podiatrist" means an individual authorized to 467
practice podiatric medicine and surgery. 468

(B) (1) Only the following may admit a patient to a 469
hospital: 470

(a) A doctor who is a member of the hospital's medical 471
staff; 472

(b) A dentist who is a member of the hospital's medical 473
staff; 474

(c) A podiatrist who is a member of the hospital's medical 475
staff; 476

(d) A clinical nurse specialist, certified nurse-midwife, 477
or certified nurse practitioner if all of the following 478
conditions are met: 479

(i) The clinical nurse specialist, certified nurse- 480
midwife, or certified nurse practitioner has a standard care 481
arrangement entered into pursuant to section 4723.431 of the 482
Revised Code with a collaborating doctor or podiatrist who is a 483
member of the medical staff; 484

(ii) The patient will be under the medical supervision of 485
the collaborating doctor or podiatrist; 486

(iii) The hospital has granted the clinical nurse 487
specialist, certified nurse-midwife, or certified nurse 488
practitioner admitting privileges and appropriate credentials. 489

(e) A physician assistant if all of the following 490
conditions are met: 491

(i) The physician assistant is listed on a supervision 492
agreement ~~approved~~ entered into under section 4730.19 of the 493
Revised Code for a doctor or podiatrist who is a member of the 494
hospital's medical staff. 495

(ii) The patient will be under the medical supervision of 496
the supervising doctor or podiatrist. 497

(iii) The hospital has granted the physician assistant 498
admitting privileges and appropriate credentials. 499

(2) Prior to admitting a patient, a clinical nurse 500
specialist, certified nurse-midwife, certified nurse 501
practitioner, or physician assistant shall notify the 502
collaborating or supervising doctor or podiatrist of the planned 503
admission. 504

(C) All hospital patients shall be under the medical supervision of a doctor, except that services that may be rendered by a licensed dentist pursuant to Chapter 4715. of the Revised Code provided to patients admitted solely for the purpose of receiving such services shall be under the supervision of the admitting dentist and that services that may be rendered by a podiatrist pursuant to section 4731.51 of the Revised Code provided to patients admitted solely for the purpose of receiving such services shall be under the supervision of the admitting podiatrist. If treatment not within the scope of Chapter 4715. or section 4731.51 of the Revised Code is required at the time of admission by a dentist or podiatrist, or becomes necessary during the course of hospital treatment by a dentist or podiatrist, such treatment shall be under the supervision of a doctor who is a member of the medical staff. It shall be the responsibility of the admitting dentist or podiatrist to make arrangements with a doctor who is a member of the medical staff to be responsible for the patient's treatment outside the scope of Chapter 4715. or section 4731.51 of the Revised Code when necessary during the patient's stay in the hospital.

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

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

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

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

(c) Is restricted by a lung disease to such an extent that 535
the person's forced (respiratory) expiratory volume for one 536
second, when measured by spirometry, is less than one liter, or 537
the arterial oxygen tension is less than sixty millimeters of 538
mercury on room air at rest; 539

(d) Uses portable oxygen; 540

(e) Has a cardiac condition to the extent that the 541
person's functional limitations are classified in severity as 542
class III or class IV according to standards set by the American 543
heart association; 544

(f) Is severely limited in the ability to walk due to an 545
arthritic, neurological, or orthopedic condition; 546

(g) Is blind, legally blind, or severely visually 547
impaired. 548

(2) "Organization" means any private organization or 549
corporation, or any governmental board, agency, department, 550
division, or office, that, as part of its business or program, 551
transports persons with disabilities that limit or impair the 552
ability to walk on a regular basis in a motor vehicle that has 553
not been altered for the purpose of providing it with special 554
equipment for use by persons with disabilities. This definition 555
does not apply to division (I) of this section. 556

(3) "Health care provider" means a physician, physician 557
assistant, advanced practice registered nurse, optometrist, or 558
chiropractor as defined in this section except that an 559
optometrist shall only make determinations as to division (A) (1) 560
(g) of this section. 561

(4) "Physician" means a person licensed to practice 562
medicine or surgery or osteopathic medicine and surgery under 563

Chapter 4731. of the Revised Code. 564

(5) "Chiropractor" means a person licensed to practice 565
chiropractic under Chapter 4734. of the Revised Code. 566

(6) "Advanced practice registered nurse" means a certified 567
nurse practitioner, clinical nurse specialist, certified 568
registered nurse anesthetist, or certified nurse-midwife who 569
holds a certificate of authority issued by the board of nursing 570
under Chapter 4723. of the Revised Code. 571

(7) "Physician assistant" means a person who ~~holds a~~ 572
~~certificate to practice as a physician assistant issued is~~ 573
licensed as a physician assistant under Chapter 4730. of the 574
Revised Code. 575

(8) "Optometrist" means a person licensed to engage in the 576
practice of optometry under Chapter 4725. of the Revised Code. 577

(B) (1) An organization, or a person with a disability that 578
limits or impairs the ability to walk, may apply for the 579
registration of any motor vehicle the organization or person 580
owns or leases. When a motor vehicle has been altered for the 581
purpose of providing it with special equipment for a person with 582
a disability that limits or impairs the ability to walk, but is 583
owned or leased by someone other than such a person, the owner 584
or lessee may apply to the registrar or a deputy registrar for 585
registration under this section. The application for 586
registration of a motor vehicle owned or leased by a person with 587
a disability that limits or impairs the ability to walk shall be 588
accompanied by a signed statement from the applicant's health 589
care provider certifying that the applicant meets at least one 590
of the criteria contained in division (A) (1) of this section and 591
that the disability is expected to continue for more than six 592

consecutive months. The application for registration of a motor vehicle that has been altered for the purpose of providing it with special equipment for a person with a disability that limits or impairs the ability to walk but is owned by someone other than such a person shall be accompanied by such documentary evidence of vehicle alterations as the registrar may require by rule.

(2) When an organization, a person with a disability that limits or impairs the ability to walk, or a person who does not have a disability that limits or impairs the ability to walk but owns a motor vehicle that has been altered for the purpose of providing it with special equipment for a person with a disability that limits or impairs the ability to walk first submits an application for registration of a motor vehicle under this section and every fifth year thereafter, the organization or person shall submit a signed statement from the applicant's health care provider, a completed application, and any required documentary evidence of vehicle alterations as provided in division (B)(1) of this section, and also a power of attorney from the owner of the motor vehicle if the applicant leases the vehicle. Upon submission of these items, the registrar or deputy registrar shall issue to the applicant appropriate vehicle registration and a set of license plates and validation stickers, or validation stickers alone when required by section 4503.191 of the Revised Code. In addition to the letters and numbers ordinarily inscribed thereon, the license plates shall be imprinted with the international symbol of access. The license plates and validation stickers shall be issued upon payment of the regular license fee as prescribed under section 4503.04 of the Revised Code and any motor vehicle tax levied under Chapter 4504. of the Revised Code, and the payment of a

service fee equal to the amount specified in division (D) or (G) 624
of section 4503.10 of the Revised Code. 625

(C) (1) A person with a disability that limits or impairs 626
the ability to walk may apply to the registrar of motor vehicles 627
for a removable windshield placard by completing and signing an 628
application provided by the registrar. The person shall include 629
with the application a prescription from the person's health 630
care provider prescribing such a placard for the person based 631
upon a determination that the person meets at least one of the 632
criteria contained in division (A) (1) of this section. The 633
health care provider shall state on the prescription the length 634
of time the health care provider expects the applicant to have 635
the disability that limits or impairs the person's ability to 636
walk. 637

In addition to one placard or one or more sets of license 638
plates, a person with a disability that limits or impairs the 639
ability to walk is entitled to one additional placard, but only 640
if the person applies separately for the additional placard, 641
states the reasons why the additional placard is needed, and the 642
registrar, in the registrar's discretion determines that good 643
and justifiable cause exists to approve the request for the 644
additional placard. 645

(2) An organization may apply to the registrar of motor 646
vehicles for a removable windshield placard by completing and 647
signing an application provided by the registrar. The 648
organization shall comply with any procedures the registrar 649
establishes by rule. The organization shall include with the 650
application documentary evidence that the registrar requires by 651
rule showing that the organization regularly transports persons 652
with disabilities that limit or impair the ability to walk. 653

(3) Upon receipt of a completed and signed application for a removable windshield placard, the accompanying documents required under division (C) (1) or (2) of this section, and payment of a service fee equal to the amount specified in division (D) or (G) of section 4503.10 of the Revised Code, the registrar or deputy registrar shall issue to the applicant a removable windshield placard, which shall bear the date of expiration on both sides of the placard and shall be valid until expired, revoked, or surrendered. Every removable windshield placard expires as described in division (C) (4) of this section, but in no case shall a removable windshield placard be valid for a period of less than sixty days. Removable windshield placards shall be renewable upon application as provided in division (C) (1) or (2) of this section and upon payment of a service fee equal to the amount specified in division (D) or (G) of section 4503.10 of the Revised Code for the renewal of a removable windshield placard. The registrar shall provide the application form and shall determine the information to be included thereon. The registrar also shall determine the form and size of the removable windshield placard, the material of which it is to be made, and any other information to be included thereon, and shall adopt rules relating to the issuance, expiration, revocation, surrender, and proper display of such placards. Any placard issued after October 14, 1999, shall be manufactured in a manner that allows the expiration date of the placard to be indicated on it through the punching, drilling, boring, or creation by any other means of holes in the placard.

(4) At the time a removable windshield placard is issued to a person with a disability that limits or impairs the ability to walk, the registrar or deputy registrar shall enter into the records of the bureau of motor vehicles the last date on which

the person will have that disability, as indicated on the 685
accompanying prescription. Not less than thirty days prior to 686
that date and all removable windshield placard renewal dates, 687
the bureau shall send a renewal notice to that person at the 688
person's last known address as shown in the records of the 689
bureau, informing the person that the person's removable 690
windshield placard will expire on the indicated date not to 691
exceed five years from the date of issuance, and that the person 692
is required to renew the placard by submitting to the registrar 693
or a deputy registrar another prescription, as described in 694
division (C) (1) or (2) of this section, and by complying with 695
the renewal provisions prescribed in division (C) (3) of this 696
section. If such a prescription is not received by the registrar 697
or a deputy registrar by that date, the placard issued to that 698
person expires and no longer is valid, and this fact shall be 699
recorded in the records of the bureau. 700

(5) At least once every year, on a date determined by the 701
registrar, the bureau shall examine the records of the office of 702
vital statistics, located within the department of health, that 703
pertain to deceased persons, and also the bureau's records of 704
all persons who have been issued removable windshield placards 705
and temporary removable windshield placards. If the records of 706
the office of vital statistics indicate that a person to whom a 707
removable windshield placard or temporary removable windshield 708
placard has been issued is deceased, the bureau shall cancel 709
that placard, and note the cancellation in its records. 710

The office of vital statistics shall make available to the 711
bureau all information necessary to enable the bureau to comply 712
with division (C) (5) of this section. 713

(6) Nothing in this section shall be construed to require 714

a person or organization to apply for a removable windshield placard or special license plates if the special license plates issued to the person or organization under prior law have not expired or been surrendered or revoked.

(D) (1) (a) A person with a disability that limits or impairs the ability to walk may apply to the registrar or a deputy registrar for a temporary removable windshield placard. The application for a temporary removable windshield placard shall be accompanied by a prescription from the applicant's health care provider prescribing such a placard for the applicant, provided that the applicant meets at least one of the criteria contained in division (A) (1) of this section and that the disability is expected to continue for six consecutive months or less. The health care provider shall state on the prescription the length of time the health care provider expects the applicant to have the disability that limits or impairs the applicant's ability to walk, which cannot exceed six months from the date of the prescription. Upon receipt of an application for a temporary removable windshield placard, presentation of the prescription from the applicant's health care provider, and payment of a service fee equal to the amount specified in division (D) or (G) of section 4503.10 of the Revised Code, the registrar or deputy registrar shall issue to the applicant a temporary removable windshield placard.

(b) Any active-duty member of the armed forces of the United States, including the reserve components of the armed forces and the national guard, who has an illness or injury that limits or impairs the ability to walk may apply to the registrar or a deputy registrar for a temporary removable windshield placard. With the application, the person shall present evidence of the person's active-duty status and the illness or injury.

Evidence of the illness or injury may include a current 746
department of defense convalescent leave statement, any 747
department of defense document indicating that the person 748
currently has an ill or injured casualty status or has limited 749
duties, or a prescription from any health care provider 750
prescribing the placard for the applicant. Upon receipt of the 751
application and the necessary evidence, the registrar or deputy 752
registrar shall issue the applicant the temporary removable 753
windshield placard without the payment of any service fee. 754

(2) The temporary removable windshield placard shall be of 755
the same size and form as the removable windshield placard, 756
shall be printed in white on a red-colored background, and shall 757
bear the word "temporary" in letters of such size as the 758
registrar shall prescribe. A temporary removable windshield 759
placard also shall bear the date of expiration on the front and 760
back of the placard, and shall be valid until expired, 761
surrendered, or revoked, but in no case shall such a placard be 762
valid for a period of less than sixty days. The registrar shall 763
provide the application form and shall determine the information 764
to be included on it, provided that the registrar shall not 765
require a health care provider's prescription or certification 766
for a person applying under division (D) (1) (b) of this section. 767
The registrar also shall determine the material of which the 768
temporary removable windshield placard is to be made and any 769
other information to be included on the placard and shall adopt 770
rules relating to the issuance, expiration, surrender, 771
revocation, and proper display of those placards. Any temporary 772
removable windshield placard issued after October 14, 1999, 773
shall be manufactured in a manner that allows for the expiration 774
date of the placard to be indicated on it through the punching, 775
drilling, boring, or creation by any other means of holes in the 776

placard. 777

(E) If an applicant for a removable windshield placard is 778
a veteran of the armed forces of the United States whose 779
disability, as defined in division (A)(1) of this section, is 780
service-connected, the registrar or deputy registrar, upon 781
receipt of the application, presentation of a signed statement 782
from the applicant's health care provider certifying the 783
applicant's disability, and presentation of such documentary 784
evidence from the department of veterans affairs that the 785
disability of the applicant meets at least one of the criteria 786
identified in division (A)(1) of this section and is service- 787
connected as the registrar may require by rule, but without the 788
payment of any service fee, shall issue the applicant a 789
removable windshield placard that is valid until expired, 790
surrendered, or revoked. 791

(F) Upon a conviction of a violation of division (H) or 792
(I) of this section, the court shall report the conviction, and 793
send the placard, if available, to the registrar, who thereupon 794
shall revoke the privilege of using the placard and send notice 795
in writing to the placardholder at that holder's last known 796
address as shown in the records of the bureau, and the 797
placardholder shall return the placard if not previously 798
surrendered to the court, to the registrar within ten days 799
following mailing of the notice. 800

Whenever a person to whom a removable windshield placard 801
has been issued moves to another state, the person shall 802
surrender the placard to the registrar; and whenever an 803
organization to which a placard has been issued changes its 804
place of operation to another state, the organization shall 805
surrender the placard to the registrar. 806

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

(H) No person or organization that is not eligible for the issuance of license plates or any placard under this section shall willfully and falsely represent that the person or organization is so eligible.

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

(I) No person or organization to which a removable windshield placard or temporary removable windshield placard is issued shall do either of the following:

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

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

(J) If a removable windshield placard, temporary removable windshield placard, or parking card is lost, destroyed, or mutilated, the placardholder or cardholder may obtain a

duplicate by doing both of the following: 836

(1) Furnishing suitable proof of the loss, destruction, or 837
mutilation to the registrar; 838

(2) Paying a service fee equal to the amount specified in 839
division (D) or (G) of section 4503.10 of the Revised Code. 840

Any placardholder or cardholder who loses a placard or 841
card and, after obtaining a duplicate, finds the original, 842
immediately shall surrender the original placard or card to the 843
registrar. 844

(K) (1) The registrar shall pay all fees received under 845
this section for the issuance of removable windshield placards 846
or temporary removable windshield placards or duplicate 847
removable windshield placards or cards into the state treasury 848
to the credit of the state bureau of motor vehicles fund created 849
in section 4501.25 of the Revised Code. 850

(2) In addition to the fees collected under this section, 851
the registrar or deputy registrar shall ask each person applying 852
for a removable windshield placard or temporary removable 853
windshield placard or duplicate removable windshield placard or 854
license plate issued under this section, whether the person 855
wishes to make a two-dollar voluntary contribution to support 856
rehabilitation employment services. The registrar shall transmit 857
the contributions received under this division to the treasurer 858
of state for deposit into the rehabilitation employment fund, 859
which is hereby created in the state treasury. A deputy 860
registrar shall transmit the contributions received under this 861
division to the registrar in the time and manner prescribed by 862
the registrar. The contributions in the fund shall be used by 863
the opportunities for Ohioans with disabilities agency to 864

purchase services related to vocational evaluation, work 865
adjustment, personal adjustment, job placement, job coaching, 866
and community-based assessment from accredited community 867
rehabilitation program facilities. 868

(L) For purposes of enforcing this section, every peace 869
officer is deemed to be an agent of the registrar. Any peace 870
officer or any authorized employee of the bureau of motor 871
vehicles who, in the performance of duties authorized by law, 872
becomes aware of a person whose placard or parking card has been 873
revoked pursuant to this section, may confiscate that placard or 874
parking card and return it to the registrar. The registrar shall 875
prescribe any forms used by law enforcement agencies in 876
administering this section. 877

No peace officer, law enforcement agency employing a peace 878
officer, or political subdivision or governmental agency 879
employing a peace officer, and no employee of the bureau is 880
liable in a civil action for damages or loss to persons arising 881
out of the performance of any duty required or authorized by 882
this section. As used in this division, "peace officer" has the 883
same meaning as in division (B) of section 2935.01 of the 884
Revised Code. 885

(M) All applications for registration of motor vehicles, 886
removable windshield placards, and temporary removable 887
windshield placards issued under this section, all renewal 888
notices for such items, and all other publications issued by the 889
bureau that relate to this section shall set forth the criminal 890
penalties that may be imposed upon a person who violates any 891
provision relating to special license plates issued under this 892
section, the parking of vehicles displaying such license plates, 893
and the issuance, procurement, use, and display of removable 894

windshield placards and temporary removable windshield placards 895
issued under this section. 896

(N) Whoever violates this section is guilty of a 897
misdemeanor of the fourth degree. 898

Sec. 4723.01. As used in this chapter: 899

(A) "Registered nurse" means an individual who holds a 900
current, valid license issued under this chapter that authorizes 901
the practice of nursing as a registered nurse. 902

(B) "Practice of nursing as a registered nurse" means 903
providing to individuals and groups nursing care requiring 904
specialized knowledge, judgment, and skill derived from the 905
principles of biological, physical, behavioral, social, and 906
nursing sciences. Such nursing care includes: 907

(1) Identifying patterns of human responses to actual or 908
potential health problems amenable to a nursing regimen; 909

(2) Executing a nursing regimen through the selection, 910
performance, management, and evaluation of nursing actions; 911

(3) Assessing health status for the purpose of providing 912
nursing care; 913

(4) Providing health counseling and health teaching; 914

(5) Administering medications, treatments, and executing 915
regimens authorized by an individual who is authorized to 916
practice in this state and is acting within the course of the 917
individual's professional practice; 918

(6) Teaching, administering, supervising, delegating, and 919
evaluating nursing practice. 920

(C) "Nursing regimen" may include preventative, 921

restorative, and health-promotion activities. 922

(D) "Assessing health status" means the collection of data 923
through nursing assessment techniques, which may include 924
interviews, observation, and physical evaluations for the 925
purpose of providing nursing care. 926

(E) "Licensed practical nurse" means an individual who 927
holds a current, valid license issued under this chapter that 928
authorizes the practice of nursing as a licensed practical 929
nurse. 930

(F) "The practice of nursing as a licensed practical 931
nurse" means providing to individuals and groups nursing care 932
requiring the application of basic knowledge of the biological, 933
physical, behavioral, social, and nursing sciences at the 934
direction of a registered nurse or any of the following who is 935
authorized to practice in this state: a ~~licensed~~ physician, 936
physician assistant, dentist, podiatrist, optometrist, or 937
chiropractor, ~~or registered nurse~~. Such nursing care includes: 938

(1) Observation, patient teaching, and care in a diversity 939
of health care settings; 940

(2) Contributions to the planning, implementation, and 941
evaluation of nursing; 942

(3) Administration of medications and treatments 943
authorized by an individual who is authorized to practice in 944
this state and is acting within the course of the individual's 945
professional practice on the condition that the licensed 946
practical nurse is authorized under section 4723.17 of the 947
Revised Code to administer medications; 948

(4) Administration to an adult of intravenous therapy 949
authorized by an individual who is authorized to practice in 950

this state and is acting within the course of the individual's 951
professional practice, on the condition that the licensed 952
practical nurse is authorized under section 4723.18 or 4723.181 953
of the Revised Code to perform intravenous therapy and performs 954
intravenous therapy only in accordance with those sections; 955

(5) Delegation of nursing tasks as directed by a 956
registered nurse; 957

(6) Teaching nursing tasks to licensed practical nurses 958
and individuals to whom the licensed practical nurse is 959
authorized to delegate nursing tasks as directed by a registered 960
nurse. 961

(G) "Certified registered nurse anesthetist" means a 962
registered nurse who holds a valid certificate of authority 963
issued under this chapter that authorizes the practice of 964
nursing as a certified registered nurse anesthetist in 965
accordance with section 4723.43 of the Revised Code and rules 966
adopted by the board of nursing. 967

(H) "Clinical nurse specialist" means a registered nurse 968
who holds a valid certificate of authority issued under this 969
chapter that authorizes the practice of nursing as a clinical 970
nurse specialist in accordance with section 4723.43 of the 971
Revised Code and rules adopted by the board of nursing. 972

(I) "Certified nurse-midwife" means a registered nurse who 973
holds a valid certificate of authority issued under this chapter 974
that authorizes the practice of nursing as a certified nurse- 975
midwife in accordance with section 4723.43 of the Revised Code 976
and rules adopted by the board of nursing. 977

(J) "Certified nurse practitioner" means a registered 978
nurse who holds a valid certificate of authority issued under 979

this chapter that authorizes the practice of nursing as a 980
certified nurse practitioner in accordance with section 4723.43 981
of the Revised Code and rules adopted by the board of nursing. 982

(K) "Physician" means an individual authorized under 983
Chapter 4731. of the Revised Code to practice medicine and 984
surgery or osteopathic medicine and surgery. 985

(L) "Collaboration" or "collaborating" means the 986
following: 987

(1) In the case of a clinical nurse specialist, except as 988
provided in division (L)(3) of this section, or a certified 989
nurse practitioner, that one or more podiatrists acting within 990
the scope of practice of podiatry in accordance with section 991
4731.51 of the Revised Code and with whom the nurse has entered 992
into a standard care arrangement or one or more physicians with 993
whom the nurse has entered into a standard care arrangement are 994
continuously available to communicate with the clinical nurse 995
specialist or certified nurse practitioner either in person or 996
by radio, telephone, or other form of telecommunication; 997

(2) In the case of a certified nurse-midwife, that one or 998
more physicians with whom the certified nurse-midwife has 999
entered into a standard care arrangement are continuously 1000
available to communicate with the certified nurse-midwife either 1001
in person or by radio, telephone, or other form of 1002
telecommunication; 1003

(3) In the case of a clinical nurse specialist who 1004
practices the nursing specialty of mental health or psychiatric 1005
mental health without being authorized to prescribe drugs and 1006
therapeutic devices, that one or more physicians are 1007
continuously available to communicate with the nurse either in 1008

person or by radio, telephone, or other form of 1009
telecommunication. 1010

(M) "Supervision," as it pertains to a certified 1011
registered nurse anesthetist, means that the certified 1012
registered nurse anesthetist is under the direction of a 1013
podiatrist acting within the podiatrist's scope of practice in 1014
accordance with section 4731.51 of the Revised Code, a dentist 1015
acting within the dentist's scope of practice in accordance with 1016
Chapter 4715. of the Revised Code, or a physician, and, when 1017
administering anesthesia, the certified registered nurse 1018
anesthetist is in the immediate presence of the podiatrist, 1019
dentist, or physician. 1020

(N) "Standard care arrangement" means a written, formal 1021
guide for planning and evaluating a patient's health care that 1022
is developed by one or more collaborating physicians or 1023
podiatrists and a clinical nurse specialist, certified nurse- 1024
midwife, or certified nurse practitioner and meets the 1025
requirements of section 4723.431 of the Revised Code. 1026

(O) "Advanced practice registered nurse" means a certified 1027
registered nurse anesthetist, clinical nurse specialist, 1028
certified nurse-midwife, or certified nurse practitioner. 1029

(P) "Dialysis care" means the care and procedures that a 1030
dialysis technician or dialysis technician intern is authorized 1031
to provide and perform, as specified in section 4723.72 of the 1032
Revised Code. 1033

(Q) "Dialysis technician" means an individual who holds a 1034
current, valid certificate to practice as a dialysis technician 1035
issued under section 4723.75 of the Revised Code. 1036

(R) "Dialysis technician intern" means an individual who 1037

holds a current, valid certificate to practice as a dialysis technician intern issued under section 4723.75 of the Revised Code. 1038
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(S) "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. 1041
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(T) "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. 1044
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Sec. 4723.06. (A) The board of nursing shall: 1048

(1) Administer and enforce the provisions of this chapter, including the taking of disciplinary action for violations of section 4723.28 of the Revised Code, any other provisions of this chapter, or rules adopted under this chapter; 1049
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(2) Develop criteria that an applicant must meet to be eligible to sit for the examination for licensure to practice as a registered nurse or as a licensed practical nurse; 1053
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(3) Issue and renew nursing licenses, dialysis technician certificates, and community health worker certificates, as provided in this chapter; 1056
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(4) Define the minimum standards for educational programs of the schools of registered nursing and schools of practical nursing in this state; 1059
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(5) Survey, inspect, and grant full approval to prelicensure nursing education programs in this state that meet the standards established by rules adopted under section 4723.07 of the Revised Code. Prelicensure nursing education programs 1062
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include, but are not limited to, diploma, associate degree, 1066
baccalaureate degree, master's degree, and doctor of nursing 1067
programs leading to initial licensure to practice nursing as a 1068
registered nurse and practical nurse programs leading to initial 1069
licensure to practice nursing as a licensed practical nurse. 1070

(6) Grant conditional approval, by a vote of a quorum of 1071
the board, to a new prelicensure nursing education program or a 1072
program that is being reestablished after having ceased to 1073
operate, if the program meets and maintains the minimum 1074
standards of the board established by rules adopted under 1075
section 4723.07 of the Revised Code. If the board does not grant 1076
conditional approval, it shall hold an adjudication under 1077
Chapter 119. of the Revised Code to consider conditional 1078
approval of the program. If the board grants conditional 1079
approval, at the first meeting following completion of the 1080
survey process required by division (A) (5) of this section, the 1081
board shall determine whether to grant full approval to the 1082
program. If the board does not grant full approval or if it 1083
appears that the program has failed to meet and maintain 1084
standards established by rules adopted under section 4723.07 of 1085
the Revised Code, the board shall hold an adjudication under 1086
Chapter 119. of the Revised Code to consider the program. Based 1087
on results of the adjudication, the board may continue or 1088
withdraw conditional approval, or grant full approval. 1089

(7) Place on provisional approval, for a period of time 1090
specified by the board, a program that has ceased to meet and 1091
maintain the minimum standards of the board established by rules 1092
adopted under section 4723.07 of the Revised Code. Prior to or 1093
at the end of the period, the board shall reconsider whether the 1094
program meets the standards and shall grant full approval if it 1095
does. If it does not, the board may withdraw approval, pursuant 1096

to an adjudication under Chapter 119. of the Revised Code.	1097
(8) Approve continuing education programs and courses	1098
under standards established in rules adopted under sections	1099
4723.07, 4723.69, 4723.79, and 4723.88 of the Revised Code;	1100
(9) Establish a program for monitoring chemical dependency	1101
in accordance with section 4723.35 of the Revised Code;	1102
(10) Establish the practice intervention and improvement	1103
program in accordance with section 4723.282 of the Revised Code;	1104
(11) Issue and renew certificates of authority to practice	1105
nursing as a certified registered nurse anesthetist, clinical	1106
nurse specialist, certified nurse-midwife, or certified nurse	1107
practitioner;	1108
(12) Approve under section 4723.46 of the Revised Code	1109
national certifying organizations for examination and	1110
certification of certified registered nurse anesthetists,	1111
clinical nurse specialists, certified nurse-midwives, or	1112
certified nurse practitioners;	1113
(13) Issue and renew certificates to prescribe in	1114
accordance with sections 4723.48 and 4723.486 of the Revised	1115
Code;	1116
(14) Grant approval to the planned classroom and clinical	1117
<u>course of study in advanced pharmacology and related topics</u>	1118
required by section 4723.482 of the Revised Code to be eligible	1119
for a certificate to prescribe;	1120
(15) Make an annual edition of the formulary established	1121
in rules adopted under section 4723.50 of the Revised Code	1122
available to the public either in printed form or by electronic	1123
means and, as soon as possible after any revision of the	1124

formulary becomes effective, make the revision available to the public in printed form or by electronic means;

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

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

(18) Maintain and have open for public inspection the following records:

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

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

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

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

(B) The board may fulfill the requirement of division (A) (8) of this section by authorizing persons who meet the standards established in rules adopted under section 4723.07 of the Revised Code to approve continuing education programs and

courses. Persons so authorized shall approve continuing 1153
education programs and courses in accordance with standards 1154
established in rules adopted under section 4723.07 of the 1155
Revised Code. 1156

Persons seeking authorization to approve continuing 1157
education programs and courses shall apply to the board and pay 1158
the appropriate fee established under section 4723.08 of the 1159
Revised Code. Authorizations to approve continuing education 1160
programs and courses shall expire, and may be renewed according 1161
to the schedule established in rules adopted under section 1162
4723.07 of the Revised Code. 1163

In addition to approving continuing education programs 1164
under division (A) (8) of this section, the board may sponsor 1165
continuing education activities that are directly related to the 1166
statutes and rules the board enforces. 1167

Sec. 4723.07. In accordance with Chapter 119. of the 1168
Revised Code, the board of nursing shall adopt and may amend and 1169
rescind rules that establish all of the following: 1170

(A) Provisions for the board's government and control of 1171
its actions and business affairs; 1172

(B) Minimum standards for nursing education programs that 1173
prepare graduates to be licensed under this chapter and 1174
procedures for granting, renewing, and withdrawing approval of 1175
those programs; 1176

(C) Criteria that applicants for licensure must meet to be 1177
eligible to take examinations for licensure; 1178

(D) Standards and procedures for renewal of the licenses 1179
and certificates issued by the board; 1180

(E) Standards for approval of continuing nursing education programs and courses for registered nurses, licensed practical nurses, certified registered nurse anesthetists, clinical nurse specialists, certified nurse-midwives, and certified nurse practitioners. The standards may provide for approval of continuing nursing education programs and courses that have been approved by other state boards of nursing or by national accreditation systems for nursing, including, but not limited to, the American nurses' credentialing center and the national association for practical nurse education and service.	1181 1182 1183 1184 1185 1186 1187 1188 1189 1190
(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;	1191 1192 1193 1194
(G) Requirements, including continuing education requirements, for reactivating inactive licenses or certificates, and for reinstating licenses or certificates that have lapsed;	1195 1196 1197 1198
(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;	1199 1200 1201 1202
(I) Requirements for board approval of courses in medication administration by licensed practical nurses;	1203 1204
(J) Criteria for evaluating the qualifications of an applicant for a license to practice nursing as a registered nurse, a license to practice nursing as a licensed practical nurse, or a certificate of authority issued under division (B) of section 4723.41 of the Revised Code for the purpose of	1205 1206 1207 1208 1209

issuing the license or certificate by the board's endorsement of 1210
the applicant's authority to practice issued by the licensing 1211
agency of another state; 1212

(K) Universal and standard precautions that shall be used 1213
by each licensee or certificate holder. The rules shall define 1214
and establish requirements for universal and standard 1215
precautions that include the following: 1216

(1) Appropriate use of hand washing; 1217

(2) Disinfection and sterilization of equipment; 1218

(3) Handling and disposal of needles and other sharp 1219
instruments; 1220

(4) Wearing and disposal of gloves and other protective 1221
garments and devices. 1222

(L) Standards and procedures for approving certificates of 1223
authority to practice nursing as a certified registered nurse 1224
anesthetist, clinical nurse specialist, certified nurse-midwife, 1225
or certified nurse practitioner, and for renewal of those 1226
certificates; 1227

(M) Quality assurance standards for certified registered 1228
nurse anesthetists, clinical nurse specialists, certified nurse- 1229
midwives, or certified nurse practitioners; 1230

(N) Additional criteria for the standard care arrangement 1231
required by section 4723.431 of the Revised Code entered into by 1232
a clinical nurse specialist, certified nurse-midwife, or 1233
certified nurse practitioner and the nurse's collaborating 1234
physician or podiatrist; 1235

(O) Continuing education standards for clinical nurse 1236
specialists who were issued a certificate of authority to 1237

practice as a clinical nurse specialist under division (C) of 1238
section 4723.41 of the Revised Code as that division existed at 1239
any time before ~~the effective date of this amendment~~ March 20, 1240
2013; 1241

(P) For purposes of division (B) (31) of section 4723.28 of 1242
the Revised Code, the actions, omissions, or other circumstances 1243
that constitute failure to establish and maintain professional 1244
boundaries with a patient; 1245

(Q) Standards and procedures for delegation under division 1246
(C) of section 4723.48 of the Revised Code of the authority to 1247
administer drugs. 1248

The board may adopt other rules necessary to carry out the 1249
provisions of this chapter. The rules shall be adopted in 1250
accordance with Chapter 119. of the Revised Code. 1251

Sec. 4723.18. (A) The board of nursing shall authorize a 1252
licensed practical nurse to administer to an adult intravenous 1253
therapy if the nurse supplies evidence satisfactory to the board 1254
that all of the following are the case: 1255

(1) The nurse holds a current, valid license issued under 1256
this chapter to practice nursing as a licensed practical nurse. 1257

(2) The nurse has been authorized under section ~~4723.18~~ 1258
4723.17 of the Revised Code to administer medications. 1259

(3) The nurse successfully completed a course of study in 1260
the safe performance of intravenous therapy approved by the 1261
board pursuant to section 4723.19 of the Revised Code or by an 1262
agency in another jurisdiction that regulates the practice of 1263
nursing and has requirements for intravenous therapy course 1264
approval that are substantially similar to the requirements in 1265
division (B) of section 4723.19 of the Revised Code, as 1266

determined by the board.	1267
(4) The nurse has successfully completed a minimum of	1268
forty hours of training that includes all of the following:	1269
(a) The curriculum established by rules adopted by the	1270
board;	1271
(b) Training in the anatomy and physiology of the	1272
cardiovascular system, signs and symptoms of local and systemic	1273
complications in the administration of fluids and antibiotic	1274
additives, and guidelines for management of these complications;	1275
(c) Any other training or instruction the board considers	1276
appropriate;	1277
(d) A testing component that requires the nurse to perform	1278
a successful demonstration of the intravenous procedures,	1279
including all skills needed to perform them safely.	1280
(B) Except as provided in section 4723.181 of the Revised	1281
Code and subject to the restrictions in division (D) of this	1282
section, a licensed practical nurse may perform intravenous	1283
therapy on an adult patient only if authorized by the board	1284
pursuant to division (A) of this section and only at the	1285
direction of one of the following:	1286
(1) A licensed physician, <u>physician assistant, dentist,</u>	1287
optometrist, or podiatrist who <u>is authorized to practice in this</u>	1288
<u>state and</u> , except as provided in division (C) (2) of this	1289
section, is present and readily available at the facility where	1290
the intravenous therapy procedure is performed;	1291
(2) A registered nurse in accordance with division (C) of	1292
this section.	1293
(C) (1) Except as provided in division (C) (2) of this	1294

section and section 4723.181 of the Revised Code, when a 1295
licensed practical nurse authorized by the board to perform 1296
intravenous therapy performs an intravenous therapy procedure at 1297
the direction of a registered nurse, the registered nurse or 1298
another registered nurse shall be readily available at the site 1299
where the intravenous therapy is performed, and before the 1300
licensed practical nurse initiates the intravenous therapy, the 1301
registered nurse shall personally perform an on-site assessment 1302
of the adult patient who is to receive the intravenous therapy. 1303

(2) When a licensed practical nurse authorized by the 1304
board to perform intravenous therapy performs an intravenous 1305
therapy procedure in a home as defined in section 3721.10 of the 1306
Revised Code, or in an intermediate care facility for 1307
individuals with intellectual disabilities as defined in section 1308
5124.01 of the Revised Code, at the direction of a registered 1309
nurse or ~~licensed~~ a physician, physician assistant, dentist, 1310
optometrist, or podiatrist who is authorized to practice in this 1311
state, a registered nurse shall be on the premises of the home 1312
or facility or accessible by some form of telecommunication. 1313

(D) No licensed practical nurse shall perform any of the 1314
following intravenous therapy procedures: 1315

(1) Initiating or maintaining any of the following: 1316

(a) Blood or blood components; 1317

(b) Solutions for total parenteral nutrition; 1318

(c) Any cancer therapeutic medication including, but not 1319
limited to, cancer chemotherapy or an anti-neoplastic agent; 1320

(d) Solutions administered through any central venous line 1321
or arterial line or any other line that does not terminate in a 1322
peripheral vein, except that a licensed practical nurse 1323

authorized by the board to perform intravenous therapy may 1324
maintain the solutions specified in division (D) (6) (a) of this 1325
section that are being administered through a central venous 1326
line or peripherally inserted central catheter; 1327

(e) Any investigational or experimental medication. 1328

(2) Initiating intravenous therapy in any vein, except 1329
that a licensed practical nurse authorized by the board to 1330
perform intravenous therapy may initiate intravenous therapy in 1331
accordance with this section in a vein of the hand, forearm, or 1332
antecubital fossa; 1333

(3) Discontinuing a central venous, arterial, or any other 1334
line that does not terminate in a peripheral vein; 1335

(4) Initiating or discontinuing a peripherally inserted 1336
central catheter; 1337

(5) Mixing, preparing, or reconstituting any medication 1338
for intravenous therapy, except that a licensed practical nurse 1339
authorized by the board to perform intravenous therapy may 1340
prepare or reconstitute an antibiotic additive; 1341

(6) Administering medication via the intravenous route, 1342
including all of the following activities: 1343

(a) Adding medication to an intravenous solution or to an 1344
existing infusion, except that a licensed practical nurse 1345
authorized by the board to perform intravenous therapy may do 1346
any of the following: 1347

(i) Initiate an intravenous infusion containing one or 1348
more of the following elements: dextrose 5%, normal saline, 1349
lactated ringers, sodium chloride .45%, sodium chloride 0.2%, 1350
sterile water; 1351

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

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

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

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

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

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

(1) The routine administration and regulation of saline solution for the purpose of maintaining an established fluid plan;

(2) The administration of a heparin dose intravenously;

(3) The administration of a heparin dose peripherally via

a fistula needle; 1380

(4) The loading and activation of a constant infusion 1381
pump; 1382

(5) The intermittent injection of a dose of medication 1383
that is administered via the hemodialysis blood circuit and 1384
through the patient's venous access. 1385

(F) No person shall employ or direct a licensed practical 1386
nurse to perform an intravenous therapy procedure without first 1387
verifying that the licensed practical nurse is authorized by the 1388
board to perform intravenous therapy. 1389

Sec. 4723.181. (A) A licensed practical nurse may perform 1390
on any person any of the intravenous therapy procedures 1391
specified in division (B) of this section without receiving 1392
authorization to perform intravenous therapy from the board of 1393
nursing under section 4723.18 of the Revised Code, if both of 1394
the following apply: 1395

(1) The licensed practical nurse acts at the direction of 1396
a registered nurse or a ~~licensed~~physician, physician assistant, 1397
dentist, optometrist, or podiatrist who is authorized to 1398
practice in this state and the registered nurse, physician, 1399
physician assistant, dentist, optometrist, or podiatrist is on 1400
the premises where the procedure is to be performed or 1401
accessible by some form of telecommunication. 1402

(2) The licensed practical nurse can demonstrate the 1403
knowledge, skills, and ability to perform the procedure safely. 1404

(B) The intravenous therapy procedures that a licensed 1405
practical nurse may perform pursuant to division (A) of this 1406
section are limited to the following: 1407

(1) Verification of the type of peripheral intravenous solution being administered;	1408 1409
(2) Examination of a peripheral infusion site and the extremity for possible infiltration;	1410 1411
(3) Regulation of a peripheral intravenous infusion according to the prescribed flow rate;	1412 1413
(4) Discontinuation of a peripheral intravenous device at the appropriate time;	1414 1415
(5) Performance of routine dressing changes at the insertion site of a peripheral venous or arterial infusion, peripherally inserted central catheter infusion, or central venous pressure subclavian infusion.	1416 1417 1418 1419
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.	1420 1421 1422 1423 1424 1425 1426
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	1427 1428 1429 1430 1431 1432 1433 1434 1435 1436

supervision in accordance with rules adopted under section 1437
4723.50 of the Revised Code. 1438

After completing the externship, the holder of an 1439
externship certificate may apply for a new certificate to 1440
prescribe. On receipt of the new certificate, the nurse may 1441
prescribe drugs and therapeutic devices in collaboration with 1442
one or more physicians or podiatrists. 1443

(B) In the case of an applicant who meets the requirements 1444
of division (C) of section 4723.482 of the Revised Code, the 1445
initial certificate to prescribe that the board issues to the 1446
applicant under this section shall not be an externship 1447
certificate. The applicant shall be issued a certificate to 1448
prescribe that permits the recipient to prescribe drugs and 1449
therapeutic devices in collaboration with one or more physicians 1450
or podiatrists. 1451

(C) (1) The holder of a certificate issued under this 1452
section may delegate to a person not otherwise authorized to 1453
administer drugs the authority to administer to a specified 1454
patient a drug, other than a controlled substance, listed in the 1455
formulary established in rules adopted under section 4723.50 of 1456
the Revised Code. The delegation shall be in accordance with 1457
division (C) (2) of this section and standards and procedures 1458
established in rules adopted under division (Q) of section 1459
4723.07 of the Revised Code. 1460

(2) Prior to delegating the authority, the certificate 1461
holder shall do both of the following: 1462

(a) Assess the patient and determine that the drug is 1463
appropriate for the patient; 1464

(b) Determine that the person to whom the authority will 1465

be delegated has met the conditions specified in division (D) of 1466
section 4723.489 of the Revised Code. 1467

Sec. 4723.482. (A) Except as provided in divisions (C) and 1468
(D) of this section, an applicant shall include with the 1469
application submitted under section 4723.48 of the Revised Code 1470
all of the following: 1471

(1) Evidence of holding a current, valid certificate of 1472
authority to practice as a clinical nurse specialist, certified 1473
nurse-midwife, or certified nurse practitioner that was issued 1474
by meeting the requirements of division (A) of section 4723.41 1475
of the Revised Code; 1476

(2) Evidence of successfully completing the course of 1477
study in advanced pharmacology and related topics in accordance 1478
with the requirements specified in division (B) of this section; 1479

(3) The fee required by section 4723.08 of the Revised 1480
Code for a certificate to prescribe; 1481

(4) Any additional information the board of nursing 1482
requires pursuant to rules adopted under section 4723.50 of the 1483
Revised Code. 1484

(B) With respect to the course of study in advanced 1485
pharmacology and related topics that must be successfully 1486
completed to obtain a certificate to prescribe, all of the 1487
following requirements apply: 1488

(1) The course of study shall be completed not longer than 1489
three years before the application for the certificate to 1490
prescribe is filed. 1491

~~(2) Except as provided in division (E) of this section,~~ 1492
~~the course of study shall consist of planned classroom and~~ 1493

clinical instruction. The total length of the course of study	1494
shall be not less than forty-five contact hours.	1495
(3) The course of study shall meet the requirements to be	1496
approved by the board in accordance with standards established	1497
in rules adopted under section 4723.50 of the Revised Code.	1498
(4) The content of the course of study shall be specific	1499
to the applicant's nursing specialty.	1500
(5) The instruction provided in the course of study shall	1501
include all of the following:	1502
(a) A minimum of thirty-six contact hours of instruction	1503
in advanced pharmacology that includes pharmacokinetic	1504
principles and clinical application and the use of drugs and	1505
therapeutic devices in the prevention of illness and maintenance	1506
of health;	1507
(b) Instruction in the fiscal and ethical implications of	1508
prescribing drugs and therapeutic devices;	1509
(c) Instruction in the state and federal laws that apply	1510
to the authority to prescribe;	1511
(d) Instruction that is specific to schedule II controlled	1512
substances, including instruction in all of the following:	1513
(i) Indications for the use of schedule II controlled	1514
substances in drug therapies;	1515
(ii) The most recent guidelines for pain management	1516
therapies, as established by state and national organizations	1517
such as the Ohio pain initiative and the American pain society;	1518
(iii) Fiscal and ethical implications of prescribing	1519
schedule II controlled substances;	1520

(iv) State and federal laws that apply to the authority to prescribe schedule II controlled substances;	1521 1522
(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.	1523 1524 1525 1526 1527 1528
(e) Any additional instruction required pursuant to rules adopted under section 4723.50 of the Revised Code.	1529 1530
(C) An applicant who practiced or is practicing as a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner in another jurisdiction or as an employee of the United States government, and is not seeking authority to prescribe drugs and therapeutic devices by meeting the requirements of division (A) or (D) of this section, shall include with the application submitted under section 4723.48 of the Revised Code all of the following:	1531 1532 1533 1534 1535 1536 1537 1538
(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;	1539 1540 1541 1542
(2) The fee required by section 4723.08 of the Revised Code for a certificate to prescribe;	1543 1544
(3) Either of the following:	1545
(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,	1546 1547 1548 1549

including at least some controlled substances; 1550

(b) Evidence of having been employed by the United States 1551
government and authorized, for a continuous period of at least 1552
one year during the three years immediately preceding the date 1553
of application, to prescribe therapeutic devices and drugs, 1554
including at least some controlled substances, in conjunction 1555
with that employment. 1556

(4) Evidence of having completed a two-hour course of 1557
instruction approved by the board in the laws of this state that 1558
govern drugs and prescriptive authority; 1559

(5) Any additional information the board requires pursuant 1560
to rules adopted under section 4723.50 of the Revised Code. 1561

(D) An applicant who practiced or is practicing as a 1562
clinical nurse specialist, certified nurse-midwife, or certified 1563
nurse practitioner in another jurisdiction or as an employee of 1564
the United States government, and is not seeking authority to 1565
prescribe drugs and therapeutic devices by meeting the 1566
requirements of division (A) or (C) of this section, shall 1567
include with the application submitted under section 4723.48 of 1568
the Revised Code all of the following: 1569

(1) Evidence of holding a current, valid certificate of 1570
authority issued under this chapter to practice as a clinical 1571
nurse specialist, certified nurse-midwife, or certified nurse 1572
practitioner; 1573

(2) The fee required by section 4723.08 of the Revised 1574
Code for a certificate to prescribe; 1575

(3) Either of the following: 1576

(a) Evidence of having held, for a continuous period of at 1577

least one year during the three years immediately preceding the 1578
date of application, valid authority issued by another 1579
jurisdiction to prescribe therapeutic devices and drugs, 1580
excluding controlled substances; 1581

(b) Evidence of having been employed by the United States 1582
government and authorized, for a continuous period of at least 1583
one year during the three years immediately preceding the date 1584
of application, to prescribe therapeutic devices and drugs, 1585
excluding controlled substances, in conjunction with that 1586
employment. 1587

(4) Any additional information the board requires pursuant 1588
to rules adopted under section 4723.50 of the Revised Code. 1589

~~(E) In the case of an applicant who meets the requirements 1590
of division (C) or (D) of this section other than the 1591
requirements of division (C) (3) or (D) (3) of this section and is 1592
seeking authority to prescribe drugs and therapeutic devices by 1593
meeting the requirements of division (A) of this section, the 1594
applicant may complete the instruction that is specific to 1595
schedule II controlled substances, as required by division (B)- 1596
(5) (d) of this section, through an internet based course of 1597
study in lieu of completing the instruction through a course of 1598
study consisting of planned classroom and clinical instruction. 1599~~

Sec. 4723.489. A person not otherwise authorized to 1600
administer drugs may administer a drug to a specified patient if 1601
all of the following conditions are met: 1602

(A) The authority to administer the drug is delegated to 1603
the person by an advanced practice registered nurse who is a 1604
clinical nurse specialist, certified nurse-midwife, or certified 1605
nurse practitioner and holds a certificate to prescribe issued 1606

under section 4723.48 of the Revised Code. 1607

(B) The drug is listed in the formulary established in 1608
rules adopted under section 4723.50 of the Revised Code but is 1609
not a controlled substance and is not to be administered 1610
intravenously. 1611

(C) The drug is to be administered at a location other 1612
than a hospital inpatient care unit, as defined in section 1613
3727.50 of the Revised Code; a hospital emergency department or 1614
a freestanding emergency department; or an ambulatory surgical 1615
facility, as defined in section 3702.30 of the Revised Code. 1616

(D) The person has successfully completed education based 1617
on a recognized body of knowledge concerning drug administration 1618
and demonstrates to the person's employer the knowledge, skills, 1619
and ability to administer the drug safely. 1620

(E) The person's employer has given the advanced practice 1621
registered nurse access to documentation, in written or 1622
electronic form, showing that the person has met the conditions 1623
specified in division (D) of this section. 1624

(F) The advanced practice registered nurse is physically 1625
present at the location where the drug is administered. 1626

Sec. 4723.50. (A) In accordance with Chapter 119. of the 1627
Revised Code, the board of nursing shall adopt rules as 1628
necessary to implement the provisions of this chapter pertaining 1629
to the authority of clinical nurse specialists, certified nurse- 1630
midwives, and certified nurse practitioners to prescribe drugs 1631
and therapeutic devices and the issuance and renewal of 1632
certificates to prescribe. 1633

The board shall adopt rules that are consistent with the 1634
recommendations the board receives from the committee on 1635

prescriptive governance pursuant to section 4723.492 of the Revised Code. After reviewing a recommendation submitted by the committee, the board may either adopt the recommendation as a rule or ask the committee to reconsider and resubmit the recommendation. The board shall not adopt any rule that does not conform to a recommendation made by the committee.

(B) The board shall adopt rules under this section that do all of the following:

(1) Establish a formulary listing the types of drugs and therapeutic devices that may be prescribed by a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner. The formulary may include controlled substances, as defined in section 3719.01 of the Revised Code. The formulary shall not permit the prescribing of any drug or device to perform or induce an abortion.

(2) Establish safety standards to be followed by a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner when personally furnishing to patients complete or partial supplies of 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;

(3) Establish criteria for the components of the standard care arrangements described in section 4723.431 of the Revised Code that apply to the authority to prescribe, including the components that apply to the authority to prescribe schedule II controlled substances. The rules shall be consistent with that section and include all of the following:

- (a) Quality assurance standards; 1665
- (b) Standards for periodic review by a collaborating 1666
physician or podiatrist of the records of patients treated by 1667
the clinical nurse specialist, certified nurse-midwife, or 1668
certified nurse practitioner; 1669
- (c) Acceptable travel time between the location at which 1670
the clinical nurse specialist, certified nurse-midwife, or 1671
certified nurse practitioner is engaging in the prescribing 1672
components of the nurse's practice and the location of the 1673
nurse's collaborating physician or podiatrist; 1674
- (d) Any other criteria recommended by the committee on 1675
prescriptive governance. 1676
- (4) Establish standards and procedures for issuance and 1677
renewal of a certificate to prescribe, including specification 1678
of any additional information the board may require under 1679
division (A) (4), (C) (5), or (D) ~~(5)~~ (4) of section 4723.482 ~~or~~, 1680
division (B) (3) of section 4723.485, or division (B) (3) of 1681
section 4723.486 of the Revised Code; 1682
- (5) Establish standards for board approval of the course 1683
of study in advanced pharmacology and related topics required by 1684
section 4723.482 of the Revised Code; 1685
- (6) Establish requirements for board approval of the two- 1686
hour course of instruction in the laws of this state as required 1687
under division (C) (4) of section 4723.482 of the Revised Code 1688
and division (B) (2) of section 4723.484 of the Revised Code; 1689
- (7) Establish standards and procedures for the appropriate 1690
conduct of an externship as described in section 4723.484 of the 1691
Revised Code, including the following: 1692

(a) Standards and procedures to be used in evaluating an individual's participation in an externship;	1693 1694
(b) Standards and procedures for the supervision that a physician must provide during an externship, including supervision provided by working with the participant and supervision provided by making timely reviews of the records of patients treated by the participant. The manner in which supervision must be provided may vary according to the location where the participant is practicing and with the participant's level of experience.	1695 1696 1697 1698 1699 1700 1701 1702
Sec. 4729.01. As used in this chapter:	1703
(A) "Pharmacy," except when used in a context that refers to the practice of pharmacy, means any area, room, rooms, place of business, department, or portion of any of the foregoing where the practice of pharmacy is conducted.	1704 1705 1706 1707
(B) "Practice of pharmacy" means providing pharmacist care requiring specialized knowledge, judgment, and skill derived from the principles of biological, chemical, behavioral, social, pharmaceutical, and clinical sciences. As used in this division, "pharmacist care" includes the following:	1708 1709 1710 1711 1712
(1) Interpreting prescriptions;	1713
(2) Dispensing drugs and drug therapy related devices;	1714
(3) Compounding drugs;	1715
(4) Counseling individuals with regard to their drug therapy, recommending drug therapy related devices, and assisting in the selection of drugs and appliances for treatment of common diseases and injuries and providing instruction in the proper use of the drugs and appliances;	1716 1717 1718 1719 1720

(5) Performing drug regimen reviews with individuals by	1721
discussing all of the drugs that the individual is taking and	1722
explaining the interactions of the drugs;	1723
(6) Performing drug utilization reviews with licensed	1724
health professionals authorized to prescribe drugs when the	1725
pharmacist determines that an individual with a prescription has	1726
a drug regimen that warrants additional discussion with the	1727
prescriber;	1728
(7) Advising an individual and the health care	1729
professionals treating an individual with regard to the	1730
individual's drug therapy;	1731
(8) Acting pursuant to a consult agreement with a	1732
physician authorized under Chapter 4731. of the Revised Code to	1733
practice medicine and surgery or osteopathic medicine and	1734
surgery, if an agreement has been established with the	1735
physician;	1736
(9) Engaging in the administration of immunizations to the	1737
extent authorized by section 4729.41 of the Revised Code.	1738
(C) "Compounding" means the preparation, mixing,	1739
assembling, packaging, and labeling of one or more drugs in any	1740
of the following circumstances:	1741
(1) Pursuant to a prescription issued by a licensed health	1742
professional authorized to prescribe drugs;	1743
(2) Pursuant to the modification of a prescription made in	1744
accordance with a consult agreement;	1745
(3) As an incident to research, teaching activities, or	1746
chemical analysis;	1747
(4) In anticipation of orders for drugs pursuant to	1748

prescriptions, based on routine, regularly observed dispensing 1749
patterns; 1750

(5) Pursuant to a request made by a licensed health 1751
professional authorized to prescribe drugs for a drug that is to 1752
be used by the professional for the purpose of direct 1753
administration to patients in the course of the professional's 1754
practice, if all of the following apply: 1755

(a) At the time the request is made, the drug is not 1756
commercially available regardless of the reason that the drug is 1757
not available, including the absence of a manufacturer for the 1758
drug or the lack of a readily available supply of the drug from 1759
a manufacturer. 1760

(b) A limited quantity of the drug is compounded and 1761
provided to the professional. 1762

(c) The drug is compounded and provided to the 1763
professional as an occasional exception to the normal practice 1764
of dispensing drugs pursuant to patient-specific prescriptions. 1765

(D) "Consult agreement" means an agreement to manage an 1766
individual's drug therapy that has been entered into by a 1767
pharmacist and a physician authorized under Chapter 4731. of the 1768
Revised Code to practice medicine and surgery or osteopathic 1769
medicine and surgery. 1770

(E) "Drug" means: 1771

(1) Any article recognized in the United States 1772
pharmacopoeia and national formulary, or any supplement to them, 1773
intended for use in the diagnosis, cure, mitigation, treatment, 1774
or prevention of disease in humans or animals; 1775

(2) Any other article intended for use in the diagnosis, 1776

cure, mitigation, treatment, or prevention of disease in humans 1777
or animals; 1778

(3) Any article, other than food, intended to affect the 1779
structure or any function of the body of humans or animals; 1780

(4) Any article intended for use as a component of any 1781
article specified in division (E) (1), (2), or (3) of this 1782
section; but does not include devices or their components, 1783
parts, or accessories. 1784

(F) "Dangerous drug" means any of the following: 1785

(1) Any drug to which either of the following applies: 1786

(a) Under the "Federal Food, Drug, and Cosmetic Act," 52 1787
Stat. 1040 (1938), 21 U.S.C.A. 301, as amended, the drug is 1788
required to bear a label containing the legend "Caution: Federal 1789
law prohibits dispensing without prescription" or "Caution: 1790
Federal law restricts this drug to use by or on the order of a 1791
licensed veterinarian" or any similar restrictive statement, or 1792
the drug may be dispensed only upon a prescription; 1793

(b) Under Chapter 3715. or 3719. of the Revised Code, the 1794
drug may be dispensed only upon a prescription. 1795

(2) Any drug that contains a schedule V controlled 1796
substance and that is exempt from Chapter 3719. of the Revised 1797
Code or to which that chapter does not apply; 1798

(3) Any drug intended for administration by injection into 1799
the human body other than through a natural orifice of the human 1800
body. 1801

(G) "Federal drug abuse control laws" has the same meaning 1802
as in section 3719.01 of the Revised Code. 1803

(H) "Prescription" means 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.

(I) "Licensed health professional authorized to prescribe drugs" or "prescriber" means an individual who is authorized by law to prescribe drugs or dangerous drugs or drug therapy related devices in the course of the individual's professional practice, including only the following:

(1) A dentist licensed under Chapter 4715. of the Revised Code;

(2) 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;

(3) An optometrist licensed under Chapter 4725. of the Revised Code to practice optometry under a therapeutic pharmaceutical agents certificate;

(4) A physician authorized under Chapter 4731. of the Revised Code to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery;

(5) A physician assistant who holds a ~~certificate to prescribe~~ license to practice as a physician assistant issued under Chapter 4730. of the Revised Code, holds a valid prescriber number issued by the state medical board, and has been granted physician-delegated prescriptive authority;

(6) A veterinarian licensed under Chapter 4741. of the Revised Code.

(J) "Sale" and "sell" include delivery, transfer, barter, 1832
exchange, or gift, or offer therefor, and each such transaction 1833
made by any person, whether as principal proprietor, agent, or 1834
employee. 1835

(K) "Wholesale sale" and "sale at wholesale" mean any sale 1836
in which the purpose of the purchaser is to resell the article 1837
purchased or received by the purchaser. 1838

(L) "Retail sale" and "sale at retail" mean any sale other 1839
than a wholesale sale or sale at wholesale. 1840

(M) "Retail seller" means any person that sells any 1841
dangerous drug to consumers without assuming control over and 1842
responsibility for its administration. Mere advice or 1843
instructions regarding administration do not constitute control 1844
or establish responsibility. 1845

(N) "Price information" means the price charged for a 1846
prescription for a particular drug product and, in an easily 1847
understandable manner, all of the following: 1848

(1) The proprietary name of the drug product; 1849

(2) The established (generic) name of the drug product; 1850

(3) The strength of the drug product if the product 1851
contains a single active ingredient or if the drug product 1852
contains more than one active ingredient and a relevant strength 1853
can be associated with the product without indicating each 1854
active ingredient. The established name and quantity of each 1855
active ingredient are required if such a relevant strength 1856
cannot be so associated with a drug product containing more than 1857
one ingredient. 1858

(4) The dosage form; 1859

(5) The price charged for a specific quantity of the drug 1860
product. The stated price shall include all charges to the 1861
consumer, including, but not limited to, the cost of the drug 1862
product, professional fees, handling fees, if any, and a 1863
statement identifying professional services routinely furnished 1864
by the pharmacy. Any mailing fees and delivery fees may be 1865
stated separately without repetition. The information shall not 1866
be false or misleading. 1867

(O) "Wholesale distributor of dangerous drugs" means a 1868
person engaged in the sale of dangerous drugs at wholesale and 1869
includes any agent or employee of such a person authorized by 1870
the person to engage in the sale of dangerous drugs at 1871
wholesale. 1872

(P) "Manufacturer of dangerous drugs" means a person, 1873
other than a pharmacist, who manufactures dangerous drugs and 1874
who is engaged in the sale of those dangerous drugs within this 1875
state. 1876

(Q) "Terminal distributor of dangerous drugs" means a 1877
person who is engaged in the sale of dangerous drugs at retail, 1878
or any person, other than a wholesale distributor or a 1879
pharmacist, who has possession, custody, or control of dangerous 1880
drugs for any purpose other than for that person's own use and 1881
consumption, and includes pharmacies, hospitals, nursing homes, 1882
and laboratories and all other persons who procure dangerous 1883
drugs for sale or other distribution by or under the supervision 1884
of a pharmacist or licensed health professional authorized to 1885
prescribe drugs. 1886

(R) "Promote to the public" means disseminating a 1887
representation to the public in any manner or by any means, 1888
other than by labeling, for the purpose of inducing, or that is 1889

likely to induce, directly or indirectly, the purchase of a 1890
dangerous drug at retail. 1891

(S) "Person" includes any individual, partnership, 1892
association, limited liability company, or corporation, the 1893
state, any political subdivision of the state, and any district, 1894
department, or agency of the state or its political 1895
subdivisions. 1896

(T) "Finished dosage form" has the same meaning as in 1897
section 3715.01 of the Revised Code. 1898

(U) "Generically equivalent drug" has the same meaning as 1899
in section 3715.01 of the Revised Code. 1900

(V) "Animal shelter" means a facility operated by a humane 1901
society or any society organized under Chapter 1717. of the 1902
Revised Code or a dog pound operated pursuant to Chapter 955. of 1903
the Revised Code. 1904

(W) "Food" has the same meaning as in section 3715.01 of 1905
the Revised Code. 1906

(X) "Pain management clinic" has the same meaning as in 1907
section 4731.054 of the Revised Code. 1908

Sec. 4730.01. As used in this chapter: 1909

~~(A) "Physician assistant" means a skilled person qualified 1910
by academic and clinical training to provide services to 1911
patients as a physician assistant under the supervision, 1912
control, and direction of one or more physicians who are 1913
responsible for the physician assistant's performance. 1914~~

~~(B)~~ "Physician" means an individual who is authorized 1915
under Chapter 4731. of the Revised Code to practice medicine and 1916
surgery, osteopathic medicine and surgery, or podiatric medicine 1917

and surgery. 1918

~~(C)~~ (B) "Health care facility" means any of the following: 1919

(1) A hospital registered with the department of health 1920
under section 3701.07 of the Revised Code; 1921

(2) A health care facility licensed by the department of 1922
health under section 3702.30 of the Revised Code; 1923

(3) Any other facility designated by the state medical 1924
board in rules adopted pursuant to division (B) ~~(2)~~ of section 1925
4730.08 of the Revised Code. 1926

~~(D) "Special services" means the health care services that~~ 1927
~~a physician assistant may be authorized to provide under the~~ 1928
~~special services portion of a physician supervisory plan~~ 1929
~~approved under section 4730.17 of the Revised Code~~ (C) "Service" 1930
means a medical activity that requires training in the 1931
diagnosis, treatment, or prevention of disease. 1932

Sec. 4730.02. (A) No person shall hold that person out as 1933
being able to function as a physician assistant, or use any 1934
words or letters indicating or implying that the person is a 1935
physician assistant, without a current, valid ~~certificate~~ 1936
license to practice as a physician assistant issued pursuant to 1937
this chapter. 1938

(B) No person shall practice as a physician assistant 1939
without the supervision, control, and direction of a physician. 1940

~~(C) No person shall act as the supervising physician of a~~ 1941
~~physician assistant without having received the state medical~~ 1942
~~board's approval of a supervision agreement entered into with~~ 1943
~~the physician assistant.~~ 1944

~~(D)~~ No person shall practice as a physician assistant 1945

without having entered into a supervision agreement ~~that has~~ 1946
~~been approved by the state medical board~~ with a supervising 1947
physician under section 4730.19 of the Revised Code. 1948

~~(E)~~ (D) No person acting as the supervising physician of a 1949
physician assistant shall authorize the physician assistant to 1950
perform services if either of the following is the case: 1951

(1) The services are not within the physician's normal 1952
course of practice and expertise; 1953

(2) The services are inconsistent with the ~~physician~~ 1954
~~supervisory plan approved by the state medical board for the~~ 1955
~~supervising physician or supervision agreement under which the~~ 1956
physician assistant is being supervised, including, if 1957
applicable, the policies of the health care facility in which 1958
the physician and physician assistant are practicing. 1959

~~(F)~~ No person shall practice as a physician assistant in a 1960
manner that is inconsistent with the ~~physician supervisory plan~~ 1961
~~approved for the physician who is responsible for supervising~~ 1962
~~the physician assistant or the policies of the health care~~ 1963
~~facility in which the physician assistant is practicing.~~ 1964

~~(G)~~ (E) No person practicing as a physician assistant 1965
shall prescribe any drug or device to perform or induce an 1966
abortion, or otherwise perform or induce an abortion. 1967

~~(H)~~ (F) No person shall advertise to provide services as a 1968
physician assistant, except for the purpose of seeking 1969
employment. 1970

~~(I)~~ (G) No person practicing as a physician assistant 1971
shall fail to wear at all times when on duty a placard, plate, 1972
or other device identifying that person as a "physician 1973
assistant." 1974

Sec. 4730.03. Nothing in this chapter shall:	1975
(A) Be construed to affect or interfere with the performance of duties of any medical personnel who are either of the following:	1976 1977 1978
(1) In active service in the army, navy, coast guard, marine corps, air force, public health service, or marine hospital service of the United States while so serving;	1979 1980 1981
(2) Employed by the veterans administration of the United States while so employed + .	1982 1983
(B) Prevent any person from performing any of the services a physician assistant may be authorized to perform, if the person's professional scope of practice established under any other chapter of the Revised Code authorizes the person to perform the services;	1984 1985 1986 1987 1988
(C) Prohibit a physician from delegating responsibilities to any nurse or other qualified person who does not hold a certificate <u>license</u> to practice as a physician assistant, provided that the individual does not hold the individual out to be a physician assistant;	1989 1990 1991 1992 1993
(D) Be construed as authorizing a physician assistant independently to order or direct the execution of procedures or techniques by a registered nurse or licensed practical nurse in the care and treatment of a person in any setting, except to the extent that the physician assistant is authorized to do so by the physician supervisory plan approved under section 4730.17 of the Revised Code for the <u>a</u> physician who is responsible for supervising the physician assistant or <u>and, if applicable,</u> the policies of the health care facility in which the physician assistant is practicing;	1994 1995 1996 1997 1998 1999 2000 2001 2002 2003

(E) Authorize a physician assistant to engage in the practice of optometry, except to the extent that the physician assistant is authorized by a supervising physician acting in accordance with this chapter to perform routine visual screening, provide medical care prior to or following eye surgery, or assist in the care of diseases of the eye;

(F) Be construed as authorizing a physician assistant to prescribe any drug or device to perform or induce an abortion, or as otherwise authorizing a physician assistant to perform or induce an abortion.

Sec. 4730.04. (A) As used in this section:

(1) "Disaster" means any imminent threat or actual occurrence of widespread or severe damage to or loss of property, personal hardship or injury, or loss of life that results from any natural phenomenon or act of a human.

(2) "Emergency" means an occurrence or event that poses an imminent threat to the health or life of a human.

(B) Nothing in this chapter prohibits any of the following individuals from providing medical care, to the extent the individual is able, in response to a need for medical care precipitated by a disaster or emergency:

(1) An individual who holds a ~~certificate~~ license to practice as a physician assistant issued under this chapter;

(2) An individual licensed or authorized to practice as a physician assistant in another state;

(3) An individual credentialed or employed as a physician assistant by an agency, office, or other instrumentality of the federal government.

(C) For purposes of the medical care provided by a physician assistant pursuant to division (B)(1) of this section, both of the following apply notwithstanding any supervision requirement of this chapter to the contrary:

(1) The physician who supervises the physician assistant pursuant to a ~~physician supervisory plan approved by the state medical board supervision agreement entered into~~ under section ~~4730.17-4730.19~~ of the Revised Code is not required to meet the supervision requirements established under this chapter.

(2) The physician designated as the medical director of the disaster or emergency may supervise the medical care provided by the physician assistant.

Sec. 4730.06. (A) The physician assistant policy committee of the state medical board shall review, and shall submit to the board recommendations concerning, all of the following:

(1) Requirements for ~~issuance of certificates~~ issuing a license to practice as a physician assistant, including the educational requirements that must be met to receive a ~~certificate to practice~~ the license;

(2) Existing and proposed rules pertaining to the practice of physician assistants, the supervisory relationship between physician assistants and supervising physicians, and the administration and enforcement of this chapter;

(3) In accordance with section 4730.38 of the Revised Code, physician-delegated prescriptive authority for physician assistants and proposed changes to the physician assistant formulary the board adopts pursuant to division (A)(1) of section 4730.39 of the Revised Code;

(4) Application procedures and forms for ~~certificates~~ a

license to practice as a physician assistant, physician-	2061
supervisory plans, and supervision agreements;	2062
(5) Fees required by this chapter for issuance and renewal	2063
of certificates <u>a license</u> to practice as a physician assistant;	2064
(6) Criteria to be included in applications submitted to-	2065
the board for approval of physician supervisory plans, including	2066
criteria to be included in applications for approval to delegate-	2067
to physician assistants the performance of special services;	2068
(7) Criteria to be included in supervision agreements-	2069
submitted to the board for approval and renewal of the board's-	2070
approval;	2071
(8) Any issue the board asks the committee to consider.	2072
(B) In addition to the matters that are required to be	2073
reviewed under division (A) of this section, the committee may	2074
review, and may submit to the board recommendations concerning,	2075
either or both of the following:	2076
(1) Quality <u>quality</u> assurance activities to be performed	2077
by a supervising physician and physician assistant under a	2078
quality assurance system established pursuant to division (F) of	2079
section 4730.21 of the Revised Code;	2080
(2) The development and approval of one or more model-	2081
physician supervisory plans and one or more models for a special-	2082
services portion of the one or more model physician supervisory-	2083
plans. The committee may submit recommendations for model plans-	2084
that reflect various medical specialties.	2085
(C) The board shall take into consideration all	2086
recommendations submitted by the committee. Not later than	2087
ninety days after receiving a recommendation from the committee,	2088

the board shall approve or disapprove the recommendation and 2089
notify the committee of its decision. If a recommendation is 2090
disapproved, the board shall inform the committee of its reasons 2091
for making that decision. The committee may resubmit the 2092
recommendation after addressing the concerns expressed by the 2093
board and modifying the disapproved recommendation accordingly. 2094
Not later than ninety days after receiving a resubmitted 2095
recommendation, the board shall approve or disapprove the 2096
recommendation. There is no limit on the number of times the 2097
committee may resubmit a recommendation for consideration by the 2098
board. 2099

(D) (1) Except as provided in division (D) (2) of this 2100
section, the board may not take action regarding a matter that 2101
is subject to the committee's review under division (A) or (B) 2102
of this section unless the committee has made a recommendation 2103
to the board concerning the matter. 2104

(2) If the board submits to the committee a request for a 2105
recommendation regarding a matter that is subject to the 2106
committee's review under division (A) or (B) of this section, 2107
and the committee does not provide a recommendation before the 2108
sixty-first day after the request is submitted, the board may 2109
take action regarding the matter without a recommendation. 2110

Sec. 4730.08. (A) A ~~certificate~~license to practice as a 2111
physician assistant issued under this chapter authorizes the 2112
holder to practice as a physician assistant, ~~subject to all of~~ 2113
~~the following as follows:~~ 2114

(1) The physician assistant shall practice only under the 2115
supervision, control, and direction of a physician with whom the 2116
physician assistant has entered into a supervision agreement 2117
~~approved by the state medical board under section 4730.17~~ 2118

4730.19 of the Revised Code. 2119

~~(2) When the physician assistant practices outside a health care facility, the~~ 2120
~~The~~ physician assistant shall practice 2121
in accordance with the ~~physician supervisory plan approved under~~ 2122
~~section 4730.17 of the Revised Code for supervision agreement~~ 2123
~~entered into with the~~ physician who is responsible for 2124
supervising the physician assistant. 2125

~~(3) When the physician assistant practices within a health-care facility, the physician assistant shall practice in~~ 2126
~~accordance with,~~ including, if applicable, the policies of the 2127
health care facility in which the physician assistant is 2128
practicing. 2129
2130

~~(B) For purposes of division (A) of this section and all other provisions of this chapter pertaining to the practice of a physician assistant under the policies of a health care facility, both of the following apply:~~ 2131
2132
2133
2134

~~(1) A physician who is supervising a physician assistant within a health care facility may impose limitations on the physician assistant's practice that are in addition to any limitations applicable under the policies of the facility.~~ 2135
2136
2137
2138

~~(2)~~The state medical board may, subject to division (D) 2139
of section 4730.06 of the Revised Code, adopt rules designating 2140
facilities to be included as health care facilities that are in 2141
addition to the facilities specified in divisions ~~(C)~~(B)(1) and 2142
(2) of section 4730.01 of the Revised Code. ~~The~~ Any rules 2143
adopted shall be adopted in accordance with Chapter 119. of the 2144
Revised Code. 2145

Sec. 4730.10. (A) An individual seeking a ~~certificate~~ 2146
license to practice as a physician assistant shall file with the 2147

state medical board a written application on a form prescribed 2148
and supplied by the board. The application shall include all of 2149
the following: 2150

(1) The applicant's name, residential address, business 2151
address, if any, and social security number; 2152

(2) Satisfactory proof that the applicant meets the age 2153
and moral character requirements specified in divisions (A) (1) 2154
and (2) of section 4730.11 of the Revised Code; 2155

(3) Satisfactory proof that the applicant meets either the 2156
educational requirements specified in division (B) (1) or (2) of 2157
section 4730.11 of the Revised Code or the educational or other 2158
applicable requirements specified in division (C) (1), (2), or 2159
(3) of that section; 2160

(4) Any other information the board requires. 2161

(B) At the time of making application for a ~~certificate~~ 2162
license to practice, the applicant shall pay the board a fee of 2163
~~two~~ five hundred dollars, no part of which shall be returned. 2164
The fees shall be deposited in accordance with section 4731.24 2165
of the Revised Code. 2166

Sec. 4730.101. In addition to any other eligibility 2167
requirement set forth in this chapter, each applicant for a 2168
~~certificate~~ license to practice as a physician assistant shall 2169
comply with sections 4776.01 to 4776.04 of the Revised Code. The 2170
state medical board shall not grant to an applicant a 2171
~~certificate~~ license to practice as a physician assistant unless 2172
the board, in its discretion, decides that the results of the 2173
criminal records check do not make the applicant ineligible for 2174
a ~~certificate~~ license issued pursuant to section 4730.12 of the 2175
Revised Code. 2176

Sec. 4730.11. (A) To be eligible to receive a certificate	2177
<u>license</u> to practice as a physician assistant, all of the	2178
following apply to an applicant:	2179
(1) The applicant shall be at least eighteen years of age.	2180
(2) The applicant shall be of good moral character.	2181
(3) The applicant shall hold current certification by the	2182
national commission on certification of physician assistants or	2183
a successor organization that is recognized by the state medical	2184
board.	2185
(4) The applicant shall meet either of the following	2186
requirements:	2187
(a) The educational requirements specified in division (B)	2188
(1) or (2) of this section;	2189
(b) The educational or other applicable requirements	2190
specified in division (C) (1), (2), or (3) of this section.	2191
(B) Effective January 1, 2008, for <u>For</u> purposes of	2192
division (A) (4) (a) of this section, an applicant shall meet	2193
either of the following educational requirements:	2194
(1) The applicant shall hold a master's or higher degree	2195
obtained from a program accredited by the accreditation review	2196
commission on education for the physician assistant or a	2197
predecessor or successor organization recognized by the board.	2198
(2) The applicant shall hold both of the following	2199
degrees:	2200
(a) A degree other than a master's or higher degree	2201
obtained from a program accredited by the accreditation review	2202
commission on education for the physician assistant or a	2203

predecessor or successor organization recognized by the board; 2204

(b) A master's or higher degree in a course of study with 2205
clinical relevance to the practice of physician assistants and 2206
obtained from a program accredited by a regional or specialized 2207
and professional accrediting agency recognized by the council 2208
for higher education accreditation. 2209

(C) For purposes of division (A) (4) (b) of this section, an 2210
applicant shall present evidence satisfactory to the board of 2211
meeting one of the following requirements in lieu of meeting the 2212
educational requirements specified in division (B) (1) or (2) of 2213
this section: 2214

(1) The applicant shall hold a current, valid license or 2215
other form of authority to practice as a physician assistant 2216
issued by another jurisdiction prior to January 1, 2008 and have 2217
been in active practice in any jurisdiction throughout the 2218
three-year period immediately preceding the date of application. 2219

(2) The applicant shall hold a degree obtained as a result 2220
of being enrolled on January 1, 2008, in a program in this state 2221
that was accredited by the accreditation review commission on 2222
education for the physician assistant but did not grant a 2223
master's or higher degree to individuals enrolled in the program 2224
on that date, and completing the program on or before December 2225
31, 2009. 2226

(3) The applicant shall ~~meet both of the following~~ 2227
~~educational and military experience requirements:~~ 2228

~~(a) Hold~~ hold a degree obtained from a program accredited 2229
by the accreditation review commission on education for the 2230
physician assistant, and meet either of the following experience 2231
requirements: 2232

~~(b)~~ (a) Have experience practicing as a physician 2233
assistant for at least three consecutive years while on active 2234
duty, with evidence of service under honorable conditions, in 2235
any of the armed forces of the United States or the national 2236
guard of any state, including any experience attained while 2237
practicing as a physician assistant at a health care facility or 2238
clinic operated by the United States department of veterans 2239
affairs; 2240

(b) Have experience practicing as a physician assistant 2241
for at least three consecutive years while on active duty in the 2242
United States public health service commissioned corps. 2243

(D) Unless the applicant had prescriptive authority while 2244
practicing as a physician assistant in another jurisdiction, in 2245
the military, or in the public health service, the license 2246
issued to an applicant who does not hold a master's or higher 2247
degree described in division (B) of this section does not 2248
authorize the holder to exercise physician-delegated 2249
prescriptive authority and the state medical board shall not 2250
issue a prescriber number. 2251

(E) (1) This section does not require an individual to 2252
obtain a master's or higher degree as a condition of retaining 2253
or renewing a ~~certificate~~ license to practice as a physician 2254
assistant if the individual received the ~~certificate~~ license 2255
without holding a master's or higher degree as provided in 2256
either of the following: 2257

~~(1)~~ (a) Before the educational requirements specified in 2258
division (B) (1) or (2) of this section became effective January 2259
1, 2008; 2260

~~(2)~~ (b) By meeting the educational or other applicable 2261

requirements specified in division (C) (1), (2), or (3) of this section. 2262
2263

(2) A license described in division (E) (1) of this section 2264
authorizes the license holder to exercise physician-delegated 2265
prescriptive authority if, on the effective date of this 2266
amendment, the license holder held a valid certificate to 2267
prescribe issued under former section 4730.44 of the Revised 2268
Code, as it existed immediately prior to the effective date of 2269
this amendment. 2270

(3) On application of an individual who received a license 2271
without having first obtained a master's or higher degree and is 2272
not authorized under division (E) (2) of this section to exercise 2273
physician-delegated prescriptive authority, the board shall 2274
grant the individual the authority to exercise physician- 2275
delegated prescriptive authority if the individual provides 2276
evidence satisfactory to the board of having obtained a master's 2277
or higher degree from either of the following: 2278

(a) A program accredited by the accreditation review 2279
commission on education for the physician assistant or a 2280
predecessor or successor organization recognized by the board; 2281

(b) A program accredited by a regional or specialized and 2282
professional accrediting agency recognized by the council for 2283
higher education accreditation, if the degree is in a course of 2284
study with clinical relevance to the practice of physician 2285
assistants. 2286

Sec. 4730.111. A physician assistant whose certification 2287
by the national commission on certification of physician 2288
assistants or a successor organization recognized by the state 2289
medical board is suspended or revoked shall give notice of that 2290

occurrence to the board not later than fourteen days after the 2291
physician assistant receives notice of the change in 2292
certification status. A physician assistant who fails to renew 2293
the certification shall notify the board not later than fourteen 2294
days after the certification expires. 2295

Sec. 4730.12. (A) The state medical board shall review ~~all~~ 2296
~~applications~~ each application received under section 4730.10 of 2297
the Revised Code for ~~certificates~~ a license to practice as a 2298
physician assistant. Not later than sixty days after receiving a 2299
complete application, the board shall determine whether ~~an~~ the 2300
applicant meets the requirements to receive ~~a certificate to~~ 2301
~~practice~~ the license, as specified in section 4730.11 of the 2302
Revised Code. An affirmative vote of not fewer than six members 2303
of the board is required to determine that an applicant meets 2304
the requirements to receive a ~~certificate~~ license to practice as 2305
a physician assistant. 2306

(B) If the board determines that an applicant meets the 2307
requirements to receive the ~~certificate~~ license, the secretary of 2308
the board shall register the applicant as a physician assistant 2309
and issue to the applicant a ~~certificate~~ license to practice as 2310
a physician assistant. 2311

Sec. 4730.13. Upon application by the holder of a 2312
~~certificate~~ license to practice as a physician assistant, the 2313
state medical board shall issue a duplicate ~~certificate~~ license 2314
to replace one that is missing or damaged, to reflect a name 2315
change, or for any other reasonable cause. The fee for a 2316
duplicate ~~certificate~~ license shall be thirty-five dollars. All 2317
fees collected under this section shall be deposited in 2318
accordance with section 4731.24 of the Revised Code. 2319

Sec. 4730.14. (A) A ~~certificate~~ license to practice as a 2320

physician assistant shall expire biennially and may be renewed 2321
in accordance with this section. A person seeking to renew a 2322
~~certificate~~license to practice as a physician assistant shall, 2323
on or before the thirty-first day of January of each even- 2324
numbered year, apply for renewal of the ~~certificate~~license. The 2325
state medical board shall send renewal notices at least one 2326
month prior to the expiration date. 2327

Applications shall be submitted to the board on forms the 2328
board shall prescribe and furnish. Each application shall be 2329
accompanied by a biennial renewal fee of ~~one~~two hundred 2330
dollars. The board shall deposit the fees in accordance with 2331
section 4731.24 of the Revised Code. 2332

The applicant shall report any criminal offense that 2333
constitutes grounds for refusing to issue a ~~certificate~~license 2334
to practice under section 4730.25 of the Revised Code to which 2335
the applicant has pleaded guilty, of which the applicant has 2336
been found guilty, or for which the applicant has been found 2337
eligible for intervention in lieu of conviction, since last 2338
signing an application for a ~~certificate~~license to practice as 2339
a physician assistant. 2340

(B) To be eligible for renewal of a license, a ~~physician-~~ 2341
~~assistant shall certify an applicant is subject to the board-~~ 2342
~~both~~all of the following: 2343

(1) ~~That the physician assistant~~The applicant must 2344
certify to the board that the applicant has maintained 2345
certification by the national commission on certification of 2346
physician assistants or a successor organization that is 2347
recognized by the board by meeting the standards to hold current 2348
certification from the commission or its successor, including 2349
completion of continuing medical education requirements and 2350

passing periodic recertification examinations; 2351

(2) Except as provided in division (F) of this section and 2352
section 5903.12 of the Revised Code, the applicant must certify 2353
to the board that the ~~physician assistant applicant~~ has 2354
completed during the current ~~certification licensure~~ period not 2355
less than one hundred hours of continuing medical education 2356
acceptable to the board. 2357

(3) The applicant must comply with the renewal eligibility 2358
requirements established under section 4730.49 of the Revised 2359
Code that pertain to the applicant. 2360

(C) The board shall adopt rules in accordance with Chapter 2361
119. of the Revised Code specifying the types of continuing 2362
medical education that must be completed to fulfill the board's 2363
requirements under division (B)(2) of this section. Except when 2364
additional continuing medical education is required ~~to renew a~~ 2365
~~certificate to prescribe~~, as specified in section 4730.49 of the 2366
Revised Code, the board shall not adopt rules that require a 2367
physician assistant to complete in any ~~certification licensure~~ 2368
period more than one hundred hours of continuing medical 2369
education acceptable to the board. In fulfilling the board's 2370
requirements, a physician assistant may use continuing medical 2371
education courses or programs completed to maintain 2372
certification by the national commission on certification of 2373
physician assistants or a successor organization that is 2374
recognized by the board if the standards for acceptable courses 2375
and programs of the commission or its successor are at least 2376
equivalent to the standards established by the board. 2377

(D) If an applicant submits a complete renewal application 2378
and qualifies for renewal pursuant to division (B) of this 2379
section, the board shall issue to the applicant a renewed 2380

~~certificate-license~~ to practice as a physician assistant. 2381

(E) The board may require a random sample of physician 2382
assistants to submit materials documenting certification by the 2383
national commission on certification of physician assistants or 2384
a successor organization that is recognized by the board and 2385
completion of the required number of hours of continuing medical 2386
education. 2387

(F) The board shall provide for pro rata reductions by 2388
month of the number of hours of continuing education that must 2389
be completed for individuals who are in their first 2390
~~certification-licensure~~ period, who have been disabled due to 2391
illness or accident, or who have been absent from the country. 2392
The board shall adopt rules, in accordance with Chapter 119. of 2393
the Revised Code, as necessary to implement this division. 2394

(G) (1) A ~~certificate-license~~ to practice that is not 2395
renewed on or before its expiration date is automatically 2396
suspended on its expiration date. Continued practice after 2397
suspension of the ~~certificate-license~~ shall be considered as 2398
practicing in violation of division (A) of section 4730.02 of 2399
the Revised Code. 2400

(2) If a ~~certificate-license~~ has been suspended pursuant 2401
to division (G) (1) of this section for two years or less, it may 2402
be reinstated. The board shall reinstate a ~~certificate-license~~ 2403
suspended for failure to renew upon an applicant's submission of 2404
a renewal application, the biennial renewal fee, and any 2405
applicable monetary penalty. 2406

If a ~~certificate-license~~ has been suspended pursuant to 2407
division (G) (1) of this ~~division~~section for more than two years, 2408
it may be restored. In accordance with section 4730.28 of the 2409

Revised Code, the board may restore a ~~certificate~~license 2410
suspended for failure to renew upon an applicant's submission of 2411
a restoration application, the biennial renewal fee, and any 2412
applicable monetary penalty and compliance with sections 4776.01 2413
to 4776.04 of the Revised Code. The board shall not restore to 2414
an applicant a ~~certificate~~license to practice as a physician 2415
assistant unless the board, in its discretion, decides that the 2416
results of the criminal records check do not make the applicant 2417
ineligible for a ~~certificate~~license issued pursuant to section 2418
4730.12 of the Revised Code. 2419

The penalty for reinstatement shall be fifty dollars and 2420
the penalty for restoration shall be one hundred dollars. The 2421
board shall deposit penalties in accordance with section 4731.24 2422
of the Revised Code. 2423

(H) If an individual certifies that the individual has 2424
completed the number of hours and type of continuing medical 2425
education required for renewal or reinstatement of a ~~certificate~~ 2426
license to practice as a physician assistant, and the board 2427
finds through a random sample conducted under division (E) of 2428
this section or through any other means that the individual did 2429
not complete the requisite continuing medical education, the 2430
board may impose a civil penalty of not more than five thousand 2431
dollars. The board's finding shall be made pursuant to an 2432
adjudication under Chapter 119. of the Revised Code and by an 2433
affirmative vote of not fewer than six members. 2434

A civil penalty imposed under this division may be in 2435
addition to or in lieu of any other action the board may take 2436
under section 4730.25 of the Revised Code. The board shall 2437
deposit civil penalties in accordance with section 4731.24 of 2438
the Revised Code. 2439

Sec. 4730.19. (A) ~~For a supervision agreement to be~~ 2440
~~approved by the board, all of the following apply:~~ 2441

~~(1) Before initiating supervision of one or more physician~~ 2442
~~assistants licensed under this chapter, a physician shall enter~~ 2443
~~into a supervision agreement with each physician assistant who~~ 2444
~~will be supervised. A supervision agreement may apply to one or~~ 2445
~~more physician assistants, but, except as provided in division~~ 2446
~~(B) (2) (e) of this section, may apply to not more than one~~ 2447
~~physician. The supervision agreement shall specify that the~~ 2448
~~physician agrees to supervise the physician assistant and the~~ 2449
~~physician assistant agrees to practice in accordance with the~~ 2450
~~conditions specified in the physician supervisory plan approved~~ 2451
~~for that physician or the policies of the health care facility~~ 2452
~~in which the supervising physician and physician assistant are~~ 2453
~~practicing under that physician's supervision.~~ 2454

~~(2) The agreement shall clearly state that the supervising~~ 2455
~~physician is legally responsible and assumes legal liability for~~ 2456
~~the services provided by the physician assistant. The agreement~~ 2457
~~shall be signed by the physician and the physician assistant.~~ 2458

~~(3) The physician assistant shall hold a current~~ 2459
~~certificate to practice as a physician assistant.~~ 2460

~~(4) If a physician supervisory plan applies to the~~ 2461
~~physician assistant's practice, the physician shall hold an~~ 2462
~~approved physician supervisory plan.~~ 2463

~~(5) If the physician intends to grant physician delegated~~ 2464
~~prescriptive authority to a physician assistant, the physician~~ 2465
~~assistant shall hold a certificate to prescribe issued under~~ 2466
~~this chapter.~~ 2467

~~(6) If the physician holds approval of more than one~~ 2468

~~physician supervisory plan, the agreement shall specify the plan under which the physician assistant will practice.~~ 2469
2470

~~(B) The board shall review each application received. If the board finds that the requirements specified in division (A) of this section have been met and the applicant has paid the fee specified in section 4730.18 of the Revised Code, the board shall approve the supervision agreement and notify the supervising physician of the board's approval. If physician-delegated prescriptive authority will be granted to more than one physician assistant under the supervision agreement, the board shall specify in the notice that its approval is specific to each physician assistant. The board shall provide notice of its approval of a supervision agreement not later than thirty days after the board receives a complete application for approval. A supervision agreement shall include either or both of the following:~~ 2471
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(1) If a physician assistant will practice within a health care facility, the agreement shall include terms that require the physician assistant to practice in accordance with the policies of the health care facility. 2485
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(2) If a physician assistant will practice outside a health care facility, the agreement shall include terms that specify all of the following: 2489
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(a) The responsibilities to be fulfilled by the physician in supervising the physician assistant; 2492
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(b) The responsibilities to be fulfilled by the physician assistant when performing services under the physician's supervision; 2494
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2496

(c) Any limitations on the responsibilities to be 2497

fulfilled by the physician assistant; 2498

(d) The circumstances under which the physician assistant 2499
is required to refer a patient to the supervising physician; 2500

(e) If the supervising physician chooses to designate 2501
physicians to act as alternate supervising physicians, the 2502
names, business addresses, and business telephone numbers of the 2503
physicians who have agreed to act in that capacity. 2504

~~After a supervision agreement is approved, a physician may~~ 2505
~~apply to the board for approval to initiate supervision of a~~ 2506
~~physician assistant who is not listed on the agreement. There is~~ 2507
~~no fee for applying for the addition of a physician assistant to~~ 2508
~~a supervision agreement.~~ 2509

~~To receive the board's approval of the addition to the~~ 2510
~~supervision agreement, the physician assistant shall hold a~~ 2511
~~current certificate to practice as a physician assistant. If the~~ 2512
~~physician intends to grant physician-delegated prescriptive~~ 2513
~~authority to the physician assistant, the physician assistant~~ 2514
~~shall hold a current certificate to prescribe. If these~~ 2515
~~requirements are met, the board shall notify the physician of~~ 2516
~~its approval of the addition to the supervision agreement. The~~ 2517
~~board shall provide notice of its approval not later than thirty~~ 2518
~~days after the board receives a complete application for~~ 2519
~~approval.~~ (C) (1) The supervising physician shall submit a copy of 2520
each supervision agreement to the board. The board may review 2521
the supervision agreement at any time for compliance with this 2522
section and for verification of licensure of the supervising 2523
physician and the physician assistant. All of the following 2524
apply to the submission and review process: 2525

(a) If the board reviews a supervision agreement, the 2526

board shall notify the supervising physician of any way that the 2527
agreement fails to comply with this section. 2528

(b) A supervision agreement becomes effective at the end 2529
of the fifth business day after the day the board receives the 2530
agreement unless the board notifies the supervising physician 2531
that the agreement fails to comply with this section. 2532

(c) If a physician receives a notice under division (C) (1) 2533
(a) of this section, the physician may revise the supervision 2534
agreement and resubmit the agreement to the board. The board may 2535
review the agreement as provided in division (C) (1) of this 2536
section. 2537

(2) A supervision agreement expires two years after the 2538
day it takes effect. The agreement may be renewed by submitting 2539
a copy of it to the board. 2540

Before expiration, a supervision agreement may be amended 2541
by including one or more additional physician assistants. An 2542
amendment to a supervision agreement shall be submitted to the 2543
board for review in the manner provided for review of an initial 2544
agreement under division (C) (1) of this section. The amendment 2545
does not alter the agreement's expiration date. 2546

(D) A supervision agreement shall be kept in the records 2547
maintained by the supervising physician who entered into the 2548
agreement. 2549

(E) (1) The board may impose a civil penalty of not more 2550
than one thousand dollars if it finds through a review conducted 2551
under this section or through any other means either of the 2552
following: 2553

(a) That a physician assistant has practiced in a manner 2554
that departs from, or fails to conform to, the terms of a 2555

<u>supervision agreement entered into under this section;</u>	2556
<u>(b) That a physician has supervised a physician assistant</u>	2557
<u>in a manner that departs from, or fails to conform to, the terms</u>	2558
<u>of a supervision agreement entered into under this section.</u>	2559
<u>(2) The board's finding under division (A) (1) of this</u>	2560
<u>section shall be made pursuant to an adjudication conducted</u>	2561
<u>under Chapter 119. of the Revised Code. A civil penalty imposed</u>	2562
<u>under that division may be in addition to or in lieu of any</u>	2563
<u>other action the board may take under section 4730.25 or 4731.22</u>	2564
<u>of the Revised Code.</u>	2565
	2566
<u>Sec. 4730.20. (A) A physician assistant licensed under</u>	2567
<u>this chapter may perform any of the following services</u>	2568
<u>authorized by the supervising physician that are part of the</u>	2569
<u>supervising physician's normal course of practice and expertise:</u>	2570
<u>(1) Ordering diagnostic, therapeutic, and other medical</u>	2571
<u>services;</u>	2572
<u>(2) Prescribing physical therapy or referring a patient to</u>	2573
<u>a physical therapist for physical therapy;</u>	2574
<u>(3) Ordering occupational therapy or referring a patient</u>	2575
<u>to an occupational therapist for occupational therapy;</u>	2576
<u>(4) Taking any action that may be taken by an attending</u>	2577
<u>physician under sections 2133.21 to 2133.26 of the Revised Code,</u>	2578
<u>as specified in section 2133.211 of the Revised Code;</u>	2579
<u>(5) Determining and pronouncing death in accordance with</u>	2580
<u>section 4730.202 of the Revised Code;</u>	2581
<u>(6) Assisting in surgery;</u>	2582
<u>(7) If the physician assistant holds a valid prescriber</u>	2583

number issued by the state medical board and has been granted 2584
physician-delegated prescriptive authority, ordering, 2585
prescribing, personally furnishing, and administering drugs and 2586
medical devices; 2587

(8) Any other services that are part of the supervising 2588
physician's normal course of practice and expertise. 2589

(B) The services a physician assistant may provide under 2590
the policies of a health care facility are limited to the 2591
services the facility authorizes the physician assistant to 2592
provide for the facility. A facility shall not authorize a 2593
physician assistant to perform a service that is prohibited 2594
under this chapter. A physician who is supervising a physician 2595
assistant within a health care facility may impose limitations 2596
on the physician assistant's practice that are in addition to 2597
any limitations applicable under the policies of the facility. 2598

Sec. ~~4730.091~~ 4730.201. (A) As used in this section, 2599
"local anesthesia" means the injection of a drug or combination 2600
of drugs to stop or prevent a painful sensation in a 2601
circumscribed area of the body where a painful procedure is to 2602
be performed. "Local anesthesia" includes only local 2603
infiltration anesthesia, digital blocks, and pudendal blocks. 2604

(B) A physician assistant may administer, monitor, or 2605
maintain local anesthesia as a component of a procedure the 2606
physician assistant is performing or as a separate service when 2607
the procedure requiring local anesthesia is to be performed by 2608
the physician assistant's supervising physician or another 2609
person. A physician assistant shall not administer, monitor, or 2610
maintain any other form of anesthesia, including regional 2611
anesthesia or any systemic sedation, ~~regardless of whether the~~ 2612
~~physician assistant is practicing under a physician supervisory~~ 2613

~~plan or the policies of a health care facility.~~ 2614

Sec. ~~4730.092~~ 4730.202. (A) A physician assistant may 2615
determine and pronounce an individual's death, but only if the 2616
individual's respiratory and circulatory functions are not being 2617
artificially sustained and, at the time the determination and 2618
pronouncement of death is made, either or both of the following 2619
apply: 2620

(1) The individual was receiving care in one of the 2621
following: 2622

(a) A nursing home licensed under section 3721.02 of the 2623
Revised Code or by a political subdivision under section 3721.09 2624
of the Revised Code; 2625

(b) A residential care facility or home for the aging 2626
licensed under Chapter 3721. of the Revised Code; 2627

(c) A county home or district home operated pursuant to 2628
Chapter 5155. of the Revised Code; 2629

(d) A residential facility licensed under section 5123.19 2630
of the Revised Code. 2631

(2) The physician assistant is providing or supervising 2632
the individual's care through a hospice care program licensed 2633
under Chapter 3712. of the Revised Code or any other entity that 2634
provides palliative care. 2635

(B) If a physician assistant determines and pronounces an 2636
individual's death, the physician assistant shall comply with 2637
both of the following: 2638

(1) The physician assistant shall not complete any portion 2639
of the individual's death certificate. 2640

(2) The physician assistant shall notify the individual's attending physician of the determination and pronouncement of death in order for the physician to fulfill the physician's duties under section 3705.16 of the Revised Code. The physician assistant shall provide the notification within a period of time that is reasonable but not later than twenty-four hours following the determination and pronouncement of the individual's death.

Sec. 4730.203. (A) Acting pursuant to a supervision agreement, a physician assistant may delegate performance of a task to implement a patient's plan of care or, if the conditions in division (C) of this section are met, may delegate administration of a drug. Subject to division (D) of section 4730.03 of the Revised Code, delegation may be to any person. The physician assistant must be physically present at the location where the task is performed or the drug administered.

(B) Prior to delegating a task or administration of a drug, a physician assistant shall determine that the task or drug is appropriate for the patient and the person to whom the delegation is to be made may safely perform the task or administer the drug.

(C) A physician assistant may delegate administration of a drug only if all of the following conditions are met:

(1) The physician assistant has been granted physician-delegated prescriptive authority.

(2) The drug is included in the formulary established under division (A) of section 4730.39 of the Revised Code.

(3) The drug is not a controlled substance.

(4) The drug will not be administered intravenously.

(5) The drug will not be administered in a hospital inpatient care unit, as defined in section 3727.50 of the Revised Code; a hospital emergency department; a freestanding emergency department; or an ambulatory surgical facility licensed under section 3702.30 of the Revised Code. 2670
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(D) A person not otherwise authorized to administer a drug or perform a specific task may do so in accordance with a physician assistant's delegation under this section. 2675
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Sec. 4730.21. (A) The supervising physician of a physician assistant exercises supervision, control, and direction of the physician assistant. ~~In~~ A physician assistant may practice in any setting within which the supervising physician has supervision, control, and direction of the physician assistant. 2678
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In supervising a physician assistant, all of the following apply: 2683
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~~(1) Except when the on-site supervision requirements specified in section 4730.45 of the Revised Code are applicable, the~~ The supervising physician shall be continuously available for direct communication with the physician assistant by either of the following means: 2685
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(a) Being physically present at the location where the physician assistant is practicing; 2690
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(b) Being readily available to the physician assistant through some means of telecommunication and being in a location that ~~under normal conditions is not more than sixty minutes travel time away~~ a distance from the location where the physician assistant is practicing that reasonably allows the physician to assure proper care of patients. 2692
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(2) The supervising physician shall personally and 2698

actively review the physician assistant's professional 2699
activities. 2700

~~(3) The supervising physician shall regularly review the 2701
condition of the patients treated by the physician assistant. 2702~~

~~(4) The supervising physician shall ensure that the 2703
quality assurance system established pursuant to division (F) of 2704
this section is implemented and maintained. 2705~~

~~(5) (4) The supervising physician shall regularly perform 2706
any other reviews of the physician assistant that the 2707
supervising physician considers necessary. 2708~~

(B) A physician may enter into supervision agreements with 2709
any number of physician assistants, but the physician may not 2710
supervise more than ~~two~~ three physician assistants at any one 2711
time. A physician assistant may enter into supervision 2712
agreements with any number of supervising physicians, ~~but when~~ 2713
~~practicing under the supervision of a particular physician, the~~ 2714
~~physician assistant's scope of practice is subject to the~~ 2715
~~limitations of the physician supervisory plan that has been~~ 2716
~~approved under section 4730.17 of the Revised Code for that~~ 2717
~~physician or the policies of the health care facility in which~~ 2718
~~the physician and physician assistant are practicing. 2719~~

(C) ~~A supervising physician may authorize a physician~~ 2720
~~assistant to perform a service only if the service is authorized~~ 2721
~~under the physician supervisory plan approved for that physician~~ 2722
~~or the policies of the health care facility in which the~~ 2723
~~physician and physician assistant are practicing. A supervising~~ 2724
physician may authorize a physician assistant to perform a 2725
service only if the physician is satisfied that the physician 2726
assistant is capable of competently performing the service. A 2727

supervising physician shall not authorize a physician assistant 2728
to perform any service that is beyond the physician's or the 2729
physician assistant's normal course of practice and expertise. 2730

~~(D) (1) A supervising physician may authorize a physician- 2731
assistant to practice in any setting within which the 2732
supervising physician routinely practices. 2733~~

~~(2)~~ In the case of a health care facility with an 2734
emergency department, if the supervising physician routinely 2735
practices in the facility's emergency department, the 2736
supervising physician shall provide on-site supervision of the 2737
physician assistant when the physician assistant practices in 2738
the emergency department. If the supervising physician does not 2739
routinely practice in the facility's emergency department, the 2740
supervising physician may, on occasion, send the physician 2741
assistant to the facility's emergency department to assess and 2742
manage a patient. In supervising the physician assistant's 2743
assessment and management of the patient, the supervising 2744
physician shall determine the appropriate level of supervision 2745
in compliance with the requirements of divisions (A) to (C) of 2746
this section, except that the supervising physician must be 2747
available to go to the emergency department to personally 2748
evaluate the patient and, at the request of an emergency 2749
department physician, the supervising physician shall go to the 2750
emergency department to personally evaluate the patient. 2751

(E) Each time a physician assistant writes a medical 2752
order, including prescriptions written in the exercise of 2753
physician-delegated prescriptive authority, the physician 2754
assistant shall sign the form on which the order is written and 2755
record on the form the time and date that the order is written. 2756
~~When writing a medical order, the physician assistant shall 2757~~

~~clearly identify the physician under whose supervision the~~ 2758
~~physician assistant is authorized to write the order.~~ 2759

(F) (1) The supervising physician of a physician assistant 2760
shall establish a quality assurance system to be used in 2761
supervising the physician assistant. All or part of the system 2762
may be applied to other physician assistants who are supervised 2763
by the supervising physician. The system shall be developed in 2764
consultation with each physician assistant to be supervised by 2765
the physician. 2766

(2) In establishing the quality assurance system, the 2767
supervising physician shall describe a process to be used for 2768
all of the following: 2769

(a) Routine review by the physician of selected patient 2770
record entries made by the physician assistant and selected 2771
medical orders issued by the physician assistant; 2772

(b) Discussion of complex cases; 2773

(c) Discussion of new medical developments relevant to the 2774
practice of the physician and physician assistant; 2775

(d) Performance of any quality assurance activities 2776
required in rules adopted by state medical board pursuant to any 2777
recommendations made by the physician assistant policy committee 2778
under section 4730.06 of the Revised Code; 2779

(e) Performance of any other quality assurance activities 2780
that the supervising physician considers to be appropriate. 2781

(3) The supervising physician and physician assistant 2782
shall keep records of their quality assurance activities. On 2783
request, the records shall be made available to the board ~~and~~ 2784
~~any health care professional working with the supervising~~ 2785

~~physician and physician assistant.~~ 2786

Sec. 4730.22. (A) ~~A~~ When performing authorized services, a 2787
physician assistant acts as the agent of the physician 2788
assistant's supervising physician. The supervising physician is 2789
legally responsible and assumes legal liability for the services 2790
provided by the physician assistant. 2791

The physician is not responsible or liable for any 2792
services provided by the physician assistant after their 2793
supervision agreement expires or is terminated. 2794

(B) When a health care facility permits physician 2795
assistants to practice within that facility or any other health 2796
care facility under its control, the health care facility shall 2797
make reasonable efforts to explain to each individual who may 2798
work with a particular physician assistant the scope of that 2799
physician assistant's practice within the facility. The 2800
appropriate credentialing body within the health care facility 2801
shall provide, on request of an individual practicing in the 2802
facility with a physician assistant, a copy of the facility's 2803
policies on the practice of physician assistants within the 2804
facility and a copy of each ~~physician supervisory plan and~~ 2805
supervision agreement applicable to the physician assistant. 2806

An individual who follows the orders of a physician 2807
assistant practicing in a health care facility is not subject to 2808
disciplinary action by any administrative agency that governs 2809
that individual's conduct and is not liable in damages in a 2810
civil action for injury, death, or loss to person or property 2811
resulting from the individual's acts or omissions in the 2812
performance of any procedure, treatment, or other health care 2813
service if the individual reasonably believed that the physician 2814
assistant was acting within the proper scope of practice or was 2815

relaying medical orders from a supervising physician, unless the 2816
act or omission constitutes willful or wanton misconduct. 2817

Sec. 4730.25. (A) The state medical board, by an 2818
affirmative vote of not fewer than six members, may revoke or 2819
may refuse to grant a ~~certificate~~license to practice as a 2820
physician assistant ~~or a certificate to prescribe~~ to a person 2821
found by the board to have committed fraud, misrepresentation, 2822
or deception in applying for or securing the ~~certificate~~
license. 2823
2824

(B) The board, by an affirmative vote of not fewer than 2825
six members, shall, to the extent permitted by law, limit, 2826
revoke, or suspend an individual's ~~certificate~~license to 2827
practice as a physician assistant ~~or certificate to prescribe~~
prescriber number, refuse to issue a ~~certificate~~license to an 2828
applicant, refuse to reinstate a ~~certificate~~license, or 2829
reprimand or place on probation the holder of a ~~certificate~~
license for any of the following reasons: 2830
2831
2832

(1) Failure to practice in accordance with the ~~conditions~~
~~under which the supervising physician's supervision agreement~~
with the physician assistant ~~was approved, including the~~
~~requirement that when practicing under a particular supervising~~
~~physician, the physician assistant must practice only according~~
~~to the physician supervisory plan the board approved for that~~
~~physician or, including, if applicable, the policies of the~~
health care facility in which the supervising physician and 2833
physician assistant are practicing; 2834
2835
2836
2837
2838
2839
2840
2841

(2) Failure to comply with the requirements of this 2842
chapter, Chapter 4731. of the Revised Code, or any rules adopted 2843
by the board; 2844

(3) Violating or attempting to violate, directly or 2845
indirectly, or assisting in or abetting the violation of, or 2846
conspiring to violate, any provision of this chapter, Chapter 2847
4731. of the Revised Code, or the rules adopted by the board; 2848

(4) Inability to practice according to acceptable and 2849
prevailing standards of care by reason of mental illness or 2850
physical illness, including physical deterioration that 2851
adversely affects cognitive, motor, or perceptive skills; 2852

(5) Impairment of ability to practice according to 2853
acceptable and prevailing standards of care because of habitual 2854
or excessive use or abuse of drugs, alcohol, or other substances 2855
that impair ability to practice; 2856

(6) Administering drugs for purposes other than those 2857
authorized under this chapter; 2858

(7) Willfully betraying a professional confidence; 2859

(8) Making a false, fraudulent, deceptive, or misleading 2860
statement in soliciting or advertising for employment as a 2861
physician assistant; in connection with any solicitation or 2862
advertisement for patients; in relation to the practice of 2863
medicine as it pertains to physician assistants; or in securing 2864
or attempting to secure a ~~certificate~~license to practice as a 2865
physician assistant, ~~a certificate to prescribe, or approval of~~ 2866
~~a supervision agreement.~~ 2867

As used in this division, "false, fraudulent, deceptive, 2868
or misleading statement" means a statement that includes a 2869
misrepresentation of fact, is likely to mislead or deceive 2870
because of a failure to disclose material facts, is intended or 2871
is likely to create false or unjustified expectations of 2872
favorable results, or includes representations or implications 2873

that in reasonable probability will cause an ordinarily prudent 2874
person to misunderstand or be deceived. 2875

(9) Representing, with the purpose of obtaining 2876
compensation or other advantage personally or for any other 2877
person, that an incurable disease or injury, or other incurable 2878
condition, can be permanently cured; 2879

(10) The obtaining of, or attempting to obtain, money or 2880
anything of value by fraudulent misrepresentations in the course 2881
of practice; 2882

(11) A plea of guilty to, a judicial finding of guilt of, 2883
or a judicial finding of eligibility for intervention in lieu of 2884
conviction for, a felony; 2885

(12) Commission of an act that constitutes a felony in 2886
this state, regardless of the jurisdiction in which the act was 2887
committed; 2888

(13) A plea of guilty to, a judicial finding of guilt of, 2889
or a judicial finding of eligibility for intervention in lieu of 2890
conviction for, a misdemeanor committed in the course of 2891
practice; 2892

(14) A plea of guilty to, a judicial finding of guilt of, 2893
or a judicial finding of eligibility for intervention in lieu of 2894
conviction for, a misdemeanor involving moral turpitude; 2895

(15) Commission of an act in the course of practice that 2896
constitutes a misdemeanor in this state, regardless of the 2897
jurisdiction in which the act was committed; 2898

(16) Commission of an act involving moral turpitude that 2899
constitutes a misdemeanor in this state, regardless of the 2900
jurisdiction in which the act was committed; 2901

(17) A plea of guilty to, a judicial finding of guilt of, 2902
or a judicial finding of eligibility for intervention in lieu of 2903
conviction for violating any state or federal law regulating the 2904
possession, distribution, or use of any drug, including 2905
trafficking in drugs; 2906

(18) Any of the following actions taken by the state 2907
agency responsible for regulating the practice of physician 2908
assistants in another state, for any reason other than the 2909
nonpayment of fees: the limitation, revocation, or suspension of 2910
an individual's license to practice; acceptance of an 2911
individual's license surrender; denial of a license; refusal to 2912
renew or reinstate a license; imposition of probation; or 2913
issuance of an order of censure or other reprimand; 2914

(19) A departure from, or failure to conform to, minimal 2915
standards of care of similar physician assistants under the same 2916
or similar circumstances, regardless of whether actual injury to 2917
a patient is established; 2918

(20) Violation of the conditions placed by the board on a 2919
~~certificate~~ license to practice as a physician assistant, ~~a~~ 2920
~~certificate to prescribe, a physician supervisory plan, or~~ 2921
~~supervision agreement;~~ 2922

(21) Failure to use universal blood and body fluid 2923
precautions established by rules adopted under section 4731.051 2924
of the Revised Code; 2925

(22) Failure to cooperate in an investigation conducted by 2926
the board under section 4730.26 of the Revised Code, including 2927
failure to comply with a subpoena or order issued by the board 2928
or failure to answer truthfully a question presented by the 2929
board at a deposition or in written interrogatories, except that 2930

failure to cooperate with an investigation shall not constitute 2931
grounds for discipline under this section if a court of 2932
competent jurisdiction has issued an order that either quashes a 2933
subpoena or permits the individual to withhold the testimony or 2934
evidence in issue; 2935

(23) Assisting suicide, as defined in section 3795.01 of 2936
the Revised Code; 2937

(24) Prescribing any drug or device to perform or induce 2938
an abortion, or otherwise performing or inducing an abortion; 2939

(25) Failure to comply with section 4730.53 of the Revised 2940
Code, unless the board no longer maintains a drug database 2941
pursuant to section 4729.75 of the Revised Code; 2942

~~(25)~~(26) Failure to comply with the requirements in 2943
section 3719.061 of the Revised Code before issuing to a minor a 2944
prescription for a controlled substance containing an opioid; 2945

(27) Having certification by the national commission on 2946
certification of physician assistants or a successor 2947
organization expire, lapse, or be suspended or revoked; 2948

(28) The revocation, suspension, restriction, reduction, 2949
or termination of clinical privileges by the United States 2950
department of defense or department of veterans affairs or the 2951
termination or suspension of a certificate of registration to 2952
prescribe drugs by the drug enforcement administration of the 2953
United States department of justice. 2954

(C) Disciplinary actions taken by the board under 2955
divisions (A) and (B) of this section shall be taken pursuant to 2956
an adjudication under Chapter 119. of the Revised Code, except 2957
that in lieu of an adjudication, the board may enter into a 2958
consent agreement with a physician assistant or applicant to 2959

resolve an allegation of a violation of this chapter or any rule 2960
adopted under it. A consent agreement, when ratified by an 2961
affirmative vote of not fewer than six members of the board, 2962
shall constitute the findings and order of the board with 2963
respect to the matter addressed in the agreement. If the board 2964
refuses to ratify a consent agreement, the admissions and 2965
findings contained in the consent agreement shall be of no force 2966
or effect. 2967

(D) For purposes of divisions (B) (12), (15), and (16) of 2968
this section, the commission of the act may be established by a 2969
finding by the board, pursuant to an adjudication under Chapter 2970
119. of the Revised Code, that the applicant or ~~certificate~~ 2971
license holder committed the act in question. The board shall 2972
have no jurisdiction under these divisions in cases where the 2973
trial court renders a final judgment in the ~~certificate~~license 2974
holder's favor and that judgment is based upon an adjudication 2975
on the merits. The board shall have jurisdiction under these 2976
divisions in cases where the trial court issues an order of 2977
dismissal upon technical or procedural grounds. 2978

(E) The sealing of conviction records by any court shall 2979
have no effect upon a prior board order entered under the 2980
provisions of this section or upon the board's jurisdiction to 2981
take action under the provisions of this section if, based upon 2982
a plea of guilty, a judicial finding of guilt, or a judicial 2983
finding of eligibility for intervention in lieu of conviction, 2984
the board issued a notice of opportunity for a hearing prior to 2985
the court's order to seal the records. The board shall not be 2986
required to seal, destroy, redact, or otherwise modify its 2987
records to reflect the court's sealing of conviction records. 2988

(F) For purposes of this division, any individual who 2989

holds a ~~certificate~~-license issued under this chapter, or 2990
applies for a ~~certificate~~-license issued under this chapter, 2991
shall be deemed to have given consent to submit to a mental or 2992
physical examination when directed to do so in writing by the 2993
board and to have waived all objections to the admissibility of 2994
testimony or examination reports that constitute a privileged 2995
communication. 2996

(1) In enforcing division (B) (4) of this section, the 2997
board, upon a showing of a possible violation, may compel any 2998
individual who holds a ~~certificate~~-license issued under this 2999
chapter or who has applied for a ~~certificate~~-license pursuant to 3000
this chapter to submit to a mental examination, physical 3001
examination, including an HIV test, or both a mental and 3002
physical examination. The expense of the examination is the 3003
responsibility of the individual compelled to be examined. 3004
Failure to submit to a mental or physical examination or consent 3005
to an HIV test ordered by the board constitutes an admission of 3006
the allegations against the individual unless the failure is due 3007
to circumstances beyond the individual's control, and a default 3008
and final order may be entered without the taking of testimony 3009
or presentation of evidence. If the board finds a physician 3010
assistant unable to practice because of the reasons set forth in 3011
division (B) (4) of this section, the board shall require the 3012
physician assistant to submit to care, counseling, or treatment 3013
by physicians approved or designated by the board, as a 3014
condition for an initial, continued, reinstated, or renewed 3015
~~certificate~~ license. An individual affected under this division 3016
shall be afforded an opportunity to demonstrate to the board the 3017
ability to resume practicing in compliance with acceptable and 3018
prevailing standards of care. 3019

(2) For purposes of division (B) (5) of this section, if 3020

the board has reason to believe that any individual who holds a ~~certificate-license~~ issued under this chapter or any applicant for a ~~certificate-license~~ suffers such impairment, the board may compel the individual to submit to a mental or physical examination, or both. The expense of the examination is the responsibility of the individual compelled to be examined. Any mental or physical examination required under this division shall be undertaken by a treatment provider or physician qualified to conduct such examination and chosen by the board.

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

Before being eligible to apply for reinstatement of a ~~certificate-license~~ suspended under this division, the physician assistant shall demonstrate to the board the ability to resume practice or prescribing in compliance with acceptable and prevailing standards of care. The demonstration shall include the following:

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

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

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

The board may reinstate a ~~certificate~~license suspended under this division after such demonstration and after the individual has entered into a written consent agreement.

When the impaired physician assistant resumes practice or prescribing, the board shall require continued monitoring of the physician assistant. The monitoring shall include compliance with the written consent agreement entered into before reinstatement or with conditions imposed by board order after a hearing, and, upon termination of the consent agreement, submission to the board for at least two years of annual written progress reports made under penalty of falsification stating whether the physician assistant has maintained sobriety.

(G) If the secretary and supervising member determine that there is clear and convincing evidence that a physician assistant has violated division (B) of this section and that the individual's continued practice or prescribing presents a danger of immediate and serious harm to the public, they may recommend that the board suspend the individual's ~~certificate to practice or prescribe~~license without a prior hearing. Written allegations shall be prepared for consideration by the board.

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

The board shall issue a written order of suspension by certified mail or in person in accordance with section 119.07 of the Revised Code. The order shall not be subject to suspension by the court during pendency of any appeal filed under section 119.12 of the Revised Code. If the physician assistant requests an adjudicatory hearing by the board, the date set for the hearing shall be within fifteen days, but not earlier than seven days, after the physician assistant requests the hearing, unless otherwise agreed to by both the board and the ~~certificate~~ license holder.

A summary suspension imposed under this division shall remain in effect, unless reversed on appeal, until a final adjudicative order issued by the board pursuant to this section and Chapter 119. of the Revised Code becomes effective. The board shall issue its final adjudicative order within sixty days after completion of its hearing. Failure to issue the order within sixty days shall result in dissolution of the summary suspension order, but shall not invalidate any subsequent, final adjudicative order.

(H) If the board takes action under division (B) (11), (13), or (14) of this section, and the judicial finding of guilt, guilty plea, or judicial finding of eligibility for intervention in lieu of conviction is overturned on appeal, upon exhaustion of the criminal appeal, a petition for

reconsideration of the order may be filed with the board along 3110
with appropriate court documents. Upon receipt of a petition and 3111
supporting court documents, the board shall reinstate the 3112
~~certificate to practice or prescribe~~ individual's license. The 3113
board may then hold an adjudication under Chapter 119. of the 3114
Revised Code to determine whether the individual committed the 3115
act in question. Notice of opportunity for hearing shall be 3116
given in accordance with Chapter 119. of the Revised Code. If 3117
the board finds, pursuant to an adjudication held under this 3118
division, that the individual committed the act, or if no 3119
hearing is requested, it may order any of the sanctions 3120
identified under division (B) of this section. 3121

(I) The ~~certificate-license~~ to practice issued to a 3122
physician assistant and the physician assistant's practice in 3123
this state are automatically suspended as of the date the 3124
physician assistant pleads guilty to, is found by a judge or 3125
jury to be guilty of, or is subject to a judicial finding of 3126
eligibility for intervention in lieu of conviction in this state 3127
or treatment or intervention in lieu of conviction in another 3128
state for any of the following criminal offenses in this state 3129
or a substantially equivalent criminal offense in another 3130
jurisdiction: aggravated murder, murder, voluntary manslaughter, 3131
felonious assault, kidnapping, rape, sexual battery, gross 3132
sexual imposition, aggravated arson, aggravated robbery, or 3133
aggravated burglary. Continued practice after the suspension 3134
shall be considered practicing without a ~~certificate~~ license. 3135

The board shall notify the individual subject to the 3136
suspension by certified mail or in person in accordance with 3137
section 119.07 of the Revised Code. If an individual whose 3138
~~certificate-license~~ is suspended under this division fails to 3139
make a timely request for an adjudication under Chapter 119. of 3140

the Revised Code, the board shall enter a final order 3141
permanently revoking the individual's ~~certificate~~license to 3142
practice. 3143

(J) In any instance in which the board is required by 3144
Chapter 119. of the Revised Code to give notice of opportunity 3145
for hearing and the individual subject to the notice does not 3146
timely request a hearing in accordance with section 119.07 of 3147
the Revised Code, the board is not required to hold a hearing, 3148
but may adopt, by an affirmative vote of not fewer than six of 3149
its members, a final order that contains the board's findings. 3150
In that final order, the board may order any of the sanctions 3151
identified under division (A) or (B) of this section. 3152

(K) Any action taken by the board under division (B) of 3153
this section resulting in a suspension shall be accompanied by a 3154
written statement of the conditions under which the physician 3155
assistant's ~~certificate~~license may be reinstated. The board 3156
shall adopt rules in accordance with Chapter 119. of the Revised 3157
Code governing conditions to be imposed for reinstatement. 3158
Reinstatement of a ~~certificate~~license suspended pursuant to 3159
division (B) of this section requires an affirmative vote of not 3160
fewer than six members of the board. 3161

(L) When the board refuses to grant to an applicant a 3162
~~certificate~~license to practice as a physician assistant ~~or a~~ 3163
~~certificate to prescribe~~, revokes an individual's ~~certificate~~ 3164
license, refuses to issue a ~~certificate~~license, or refuses to 3165
reinstatement an individual's ~~certificate~~license, the board may 3166
specify that its action is permanent. An individual subject to a 3167
permanent action taken by the board is forever thereafter 3168
ineligible to hold the ~~certificate~~license and the board shall 3169
not accept an application for reinstatement of the ~~certificate~~ 3170

license or for issuance of a new ~~certificate~~ license. 3171

(M) Notwithstanding any other provision of the Revised Code, all of the following apply: 3172

(1) The surrender of a ~~certificate~~ license issued under this chapter is not effective unless or until accepted by the board. Reinstatement of a ~~certificate~~ license surrendered to the board requires an affirmative vote of not fewer than six members of the board. 3173

(2) An application made under this chapter for a ~~certificate, approval of a physician supervisory plan, or approval of a supervision agreement~~ license may not be withdrawn without approval of the board. 3174

(3) Failure by an individual to renew a ~~certificate~~ license in accordance with section 4730.14 ~~or section 4730.48~~ of the Revised Code shall not remove or limit the board's jurisdiction to take disciplinary action under this section against the individual. 3175

Sec. 4730.251. On receipt of a notice pursuant to section 3123.43 of the Revised Code, the state medical board shall comply with sections 3123.41 to 3123.50 of the Revised Code and any applicable rules adopted under section 3123.63 of the Revised Code with respect to a ~~certificate~~ license to practice as a physician assistant issued pursuant to this chapter. 3176

Sec. 4730.27. If the state medical board has reason to believe that any person who has been granted a ~~certificate~~ license under this chapter to practice as a physician assistant is mentally ill or mentally incompetent, it may file in the probate court of the county in which such person has a legal residence an affidavit in the form prescribed in section 5122.11 3177

of the Revised Code and signed by the board secretary or a 3200
member of the secretary's staff, whereupon the same proceedings 3201
shall be had as provided in Chapter 5122. of the Revised Code. 3202
The attorney general may represent the board in any proceeding 3203
commenced under this section. 3204

If a physician assistant is adjudged by a probate court to 3205
be mentally ill or mentally incompetent, the individual's 3206
~~certificate-license~~ shall be automatically suspended until the 3207
individual has filed with the board a certified copy of an 3208
adjudication by a probate court of being restored to competency 3209
or has submitted to the board proof, satisfactory to the board, 3210
of having been discharged as being restored to competency in the 3211
manner and form provided in section 5122.38 of the Revised Code. 3212
The judge of the court shall immediately notify the board of an 3213
adjudication of incompetence and note any suspension of a 3214
~~certificate-license~~ in the margin of the court's record of the 3215
~~certificate license~~. 3216

Sec. 4730.28. (A) An individual whose ~~certificate-license~~ 3217
to practice as a physician assistant issued under this chapter 3218
has been suspended or is in an inactive state for any cause for 3219
more than two years may apply to the state medical board to have 3220
the ~~certificate-license~~ restored. 3221

(B) (1) The board shall not restore a ~~certificate-license~~ 3222
under this section unless the applicant complies with sections 3223
4776.01 to 4776.04 of the Revised Code. The board shall 3224
determine the applicant's present fitness to resume practice. 3225
The board shall consider the moral background and the activities 3226
of the applicant during the period of suspension or inactivity. 3227

(2) When restoring a ~~certificate license~~, the board may 3228
impose terms and conditions, including the following: 3229

(a) Requiring the applicant to obtain additional training	3230
and pass an examination upon completion of the training;	3231
(b) Restricting or limiting the extent, scope, or type of	3232
practice as a physician assistant that the individual may	3233
resume.	3234
Sec. 4730.31. (A) As used in this section, "prosecutor"	3235
has the same meaning as in section 2935.01 of the Revised Code.	3236
(B) Whenever any person holding a valid certificate	3237
<u>license to practice as a physician assistant</u> issued pursuant to	3238
this chapter pleads guilty to, is subject to a judicial finding	3239
of guilt of, or is subject to a judicial finding of eligibility	3240
for intervention in lieu of conviction for a violation of	3241
Chapter 2907., 2925., or 3719. of the Revised Code or of any	3242
substantively comparable ordinance of a municipal corporation in	3243
connection with practicing as a physician assistant, the	3244
prosecutor in the case shall, on forms prescribed and provided	3245
by the state medical board, promptly notify the board of the	3246
conviction. Within thirty days of receipt of such information,	3247
the board shall initiate action in accordance with Chapter 119.	3248
of the Revised Code to determine whether to suspend or revoke	3249
the certificate <u>license</u> under section 4730.25 of the Revised	3250
Code.	3251
(C) The prosecutor in any case against any person holding	3252
a valid certificate <u>license</u> issued pursuant to this chapter	3253
shall, on forms prescribed and provided by the state medical	3254
board, notify the board of any of the following:	3255
(1) A plea of guilty to, a judicial finding of guilt of,	3256
or judicial finding of eligibility for intervention in lieu of	3257
conviction for a felony, or a case where the trial court issues	3258

an order of dismissal upon technical or procedural grounds of a 3259
felony charge; 3260

(2) A plea of guilty to, a judicial finding of guilt of, 3261
or judicial finding or eligibility for intervention in lieu of 3262
conviction for a misdemeanor committed in the course of 3263
practice, or a case where the trial court issues an order of 3264
dismissal upon technical or procedural grounds of a charge of a 3265
misdemeanor, if the alleged act was committed in the course of 3266
practice; 3267

(3) A plea of guilty to, a judicial finding of guilt of, 3268
or judicial finding of eligibility for intervention in lieu of 3269
conviction for a misdemeanor involving moral turpitude, or a 3270
case where the trial court issues an order of dismissal upon 3271
technical or procedural grounds of a charge of a misdemeanor 3272
involving moral turpitude. 3273

The report shall include the name and address of the 3274
~~certificate~~license holder, the nature of the offense for which 3275
the action was taken, and the certified court documents 3276
recording the action. 3277

Sec. 4730.32. (A) Within sixty days after the imposition 3278
of any formal disciplinary action taken by a health care 3279
facility against any individual holding a valid ~~certificate~~ 3280
license to practice as a physician assistant issued under this 3281
chapter, the chief administrator or executive officer of the 3282
facility shall report to the state medical board the name of the 3283
individual, the action taken by the facility, and a summary of 3284
the underlying facts leading to the action taken. Upon request, 3285
the board shall be provided certified copies of the patient 3286
records that were the basis for the facility's action. Prior to 3287
release to the board, the summary shall be approved by the peer 3288

review committee that reviewed the case or by the governing 3289
board of the facility. 3290

The filing of a report with the board or decision not to 3291
file a report, investigation by the board, or any disciplinary 3292
action taken by the board, does not preclude a health care 3293
facility from taking disciplinary action against a physician 3294
assistant. 3295

In the absence of fraud or bad faith, no individual or 3296
entity that provides patient records to the board shall be 3297
liable in damages to any person as a result of providing the 3298
records. 3299

(B) A physician assistant, professional association or 3300
society of physician assistants, physician, or professional 3301
association or society of physicians that believes a violation 3302
of any provision of this chapter, Chapter 4731. of the Revised 3303
Code, or rule of the board has occurred shall report to the 3304
board the information upon which the belief is based. This 3305
division does not require any treatment provider approved by the 3306
board under section 4731.25 of the Revised Code or any employee, 3307
agent, or representative of such a provider to make reports with 3308
respect to a physician assistant participating in treatment or 3309
aftercare for substance abuse as long as the physician assistant 3310
maintains participation in accordance with the requirements of 3311
section 4731.25 of the Revised Code and the treatment provider 3312
or employee, agent, or representative of the provider has no 3313
reason to believe that the physician assistant has violated any 3314
provision of this chapter or rule adopted under it, other than 3315
being impaired by alcohol, drugs, or other substances. This 3316
division does not require reporting by any member of an impaired 3317
practitioner committee established by a health care facility or 3318

by any representative or agent of a committee or program 3319
sponsored by a professional association or society of physician 3320
assistants to provide peer assistance to physician assistants 3321
with substance abuse problems with respect to a physician 3322
assistant who has been referred for examination to a treatment 3323
program approved by the board under section 4731.25 of the 3324
Revised Code if the physician assistant cooperates with the 3325
referral for examination and with any determination that the 3326
physician assistant should enter treatment and as long as the 3327
committee member, representative, or agent has no reason to 3328
believe that the physician assistant has ceased to participate 3329
in the treatment program in accordance with section 4731.25 of 3330
the Revised Code or has violated any provision of this chapter 3331
or rule adopted under it, other than being impaired by alcohol, 3332
drugs, or other substances. 3333

(C) Any professional association or society composed 3334
primarily of physician assistants that suspends or revokes an 3335
individual's membership for violations of professional ethics, 3336
or for reasons of professional incompetence or professional 3337
malpractice, within sixty days after a final decision, shall 3338
report to the board, on forms prescribed and provided by the 3339
board, the name of the individual, the action taken by the 3340
professional organization, and a summary of the underlying facts 3341
leading to the action taken. 3342

The filing or nonfiling of a report with the board, 3343
investigation by the board, or any disciplinary action taken by 3344
the board, shall not preclude a professional organization from 3345
taking disciplinary action against a physician assistant. 3346

(D) Any insurer providing professional liability insurance 3347
to any person holding a valid ~~certificate~~ license to practice as 3348

a physician assistant issued under this chapter or any other 3349
entity that seeks to indemnify the professional liability of a 3350
physician assistant shall notify the board within thirty days 3351
after the final disposition of any written claim for damages 3352
where such disposition results in a payment exceeding twenty- 3353
five thousand dollars. The notice shall contain the following 3354
information: 3355

(1) The name and address of the person submitting the 3356
notification; 3357

(2) The name and address of the insured who is the subject 3358
of the claim; 3359

(3) The name of the person filing the written claim; 3360

(4) The date of final disposition; 3361

(5) If applicable, the identity of the court in which the 3362
final disposition of the claim took place. 3363

(E) The board may investigate possible violations of this 3364
chapter or the rules adopted under it that are brought to its 3365
attention as a result of the reporting requirements of this 3366
section, except that the board shall conduct an investigation if 3367
a possible violation involves repeated malpractice. As used in 3368
this division, "repeated malpractice" means three or more claims 3369
for malpractice within the previous five-year period, each 3370
resulting in a judgment or settlement in excess of twenty-five 3371
thousand dollars in favor of the claimant, and each involving 3372
negligent conduct by the physician assistant. 3373

(F) All summaries, reports, and records received and 3374
maintained by the board pursuant to this section shall be held 3375
in confidence and shall not be subject to discovery or 3376
introduction in evidence in any federal or state civil action 3377

involving a physician assistant, supervising physician, or 3378
health care facility arising out of matters that are the subject 3379
of the reporting required by this section. The board may use the 3380
information obtained only as the basis for an investigation, as 3381
evidence in a disciplinary hearing against a physician assistant 3382
or supervising physician, or in any subsequent trial or appeal 3383
of a board action or order. 3384

The board may disclose the summaries and reports it 3385
receives under this section only to health care facility 3386
committees within or outside this state that are involved in 3387
credentialing or recredentialing a physician assistant or 3388
supervising physician or reviewing their privilege to practice 3389
within a particular facility. The board shall indicate whether 3390
or not the information has been verified. Information 3391
transmitted by the board shall be subject to the same 3392
confidentiality provisions as when maintained by the board. 3393

(G) Except for reports filed by an individual pursuant to 3394
division (B) of this section, the board shall send a copy of any 3395
reports or summaries it receives pursuant to this section to the 3396
physician assistant. The physician assistant shall have the 3397
right to file a statement with the board concerning the 3398
correctness or relevance of the information. The statement shall 3399
at all times accompany that part of the record in contention. 3400

(H) An individual or entity that reports to the board or 3401
refers an impaired physician assistant to a treatment provider 3402
approved by the board under section 4731.25 of the Revised Code 3403
shall not be subject to suit for civil damages as a result of 3404
the report, referral, or provision of the information. 3405

(I) In the absence of fraud or bad faith, a professional 3406
association or society of physician assistants that sponsors a 3407

committee or program to provide peer assistance to a physician 3408
assistant with substance abuse problems, a representative or 3409
agent of such a committee or program, and a member of the state 3410
medical board shall not be held liable in damages to any person 3411
by reason of actions taken to refer a physician assistant to a 3412
treatment provider approved under section 4731.25 of the Revised 3413
Code for examination or treatment. 3414

Sec. 4730.33. The secretary of the state medical board 3415
shall enforce the laws relating to the practice of physician 3416
assistants. If the secretary has knowledge or notice of a 3417
violation of this chapter or the rules adopted under it, the 3418
secretary shall investigate the matter, and, upon probable cause 3419
appearing, file a complaint and prosecute the offender. When 3420
requested by the secretary, the prosecuting attorney of the 3421
proper county shall take charge of and conduct such prosecution. 3422

In the prosecution of any person for violation of division 3423
(A) of section 4730.02 of the Revised Code it shall not be 3424
necessary to allege or prove want of a valid ~~certificate~~license 3425
to practice as a physician assistant, but such matters shall be 3426
a matter of defense to be established by the accused. 3427

Sec. 4730.38. (A) Except as provided in division (B) of 3428
this section, the physician assistant policy committee of the 3429
state medical board shall, at such times the committee 3430
determines to be necessary, submit to the board recommendations 3431
regarding physician-delegated prescriptive authority for 3432
physician assistants. The committee's recommendations shall 3433
address both of the following: 3434

(1) Policy and procedures regarding physician-delegated 3435
prescriptive authority, ~~including the issuance of certificates~~ 3436
~~to prescribe under this chapter;~~ 3437

(2) Any issue the committee considers necessary to assist the board in fulfilling its duty to adopt rules governing physician-delegated prescriptive authority, ~~including the issuance of certificates to prescribe.~~

(B) Not less than every six months ~~beginning on the first day of June following the effective date of this amendment,~~ the committee shall review the physician assistant formulary the board adopts pursuant to division (A) (1) of section 4730.39 of the Revised Code and, to the extent it determines to be necessary, submit recommendations proposing changes to the formulary.

(C) Recommendations submitted under this section are subject to the procedures and time frames specified in division (C) of section 4730.06 of the Revised Code.

Sec. 4730.39. (A) The state medical board shall do ~~both~~ all of the following:

(1) Adopt a formulary listing the drugs and therapeutic devices by class and specific generic nomenclature that a physician may include in the physician-delegated prescriptive authority granted to a physician assistant who holds a ~~certificate to prescribe under this chapter~~ valid prescriber number issued by the state medical board;

(2) Adopt rules governing physician-delegated prescriptive authority for physician assistants, ~~including the issuance of certificates to prescribe under this chapter;~~

(3) Establish standards and procedures for delegation under division (A) of section 4730.203 of the Revised Code of the authority to administer drugs.

(B) The board's rules governing physician-delegated

prescriptive authority adopted pursuant to division (A) (2) of 3467
this section shall be adopted in accordance with Chapter 119. of 3468
the Revised Code and shall establish all of the following: 3469

(1) Requirements regarding the pharmacology courses that a 3470
physician assistant is required to complete ~~to receive a~~ 3471
~~certificate to prescribe;~~ 3472

(2) ~~Standards and procedures for the issuance and renewal~~ 3473
~~of certificates to prescribe to physician assistants;~~ 3474

~~(3) Standards and procedures for the appropriate conduct~~ 3475
~~of the provisional period that a physician assistant is required~~ 3476
~~to complete pursuant to section 4730.45 of the Revised Code and~~ 3477
~~for determining whether a physician assistant has successfully~~ 3478
~~completed the provisional period;~~ 3479

~~(4)~~ A specific prohibition against prescribing any drug or 3480
device to perform or induce an abortion; 3481

~~(5)~~ (3) Standards and procedures to be followed by a 3482
physician assistant in personally furnishing samples of drugs or 3483
complete or partial supplies of drugs to patients under section 3484
4730.43 of the Revised Code; 3485

~~(6)~~ (4) Any other requirements the board considers 3486
necessary to implement the provisions of this chapter regarding 3487
physician-delegated prescriptive authority ~~and the issuance of~~ 3488
~~certificates to prescribe.~~ 3489

(C) (1) After considering recommendations submitted by the 3490
physician assistant policy committee pursuant to sections 3491
4730.06 and 4730.38 of the Revised Code, the board shall review 3492
either or both of the following, as appropriate according to the 3493
submitted recommendations: 3494

(a) The formulary the board adopts under division (A) (1) of this section;	3495 3496
(b) The rules the board adopts under division (A) (2) of this section regarding physician-delegated prescriptive authority.	3497 3498 3499
(2) Based on its review, the board shall make any necessary modifications to the formulary or rules.	3500 3501
Sec. 4730.41. (A) A certificate to prescribe issued under this chapter authorizes a physician assistant <u>who holds a valid prescriber number issued by the state medical board is</u> authorized to prescribe and personally furnish drugs and therapeutic devices in the exercise of physician-delegated prescriptive authority.	3502 3503 3504 3505 3506 3507
(B) In exercising physician-delegated prescriptive authority, a physician assistant is subject to all of the following:	3508 3509 3510
(1) The physician assistant shall exercise physician-delegated prescriptive authority only to the extent that the physician supervising the physician assistant has granted that authority.	3511 3512 3513 3514
(2) The physician assistant shall comply with all conditions placed on the physician-delegated prescriptive authority, as specified by the supervising physician who is supervising the physician assistant in the exercise of physician-delegated prescriptive authority.	3515 3516 3517 3518 3519
(3) If the physician assistant possesses physician-delegated prescriptive authority for controlled substances, the physician assistant shall register with the federal drug enforcement administration.	3520 3521 3522 3523

(4) If the physician assistant possesses physician- 3524
delegated prescriptive authority for schedule II controlled 3525
substances, the physician assistant shall comply with section 3526
4730.411 of the Revised Code. 3527

(5) If the physician assistant possesses physician- 3528
delegated prescriptive authority to prescribe for a minor, as 3529
defined in section 3719.061 of the Revised Code, a compound that 3530
is a controlled substance containing an opioid, the physician 3531
assistant shall comply with section 3719.061 of the Revised 3532
Code. 3533

(6) The physician assistant shall comply with the 3534
requirements of section 4730.44 of the Revised Code. 3535

Sec. 4730.42. (A) In granting physician-delegated 3536
prescriptive authority to a particular physician assistant who 3537
holds a ~~certificate to prescribe valid prescriber number~~ issued 3538
~~under this chapter by the state medical board~~, the supervising 3539
physician is subject to all of the following: 3540

(1) The supervising physician shall not grant physician- 3541
delegated prescriptive authority for any drug or therapeutic 3542
device that is not listed on the physician assistant formulary 3543
adopted under section 4730.39 of the Revised Code as a drug or 3544
therapeutic device that may be included in the physician- 3545
delegated prescriptive authority granted to a physician 3546
assistant. 3547

(2) The supervising physician shall not grant physician- 3548
delegated prescriptive authority for any drug or device that may 3549
be used to perform or induce an abortion. 3550

(3) The supervising physician shall not grant physician- 3551
delegated prescriptive authority in a manner that exceeds the 3552

supervising physician's prescriptive authority, including the 3553
physician's authority to treat chronic pain with controlled 3554
substances and products containing tramadol as described in 3555
section 4731.052 of the Revised Code. 3556

(4) The supervising physician shall supervise the 3557
physician assistant in accordance with all both of the 3558
following: 3559

(a) The supervision requirements specified in section 3560
4730.21 of the Revised Code ~~and, in the case of supervision~~ 3561
~~provided during a provisional period of physician-delegated~~ 3562
~~prescriptive authority, the supervision requirements specified~~ 3563
~~in section 4730.45 of the Revised Code;~~ 3564

(b) ~~The physician supervisory plan approved for the~~ 3565
~~supervising physician or~~ supervision agreement entered into with 3566
the physician assistant under section 4730.19 of the Revised 3567
Code, including, if applicable, the policies of the health care 3568
facility in which the physician and physician assistant are 3569
practicing. 3570

~~(c) The supervision agreement approved under section~~ 3571
~~4730.19 of the Revised Code that applies to the supervising~~ 3572
~~physician and the physician assistant.~~ 3573

(B) (1) The supervising physician of a physician assistant 3574
may place conditions on the physician-delegated prescriptive 3575
authority granted to the physician assistant. If conditions are 3576
placed on that authority, the supervising physician shall 3577
maintain a written record of the conditions and make the record 3578
available to the state medical board on request. 3579

(2) The conditions that a supervising physician may place 3580
on the physician-delegated prescriptive authority granted to a 3581

physician assistant include the following: 3582

(a) Identification by class and specific generic 3583
nomenclature of drugs and therapeutic devices that the physician 3584
chooses not to permit the physician assistant to prescribe; 3585

(b) Limitations on the dosage units or refills that the 3586
physician assistant is authorized to prescribe; 3587

(c) Specification of circumstances under which the 3588
physician assistant is required to refer patients to the 3589
supervising physician or another physician when exercising 3590
physician-delegated prescriptive authority; 3591

(d) Responsibilities to be fulfilled by the physician in 3592
supervising the physician assistant that are not otherwise 3593
specified in the physician supervisory plan supervision 3594
agreement or otherwise required by this chapter. 3595

Sec. 4730.43. (A) A physician assistant who holds a 3596
~~certificate to prescribe valid prescriber number issued under~~ 3597
~~this chapter by the state medical board~~ and has been granted 3598
physician-delegated prescriptive authority ~~by a supervising~~ 3599
~~physician~~ may personally furnish to a patient samples of drugs 3600
and therapeutic devices that are included in the physician 3601
assistant's physician-delegated prescriptive authority, subject 3602
to all of the following: 3603

(1) The amount of the sample furnished shall not exceed a 3604
seventy-two-hour supply, except when the minimum available 3605
quantity of the sample is packaged in an amount that is greater 3606
than a seventy-two-hour supply, in which case the physician 3607
assistant may furnish the sample in the package amount. 3608

(2) No charge may be imposed for the sample or for 3609
furnishing it. 3610

(3) Samples of controlled substances may not be personally furnished. 3611
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(B) A physician assistant who holds a ~~certificate to~~ 3613
~~prescribe valid prescriber number issued under this chapter by~~ 3614
the state medical board and has been granted physician-delegated 3615
prescriptive authority ~~by a supervising physician~~ may personally 3616
furnish to a patient a complete or partial supply of the drugs 3617
and therapeutic devices that are included in the physician 3618
assistant's physician-delegated prescriptive authority, subject 3619
to all of the following: 3620

(1) The physician assistant shall personally furnish only 3621
antibiotics, antifungals, scabicides, contraceptives, prenatal 3622
vitamins, antihypertensives, drugs and devices used in the 3623
treatment of diabetes, drugs and devices used in the treatment 3624
of asthma, and drugs used in the treatment of dyslipidemia. 3625

(2) The physician assistant shall not furnish the drugs 3626
and devices in locations other than a health department operated 3627
by the board of health of a city or general health district or 3628
the authority having the duties of a board of health under 3629
section 3709.05 of the Revised Code, a federally funded 3630
comprehensive primary care clinic, or a nonprofit health care 3631
clinic or program. 3632

(3) The physician assistant shall comply with all 3633
standards and procedures for personally furnishing supplies of 3634
drugs and devices, as established in rules adopted under section 3635
4730.39 of the Revised Code. 3636

Sec. 4730.431. (A) Notwithstanding any provision of this 3637
chapter or rule adopted by the state medical board, a physician 3638
assistant who holds a ~~certificate to prescribe valid prescriber~~ 3639

number issued under this chapter by the board and has been 3640
granted physician-delegated prescriptive authority may 3641
personally furnish a supply of naloxone, or issue a prescription 3642
for naloxone, without having examined the individual to whom it 3643
may be administered if all of the following conditions are met: 3644

(1) The naloxone supply is furnished to, or the 3645
prescription is issued to and in the name of, a family member, 3646
friend, or other individual in a position to assist an 3647
individual who there is reason to believe is at risk of 3648
experiencing an opioid-related overdose. 3649

(2) The physician assistant instructs the individual 3650
receiving the naloxone supply or prescription to summon 3651
emergency services either immediately before or immediately 3652
after administering naloxone to an individual apparently 3653
experiencing an opioid-related overdose. 3654

(3) The naloxone is personally furnished or prescribed in 3655
such a manner that it may be administered by only either of the 3656
following routes: 3657

(a) Using a device manufactured for the intranasal 3658
administration of liquid drugs; 3659

(b) Using an autoinjector in a manufactured dosage form. 3660

(B) A physician assistant who under division (A) of this 3661
section in good faith furnishes a supply of naloxone or issues a 3662
prescription for naloxone is not liable for or subject to any of 3663
the following for any action or omission of the individual to 3664
whom the naloxone is furnished or the prescription is issued: 3665
damages in any civil action, prosecution in any criminal 3666
proceeding, or professional disciplinary action. 3667

Sec. 4730.44. (A) During the first five hundred hours of a 3668

physician assistant's exercise of physician-delegated 3669
prescriptive authority, the physician assistant shall exercise 3670
that authority only under the on-site supervision of a 3671
supervising physician. 3672

(B) A physician assistant shall be excused from the 3673
requirement established in division (A) of this section if prior 3674
to application under section 4730.10 of the Revised Code the 3675
physician assistant held a prescriber number, or the equivalent, 3676
from another jurisdiction and practiced with prescriptive 3677
authority in that jurisdiction for not less than one thousand 3678
hours. 3679

(C) A record of a physician assistant's completion of the 3680
hours required by division (A) of this section or issuance of a 3681
prescriber number or equivalent by another jurisdiction shall be 3682
kept in the records maintained by a supervising physician of the 3683
physician assistant. The record shall be made available for 3684
inspection by the board. 3685

Sec. 4730.49. (A) To be eligible for renewal of a 3686
certificate to prescribe~~license to practice as a physician~~ 3687
assistant, an applicant who has been granted physician-delegated 3688
prescriptive authority is subject to both of the following: 3689

(1) The applicant shall complete every two years at least 3690
twelve hours of continuing education in pharmacology from an 3691
accredited institution recognized by the state medical board. 3692
Except as provided in division (B) of this section and in 3693
section 5903.12 of the Revised Code, the continuing education 3694
shall be completed not later than the thirty-first day of 3695
January of each even-numbered year. 3696

(2) (a) Except as provided in division (A) (2) (b) of this 3697

section, in the case of an applicant who prescribes opioid analgesics or benzodiazepines, as defined in section 3719.01 of the Revised Code, the applicant shall certify to the board whether the applicant has been granted access to the drug database established and maintained by the state board of pharmacy pursuant to section 4729.75 of the Revised Code. 3698
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(b) The requirement in division (A) (2) (a) of this section does not apply if any of the following is the case: 3704
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(i) The state board of pharmacy notifies the state medical board pursuant to section 4729.861 of the Revised Code that the applicant has been restricted from obtaining further information from the drug database. 3706
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(ii) The state board of pharmacy no longer maintains the drug database. 3710
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(iii) The applicant does not practice as a physician assistant in this state. 3712
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(c) If an applicant certifies to the state medical board that the applicant has been granted access to the drug database and the board finds through an audit or other means that the applicant has not been granted access, the board may take action under section 4730.25 of the Revised Code. 3714
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(B) The state medical board shall provide for pro rata reductions by month of the number of hours of continuing education in pharmacology that is required to be completed for physician assistants who are in their first ~~certification~~ licensure period after completing the ~~provisional period of~~ supervision required under section ~~4730.45-4730.44~~ of the Revised Code, who have been disabled due to illness or accident, or who have been absent from the country. The board shall adopt 3719
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rules, in accordance with Chapter 119. of the Revised Code, as 3727
necessary to implement this division. 3728

(C) The continuing education required by this section is 3729
in addition to the continuing education required under section 3730
4730.14 of the Revised Code. 3731

Sec. 4730.51. In the information the board maintains on 3732
~~the~~ its internet web site, the state medical board shall include 3733
the following: 3734

(A) The name of each physician assistant who holds a 3735
~~certificate to prescribe~~ license under this chapter; 3736

(B) For each physician assistant who holds a ~~certificate~~ 3737
~~to prescribe~~ valid prescriber number issued by the state medical 3738
board, the name of each supervising physician who has authority 3739
to grant physician-delegated prescriptive authority to the 3740
physician assistant. 3741

Sec. 4730.53. (A) As used in this section, "drug database" 3742
means the database established and maintained by the state board 3743
of pharmacy pursuant to section 4729.75 of the Revised Code. 3744

(B) Except as provided in divisions (C) and (E) of this 3745
section, a physician assistant ~~holding a certificate to~~ 3746
~~prescribe issued~~ licensed under this chapter who has been 3747
granted physician-delegated prescriptive authority shall comply 3748
with all of the following as conditions of prescribing a drug 3749
that is either an opioid analgesic or a benzodiazepine as part 3750
of a patient's course of treatment for a particular condition: 3751

(1) Before initially prescribing the drug, the physician 3752
assistant or the physician assistant's delegate shall request 3753
from the drug database a report of information related to the 3754
patient that covers at least the twelve months immediately 3755

preceding the date of the request. If the physician assistant 3756
practices primarily in a county of this state that adjoins 3757
another state, the physician assistant or delegate also shall 3758
request a report of any information available in the drug 3759
database that pertains to prescriptions issued or drugs 3760
furnished to the patient in the state adjoining that county. 3761

(2) If the patient's course of treatment for the condition 3762
continues for more than ninety days after the initial report is 3763
requested, the physician assistant or delegate shall make 3764
periodic requests for reports of information from the drug 3765
database until the course of treatment has ended. The requests 3766
shall be made at intervals not exceeding ninety days, determined 3767
according to the date the initial request was made. The request 3768
shall be made in the same manner provided in division (B)(1) of 3769
this section for requesting the initial report of information 3770
from the drug database. 3771

(3) On receipt of a report under division (B)(1) or (2) of 3772
this section, the physician assistant shall assess the 3773
information in the report. The physician assistant shall 3774
document in the patient's record that the report was received 3775
and the information was assessed. 3776

(C) Division (B) of this section does not apply in any of 3777
the following circumstances: 3778

(1) A drug database report regarding the patient is not 3779
available, in which case the physician assistant shall document 3780
in the patient's record the reason that the report is not 3781
available. 3782

(2) The drug is prescribed in an amount indicated for a 3783
period not to exceed seven days. 3784

(3) The drug is prescribed for the treatment of cancer or another condition associated with cancer. 3785
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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. 3787
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(5) The drug is prescribed for administration in a hospital, nursing home, or residential care facility. 3791
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(D) With respect to prescribing any drug that is not an opioid analgesic or a benzodiazepine but is included in the drug database pursuant to rules adopted under section 4729.84 of the Revised Code, the state medical board shall adopt rules that establish standards and procedures to be followed by a physician assistant ~~who holds a certificate to prescribe issued~~ licensed under this chapter who has been granted physician-delegated prescriptive authority 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. 3793
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(E) This section and the rules adopted under it do not apply if the state board of pharmacy no longer maintains the drug database. 3804
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Sec. 4731.07. (A) The state medical board shall keep a record of its proceedings. The minutes of a meeting of the board shall, on approval by the board, constitute an official record of its proceedings. 3807
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(B) The board shall keep a register of applicants for certificates of registration and certificates to practice issued under this chapter and Chapters ~~4730.,~~ 4760., 4762., and 4774. 3811
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of the Revised Code and licenses issued under ~~Chapter~~ Chapters 3814
4730. and 4778. of the Revised Code. The register shall show the 3815
name of the applicant and whether the applicant was granted or 3816
refused a certificate or license. With respect to applicants to 3817
practice medicine and surgery or osteopathic medicine and 3818
surgery, the register shall show the name of the institution 3819
that granted the applicant the degree of doctor of medicine or 3820
osteopathic medicine. The books and records of the board shall 3821
be prima-facie evidence of matters therein contained. 3822

Sec. 4731.72. (A) As used in this section: 3823

(1) "Anatomic pathology services," "assignment of 3824
benefits," "histologic processing," "insurer," "physician," and 3825
"referring clinical laboratory" have the same meanings as in 3826
section 3701.86 of the Revised Code. 3827

(2) "Professional component of an anatomic pathology 3828
service" means the entire anatomic pathology service other than 3829
histologic processing. 3830

(3) "Technical component of an anatomic pathology service" 3831
means only histologic processing. 3832

(B) No physician shall present or cause to be presented a 3833
claim, bill, or demand for payment for anatomic pathology 3834
services to any person or entity other than the following: 3835

(1) The patient who receives the services or another 3836
individual, such as a parent, spouse, or guardian, who is 3837
responsible for the patient's bills; 3838

(2) A responsible insurer or other third-party payor of a 3839
patient who receives the services; 3840

(3) A hospital, public health clinic, or not-for-profit 3841

health clinic ordering the services;	3842
(4) A referring clinical laboratory;	3843
(5) A governmental agency or any person acting on behalf of a governmental agency;	3844 3845
(6) A physician who is permitted to bill for the services under division (D) of this section.	3846 3847
(C) Except as provided in division (D) of this section, no physician shall charge, bill, or otherwise solicit payment, directly or indirectly, for anatomic pathology services unless the services are personally rendered by the physician or rendered under the on-site supervision of the physician.	3848 3849 3850 3851 3852
(D) (1) A physician who performs the professional component of an anatomic pathology service on a patient specimen may bill for the amount incurred in doing either of the following:	3853 3854 3855
(a) <u>(1)</u> Having a clinical laboratory or another physician perform the technical component of the anatomic pathology service;	3856 3857 3858
(b) <u>(2)</u> Obtaining another physician's consultation regarding the patient specimen.	3859 3860
(2) A physician may bill for having a clinical laboratory or another physician perform an anatomic pathology service on a dermatology specimen, but only if the billing physician discloses to the person or entity being billed both of the following:	3861 3862 3863 3864 3865
(a) The name and address of the clinical laboratory or physician who performed the service;	3866 3867
(b) The amount the billing physician was charged by or	3868

~~paid to the clinical laboratory or physician who performed the~~ 3869
~~service.~~ 3870

(E) A violation of division (B) or (C) of this section 3871
constitutes a reason for taking action under division (B) (20) of 3872
section 4731.22 of the Revised Code. 3873

(F) Nothing in this section shall be construed to mandate 3874
the assignment of benefits for anatomic pathology services. 3875

Sec. 4761.01. As used in this chapter: 3876

(A) "Respiratory care" means rendering or offering to 3877
render to individuals, groups, organizations, or the public any 3878
service involving the evaluation of cardiopulmonary function, 3879
the treatment of cardiopulmonary impairment, the assessment of 3880
treatment effectiveness, and the care of patients with 3881
deficiencies and abnormalities associated with the 3882
cardiopulmonary system. The practice of respiratory care 3883
includes: 3884

(1) Obtaining, analyzing, testing, measuring, and 3885
monitoring blood and gas samples in the determination of 3886
cardiopulmonary parameters and related physiologic data, 3887
including flows, pressures, and volumes, and the use of 3888
equipment employed for this purpose; 3889

(2) Administering, monitoring, recording the results of, 3890
and instructing in the use of medical gases, aerosols, and 3891
bronchopulmonary hygiene techniques, including drainage, 3892
aspiration, and sampling, and applying, maintaining, and 3893
instructing in the use of artificial airways, ventilators, and 3894
other life support equipment employed in the treatment of 3895
cardiopulmonary impairment and provided in collaboration with 3896
other licensed health care professionals responsible for 3897

providing care;	3898
(3) Performing cardiopulmonary resuscitation and respiratory rehabilitation techniques;	3899 3900
(4) Administering medications for the testing or treatment of cardiopulmonary impairment.	3901 3902
(B) "Respiratory care professional" means a person who is licensed under this chapter to practice the full range of respiratory care services as defined in division (A) of this section.	3903 3904 3905 3906
(C) "Physician" means an individual authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery.	3907 3908 3909
(D) "Registered nurse" means an individual licensed under Chapter 4723. of the Revised Code to engage in the practice of nursing as a registered nurse.	3910 3911 3912
(E) "Hospital" means a facility that meets the operating standards of section 3727.02 of the Revised Code.	3913 3914
(F) "Nursing facility" has the same meaning as in section 5165.01 of the Revised Code.	3915 3916
(G) "Certified hyperbaric technologist" means a person who administers hyperbaric oxygen therapy and is certified as a hyperbaric technologist by the national board of diving and hyperbaric medical technology or its successor organization.	3917 3918 3919 3920
(H) "Hyperbaric oxygen therapy" means the administration of pure oxygen in a pressurized room or chamber, except that it does not include ventilator management.	3921 3922 3923
(I) "Advanced practice registered nurse" has the same	3924

meaning as in section 4723.01 of the Revised Code. 3925

(J) "Physician assistant" means an individual who holds a 3926
valid ~~certificate~~license to practice issued under Chapter 4730. 3927
of the Revised Code authorizing the individual to provide 3928
services as a physician assistant to patients under the 3929
supervision, control, and direction of one or more physicians. 3930

Sec. 4761.17. All of the following apply to the practice 3931
of respiratory care by a person who holds a license or limited 3932
permit issued under this chapter: 3933

(A) The person shall practice only pursuant to a 3934
prescription or other order for respiratory care issued by ~~a~~ any 3935
of the following: 3936

(1) A physician ~~or by a~~; 3937

(2) A registered nurse who holds a certificate of 3938
authority issued under Chapter 4723. of the Revised Code to 3939
practice as a certified nurse practitioner or clinical nurse 3940
specialist and has entered into a standard care arrangement with 3941
a physician that allows the nurse to prescribe or order 3942
respiratory care services; 3943

(3) A physician assistant who holds a valid prescriber 3944
number issued by the state medical board, has been granted 3945
physician-delegated prescriptive authority, and has entered into 3946
a supervision agreement that allows the physician assistant to 3947
prescribe or order respiratory care services. 3948

(B) The person shall practice only under the supervision 3949
of ~~a~~ any of the following: 3950

(1) A physician ~~or under the supervision of a~~; 3951

(2) A certified nurse practitioner or clinical nurse 3952

specialist who is authorized to prescribe or order respiratory care services as provided in division (A) (2) of this section; 3953
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(3) A physician assistant who is authorized to prescribe or order respiratory care services as provided in division (A) (3) of this section. 3955
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(C) (1) When practicing under the prescription or order of a certified nurse practitioner or clinical nurse specialist or under the supervision of such a nurse, the person's administration of medication that requires a prescription is limited to the drugs that the nurse is authorized to prescribe pursuant to the nurse's certificate to prescribe issued under section 4723.48 of the Revised Code. 3958
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(2) When practicing under the prescription or order of a physician assistant or under the supervision of a physician assistant, the person's administration of medication that requires a prescription is limited to the drugs that the physician assistant is authorized to prescribe pursuant to the physician assistant's physician-delegated prescriptive authority. 3965
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Sec. 4765.01. As used in this chapter: 3972

(A) "First responder" means an individual who holds a current, valid certificate issued under section 4765.30 of the Revised Code to practice as a first responder. 3973
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(B) "Emergency medical technician-basic" or "EMT-basic" means an individual who holds a current, valid certificate issued under section 4765.30 of the Revised Code to practice as an emergency medical technician-basic. 3976
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(C) "Emergency medical technician-intermediate" or "EMT-I" means an individual who holds a current, valid certificate 3980
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issued under section 4765.30 of the Revised Code to practice as 3982
an emergency medical technician-intermediate. 3983

(D) "Emergency medical technician-paramedic" or 3984
"paramedic" means an individual who holds a current, valid 3985
certificate issued under section 4765.30 of the Revised Code to 3986
practice as an emergency medical technician-paramedic. 3987

(E) "Ambulance" means any motor vehicle that is used, or 3988
is intended to be used, for the purpose of responding to 3989
emergency medical situations, transporting emergency patients, 3990
and administering emergency medical service to patients before, 3991
during, or after transportation. 3992

(F) "Cardiac monitoring" means a procedure used for the 3993
purpose of observing and documenting the rate and rhythm of a 3994
patient's heart by attaching electrical leads from an 3995
electrocardiograph monitor to certain points on the patient's 3996
body surface. 3997

(G) "Emergency medical service" means any of the services 3998
described in sections 4765.35, 4765.37, 4765.38, and 4765.39 of 3999
the Revised Code that are performed by first responders, 4000
emergency medical technicians-basic, emergency medical 4001
technicians-intermediate, and paramedics. "Emergency medical 4002
service" includes such services performed before or during any 4003
transport of a patient, including transports between hospitals 4004
and transports to and from helicopters. 4005

(H) "Emergency medical service organization" means a 4006
public or private organization using first responders, EMTs- 4007
basic, EMTs-I, or paramedics, or a combination of first 4008
responders, EMTs-basic, EMTs-I, and paramedics, to provide 4009
emergency medical services. 4010

(I) "Physician" means an individual who holds a current, 4011
valid certificate issued under Chapter 4731. of the Revised Code 4012
authorizing the practice of medicine and surgery or osteopathic 4013
medicine and surgery. 4014

(J) "Registered nurse" means an individual who holds a 4015
current, valid license issued under Chapter 4723. of the Revised 4016
Code authorizing the practice of nursing as a registered nurse. 4017

(K) "Volunteer" means a person who provides services 4018
either for no compensation or for compensation that does not 4019
exceed the actual expenses incurred in providing the services or 4020
in training to provide the services. 4021

(L) "Emergency medical service personnel" means first 4022
responders, emergency medical service technicians-basic, 4023
emergency medical service technicians-intermediate, emergency 4024
medical service technicians-paramedic, and persons who provide 4025
medical direction to such persons. 4026

(M) "Hospital" has the same meaning as in section 3727.01 4027
of the Revised Code. 4028

(N) "Trauma" or "traumatic injury" means severe damage to 4029
or destruction of tissue that satisfies both of the following 4030
conditions: 4031

(1) It creates a significant risk of any of the following: 4032

(a) Loss of life; 4033

(b) Loss of a limb; 4034

(c) Significant, permanent disfigurement; 4035

(d) Significant, permanent disability. 4036

(2) It is caused by any of the following: 4037

(a) Blunt or penetrating injury;	4038
(b) Exposure to electromagnetic, chemical, or radioactive energy;	4039 4040
(c) Drowning, suffocation, or strangulation;	4041
(d) A deficit or excess of heat.	4042
(O) "Trauma victim" or "trauma patient" means a person who has sustained a traumatic injury.	4043 4044
(P) "Trauma care" means the assessment, diagnosis, transportation, treatment, or rehabilitation of a trauma victim by emergency medical service personnel or by a physician, nurse, physician assistant, respiratory therapist, physical therapist, chiropractor, occupational therapist, speech-language pathologist, audiologist, or psychologist licensed to practice as such in this state or another jurisdiction.	4045 4046 4047 4048 4049 4050 4051
(Q) "Trauma center" means all of the following:	4052
(1) Any hospital that is verified by the American college of surgeons as an adult or pediatric trauma center;	4053 4054
(2) Any hospital that is operating as an adult or pediatric trauma center under provisional status pursuant to section 3727.101 of the Revised Code;	4055 4056 4057
(3) Until December 31, 2004, any hospital in this state that is designated by the director of health as a level II pediatric trauma center under section 3727.081 of the Revised Code;	4058 4059 4060 4061
(4) Any hospital in another state that is licensed or designated under the laws of that state as capable of providing specialized trauma care appropriate to the medical needs of the	4062 4063 4064

trauma patient. 4065

(R) "Pediatric" means involving a patient who is less than sixteen years of age. 4066
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(S) "Adult" means involving a patient who is not a pediatric patient. 4068
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(T) "Geriatric" means involving a patient who is at least seventy years old or exhibits significant anatomical or physiological characteristics associated with advanced aging. 4070
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(U) "Air medical organization" means an organization that provides emergency medical services, or transports emergency victims, by means of fixed or rotary wing aircraft. 4073
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(V) "Emergency care" and "emergency facility" have the same meanings as in section 3727.01 of the Revised Code. 4076
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(W) "Stabilize," except as it is used in division (B) of section 4765.35 of the Revised Code with respect to the manual stabilization of fractures, has the same meaning as in section 1753.28 of the Revised Code. 4078
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(X) "Transfer" has the same meaning as in section 1753.28 of the Revised Code. 4082
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(Y) "Firefighter" means any member of a fire department as defined in section 742.01 of the Revised Code. 4084
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(Z) "Volunteer firefighter" has the same meaning as in section 146.01 of the Revised Code. 4086
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(AA) "Part-time paid firefighter" means a person who provides firefighting services on less than a full-time basis, is routinely scheduled to be present on site at a fire station or other designated location for purposes of responding to a 4088
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fire or other emergency, and receives more than nominal 4092
compensation for the provision of firefighting services. 4093

(BB) "Physician assistant" means an individual who holds a 4094
valid ~~certificate~~license to practice as a physician assistant 4095
issued under Chapter 4730. of the Revised Code. 4096

Sec. 4765.51. Nothing in this chapter prevents or 4097
restricts the practice, services, or activities of any 4098
registered nurse practicing within the scope of the registered 4099
nurse's practice. 4100

Nothing in this chapter prevents or restricts the 4101
practice, services, or activities of any physician assistant 4102
practicing in accordance with a ~~physician supervisory plan~~ 4103
~~approved supervision agreement entered into~~ under section 4104
~~4730.17~~4730.19 of the Revised Code ~~or, including, if~~ 4105
applicable, the policies of the health care facility in which 4106
the physician assistant is practicing. 4107

Sec. 5123.47. (A) As used in this section: 4108

(1) "In-home care" means the supportive services provided 4109
within the home of an individual with mental retardation or a 4110
developmental disability who receives funding for the services 4111
through a county board of developmental disabilities, including 4112
any recipient of residential services funded as home and 4113
community-based services, family support services provided under 4114
section 5126.11 of the Revised Code, or supported living 4115
provided in accordance with sections 5126.41 to 5126.47 of the 4116
Revised Code. "In-home care" includes care that is provided 4117
outside an individual's home in places incidental to the home, 4118
and while traveling to places incidental to the home, except 4119
that "in-home care" does not include care provided in the 4120

facilities of a county board of developmental disabilities or	4121
care provided in schools.	4122
(2) "Parent" means either parent of a child, including an	4123
adoptive parent but not a foster parent.	4124
(3) "Unlicensed in-home care worker" means an individual	4125
who provides in-home care but is not a health care professional.	4126
(4) "Family member" means a parent, sibling, spouse, son,	4127
daughter, grandparent, aunt, uncle, cousin, or guardian of the	4128
individual with mental retardation or a developmental disability	4129
if the individual with mental retardation or developmental	4130
disabilities lives with the person and is dependent on the	4131
person to the extent that, if the supports were withdrawn,	4132
another living arrangement would have to be found.	4133
(5) "Health care professional" means any of the following:	4134
(a) A dentist who holds a valid license issued under	4135
Chapter 4715. of the Revised Code;	4136
(b) A registered or licensed practical nurse who holds a	4137
valid license issued under Chapter 4723. of the Revised Code;	4138
(c) An optometrist who holds a valid license issued under	4139
Chapter 4725. of the Revised Code;	4140
(d) A pharmacist who holds a valid license issued under	4141
Chapter 4729. of the Revised Code;	4142
(e) A person who holds a valid certificate issued under	4143
Chapter 4731. of the Revised Code to practice medicine and	4144
surgery, osteopathic medicine and surgery, podiatric medicine	4145
and surgery, or a limited brand of medicine;	4146
(f) A physician assistant who holds a valid certificate	4147

<u>license</u> issued under Chapter 4730. of the Revised Code;	4148
(g) An occupational therapist or occupational therapy assistant or a physical therapist or physical therapist assistant who holds a valid license issued under Chapter 4755. of the Revised Code;	4149 4150 4151 4152
(h) A respiratory care professional who holds a valid license issued under Chapter 4761. of the Revised Code.	4153 4154
(6) "Health care task" means a task that is prescribed, ordered, delegated, or otherwise directed by a health care professional acting within the scope of the professional's practice.	4155 4156 4157 4158
(B) Except as provided in division (E) of this section, a family member of an individual with mental retardation or a developmental disability may authorize an unlicensed in-home care worker to administer oral and topical prescribed medications or perform other health care tasks as part of the in-home care the worker provides to the individual, if all of the following apply:	4159 4160 4161 4162 4163 4164 4165
(1) The family member is the primary supervisor of the care.	4166 4167
(2) The unlicensed in-home care worker has been selected by the family member or the individual receiving care and is under the direct supervision of the family member.	4168 4169 4170
(3) The unlicensed in-home care worker is providing the care through an employment or other arrangement entered into directly with the family member and is not otherwise employed by or under contract with a person or government entity to provide services to individuals with mental retardation and developmental disabilities.	4171 4172 4173 4174 4175 4176

(C) A family member shall obtain a prescription, if 4177
applicable, and written instructions from a health care 4178
professional for the care to be provided to the individual. The 4179
family member shall authorize the unlicensed in-home care worker 4180
to provide the care by preparing a written document granting the 4181
authority. The family member shall provide the unlicensed in- 4182
home care worker with appropriate training and written 4183
instructions in accordance with the instructions obtained from 4184
the health care professional. 4185

(D) A family member who authorizes an unlicensed in-home 4186
care worker to administer oral and topical prescribed 4187
medications or perform other health care tasks retains full 4188
responsibility for the health and safety of the individual 4189
receiving the care and for ensuring that the worker provides the 4190
care appropriately and safely. No entity that funds or monitors 4191
the provision of in-home care may be held liable for the results 4192
of the care provided under this section by an unlicensed in-home 4193
care worker, including such entities as the county board of 4194
developmental disabilities and the department of developmental 4195
disabilities. 4196

An unlicensed in-home care worker who is authorized under 4197
this section by a family member to provide care to an individual 4198
may not be held liable for any injury caused in providing the 4199
care, unless the worker provides the care in a manner that is 4200
not in accordance with the training and instructions received or 4201
the worker acts in a manner that constitutes wanton or reckless 4202
misconduct. 4203

(E) A county board of developmental disabilities may 4204
evaluate the authority granted by a family member under this 4205
section to an unlicensed in-home care worker at any time it 4206

considers necessary and shall evaluate the authority on receipt 4207
of a complaint. If the board determines that a family member has 4208
acted in a manner that is inappropriate for the health and 4209
safety of the individual receiving the care, the authorization 4210
granted by the family member to an unlicensed in-home care 4211
worker is void, and the family member may not authorize other 4212
unlicensed in-home care workers to provide the care. In making 4213
such a determination, the board shall use appropriately licensed 4214
health care professionals and shall provide the family member an 4215
opportunity to file a complaint under section 5126.06 of the 4216
Revised Code. 4217

Section 2. That existing sections 1.64, 2133.211, 4218
2151.3515, 2305.113, 2925.61, 3701.048, 3701.92, 3727.06, 4219
4503.44, 4723.01, 4723.06, 4723.07, 4723.18, 4723.181, 4723.48, 4220
4723.482, 4723.50, 4729.01, 4730.01, 4730.02, 4730.03, 4730.04, 4221
4730.06, 4730.08, 4730.091, 4730.10, 4730.101, 4730.11, 4730.12, 4222
4730.13, 4730.14, 4730.19, 4730.21, 4730.22, 4730.25, 4730.251, 4223
4730.27, 4730.28, 4730.31, 4730.32, 4730.33, 4730.38, 4730.39, 4224
4730.41, 4730.42, 4730.43, 4730.431, 4730.49, 4730.51, 4730.53, 4225
4731.07, 4731.72, 4761.01, 4761.17, 4765.01, 4765.51, and 4226
5123.47 and sections 4730.081, 4730.09, 4730.15, 4730.16, 4227
4730.17, 4730.18, 4730.20, 4730.44, 4730.45, 4730.46, 4730.47, 4228
4730.48, 4730.50, and 4730.52 of the Revised Code are hereby 4229
repealed. 4230

Section 3. (A) The State Medical Board may continue to 4231
issue certificates to practice and certificates to prescribe 4232
pursuant to Chapter 4730. of the Revised Code for not longer 4233
than ninety days after the effective date of this act. 4234
Thereafter, the Board shall issue physician assistant licenses 4235
in compliance with this act. 4236

(B) Certificates to practice and certificates to prescribe 4237
issued pursuant to division (A) of this section or Chapter 4730. 4238
of the Revised Code, as that chapter existed immediately prior 4239
to the effective date of this act, shall satisfy the 4240
requirements for physician assistant licenses, as created by 4241
this act, until January 31, 2016. 4242

Section 4. Section 4730.25 of the Revised Code is 4243
presented in this act as a composite of the section as amended 4244
by Sub. H.B. 314, Am. Sub. H.B. 341, and Am. Sub. H.B. 483, all 4245
of the 130th General Assembly. The General Assembly, applying 4246
the principle stated in division (B) of section 1.52 of the 4247
Revised Code that amendments are to be harmonized if reasonably 4248
capable of simultaneous operation, finds that the composite is 4249
the resulting version of the section in effect prior to the 4250
effective date of the section as presented in this act. 4251