

**As Introduced**

**131st General Assembly  
Regular Session  
2015-2016**

**S. B. No. 279**

**Senator Jones**

**Cosponsors: Senators Hite, Schiavoni**

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**A BILL**

To amend sections 1.64, 1751.67, 2133.211, 1  
2305.113, 2305.234, 2317.02, 2919.171, 2921.22, 2  
2925.61, 3701.351, 3701.926, 3705.16, 3719.06, 3  
3719.121, 3727.06, 3727.08, 3923.233, 3923.301, 4  
3923.63, 3923.64, 4713.02, 4723.01, 4723.02, 5  
4723.03, 4723.06, 4723.07, 4723.08, 4723.09, 6  
4723.151, 4723.16, 4723.24, 4723.25, 4723.271, 7  
4723.28, 4723.32, 4723.341, 4723.36, 4723.41, 8  
4723.42, 4723.43, 4723.432, 4723.44, 4723.46, 9  
4723.47, 4723.481, 4723.482, 4723.486, 4723.487, 10  
4723.488, 4723.49, 4723.491, 4723.71, 4723.88, 11  
4723.99, 4729.01, 4729.39, 4731.22, 4731.281, 12  
4755.48, 4755.481, 4761.17, 5120.55, and 13  
5164.07, to enact sections 4723.011 and 14  
4723.421, and to repeal sections 4723.431, 15  
4723.48, 4723.484, 4723.485, 4723.492, 4723.50, 16  
and 4731.27 of the Revised Code to revise the 17  
law governing advanced practice registered 18  
nurses. 19

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

**Section 1.** That sections 1.64, 1751.67, 2133.211, 20  
2305.113, 2305.234, 2317.02, 2919.171, 2921.22, 2925.61, 21  
3701.351, 3701.926, 3705.16, 3719.06, 3719.121, 3727.06, 22  
3727.08, 3923.233, 3923.301, 3923.63, 3923.64, 4713.02, 4723.01, 23  
4723.02, 4723.03, 4723.06, 4723.07, 4723.08, 4723.09, 4723.151, 24  
4723.16, 4723.24, 4723.25, 4723.271, 4723.28, 4723.32, 4723.341, 25  
4723.36, 4723.41, 4723.42, 4723.43, 4723.432, 4723.44, 4723.46, 26  
4723.47, 4723.481, 4723.482, 4723.486, 4723.487, 4723.488, 27  
4723.49, 4723.491, 4723.71, 4723.88, 4723.99, 4729.01, 4729.39, 28  
4731.22, 4731.281, 4755.48, 4755.481, 4761.17, 5120.55, and 29  
5164.07 be amended and sections 4723.011 and 4723.421 of the 30  
Revised Code be enacted to read as follows: 31

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

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

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

(C) "Clinical nurse specialist" means ~~a~~ an advanced 47  
practice registered nurse who holds a current, valid ~~certificate~~ 48  
~~of authority license~~ issued under Chapter 4723. of the Revised 49

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

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

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

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

(2) The policy, contract, or agreement shall cover a 72  
physician-directed source of follow-up care or a source of 73  
follow-up care directed by an advanced practice registered 74  
nurse. Services covered as follow-up care shall include physical 75  
assessment of the mother and newborn, parent education, 76  
assistance and training in breast or bottle feeding, assessment 77  
of the home support system, performance of any medically 78  
necessary and appropriate clinical tests, and any other services 79

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

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

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

(C) (1) No health insuring corporation may do either of the 109

following:	110
(a) Terminate the participation of a provider or health care facility in an individual or group health care plan solely for making recommendations for inpatient or follow-up care for a particular mother or newborn that are consistent with the care required to be covered by this section;	111 112 113 114 115
(b) Establish or offer monetary or other financial incentives for the purpose of encouraging a person to decline the inpatient or follow-up care required to be covered by this section.	116 117 118 119
(2) Whoever violates division (C) (1) (a) or (b) of this section has engaged in an unfair and deceptive act or practice in the business of insurance under sections 3901.19 to 3901.26 of the Revised Code.	120 121 122 123
(D) This section does not do any of the following:	124
(1) Require a policy, contract, or agreement to cover inpatient or follow-up care that is not received in accordance with the policy's, contract's, or agreement's terms pertaining to the providers and facilities from which an individual is authorized to receive health care services;	125 126 127 128 129
(2) Require a mother or newborn to stay in a hospital or other inpatient setting for a fixed period of time following delivery;	130 131 132
(3) Require a child to be delivered in a hospital or other inpatient setting;	133 134
(4) Authorize a <u>certified</u> nurse-midwife to practice beyond the authority to practice nurse-midwifery in accordance with Chapter 4723. of the Revised Code;	135 136 137

(5) Establish minimum standards of medical diagnosis, 138  
care, or treatment for inpatient or follow-up care for a mother 139  
or newborn. A deviation from the care required to be covered 140  
under this section shall not, solely on the basis of this 141  
section, give rise to a medical claim or to derivative claims 142  
for relief, as those terms are defined in section 2305.113 of 143  
the Revised Code. 144

**Sec. 2133.211.** A person who holds a ~~certificate of~~ 145  
~~authority as a certified nurse practitioner or clinical nurse~~ 146  
~~specialist~~ current, valid license issued under Chapter 4723. of 147  
the Revised Code to practice as an advanced practice registered 148  
nurse may take any action that may be taken by an attending 149  
physician under sections 2133.21 to 2133.26 of the Revised Code 150  
and has the immunity provided by section 2133.22 of the Revised 151  
Code ~~if the action is taken pursuant to a standard care~~ 152  
~~arrangement with a collaborating physician.~~ 153

A person who holds a license to practice as a physician 154  
assistant issued under Chapter 4730. of the Revised Code may 155  
take any action that may be taken by an attending physician 156  
under sections 2133.21 to 2133.26 of the Revised Code and has 157  
the immunity provided by section 2133.22 of the Revised Code if 158  
the action is taken pursuant to a supervision agreement entered 159  
into under section 4730.19 of the Revised Code, including, if 160  
applicable, the policies of a health care facility in which the 161  
physician assistant is practicing. 162

**Sec. 2305.113.** (A) Except as otherwise provided in this 163  
section, an action upon a medical, dental, optometric, or 164  
chiropractic claim shall be commenced within one year after the 165  
cause of action accrued. 166

(B) (1) If prior to the expiration of the one-year period 167

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

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

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

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

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

(D) (1) If a person making a medical claim, dental claim, 193  
optometric claim, or chiropractic claim, in the exercise of 194  
reasonable care and diligence, could not have discovered the 195  
injury resulting from the act or omission constituting the 196

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

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

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

(E) As used in this section: 223

(1) "Hospital" includes any person, corporation, 224  
association, board, or authority that is responsible for the 225  
operation of any hospital licensed or registered in the state, 226



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

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

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

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

(b) Claims that arise out of the plan of care, medical 256

diagnosis, or treatment of any person and to which either of the	257
following applies:	258
(i) The claim results from acts or omissions in providing	259
medical care.	260
(ii) The claim results from the hiring, training,	261
supervision, retention, or termination of caregivers providing	262
medical diagnosis, care, or treatment.	263
(c) Claims that arise out of the plan of care, medical	264
diagnosis, or treatment of any person and that are brought under	265
section 3721.17 of the Revised Code;	266
(d) Claims that arise out of skilled nursing care or	267
personal care services provided in a home pursuant to the plan	268
of care, medical diagnosis, or treatment.	269
(4) "Podiatrist" means any person who is licensed to	270
practice podiatric medicine and surgery by the state medical	271
board.	272
(5) "Dentist" means any person who is licensed to practice	273
dentistry by the state dental board.	274
(6) "Dental claim" means any claim that is asserted in any	275
civil action against a dentist, or against any employee or agent	276
of a dentist, and that arises out of a dental operation or the	277
dental diagnosis, care, or treatment of any person. "Dental	278
claim" includes derivative claims for relief that arise from a	279
dental operation or the dental diagnosis, care, or treatment of	280
a person.	281
(7) "Derivative claims for relief" include, but are not	282
limited to, claims of a parent, guardian, custodian, or spouse	283
of an individual who was the subject of any medical diagnosis,	284

care, or treatment, dental diagnosis, care, or treatment, dental 285  
operation, optometric diagnosis, care, or treatment, or 286  
chiropractic diagnosis, care, or treatment, that arise from that 287  
diagnosis, care, treatment, or operation, and that seek the 288  
recovery of damages for any of the following: 289

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

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

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

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

(10) "Chiropractor" means any person who is licensed to 312  
practice chiropractic by the state chiropractic board. 313

(11) "Optometric claim" means any claim that is asserted	314
in any civil action against an optometrist, or against any	315
employee or agent of an optometrist, and that arises out of the	316
optometric diagnosis, care, or treatment of any person.	317
"Optometric claim" includes derivative claims for relief that	318
arise from the optometric diagnosis, care, or treatment of a	319
person.	320
(12) "Optometrist" means any person licensed to practice	321
optometry by the state board of optometry.	322
(13) "Physical therapist" means any person who is licensed	323
to practice physical therapy under Chapter 4755. of the Revised	324
Code.	325
(14) "Home" has the same meaning as in section 3721.10 of	326
the Revised Code.	327
(15) "Residential facility" means a facility licensed	328
under section 5123.19 of the Revised Code.	329
(16) "Advanced practice registered nurse" <del>means any</del>	330
<del>certified nurse practitioner, clinical nurse specialist,</del>	331
<del>certified registered nurse anesthetist, or certified nurse</del>	332
<del>midwife who holds a certificate of authority issued by the board</del>	333
<del>of nursing under Chapter 4723. has the same meaning as in</del>	334
<u>section 4723.01</u> of the Revised Code.	335
(17) "Licensed practical nurse" means any person who is	336
licensed to practice nursing as a licensed practical nurse by	337
the board of nursing pursuant to Chapter 4723. of the Revised	338
Code.	339
(18) "Physician assistant" means any person who is	340
licensed as a physician assistant under Chapter 4730. of the	341
Revised Code.	342

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

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

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

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

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

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

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

(5) "Health care professional" means any of the following who provide medical, dental, or other health-related diagnosis,

care, or treatment:	372
(a) Physicians authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery;	373 374 375
(b) <del>Registered Advanced practice registered nurses, registered nurses,</del> and licensed practical nurses licensed under Chapter 4723. of the Revised Code <del>and individuals who hold a certificate of authority issued under that chapter that authorizes the practice of nursing as a certified registered nurse anesthetist, clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner;</del>	376 377 378 379 380 381 382
(c) Physician assistants authorized to practice under Chapter 4730. of the Revised Code;	383 384
(d) Dentists and dental hygienists licensed under Chapter 4715. of the Revised Code;	385 386
(e) Physical therapists, physical therapist assistants, occupational therapists, occupational therapy assistants, and athletic trainers licensed under Chapter 4755. of the Revised Code;	387 388 389 390
(f) Chiropractors licensed under Chapter 4734. of the Revised Code;	391 392
(g) Optometrists licensed under Chapter 4725. of the Revised Code;	393 394
(h) Podiatrists authorized under Chapter 4731. of the Revised Code to practice podiatry;	395 396
(i) Dietitians licensed under Chapter 4759. of the Revised Code;	397 398

(j) Pharmacists licensed under Chapter 4729. of the Revised Code;	399 400
(k) Emergency medical technicians-basic, emergency medical technicians-intermediate, and emergency medical technicians-paramedic, certified under Chapter 4765. of the Revised Code;	401 402 403
(l) Respiratory care professionals licensed under Chapter 4761. of the Revised Code;	404 405
(m) Speech-language pathologists and audiologists licensed under Chapter 4753. of the Revised Code;	406 407
(n) Licensed professional clinical counselors, licensed professional counselors, independent social workers, social workers, independent marriage and family therapists, and marriage and family therapists, licensed under Chapter 4757. of the Revised Code;	408 409 410 411 412
(o) Psychologists licensed under Chapter 4732. of the Revised Code;	413 414
(p) Individuals licensed or certified under Chapter 4758. of the Revised Code who are acting within the scope of their license or certificate as members of the profession of chemical dependency counseling or alcohol and other drug prevention services.	415 416 417 418 419
(6) "Health care worker" means a person other than a health care professional who provides medical, dental, or other health-related care or treatment under the direction of a health care professional with the authority to direct that individual's activities, including medical technicians, medical assistants, dental assistants, orderlies, aides, and individuals acting in similar capacities.	420 421 422 423 424 425 426

(7) "Indigent and uninsured person" means a person who	427
meets both of the following requirements:	428
(a) Relative to being indigent, the person's income is not	429
greater than two hundred per cent of the federal poverty line,	430
as defined by the United States office of management and budget	431
and revised in accordance with section 673(2) of the "Omnibus	432
Budget Reconciliation Act of 1981," 95 Stat. 511, 42 U.S.C.	433
9902, as amended, except in any case in which division (A) (7) (b)	434
(iii) of this section includes a person whose income is greater	435
than two hundred per cent of the federal poverty line.	436
(b) Relative to being uninsured, one of the following	437
applies:	438
(i) The person is not a policyholder, certificate holder,	439
insured, contract holder, subscriber, enrollee, member,	440
beneficiary, or other covered individual under a health	441
insurance or health care policy, contract, or plan.	442
(ii) The person is a policyholder, certificate holder,	443
insured, contract holder, subscriber, enrollee, member,	444
beneficiary, or other covered individual under a health	445
insurance or health care policy, contract, or plan, but the	446
insurer, policy, contract, or plan denies coverage or is the	447
subject of insolvency or bankruptcy proceedings in any	448
jurisdiction.	449
(iii) Until June 30, 2019, the person is eligible for the	450
medicaid program or is a medicaid recipient.	451
(iv) Except as provided in division (A) (7) (b) (iii) of this	452
section, the person is not eligible for or a recipient,	453
enrollee, or beneficiary of any governmental health care	454
program.	455



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

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

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

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

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

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

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

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

(2) To qualify for the immunity described in division (B)

(1) of this section, a health care professional shall do all of 516  
the following prior to providing diagnosis, care, or treatment: 517

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

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

(c) Obtain the informed consent of the person and a 530  
written waiver, signed by the person or by another individual on 531  
behalf of and in the presence of the person, that states that 532  
the person is mentally competent to give informed consent and, 533  
without being subject to duress or under undue influence, gives 534  
informed consent to the provision of the diagnosis, care, or 535  
treatment subject to the provisions of this section. A written 536  
waiver under division (B) (2) (c) of this section shall state 537  
clearly and in conspicuous type that the person or other 538  
individual who signs the waiver is signing it with full 539  
knowledge that, by giving informed consent to the provision of 540  
the diagnosis, care, or treatment, the person cannot bring a 541  
tort or other civil action, including an action on a medical, 542  
dental, chiropractic, optometric, or other health-related claim, 543  
against the health care professional unless the action or 544  
omission of the health care professional constitutes willful or 545

wanton misconduct.	546
(3) A physician or podiatrist who is not covered by	547
medical malpractice insurance, but complies with division (B) (2)	548
of this section, is not required to comply with division (A) of	549
section 4731.143 of the Revised Code.	550
(C) Subject to divisions (F) and (G) (3) of this section,	551
health care workers who are volunteers are not liable in damages	552
to any person or government entity in a tort or other civil	553
action, including an action upon a medical, dental,	554
chiropractic, optometric, or other health-related claim, for	555
injury, death, or loss to person or property that allegedly	556
arises from an action or omission of the health care worker in	557
the provision to an indigent and uninsured person of medical,	558
dental, or other health-related diagnosis, care, or treatment,	559
unless the action or omission constitutes willful or wanton	560
misconduct.	561
(D) Subject to divisions (F) and (G) (3) of this section, a	562
nonprofit health care referral organization is not liable in	563
damages to any person or government entity in a tort or other	564
civil action, including an action on a medical, dental,	565
chiropractic, optometric, or other health-related claim, for	566
injury, death, or loss to person or property that allegedly	567
arises from an action or omission of the nonprofit health care	568
referral organization in referring indigent and uninsured	569
persons to, or arranging for the provision of, medical, dental,	570
or other health-related diagnosis, care, or treatment by a	571
health care professional described in division (B) (1) of this	572
section or a health care worker described in division (C) of	573
this section, unless the action or omission constitutes willful	574
or wanton misconduct.	575

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

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

(a) Any medical, dental, or other health-related 602  
diagnosis, care, or treatment pursuant to a community service 603  
work order entered by a court under division (B) of section 604  
2951.02 of the Revised Code or imposed by a court as a community 605  
control sanction; 606

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

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

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

(iii) The individual involved is a health care professional, and the operation is beyond the scope of practice or the education, training, and competence, as applicable, of the health care professional. 613  
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(c) Delivery of a baby or any other purposeful termination of a human pregnancy. 617  
618

(2) Division (F)(1) of this section does not apply when a health care professional or health care worker provides medical, dental, or other health-related diagnosis, care, or treatment that is necessary to preserve the life of a person in a medical emergency. 619  
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(G)(1) This section does not create a new cause of action or substantive legal right against a health care professional, health care worker, nonprofit health care referral organization, or health care facility or location. 624  
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(2) This section does not affect any immunities from civil liability or defenses established by another section of the Revised Code or available at common law to which a health care professional, health care worker, nonprofit health care referral organization, or health care facility or location may be entitled in connection with the provision of emergency or other medical, dental, or other health-related diagnosis, care, or treatment. 628  
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(3) This section does not grant an immunity from tort or 636  
other civil liability to a health care professional, health care 637  
worker, nonprofit health care referral organization, or health 638  
care facility or location for actions that are outside the scope 639  
of authority of health care professionals or health care 640  
workers. 641

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

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

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

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

(A) (1) An attorney, concerning a communication made to the 660  
attorney by a client in that relation or concerning the 661  
attorney's advice to a client, except that the attorney may 662  
testify by express consent of the client or, if the client is 663  
deceased, by the express consent of the surviving spouse or the 664

executor or administrator of the estate of the deceased client. 665  
However, if the client voluntarily reveals the substance of 666  
attorney-client communications in a nonprivileged context or is 667  
deemed by section 2151.421 of the Revised Code to have waived 668  
any testimonial privilege under this division, the attorney may 669  
be compelled to testify on the same subject. 670

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

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

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

(2) An attorney, concerning a communication made to the 689  
attorney by a client in that relationship or the attorney's 690  
advice to a client, except that if the client is an insurance 691  
company, the attorney may be compelled to testify, subject to an 692  
in camera inspection by a court, about communications made by 693  
the client to the attorney or by the attorney to the client that 694



are related to the attorney's aiding or furthering an ongoing or 695  
future commission of bad faith by the client, if the party 696  
seeking disclosure of the communications has made a prima-facie 697  
showing of bad faith, fraud, or criminal misconduct by the 698  
client. 699

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

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

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

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

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

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

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

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

(d) In any criminal action against a physician, advanced 745  
practice registered nurse, or dentist. In such an action, the 746  
testimonial privilege established under this division does not 747  
prohibit the admission into evidence, in accordance with the 748  
Rules of Evidence, of a patient's medical or dental records or 749  
other communications between a patient and the physician,  750  
advanced practice registered nurse, or dentist that are related 751  
to the action and obtained by subpoena, search warrant, or other 752  
lawful means. A court that permits or compels a physician,  753

advanced practice registered nurse, or dentist to testify in 754  
such an action or permits the introduction into evidence of 755  
patient records or other communications in such an action shall 756  
require that appropriate measures be taken to ensure that the 757  
confidentiality of any patient named or otherwise identified in 758  
the records is maintained. Measures to ensure confidentiality 759  
that may be taken by the court include sealing its records or 760  
deleting specific information from its records. 761

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

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

(iii) Division (B) (1) (e) (i) of this section does not 782  
require a mental health professional to disclose psychotherapy 783

notes, as defined in 45 C.F.R. 164.501. 784

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

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

(2) (a) If any law enforcement officer submits a written 796  
statement to a health care provider that states that an official 797  
criminal investigation has begun regarding a specified person or 798  
that a criminal action or proceeding has been commenced against 799  
a specified person, that requests the provider to supply to the 800  
officer copies of any records the provider possesses that 801  
pertain to any test or the results of any test administered to 802  
the specified person to determine the presence or concentration 803  
of alcohol, a drug of abuse, a combination of them, a controlled 804  
substance, or a metabolite of a controlled substance in the 805  
person's whole blood, blood serum or plasma, breath, or urine at 806  
any time relevant to the criminal offense in question, and that 807  
conforms to section 2317.022 of the Revised Code, the provider, 808  
except to the extent specifically prohibited by any law of this 809  
state or of the United States, shall supply to the officer a 810  
copy of any of the requested records the provider possesses. If 811  
the health care provider does not possess any of the requested 812  
records, the provider shall give the officer a written statement 813

that indicates that the provider does not possess any of the 814  
requested records. 815

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

(3) (a) If the testimonial privilege described in division 833  
(B) (1) of this section does not apply as provided in division 834  
(B) (1) (a) (iii) of this section, a physician, advanced practice 835  
registered nurse, or dentist may be compelled to testify or to 836  
submit to discovery under the Rules of Civil Procedure only as 837  
to a communication made to the physician, advanced practice 838  
registered nurse, or dentist by the patient in question in that 839  
relation, or the ~~physician's or dentist's~~ advice of the 840  
physician, advanced practice registered nurse, or dentist given 841  
to the patient in question, that related causally or 842  
historically to physical or mental injuries that are relevant to 843  
issues in the medical claim, dental claim, chiropractic claim, 844

or optometric claim, action for wrongful death, other civil 845  
action, or claim under Chapter 4123. of the Revised Code. 846

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

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

(5) (a) As used in divisions (B) (1) to (4) of this section, 870  
"communication" means acquiring, recording, or transmitting any 871  
information, in any manner, concerning any facts, opinions, or 872  
statements necessary to enable a physician, advanced practice 873  
registered nurse, or dentist to diagnose, treat, prescribe, or 874

act for a patient. A "communication" may include, but is not 875  
limited to, any medical or dental, office, or hospital 876  
communication such as a record, chart, letter, memorandum, 877  
laboratory test and results, x-ray, photograph, financial 878  
statement, diagnosis, or prognosis. 879

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

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

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

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

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

(iv) "Hospital" has the same meaning as in section 3727.01 901  
of the Revised Code. 902

(v) "Long-term care facility" means a nursing home, 903

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

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

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

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

(7) Nothing in divisions (B)(1) to (6) of this section 923  
affects, or shall be construed as affecting, the immunity from 924  
civil liability conferred by section 307.628 of the Revised Code 925  
or the immunity from civil liability conferred by section 926  
2305.33 of the Revised Code upon physicians or advanced practice 927  
registered nurses who report an employee's use of a drug of 928  
abuse, or a condition of an employee other than one involving 929  
the use of a drug of abuse, to the employer of the employee in 930  
accordance with division (B) of that section. As used in 931  
division (B)(7) of this section, "employee," "employer," and 932  
"physician" have the same meanings as in section 2305.33 of the 933



Revised Code and "advanced practice registered nurse" has the 934  
same meaning as in section 4723.01 of the Revised Code. 935

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

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

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

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

(i) The confession or confidential communication was made 959  
directly to the cleric. 960

(ii) The confession or confidential communication was made 961  
in the manner and context that places the cleric specifically 962

and strictly under a level of confidentiality that is considered 963  
inviolable by canon law or church doctrine. 964

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

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

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

(G) (1) A school guidance counselor who holds a valid 980  
educator license from the state board of education as provided 981  
for in section 3319.22 of the Revised Code, a person licensed 982  
under Chapter 4757. of the Revised Code as a licensed 983  
professional clinical counselor, licensed professional 984  
counselor, social worker, independent social worker, marriage 985  
and family therapist or independent marriage and family 986  
therapist, or registered under Chapter 4757. of the Revised Code 987  
as a social work assistant concerning a confidential 988  
communication received from a client in that relation or the 989  
person's advice to a client unless any of the following applies: 990

(a) The communication or advice indicates clear and 991

present danger to the client or other persons. For the purposes	992
of this division, cases in which there are indications of	993
present or past child abuse or neglect of the client constitute	994
a clear and present danger.	995
(b) The client gives express consent to the testimony.	996
(c) If the client is deceased, the surviving spouse or the	997
executor or administrator of the estate of the deceased client	998
gives express consent.	999
(d) The client voluntarily testifies, in which case the	1000
school guidance counselor or person licensed or registered under	1001
Chapter 4757. of the Revised Code may be compelled to testify on	1002
the same subject.	1003
(e) The court in camera determines that the information	1004
communicated by the client is not germane to the counselor-	1005
client, marriage and family therapist-client, or social worker-	1006
client relationship.	1007
(f) A court, in an action brought against a school, its	1008
administration, or any of its personnel by the client, rules	1009
after an in-camera inspection that the testimony of the school	1010
guidance counselor is relevant to that action.	1011
(g) The testimony is sought in a civil action and concerns	1012
court-ordered treatment or services received by a patient as	1013
part of a case plan journalized under section 2151.412 of the	1014
Revised Code or the court-ordered treatment or services are	1015
necessary or relevant to dependency, neglect, or abuse or	1016
temporary or permanent custody proceedings under Chapter 2151.	1017
of the Revised Code.	1018
(2) Nothing in division (G) (1) of this section shall	1019
relieve a school guidance counselor or a person licensed or	1020

registered under Chapter 4757. of the Revised Code from the 1021  
requirement to report information concerning child abuse or 1022  
neglect under section 2151.421 of the Revised Code. 1023

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

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

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

(J) (1) A chiropractor in a civil proceeding concerning a 1050

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

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

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

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

(2) If the testimonial privilege described in division (J) 1072  
(1) of this section does not apply as provided in division (J) 1073  
(1)(c) of this section, a chiropractor may be compelled to 1074  
testify or to submit to discovery under the Rules of Civil 1075  
Procedure only as to a communication made to the chiropractor by 1076  
the patient in question in that relation, or the chiropractor's 1077  
advice to the patient in question, that related causally or 1078  
historically to physical or mental injuries that are relevant to 1079  
issues in the medical claim, dental claim, chiropractic claim, 1080

or optometric claim, action for wrongful death, other civil 1081  
action, or claim under Chapter 4123. of the Revised Code. 1082

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

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

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

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

(a) The communication or advice indicates clear and 1104  
present danger to the individual who receives crisis response 1105  
services or to other persons. For purposes of this division, 1106  
cases in which there are indications of present or past child 1107  
abuse or neglect of the individual constitute a clear and 1108  
present danger. 1109

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

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

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

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

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

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

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

(b) "Critical incident stress management team member" or 1130  
"team member" means an individual specially trained to provide 1131  
crisis response services as a member of an organized community 1132  
or local crisis response team that holds membership in the Ohio 1133  
critical incident stress management network. 1134

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

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

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

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

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

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

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

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

(iv) Selecting and evaluating available community 1161  
resources; 1162

(v) Making appropriate referrals; 1163

(vi) Local and national employee assistance agreements; 1164



(vii) Client confidentiality.	1165
(3) Division (L)(1) of this section does not apply to any of the following:	1166 1167
(a) A criminal action or proceeding involving an offense under sections 2903.01 to 2903.06 of the Revised Code if the employee assistance professional's disclosure or testimony relates directly to the facts or immediate circumstances of the offense;	1168 1169 1170 1171 1172
(b) A communication made by a client to an employee assistance professional that reveals the contemplation or commission of a crime or serious, harmful act;	1173 1174 1175
(c) A communication that is made by a client who is an unemancipated minor or an adult adjudicated to be incompetent and indicates that the client was the victim of a crime or abuse;	1176 1177 1178 1179
(d) A civil proceeding to determine an individual's mental competency or a criminal action in which a plea of not guilty by reason of insanity is entered;	1180 1181 1182
(e) A civil or criminal malpractice action brought against the employee assistance professional;	1183 1184
(f) When the employee assistance professional has the express consent of the client or, if the client is deceased or disabled, the client's legal representative;	1185 1186 1187
(g) When the testimonial privilege otherwise provided by division (L)(1) of this section is abrogated under law.	1188 1189
<b>Sec. 2919.171.</b> (A) A physician who performs or induces or attempts to perform or induce an abortion on a pregnant woman shall submit a report to the department of health in accordance	1190 1191 1192

with the forms, rules, and regulations adopted by the department 1193  
that includes all of the information the physician is required 1194  
to certify in writing or determine under sections 2919.17 and 1195  
2919.18 of the Revised Code: 1196

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

(C) (1) The physician shall submit the report described in 1210  
division (A) of this section to the department of health within 1211  
fifteen days after the woman is discharged. If the physician 1212  
fails to submit the report more than thirty days after that 1213  
fifteen-day deadline, the physician shall be subject to a late 1214  
fee of five hundred dollars for each additional thirty-day 1215  
period or portion of a thirty-day period the report is overdue. 1216  
A physician who is required to submit to the department of 1217  
health a report under division (A) of this section and who has 1218  
not submitted a report or has submitted an incomplete report 1219  
more than one year following the fifteen-day deadline may, in an 1220  
action brought by the department of health, be directed by a 1221  
court of competent jurisdiction to submit a complete report to 1222  
the department of health within a period of time stated in a 1223

court order or be subject to contempt of court. 1224

(2) If a physician fails to comply with the requirements 1225  
of this section, other than filing a late report with the 1226  
department of health, or fails to submit a complete report to 1227  
the department of health in accordance with a court order, the 1228  
physician is subject to division (B) ~~(41)~~ (43) of section 4731.22 1229  
of the Revised Code. 1230

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

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

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

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

(B) Except for conditions that are within the scope of 1247  
division (E) of this section, no ~~physician, limited~~ 1248  
~~practitioner, nurse, or other person~~ giving aid to a sick or 1249  
injured person shall negligently fail to report to law 1250  
enforcement authorities any gunshot or stab wound treated or 1251  
observed by the ~~physician, limited practitioner, nurse, or~~ 1252

person, or any serious physical harm to persons that the 1253  
~~physician, limited practitioner, nurse, or~~ person knows or has 1254  
reasonable cause to believe resulted from an offense of 1255  
violence. 1256

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

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

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

(a) Second or third degree burns; 1276

(b) Any burns to the upper respiratory tract or laryngeal 1277  
edema due to the inhalation of superheated air; 1278

(c) Any burn injury or wound that may result in death; 1279

(d) Any physical harm to persons caused by or as the 1280  
result of the use of fireworks, novelties and trick noisemakers, 1281

and wire sparklers, as each is defined by section 3743.01 of the Revised Code.

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

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

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

(5) Anyone participating in the making of reports under

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

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

(2) Notwithstanding section 4731.22 of the Revised Code, 1332  
the doctor-patient privilege or advanced practice registered 1333  
nurse-patient privilege shall not be a ground for excluding any 1334  
information regarding the report containing the knowledge or 1335  
belief noted under division (F) (1) of this section, and the 1336  
information may be admitted as evidence in accordance with the 1337  
Rules of Evidence. 1338

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

(1) The information is privileged by reason of the 1341

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

(2) The information would tend to incriminate a member of 1354  
the actor's immediate family. 1355

(3) Disclosure of the information would amount to 1356  
revealing a news source, privileged under section 2739.04 or 1357  
2739.12 of the Revised Code. 1358

(4) Disclosure of the information would amount to 1359  
disclosure by a member of the ordained clergy of an organized 1360  
religious body of a confidential communication made to that 1361  
member of the clergy in that member's capacity as a member of 1362  
the clergy by a person seeking the aid or counsel of that member 1363  
of the clergy. 1364

(5) Disclosure would amount to revealing information 1365  
acquired by the actor in the course of the actor's duties in 1366  
connection with a bona fide program of treatment or services for 1367  
drug dependent persons or persons in danger of drug dependence, 1368  
which program is maintained or conducted by a hospital, clinic, 1369  
person, agency, or services provider certified pursuant to 1370  
section 5119.36 of the Revised Code. 1371

(6) Disclosure would amount to revealing information 1372  
acquired by the actor in the course of the actor's duties in 1373  
connection with a bona fide program for providing counseling 1374  
services to victims of crimes that are violations of section 1375  
2907.02 or 2907.05 of the Revised Code or to victims of 1376  
felonious sexual penetration in violation of former section 1377  
2907.12 of the Revised Code. As used in this division, 1378  
"counseling services" include services provided in an informal 1379  
setting by a person who, by education or experience, is 1380  
competent to provide those services. 1381

(H) No disclosure of information pursuant to this section 1382  
gives rise to any liability or recrimination for a breach of 1383  
privilege or confidence. 1384

(I) Whoever violates division (A) or (B) of this section 1385  
is guilty of failure to report a crime. Violation of division 1386  
(A)(1) of this section is a misdemeanor of the fourth degree. 1387  
Violation of division (A)(2) or (B) of this section is a 1388  
misdemeanor of the second degree. 1389

(J) Whoever violates division (C) or (D) of this section 1390  
is guilty of failure to report knowledge of a death, a 1391  
misdemeanor of the fourth degree. 1392

(K)(1) Whoever negligently violates division (E) of this 1393  
section is guilty of a minor misdemeanor. 1394

(2) Whoever knowingly violates division (E) of this 1395  
section is guilty of a misdemeanor of the second degree. 1396

(L) As used in this section, "nurse" includes an advanced 1397  
practice registered nurse, registered nurse, and licensed 1398  
practical nurse. 1399

**Sec. 2925.61.** (A) As used in this section: 1400



(1) "Law enforcement agency" means a government entity	1401
that employs peace officers to perform law enforcement duties.	1402
(2) "Licensed health professional" means all of the	1403
following:	1404
(a) A physician;	1405
(b) A physician assistant who is licensed under Chapter	1406
4730. of the Revised Code, holds a valid prescriber number	1407
issued by the state medical board, and has been granted	1408
physician-delegated prescriptive authority;	1409
(c) <del>A clinical nurse specialist, certified nurse midwife,</del>	1410
<del>or certified</del> <u>An advanced practice registered nurse practitioner</u>	1411
who holds a <u>certificate to prescribe current, valid license</u>	1412
issued under <del>section 4723.48</del> <u>Chapter 4723.</u> of the Revised Code.	1413
(3) "Peace officer" has the same meaning as in section	1414
2921.51 of the Revised Code.	1415
(4) "Physician" means an individual who is authorized	1416
under Chapter 4731. of the Revised Code to practice medicine and	1417
surgery, osteopathic medicine and surgery, or podiatric medicine	1418
and surgery.	1419
(B) A family member, friend, or other individual who is in	1420
a position to assist an individual who is apparently	1421
experiencing or at risk of experiencing an opioid-related	1422
overdose, is not subject to criminal prosecution for a violation	1423
of section 4731.41 of the Revised Code or criminal prosecution	1424
under this chapter if the individual, acting in good faith, does	1425
all of the following:	1426
(1) Obtains naloxone pursuant to a prescription issued by	1427
a licensed health professional or obtains naloxone from one of	1428

the following: a licensed health professional, an individual who 1429  
is authorized by a physician under section 4731.941 of the 1430  
Revised Code to personally furnish naloxone, or a pharmacist or 1431  
pharmacy intern who is authorized by a physician or board of 1432  
health under section 4729.44 of the Revised Code to dispense 1433  
naloxone without a prescription; 1434

(2) Administers the naloxone obtained as described in 1435  
division (B)(1) of this section to an individual who is 1436  
apparently experiencing an opioid-related overdose; 1437

(3) Attempts to summon emergency services as soon as 1438  
practicable either before or after administering the naloxone. 1439

(C) Division (B) of this section does not apply to a peace 1440  
officer or to an emergency medical technician-basic, emergency 1441  
medical technician-intermediate, or emergency medical 1442  
technician-paramedic, as defined in section 4765.01 of the 1443  
Revised Code. 1444

(D) A peace officer employed by a law enforcement agency 1445  
is not subject to administrative action, criminal prosecution 1446  
for a violation of section 4731.41 of the Revised Code, or 1447  
criminal prosecution under this chapter if the peace officer, 1448  
acting in good faith, obtains naloxone from the peace officer's 1449  
law enforcement agency and administers the naloxone to an 1450  
individual who is apparently experiencing an opioid-related 1451  
overdose. 1452

**Sec. 3701.351.** (A) The governing body of every hospital 1453  
shall set standards and procedures to be applied by the hospital 1454  
and its medical staff in considering and acting upon 1455  
applications for staff membership or professional privileges. 1456  
These standards and procedures shall be available for public 1457

inspection. 1458

(B) The governing body of any hospital, in considering and 1459  
acting upon applications for staff membership or professional 1460  
privileges within the scope of the applicants' respective 1461  
licensures, shall not discriminate against a qualified person 1462  
solely on the basis of whether that person is certified to 1463  
practice medicine, osteopathic medicine, or podiatry, ~~or is~~ 1464  
licensed to practice dentistry or psychology, or is licensed to 1465  
practice nursing as an advanced practice registered nurse. Staff 1466  
membership or professional privileges shall be considered and 1467  
acted on in accordance with standards and procedures established 1468  
under division (A) of this section. This section does not permit 1469  
a psychologist to admit a patient to a hospital in violation of 1470  
section 3727.06 of the Revised Code. 1471

(C) The governing body of any hospital that is licensed to 1472  
provide maternity services, in considering and acting upon 1473  
applications for clinical privileges, shall not discriminate 1474  
against a qualified person solely on the basis that the person 1475  
is authorized to practice nurse-midwifery. ~~An application from a~~ 1476  
~~certified nurse-midwife who is not employed by the hospital~~ 1477  
~~shall contain the name of a physician member of the hospital's~~ 1478  
~~medical staff who holds clinical privileges in obstetrics at~~ 1479  
~~that hospital and who has agreed to be the collaborating~~ 1480  
~~physician for the applicant in accordance with section 4723.43~~ 1481  
~~of the Revised Code.~~ 1482

(D) Any person may apply to the court of common pleas for 1483  
temporary or permanent injunctions restraining a violation of 1484  
division (A), (B), or (C) of this section. This action is an 1485  
additional remedy not dependent on the adequacy of the remedy at 1486  
law. 1487

(E) (1) If a hospital does not provide or permit the 1488  
provision of any diagnostic or treatment service for mental or 1489  
emotional disorders or any other service that may be legally 1490  
performed by a psychologist licensed under Chapter 4732. of the 1491  
Revised Code, this section does not require the hospital to 1492  
provide or permit the provision of any such service and the 1493  
hospital shall be exempt from requirements of this section 1494  
pertaining to psychologists. 1495

(2) This section does not impair the right of a hospital 1496  
to enter into an employment, personal service, or any other kind 1497  
of contract with a licensed psychologist, upon any such terms as 1498  
the parties may mutually agree, for the provision of any service 1499  
that may be legally performed by a licensed psychologist. 1500

**Sec. 3701.926.** (A) To be eligible for inclusion in the 1501  
patient centered medical home education pilot project, a primary 1502  
care practice led by physicians shall meet all of the following 1503  
requirements: 1504

(1) Consist of physicians who are board-certified in 1505  
family medicine, general pediatrics, or internal medicine, as 1506  
those designations are issued by a medical specialty certifying 1507  
board recognized by the American board of medical specialties or 1508  
American osteopathic association; 1509

(2) Be capable of adapting the practice during the period 1510  
in which the practice participates in the patient centered 1511  
medical home education pilot project in such a manner that the 1512  
practice is fully compliant with the minimum standards for 1513  
operation of a patient centered medical home, as those standards 1514  
are established by the director of health; 1515

(3) Have submitted an application to participate in the 1516

project established under former section 185.05 of the Revised Code not later than April 15, 2011.

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

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

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

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

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

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

(2) Be capable of adapting the practice during the period in which the practice participates in the project in such a manner that the practice is fully compliant with the minimum

standards for operation of a patient centered medical home, as 1546  
those standards are established by the director; 1547

(3) Have submitted an application to participate in the 1548  
project established under former section 185.05 of the Revised 1549  
Code not later than April 15, 2011. 1550

(4) Meet any other criteria established by the director as 1551  
part of the selection process. 1552

**Sec. 3705.16.** (A) For purposes of this 1553  
~~section notwithstanding:~~ 1554

(1) Notwithstanding section 3705.01 of the Revised Code, 1555  
"fetal death" does not include death of the product of human 1556  
conception prior to twenty weeks of gestation. 1557

(2) "Advanced practice registered nurse" does not include 1558  
a certified registered nurse anesthetist. 1559

(B) Each death or fetal death that occurs in this state 1560  
shall be registered with the local registrar of vital statistics 1561  
of the district in which the death or fetal death occurred, by 1562  
the funeral director or other person in charge of the final 1563  
disposition of the remains. The personal and statistical 1564  
information in the death or fetal death certificate shall be 1565  
obtained from the best qualified persons or sources available, 1566  
by the funeral director or other person in charge of the final 1567  
disposition of the remains. The statement of facts relating to 1568  
the disposition of the body and information relative to the 1569  
armed services referred to in section 3705.19 of the Revised 1570  
Code shall be signed by the funeral director or other person in 1571  
charge of the final disposition of the remains. 1572

(C) The funeral director or other person in charge of the 1573  
final disposition of the remains shall present the death or 1574

fetal death certificate to the ~~attending physician~~ or advanced practice registered nurse of the decedent, the coroner, or the medical examiner, as appropriate for certification of the cause of death. If a death or fetal death occurs under any circumstances mentioned in section 313.12 of the Revised Code, the coroner in the county in which the death occurs, or a deputy coroner, medical examiner, or deputy medical examiner serving in an equivalent capacity, shall certify the cause of death unless that death was reported to the coroner, deputy coroner, medical examiner, or deputy medical examiner and that person, after a preliminary examination, declined to assert jurisdiction with respect to the death or fetal death. ~~AA~~An advanced practice registered nurse, a physician other than the coroner in the county in which a death or fetal death occurs, or a deputy coroner, medical examiner, or deputy medical examiner serving in an equivalent capacity, may certify only those deaths that occur under natural circumstances.

The medical certificate of death shall be completed and signed by the physician or advanced practice registered nurse who attended the decedent or by the coroner or medical examiner, as appropriate, within forty-eight hours after the death or fetal death. A coroner or medical examiner may satisfy the requirement of signing a medical certificate showing the cause of death or fetal death as pending either by stamping it with a stamp of the coroner's or medical examiner's signature or by signing it in the coroner's or medical examiner's own hand, but the coroner or medical examiner shall sign any other medical certificate of death or supplementary medical certification in the coroner's or medical examiner's own hand.

(D) Any death certificate registered pursuant to this section shall contain the social security number of the

decedent, if available. A social security number obtained under 1606  
this section is a public record under section 149.43 of the 1607  
Revised Code. 1608

**Sec. 3719.06.** (A) (1) A licensed health professional 1609  
authorized to prescribe drugs, if acting in the course of 1610  
professional practice, in accordance with the laws regulating 1611  
the professional's practice, and in accordance with rules 1612  
adopted by the state board of pharmacy, may, except as provided 1613  
in division (A) (2) or (3) of this section, do the following: 1614

(a) Prescribe schedule II, III, IV, and V controlled 1615  
substances; 1616

(b) Administer or personally furnish to patients schedule 1617  
II, III, IV, and V controlled substances; 1618

(c) Cause schedule II, III, IV, and V controlled 1619  
substances to be administered under the prescriber's direction 1620  
and supervision. 1621

(2) A licensed health professional authorized to prescribe 1622  
drugs who is a clinical nurse specialist, certified nurse- 1623  
midwife, or certified nurse practitioner ~~is subject to both of~~ 1624  
~~the following:~~ 1625

~~(a) A schedule II controlled substance may be prescribed~~ 1626  
~~only in accordance with division (C) of section 4723.481 of the~~ 1627  
~~Revised Code.~~ 1628

~~(b) No schedule II controlled substance shall be~~ 1629  
~~personally furnished shall not personally furnish~~ to any patient 1630  
a schedule II controlled substance. 1631

(3) A licensed health professional authorized to prescribe 1632  
drugs who is a physician assistant is subject to all of the 1633



following: 1634

(a) A controlled substance may be prescribed or personally 1635  
furnished only if it is included in the physician-delegated 1636  
prescriptive authority granted to the physician assistant in 1637  
accordance with Chapter 4730. of the Revised Code. 1638

(b) A schedule II controlled substance may be prescribed 1639  
only in accordance with division (B) (4) of section 4730.41 and 1640  
section 4730.411 of the Revised Code. 1641

(c) No schedule II controlled substance shall be 1642  
personally furnished to any patient. 1643

(B) No licensed health professional authorized to 1644  
prescribe drugs shall prescribe, administer, or personally 1645  
furnish a schedule III anabolic steroid for the purpose of human 1646  
muscle building or enhancing human athletic performance and no 1647  
pharmacist shall dispense a schedule III anabolic steroid for 1648  
either purpose, unless it has been approved for that purpose 1649  
under the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 1650  
(1938), 21 U.S.C.A. 301, as amended. 1651

(C) Each written prescription shall be properly executed, 1652  
dated, and signed by the prescriber on the day when issued and 1653  
shall bear the full name and address of the person for whom, or 1654  
the owner of the animal for which, the controlled substance is 1655  
prescribed and the full name, address, and registry number under 1656  
the federal drug abuse control laws of the prescriber. If the 1657  
prescription is for an animal, it shall state the species of the 1658  
animal for which the controlled substance is prescribed. 1659

**Sec. 3719.121.** (A) Except as otherwise provided in section 1660  
4723.28, 4723.35, 4730.25, 4731.22, 4734.39, or 4734.41 of the 1661  
Revised Code, the license, certificate, or registration of any 1662

dentist, chiropractor, physician, podiatrist, registered nurse, 1663  
advanced practice registered nurse, licensed practical nurse, 1664  
physician assistant, pharmacist, pharmacy intern, optometrist, 1665  
or veterinarian who is or becomes addicted to the use of 1666  
controlled substances shall be suspended by the board that 1667  
authorized the person's license, certificate, or registration 1668  
until the person offers satisfactory proof to the board that the 1669  
person no longer is addicted to the use of controlled 1670  
substances. 1671

(B) If the board under which a person has been issued a 1672  
license, certificate, or evidence of registration determines 1673  
that there is clear and convincing evidence that continuation of 1674  
the person's professional practice or method of prescribing or 1675  
personally furnishing controlled substances presents a danger of 1676  
immediate and serious harm to others, the board may suspend the 1677  
person's license, certificate, or registration without a 1678  
hearing. Except as otherwise provided in sections 4715.30, 1679  
4723.281, 4729.16, 4730.25, 4731.22, and 4734.36 of the Revised 1680  
Code, the board shall follow the procedure for suspension 1681  
without a prior hearing in section 119.07 of the Revised Code. 1682  
The suspension shall remain in effect, unless removed by the 1683  
board, until the board's final adjudication order becomes 1684  
effective, except that if the board does not issue its final 1685  
adjudication order within ninety days after the hearing, the 1686  
suspension shall be void on the ninety-first day after the 1687  
hearing. 1688

(C) On receiving notification pursuant to section 2929.42 1689  
or 3719.12 of the Revised Code, the board under which a person 1690  
has been issued a license, certificate, or evidence of 1691  
registration immediately shall suspend the license, certificate, 1692  
or registration of that person on a plea of guilty to, a finding 1693

by a jury or court of the person's guilt of, or conviction of a 1694  
felony drug abuse offense; a finding by a court of the person's 1695  
eligibility for intervention in lieu of conviction; a plea of 1696  
guilty to, or a finding by a jury or court of the person's guilt 1697  
of, or the person's conviction of an offense in another 1698  
jurisdiction that is essentially the same as a felony drug abuse 1699  
offense; or a finding by a court of the person's eligibility for 1700  
treatment or intervention in lieu of conviction in another 1701  
jurisdiction. The board shall notify the holder of the license, 1702  
certificate, or registration of the suspension, which shall 1703  
remain in effect until the board holds an adjudicatory hearing 1704  
under Chapter 119. of the Revised Code. 1705

**Sec. 3727.06.** (A) As used in this section: 1706

(1) ~~"Doctor"~~ "Physician" means an individual authorized to 1707  
practice medicine and surgery or osteopathic medicine and 1708  
surgery. 1709

(2) "Podiatrist" means an individual authorized to 1710  
practice podiatric medicine and surgery. 1711

(B) (1) Only the following may admit a patient to a 1712  
hospital: 1713

(a) A ~~doctor~~ physician who is a member of the hospital's 1714  
medical staff; 1715

(b) A dentist who is a member of the hospital's medical 1716  
staff; 1717

(c) A podiatrist who is a member of the hospital's medical 1718  
staff; 1719

(d) ~~A clinical nurse specialist, certified nurse midwife,~~ 1720  
~~or certified~~ An advanced practice registered nurse practitioner 1721

who is designated as a clinical nurse specialist, certified 1722  
nurse-midwife, or certified nurse practitioner if all of the 1723  
following conditions are met: 1724

~~(i) The clinical nurse specialist, certified nurse-~~ 1725  
~~midwife, or certified nurse practitioner has a standard care-~~ 1726  
~~arrangement entered into pursuant to section 4723.431 of the~~ 1727  
~~Revised Code with a collaborating doctor or podiatrist who is a~~ 1728  
~~member of the medical staff;~~ 1729

~~(ii) The patient will be under the medical supervision of~~ 1730  
~~the collaborating doctor or podiatrist;~~ 1731

~~(iii) The the hospital has granted the clinical nurse-~~ 1732  
~~specialist, certified nurse midwife, or certified advanced~~ 1733  
~~practice registered nurse practitioner admitting privileges and~~ 1734  
~~appropriate credentials;~~ 1735

(e) A physician assistant if all of the following 1736  
conditions are met: 1737

(i) The physician assistant is listed on a supervision 1738  
agreement entered into under section 4730.19 of the Revised Code 1739  
for a ~~doctor~~ physician or podiatrist who is a member of the 1740  
hospital's medical staff. 1741

(ii) The patient will be under the medical supervision of 1742  
the supervising doctor or podiatrist. 1743

(iii) The hospital has granted the physician assistant 1744  
admitting privileges and appropriate credentials. 1745

(2) Prior to admitting a patient, a ~~clinical nurse-~~ 1746  
~~specialist, certified nurse midwife, certified nurse-~~ 1747  
~~practitioner, or~~ physician assistant shall notify the 1748  
~~collaborating or supervising~~ doctor physician or podiatrist of 1749

the planned admission. 1750

(C) All hospital patients shall be under the medical 1751  
supervision of a ~~doctor~~ physician, except ~~that services for the~~ 1752  
following: 1753

(1) Services that may be rendered by a licensed dentist 1754  
pursuant to Chapter 4715. of the Revised Code provided to 1755  
patients admitted solely for the purpose of receiving such 1756  
services shall be under the supervision of the admitting dentist 1757  
~~and that services.~~ 1758

(2) Services that may be rendered by an advanced practice 1759  
registered nurse pursuant to Chapter 4723. of the Revised Code 1760  
provided to patients admitted solely for the purpose of 1761  
receiving such services shall be under the supervision of the 1762  
admitting advanced practice registered nurse. 1763

(3) Services that may be rendered by a podiatrist pursuant 1764  
to section 4731.51 of the Revised Code provided to patients 1765  
admitted solely for the purpose of receiving such services shall 1766  
be under the supervision of the admitting podiatrist. 1767

If treatment not within the scope of Chapter 4715., 1768  
Chapter 4723., or section 4731.51 of the Revised Code is 1769  
required at the time of admission by a dentist, advanced 1770  
practice registered nurse, or podiatrist, or becomes necessary 1771  
during the course of hospital treatment by a dentist, advanced 1772  
practice registered nurse, or podiatrist, such treatment shall 1773  
be under the supervision of a ~~doctor~~ physician who is a member 1774  
of the medical staff. It shall be the responsibility of the 1775  
admitting dentist, advanced practice registered nurse, or 1776  
podiatrist to make arrangements with a doctor who is a member of 1777  
the medical staff to be responsible for the patient's treatment 1778

outside the scope of Chapter 4715., Chapter 4723., or section 1779  
4731.51 of the Revised Code when necessary during the patient's 1780  
stay in the hospital. 1781

**Sec. 3727.08.** Not later than ninety days after the 1782  
effective date of this section, every hospital shall adopt 1783  
protocols providing for conducting an interview with the 1784  
patient, for conducting one or more interviews, separate and 1785  
apart from the interview with the patient, with any family or 1786  
household member present, and for creating whenever possible a 1787  
photographic record of the patient's injuries, in situations in 1788  
which a ~~doctor of medicine or physician who is authorized to~~ 1789  
practice medicine and surgery or osteopathic medicine and 1790  
surgery, hospital intern or resident, or registered, advanced 1791  
practice registered, or licensed practical nurse knows or has 1792  
reasonable cause to believe that the patient has been the victim 1793  
of domestic violence, as defined in section 3113.31 of the 1794  
Revised Code. 1795

**Sec. 3923.233.** Notwithstanding any provision of any 1796  
certificate furnished by an insurer in connection with or 1797  
pursuant to any group sickness and accident insurance policy 1798  
delivered, issued, renewed, or used, in or outside this state, 1799  
on or after January 1, 1985, and notwithstanding any provision 1800  
of any policy of insurance delivered, issued for delivery, 1801  
renewed, or used, in or outside this state, on or after January 1802  
1, 1985, whenever the policy or certificate is subject to the 1803  
jurisdiction of this state and provides for reimbursement for 1804  
any service that may be legally performed by an advanced 1805  
practice registered nurse who holds a current, valid license 1806  
issued under Chapter 4723. of the Revised Code and is designated 1807  
as a certified nurse-midwife who is authorized under in 1808  
accordance with section 4723.42 of the Revised Code ~~to practice~~ 1809

~~nurse-midwifery, reimbursement under the policy or certificate 1810  
shall not be denied to a certified nurse-midwife performing the 1811  
service in collaboration with a licensed physician. The 1812  
collaborating physician shall be identified on an insurance- 1813  
claim form. 1814~~

~~The cost of collaboration with a certified nurse-midwife- 1815  
by a licensed physician as required under section 4723.43 of the 1816  
Revised Code is a reimbursable expense. 1817~~

~~The division of any reimbursement payment for services- 1818  
performed by a certified nurse-midwife between the nurse-midwife- 1819  
and the nurse-midwife's collaborating physician shall be- 1820  
determined and mutually agreed upon by the certified nurse- 1821  
midwife and the physician. The division of fees shall not be- 1822  
considered a violation of division (B) (17) of section 4731.22 of 1823  
the Revised Code. In no case shall the total fees charged exceed 1824  
the fee the physician would have charged had the physician- 1825  
provided the entire service. 1826~~

**Sec. 3923.301.** Every person, the state and any of its 1827  
instrumentalities, any county, township, school district, or 1828  
other political subdivision and any of its instrumentalities, 1829  
and any municipal corporation and any of its instrumentalities 1830  
that provides payment for health care benefits for any of its 1831  
employees resident in this state, which benefits are not 1832  
provided by contract with an insurer qualified to provide 1833  
sickness and accident insurance or a health insuring 1834  
corporation, and that includes reimbursement for any service 1835  
that may be legally performed by an advanced practice registered 1836  
nurse who holds a current, valid license issued under Chapter 1837  
4723. of the Revised Code and is designated as a certified 1838  
nurse-midwife who is authorized under in accordance with section 1839

4723.42 of the Revised Code ~~to practice nurse midwifery~~, shall 1840  
not deny reimbursement to a certified nurse-midwife performing 1841  
the service ~~if the service is performed in collaboration with a~~ 1842  
~~licensed physician. The collaborating physician shall be~~ 1843  
~~identified on the claim form.~~ 1844

~~The cost of collaboration with a certified nurse-midwife~~ 1845  
~~by a licensed physician as required under section 4723.43 of the~~ 1846  
~~Revised Code is a reimbursable expense.~~ 1847

~~The division of any reimbursement payment for services~~ 1848  
~~performed by a certified nurse-midwife between the nurse-midwife~~ 1849  
~~and the nurse-midwife's collaborating physician shall be~~ 1850  
~~determined and mutually agreed upon by the certified nurse~~ 1851  
~~midwife and the physician. The division of fees shall not be~~ 1852  
~~considered a violation of division (B) (17) of section 4731.22 of~~ 1853  
~~the Revised Code. In no case shall the total fees charged exceed~~ 1854  
~~the fee the physician would have charged had the physician~~ 1855  
~~provided the entire service.~~ 1856

**Sec. 3923.63.** (A) Notwithstanding section 3901.71 of the 1857  
Revised Code, each individual or group policy of sickness and 1858  
accident insurance delivered, issued for delivery, or renewed in 1859  
this state that provides maternity benefits shall provide 1860  
coverage of inpatient care and follow-up care for a mother and 1861  
her newborn as follows: 1862

(1) The policy shall cover a minimum of forty-eight hours 1863  
of inpatient care following a normal vaginal delivery and a 1864  
minimum of ninety-six hours of inpatient care following a 1865  
cesarean delivery. Services covered as inpatient care shall 1866  
include medical, educational, and any other services that are 1867  
consistent with the inpatient care recommended in the protocols 1868  
and guidelines developed by national organizations that 1869



represent pediatric, obstetric, and nursing professionals. 1870

(2) The policy shall cover a physician-directed source of 1871  
follow-up care or a source of follow-up care directed by an 1872  
advanced practice registered nurse. Services covered as follow- 1873  
up care shall include physical assessment of the mother and 1874  
newborn, parent education, assistance and training in breast or 1875  
bottle feeding, assessment of the home support system, 1876  
performance of any medically necessary and appropriate clinical 1877  
tests, and any other services that are consistent with the 1878  
follow-up care recommended in the protocols and guidelines 1879  
developed by national organizations that represent pediatric, 1880  
obstetric, and nursing professionals. The coverage shall apply 1881  
to services provided in a medical setting or through home health 1882  
care visits. The coverage shall apply to a home health care 1883  
visit only if the health care professional who conducts the 1884  
visit is knowledgeable and experienced in maternity and newborn 1885  
care. 1886

When a decision is made in accordance with division (B) of 1887  
this section to discharge a mother or newborn prior to the 1888  
expiration of the applicable number of hours of inpatient care 1889  
required to be covered, the coverage of follow-up care shall 1890  
apply to all follow-up care that is provided within seventy-two 1891  
hours after discharge. When a mother or newborn receives at 1892  
least the number of hours of inpatient care required to be 1893  
covered, the coverage of follow-up care shall apply to follow-up 1894  
care that is determined to be medically necessary by the health 1895  
care professionals responsible for discharging the mother or 1896  
newborn. 1897

(B) Any decision to shorten the length of inpatient stay 1898  
to less than that specified under division (A)(1) of this 1899

section shall be made by the physician attending the mother or newborn, except that if a certified nurse-midwife is attending the mother ~~in collaboration with a physician~~, the decision may be made by the nurse-midwife. Decisions regarding early discharge shall be made only after conferring with the mother or a person responsible for the mother or newborn. For purposes of this division, a person responsible for the mother or newborn may include a parent, guardian, or any other person with authority to make medical decisions for the mother or newborn.

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

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

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

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

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

(1) Require a policy to cover inpatient or follow-up care that is not received in accordance with the policy's terms pertaining to the health care professionals and facilities from

which an individual is authorized to receive health care 1929  
services; 1930

(2) Require a mother or newborn to stay in a hospital or 1931  
other inpatient setting for a fixed period of time following 1932  
delivery; 1933

(3) Require a child to be delivered in a hospital or other 1934  
inpatient setting; 1935

(4) Authorize a certified nurse-midwife to practice beyond 1936  
the authority to practice nurse-midwifery in accordance with 1937  
Chapter 4723. of the Revised Code; 1938

(5) Establish minimum standards of medical diagnosis, care 1939  
or treatment for inpatient or follow-up care for a mother or 1940  
newborn. A deviation from the care required to be covered under 1941  
this section shall not, solely on the basis of this section, 1942  
give rise to a medical claim or derivative medical claim, as 1943  
those terms are defined in section 2305.113 of the Revised Code. 1944

**Sec. 3923.64.** (A) Notwithstanding section 3901.71 of the 1945  
Revised Code, each public employee benefit plan established or 1946  
modified in this state that provides maternity benefits shall 1947  
provide coverage of inpatient care and follow-up care for a 1948  
mother and her newborn as follows: 1949

(1) The plan shall cover a minimum of forty-eight hours of 1950  
inpatient care following a normal vaginal delivery and a minimum 1951  
of ninety-six hours of inpatient care following a cesarean 1952  
delivery. Services covered as inpatient care shall include 1953  
medical, educational, and any other services that are consistent 1954  
with the inpatient care recommended in the protocols and 1955  
guidelines developed by national organizations that represent 1956  
pediatric, obstetric, and nursing professionals. 1957

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

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

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

~~mother in collaboration with a physician,~~ the decision may be 1989  
made by the nurse-midwife. Decisions regarding early discharge 1990  
shall be made only after conferring with the mother or a person 1991  
responsible for the mother or newborn. For purposes of this 1992  
division, a person responsible for the mother or newborn may 1993  
include a parent, guardian, or any other person with authority 1994  
to make medical decisions for the mother or newborn. 1995

(C) (1) No public employer who offers an employee benefit 1996  
plan may do either of the following: 1997

(a) Terminate the participation of a health care 1998  
professional or health care facility as a provider under the 1999  
plan solely for making recommendations for inpatient or follow- 2000  
up care for a particular mother or newborn that are consistent 2001  
with the care required to be covered by this section; 2002

(b) Establish or offer monetary or other financial 2003  
incentives for the purpose of encouraging a person to decline 2004  
the inpatient or follow-up care required to be covered by this 2005  
section. 2006

(2) Whoever violates division (C) (1) (a) or (b) of this 2007  
section has engaged in an unfair and deceptive act or practice 2008  
in the business of insurance under sections 3901.19 to 3901.26 2009  
of the Revised Code. 2010

(D) This section does not do any of the following: 2011

(1) Require a plan to cover inpatient or follow-up care 2012  
that is not received in accordance with the plan's terms 2013  
pertaining to the health care professionals and facilities from 2014  
which an individual is authorized to receive health care 2015  
services; 2016

(2) Require a mother or newborn to stay in a hospital or 2017

other inpatient setting for a fixed period of time following 2018  
delivery; 2019

(3) Require a child to be delivered in a hospital or other 2020  
inpatient setting; 2021

(4) Authorize a certified nurse-midwife to practice beyond 2022  
the authority to practice nurse-midwifery in accordance with 2023  
Chapter 4723. of the Revised Code; 2024

(5) Establish minimum standards of medical diagnosis, 2025  
care, or treatment for inpatient or follow-up care for a mother 2026  
or newborn. A deviation from the care required to be covered 2027  
under this section shall not, solely on the basis of this 2028  
section, give rise to a medical claim or derivative medical 2029  
claim, as those terms are defined in section 2305.113 of the 2030  
Revised Code. 2031

**Sec. 4713.02.** (A) There is hereby created the state board 2032  
of cosmetology, consisting of all of the following members 2033  
appointed by the governor, with the advice and consent of the 2034  
senate: 2035

(1) One person holding a current, valid cosmetologist, 2036  
managing cosmetologist, or cosmetology instructor license at the 2037  
time of appointment; 2038

(2) Two persons holding current, valid managing 2039  
cosmetologist licenses and actively engaged in managing beauty 2040  
salons at the time of appointment; 2041

(3) One person who holds a current, valid independent 2042  
contractor license at the time of appointment or the owner or 2043  
manager of a licensed salon in which at least one person holding 2044  
a current, valid independent contractor license practices a 2045  
branch of cosmetology; 2046

(4) One person who represents individuals who teach the theory and practice of a branch of cosmetology at a vocational school; 2047  
2048  
2049

(5) One owner of a licensed school of cosmetology; 2050

(6) One owner of at least five licensed salons; 2051

(7) One person who is either a certified nurse practitioner or clinical nurse specialist holding a ~~certificate of authority~~ current, valid license to practice nursing as an advanced practice registered nurse issued under Chapter 4723. of the Revised Code<sup>7</sup> or a physician authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery; 2052  
2053  
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(8) One person representing the general public. 2059

(B) The superintendent of public instruction shall nominate three persons for the governor to choose from when making an appointment under division (A) (4) of this section. 2060  
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(C) All members shall be at least twenty-five years of age, residents of the state, and citizens of the United States. No more than two members, at any time, shall be graduates of the same school of cosmetology. 2063  
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Except for the initial members appointed under divisions (A) (3) and (4) of this section, terms of office are for five years. The term of the initial member appointed under division (A) (3) of this section shall be three years. The term of the initial member appointed under division (A) (4) of this section shall be four years. Terms shall commence on the first day of November and end on the thirty-first day of October. Each member shall hold office from the date of appointment until the end of the term for which appointed. In case of a vacancy occurring on 2067  
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the board, the governor shall, in the same manner prescribed for 2076  
the regular appointment to the board, fill the vacancy by 2077  
appointing a member. Any member appointed to fill a vacancy 2078  
occurring prior to the expiration of the term for which the 2079  
member's predecessor was appointed shall hold office for the 2080  
remainder of such term. Any member shall continue in office 2081  
subsequent to the expiration date of the member's term until the 2082  
member's successor takes office, or until a period of sixty days 2083  
has elapsed, whichever occurs first. Before entering upon the 2084  
discharge of the duties of the office of member, each member 2085  
shall take, and file with the secretary of state, the oath of 2086  
office required by Section 7 of Article XV, Ohio Constitution. 2087

The members of the board shall receive an amount fixed 2088  
pursuant to Chapter 124. of the Revised Code per diem for every 2089  
meeting of the board which they attend, together with their 2090  
necessary expenses, and mileage for each mile necessarily 2091  
traveled. 2092

The members of the board shall annually elect, from among 2093  
their number, a chairperson. 2094

The board shall prescribe the duties of its officers and 2095  
establish an office within Franklin-~~County~~ county. The board 2096  
shall keep all records and files at the office and have the 2097  
records and files at all reasonable hours open to public 2098  
inspection. The board also shall adopt a seal. 2099

**Sec. 4723.01.** As used in this chapter: 2100

(A) "Registered nurse" means an individual who holds a 2101  
current, valid license issued under this chapter that authorizes 2102  
the practice of nursing as a registered nurse. 2103

(B) "Practice of nursing as a registered nurse" means 2104



providing to individuals and groups nursing care requiring	2105
specialized knowledge, judgment, and skill derived from the	2106
principles of biological, physical, behavioral, social, and	2107
nursing sciences. Such nursing care includes:	2108
(1) Identifying patterns of human responses to actual or	2109
potential health problems amenable to a nursing regimen;	2110
(2) Executing a nursing regimen through the selection,	2111
performance, management, and evaluation of nursing actions;	2112
(3) Assessing health status for the purpose of providing	2113
nursing care;	2114
(4) Providing health counseling and health teaching;	2115
(5) Administering medications, treatments, and executing	2116
regimens authorized by an individual who is authorized to	2117
practice in this state and is acting within the course of the	2118
individual's professional practice;	2119
(6) Teaching, administering, supervising, delegating, and	2120
evaluating nursing practice.	2121
(C) "Nursing regimen" may include preventative,	2122
restorative, and health-promotion activities.	2123
(D) "Assessing health status" means the collection of data	2124
through nursing assessment techniques, which may include	2125
interviews, observation, and physical evaluations for the	2126
purpose of providing nursing care.	2127
(E) "Licensed practical nurse" means an individual who	2128
holds a current, valid license issued under this chapter that	2129
authorizes the practice of nursing as a licensed practical	2130
nurse.	2131

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

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

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

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

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

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

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

authorized to delegate nursing tasks as directed by a registered 2161  
nurse. 2162

(G) "Certified registered nurse anesthetist" means ~~an~~ an 2163  
advanced practice registered nurse who holds a current, valid 2164  
~~certificate of authority license~~ issued under this chapter ~~that~~ 2165  
~~authorizes the practice of nursing and is designated~~ as a 2166  
certified registered nurse anesthetist in accordance with 2167  
section ~~4723.43-4723.42~~ of the Revised Code and rules adopted by 2168  
the board of nursing. 2169

(H) "Clinical nurse specialist" means ~~an~~ an advanced 2170  
practice registered nurse who holds a current, valid ~~certificate~~ 2171  
~~of authority license~~ issued under this chapter ~~that authorizes~~ 2172  
~~the practice of nursing and is designated~~ as a clinical nurse 2173  
specialist in accordance with section ~~4723.43-4723.42~~ of the 2174  
Revised Code and rules adopted by the board of nursing. 2175

(I) "Certified nurse-midwife" means ~~an~~ an advanced practice 2176  
registered nurse who holds a current, valid ~~certificate of~~ 2177  
~~authority license~~ issued under this chapter ~~that authorizes the~~ 2178  
~~practice of nursing and is designated~~ as a certified nurse- 2179  
midwife in accordance with section ~~4723.43-4723.42~~ of the 2180  
Revised Code and rules adopted by the board of nursing. 2181

(J) "Certified nurse practitioner" means ~~an~~ an advanced 2182  
practice registered nurse who holds a current, valid ~~certificate~~ 2183  
~~of authority license~~ issued under this chapter ~~that authorizes~~ 2184  
~~the practice of nursing and is designated~~ as a certified nurse 2185  
practitioner in accordance with section ~~4723.43-4723.42~~ of the 2186  
Revised Code and rules adopted by the board of nursing. 2187

(K) "Physician" means an individual authorized under 2188  
Chapter 4731. of the Revised Code to practice medicine and 2189

surgery or osteopathic medicine and surgery. 2190

(L) ~~"Collaboration" or "collaborating" means the~~ 2191  
~~following:—~~ 2192

~~(1) In the case of a clinical nurse specialist, except as~~ 2193  
~~provided in division (L) (3) of this section, or a certified~~ 2194  
~~nurse practitioner, that one or more podiatrists acting within~~ 2195  
~~the scope of practice of podiatry in accordance with section~~ 2196  
~~4731.51 of the Revised Code and with whom the nurse has entered~~ 2197  
~~into a standard care arrangement or one or more physicians with~~ 2198  
~~whom the nurse has entered into a standard care arrangement are~~ 2199  
~~continuously available to communicate with the clinical nurse~~ 2200  
~~specialist or certified nurse practitioner either in person or~~ 2201  
~~by radio, telephone, or other form of telecommunication;—~~ 2202

~~(2) In the case of a certified nurse midwife, that one or~~ 2203  
~~more physicians with whom the certified nurse midwife has~~ 2204  
~~entered into a standard care arrangement are continuously~~ 2205  
~~available to communicate with the certified nurse midwife either~~ 2206  
~~in person or by radio, telephone, or other form of~~ 2207  
~~telecommunication;—~~ 2208

~~(3) In the case of a clinical nurse specialist who~~ 2209  
~~practices the nursing specialty of mental health or psychiatric~~ 2210  
~~mental health without being authorized to prescribe drugs and~~ 2211  
~~therapeutic devices, that one or more physicians are~~ 2212  
~~continuously available to communicate with the nurse either in~~ 2213  
~~person or by radio, telephone, or other form of~~ 2214  
~~telecommunication.—~~ 2215

~~(M)~~ "Supervision," as it pertains to a certified 2216  
registered nurse anesthetist, means that the certified 2217  
registered nurse anesthetist is under the direction of a 2218

podiatrist acting within the podiatrist's scope of practice in 2219  
accordance with section 4731.51 of the Revised Code, a dentist 2220  
acting within the dentist's scope of practice in accordance with 2221  
Chapter 4715. of the Revised Code, or a physician, and, when 2222  
administering anesthesia, the certified registered nurse 2223  
anesthetist is in the immediate presence of the podiatrist, 2224  
dentist, or physician. 2225

~~(N) "Standard care arrangement" means a written, formal 2226  
guide for planning and evaluating a patient's health care that 2227  
is developed by one or more collaborating physicians or 2228  
podiatrists and a clinical nurse specialist, certified nurse 2229  
midwife, or certified nurse practitioner and meets the 2230  
requirements of section 4723.431 of the Revised Code. 2231~~

~~(O)~~ (M) "Advanced practice registered nurse" means a 2232  
certified registered nurse anesthetist, clinical nurse 2233  
specialist, certified nurse midwife, or certified nurse 2234  
practitioner an individual who holds a current, valid license 2235  
issued under this chapter that authorizes the practice of 2236  
nursing as an advanced practice registered nurse and is 2237  
designated as any of the following: 2238

(1) A certified registered nurse anesthetist; 2239

(2) A clinical nurse specialist; 2240

(3) A certified nurse-midwife; 2241

(4) A certified nurse practitioner. 2242

(N) "Practice of nursing as an advanced practice 2243  
registered nurse" means providing to individuals and groups 2244  
nursing care that requires knowledge and skill obtained from 2245  
advanced formal education, training, and clinical experience. 2246  
Such nursing care includes the care described in section 4723.43 2247

of the Revised Code. 2248

~~(P)~~(O) "Dialysis care" means the care and procedures that 2249  
a dialysis technician or dialysis technician intern is 2250  
authorized to provide and perform, as specified in section 2251  
4723.72 of the Revised Code. 2252

~~(Q)~~(P) "Dialysis technician" means an individual who 2253  
holds a current, valid certificate to practice as a dialysis 2254  
technician issued under section 4723.75 of the Revised Code. 2255

~~(R)~~(O) "Dialysis technician intern" means an individual 2256  
who holds a current, valid certificate to practice as a dialysis 2257  
technician intern issued under section 4723.75 of the Revised 2258  
Code. 2259

~~(S)~~(R) "Certified community health worker" means an 2260  
individual who holds a current, valid certificate as a community 2261  
health worker issued under section 4723.85 of the Revised Code. 2262

~~(T)~~(S) "Medication aide" means an individual who holds a 2263  
current, valid certificate issued under this chapter that 2264  
authorizes the individual to administer medication in accordance 2265  
with section 4723.67 of the Revised Code; 2266

(T) "Nursing specialty" means a specialty in practice as a 2267  
certified registered nurse anesthetist, clinical nurse 2268  
specialist, certified nurse-midwife, or certified nurse 2269  
practitioner. 2270

Sec. 4723.011. As used in this chapter, unless otherwise 2271  
specified, "registered nurse" includes a registered nurse who is 2272  
also licensed under this chapter as an advanced practice 2273  
registered nurse. 2274

**Sec. 4723.02.** The board of nursing shall assume and 2275

exercise all the powers and perform all the duties conferred and 2276  
imposed on it by this chapter. 2277

The board shall consist of thirteen members who shall be 2278  
citizens of the United States and residents of Ohio. Eight 2279  
members shall be registered nurses, each of whom shall be a 2280  
graduate of an approved program of nursing education that 2281  
prepares persons for licensure as a registered nurse, shall hold 2282  
a currently active license issued under this chapter to practice 2283  
nursing as a registered nurse, and shall have been actively 2284  
engaged in the practice of nursing as a registered nurse for the 2285  
five years immediately preceding the member's initial 2286  
appointment to the board. Of the eight members who are 2287  
registered nurses, at least ~~one~~ two shall hold a current, valid 2288  
~~certificate of authority license~~ issued under this chapter that 2289  
authorizes the practice of nursing as a ~~certified registered~~ 2290  
~~nurse anesthetist, clinical nurse specialist, certified nurse~~ 2291  
~~midwife, or certified nurse practitioner~~ an advanced practice 2292  
registered nurse. Four members shall be licensed practical 2293  
nurses, each of whom shall be a graduate of an approved program 2294  
of nursing education that prepares persons for licensure as a 2295  
practical nurse, shall hold a currently active license issued 2296  
under this chapter to practice nursing as a licensed practical 2297  
nurse, and shall have been actively engaged in the practice of 2298  
nursing as a licensed practical nurse for the five years 2299  
immediately preceding the member's initial appointment to the 2300  
board. One member shall represent the interests of consumers of 2301  
health care. Neither this member nor any person in the member's 2302  
immediate family shall be a member of or associated with a 2303  
health care provider or profession or shall have a financial 2304  
interest in the delivery or financing of health care. 2305  
Representation of nursing service and nursing education and of 2306

the various geographical areas of the state shall be considered 2307  
in making appointments. 2308

As the term of any member of the board expires, a 2309  
successor shall be appointed who has the qualifications the 2310  
vacancy requires. Terms of office shall be for four years, 2311  
commencing on the first day of January and ending on the thirty- 2312  
first day of December. 2313

A current or former board member who has served not more 2314  
than one full term or one full term and not more than thirty 2315  
months of another term may be reappointed for one additional 2316  
term. 2317

Each member shall hold office from the date of appointment 2318  
until the end of the term for which the member was appointed. 2319  
The term of a member shall expire if the member ceases to meet 2320  
any requirement of this section for the member's position on the 2321  
board. Any member appointed to fill a vacancy occurring prior to 2322  
the expiration of the term for which the member's predecessor 2323  
was appointed shall hold office for the remainder of such term. 2324  
Any member shall continue in office subsequent to the expiration 2325  
date of the member's term until the member's successor takes 2326  
office, or until a period of sixty days has elapsed, whichever 2327  
occurs first. 2328

Nursing organizations of this state may each submit to the 2329  
governor the names of not more than five nominees for each 2330  
position to be filled on the board. From the names so submitted 2331  
or from others, at the governor's discretion, the governor with 2332  
the advice and consent of the senate shall make such 2333  
appointments. 2334

Any member of the board may be removed by the governor for 2335



neglect of any duty required by law or for incompetency or 2336  
unprofessional or dishonorable conduct, after a hearing as 2337  
provided in Chapter 119. of the Revised Code. 2338

Seven members of the board including at least four 2339  
registered nurses ~~and,~~ at least one of whom is an advanced 2340  
practice registered nurse, and one licensed practical nurse 2341  
shall at all times constitute a quorum. 2342

Each member of the board shall receive an amount fixed 2343  
pursuant to division (J) of section 124.15 of the Revised Code 2344  
for each day in attendance at board meetings and in discharge of 2345  
official duties, and in addition thereto, necessary expense 2346  
incurred in the performance of such duties. 2347

The board shall elect one of its registered nurse members 2348  
as president and one as vice-president. The board shall elect 2349  
one of its registered nurse members to serve as the supervising 2350  
member for disciplinary matters. 2351

The board may establish advisory groups to serve in 2352  
consultation with the board or the executive director. Each 2353  
advisory group shall be given a specific charge in writing and 2354  
shall report to the board. Members of advisory groups shall 2355  
serve without compensation but shall receive their actual and 2356  
necessary expenses incurred in the performance of their official 2357  
duties. 2358

**Sec. 4723.03.** (A) No person shall engage in the practice 2359  
of nursing as a registered nurse, represent the person as being 2360  
a registered nurse, or use the title "registered nurse," the 2361  
initials "R.N.," or any other title implying that the person is 2362  
a registered nurse, for a fee, salary, or other consideration, 2363  
or as a volunteer, without holding a current, valid license as a 2364

registered nurse under this chapter. 2365

(B) No person shall knowingly do any of the following 2366  
without holding a current, valid license to practice nursing as 2367  
an advanced practice registered nurse issued under this chapter: 2368

(1) Engage in the practice of nursing as an advanced 2369  
practice registered nurse; 2370

(2) Represent the person as being an advanced practice 2371  
registered nurse; 2372

(3) Use the title "advanced practice registered nurse," 2373  
the initials "A.P.R.N.," or any other title implying that the 2374  
person is an advanced practice registered nurse, for a fee, 2375  
salary, or other consideration, or as a volunteer. 2376

(C) No person shall engage in the practice of nursing as a 2377  
licensed practical nurse, represent the person as being a 2378  
licensed practical nurse, or use the title "licensed practical 2379  
nurse," the initials "L.P.N.," or any other title implying that 2380  
the person is a licensed practical nurse, for a fee, salary, or 2381  
other consideration, or as a volunteer, without holding a 2382  
current, valid license as a practical nurse under this chapter. 2383

~~(C)~~ (D) No person shall use the titles or initials 2384  
"graduate nurse," "G.N.," "professional nurse," "P.N.," 2385  
"graduate practical nurse," "G.P.N.," "practical nurse," "P.N.," 2386  
"trained nurse," "T.N.," or any other statement, title, or 2387  
initials that would imply or represent to the public that the 2388  
person is authorized to practice nursing in this state, except 2389  
as follows: 2390

(1) A person licensed under this chapter to practice 2391  
nursing as a registered nurse may use that title and the 2392  
initials "R.N.;" 2393

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

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

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

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

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

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

~~(D)~~ (E) No person shall employ a person not licensed as a registered nurse under this chapter to engage in the practice of nursing as a registered nurse. ~~No~~

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

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

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

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

(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;

(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;

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

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

(5) Survey, inspect, and grant full approval to

prelicensure nursing education programs in this state that meet 2451  
the standards established by rules adopted under section 4723.07 2452  
of the Revised Code. Prelicensure nursing education programs 2453  
include, but are not limited to, diploma, associate degree, 2454  
baccalaureate degree, master's degree, and doctor of nursing 2455  
programs leading to initial licensure to practice nursing as a 2456  
registered nurse or advanced practice registered nurse and 2457  
practical nurse programs leading to initial licensure to 2458  
practice nursing as a licensed practical nurse. 2459

(6) Grant conditional approval, by a vote of a quorum of 2460  
the board, to a new prelicensure nursing education program or a 2461  
program that is being reestablished after having ceased to 2462  
operate, if the program meets and maintains the minimum 2463  
standards of the board established by rules adopted under 2464  
section 4723.07 of the Revised Code. If the board does not grant 2465  
conditional approval, it shall hold an adjudication under 2466  
Chapter 119. of the Revised Code to consider conditional 2467  
approval of the program. If the board grants conditional 2468  
approval, at the first meeting following completion of the 2469  
survey process required by division (A)(5) of this section, the 2470  
board shall determine whether to grant full approval to the 2471  
program. If the board does not grant full approval or if it 2472  
appears that the program has failed to meet and maintain 2473  
standards established by rules adopted under section 4723.07 of 2474  
the Revised Code, the board shall hold an adjudication under 2475  
Chapter 119. of the Revised Code to consider the program. Based 2476  
on results of the adjudication, the board may continue or 2477  
withdraw conditional approval, or grant full approval. 2478

(7) Place on provisional approval, for a period of time 2479  
specified by the board, a program that has ceased to meet and 2480  
maintain the minimum standards of the board established by rules 2481

adopted under section 4723.07 of the Revised Code. Prior to or 2482  
at the end of the period, the board shall reconsider whether the 2483  
program meets the standards and shall grant full approval if it 2484  
does. If it does not, the board may withdraw approval, pursuant 2485  
to an adjudication under Chapter 119. of the Revised Code. 2486

(8) Approve continuing education programs and courses 2487  
under standards established in rules adopted under sections 2488  
4723.07, 4723.69, 4723.79, and 4723.88 of the Revised Code; 2489

(9) Establish a program for monitoring chemical dependency 2490  
in accordance with section 4723.35 of the Revised Code; 2491

(10) Establish the practice intervention and improvement 2492  
program in accordance with section 4723.282 of the Revised Code; 2493

~~(11) Issue and renew certificates of authority to practice 2494  
nursing as a certified registered nurse anesthetist, clinical- 2495  
nurse specialist, certified nurse midwife, or certified nurse- 2496  
practitioner; 2497~~

~~(12) Approve under section 4723.46 of the Revised Code 2498  
national certifying organizations for examination and 2499  
certification of certified registered nurse anesthetists, 2500  
clinical nurse specialists, certified nurse midwives, or 2501  
certified nurse practitioners; 2502~~

~~(13) Issue and renew certificates to prescribe in 2503  
accordance with sections 4723.48 and 4723.486 of the Revised 2504  
Code; 2505~~

~~(14) Grant approval to the course of study in advanced 2506  
pharmacology and related topics required by described in section 2507  
4723.482 of the Revised Code ~~to be eligible for a certificate to~~ 2508  
~~prescribe; 2509~~~~

~~(15)~~ Make an annual edition of the formulary established 2510  
in rules adopted under section 4723.50 of the Revised Code 2511  
available to the public either in printed form or by electronic 2512  
means and, as soon as possible after any revision of the 2513  
formulary becomes effective, make the revision available to the 2514  
public in printed form or by electronic means (12) Approve under 2515  
section 4723.46 of the Revised Code national certifying 2516  
organizations for examination and licensure of advanced practice 2517  
registered nurses, which may include separate organizations for 2518  
separate nursing specialties; 2519

~~(16)~~ (13) Provide guidance and make recommendations to the 2520  
general assembly, the governor, state agencies, and the federal 2521  
government with respect to the regulation of the practice of 2522  
nursing and the enforcement of this chapter; 2523

~~(17)~~ (14) Make an annual report to the governor, which 2524  
shall be open for public inspection; 2525

~~(18)~~ (15) Maintain and have open for public inspection the 2526  
following records: 2527

(a) A record of all its meetings and proceedings; 2528

(b) A record of all applicants for, and holders of, 2529  
licenses and certificates issued by the board under this chapter 2530  
or in accordance with rules adopted under this chapter. The 2531  
record shall be maintained in a format determined by the board. 2532

(c) A list of education and training programs approved by 2533  
the board. 2534

~~(19)~~ (16) Deny approval to a person who submits or causes 2535  
to be submitted false, misleading, or deceptive statements, 2536  
information, or documentation to the board in the process of 2537  
applying for approval of a new education or training program. If 2538

the board proposes to deny approval of a new education or 2539  
training program, it shall do so pursuant to an adjudication 2540  
conducted under Chapter 119. of the Revised Code. 2541

(B) The board may fulfill the requirement of division (A) 2542  
(8) of this section by authorizing persons who meet the 2543  
standards established in rules adopted under section 4723.07 of 2544  
the Revised Code to approve continuing education programs and 2545  
courses. Persons so authorized shall approve continuing 2546  
education programs and courses in accordance with standards 2547  
established in rules adopted under section 4723.07 of the 2548  
Revised Code. 2549

Persons seeking authorization to approve continuing 2550  
education programs and courses shall apply to the board and pay 2551  
the appropriate fee established under section 4723.08 of the 2552  
Revised Code. Authorizations to approve continuing education 2553  
programs and courses shall expire, and may be renewed according 2554  
to the schedule established in rules adopted under section 2555  
4723.07 of the Revised Code. 2556

In addition to approving continuing education programs 2557  
under division (A) (8) of this section, the board may sponsor 2558  
continuing education activities that are directly related to the 2559  
statutes and rules the board enforces. 2560

**Sec. 4723.07.** In accordance with Chapter 119. of the 2561  
Revised Code, the board of nursing shall adopt and may amend and 2562  
rescind rules that establish all of the following: 2563

(A) Provisions for the board's government and control of 2564  
its actions and business affairs; 2565

(B) Minimum standards for nursing education programs that 2566  
prepare graduates to be licensed under this chapter and 2567



procedures for granting, renewing, and withdrawing approval of those programs;	2568 2569
(C) Criteria that applicants for licensure must meet to be eligible to take examinations for licensure;	2570 2571
(D) Standards and procedures for renewal of the licenses and certificates issued by the board;	2572 2573
(E) Standards for approval of continuing nursing education programs and courses for registered nurses, <u>advanced practice registered nurses, and licensed practical nurses</u> , <del>certified registered nurse anesthetists, clinical nurse specialists, certified nurse midwives, and certified nurse practitioners</del> . The standards may provide for approval of continuing nursing education programs and courses that have been approved by other state boards of nursing or by national accreditation systems for nursing, including, but not limited to, the American nurses' credentialing center and the national association for practical nurse education and service.	2574 2575 2576 2577 2578 2579 2580 2581 2582 2583 2584
(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;	2585 2586 2587 2588
(G) Requirements, including continuing education requirements, for reactivating inactive licenses or certificates, and for reinstating licenses or certificates that have lapsed;	2589 2590 2591 2592
(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;	2593 2594 2595 2596

(I) Requirements for board approval of courses in medication administration by licensed practical nurses;	2597 2598
(J) Criteria for evaluating the qualifications of an applicant for a license to practice nursing as a registered nurse, <u>a license to practice nursing as an advanced practice registered nurse, or a license to practice nursing as a licensed practical nurse,</u> <del>or a certificate of authority issued under division (B) of section 4723.41 of the Revised Code</del> for the purpose of issuing the license <del>or certificate</del> by the board's endorsement of the applicant's authority to practice issued by the licensing agency of another state;	2599 2600 2601 2602 2603 2604 2605 2606 2607
(K) Universal and standard precautions that shall be used by each licensee or certificate holder. The rules shall define and establish requirements for universal and standard precautions that include the following:	2608 2609 2610 2611
(1) Appropriate use of hand washing;	2612
(2) Disinfection and sterilization of equipment;	2613
(3) Handling and disposal of needles and other sharp instruments;	2614 2615
(4) Wearing and disposal of gloves and other protective garments and devices.	2616 2617
(L) <del>Standards and procedures for approving certificates of authority to practice nursing as a certified registered nurse-anesthetist, clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner, and for renewal of those certificates;</del>	2618 2619 2620 2621 2622
<del>(M) Quality assurance standards for certified registered nurse anesthetists, clinical nurse specialists, certified nurse-</del>	2623 2624

<del>midwives, or certified nurse practitioners, advanced practice</del>	2625
<del>registered nurses;</del>	2626
<del>(N) Additional criteria for the standard care arrangement</del>	2627
<del>required by section 4723.431 of the Revised Code entered into by</del>	2628
<del>a clinical nurse specialist, certified nurse midwife, or</del>	2629
<del>certified nurse practitioner and the nurse's collaborating</del>	2630
<del>physician or podiatrist;</del>	2631
<del>(O) Continuing education standards for clinical nurse</del>	2632
<del>specialists who were issued a certificate of authority to</del>	2633
<del>practice as a clinical nurse specialist under division (C) of</del>	2634
<del>section 4723.41 of the Revised Code as that division existed at</del>	2635
<del>any time before March 20, 2013;</del>	2636
<del>(P)</del> <u>(M)</u> For purposes of division (B) <del>(31)</del> <u>(30)</u> of section	2637
4723.28 of the Revised Code, the actions, omissions, or other	2638
circumstances that constitute failure to establish and maintain	2639
professional boundaries with a patient;	2640
<del>(Q)</del> <u>(N)</u> Standards and procedures for delegation under	2641
division (C) of section 4723.48 of the Revised Code of the	2642
authority to administer drugs;	2643
<u>(O) Standards and procedures for the conduct of an</u>	2644
<u>externship under section 4723.421 of the Revised Code, including</u>	2645
<u>both of the following:</u>	2646
<u>(1) Standards and procedures that an advanced practice</u>	2647
<u>registered nurse or physician must follow when serving as a</u>	2648
<u>professional resource to an advanced practice registered nurse</u>	2649
<u>who is participating in an externship, including when practicing</u>	2650
<u>with the participating nurse and when reviewing the records of</u>	2651
<u>patients treated by the participating nurse;</u>	2652
<u>(2) Standards and procedures to be used in evaluating the</u>	2653

practice of a nurse who is participating in an externship. 2654

The standards and procedures adopted under this division 2655  
may permit the manner in which the externship is conducted to 2656  
vary by the location at which the participating nurse practices 2657  
and by the participating nurse's level of experience. 2658

The board may adopt other rules necessary to carry out the 2659  
provisions of this chapter. The rules shall be adopted in 2660  
accordance with Chapter 119. of the Revised Code. 2661

**Sec. 4723.08.** (A) The board of nursing may impose fees not 2662  
to exceed the following limits: 2663

(1) For application for licensure by examination or 2664  
endorsement to practice nursing as a registered nurse or as a 2665  
licensed practical nurse, seventy-five dollars; 2666

(2) (a) For application for licensure ~~by endorsement~~ to 2667  
practice nursing as ~~a registered nurse or as a licensed~~ 2668  
~~practical nurse, seventy-five~~ an advanced practice registered 2669  
nurse with an externship certificate, one hundred fifty 2670  
dollars;

(b) For application for licensure to practice nursing as 2671  
an advanced practice registered nurse following an externship, 2672  
one hundred fifty dollars; 2673

(3) ~~For application for a certificate of authority to~~ 2674  
~~practice nursing as a certified registered nurse anesthetist,~~ 2675  
~~clinical nurse specialist, certified nurse-midwife, or certified~~ 2676  
~~nurse practitioner, one hundred dollars;~~ 2677

~~(4)~~ For application for a temporary dialysis technician 2678  
certificate, the amount specified in rules adopted under section 2679  
4723.79 of the Revised Code; 2680

~~(5)~~ (4) For application for a dialysis technician 2681

certificate, the amount specified in rules adopted under section	2682
4723.79 of the Revised Code;	2683
<del>(6) For application for a certificate to prescribe, fifty</del>	2684
<del>dollars;</del>	2685
<del>(7)</del> (5) For providing, pursuant to division (B) of section	2686
4723.271 of the Revised Code, written verification of a nursing	2687
license, <del>certificate of authority, certificate to prescribe,</del>	2688
dialysis technician certificate, medication aide certificate, or	2689
community health worker certificate to another jurisdiction,	2690
fifteen dollars;	2691
<del>(8)</del> (6) For providing, pursuant to division (A) of section	2692
4723.271 of the Revised Code, a replacement copy of a wall	2693
certificate suitable for framing as described in that division,	2694
twenty-five dollars;	2695
<del>(9)</del> (7) For biennial renewal of a <u>nursing license to</u>	2696
<u>practice as a registered nurse or licensed practical nurse,</u>	2697
sixty-five dollars;	2698
<del>(10) For biennial renewal of a certificate of authority to</del>	2699
<del>practice nursing as a certified registered nurse anesthetist,</del>	2700
<del>clinical nurse specialist, certified nurse-midwife, or certified</del>	2701
<del>nurse practitioner, eighty-five dollars;</del>	2702
<del>(11)</del> (8) For <u>biennial renewal of a certificate to</u>	2703
<u>prescribe, fifty license to practice as an advanced practice</u>	2704
<u>registered nurse, one hundred thirty-five dollars;</u>	2705
<del>(12)</del> (9) For biennial renewal of a dialysis technician	2706
certificate, the amount specified in rules adopted under section	2707
4723.79 of the Revised Code;	2708
<del>(13)</del> (10) For processing a late application for renewal of	2709

a nursing license, certificate of authority, or dialysis technician certificate, fifty dollars;	2710 2711
<del>(14)</del> <u>(11)</u> For application for authorization to approve continuing education programs and courses from an applicant accredited by a national accreditation system for nursing, five hundred dollars;	2712 2713 2714 2715
<del>(15)</del> <u>(12)</u> For application for authorization to approve continuing education programs and courses from an applicant not accredited by a national accreditation system for nursing, one thousand dollars;	2716 2717 2718 2719
<del>(16)</del> <u>(13)</u> For each year for which authorization to approve continuing education programs and courses is renewed, one hundred fifty dollars;	2720 2721 2722
<del>(17)</del> <u>(14)</u> For application for approval to operate a dialysis training program, the amount specified in rules adopted under section 4723.79 of the Revised Code;	2723 2724 2725
<del>(18)</del> <u>(15)</u> For reinstatement of a lapsed license or certificate issued under this chapter, one hundred dollars except as provided in section 5903.10 of the Revised Code;	2726 2727 2728
<del>(19)</del> <u>(16)</u> For processing a check returned to the board by a financial institution, twenty-five dollars;	2729 2730
<del>(20)</del> <u>(17)</u> The amounts specified in rules adopted under section 4723.88 of the Revised Code pertaining to the issuance of certificates to community health workers, including fees for application for a certificate, biennial renewal of a certificate, processing a late application for renewal of a certificate, reinstatement of a lapsed certificate, application for approval of a community health worker training program for community health workers, and biennial renewal of the approval	2731 2732 2733 2734 2735 2736 2737 2738

of a training program for community health workers. 2739

(B) Each quarter, for purposes of transferring funds under 2740  
section 4743.05 of the Revised Code to the nurse education 2741  
assistance fund created in section 3333.28 of the Revised Code, 2742  
the board of nursing shall certify to the director of budget and 2743  
management the number of biennial licenses renewed under this 2744  
chapter during the preceding quarter and the amount equal to 2745  
that number times five dollars. 2746

(C) The board may charge a participant in a board- 2747  
sponsored continuing education activity an amount not exceeding 2748  
fifteen dollars for each activity. 2749

(D) The board may contract for services pertaining to the 2750  
process of providing written verification of a license or 2751  
certificate when the verification is performed for purposes 2752  
other than providing verification to another jurisdiction. The 2753  
contract may include provisions pertaining to the collection of 2754  
the fee charged for providing the written verification. As part 2755  
of these provisions, the board may permit the contractor to 2756  
retain a portion of the fees as compensation, before any amounts 2757  
are deposited into the state treasury. 2758

**Sec. 4723.09.** (A) (1) An application for licensure by 2759  
examination to practice as a registered nurse or as a licensed 2760  
practical nurse shall be submitted to the board of nursing in 2761  
the form prescribed by rules of the board. The application shall 2762  
include evidence that the applicant has completed a nursing 2763  
education program approved by the board under division (A) of 2764  
section 4723.06 of the Revised Code or by a board of another 2765  
jurisdiction that is a member of the national council of state 2766  
boards of nursing. The application also shall include any other 2767  
information required by rules of the board. The application 2768

shall be accompanied by the application fee required by section 2769  
4723.08 of the Revised Code. 2770

(2) The board shall grant a license to practice nursing as 2771  
a registered nurse or as a licensed practical nurse if all of 2772  
the following apply: 2773

(a) For all applicants, the applicant passes the 2774  
examination accepted by the board under section 4723.10 of the 2775  
Revised Code. 2776

(b) For an applicant who entered a prelicensure nursing 2777  
education program on or after June 1, 2003, the results of a 2778  
criminal records check conducted in accordance with section 2779  
4723.091 of the Revised Code demonstrate that the applicant is 2780  
not ineligible for licensure as specified in section 4723.092 of 2781  
the Revised Code. 2782

(c) For all applicants, the board determines that the 2783  
applicant has not committed any act that is grounds for 2784  
disciplinary action under section 3123.47 or 4723.28 of the 2785  
Revised Code or determines that an applicant who has committed 2786  
any act that is grounds for disciplinary action under either 2787  
section has made restitution or has been rehabilitated, or both. 2788

(d) For all applicants, the applicant is not required to 2789  
register under Chapter 2950. of the Revised Code or a 2790  
substantially similar law of another state, the United States, 2791  
or another country. 2792

(3) The board is not required to afford an adjudication to 2793  
an individual to whom it has refused to grant a license because 2794  
of that individual's failure to pass the examination. 2795

(B) (1) An application for ~~license~~ licensure by endorsement 2796  
to practice nursing as a registered nurse or as a licensed 2797



practical nurse shall be submitted to the board in the form 2798  
prescribed by rules of the board. The application shall include 2799  
evidence that the applicant holds a current, valid, and 2800  
unrestricted license ~~in~~ or equivalent authorization from another 2801  
jurisdiction granted after passing an examination approved by 2802  
the board of that jurisdiction that is equivalent to the 2803  
examination requirements under this chapter for a license to 2804  
practice nursing as a registered nurse or licensed practical 2805  
nurse. The application shall include any other information 2806  
required by rules of the board. The application shall be 2807  
accompanied by the application fee required by section 4723.08 2808  
of the Revised Code. 2809

(2) The board shall grant a license by endorsement to 2810  
practice nursing as a registered nurse or as a licensed 2811  
practical nurse if all of the following apply: 2812

(a) For all applicants, the applicant provides evidence 2813  
satisfactory to the board that the applicant has successfully 2814  
completed a nursing education program approved by the board 2815  
under division (A) of section 4723.06 of the Revised Code or by 2816  
a board of another jurisdiction that is a member of the national 2817  
council of state boards of nursing. 2818

(b) For all applicants, the examination, at the time it is 2819  
successfully completed, is equivalent to the examination 2820  
requirements in effect at that time for applicants who were 2821  
licensed by examination in this state. 2822

(c) For all applicants, the board determines there is 2823  
sufficient evidence that the applicant completed two contact 2824  
hours of continuing education directly related to this chapter 2825  
or the rules adopted under it. 2826

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

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

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

(C) The board may grant a nonrenewable temporary permit to practice nursing as a registered nurse or as a licensed practical nurse to an applicant for license by endorsement if the board is satisfied by the evidence that the applicant holds a current, valid, and unrestricted license in or equivalent authorization from another jurisdiction. Subject to earlier automatic termination as described in this paragraph, the temporary permit shall expire at the earlier of one hundred eighty days after issuance or upon the issuance of a license by endorsement. The temporary permit shall terminate automatically if the criminal records check completed by the bureau of criminal identification and investigation as described in section 4723.091 of the Revised Code regarding the applicant indicates that the applicant is ineligible for licensure as specified in section 4723.092 of the Revised Code. An applicant

whose temporary permit is automatically terminated is 2857  
permanently prohibited from obtaining a license to practice 2858  
nursing in this state as a registered nurse or as a licensed 2859  
practical nurse. 2860

**Sec. 4723.151.** (A) Medical diagnosis, prescription of 2861  
medical measures, and the practice of medicine or surgery or any 2862  
of its branches by a nurse are prohibited. 2863

(B) Division (A) of this section does not prohibit a 2864  
certified registered nurse anesthetist, clinical nurse 2865  
specialist, certified nurse-midwife, or certified nurse 2866  
practitioner from practicing within the nurse's scope of 2867  
practice in accordance with section 4723.43 of the Revised Code. 2868  
~~Division (A) of this section does not prohibit a clinical nurse-~~ 2869  
~~specialist, certified nurse-midwife, or certified nurse-~~ 2870  
~~practitioner who holds a certificate to prescribe issued under-~~ 2871  
~~section 4723.48 of the Revised Code from prescribing drugs and~~ 2872  
~~therapeutic devices in accordance with section 4723.481 of the~~ 2873  
~~Revised Code.~~ 2874

(C) Notwithstanding division (B) of this section, nothing 2875  
in this chapter shall be construed as authorizing any nurse to 2876  
prescribe any drug or device to perform or induce an abortion, 2877  
or to otherwise perform or induce an abortion. 2878

**Sec. 4723.16.** (A) An individual whom the board of nursing 2879  
licenses, ~~certificates,~~ or otherwise legally authorizes to 2880  
engage in the practice of nursing as a registered nurse,  2881  
~~advanced practice registered nurse,~~ or ~~as a~~ licensed practical 2882  
nurse may render the professional services of a registered,  2883  
~~advanced practice registered,~~ or licensed practical nurse within 2884  
this state through a corporation formed under division (B) of 2885  
section 1701.03 of the Revised Code, a limited liability company 2886

formed under Chapter 1705. of the Revised Code, a partnership, 2887  
or a professional association formed under Chapter 1785. of the 2888  
Revised Code. This division does not preclude an individual of 2889  
that nature from rendering professional services as a 2890  
registered, advanced practice registered, or licensed practical 2891  
nurse through another form of business entity, including, but 2892  
not limited to, a nonprofit corporation or foundation, or in 2893  
another manner that is authorized by or in accordance with this 2894  
chapter, another chapter of the Revised Code, or rules of the 2895  
board of nursing adopted pursuant to this chapter. 2896

(B) A corporation, limited liability company, partnership, 2897  
or professional association described in division (A) of this 2898  
section may be formed for the purpose of providing a combination 2899  
of the professional services of the following individuals who 2900  
are licensed, certificated, or otherwise legally authorized to 2901  
practice their respective professions: 2902

(1) Optometrists who are authorized to practice optometry 2903  
under Chapter 4725. of the Revised Code; 2904

(2) Chiropractors who are authorized to practice 2905  
chiropractic or acupuncture under Chapter 4734. of the Revised 2906  
Code; 2907

(3) Psychologists who are authorized to practice 2908  
psychology under Chapter 4732. of the Revised Code; 2909

(4) Registered, advanced practice registered, or licensed 2910  
practical nurses who are authorized to practice nursing as 2911  
registered nurses, advanced practice registered nurses, or ~~as~~- 2912  
licensed practical nurses under this chapter; 2913

(5) Pharmacists who are authorized to practice pharmacy 2914  
under Chapter 4729. of the Revised Code; 2915

(6) Physical therapists who are authorized to practice physical therapy under sections 4755.40 to 4755.56 of the Revised Code;	2916 2917 2918
(7) Occupational therapists who are licensed to practice occupational therapy under sections 4755.04 to 4755.13 of the Revised Code;	2919 2920 2921
(8) Mechanotherapists who are authorized to practice mechanotherapy under section 4731.151 of the Revised Code;	2922 2923
(9) Doctors of medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery who are licensed, certificated, or otherwise legally authorized for their respective practices under Chapter 4731. of the Revised Code;	2924 2925 2926 2927
(10) Licensed professional clinical counselors, licensed professional counselors, independent social workers, social workers, independent marriage and family therapists, or marriage and family therapists who are authorized for their respective practices under Chapter 4757. of the Revised Code.	2928 2929 2930 2931 2932
This division shall apply notwithstanding a provision of a code of ethics applicable to a nurse that prohibits a registered, <u>advanced practice registered</u> , or licensed practical nurse from engaging in the practice of nursing as a registered nurse, <u>advanced practice registered nurse</u> , or <del>as a</del> licensed practical nurse in combination with a person who is licensed, certificated, or otherwise legally authorized to practice optometry, chiropractic, acupuncture through the state chiropractic board, psychology, pharmacy, physical therapy, occupational therapy, mechanotherapy, medicine and surgery, osteopathic medicine and surgery, podiatric medicine and surgery, professional counseling, social work, or marriage and	2933 2934 2935 2936 2937 2938 2939 2940 2941 2942 2943 2944

family therapy, but who is not also licensed, certificated, or 2945  
otherwise legally authorized to engage in the practice of 2946  
nursing as a registered nurse, advanced practice registered 2947  
nurse, or ~~as a~~ licensed practical nurse. 2948

**Sec. 4723.24.** (A) Except as otherwise specified in this 2949  
chapter, all active licenses and certificates issued under this 2950  
chapter shall be renewed biennially according to a schedule 2951  
established by the board of nursing. The board shall provide an 2952  
application for renewal to every holder of an active license or 2953  
certificate, except when the board is aware that an individual 2954  
is ineligible for license or certificate renewal for any reason, 2955  
including pending criminal charges in this state or another 2956  
jurisdiction, failure to comply with a disciplinary order from 2957  
the board or the terms of a consent agreement entered into with 2958  
the board, failure to pay fines or fees owed to the board, or 2959  
failure to provide on the board's request documentation of 2960  
having completed the continuing nursing education requirements 2961  
specified in division (C) of this section. 2962

If the board provides a renewal application by mail, the 2963  
application shall be addressed to the last known post-office 2964  
address of the license or certificate holder and mailed before 2965  
the date specified in the board's schedule. Failure of the 2966  
license or certificate holder to receive an application for 2967  
renewal from the board shall not excuse the holder from the 2968  
requirements contained in this section, except as provided in 2969  
section 5903.10 of the Revised Code. 2970

The license or certificate holder shall complete the 2971  
renewal form and return it to the board with the renewal fee 2972  
required by section 4723.08 of the Revised Code on or before the 2973  
date specified by the board. The license or certificate holder 2974

shall report any conviction, plea, or judicial finding regarding 2975  
a criminal offense that constitutes grounds for the board to 2976  
impose sanctions under section 4723.28 of the Revised Code since 2977  
the holder last submitted an application to the board. 2978

On receipt of the renewal application, the board shall 2979  
verify whether the applicant meets the renewal requirements. If 2980  
the applicant meets the requirements, the board shall renew the 2981  
license or certificate for the following two-year period. 2982

If a renewal application that meets the renewal 2983  
requirements is submitted after the date specified in the 2984  
board's schedule, but before expiration of the license or 2985  
certificate, the board shall grant a renewal upon payment of the 2986  
late renewal fee authorized under section 4723.08 of the Revised 2987  
Code. 2988

(B) Every license or certificate holder shall give written 2989  
notice to the board of any change of name or address within 2990  
thirty days of the change. The board shall require the holder to 2991  
document a change of name in a manner acceptable to the board. 2992

(C) (1) Except in the case of a first renewal after 2993  
licensure by examination, to be eligible for renewal of an 2994  
active license to practice nursing as a registered nurse or 2995  
licensed practical nurse, each individual who holds an active 2996  
license shall, in each two-year period specified by the board, 2997  
complete continuing nursing education as follows: 2998

(a) For renewal of a license that was issued for a two- 2999  
year renewal period, twenty-four hours of continuing nursing 3000  
education; 3001

(b) For renewal of a license that was issued for less than 3002  
a two-year renewal period, the number of hours of continuing 3003

nursing education specified by the board in rules adopted in 3004  
accordance with Chapter 119. of the Revised Code; 3005

(c) Of the hours of continuing nursing education completed 3006  
in any renewal period, at least one hour of the education must 3007  
be directly related to the statutes and rules pertaining to the 3008  
practice of nursing in this state. 3009

(2) To be eligible for renewal of an active license to 3010  
practice nursing as an advanced practice registered nurse, each 3011  
individual who holds an active license shall, in each two-year 3012  
period specified by the board, complete continuing education as 3013  
follows: 3014

(a) For renewal of a license that was issued for a two- 3015  
year renewal period, twenty-four hours of continuing nursing 3016  
education; 3017

(b) For renewal of a license that was issued for less than 3018  
a two-year renewal period, the number of hours of continuing 3019  
nursing education specified by the board in rules adopted in 3020  
accordance with Chapter 119. of the Revised Code, including the 3021  
number of hours of continuing education in advanced 3022  
pharmacology; 3023

(c) In the case of an advanced practice registered nurse 3024  
who is designated as a clinical nurse specialist, certified 3025  
nurse-midwife, or certified nurse practitioner, of the hours of 3026  
continuing nursing education completed in any renewal period, at 3027  
least twelve hours of the education must be in advanced 3028  
pharmacology and be received from an accredited institution 3029  
recognized by the board. 3030

(3) The board shall adopt rules establishing the procedure 3031  
for a license holder to certify to the board completion of the 3032



required continuing nursing education. The board may conduct a 3033  
random sample of license holders and require that the license 3034  
holders included in the sample submit satisfactory documentation 3035  
of having completed the requirements for continuing nursing 3036  
education. On the board's request, a license holder included in 3037  
the sample shall submit the required documentation. 3038

~~(3)~~(4) An educational activity may be applied toward 3039  
meeting the continuing nursing education requirement only if it 3040  
is obtained through a program or course approved by the board or 3041  
a person the board has authorized to approve continuing nursing 3042  
education programs and courses. 3043

~~(4)~~(5) The continuing education required of a certified 3044  
registered nurse anesthetist, clinical nurse specialist, 3045  
certified nurse-midwife, or certified nurse practitioner to 3046  
maintain certification by a national certifying organization 3047  
shall be applied toward the continuing education requirements 3048  
for renewal of ~~a license to practice nursing as a registered~~ 3049  
~~nurse only~~ the following if it the continuing education is 3050  
obtained through a program or course approved by the board or a 3051  
person the board has authorized to approve continuing nursing 3052  
education programs and courses: 3053

(a) A license to practice nursing as a registered nurse; 3054

(b) A license to practice nursing as an advanced practice 3055  
registered nurse. 3056

(D) Except as otherwise provided in section 4723.28 of the 3057  
Revised Code, an individual who holds an active license to 3058  
practice nursing as a registered nurse or licensed practical 3059  
nurse and who does not intend to practice in Ohio may send to 3060  
the board written notice to that effect on or before the renewal 3061

date, and the board shall classify the license as inactive. 3062  
During the period that the license is classified as inactive, 3063  
the holder may not engage in the practice of nursing as a 3064  
registered nurse or licensed practical nurse in Ohio and is not 3065  
required to pay the renewal fee. 3066

The holder of an inactive license to practice nursing as a 3067  
registered nurse or licensed practical nurse or an individual 3068  
who has failed to renew the individual's license to practice 3069  
nursing as a registered nurse or licensed practical nurse may 3070  
have the license reactivated or reinstated upon doing the 3071  
following, as applicable to the holder or individual: 3072

(1) Applying to the board for license reactivation or 3073  
reinstatement on forms provided by the board; 3074

(2) Meeting the requirements for reactivating or 3075  
reinstating licenses established in rules adopted under section 3076  
4723.07 of the Revised Code or, if the individual did not renew 3077  
because of service in the armed forces of the United States or a 3078  
reserve component of the armed forces of the United States, 3079  
including the Ohio national guard or the national guard of any 3080  
other state, as provided in section 5903.10 of the Revised Code; 3081

(3) If the license has been inactive for at least five 3082  
years from the date of application for reactivation or has 3083  
lapsed for at least five years from the date of application for 3084  
reinstatement, submitting a request to the bureau of criminal 3085  
identification and investigation for a criminal records check 3086  
and check of federal bureau of investigation records pursuant to 3087  
section 4723.091 of the Revised Code. 3088

(E) Except as otherwise provided in section 4723.28 of the 3089  
Revised Code, an individual who holds an active license to 3090

practice nursing as an advanced practice registered nurse and 3091  
does not intend to practice in Ohio as an advanced practice 3092  
registered nurse may send to the board written notice to that 3093  
effect on or before the renewal date, and the board shall 3094  
classify the license as inactive. During the period that the 3095  
license is classified as inactive, the holder may not engage in 3096  
the practice of nursing as an advanced practice registered nurse 3097  
in Ohio and is not required to pay the renewal fee. 3098

The holder of an inactive license to practice nursing as 3099  
an advanced practice registered nurse or an individual who has 3100  
failed to renew the individual's license to practice nursing as 3101  
an advanced practice registered nurse may have the license 3102  
reactivated or reinstated upon doing the following, as 3103  
applicable to the holder or individual: 3104

(1) Applying to the board for license reactivation or 3105  
reinstatement on forms provided by the board; 3106

(2) Meeting the requirements for reactivating or 3107  
reinstating licenses established in rules adopted under section 3108  
4723.07 of the Revised Code or, if the individual did not renew 3109  
because of service in the armed forces of the United States or a 3110  
reserve component of the armed forces of the United States, 3111  
including the Ohio national guard or the national guard of any 3112  
other state, as provided in section 5903.10 of the Revised Code. 3113

**Sec. 4723.25.** The board of nursing shall approve one or 3114  
more continuing education courses of study that comply with 3115  
divisions (E) and (F) of section 4723.07 of the Revised Code and 3116  
that assist ~~registered nurses and licensed practical nurses~~ in 3117  
recognizing the signs of domestic violence and its relationship 3118  
to child abuse. Nurses are not required to take the courses. 3119

**Sec. 4723.271.** (A) Upon request of the holder of a nursing 3120  
license, ~~certificate of authority,~~ dialysis technician 3121  
certificate, medication aide certificate, or community health 3122  
worker certificate issued under this chapter, the presentment of 3123  
proper identification as prescribed in rules adopted by the 3124  
board of nursing, and payment of the fee authorized under 3125  
section 4723.08 of the Revised Code, the board of nursing shall 3126  
provide to the requestor a replacement copy of a wall 3127  
certificate suitable for framing. 3128

(B) Upon request of the holder of a nursing license, 3129  
volunteer's certificate, ~~certificate of authority, certificate~~ 3130  
~~to prescribe,~~ dialysis technician certificate, medication aide 3131  
certificate, or community health worker certificate issued under 3132  
this chapter and payment of the fee authorized under section 3133  
4723.08 of the Revised Code, the board shall verify to an agency 3134  
of another jurisdiction or foreign country the fact that the 3135  
person holds such nursing license, volunteer's certificate, 3136  
~~certificate of authority, certificate to prescribe,~~ dialysis 3137  
technician certificate, medication aide certificate, or 3138  
community health worker certificate. 3139

**Sec. 4723.28.** (A) The board of nursing, by a vote of a 3140  
quorum, may impose one or more of the following sanctions if it 3141  
finds that a person committed fraud in passing an examination 3142  
required to obtain a license, ~~certificate of authority,~~ or 3143  
dialysis technician certificate issued by the board or to have 3144  
committed fraud, misrepresentation, or deception in applying for 3145  
or securing any nursing license, ~~certificate of authority,~~ or 3146  
dialysis technician certificate issued by the board: deny, 3147  
revoke, suspend, or place restrictions on any nursing license, ~~—~~ 3148  
~~certificate of authority,~~ or dialysis technician certificate 3149  
issued by the board; reprimand or otherwise discipline a holder 3150

of a nursing license, ~~certificate of authority~~, or dialysis 3151  
technician certificate; or impose a fine of not more than five 3152  
hundred dollars per violation. 3153

(B) The board of nursing, by a vote of a quorum, may 3154  
impose one or more of the following sanctions: deny, revoke, 3155  
suspend, or place restrictions on any nursing license, ~~—~~ 3156  
~~certificate of authority~~, or dialysis technician certificate 3157  
issued by the board; reprimand or otherwise discipline a holder 3158  
of a nursing license, ~~certificate of authority~~, or dialysis 3159  
technician certificate; or impose a fine of not more than five 3160  
hundred dollars per violation. The sanctions may be imposed for 3161  
any of the following: 3162

(1) Denial, revocation, suspension, or restriction of 3163  
authority to engage in a licensed profession or practice a 3164  
health care occupation, including nursing or practice as a 3165  
dialysis technician, for any reason other than a failure to 3166  
renew, in Ohio or another state or jurisdiction; 3167

(2) Engaging in the practice of nursing or engaging in 3168  
practice as a dialysis technician, having failed to renew a 3169  
nursing license or dialysis technician certificate issued under 3170  
this chapter, or while a nursing license or dialysis technician 3171  
certificate is under suspension; 3172

(3) Conviction of, a plea of guilty to, a judicial finding 3173  
of guilt of, a judicial finding of guilt resulting from a plea 3174  
of no contest to, or a judicial finding of eligibility for a 3175  
pretrial diversion or similar program or for intervention in 3176  
lieu of conviction for, a misdemeanor committed in the course of 3177  
practice; 3178

(4) Conviction of, a plea of guilty to, a judicial finding 3179

of guilt of, a judicial finding of guilt resulting from a plea 3180  
of no contest to, or a judicial finding of eligibility for a 3181  
pretrial diversion or similar program or for intervention in 3182  
lieu of conviction for, any felony or of any crime involving 3183  
gross immorality or moral turpitude; 3184

(5) Selling, giving away, or administering drugs or 3185  
therapeutic devices for other than legal and legitimate 3186  
therapeutic purposes; or conviction of, a plea of guilty to, a 3187  
judicial finding of guilt of, a judicial finding of guilt 3188  
resulting from a plea of no contest to, or a judicial finding of 3189  
eligibility for a pretrial diversion or similar program or for 3190  
intervention in lieu of conviction for, violating any municipal, 3191  
state, county, or federal drug law; 3192

(6) Conviction of, a plea of guilty to, a judicial finding 3193  
of guilt of, a judicial finding of guilt resulting from a plea 3194  
of no contest to, or a judicial finding of eligibility for a 3195  
pretrial diversion or similar program or for intervention in 3196  
lieu of conviction for, an act in another jurisdiction that 3197  
would constitute a felony or a crime of moral turpitude in Ohio; 3198

(7) Conviction of, a plea of guilty to, a judicial finding 3199  
of guilt of, a judicial finding of guilt resulting from a plea 3200  
of no contest to, or a judicial finding of eligibility for a 3201  
pretrial diversion or similar program or for intervention in 3202  
lieu of conviction for, an act in the course of practice in 3203  
another jurisdiction that would constitute a misdemeanor in 3204  
Ohio; 3205

(8) Self-administering or otherwise taking into the body 3206  
any dangerous drug, as defined in section 4729.01 of the Revised 3207  
Code, in any way that is not in accordance with a legal, valid 3208  
prescription issued for that individual, or self-administering 3209

or otherwise taking into the body any drug that is a schedule I controlled substance;	3210 3211
(9) Habitual or excessive use of controlled substances, other habit-forming drugs, or alcohol or other chemical substances to an extent that impairs the individual's ability to provide safe nursing care or safe dialysis care;	3212 3213 3214 3215
(10) Impairment of the ability to practice according to acceptable and prevailing standards of safe nursing care or safe dialysis care because of the use of drugs, alcohol, or other chemical substances;	3216 3217 3218 3219
(11) Impairment of the ability to practice according to acceptable and prevailing standards of safe nursing care or safe dialysis care because of a physical or mental disability;	3220 3221 3222
(12) Assaulting or causing harm to a patient or depriving a patient of the means to summon assistance;	3223 3224
(13) Misappropriation or attempted misappropriation of money or anything of value in the course of practice;	3225 3226
(14) Adjudication by a probate court of being mentally ill or mentally incompetent. The board may reinstate the person's nursing license or dialysis technician certificate upon adjudication by a probate court of the person's restoration to competency or upon submission to the board of other proof of competency.	3227 3228 3229 3230 3231 3232
(15) The suspension or termination of employment by the department of defense or the veterans administration of the United States for any act that violates or would violate this chapter;	3233 3234 3235 3236
(16) Violation of this chapter or any rules adopted under	3237

it;	3238
(17) Violation of any restrictions placed by the board on a nursing license or dialysis technician certificate;	3239 3240
(18) Failure to use universal and standard precautions established by rules adopted under section 4723.07 of the Revised Code;	3241 3242 3243
(19) Failure to practice in accordance with acceptable and prevailing standards of safe nursing care or safe dialysis care;	3244 3245
(20) In the case of a registered nurse, engaging in activities that exceed the practice of nursing as a registered nurse;	3246 3247 3248
(21) In the case of a licensed practical nurse, engaging in activities that exceed the practice of nursing as a licensed practical nurse;	3249 3250 3251
(22) In the case of a dialysis technician, engaging in activities that exceed those permitted under section 4723.72 of the Revised Code;	3252 3253 3254
(23) Aiding and abetting a person in that person's practice of nursing without a license or practice as a dialysis technician without a certificate issued under this chapter;	3255 3256 3257
(24) In the case of <del>a certified registered nurse</del> <del>anesthetist, clinical nurse specialist, certified nurse midwife,</del> <del>or certified nurse practitioner</del> <u>an advanced practice registered nurse</u> , except as provided in division (M) of this section, either of the following:	3258 3259 3260 3261 3262
(a) Waiving the payment of all or any part of a deductible or copayment that a patient, pursuant to a health insurance or health care policy, contract, or plan that covers such nursing	3263 3264 3265



services, would otherwise be required to pay if the waiver is 3266  
used as an enticement to a patient or group of patients to 3267  
receive health care services from that provider; 3268

(b) Advertising that the nurse will waive the payment of 3269  
all or any part of a deductible or copayment that a patient, 3270  
pursuant to a health insurance or health care policy, contract, 3271  
or plan that covers such nursing services, would otherwise be 3272  
required to pay. 3273

(25) Failure to comply with the terms and conditions of 3274  
participation in the chemical dependency monitoring program 3275  
established under section 4723.35 of the Revised Code; 3276

(26) Failure to comply with the terms and conditions 3277  
required under the practice intervention and improvement program 3278  
established under section 4723.282 of the Revised Code; 3279

(27) In the case of ~~a certified registered nurse~~ 3280  
~~anesthetist, clinical nurse specialist, certified nurse midwife,~~ 3281  
~~or certified an advanced practice registered nurse practitioner:~~ 3282

(a) Engaging in activities that exceed those permitted for 3283  
the nurse's nursing specialty under section 4723.43 of the 3284  
Revised Code; 3285

(b) Failure to meet the quality assurance standards 3286  
established under section 4723.07 of the Revised Code. 3287

~~(28) In the case of a clinical nurse specialist, certified~~ 3288  
~~nurse midwife, or certified nurse practitioner, failure to~~ 3289  
~~maintain a standard care arrangement in accordance with section~~ 3290  
~~4723.431 of the Revised Code or to practice in accordance with~~ 3291  
~~the standard care arrangement;~~ 3292

~~(29)~~In the case of an advanced practice registered nurse 3293

who is designated as a clinical nurse specialist, certified 3294  
nurse-midwife, or certified nurse practitioner ~~who holds a~~ 3295  
~~certificate to prescribe issued under section 4723.48 of the~~ 3296  
~~Revised Code~~, failure to prescribe drugs and therapeutic devices 3297  
in accordance with section 4723.481 of the Revised Code; 3298

~~(30)~~ (29) Prescribing any drug or device to perform or 3299  
induce an abortion, or otherwise performing or inducing an 3300  
abortion; 3301

~~(31)~~ (30) Failure to establish and maintain professional 3302  
boundaries with a patient, as specified in rules adopted under 3303  
section 4723.07 of the Revised Code; 3304

~~(32)~~ (31) Regardless of whether the contact or verbal 3305  
behavior is consensual, engaging with a patient other than the 3306  
spouse of the registered nurse, licensed practical nurse, or 3307  
dialysis technician in any of the following: 3308

(a) Sexual contact, as defined in section 2907.01 of the 3309  
Revised Code; 3310

(b) Verbal behavior that is sexually demeaning to the 3311  
patient or may be reasonably interpreted by the patient as 3312  
sexually demeaning. 3313

~~(33)~~ (32) Assisting suicide, as defined in section 3795.01 3314  
of the Revised Code; 3315

~~(34)~~ (33) Failure to comply with the requirements in 3316  
section 3719.061 of the Revised Code before issuing for a minor 3317  
a prescription for an opioid analgesic, as defined in section 3318  
3719.01 of the Revised Code; 3319

~~(35)~~ (34) Failure to comply with section 4723.487 of the 3320  
Revised Code, unless the state board of pharmacy no longer 3321

maintains a drug database pursuant to section 4729.75 of the Revised Code;

(35) In the case of an advanced practice registered nurse who is designated as a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner, failure to comply with the terms of a consult agreement entered into with a pharmacist pursuant to section 4729.39 of the Revised Code.

(C) Disciplinary actions taken by the board under divisions (A) and (B) of this section shall be taken pursuant to an adjudication conducted under Chapter 119. of the Revised Code, except that in lieu of a hearing, the board may enter into a consent agreement with an individual to resolve an allegation of a violation of this chapter or any rule adopted under it. A consent agreement, when ratified by a vote of a quorum, shall constitute the findings and order of the board with respect to the matter addressed in the agreement. If the board refuses to ratify a consent agreement, the admissions and findings contained in the agreement shall be of no effect.

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

In any instance in which the board is required under Chapter 119. of the Revised Code to give notice of an opportunity for a hearing and the applicant, licensee, or certificate holder does not make a timely request for a hearing in accordance with section 119.07 of the Revised Code, the board is not required to hold a hearing, but may adopt, by a vote of a quorum, a final order that contains the board's findings. In the

final order, the board may order any of the sanctions listed in 3352  
division (A) or (B) of this section. 3353

(E) If a criminal action is brought against a registered 3354  
nurse, licensed practical nurse, or dialysis technician for an 3355  
act or crime described in divisions (B)(3) to (7) of this 3356  
section and the action is dismissed by the trial court other 3357  
than on the merits, the board shall conduct an adjudication to 3358  
determine whether the registered nurse, licensed practical 3359  
nurse, or dialysis technician committed the act on which the 3360  
action was based. If the board determines on the basis of the 3361  
adjudication that the registered nurse, licensed practical 3362  
nurse, or dialysis technician committed the act, or if the 3363  
registered nurse, licensed practical nurse, or dialysis 3364  
technician fails to participate in the adjudication, the board 3365  
may take action as though the registered nurse, licensed 3366  
practical nurse, or dialysis technician had been convicted of 3367  
the act. 3368

If the board takes action on the basis of a conviction, 3369  
plea, or a judicial finding as described in divisions (B)(3) to 3370  
(7) of this section that is overturned on appeal, the registered 3371  
nurse, licensed practical nurse, or dialysis technician may, on 3372  
exhaustion of the appeal process, petition the board for 3373  
reconsideration of its action. On receipt of the petition and 3374  
supporting court documents, the board shall temporarily rescind 3375  
its action. If the board determines that the decision on appeal 3376  
was a decision on the merits, it shall permanently rescind its 3377  
action. If the board determines that the decision on appeal was 3378  
not a decision on the merits, it shall conduct an adjudication 3379  
to determine whether the registered nurse, licensed practical 3380  
nurse, or dialysis technician committed the act on which the 3381  
original conviction, plea, or judicial finding was based. If the 3382

board determines on the basis of the adjudication that the registered nurse, licensed practical nurse, or dialysis technician committed such act, or if the registered nurse, licensed practical nurse, or dialysis technician does not request an adjudication, the board shall reinstate its action; otherwise, the board shall permanently rescind its action.

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

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

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

(G) During the course of an investigation conducted under this section, the board may compel any registered nurse,

licensed practical nurse, or dialysis technician or applicant 3413  
under this chapter to submit to a mental or physical 3414  
examination, or both, as required by the board and at the 3415  
expense of the individual, if the board finds reason to believe 3416  
that the individual under investigation may have a physical or 3417  
mental impairment that may affect the individual's ability to 3418  
provide safe nursing care. Failure of any individual to submit 3419  
to a mental or physical examination when directed constitutes an 3420  
admission of the allegations, unless the failure is due to 3421  
circumstances beyond the individual's control, and a default and 3422  
final order may be entered without the taking of testimony or 3423  
presentation of evidence. 3424

If the board finds that an individual is impaired, the 3425  
board shall require the individual to submit to care, 3426  
counseling, or treatment approved or designated by the board, as 3427  
a condition for initial, continued, reinstated, or renewed 3428  
authority to practice. The individual shall be afforded an 3429  
opportunity to demonstrate to the board that the individual can 3430  
begin or resume the individual's occupation in compliance with 3431  
acceptable and prevailing standards of care under the provisions 3432  
of the individual's authority to practice. 3433

For purposes of this division, any registered nurse, 3434  
licensed practical nurse, or dialysis technician or applicant 3435  
under this chapter shall be deemed to have given consent to 3436  
submit to a mental or physical examination when directed to do 3437  
so in writing by the board, and to have waived all objections to 3438  
the admissibility of testimony or examination reports that 3439  
constitute a privileged communication. 3440

(H) The board shall investigate evidence that appears to 3441  
show that any person has violated any provision of this chapter 3442

or any rule of the board. Any person may report to the board any 3443  
information the person may have that appears to show a violation 3444  
of any provision of this chapter or rule of the board. In the 3445  
absence of bad faith, any person who reports such information or 3446  
who testifies before the board in any adjudication conducted 3447  
under Chapter 119. of the Revised Code shall not be liable for 3448  
civil damages as a result of the report or testimony. 3449

(I) All of the following apply under this chapter with 3450  
respect to the confidentiality of information: 3451

(1) Information received by the board pursuant to a 3452  
complaint or an investigation is confidential and not subject to 3453  
discovery in any civil action, except that the board may 3454  
disclose information to law enforcement officers and government 3455  
entities for purposes of an investigation of either a licensed 3456  
health care professional, including a registered nurse, licensed 3457  
practical nurse, or dialysis technician, or a person who may 3458  
have engaged in the unauthorized practice of nursing or dialysis 3459  
care. No law enforcement officer or government entity with 3460  
knowledge of any information disclosed by the board pursuant to 3461  
this division shall divulge the information to any other person 3462  
or government entity except for the purpose of a government 3463  
investigation, a prosecution, or an adjudication by a court or 3464  
government entity. 3465

(2) If an investigation requires a review of patient 3466  
records, the investigation and proceeding shall be conducted in 3467  
such a manner as to protect patient confidentiality. 3468

(3) All adjudications and investigations of the board 3469  
shall be considered civil actions for the purposes of section 3470  
2305.252 of the Revised Code. 3471

(4) Any board activity that involves continued monitoring 3472  
of an individual as part of or following any disciplinary action 3473  
taken under this section shall be conducted in a manner that 3474  
maintains the individual's confidentiality. Information received 3475  
or maintained by the board with respect to the board's 3476  
monitoring activities is not subject to discovery in any civil 3477  
action and is confidential, except that the board may disclose 3478  
information to law enforcement officers and government entities 3479  
for purposes of an investigation of a licensee or certificate 3480  
holder. 3481

(J) Any action taken by the board under this section 3482  
resulting in a suspension from practice shall be accompanied by 3483  
a written statement of the conditions under which the person may 3484  
be reinstated to practice. 3485

(K) When the board refuses to grant a license or 3486  
certificate to an applicant, revokes a license or certificate, 3487  
or refuses to reinstate a license or certificate, the board may 3488  
specify that its action is permanent. An individual subject to 3489  
permanent action taken by the board is forever ineligible to 3490  
hold a license or certificate of the type that was refused or 3491  
revoked and the board shall not accept from the individual an 3492  
application for reinstatement of the license or certificate or 3493  
for a new license or certificate. 3494

(L) No unilateral surrender of a nursing license, 3495  
certificate of authority, or dialysis technician certificate 3496  
issued under this chapter shall be effective unless accepted by 3497  
majority vote of the board. No application for a nursing 3498  
license, certificate of authority, or dialysis technician 3499  
certificate issued under this chapter may be withdrawn without a 3500  
majority vote of the board. The board's jurisdiction to take 3501



disciplinary action under this section is not removed or limited 3502  
when an individual has a license or certificate classified as 3503  
inactive or fails to renew a license or certificate. 3504

(M) Sanctions shall not be imposed under division (B) (24) 3505  
of this section against any licensee who waives deductibles and 3506  
copayments as follows: 3507

(1) In compliance with the health benefit plan that 3508  
expressly allows such a practice. Waiver of the deductibles or 3509  
copayments shall be made only with the full knowledge and 3510  
consent of the plan purchaser, payer, and third-party 3511  
administrator. Documentation of the consent shall be made 3512  
available to the board upon request. 3513

(2) For professional services rendered to any other person 3514  
licensed pursuant to this chapter to the extent allowed by this 3515  
chapter and the rules of the board. 3516

**Sec. 4723.32.** This chapter does not prohibit any of the 3517  
following: 3518

(A) The practice of nursing by a student currently 3519  
enrolled in and actively pursuing completion of a prelicensure 3520  
nursing education program, if all of the following are the case: 3521

(1) The student is participating in a program located in 3522  
this state and approved by the board of nursing or participating 3523  
in this state in a component of a program located in another 3524  
jurisdiction and approved by a board that is a member of the 3525  
national council of state boards of nursing; 3526

(2) The student's practice is under the auspices of the 3527  
program; 3528

(3) The student acts under the supervision of a registered 3529

nurse serving for the program as a faculty member or teaching 3530  
assistant. 3531

(B) The rendering of medical assistance to a licensed 3532  
physician, licensed dentist, or licensed podiatrist by a person 3533  
under the direction, supervision, and control of such licensed 3534  
physician, dentist, or podiatrist; 3535

(C) The activities of persons employed as nursing aides, 3536  
attendants, orderlies, or other auxiliary workers in patient 3537  
homes, nurseries, nursing homes, hospitals, home health 3538  
agencies, or other similar institutions; 3539

(D) The provision of nursing services to family members or 3540  
in emergency situations; 3541

(E) The care of the sick when done in connection with the 3542  
practice of religious tenets of any church and by or for its 3543  
members; 3544

(F) The practice of nursing as ~~a certified registered-~~ 3545  
~~nurse anesthetist, clinical nurse specialist, certified nurse-~~ 3546  
~~midwife, or certified nurse practitioner~~ an advanced practice 3547  
registered nurse by a student currently enrolled in and actively 3548  
pursuing completion of a program of study leading to initial 3549  
authorization by the board of nursing to practice nursing as an 3550  
advanced practice registered nurse in the-a designated 3551  
specialty, if all of the following are the case: 3552

(1) The program qualifies the student to sit for the 3553  
examination of a national certifying organization approved by 3554  
the board under section 4723.46 of the Revised Code or the 3555  
program prepares the student to receive a master's or doctoral 3556  
degree in accordance with division (A) (2) of section 4723.41 of 3557  
the Revised Code; 3558

- (2) The student's practice is under the auspices of the program; 3559  
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- (3) The student acts under the supervision of ~~an advanced~~ practice registered nurse serving for the program as a faculty member, teaching assistant, or preceptor. 3561  
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- (G) The activities of an individual who currently holds a license to practice nursing ~~in or equivalent authorization from~~ another jurisdiction, if the individual's ~~license authority to practice~~ has not been revoked, the individual is not currently under suspension or on probation, the individual does not represent the individual as being licensed under this chapter, and one of the following is the case: 3564  
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- (1) The individual is engaging in the practice of nursing by discharging official duties while employed by or under contract with the United States government or any agency thereof; 3571  
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- (2) The individual is engaging in the practice of nursing as an employee of an individual, agency, or corporation located in the other jurisdiction in a position with employment responsibilities that include transporting patients into, out of, or through this state, as long as each trip in this state does not exceed seventy-two hours; 3575  
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- (3) The individual is consulting with an individual licensed in this state to practice any health-related profession; 3581  
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- (4) The individual is engaging in activities associated with teaching in this state as a guest lecturer at or for a nursing education program, continuing nursing education program, or in-service presentation; 3584  
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(5) The individual is conducting evaluations of nursing care that are undertaken on behalf of an accrediting organization, including the national league for nursing accrediting committee, the joint commission on accreditation of healthcare organizations, or any other nationally recognized accrediting organization;

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

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

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

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

(B) In the absence of fraud or bad faith, no person reporting to the board of nursing or testifying in an

adjudication conducted under Chapter 119. of the Revised Code 3617  
with regard to alleged incidents of negligence or malpractice or 3618  
matters subject to this chapter or sections 3123.41 to 3123.50 3619  
of the Revised Code and any applicable rules adopted under 3620  
section 3123.63 of the Revised Code shall be subject to either 3621  
of the following based on making the report or testifying: 3622

(1) Liability in damages in a civil action for injury, 3623  
death, or loss to person or property; 3624

(2) Discipline or dismissal by an employer. 3625

(C) An individual who is disciplined or dismissed in 3626  
violation of division (B) (2) of this section has the same rights 3627  
and duties accorded an employee under sections 4113.52 and 3628  
4113.53 of the Revised Code. 3629

(D) In the absence of fraud or bad faith, no professional 3630  
association of registered nurses, advanced practice registered 3631  
nurses, licensed practical nurses, dialysis technicians, 3632  
community health workers, or medication aides that sponsors a 3633  
committee or program to provide peer assistance to individuals 3634  
with substance abuse problems, no representative or agent of 3635  
such a committee or program, and no member of the board of 3636  
nursing shall be liable to any person for damages in a civil 3637  
action by reason of actions taken to refer a nurse, dialysis 3638  
technician, community health worker, or medication aide to a 3639  
treatment provider or actions or omissions of the provider in 3640  
treating a nurse, dialysis technician, community health worker, 3641  
or medication aide. 3642

**Sec. 4723.36.** (A) ~~A certified nurse practitioner or~~ 3643  
~~clinical nurse specialist may determine and pronounce an~~ 3644  
~~individual's death, but only if the individual's respiratory and~~ 3645

~~circulatory functions are not being artificially sustained and, 3646  
at the time the determination and pronouncement of death is 3647  
made, either or both of the following apply: 3648~~

~~(1) The individual was receiving care in one of the 3649  
following: 3650~~

~~(a) A nursing home licensed under section 3721.02 of the 3651  
Revised Code or by a political subdivision under section 3721.09 3652  
of the Revised Code; 3653~~

~~(b) A residential care facility or home for the aging 3654  
licensed under Chapter 3721. of the Revised Code; 3655~~

~~(c) A county home or district home operated pursuant to 3656  
Chapter 5155. of the Revised Code; 3657~~

~~(d) A residential facility licensed under section 5123.19 3658  
of the Revised Code. 3659~~

~~(2) The certified nurse practitioner or clinical nurse 3660  
specialist is providing or supervising the individual's care 3661  
through a hospice care program licensed under Chapter 3712. of 3662  
the Revised Code or any other entity that provides palliative 3663  
care. As used in this section, "advanced practice registered 3664  
nurse" does not include a certified registered nurse 3665  
anesthetist. 3666~~

(B) A registered nurse may determine and pronounce an 3667  
individual's death, but only if the individual's respiratory and 3668  
circulatory functions are not being artificially sustained and, 3669  
at the time the determination and pronouncement of death is 3670  
made, the registered nurse is providing or supervising the 3671  
individual's care through a hospice care program licensed under 3672  
Chapter 3712. of the Revised Code or any other entity that 3673  
provides palliative care. 3674

(C) If a ~~certified nurse practitioner, clinical nurse-  
specialist, or registered nurse~~ determines and pronounces an  
individual's death, the nurse shall comply with both of the  
following:

(1) The nurse shall not complete any portion of the  
individual's death certificate.

(2) The nurse shall notify the individual's attending  
physician or advanced practice registered nurse of the  
determination and pronouncement of death in order for the  
physician or advanced practice registered nurse to fulfill the  
physician's or advanced practice registered nurse's duties under  
section 3705.16 of the Revised Code. The nurse 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. 4723.41.** (A) Each person who desires to practice  
nursing as a certified nurse-midwife and has not been authorized  
to practice midwifery prior to December 1, 1967, and each person  
who desires to practice nursing as a certified registered nurse  
anesthetist, clinical nurse specialist, or certified nurse  
practitioner shall file with the board of nursing a written  
application for ~~authorization~~ a license to practice nursing as  
an advanced practice registered nurse and designation in the  
desired specialty. The application must be filed, under oath, on  
a form prescribed by the board accompanied by the application  
fee required by section 4723.08 of the Revised Code.

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

- (1) Be a registered nurse; 3704
- (2) Submit documentation satisfactory to the board that 3705  
the applicant has earned a graduate degree with a major in a 3706  
nursing specialty or in a related field that qualifies the 3707  
applicant to sit for the certification examination of a national 3708  
certifying organization approved by the board under section 3709  
4723.46 of the Revised Code; 3710
- (3) Submit documentation satisfactory to the board of 3711  
having passed the certification examination of a national 3712  
certifying organization approved by the board under section 3713  
4723.46 of the Revised Code to examine and certify, as 3714  
applicable, nurse-midwives, registered nurse anesthetists, 3715  
clinical nurse specialists, or nurse practitioners; 3716
- (4) Submit an affidavit with the application that states 3717  
all of the following: 3718
- (a) That the applicant is the person named in the 3719  
documents submitted under divisions (A) (2) and (3) of this 3720  
section and is the lawful possessor thereof; 3721
- (b) The applicant's age, residence, the school at which 3722  
the applicant obtained education in the applicant's nursing 3723  
specialty, and any other facts that the board requires; 3724
- (c) The specialty in which the applicant seeks 3725  
designation; 3726
- (d) If the applicant is already engaged in the practice of 3727  
nursing as a certified registered nurse anesthetist, clinical 3728  
nurse specialist, certified nurse-midwife, or certified nurse 3729  
practitioner, the period during which and the place where the 3730  
applicant is engaged; 3731



~~(d) If the applicant is already engaged in the practice of nursing as a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner, the names and business addresses of the applicant's current collaborating physicians and podiatrists.~~ 3732  
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(B) (1) A certified registered nurse anesthetist, clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner who is practicing as such in another jurisdiction may apply for a certificate of authority license by endorsement to practice nursing as an advanced practice registered nurse and designation as a certified registered nurse anesthetist, clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner in this state if the nurse meets the requirements ~~for a certificate of authority~~ set forth in division (A) of this section or division (B) (2) of this section. 3737  
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(2) If an applicant practicing in another jurisdiction applies for a certificate of authority designation under division (B) (2) of this section, the application shall be submitted to the board in the form prescribed by rules of the board and be accompanied by the application fee required by section 4723.08 of the Revised Code. The application shall include evidence that the applicant meets the requirements of division (B) (2) of this section, holds a license or certificate authority to practice nursing ~~as a certified registered nurse anesthetist, clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner~~ and is in good standing in another jurisdiction granted after meeting requirements approved by the entity of that jurisdiction that licenses-regulates nurses, and other information required by rules of the board of nursing. 3747  
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With respect to the educational requirements and national certification requirements that an applicant under division (B) (2) of this section must meet, both of the following apply:

(a) If the applicant is a certified registered nurse anesthetist, certified nurse-midwife, or certified nurse practitioner who, on or before December 31, 2000, obtained certification in the applicant's nursing specialty with a national certifying organization listed in division (A) (3) of section 4723.41 of the Revised Code as that division existed prior to ~~the effective date of this amendment~~ March 20, 2013, or that was at that time approved by the board under section 4723.46 of the Revised Code, the applicant must have maintained the certification. The applicant is not required to have earned a graduate degree with a major in a nursing specialty or in a related field that qualifies the applicant to sit for the certification examination.

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

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

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

(3) The board may grant a nonrenewable temporary permit to practice nursing as an advanced practice registered nurse to an applicant for licensure by endorsement if the board is satisfied by the evidence that the applicant holds a valid, unrestricted license in or equivalent authorization from another jurisdiction. The temporary permit shall expire at the earlier of one hundred eighty days after issuance or upon the issuance of a license by endorsement. 3791  
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**Sec. 4723.42.** (A) If the applicant for ~~authorization a~~ license to practice nursing as a ~~certified registered nurse-anesthetist, clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner~~ an advanced practice registered nurse has met all the requirements of section 4723.41 of the Revised Code and has paid the fee required by section 4723.08 of the Revised Code, the board of nursing shall issue ~~its~~ certificate of authority to practice nursing the license and designate the license holder as a certified registered nurse anesthetist, clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner, ~~which shall designate the nursing specialty the nurse is authorized to practice. The certificate entitles its~~ Subject to section 4723.421 of the Revised Code, the license and designation authorize the holder to practice nursing in the specialty designated on the certificate as an advanced practice registered nurse in the specialty indicated by the designation. 3799  
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The board shall issue or deny ~~its certificate~~ the license not later than ~~sixty~~ thirty days after receiving all of the documents required by section 4723.41 of the Revised Code. 3816  
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If an applicant is under investigation for a violation of this chapter, the board shall conclude the investigation not 3819  
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later than ninety days after receipt of all required documents, 3821  
unless this ninety-day period is extended by written consent of 3822  
the applicant, or unless the board determines that a substantial 3823  
question of such a violation exists and the board has notified 3824  
the applicant in writing of the reasons for the continuation of 3825  
the investigation. If the board determines that the applicant 3826  
has not violated this chapter, it shall issue a certificate not 3827  
later than forty-five days after making that determination. 3828

(B) ~~Authorization~~ A license to practice nursing as a 3829  
~~certified registered nurse anesthetist, clinical nurse~~ 3830  
~~specialist, certified nurse midwife, or certified nurse~~ 3831  
~~practitioner~~ an advanced practice registered nurse, other than a 3832  
license issued with an externship certificate under section 3833  
4723.421 of the Revised Code, shall be renewed biennially 3834  
according to section 4723.24 of the Revised Code and to rules 3835  
and a schedule adopted by the board. In providing renewal 3836  
applications ~~to certificate holders,~~ the board shall follow the 3837  
procedures ~~it follows~~ specified under section 4723.24 of the 3838  
Revised Code ~~in for~~ providing renewal applications to license 3839  
holders. Failure of the ~~certificate~~ license holder to receive an 3840  
application for renewal from the board does not excuse the 3841  
license holder from the requirements of section 4723.44 of the 3842  
Revised Code. 3843

Not later than the date specified by the board, the 3844  
license holder shall complete the renewal form and return it to 3845  
the board with all of the following: 3846

(1) The renewal fee required by section 4723.08 of the 3847  
Revised Code; 3848

(2) Documentation satisfactory to the board that the 3849  
holder has maintained certification in the nursing specialty 3850

with a national certifying organization approved by the board 3851  
under section 4723.46 of the Revised Code; 3852

~~(3) A list of the names and business addresses of the 3853  
holder's current collaborating physicians and podiatrists, if 3854  
the holder is a clinical nurse specialist, certified nurse- 3855  
midwife, or certified nurse practitioner; 3856~~

~~(4) If the holder's certificate was issued under division- 3857  
(C) of section 4723.41 of the Revised Code, as that division 3858  
existed at any time before the effective date of this amendment- 3859  
license holder is a clinical nurse specialist, documentation 3860  
satisfactory to the board that the holder has completed 3861  
continuing education for ~~a clinical nurse specialist that~~ 3862  
specialty as required by rule of the board. 3863~~

On receipt of the renewal application, fees, and 3864  
documents, the board shall verify that the applicant holds a 3865  
current, valid license to practice nursing as a registered nurse 3866  
in this state and a current, valid license to practice nursing 3867  
as ~~a an advanced practice~~ registered nurse in this state, and, 3868  
if it so verifies, shall renew the certificate license to 3869  
practice nursing as an advanced practice registered nurse. If an 3870  
applicant submits the completed renewal application after the 3871  
date specified in the board's schedule, but before the 3872  
expiration of the certificate license, the board shall grant a 3873  
renewal when the late renewal fee required by section 4723.08 of 3874  
the Revised Code is paid. 3875

An applicant for reinstatement of an expired ~~certificate-~~ 3876  
license shall submit the reinstatement fee, renewal fee, and 3877  
late renewal fee required by section 4723.08 of the Revised 3878  
Code. Any holder of a ~~certificate-~~ license who desires inactive 3879  
status shall give the board written notice to that effect. 3880

Sec. 4723.421. (A) Except as provided in division (C) of 3881  
this section, the initial license to practice nursing as an 3882  
advanced practice registered nurse shall be issued with an 3883  
externship certificate. Under a license with that certificate, 3884  
the certificate holder must participate in an externship and 3885  
maintain a relationship in practice with a professional 3886  
resource. During the externship, the certificate holder may 3887  
practice as an advanced practice registered nurse in accordance 3888  
with section 4723.43 of the Revised Code but only when either of 3889  
the following is serving as a professional resource to the 3890  
certificate holder in accordance with rules adopted under 3891  
section 4723.07 of the Revised Code: 3892

(1) An advanced practice registered nurse who is of the 3893  
same nursing specialty as the certificate holder and who holds a 3894  
current, valid license to practice nursing as an advanced 3895  
practice registered nurse that is issued under this chapter 3896  
without an externship certificate; 3897

(2) A physician who is authorized under Chapter 4731. of 3898  
the Revised Code to practice medicine and surgery or osteopathic 3899  
medicine and surgery. 3900

(B) To successfully complete an externship, the holder of 3901  
an externship certificate must complete at least one thousand 3902  
five hundred clinical practice hours during which the holder 3903  
maintains a relationship in practice with a professional 3904  
resource in accordance with division (A) of this section. 3905

(C) An applicant who seeks a license by endorsement 3906  
pursuant to division (B) of section 4723.41 of the Revised Code 3907  
shall be issued a license without an externship certificate if 3908  
the applicant provides evidence satisfactory to the board that 3909  
during at least one thousand five hundred clinical practice 3910

hours the applicant held valid authority in another jurisdiction 3911  
to practice as an advanced practice registered nurse. 3912

(D) (1) Except as provided in division (D) (2) of this 3913  
section, an externship certificate is valid for a period 3914  
specified by the board of not more than one year, unless earlier 3915  
suspended or revoked by the board of nursing. 3916

(2) An externship certificate may be extended by the board 3917  
beyond the period for which it is initially issued if the holder 3918  
submits to the board evidence of continued participation in an 3919  
externship in accordance with division (A) of this section. The 3920  
extension shall not exceed two years. 3921

(3) If an externship is terminated for any reason, the 3922  
certificate holder shall immediately notify the board. 3923

(E) For a license to practice nursing as an advanced 3924  
practice registered nurse issued without an externship 3925  
certificate, a certificate holder must submit a new application 3926  
under section 4723.41 of the Revised Code and include with it 3927  
all of the following: 3928

(1) A statement from an advanced practice registered nurse 3929  
or physician who served as the holder's professional resource 3930  
attesting to the holder's successful completion of the 3931  
externship; 3932

(2) The fee required by section 4723.08 of the Revised 3933  
Code; 3934

(3) Any additional information required by rules of the 3935  
board. 3936

If the application meets the requirements of this 3937  
division, the board shall issue to the applicant a new license 3938

without an externship certificate. The holder may continue to 3939  
practice under the externship certificate while the application 3940  
is pending. 3941

**Sec. 4723.43.** ~~A certified registered nurse anesthetist,~~ 3942  
~~clinical nurse specialist, certified nurse midwife, or certified~~ 3943  
~~nurse practitioner~~ (A) An advanced practice nurse may provide to 3944  
individuals and groups nursing care that requires knowledge and 3945  
skill obtained from advanced formal education and clinical 3946  
experience. ~~In this capacity~~ Such nursing care may include the 3947  
following: 3948

(1) Ordering and interpreting diagnostic tests or 3949  
procedures; 3950

(2) Diagnosing medical conditions or diseases; 3951

(3) Planning, executing, delegating, and prescribing 3952  
regimens, treatments, and therapies, which may include 3953  
nutrition, blood and blood products, and the use of durable 3954  
medical equipment and medical devices; 3955

(4) In the case of a clinical nurse specialist, certified 3956  
nurse-midwife, or certified nurse practitioner, prescribing, 3957  
ordering, administering, and furnishing drugs and therapeutic 3958  
devices; 3959

(5) In the case of a certified registered nurse 3960  
anesthetist, ordering and administering drugs and therapeutic 3961  
devices; 3962

(6) Consulting with and providing referrals to health care 3963  
providers or facilities. 3964

In the practice of nursing as an advanced practice 3965  
registered nurse, a certified nurse-midwife is subject to 3966



division ~~(A)~~(B) of this section, a certified registered nurse 3967  
anesthetist is subject to division ~~(B)~~(C) of this section, a 3968  
certified nurse practitioner is subject to division ~~(C)~~(D) of 3969  
this section, and a clinical nurse specialist is subject to 3970  
division ~~(D)~~(E) of this section. 3971

~~(A)~~(B) A nurse authorized to practice as a certified 3972  
nurse-midwife, ~~in collaboration with one or more physicians,~~ may 3973  
provide the management of preventive services and those primary 3974  
care services necessary to provide health care to women 3975  
antepartally, intrapartally, postpartally, and gynecologically, 3976  
consistent with the nurse's education and certification, and in 3977  
accordance with rules adopted by the board of nursing. 3978

No certified nurse-midwife may perform version, deliver 3979  
breech or face presentation, use forceps, do any obstetric 3980  
operation, or treat any other abnormal condition, except in 3981  
emergencies. ~~Division (A) of this section~~ This division does not 3982  
prohibit a certified nurse-midwife from performing episiotomies 3983  
or normal vaginal deliveries, or repairing vaginal tears. A 3984  
certified nurse-midwife ~~who holds a certificate to prescribe~~ 3985  
~~issued under section 4723.48 of the Revised Code~~ may, ~~in~~ 3986  
~~collaboration with one or more physicians,~~ prescribe drugs and 3987  
therapeutic devices in accordance with section 4723.481 of the 3988  
Revised Code. 3989

~~(B)~~(C) (1) A nurse authorized to practice as a certified 3990  
registered nurse anesthetist, with the supervision ~~and in the~~ 3991  
~~immediate presence~~ of a physician, podiatrist, or dentist who is 3992  
actively engaged in practice in this state, may ~~administer~~ 3993  
~~anesthesia and perform anesthesia induction, maintenance, and~~ 3994  
~~emergence, and may perform with supervision preanesthetic~~ 3995  
~~preparation and evaluation, postanesthesia care, and clinical~~ 3996

~~support functions, do all of the following~~ consistent with the 3997  
nurse's education and certification, and in accordance with 3998  
rules adopted by the board. 3999

~~A certified registered nurse anesthetist is not required~~ 4000  
~~to obtain a certificate to prescribe in order to provide the~~ 4001  
~~anesthesia care described in this division.~~ 4002

~~The physician, podiatrist, or dentist supervising a~~ 4003  
~~certified registered nurse anesthetist must be actively engaged~~ 4004  
~~in practice in this state. :~~ 4005

(a) While in the immediate presence of the physician, 4006  
podiatrist, or dentist, administer anesthesia and perform 4007  
anesthesia induction, maintenance, and emergence; 4008

(b) Perform preanesthetic preparation and evaluation and 4009  
postanesthesia care; 4010

(c) Perform clinical support functions using the skills 4011  
and competencies the nurse uses to engage in the activities 4012  
described in divisions (C)(1)(a) and (b) of this section; 4013

(d) Only during the phases of patient care directly 4014  
related to the activities described in division (C)(1) of this 4015  
section and subject to divisions (C)(2) and (3) of this section, 4016  
issue a written, electronic, or oral medication order that 4017  
directs any of the following to administer a drug to a patient: 4018

(i) An individual who is licensed under this chapter as a 4019  
registered nurse or licensed practical nurse and is acting 4020  
within the scope of that individual's practice; 4021

(ii) An individual who is licensed under Chapter 4761. of 4022  
the Revised Code as a respiratory therapist and is acting within 4023  
the scope of that individual's practice; 4024

(iii) Any other individual who is licensed or otherwise 4025  
specifically authorized by the Revised Code to administer drugs 4026  
and is acting within the scope of that individual's practice. 4027

(2) When a certified registered nurse anesthetist is 4028  
supervised by a podiatrist, ~~the~~ all of the following conditions 4029  
apply: 4030

(a) The nurse's scope of practice is limited to the 4031  
anesthesia procedures that the podiatrist has the authority 4032  
under section 4731.51 of the Revised Code to perform. ~~A~~ 4033  
~~certified registered nurse anesthetist may~~ 4034

(b) The nurse may not administer general anesthesia under 4035  
the supervision of ~~a~~ the podiatrist in ~~a~~ the podiatrist's 4036  
office. 4037

(c) The nurse's authority to issue a medication order is 4038  
limited to the podiatrist's authority to issue a medication 4039  
order. 4040

(3) When a certified registered nurse anesthetist is 4041  
supervised by a dentist, ~~the~~ all of the following conditions 4042  
apply: 4043

(a) The nurse's scope of practice is limited to the 4044  
anesthesia procedures that the dentist has the authority under 4045  
Chapter 4715. of the Revised Code to perform. 4046

(b) The nurse's authority to issue a medication order is 4047  
limited to the dentist's authority to issue a medication order. 4048

(4) A physician, podiatrist, or dentist who supervises a 4049  
certified registered nurse anesthetist in accordance with this 4050  
section is liable in damages to any person or government entity 4051  
in a civil action for injury, death, or loss to person or 4052

property that allegedly arises from an action or omission of the 4053  
certified registered nurse anesthetist only to the extent that 4054  
the supervising physician, podiatrist, or dentist exercised 4055  
control over or participated in the action or omission of the 4056  
certified registered nurse anesthetist. 4057

~~(C)~~ (D) A nurse authorized to practice as a certified 4058  
nurse practitioner, ~~in collaboration with one or more physicians~~ 4059  
~~or podiatrists,~~ may provide preventive and primary care 4060  
services, provide services for acute illnesses, and evaluate and 4061  
promote patient wellness within the nurse's nursing specialty, 4062  
consistent with the nurse's education and certification, and in 4063  
accordance with rules adopted by the board. A certified nurse 4064  
practitioner ~~who holds a certificate to prescribe issued under~~ 4065  
~~section 4723.48 of the Revised Code may, in collaboration with~~ 4066  
~~one or more physicians or podiatrists,~~ prescribe drugs and 4067  
therapeutic devices in accordance with section 4723.481 of the 4068  
Revised Code. 4069

~~When a certified nurse practitioner is collaborating with~~ 4070  
~~a podiatrist, the nurse's scope of practice is limited to the~~ 4071  
~~procedures that the podiatrist has the authority under section~~ 4072  
~~4731.51 of the Revised Code to perform.~~ 4073

~~(D)~~ (E) A nurse authorized to practice as a clinical nurse 4074  
specialist, ~~in collaboration with one or more physicians or~~ 4075  
~~podiatrists,~~ may provide and manage the care of individuals and 4076  
groups with complex health problems and provide health care 4077  
services that promote, improve, and manage health care within 4078  
the nurse's nursing specialty, consistent with the nurse's 4079  
education and in accordance with rules adopted by the board. A 4080  
clinical nurse specialist ~~who holds a certificate to prescribe~~ 4081  
~~issued under section 4723.48 of the Revised Code may, in~~ 4082

~~collaboration with one or more physicians or podiatrists,~~ 4083  
prescribe drugs and therapeutic devices in accordance with 4084  
section 4723.481 of the Revised Code. 4085

~~When a clinical nurse specialist is collaborating with a~~ 4086  
~~podiatrist, the nurse's scope of practice is limited to the~~ 4087  
~~procedures that the podiatrist has the authority under section~~ 4088  
~~4731.51 of the Revised Code to perform.~~ 4089

**Sec. 4723.432.** (A) ~~A clinical nurse specialist, certified~~ 4090  
~~nurse midwife, or certified nurse practitioner~~ An advanced 4091  
practice registered nurse who is designated as a clinical nurse 4092  
specialist, certified nurse-midwife, or certified nurse 4093  
practitioner shall cooperate with the state medical board in any 4094  
investigation the board conducts with respect to a physician or 4095  
~~podiatrist who collaborates with the nurse.~~ The nurse shall 4096  
cooperate with the board in any investigation the board conducts 4097  
with respect to the unauthorized practice of medicine by the 4098  
nurse. 4099

(B) ~~A~~ An advanced practice registered nurse who is 4100  
designated as a certified registered nurse anesthetist shall 4101  
cooperate with the state medical board or state dental board in 4102  
any investigation either board conducts with respect to a 4103  
physician, podiatrist, or dentist who permits the nurse to 4104  
practice with the supervision of that physician, podiatrist, or 4105  
dentist. The nurse shall cooperate with either board in any 4106  
investigation it conducts with respect to the unauthorized 4107  
practice of medicine or dentistry by the nurse. 4108

**Sec. 4723.44.** (A) No person shall knowingly do any of the 4109  
following unless the person holds a current, valid ~~certificate~~ 4110  
~~of authority to practice nursing as a certified registered nurse~~ 4111  
~~anesthetist, clinical nurse specialist, certified nurse midwife,~~ 4112

~~or certified nurse practitioner license~~ issued by the board of 4113  
nursing under this chapter to practice nursing as an advanced 4114  
practice registered nurse in the specialty indicated by the 4115  
designation: 4116

(1) Engage in the practice of nursing as a ~~certified-~~ 4117  
~~registered nurse anesthetist, clinical nurse specialist,~~ 4118  
~~certified nurse midwife, or certified nurse practitioner~~ an 4119  
advanced practice registered nurse for a fee, salary, or other 4120  
consideration, or as a volunteer; 4121

(2) Represent the person as being an advanced practice 4122  
registered nurse, including representing the person as being a 4123  
certified registered nurse anesthetist, clinical nurse 4124  
specialist, certified nurse-midwife, or certified nurse 4125  
practitioner; 4126

(3) Use any title or initials implying that the person is 4127  
an advanced practice registered nurse, including using any title 4128  
or initials implying the person is a certified registered nurse 4129  
anesthetist, clinical nurse specialist, certified nurse-midwife, 4130  
or certified nurse practitioner; 4131

~~(4) Represent the person as being an advanced practice-~~ 4132  
~~registered nurse;~~ 4133

~~(5) Use any title or initials implying that the person is-~~ 4134  
~~an advanced practice registered nurse.~~ 4135

(B) No ~~person who is not certified by the national council-~~ 4136  
~~on certification of nurse anesthetists of the American-~~ 4137  
~~association of nurse anesthetists, the national council on-~~ 4138  
~~recertification of nurse anesthetists of the American-~~ 4139  
~~association of nurse anesthetists, or another national-~~ 4140  
~~certifying organization approved by the board under section-~~ 4141

~~4723.46 of the Revised Code shall use the title "certified-  
registered nurse anesthetist" or the initials "C.R.N.A.," or any  
other title or initial implying that the person has been  
certified by the council or organization.~~

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

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

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

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

~~(4) Enter into a standard care arrangement with a physician or podiatrist whose practice is not the same as or similar to the nurse's nursing specialty;~~ 4171  
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~~(5) Prescribe drugs or therapeutic devices unless the nurse holds a current, valid certificate to prescribe issued under section 4723.48 of the Revised Code;~~ 4174  
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~~(6) Prescribe drugs or therapeutic devices under a certificate to prescribe in a manner that does not comply with section 4723.481 of the Revised Code;~~ 4177  
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~~(7)~~ (5) Prescribe any drug or device to perform or induce an abortion, or otherwise perform or induce an abortion. 4180  
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~~(D)~~ (C) No person shall knowingly employ a person to engage in the practice of nursing as a ~~certified registered nurse anesthetist, clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner~~ an advanced practice registered nurse unless the person so employed holds a current, valid ~~certificate of authority to engage in that nursing specialty license and designation~~ issued by the board under this chapter to practice as an advanced practice registered nurse in the specialty indicated by the designation. 4182  
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~~(E)~~ (D) A ~~certificate document~~ certified by the executive director of the board, under the official seal of the board, to the effect that it appears from the records of the board that no ~~certificate of authority license~~ to practice nursing as a ~~certified registered nurse anesthetist, clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner~~ an advanced practice registered nurse has been issued to ~~any the person specified therein~~ in the document, or that a ~~certificate~~ license to practice nursing as an advanced 4191  
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practice registered nurse, if issued, has been revoked or 4200  
suspended, shall be received as prima-facie evidence of the 4201  
record of the board in any court or before any officer of the 4202  
state. 4203

**Sec. 4723.46.** (A) The board of nursing shall establish a 4204  
list of national certifying organizations approved by the board 4205  
to examine and certify advanced practice registered nurses to 4206  
practice nursing specialties. To be approved by the board, a 4207  
national certifying organization must meet all of the following 4208  
requirements: 4209

(1) Be national in the scope of its credentialing; 4210

(2) Have an educational requirement beyond that required 4211  
for registered nurse licensure; 4212

(3) Have practice requirements beyond those required for 4213  
registered nurse licensure; 4214

(4) Have testing requirements beyond those required for 4215  
registered nurse licensure that measure the theoretical and 4216  
clinical content of a nursing specialty, are developed in 4217  
accordance with accepted standards of validity and reliability, 4218  
and are open to registered nurses who have successfully 4219  
completed the educational program required by the organization; 4220

(5) Issue certificates to advanced practice registered 4221  
nurses, including certified registered nurse anesthetists, 4222  
clinical nurse specialists, certified nurse-midwives, or 4223  
certified nurse practitioners; 4224

(6) Periodically review the qualifications of advanced 4225  
practice registered nurses, including certified registered nurse 4226  
anesthetists, clinical nurse specialists, certified nurse- 4227  
midwives, or certified nurse practitioners. 4228

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

**Sec. 4723.47.** ~~(A) If a certified registered nurse anesthetist's, clinical nurse specialist's, certified nurse midwife's, or certified nurse practitioner's~~ an advanced practice registered nurse's license to practice nursing as a registered nurse ~~expires~~ lapses for failure to renew under section 4723.24 of the Revised Code, the nurse's ~~certificate of authority~~ license to practice nursing as a ~~certified registered nurse anesthetist, clinical nurse specialist, certified nurse midwife, or certified nurse practitioner~~ an advanced practice registered nurse is lapsed until the license to practice nursing as a registered nurse is reinstated. If an advanced practice registered nurse's license to practice nursing as a registered nurse is classified as inactive under section 4723.24 of the Revised Code, the nurse's license to practice nursing as an advanced practice registered nurse is automatically classified as inactive while the license to practice nursing as a registered nurse remains inactive. If the either license held by an advanced practice registered nurse is revoked under section 4723.28 or 4723.281 of the Revised Code, the nurse's certificate of authority other license is automatically revoked. If the either license is suspended under either section 4723.28 or 4723.281 of the Revised Code, the nurse's certificate of authority other license is automatically suspended while the respective license remains suspended. If the license is classified as inactive under section 4723.24 of the Revised Code, the nurse's certificate of authority is automatically

~~classified as inactive while the license remains inactive.~~ 4260

~~(B) If a clinical nurse specialist, certified nurse- 4261  
midwife, or certified nurse practitioner holds a certificate to 4262  
prescribe issued under section 4723.48 of the Revised Code and 4263  
the nurse's certificate of authority to practice as a clinical- 4264  
nurse specialist, certified nurse midwife, or certified nurse- 4265  
practitioner expires for failure to renew under section 4723.41- 4266  
of the Revised Code, the nurse's certificate to prescribe is- 4267  
lapsed until the certificate of authority is reinstated. If the 4268  
certificate of authority becomes inactive in accordance with- 4269  
section 4723.42 of the Revised Code, the nurse's certificate to 4270  
prescribe is lapsed until the certificate of authority becomes- 4271  
active. If the certificate of authority is revoked under section- 4272  
4723.28 or 4723.281 of the Revised Code, the nurse's certificate- 4273  
to prescribe is automatically revoked. If the certificate of- 4274  
authority is suspended under either section, the nurse's- 4275  
certificate to prescribe is automatically suspended while the- 4276  
certificate of authority remains suspended. If a restriction is- 4277  
placed on the certificate of authority under section 4723.28 of- 4278  
the Revised Code, the same restriction is placed on the nurse's- 4279  
certificate to prescribe while the certificate of authority- 4280  
remains restricted.~~ 4281

~~**Sec. 4723.481.** This section establishes standards and- 4282  
conditions regarding the authority of a clinical nurse- 4283  
specialist, certified nurse midwife, or certified nurse- 4284  
practitioner to prescribe drugs and therapeutic devices under a- 4285  
certificate to prescribe issued under section 4723.48 of the- 4286  
Revised Code.— 4287~~

~~(A) A clinical nurse specialist, certified nurse midwife,- 4288  
or certified nurse practitioner shall not prescribe any drug or- 4289~~

~~therapeutic device that is not included in the types of drugs— 4290  
and devices listed on the formulary established in rules adopted— 4291  
under section 4723.50 of the Revised Code.— 4292~~

~~(B) The prescriptive authority of a clinical nurse— 4293  
specialist, certified nurse midwife, or certified nurse— 4294  
practitioner shall not exceed the prescriptive authority of the— 4295  
collaborating physician or podiatrist, including the— 4296  
collaborating physician's authority to treat chronic pain with— 4297  
controlled substances and products containing tramadol as— 4298  
described in section 4731.052 of the Revised Code.— 4299~~

~~(C) (1) Except as provided in division (C) (2) or (3) of— 4300  
this section, a clinical nurse specialist, certified nurse— 4301  
midwife, or certified nurse practitioner may prescribe to a— 4302  
patient a schedule II controlled substance only if all of the— 4303  
following are the case:— 4304~~

~~(a) The patient has a terminal condition, as defined in— 4305  
section 2133.01 of the Revised Code.— 4306~~

~~(b) The collaborating physician of the clinical nurse— 4307  
specialist, certified nurse midwife, or certified nurse— 4308  
practitioner initially prescribed the substance for the patient.— 4309~~

~~(c) The prescription is for an amount that does not exceed— 4310  
the amount necessary for the patient's use in a single, twenty— 4311  
four hour period.— 4312~~

~~(2) The restrictions on prescriptive authority in division— 4313  
(C) (1) of this section do not apply if a clinical nurse— 4314  
specialist, certified nurse midwife, or certified nurse— 4315  
practitioner issues the prescription to the patient from any of— 4316  
the following locations:— 4317~~

~~(a) A hospital registered under section 3701.07 of the— 4318~~

<del>Revised Code;</del>	4319
<del>(b) An entity owned or controlled, in whole or in part, by a hospital or by an entity that owns or controls, in whole or in part, one or more hospitals;</del>	4320 4321 4322
<del>(c) A health care facility operated by the department of mental health and addiction services or the department of developmental disabilities;</del>	4323 4324 4325
<del>(d) A nursing home licensed under section 3721.02 of the Revised Code or by a political subdivision certified under section 3721.09 of the Revised Code;</del>	4326 4327 4328
<del>(e) A county home or district home operated under Chapter 5155. of the Revised Code that is certified under the medicare or medicaid program;</del>	4329 4330 4331
<del>(f) A hospice care program, as defined in section 3712.01 of the Revised Code;</del>	4332 4333
<del>(g) A community mental health services provider, as defined in section 5122.01 of the Revised Code;</del>	4334 4335
<del>(h) An ambulatory surgical facility, as defined in section 3702.30 of the Revised Code;</del>	4336 4337
<del>(i) A freestanding birthing center, as defined in section 3702.141 of the Revised Code;</del>	4338 4339
<del>(j) A federally qualified health center, as defined in section 3701.047 of the Revised Code;</del>	4340 4341
<del>(k) A federally qualified health center look-alike, as defined in section 3701.047 of the Revised Code;</del>	4342 4343
<del>(l) A health care office or facility operated by the board of health of a city or general health district or the authority</del>	4344 4345

~~having the duties of a board of health under section 3709.05 of  
the Revised Code;~~ 4346  
4347

~~(m) A site where a medical practice is operated, but only 4348  
if the practice is comprised of one or more physicians who also 4349  
are owners of the practice; the practice is organized to provide 4350  
direct patient care; and the clinical nurse specialist, 4351  
certified nurse midwife, or certified nurse practitioner 4352  
providing services at the site has a standard care arrangement 4353  
and collaborates with at least one of the physician owners who 4354  
practices primarily at that site.~~ 4355

~~(3) A clinical nurse specialist, certified nurse midwife, 4356  
or certified nurse practitioner A current, valid license to 4357  
practice nursing as an advanced practice registered nurse issued 4358  
under this chapter that includes designation as a clinical nurse 4359  
specialist, certified nurse-midwife, or certified nurse 4360  
practitioner authorizes a clinical nurse specialist, certified 4361  
nurse-midwife, or certified nurse practitioner to prescribe and 4362  
personally furnish drugs and therapeutic devices. 4363~~

~~A clinical nurse specialist, certified nurse-midwife, or 4364  
certified nurse practitioner shall not issue to a patient a 4365  
prescription for a schedule II controlled substance from a 4366  
convenience care clinic even if the clinic is owned or operated 4367  
by an entity specified in division (C)(2) of this section. 4368~~

~~(D) A pharmacist who acts in good faith reliance on a 4369  
prescription issued by a clinical nurse specialist, certified 4370  
nurse-midwife, or certified nurse practitioner ~~under division 4371  
(C)(2) of this section~~ is not liable for or subject to any of 4372  
the following for relying on the prescription: damages in any 4373  
civil action, prosecution in any criminal proceeding, or 4374  
professional disciplinary action by the state board of pharmacy 4375~~

under Chapter 4729. of the Revised Code. 4376

~~(E) A clinical nurse specialist, certified nurse-midwife,  
or certified nurse practitioner may personally furnish to a  
patient a sample of any drug or therapeutic device included in  
the types of drugs and devices listed on the formulary, except  
that all of the following conditions apply:~~ 4377  
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~~(1) The amount of the sample furnished shall not exceed a  
seventy-two hour supply, except when the minimum available  
quantity of the sample is packaged in an amount that is greater  
than a seventy-two hour supply, in which case the packaged  
amount may be furnished.~~ 4382  
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~~(2) No charge may be imposed for the sample or for  
furnishing it.~~ 4387  
4388

~~(3) Samples of controlled substances may not be personally  
furnished.~~ 4389  
4390

~~(F) A clinical nurse specialist, certified nurse-midwife,  
or certified nurse practitioner may personally furnish to a  
patient a complete or partial supply of a drug or therapeutic  
device included in the types of drugs and devices listed on the  
formulary, except that all of the following conditions apply:~~ 4391  
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~~(1) The clinical nurse specialist, certified nurse-  
midwife, or certified nurse practitioner shall personally  
furnish only antibiotics, antifungals, scabicides,  
contraceptives, prenatal vitamins, antihypertensives, drugs and  
devices used in the treatment of diabetes, drugs and devices  
used in the treatment of asthma, and drugs used in the treatment  
of dyslipidemia.~~ 4396  
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~~(2) The clinical nurse specialist, certified nurse-  
midwife, or certified nurse practitioner shall not furnish the~~ 4403  
4404

~~drugs and devices in locations other than a health department— 4405  
operated by the board of health of a city or general health— 4406  
district or the authority having the duties of a board of health— 4407  
under section 3709.05 of the Revised Code, a federally funded— 4408  
comprehensive primary care clinic, or a nonprofit health care— 4409  
clinic or program.— 4410~~

~~(3) The clinical nurse specialist, certified nurse— 4411  
midwife, or certified nurse practitioner shall comply with all— 4412  
safety standards for personally furnishing supplies of drugs and— 4413  
devices, as established in rules adopted under section 4723.50— 4414  
of the Revised Code.— 4415~~

~~(G) A clinical nurse specialist, certified nurse-midwife, 4416  
or certified nurse practitioner shall comply with section 4417  
3719.061 of the Revised Code if the nurse prescribes for a 4418  
minor, as defined in that section, an opioid analgesic, as 4419  
defined in section 3719.01 of the Revised Code. 4420~~

**Sec. 4723.482.** ~~(A) Except as provided in divisions (C) and— 4421  
(D) of this section, an An applicant for a license to practice 4422  
nursing as an advanced practice registered nurse who seeks 4423  
designation as a clinical nurse specialist, certified nurse— 4424  
midwife, or certified nurse practitioner shall include with the 4425  
application submitted under section ~~4723.48~~ 4723.41 of the 4426  
Revised Code all of the following:— 4427~~

~~(1) Evidence of holding a current, valid certificate of— 4428  
authority to practice as a clinical nurse specialist, certified— 4429  
nurse-midwife, or certified nurse practitioner that was issued— 4430  
by meeting the requirements of division (A) of section 4723.41— 4431  
of the Revised Code;— 4432~~

~~(2) Evidence evidence of successfully completing the 4433~~



course of study in advanced pharmacology and related topics in 4434  
accordance with the requirements specified in division (B) of 4435  
this section;~~—~~ 4436

~~(3) The fee required by section 4723.08 of the Revised 4437  
Code for a certificate to prescribe;~~ 4438

~~(4) Any additional information the board of nursing 4439  
requires pursuant to rules adopted under section 4723.50 of the 4440  
Revised Code. 4441~~

(B) With respect to the course of study in advanced 4442  
pharmacology and related topics ~~that must be successfully 4443  
completed to obtain a certificate to prescribe,~~ all of the 4444  
following requirements apply: 4445

(1) The course of study shall be completed not longer than 4446  
~~three five years before the application for the certificate to 4447  
prescribe is filed. 4448~~

(2) The course of study shall be not less than forty-five 4449  
contact hours. 4450

(3) The course of study shall meet the requirements to be 4451  
approved by the board in accordance with standards established 4452  
in rules adopted under section 4723.50 of the Revised Code. 4453

(4) The content of the course of study shall be specific 4454  
to the applicant's nursing specialty. 4455

(5) The instruction provided in the course of study shall 4456  
include all of the following: 4457

(a) A minimum of thirty-six contact hours of instruction 4458  
in advanced pharmacology that includes pharmacokinetic 4459  
principles and clinical application and the use of drugs and 4460  
therapeutic devices in the prevention of illness and maintenance 4461

of health;	4462
(b) Instruction in the fiscal and ethical implications of prescribing drugs and therapeutic devices;	4463 4464
(c) Instruction in the state and federal laws that apply to the authority to prescribe;	4465 4466
(d) Instruction that is specific to schedule II controlled substances, including instruction in all of the following:	4467 4468
(i) Indications for the use of schedule II controlled substances in drug therapies;	4469 4470
(ii) The most recent guidelines for pain management therapies, as established by state and national organizations such as the Ohio pain initiative and the American pain society;	4471 4472 4473
(iii) Fiscal and ethical implications of prescribing schedule II controlled substances;	4474 4475
(iv) State and federal laws that apply to the authority to prescribe schedule II controlled substances;	4476 4477
(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.	4478 4479 4480 4481 4482 4483
<del>    (e) Any additional instruction required pursuant to rules adopted under section 4723.50 of the Revised Code.</del>	4484 4485
(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	4486 4487 4488

the United States government, ~~and is not seeking authority to~~ 4489  
~~prescribe drugs and therapeutic devices by meeting the~~ 4490  
~~requirements of division (A) or (D) of this section,~~ shall 4491  
include with the application submitted under section ~~4723.48-~~ 4492  
4723.41 of the Revised Code all of the following: 4493

(1) Evidence of ~~holding a current, valid certificate of~~ 4494  
~~authority issued under this chapter to practice as a clinical-~~ 4495  
~~nurse specialist, certified nurse midwife, or certified nurse-~~ 4496  
~~practitioner having completed a two-hour course of instruction~~ 4497  
approved by the board in the laws of this state that govern 4498  
drugs and prescriptive authority; 4499

(2) ~~The fee required by section 4723.08 of the Revised~~ 4500  
~~Code for a certificate to prescribe;~~ 4501

~~(3) Either of the following:~~ 4502

(a) Evidence of having held, for a continuous period of at 4503  
least one year during the three years immediately preceding the 4504  
date of application, valid authority issued by another 4505  
jurisdiction to prescribe therapeutic devices and drugs, 4506  
including at least some controlled substances; 4507

(b) Evidence of having been employed by the United States 4508  
government and authorized, for a continuous period of at least 4509  
one year during the three years immediately preceding the date 4510  
of application, to prescribe therapeutic devices and drugs, 4511  
including at least some controlled substances, in conjunction 4512  
with that employment. 4513

~~(4) Evidence of having completed a two hour course of~~ 4514  
~~instruction approved by the board in the laws of this state that~~ 4515  
~~govern drugs and prescriptive authority;~~ 4516

~~(5) Any additional information the board requires pursuant~~ 4517

~~to rules adopted under section 4723.50 of the Revised Code.~~ 4518

~~(D) An applicant who practiced or is practicing as a 4519  
clinical nurse specialist, certified nurse midwife, or certified 4520  
nurse practitioner in another jurisdiction or as an employee of 4521  
the United States government, and is not seeking authority to 4522  
prescribe drugs and therapeutic devices by meeting the 4523  
requirements of division (A) or (C) of this section, shall 4524  
include with the application submitted under section 4723.48 of 4525  
the Revised Code all of the following:~~ 4526

~~(1) Evidence of holding a current, valid certificate of 4527  
authority issued under this chapter to practice as a clinical 4528  
nurse specialist, certified nurse midwife, or certified nurse 4529  
practitioner;~~ 4530

~~(2) The fee required by section 4723.08 of the Revised 4531  
Code for a certificate to prescribe;~~ 4532

~~(3) Either of the following:~~ 4533

~~(a) Evidence of having held, for a continuous period of at 4534  
least one year during the three years immediately preceding the 4535  
date of application, valid authority issued by another 4536  
jurisdiction to prescribe therapeutic devices and drugs, 4537  
excluding controlled substances;~~ 4538

~~(b) Evidence of having been employed by the United States 4539  
government and authorized, for a continuous period of at least 4540  
one year during the three years immediately preceding the date 4541  
of application, to prescribe therapeutic devices and drugs, 4542  
excluding controlled substances, in conjunction with that 4543  
employment.~~ 4544

~~(4) Any additional information the board requires pursuant 4545  
to rules adopted under section 4723.50 of the Revised Code.~~ 4546

**Sec. 4723.486.** (A) ~~A certificate to prescribe issued under~~ 4547  
~~section 4723.48 of the Revised Code that is not issued as an~~ 4548  
~~externship certificate is valid for two years, unless otherwise~~ 4549  
~~provided in rules adopted under section 4723.50 of the Revised~~ 4550  
~~Code or earlier suspended or revoked by the board. The board of~~ 4551  
~~nursing shall renew certificates to prescribe according to~~ 4552  
~~procedures and a renewal schedule established in rules adopted~~ 4553  
~~under section 4723.50 of the Revised Code.~~ 4554

~~(B) Except as provided in division (C) of this section,~~ 4555  
~~the board may renew a certificate to prescribe if the holder~~ 4556  
~~submits to the board all of the following:~~ 4557

~~(1) Evidence of having completed during the previous two~~ 4558  
~~years at least twelve hours of continuing education in advanced~~ 4559  
~~pharmacology, or, if the certificate has been held for less than~~ 4560  
~~a full renewal period, the number of hours required by the board~~ 4561  
~~in rules adopted under section 4723.50 of the Revised Code;~~ 4562

~~(2) The fee required under section 4723.08 of the Revised~~ 4563  
~~Code for renewal of a certificate to prescribe;~~ 4564

~~(3) Any additional information the board requires pursuant~~ 4565  
~~to rules adopted under section 4723.50 of the Revised Code.~~ 4566

~~(C)(1) Except as provided in division (C)(2)(B) of this~~ 4567  
~~section, in the case of a certificate license holder who is~~ 4568  
~~seeking renewal of a license to practice nursing as an advanced~~ 4569  
~~practice registered nurse and who prescribes opioid analgesics~~ 4570  
~~or benzodiazepines, as defined in section 3719.01 of the Revised~~ 4571  
~~Code, the holder shall certify to the board whether the holder~~ 4572  
~~has been granted access to the drug database established and~~ 4573  
~~maintained by the state board of pharmacy pursuant to section~~ 4574  
~~4729.75 of the Revised Code.~~ 4575

~~(2)~~ ~~(B)~~ The requirement in division ~~(C)~~ ~~(1)~~ ~~(A)~~ of this 4576  
section does not apply if any of the following is the case: 4577

~~(a)~~ ~~(1)~~ The state board of pharmacy notifies the board of 4578  
nursing pursuant to section 4729.861 of the Revised Code that 4579  
the ~~certificate~~ license holder has been restricted from 4580  
obtaining further information from the drug database. 4581

~~(b)~~ ~~(2)~~ The state board of pharmacy no longer maintains 4582  
the drug database. 4583

~~(c)~~ ~~(3)~~ The ~~certificate~~ license holder does not practice 4584  
nursing in this state. 4585

~~(3)~~ ~~(C)~~ If a ~~certificate~~ license holder certifies to the 4586  
board of nursing that the holder has been granted access to the 4587  
drug database and the board finds through an audit or other 4588  
means that the holder has not been granted access, the board may 4589  
take action under section 4723.28 of the Revised Code. 4590

~~(D)~~ ~~The continuing education in pharmacology required~~ 4591  
~~under division (B) (1) of this section must be received from an~~ 4592  
~~accredited institution recognized by the board. The hours of~~ 4593  
~~continuing education required are in addition to any other~~ 4594  
~~continuing education requirement that must be completed pursuant~~ 4595  
~~to this chapter.~~ 4596

**Sec. 4723.487.** (A) As used in this section: 4597

(1) "Drug database" means the database established and 4598  
maintained by the state board of pharmacy pursuant to section 4599  
4729.75 of the Revised Code. 4600

(2) "Opioid analgesic" and "benzodiazepine" have the same 4601  
meanings as in section 3719.01 of the Revised Code. 4602

(B) Except as provided in divisions (C) and (E) of this 4603

section, an advanced practice registered nurse ~~holding a~~ 4604  
~~certificate to prescribe issued under this chapter who is~~ 4605  
designated as a clinical nurse specialist, certified nurse- 4606  
midwife, or certified nurse practitioner shall comply with all 4607  
of the following as conditions of prescribing a drug that is 4608  
either an opioid analgesic or a benzodiazepine as part of a 4609  
patient's course of treatment for a particular condition: 4610

(1) Before initially prescribing the drug, the advanced 4611  
practice registered nurse or the advanced practice registered 4612  
nurse's delegate shall request from the drug database a report 4613  
of information related to the patient that covers at least the 4614  
twelve months immediately preceding the date of the request. If 4615  
the advanced practice registered nurse practices primarily in a 4616  
county of this state that adjoins another state, the advanced 4617  
practice registered nurse or delegate also shall request a 4618  
report of any information available in the drug database that 4619  
pertains to prescriptions issued or drugs furnished to the 4620  
patient in the state adjoining that county. 4621

(2) If the patient's course of treatment for the condition 4622  
continues for more than ninety days after the initial report is 4623  
requested, the advanced practice registered nurse or delegate 4624  
shall make periodic requests for reports of information from the 4625  
drug database until the course of treatment has ended. The 4626  
requests shall be made at intervals not exceeding ninety days, 4627  
determined according to the date the initial request was made. 4628  
The request shall be made in the same manner provided in 4629  
division (B)(1) of this section for requesting the initial 4630  
report of information from the drug database. 4631

(3) On receipt of a report under division (B)(1) or (2) of 4632  
this section, the advanced practice registered nurse shall 4633

assess the information in the report. The advanced practice 4634  
registered nurse shall document in the patient's record that the 4635  
report was received and the information was assessed. 4636

(C) Division (B) of this section does not apply if in any 4637  
of the following circumstances: 4638

(1) A drug database report regarding the patient is not 4639  
available, in which case the advanced practice registered nurse 4640  
shall document in the patient's record the reason that the 4641  
report is not available. 4642

(2) The drug is prescribed in an amount indicated for a 4643  
period not to exceed seven days. 4644

(3) The drug is prescribed for the treatment of cancer or 4645  
another condition associated with cancer. 4646

(4) The drug is prescribed to a hospice patient in a 4647  
hospice care program, as those terms are defined in section 4648  
3712.01 of the Revised Code, or any other patient diagnosed as 4649  
terminally ill. 4650

(5) The drug is prescribed for administration in a 4651  
hospital, nursing home, or residential care facility. 4652

(D) The board of nursing may adopt rules, in accordance 4653  
with Chapter 119. of the Revised Code, that establish standards 4654  
and procedures to be followed by an advanced practice registered 4655  
nurse ~~with a certificate to prescribe issued under section~~ 4656  
~~4723.48 of the Revised Code~~ regarding the review of patient 4657  
information available through the drug database under division 4658  
(A) (5) of section 4729.80 of the Revised Code. The rules shall 4659  
be adopted in accordance with Chapter 119. of the Revised Code. 4660

(E) This section and any rules adopted under it do not 4661



apply if the state board of pharmacy no longer maintains the 4662  
drug database. 4663

**Sec. 4723.488.** (A) Notwithstanding any provision of this 4664  
chapter or rule adopted by the board of nursing, ~~a clinical~~ 4665  
~~nurse specialist, certified nurse midwife, or certified nurse~~ 4666  
~~practitioner who holds a certificate to prescribe issued under~~ 4667  
~~section 4723.48 of the Revised Code~~ an advanced practice 4668  
registered nurse who is designated as a clinical nurse 4669  
specialist, certified nurse-midwife, or certified nurse 4670  
practitioner may personally furnish a supply of naloxone, or 4671  
issue a prescription for naloxone, without having examined the 4672  
individual to whom it may be administered if both of the 4673  
following conditions are met: 4674

(1) The naloxone supply is furnished to, or the 4675  
prescription is issued to and in the name of, a family member, 4676  
friend, or other individual in a position to assist an 4677  
individual who there is reason to believe is at risk of 4678  
experiencing an opioid-related overdose. 4679

(2) The advanced practice registered nurse instructs the 4680  
individual receiving the naloxone supply or prescription to 4681  
summon emergency services as soon as practicable either before 4682  
or after administering naloxone to an individual apparently 4683  
experiencing an opioid-related overdose. 4684

(B) ~~A~~ An advanced practice registered nurse who under 4685  
division (A) of this section in good faith furnishes a supply of 4686  
naloxone or issues a prescription for naloxone is not liable for 4687  
or subject to any of the following for any action or omission of 4688  
the individual to whom the naloxone is furnished or the 4689  
prescription is issued: damages in any civil action, prosecution 4690  
in any criminal proceeding, or professional disciplinary action. 4691

**Sec. 4723.49.** (A) There is hereby created within the board 4692  
of nursing the advisory committee on prescriptive- 4693  
governance advanced practice registered nursing. The committee 4694  
shall consist of the following members: 4695

(1) ~~A clinical nurse specialist~~ Four advanced practice 4696  
registered nurses who are actively practicing in this state in 4697  
clinical settings, at least two of whom are actively engaged in 4698  
providing primary care; 4699

(2) ~~A certified nurse midwife~~ Four advanced practice 4700  
registered nurses who each serve as faculty members of approved 4701  
programs of nursing education that prepare students for 4702  
licensure as advanced practice registered nurses; 4703

(3) ~~A certified nurse practitioner;~~ 4704

~~(4) A member of the board of nursing who at a minimum as a~~ 4705  
is an advanced practice registered nurse; 4706

~~(5) Four physicians who meet the qualifications for~~ 4707  
appointment specified in division (B) of this section; 4708

~~(6) A pharmacist member of the state board of pharmacy;~~ 4709

~~(7) A pharmacist actively engaged in practice in this~~ 4710  
state as a clinical pharmacist (4) A representative of an entity 4711  
that employs ten or more advanced practice registered nurses who 4712  
are actively practicing in this state. 4713

(B) ~~Except as provided in division (D) of this section,~~ 4714  
~~the~~ The board of nursing shall appoint the members who are 4715  
~~nurses, the state medical board shall appoint the members who~~ 4716  
~~are physicians, and the state board of pharmacy shall appoint~~ 4717  
~~the members who are pharmacists. The physician members shall be~~ 4718  
~~appointed in such a manner that the committee at all times~~ 4719

~~includes at least two physicians who collaborate with clinical- 4720  
nurse specialists, certified nurse midwives, or certified nurse- 4721  
practitioners; one physician certified in family practice by a 4722  
medical specialty board of the American medical association or 4723  
American osteopathic association; and one physician member of 4724  
the state medical board. If the physician member who is a family 4725  
practice physician or member of the state medical board is also 4726  
a collaborating physician, the member may be counted both as a 4727  
collaborating member and as a family practice physician or state 4728  
medical board member for purposes of this division. 4729~~

~~(C) described in division (A) of this section. Initial 4730  
appointments to the committee shall be made not later than sixty 4731  
days after the effective date of this section. ~~Of the initial- 4732  
appointments the board of nursing must make, two shall be for- 4733  
terms of three years and two shall be for terms of two years. Of- 4734  
the initial appointments the state medical board must make, two 4735  
shall be for terms of three years and two shall be for terms of 4736  
two years. Of the initial appointments the state board of 4737  
pharmacy must make, one shall be for a term of three years and 4738  
one shall be for a term of two years. Thereafter, terms shall be 4739  
for three years, with each term ending on the same day of the 4740  
same month as did the term that it succeeds. 4741~~~~

~~When the term of any member expires, a successor shall be 4742  
appointed who has the qualifications the vacancy requires. Any 4743  
member appointed to fill a vacancy occurring prior to the 4744  
expiration of the term for which the member's predecessor was 4745  
appointed shall hold office for the remainder of that term. A 4746  
member shall continue in office subsequent to the expiration 4747  
date of the member's term until the member's successor takes 4748  
office, or until a period of sixty days has elapsed, whichever 4749  
occurs first. A member may be reappointed. Members shall serve at 4750~~

the discretion of the board.

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Recommendations for making initial appointments and  
filling vacancies may be submitted to the board of nursing by  
professional nursing associations and individuals, ~~to the state  
medical board by professional medical associations and  
individuals, and to the board of pharmacy by professional  
pharmacy associations and individuals.~~ The board shall  
appoint initial members and fill vacancies according to the  
recommendations it receives. If no recommendations or an  
insufficient number of recommendations are submitted ~~to a board,~~  
the board shall proceed on its own advice.

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~~(D) If the state medical board or state board of pharmacy  
fails to appoint an initial member prior to sixty days after the  
effective date of this section or fails to appoint a successor  
prior to sixty days after the expiration of the term for which  
the appointment is to be made, the board of nursing shall  
appoint the successor. If the board of nursing fails to appoint  
an initial member prior to sixty days after the effective date  
of this section or fails to appoint a successor prior to sixty  
days after the expiration of the term for which the appointment  
is to be made, the state medical board shall appoint the member  
after consulting with the state board of pharmacy.~~ The board may  
appoint to the committee additional members not described in  
division (A) of this section on the recommendation of the  
committee. The committee may recommend to the board a person  
considered an expert in an advanced practice nursing specialty.

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(C) The committee shall advise the board regarding the  
practice and regulation of advanced practice registered nurses.

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**Sec. 4723.491.** (A) The advisory committee on prescriptive  
governance advanced practice nursing shall organize by selecting

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a chairperson from among its members ~~who are nurses or~~ 4781  
~~collaborating physicians~~. The committee may select a new 4782  
chairperson at any time. 4783

(B) ~~Five~~ Six members constitute a quorum for the 4784  
transaction of official business. ~~The clinical pharmacist member~~ 4785  
~~may participate in any meeting of the committee, but shall be~~ 4786  
~~included as a voting member only when the committee is~~ 4787  
~~considering one of the following:~~ 4788

~~(1) The composition of the formulary of drugs and~~ 4789  
~~therapeutic devices that may be prescribed by a clinical nurse~~ 4790  
~~specialist, certified nurse-midwife, or certified nurse~~ 4791  
~~practitioner who holds a certificate to prescribe issued under~~ 4792  
~~section 4723.48 of the Revised Code;~~ 4793

~~(2) The manner in which a nurse may personally furnish to~~ 4794  
~~patients drugs and therapeutic devices packaged as samples and~~ 4795  
~~may personally furnish partial or complete supplies of other~~ 4796  
~~drugs and therapeutic devices;~~ 4797

~~(3) Recommendations to be given to the board of nursing~~ 4798  
~~for use in adopting rules under section 4723.50 of the Revised~~ 4799  
~~Code pertaining to the matters specified in divisions (B) (1) and~~ 4800  
~~(2) of this section.~~ 4801

~~(C)~~ Members shall serve without compensation but shall 4802  
receive payment for their actual and necessary expenses incurred 4803  
in the performance of their official duties. The expenses shall 4804  
be paid by the board of nursing. 4805

**Sec. 4723.71.** (A) There is hereby established, under the 4806  
board of nursing, the advisory group on dialysis. The advisory 4807  
group shall advise the board of nursing regarding the 4808  
qualifications, standards for training, and competence of 4809

dialysis technicians and dialysis technician interns and all 4810  
other related matters. The advisory group shall consist of the 4811  
members appointed under divisions (B) and (C) of this section. A 4812  
member of the board of nursing or a representative appointed by 4813  
the board shall serve as chairperson of all meetings of the 4814  
advisory group. 4815

(B) The board of nursing shall appoint the following as 4816  
members of the advisory group: 4817

(1) Four dialysis technicians; 4818

(2) A registered nurse who regularly performs dialysis and 4819  
cares for patients who receive dialysis; 4820

(3) A physician, recommended by the state medical board, 4821  
who specializes in nephrology or an advanced practice registered 4822  
nurse recommended by the board of nursing who specializes in 4823  
nephrology; 4824

(4) An administrator of a dialysis center; 4825

(5) A dialysis patient; 4826

(6) A representative of the Ohio hospital association; 4827

(7) A representative from the end-stage renal disease 4828  
network, as defined in 42 C.F.R. 405.2102. 4829

(C) The members of the advisory group appointed under 4830  
division (B) of this section may recommend additional persons to 4831  
serve as members of the advisory group. The board of nursing may 4832  
appoint, as appropriate, any of the additional persons 4833  
recommended. 4834

(D) The board of nursing shall specify the terms for the 4835  
advisory group members. Members shall serve at the discretion of 4836

the board of nursing. Members shall receive their actual and 4837  
necessary expenses incurred in the performance of their official 4838  
duties. 4839

(E) Sections 101.82 to 101.87 of the Revised Code do not 4840  
apply to the advisory group. 4841

**Sec. 4723.88.** The board of nursing, in accordance with 4842  
Chapter 119. of the Revised Code, shall adopt rules to 4843  
administer and enforce sections 4723.81 to 4723.87 of the 4844  
Revised Code. The rules shall establish all of the following: 4845

(A) Standards and procedures for issuance of community 4846  
health worker certificates; 4847

(B) Standards for evaluating the competency of an 4848  
individual who applies to receive a certificate on the basis of 4849  
having been employed in a capacity substantially the same as a 4850  
community health worker before the board implemented the 4851  
certification program; 4852

(C) Standards and procedures for renewal of community 4853  
health worker certificates, including the continuing education 4854  
requirements that must be met for renewal; 4855

(D) Standards governing the performance of activities 4856  
related to nursing care that are delegated by a registered nurse 4857  
to certified community health workers. In establishing the 4858  
standards, the board shall specify limits on the number of 4859  
certified community health workers a registered nurse may 4860  
supervise at any one time. 4861

(E) Standards and procedures for assessing the quality of 4862  
the services that are provided by certified community health 4863  
workers; 4864

(F) Standards and procedures for denying, suspending, and 4865  
revoking a community health worker certificate, including 4866  
reasons for imposing the sanctions that are substantially 4867  
similar to the reasons that sanctions are imposed under section 4868  
4723.28 of the Revised Code; 4869

(G) Standards and procedures for approving and renewing 4870  
the board's approval of training programs that prepare 4871  
individuals to become certified community health workers. In 4872  
establishing the standards, the board shall specify the minimum 4873  
components that must be included in a training program, shall 4874  
require that all approved training programs offer the 4875  
standardized curriculum, and shall ensure that the curriculum 4876  
enables individuals to use the training as a basis for entering 4877  
programs leading to other careers, including nursing education 4878  
programs. 4879

(H) Standards for approval of continuing education 4880  
programs and courses for certified community health workers; 4881

(I) Standards and procedures for withdrawing the board's 4882  
approval of a training program, refusing to renew the approval 4883  
of a training program, and placing a training program on 4884  
provisional approval; 4885

(J) Amounts for each fee that may be imposed under 4886  
division (A) ~~(20)~~ (17) of section 4723.08 of the Revised Code; 4887

(K) Any other standards or procedures the board considers 4888  
necessary and appropriate for the administration and enforcement 4889  
of sections 4723.81 to 4723.87 of the Revised Code. 4890

**Sec. 4723.99.** (A) Except as provided in division (B) of 4891  
this section, whoever violates section 4723.03, 4723.44, 4892  
4723.653, or 4723.73 of the Revised Code is guilty of a felony 4893



of the fifth degree on a first offense and a felony of the 4894  
fourth degree on each subsequent offense. 4895

(B) Each of the following is guilty of a minor 4896  
misdemeanor: 4897

(1) A registered nurse, advanced practice registered 4898  
nurse, or licensed practical nurse who violates division (A) ~~or~~ 4899  
, (B), or (C) of section 4723.03 of the Revised Code by reason 4900  
of a license to practice nursing that has lapsed for failure to 4901  
renew or by practicing nursing after a license has been 4902  
classified as inactive; 4903

(2) A medication aide who violates section 4723.653 of the 4904  
Revised Code by reason of a medication aide certificate that has 4905  
lapsed for failure to renew or by administering medication as a 4906  
medication aide after a certificate has been classified as 4907  
inactive. 4908

**Sec. 4729.01.** As used in this chapter: 4909

(A) "Pharmacy," except when used in a context that refers 4910  
to the practice of pharmacy, means any area, room, rooms, place 4911  
of business, department, or portion of any of the foregoing 4912  
where the practice of pharmacy is conducted. 4913

(B) "Practice of pharmacy" means providing pharmacist care 4914  
requiring specialized knowledge, judgment, and skill derived 4915  
from the principles of biological, chemical, behavioral, social, 4916  
pharmaceutical, and clinical sciences. As used in this division, 4917  
"pharmacist care" includes the following: 4918

(1) Interpreting prescriptions; 4919

(2) Dispensing drugs and drug therapy related devices; 4920

(3) Compounding drugs; 4921

(4) Counseling individuals with regard to their drug 4922  
therapy, recommending drug therapy related devices, and 4923  
assisting in the selection of drugs and appliances for treatment 4924  
of common diseases and injuries and providing instruction in the 4925  
proper use of the drugs and appliances; 4926

(5) Performing drug regimen reviews with individuals by 4927  
discussing all of the drugs that the individual is taking and 4928  
explaining the interactions of the drugs; 4929

(6) Performing drug utilization reviews with licensed 4930  
health professionals authorized to prescribe drugs when the 4931  
pharmacist determines that an individual with a prescription has 4932  
a drug regimen that warrants additional discussion with the 4933  
prescriber; 4934

(7) Advising an individual and the health care 4935  
professionals treating an individual with regard to the 4936  
individual's drug therapy; 4937

(8) Acting pursuant to a consult agreement with a 4938  
physician authorized under Chapter 4731. of the Revised Code to 4939  
practice medicine and surgery or osteopathic medicine and 4940  
surgery, if an agreement has been established with the 4941  
physician; 4942

(9) Engaging in the administration of immunizations to the 4943  
extent authorized by section 4729.41 of the Revised Code. 4944

(C) "Compounding" means the preparation, mixing, 4945  
assembling, packaging, and labeling of one or more drugs in any 4946  
of the following circumstances: 4947

(1) Pursuant to a prescription issued by a licensed health 4948  
professional authorized to prescribe drugs; 4949

(2) Pursuant to the modification of a prescription made in accordance with a consult agreement; 4950  
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(3) As an incident to research, teaching activities, or chemical analysis; 4952  
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(4) In anticipation of orders for drugs pursuant to prescriptions, based on routine, regularly observed dispensing patterns; 4954  
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(5) Pursuant to a request made by a licensed health professional authorized to prescribe drugs for a drug that is to be used by the professional for the purpose of direct administration to patients in the course of the professional's practice, if all of the following apply: 4957  
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(a) At the time the request is made, the drug is not commercially available regardless of the reason that the drug is not available, including the absence of a manufacturer for the drug or the lack of a readily available supply of the drug from a manufacturer. 4962  
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(b) A limited quantity of the drug is compounded and provided to the professional. 4967  
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(c) The drug is compounded and provided to the professional as an occasional exception to the normal practice of dispensing drugs pursuant to patient-specific prescriptions. 4969  
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(D) "Consult agreement" means an agreement to manage an individual's drug therapy that has been entered into by a pharmacist and either a physician authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery or an advanced practice registered nurse who holds a current, valid license issued under Chapter 4723. of the Revised Code and is designated as a 4972  
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<u>clinical nurse specialist, certified nurse-midwife, or certified</u>	4979
<u>nurse practitioner.</u>	4980
(E) "Drug" means:	4981
(1) Any article recognized in the United States	4982
pharmacopoeia and national formulary, or any supplement to them,	4983
intended for use in the diagnosis, cure, mitigation, treatment,	4984
or prevention of disease in humans or animals;	4985
(2) Any other article intended for use in the diagnosis,	4986
cure, mitigation, treatment, or prevention of disease in humans	4987
or animals;	4988
(3) Any article, other than food, intended to affect the	4989
structure or any function of the body of humans or animals;	4990
(4) Any article intended for use as a component of any	4991
article specified in division (E) (1), (2), or (3) of this	4992
section; but does not include devices or their components,	4993
parts, or accessories.	4994
(F) "Dangerous drug" means any of the following:	4995
(1) Any drug to which either of the following applies:	4996
(a) Under the "Federal Food, Drug, and Cosmetic Act," 52	4997
Stat. 1040 (1938), 21 U.S.C.A. 301, as amended, the drug is	4998
required to bear a label containing the legend "Caution: Federal	4999
law prohibits dispensing without prescription" or "Caution:	5000
Federal law restricts this drug to use by or on the order of a	5001
licensed veterinarian" or any similar restrictive statement, or	5002
the drug may be dispensed only upon a prescription;	5003
(b) Under Chapter 3715. or 3719. of the Revised Code, the	5004
drug may be dispensed only upon a prescription.	5005

(2) Any drug that contains a schedule V controlled substance and that is exempt from Chapter 3719. of the Revised Code or to which that chapter does not apply; 5006  
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(3) Any drug intended for administration by injection into the human body other than through a natural orifice of the human body. 5009  
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(G) "Federal drug abuse control laws" has the same meaning as in section 3719.01 of the Revised Code. 5012  
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(H) "Prescription" means both of the following: 5014

(1) A written, electronic, or oral order for drugs or combinations or mixtures of drugs to be used by a particular individual or for treating a particular animal, issued by a licensed health professional authorized to prescribe drugs; 5015  
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(2) For purposes of ~~section~~ sections 2925.61, 4723.488, 4729.44, 4730.431, and 4731.94 of the Revised Code, a written, electronic, or oral order for naloxone issued to and in the name of a family member, friend, or other individual in a position to assist an individual who there is reason to believe is at risk of experiencing an opioid-related overdose. 5019  
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(I) "Licensed health professional authorized to prescribe drugs" or "prescriber" means an individual who is authorized by law to prescribe drugs or dangerous drugs or drug therapy related devices in the course of the individual's professional practice, including only the following: 5025  
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(1) A dentist licensed under Chapter 4715. of the Revised Code; 5030  
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(2) A clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner who holds a ~~certificate to~~ 5032  
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~~prescribe current, valid license issued under section 4723.48-~~ 5034  
Chapter 4723. of the Revised Code to practice nursing as an 5035  
advanced practice registered nurse; 5036

(3) A certified registered nurse anesthetist who holds a 5037  
current, valid license issued under Chapter 4723. of the Revised 5038  
Code to practice nursing as an advanced practice registered 5039  
nurse, but only with regard to medication orders authorized by 5040  
section 4723.43 of the Revised Code; 5041

(4) An optometrist licensed under Chapter 4725. of the 5042  
Revised Code to practice optometry under a therapeutic 5043  
pharmaceutical agents certificate; 5044

~~(4)~~ (5) A physician authorized under Chapter 4731. of the 5045  
Revised Code to practice medicine and surgery, osteopathic 5046  
medicine and surgery, or podiatric medicine and surgery; 5047

~~(5)~~ (6) A physician assistant who holds a license to 5048  
practice as a physician assistant issued under Chapter 4730. of 5049  
the Revised Code, holds a valid prescriber number issued by the 5050  
state medical board, and has been granted physician-delegated 5051  
prescriptive authority; 5052

~~(6)~~ (7) A veterinarian licensed under Chapter 4741. of the 5053  
Revised Code. 5054

(J) "Sale" and "sell" include delivery, transfer, barter, 5055  
exchange, or gift, or offer therefor, and each such transaction 5056  
made by any person, whether as principal proprietor, agent, or 5057  
employee. 5058

(K) "Wholesale sale" and "sale at wholesale" mean any sale 5059  
in which the purpose of the purchaser is to resell the article 5060  
purchased or received by the purchaser. 5061

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

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

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

- (1) The proprietary name of the drug product;
- (2) The established (generic) name of the drug product;
- (3) The strength of the drug product if the product contains a single active ingredient or if the drug product contains more than one active ingredient and a relevant strength can be associated with the product without indicating each active ingredient. The established name and quantity of each active ingredient are required if such a relevant strength cannot be so associated with a drug product containing more than one ingredient.
- (4) The dosage form;
- (5) The price charged for a specific quantity of the drug product. The stated price shall include all charges to the consumer, including, but not limited to, the cost of the drug product, professional fees, handling fees, if any, and a statement identifying professional services routinely furnished by the pharmacy. Any mailing fees and delivery fees may be stated separately without repetition. The information shall not be false or misleading.

(O) "Wholesale distributor of dangerous drugs" means a 5091  
person engaged in the sale of dangerous drugs at wholesale and 5092  
includes any agent or employee of such a person authorized by 5093  
the person to engage in the sale of dangerous drugs at 5094  
wholesale. 5095

(P) "Manufacturer of dangerous drugs" means a person, 5096  
other than a pharmacist, who manufactures dangerous drugs and 5097  
who is engaged in the sale of those dangerous drugs within this 5098  
state. 5099

(Q) "Terminal distributor of dangerous drugs" means a 5100  
person who is engaged in the sale of dangerous drugs at retail, 5101  
or any person, other than a wholesale distributor or a 5102  
pharmacist, who has possession, custody, or control of dangerous 5103  
drugs for any purpose other than for that person's own use and 5104  
consumption, and includes pharmacies, hospitals, nursing homes, 5105  
and laboratories and all other persons who procure dangerous 5106  
drugs for sale or other distribution by or under the supervision 5107  
of a pharmacist or licensed health professional authorized to 5108  
prescribe drugs. 5109

(R) "Promote to the public" means disseminating a 5110  
representation to the public in any manner or by any means, 5111  
other than by labeling, for the purpose of inducing, or that is 5112  
likely to induce, directly or indirectly, the purchase of a 5113  
dangerous drug at retail. 5114

(S) "Person" includes any individual, partnership, 5115  
association, limited liability company, or corporation, the 5116  
state, any political subdivision of the state, and any district, 5117  
department, or agency of the state or its political 5118  
subdivisions. 5119



(T) "Finished dosage form" has the same meaning as in 5120  
section 3715.01 of the Revised Code. 5121

(U) "Generically equivalent drug" has the same meaning as 5122  
in section 3715.01 of the Revised Code. 5123

(V) "Animal shelter" means a facility operated by a humane 5124  
society or any society organized under Chapter 1717. of the 5125  
Revised Code or a dog pound operated pursuant to Chapter 955. of 5126  
the Revised Code. 5127

(W) "Food" has the same meaning as in section 3715.01 of 5128  
the Revised Code. 5129

(X) "Pain management clinic" has the same meaning as in 5130  
section 4731.054 of the Revised Code. 5131

**Sec. 4729.39.** (A) A pharmacist may enter into a consult 5132  
agreement with a physician authorized under Chapter 4731. of the 5133  
Revised Code to practice medicine and surgery or osteopathic 5134  
medicine and surgery or an advanced practice registered nurse 5135  
who holds a current, valid license issued under Chapter 4723. of 5136  
the Revised Code and is designated as a clinical nurse 5137  
specialist, certified nurse-midwife, or certified nurse 5138  
practitioner. Under a consult agreement, a pharmacist is 5139  
authorized to manage an individual's drug therapy, but only to 5140  
the extent specified in the agreement, this section, and the 5141  
rules adopted under this section. 5142

(B) All of the following apply to a consult agreement that 5143  
authorizes a pharmacist to manage the drug therapy of an 5144  
individual who is not a patient of a hospital, as defined in 5145  
section 3727.01 of the Revised Code, or a resident in a long- 5146  
term care facility, as defined in section 3729.01 of the Revised 5147  
Code: 5148

(1) A separate consult agreement must be entered into for 5149  
each individual whose drug therapy is to be managed by a 5150  
pharmacist. A consult agreement applies only to the particular 5151  
diagnosis for which a physician or advanced practice registered 5152  
nurse prescribed an individual's drug therapy. If a different 5153  
diagnosis is made for the individual, the pharmacist and 5154  
physician or advanced practice registered nurse must enter into 5155  
a new or additional consult agreement. 5156

(2) Management of an individual's drug therapy by a 5157  
pharmacist under a consult agreement may include monitoring and 5158  
modifying a prescription that has been issued for the 5159  
individual. Except as provided in section 4729.38 of the Revised 5160  
Code for the selection of generically equivalent drugs, 5161  
management of an individual's drug therapy by a pharmacist under 5162  
a consult agreement shall not include dispensing a drug that has 5163  
not been prescribed by the physician. 5164

(3) Each consult agreement shall be in writing, except 5165  
that a consult agreement may be entered into verbally if it is 5166  
immediately reduced to writing. 5167

(4) A physician or advanced practice registered nurse 5168  
entering into a consult agreement shall specify in the agreement 5169  
the extent to which the pharmacist is authorized to manage the 5170  
drug therapy of the individual specified in the agreement. 5171

(5) A physician entering into a consult agreement may 5172  
specify one other physician who has agreed to serve as an 5173  
alternate physician in the event that the primary physician is 5174  
unavailable to consult directly with the pharmacist. An advanced 5175  
practice registered nurse entering into a consult agreement may 5176  
specify one other advanced practice registered nurse who has 5177  
agreed to serve as an alternate advanced practice registered 5178

nurse in the event that the primary advanced practice registered 5179  
nurse is unavailable to consult directly with the pharmacist. 5180

The pharmacist may specify one other pharmacist who has agreed 5181  
to serve as an alternate pharmacist in the event that the 5182  
primary pharmacist is unavailable to consult directly with the 5183  
physician. 5184

(6) A consult agreement may not be implemented until it 5185  
has been signed by the primary pharmacist, the primary physician 5186  
or advanced practice registered nurse, and the individual whose 5187  
drug therapy will be managed or another person who has the 5188  
authority to provide consent to treatment on behalf of the 5189  
individual. Once the agreement is signed by all required 5190  
parties, the physician or advanced practice registered nurse 5191  
shall include in the individual's medical record the fact that a 5192  
consult agreement has been entered into with a pharmacist. 5193

(7) Prior to commencing any action to manage an 5194  
individual's drug therapy under a consult agreement, the 5195  
pharmacist shall make reasonable attempts to contact and confer 5196  
with the physician or advanced practice registered nurse who 5197  
entered into the consult agreement with the pharmacist. A 5198  
pharmacist may commence an action to manage an individual's drug 5199  
therapy prior to conferring with the physician or ~~the~~ 5200  
physician's alternate or the advanced practice registered nurse 5201  
or nurse's delegate, but shall immediately cease the action that 5202  
was commenced if the pharmacist has not conferred with either 5203  
physician or either advanced practice registered nurse within 5204  
forty-eight hours. 5205

A pharmacist acting under a consult agreement shall 5206  
maintain a record of each action taken to manage an individual's 5207  
drug therapy. The pharmacist shall send to the individual's 5208

physician or advanced practice registered nurse a written report 5209  
of all actions taken to manage the individual's drug therapy at 5210  
intervals the physician or advanced practice registered nurse 5211  
shall specify when entering into the agreement. The physician or 5212  
advanced practice registered nurse shall include the 5213  
pharmacist's report in the medical records the physician or 5214  
advanced practice registered nurse maintains for the individual. 5215

(8) A consult agreement may be terminated by either the 5216  
pharmacist ~~or~~, physician, or advanced practice registered nurse 5217  
who entered into the agreement. By withdrawing consent, the 5218  
individual whose drug therapy is being managed or the individual 5219  
who consented to the treatment on behalf of the individual may 5220  
terminate a consult agreement. The pharmacist ~~or~~, physician, or 5221  
advanced practice registered nurse who receives the individual's 5222  
withdrawal of consent shall provide written notice to the 5223  
opposite party. A pharmacist ~~or~~, physician, or advanced 5224  
practice registered nurse who terminates a consult agreement 5225  
shall provide written notice to the opposite party and to the 5226  
individual who consented to treatment under the agreement. The 5227  
termination of a consult agreement shall be recorded by the 5228  
pharmacist and physician or advanced practice registered nurse 5229  
in the records they maintain on the individual being treated. 5230

(9) Except as described in division (B) (5) of this 5231  
section, the authority of a pharmacist to manage an individual's 5232  
drug therapy under a consult agreement does not permit the 5233  
pharmacist to manage drug therapy prescribed by any other 5234  
physician or advanced practice registered nurse. 5235

(C) All of the following apply to a consult agreement that 5236  
authorizes a pharmacist to manage the drug therapy of an 5237  
individual who is a patient of a hospital, as defined in section 5238

3727.01 of the Revised Code, or a resident in a long-term care facility, as defined in section 3729.01 of the Revised Code:

(1) Before a consult agreement may be entered into and implemented, a hospital or long-term care facility shall adopt a policy for consult agreements. For any period of time during which a pharmacist ~~or~~, physician, or advanced practice registered nurse acting under a consult agreement is not physically present and available at the hospital or facility, the policy shall require that another pharmacist ~~and~~, physician, or advanced practice registered nurse be available at the hospital or facility.

(2) The consult agreement shall be made in writing and shall comply with the hospital's or facility's policy on consult agreements.

(3) The content of the consult agreement shall be communicated to the individual whose drug therapy will be managed in a manner consistent with the hospital's or facility's policy on consult agreements.

(4) A pharmacist acting under a consult agreement shall maintain in the individual's medical record a record of each action taken under the agreement.

(5) Communication between a pharmacist and physician or advanced practice registered nurse acting under the consult agreement shall take place at regular intervals specified by the primary physician or advanced practice registered nurse acting under the agreement.

(6) A consult agreement may be terminated by the individual, a person authorized to act on behalf of the individual, the primary physician or advanced practice

registered nurse acting under the agreement, or the primary 5268  
pharmacist acting under the agreement. When a consult agreement 5269  
is terminated, all parties to the agreement shall be notified 5270  
and the termination shall be recorded in the individual's 5271  
medical record. 5272

(7) The authority of a pharmacist acting under a consult 5273  
agreement does not permit the pharmacist to act under the 5274  
agreement in a hospital long-term care facility at which the 5275  
pharmacist is not authorized to practice. 5276

(D) The state board of pharmacy, in consultation with the 5277  
state medical board and the state board of nursing, shall adopt 5278  
rules to be followed by pharmacists, ~~and the~~. 5279

The state medical board, in consultation with the state 5280  
board of pharmacy, shall adopt rules to be followed by 5281  
physicians, ~~that~~ and the state board of nursing, in consultation 5282  
with the state board of pharmacy, shall adopt rules to be 5283  
followed by advanced practice registered nurses. The rules shall 5284  
establish standards and procedures for entering into a consult 5285  
agreement and managing an individual's drug therapy under a 5286  
consult agreement. The boards shall specify in the rules any 5287  
categories of drugs or types of diseases for which a consult 5288  
agreement may not be established. Either board may adopt any 5289  
other rules it considers necessary for the implementation and 5290  
administration of this section. All rules adopted under this 5291  
division shall be adopted in accordance with Chapter 119. of the 5292  
Revised Code. 5293

**Sec. 4731.22.** (A) The state medical board, by an 5294  
affirmative vote of not fewer than six of its members, may 5295  
limit, revoke, or suspend an individual's certificate to 5296  
practice, refuse to grant a certificate to an individual, refuse 5297

to renew a certificate, refuse to reinstate a certificate, or 5298  
reprimand or place on probation the holder of a certificate if 5299  
the individual or certificate holder is found by the board to 5300  
have committed fraud during the administration of the 5301  
examination for a certificate to practice or to have committed 5302  
fraud, misrepresentation, or deception in applying for, 5303  
renewing, or securing any certificate to practice issued by the 5304  
board. 5305

(B) The board, by an affirmative vote of not fewer than 5306  
six members, shall, to the extent permitted by law, limit, 5307  
revoke, or suspend an individual's certificate to practice, 5308  
refuse to issue a certificate to an individual, refuse to renew 5309  
a certificate, refuse to reinstate a certificate, or reprimand 5310  
or place on probation the holder of a certificate for one or 5311  
more of the following reasons: 5312

(1) Permitting one's name or one's certificate to practice 5313  
to be used by a person, group, or corporation when the 5314  
individual concerned is not actually directing the treatment 5315  
given; 5316

(2) Failure to maintain minimal standards applicable to 5317  
the selection or administration of drugs, or failure to employ 5318  
acceptable scientific methods in the selection of drugs or other 5319  
modalities for treatment of disease; 5320

(3) Selling, giving away, personally furnishing, 5321  
prescribing, or administering drugs for other than legal and 5322  
legitimate therapeutic purposes or a plea of guilty to, a 5323  
judicial finding of guilt of, or a judicial finding of 5324  
eligibility for intervention in lieu of conviction of, a 5325  
violation of any federal or state law regulating the possession, 5326  
distribution, or use of any drug; 5327

(4) Willfully betraying a professional confidence. 5328

For purposes of this division, "willfully betraying a 5329  
professional confidence" does not include providing any 5330  
information, documents, or reports under sections 307.621 to 5331  
307.629 of the Revised Code to a child fatality review board; 5332  
does not include providing any information, documents, or 5333  
reports to the director of health pursuant to guidelines 5334  
established under section 3701.70 of the Revised Code; does not 5335  
include written notice to a mental health professional under 5336  
section 4731.62 of the Revised Code; and does not include the 5337  
making of a report of an employee's use of a drug of abuse, or a 5338  
report of a condition of an employee other than one involving 5339  
the use of a drug of abuse, to the employer of the employee as 5340  
described in division (B) of section 2305.33 of the Revised 5341  
Code. Nothing in this division affects the immunity from civil 5342  
liability conferred by section 2305.33 or 4731.62 of the Revised 5343  
Code upon a physician who makes a report in accordance with 5344  
section 2305.33 or notifies a mental health professional in 5345  
accordance with section 4731.62 of the Revised Code. As used in 5346  
this division, "employee," "employer," and "physician" have the 5347  
same meanings as in section 2305.33 of the Revised Code. 5348

(5) Making a false, fraudulent, deceptive, or misleading 5349  
statement in the solicitation of or advertising for patients; in 5350  
relation to the practice of medicine and surgery, osteopathic 5351  
medicine and surgery, podiatric medicine and surgery, or a 5352  
limited branch of medicine; or in securing or attempting to 5353  
secure any certificate to practice issued by the board. 5354

As used in this division, "false, fraudulent, deceptive, 5355  
or misleading statement" means a statement that includes a 5356  
misrepresentation of fact, is likely to mislead or deceive 5357



because of a failure to disclose material facts, is intended or 5358  
is likely to create false or unjustified expectations of 5359  
favorable results, or includes representations or implications 5360  
that in reasonable probability will cause an ordinarily prudent 5361  
person to misunderstand or be deceived. 5362

(6) A departure from, or the failure to conform to, 5363  
minimal standards of care of similar practitioners under the 5364  
same or similar circumstances, whether or not actual injury to a 5365  
patient is established; 5366

(7) Representing, with the purpose of obtaining 5367  
compensation or other advantage as personal gain or for any 5368  
other person, that an incurable disease or injury, or other 5369  
incurable condition, can be permanently cured; 5370

(8) The obtaining of, or attempting to obtain, money or 5371  
anything of value by fraudulent misrepresentations in the course 5372  
of practice; 5373

(9) A plea of guilty to, a judicial finding of guilt of, 5374  
or a judicial finding of eligibility for intervention in lieu of 5375  
conviction for, a felony; 5376

(10) Commission of an act that constitutes a felony in 5377  
this state, regardless of the jurisdiction in which the act was 5378  
committed; 5379

(11) A plea of guilty to, a judicial finding of guilt of, 5380  
or a judicial finding of eligibility for intervention in lieu of 5381  
conviction for, a misdemeanor committed in the course of 5382  
practice; 5383

(12) Commission of an act in the course of practice that 5384  
constitutes a misdemeanor in this state, regardless of the 5385  
jurisdiction in which the act was committed; 5386

(13) A plea of guilty to, a judicial finding of guilt of,	5387
or a judicial finding of eligibility for intervention in lieu of	5388
conviction for, a misdemeanor involving moral turpitude;	5389
(14) Commission of an act involving moral turpitude that	5390
constitutes a misdemeanor in this state, regardless of the	5391
jurisdiction in which the act was committed;	5392
(15) Violation of the conditions of limitation placed by	5393
the board upon a certificate to practice;	5394
(16) Failure to pay license renewal fees specified in this	5395
chapter;	5396
(17) Except as authorized in section 4731.31 of the	5397
Revised Code, engaging in the division of fees for referral of	5398
patients, or the receiving of a thing of value in return for a	5399
specific referral of a patient to utilize a particular service	5400
or business;	5401
(18) Subject to section 4731.226 of the Revised Code,	5402
violation of any provision of a code of ethics of the American	5403
medical association, the American osteopathic association, the	5404
American podiatric medical association, or any other national	5405
professional organizations that the board specifies by rule. The	5406
state medical board shall obtain and keep on file current copies	5407
of the codes of ethics of the various national professional	5408
organizations. The individual whose certificate is being	5409
suspended or revoked shall not be found to have violated any	5410
provision of a code of ethics of an organization not appropriate	5411
to the individual's profession.	5412
For purposes of this division, a "provision of a code of	5413
ethics of a national professional organization" does not include	5414
any provision that would preclude the making of a report by a	5415

physician of an employee's use of a drug of abuse, or of a 5416  
condition of an employee other than one involving the use of a 5417  
drug of abuse, to the employer of the employee as described in 5418  
division (B) of section 2305.33 of the Revised Code. Nothing in 5419  
this division affects the immunity from civil liability 5420  
conferred by that section upon a physician who makes either type 5421  
of report in accordance with division (B) of that section. As 5422  
used in this division, "employee," "employer," and "physician" 5423  
have the same meanings as in section 2305.33 of the Revised 5424  
Code. 5425

(19) Inability to practice according to acceptable and 5426  
prevailing standards of care by reason of mental illness or 5427  
physical illness, including, but not limited to, physical 5428  
deterioration that adversely affects cognitive, motor, or 5429  
perceptive skills. 5430

In enforcing this division, the board, upon a showing of a 5431  
possible violation, may compel any individual authorized to 5432  
practice by this chapter or who has submitted an application 5433  
pursuant to this chapter to submit to a mental examination, 5434  
physical examination, including an HIV test, or both a mental 5435  
and a physical examination. The expense of the examination is 5436  
the responsibility of the individual compelled to be examined. 5437  
Failure to submit to a mental or physical examination or consent 5438  
to an HIV test ordered by the board constitutes an admission of 5439  
the allegations against the individual unless the failure is due 5440  
to circumstances beyond the individual's control, and a default 5441  
and final order may be entered without the taking of testimony 5442  
or presentation of evidence. If the board finds an individual 5443  
unable to practice because of the reasons set forth in this 5444  
division, the board shall require the individual to submit to 5445  
care, counseling, or treatment by physicians approved or 5446

designated by the board, as a condition for initial, continued, 5447  
reinstated, or renewed authority to practice. An individual 5448  
affected under this division shall be afforded an opportunity to 5449  
demonstrate to the board the ability to resume practice in 5450  
compliance with acceptable and prevailing standards under the 5451  
provisions of the individual's certificate. For the purpose of 5452  
this division, any individual who applies for or receives a 5453  
certificate to practice under this chapter accepts the privilege 5454  
of practicing in this state and, by so doing, shall be deemed to 5455  
have given consent to submit to a mental or physical examination 5456  
when directed to do so in writing by the board, and to have 5457  
waived all objections to the admissibility of testimony or 5458  
examination reports that constitute a privileged communication. 5459

(20) Except when civil penalties are imposed under section 5460  
4731.225 or 4731.282 of the Revised Code, and subject to section 5461  
4731.226 of the Revised Code, violating or attempting to 5462  
violate, directly or indirectly, or assisting in or abetting the 5463  
violation of, or conspiring to violate, any provisions of this 5464  
chapter or any rule promulgated by the board. 5465

This division does not apply to a violation or attempted 5466  
violation of, assisting in or abetting the violation of, or a 5467  
conspiracy to violate, any provision of this chapter or any rule 5468  
adopted by the board that would preclude the making of a report 5469  
by a physician of an employee's use of a drug of abuse, or of a 5470  
condition of an employee other than one involving the use of a 5471  
drug of abuse, to the employer of the employee as described in 5472  
division (B) of section 2305.33 of the Revised Code. Nothing in 5473  
this division affects the immunity from civil liability 5474  
conferred by that section upon a physician who makes either type 5475  
of report in accordance with division (B) of that section. As 5476  
used in this division, "employee," "employer," and "physician" 5477

have the same meanings as in section 2305.33 of the Revised Code. 5478  
5479

(21) The violation of section 3701.79 of the Revised Code 5480  
or of any abortion rule adopted by the director of health 5481  
pursuant to section 3701.341 of the Revised Code; 5482

(22) Any of the following actions taken by an agency 5483  
responsible for authorizing, certifying, or regulating an 5484  
individual to practice a health care occupation or provide 5485  
health care services in this state or another jurisdiction, for 5486  
any reason other than the nonpayment of fees: the limitation, 5487  
revocation, or suspension of an individual's license to 5488  
practice; acceptance of an individual's license surrender; 5489  
denial of a license; refusal to renew or reinstate a license; 5490  
imposition of probation; or issuance of an order of censure or 5491  
other reprimand; 5492

(23) The violation of section 2919.12 of the Revised Code 5493  
or the performance or inducement of an abortion upon a pregnant 5494  
woman with actual knowledge that the conditions specified in 5495  
division (B) of section 2317.56 of the Revised Code have not 5496  
been satisfied or with a heedless indifference as to whether 5497  
those conditions have been satisfied, unless an affirmative 5498  
defense as specified in division (H) (2) of that section would 5499  
apply in a civil action authorized by division (H) (1) of that 5500  
section; 5501

(24) The revocation, suspension, restriction, reduction, 5502  
or termination of clinical privileges by the United States 5503  
department of defense or department of veterans affairs or the 5504  
termination or suspension of a certificate of registration to 5505  
prescribe drugs by the drug enforcement administration of the 5506  
United States department of justice; 5507

(25) Termination or suspension from participation in the 5508  
medicare or medicaid programs by the department of health and 5509  
human services or other responsible agency for any act or acts 5510  
that also would constitute a violation of division (B) (2), (3), 5511  
(6), (8), or (19) of this section; 5512

(26) Impairment of ability to practice according to 5513  
acceptable and prevailing standards of care because of habitual 5514  
or excessive use or abuse of drugs, alcohol, or other substances 5515  
that impair ability to practice. 5516

For the purposes of this division, any individual 5517  
authorized to practice by this chapter accepts the privilege of 5518  
practicing in this state subject to supervision by the board. By 5519  
filing an application for or holding a certificate to practice 5520  
under this chapter, an individual shall be deemed to have given 5521  
consent to submit to a mental or physical examination when 5522  
ordered to do so by the board in writing, and to have waived all 5523  
objections to the admissibility of testimony or examination 5524  
reports that constitute privileged communications. 5525

If it has reason to believe that any individual authorized 5526  
to practice by this chapter or any applicant for certification 5527  
to practice suffers such impairment, the board may compel the 5528  
individual to submit to a mental or physical examination, or 5529  
both. The expense of the examination is the responsibility of 5530  
the individual compelled to be examined. Any mental or physical 5531  
examination required under this division shall be undertaken by 5532  
a treatment provider or physician who is qualified to conduct 5533  
the examination and who is chosen by the board. 5534

Failure to submit to a mental or physical examination 5535  
ordered by the board constitutes an admission of the allegations 5536  
against the individual unless the failure is due to 5537

circumstances beyond the individual's control, and a default and 5538  
final order may be entered without the taking of testimony or 5539  
presentation of evidence. If the board determines that the 5540  
individual's ability to practice is impaired, the board shall 5541  
suspend the individual's certificate or deny the individual's 5542  
application and shall require the individual, as a condition for 5543  
initial, continued, reinstated, or renewed certification to 5544  
practice, to submit to treatment. 5545

Before being eligible to apply for reinstatement of a 5546  
certificate suspended under this division, the impaired 5547  
practitioner shall demonstrate to the board the ability to 5548  
resume practice in compliance with acceptable and prevailing 5549  
standards of care under the provisions of the practitioner's 5550  
certificate. The demonstration shall include, but shall not be 5551  
limited to, the following: 5552

(a) Certification from a treatment provider approved under 5553  
section 4731.25 of the Revised Code that the individual has 5554  
successfully completed any required inpatient treatment; 5555

(b) Evidence of continuing full compliance with an 5556  
aftercare contract or consent agreement; 5557

(c) Two written reports indicating that the individual's 5558  
ability to practice has been assessed and that the individual 5559  
has been found capable of practicing according to acceptable and 5560  
prevailing standards of care. The reports shall be made by 5561  
individuals or providers approved by the board for making the 5562  
assessments and shall describe the basis for their 5563  
determination. 5564

The board may reinstate a certificate suspended under this 5565  
division after that demonstration and after the individual has 5566

entered into a written consent agreement. 5567

When the impaired practitioner resumes practice, the board 5568  
shall require continued monitoring of the individual. The 5569  
monitoring shall include, but not be limited to, compliance with 5570  
the written consent agreement entered into before reinstatement 5571  
or with conditions imposed by board order after a hearing, and, 5572  
upon termination of the consent agreement, submission to the 5573  
board for at least two years of annual written progress reports 5574  
made under penalty of perjury stating whether the individual has 5575  
maintained sobriety. 5576

(27) A second or subsequent violation of section 4731.66 5577  
or 4731.69 of the Revised Code; 5578

(28) Except as provided in division (N) of this section: 5579

(a) Waiving the payment of all or any part of a deductible 5580  
or copayment that a patient, pursuant to a health insurance or 5581  
health care policy, contract, or plan that covers the 5582  
individual's services, otherwise would be required to pay if the 5583  
waiver is used as an enticement to a patient or group of 5584  
patients to receive health care services from that individual; 5585

(b) Advertising that the individual will waive the payment 5586  
of all or any part of a deductible or copayment that a patient, 5587  
pursuant to a health insurance or health care policy, contract, 5588  
or plan that covers the individual's services, otherwise would 5589  
be required to pay. 5590

(29) Failure to use universal blood and body fluid 5591  
precautions established by rules adopted under section 4731.051 5592  
of the Revised Code; 5593

(30) Failure to provide notice to, and receive 5594  
acknowledgment of the notice from, a patient when required by 5595



section 4731.143 of the Revised Code prior to providing 5596  
nonemergency professional services, or failure to maintain that 5597  
notice in the patient's file; 5598

(31) Failure of a physician supervising a physician 5599  
assistant to maintain supervision in accordance with the 5600  
requirements of Chapter 4730. of the Revised Code and the rules 5601  
adopted under that chapter; 5602

~~(32) Failure of a physician or podiatrist to enter into a 5603  
standard care arrangement with a clinical nurse specialist, 5604  
certified nurse-midwife, or certified nurse practitioner with 5605  
whom the physician or podiatrist is in collaboration pursuant to 5606  
section 4731.27 of the Revised Code or failure to fulfill the 5607  
responsibilities of collaboration after entering into a standard 5608  
care arrangement; 5609~~

~~(33) Failure to comply with the terms of a consult 5610  
agreement entered into with a pharmacist pursuant to section 5611  
4729.39 of the Revised Code; 5612~~

~~(34)~~ (33) Failure to cooperate in an investigation 5613  
conducted by the board under division (F) of this section, 5614  
including failure to comply with a subpoena or order issued by 5615  
the board or failure to answer truthfully a question presented 5616  
by the board in an investigative interview, an investigative 5617  
office conference, at a deposition, or in written 5618  
interrogatories, except that failure to cooperate with an 5619  
investigation shall not constitute grounds for discipline under 5620  
this section if a court of competent jurisdiction has issued an 5621  
order that either quashes a subpoena or permits the individual 5622  
to withhold the testimony or evidence in issue; 5623

~~(35)~~ (34) Failure to supervise an oriental medicine 5624

practitioner or acupuncturist in accordance with Chapter 4762.	5625
of the Revised Code and the board's rules for providing that	5626
supervision;	5627
<del>(36)</del> <u>(35)</u> Failure to supervise an anesthesiologist	5628
assistant in accordance with Chapter 4760. of the Revised Code	5629
and the board's rules for supervision of an anesthesiologist	5630
assistant;	5631
<del>(37)</del> <u>(36)</u> Assisting suicide, as defined in section 3795.01	5632
of the Revised Code;	5633
<del>(38)</del> <u>(37)</u> Failure to comply with the requirements of	5634
section 2317.561 of the Revised Code;	5635
<del>(39)</del> <u>(38)</u> Failure to supervise a radiologist assistant in	5636
accordance with Chapter 4774. of the Revised Code and the	5637
board's rules for supervision of radiologist assistants;	5638
<del>(40)</del> <u>(39)</u> Performing or inducing an abortion at an office	5639
or facility with knowledge that the office or facility fails to	5640
post the notice required under section 3701.791 of the Revised	5641
Code;	5642
<del>(41)</del> <u>(40)</u> Failure to comply with the standards and	5643
procedures established in rules under section 4731.054 of the	5644
Revised Code for the operation of or the provision of care at a	5645
pain management clinic;	5646
<del>(42)</del> <u>(41)</u> Failure to comply with the standards and	5647
procedures established in rules under section 4731.054 of the	5648
Revised Code for providing supervision, direction, and control	5649
of individuals at a pain management clinic;	5650
<del>(43)</del> <u>(42)</u> Failure to comply with the requirements of	5651
section 4729.79 or 4731.055 of the Revised Code, unless the	5652

state board of pharmacy no longer maintains a drug database 5653  
pursuant to section 4729.75 of the Revised Code; 5654

~~(44)~~ (43) Failure to comply with the requirements of 5655  
section 2919.171 of the Revised Code or failure to submit to the 5656  
department of health in accordance with a court order a complete 5657  
report as described in section 2919.171 of the Revised Code; 5658

~~(45)~~ (44) Practicing at a facility that is subject to 5659  
licensure as a category III terminal distributor of dangerous 5660  
drugs with a pain management clinic classification unless the 5661  
person operating the facility has obtained and maintains the 5662  
license with the classification; 5663

~~(46)~~ (45) Owning a facility that is subject to licensure 5664  
as a category III terminal distributor of dangerous drugs with a 5665  
pain management clinic classification unless the facility is 5666  
licensed with the classification; 5667

~~(47)~~ (46) Failure to comply with the requirement regarding 5668  
maintaining notes described in division (B) of section 2919.191 5669  
of the Revised Code or failure to satisfy the requirements of 5670  
section 2919.191 of the Revised Code prior to performing or 5671  
inducing an abortion upon a pregnant woman; 5672

~~(48)~~ (47) Failure to comply with the requirements in 5673  
section 3719.061 of the Revised Code before issuing for a minor 5674  
a prescription for an opioid analgesic, as defined in section 5675  
3719.01 of the Revised Code. 5676

(C) Disciplinary actions taken by the board under 5677  
divisions (A) and (B) of this section shall be taken pursuant to 5678  
an adjudication under Chapter 119. of the Revised Code, except 5679  
that in lieu of an adjudication, the board may enter into a 5680  
consent agreement with an individual to resolve an allegation of 5681

a violation of this chapter or any rule adopted under it. A 5682  
consent agreement, when ratified by an affirmative vote of not 5683  
fewer than six members of the board, shall constitute the 5684  
findings and order of the board with respect to the matter 5685  
addressed in the agreement. If the board refuses to ratify a 5686  
consent agreement, the admissions and findings contained in the 5687  
consent agreement shall be of no force or effect. 5688

A telephone conference call may be utilized for 5689  
ratification of a consent agreement that revokes or suspends an 5690  
individual's certificate to practice. The telephone conference 5691  
call shall be considered a special meeting under division (F) of 5692  
section 121.22 of the Revised Code. 5693

If the board takes disciplinary action against an 5694  
individual under division (B) of this section for a second or 5695  
subsequent plea of guilty to, or judicial finding of guilt of, a 5696  
violation of section 2919.123 of the Revised Code, the 5697  
disciplinary action shall consist of a suspension of the 5698  
individual's certificate to practice for a period of at least 5699  
one year or, if determined appropriate by the board, a more 5700  
serious sanction involving the individual's certificate to 5701  
practice. Any consent agreement entered into under this division 5702  
with an individual that pertains to a second or subsequent plea 5703  
of guilty to, or judicial finding of guilt of, a violation of 5704  
that section shall provide for a suspension of the individual's 5705  
certificate to practice for a period of at least one year or, if 5706  
determined appropriate by the board, a more serious sanction 5707  
involving the individual's certificate to practice. 5708

(D) For purposes of divisions (B) (10), (12), and (14) of 5709  
this section, the commission of the act may be established by a 5710  
finding by the board, pursuant to an adjudication under Chapter 5711

119. of the Revised Code, that the individual committed the act. 5712  
The board does not have jurisdiction under those divisions if 5713  
the trial court renders a final judgment in the individual's 5714  
favor and that judgment is based upon an adjudication on the 5715  
merits. The board has jurisdiction under those divisions if the 5716  
trial court issues an order of dismissal upon technical or 5717  
procedural grounds. 5718

(E) The sealing of conviction records by any court shall 5719  
have no effect upon a prior board order entered under this 5720  
section or upon the board's jurisdiction to take action under 5721  
this section if, based upon a plea of guilty, a judicial finding 5722  
of guilt, or a judicial finding of eligibility for intervention 5723  
in lieu of conviction, the board issued a notice of opportunity 5724  
for a hearing prior to the court's order to seal the records. 5725  
The board shall not be required to seal, destroy, redact, or 5726  
otherwise modify its records to reflect the court's sealing of 5727  
conviction records. 5728

(F) (1) The board shall investigate evidence that appears 5729  
to show that a person has violated any provision of this chapter 5730  
or any rule adopted under it. Any person may report to the board 5731  
in a signed writing any information that the person may have 5732  
that appears to show a violation of any provision of this 5733  
chapter or any rule adopted under it. In the absence of bad 5734  
faith, any person who reports information of that nature or who 5735  
testifies before the board in any adjudication conducted under 5736  
Chapter 119. of the Revised Code shall not be liable in damages 5737  
in a civil action as a result of the report or testimony. Each 5738  
complaint or allegation of a violation received by the board 5739  
shall be assigned a case number and shall be recorded by the 5740  
board. 5741

(2) Investigations of alleged violations of this chapter 5742  
or any rule adopted under it shall be supervised by the 5743  
supervising member elected by the board in accordance with 5744  
section 4731.02 of the Revised Code and by the secretary as 5745  
provided in section 4731.39 of the Revised Code. The president 5746  
may designate another member of the board to supervise the 5747  
investigation in place of the supervising member. No member of 5748  
the board who supervises the investigation of a case shall 5749  
participate in further adjudication of the case. 5750

(3) In investigating a possible violation of this chapter 5751  
or any rule adopted under this chapter, or in conducting an 5752  
inspection under division (E) of section 4731.054 of the Revised 5753  
Code, the board may question witnesses, conduct interviews, 5754  
administer oaths, order the taking of depositions, inspect and 5755  
copy any books, accounts, papers, records, or documents, issue 5756  
subpoenas, and compel the attendance of witnesses and production 5757  
of books, accounts, papers, records, documents, and testimony, 5758  
except that a subpoena for patient record information shall not 5759  
be issued without consultation with the attorney general's 5760  
office and approval of the secretary and supervising member of 5761  
the board. 5762

(a) Before issuance of a subpoena for patient record 5763  
information, the secretary and supervising member shall 5764  
determine whether there is probable cause to believe that the 5765  
complaint filed alleges a violation of this chapter or any rule 5766  
adopted under it and that the records sought are relevant to the 5767  
alleged violation and material to the investigation. The 5768  
subpoena may apply only to records that cover a reasonable 5769  
period of time surrounding the alleged violation. 5770

(b) On failure to comply with any subpoena issued by the 5771

board and after reasonable notice to the person being 5772  
subpoenaed, the board may move for an order compelling the 5773  
production of persons or records pursuant to the Rules of Civil 5774  
Procedure. 5775

(c) A subpoena issued by the board may be served by a 5776  
sheriff, the sheriff's deputy, or a board employee designated by 5777  
the board. Service of a subpoena issued by the board may be made 5778  
by delivering a copy of the subpoena to the person named 5779  
therein, reading it to the person, or leaving it at the person's 5780  
usual place of residence, usual place of business, or address on 5781  
file with the board. When serving a subpoena to an applicant for 5782  
or the holder of a certificate issued under this chapter, 5783  
service of the subpoena may be made by certified mail, return 5784  
receipt requested, and the subpoena shall be deemed served on 5785  
the date delivery is made or the date the person refuses to 5786  
accept delivery. If the person being served refuses to accept 5787  
the subpoena or is not located, service may be made to an 5788  
attorney who notifies the board that the attorney is 5789  
representing the person. 5790

(d) A sheriff's deputy who serves a subpoena shall receive 5791  
the same fees as a sheriff. Each witness who appears before the 5792  
board in obedience to a subpoena shall receive the fees and 5793  
mileage provided for under section 119.094 of the Revised Code. 5794

(4) All hearings, investigations, and inspections of the 5795  
board shall be considered civil actions for the purposes of 5796  
section 2305.252 of the Revised Code. 5797

(5) A report required to be submitted to the board under 5798  
this chapter, a complaint, or information received by the board 5799  
pursuant to an investigation or pursuant to an inspection under 5800  
division (E) of section 4731.054 of the Revised Code is 5801

confidential and not subject to discovery in any civil action. 5802

The board shall conduct all investigations or inspections 5803  
and proceedings in a manner that protects the confidentiality of 5804  
patients and persons who file complaints with the board. The 5805  
board shall not make public the names or any other identifying 5806  
information about patients or complainants unless proper consent 5807  
is given or, in the case of a patient, a waiver of the patient 5808  
privilege exists under division (B) of section 2317.02 of the 5809  
Revised Code, except that consent or a waiver of that nature is 5810  
not required if the board possesses reliable and substantial 5811  
evidence that no bona fide physician-patient relationship 5812  
exists. 5813

The board may share any information it receives pursuant 5814  
to an investigation or inspection, including patient records and 5815  
patient record information, with law enforcement agencies, other 5816  
licensing boards, and other governmental agencies that are 5817  
prosecuting, adjudicating, or investigating alleged violations 5818  
of statutes or administrative rules. An agency or board that 5819  
receives the information shall comply with the same requirements 5820  
regarding confidentiality as those with which the state medical 5821  
board must comply, notwithstanding any conflicting provision of 5822  
the Revised Code or procedure of the agency or board that 5823  
applies when it is dealing with other information in its 5824  
possession. In a judicial proceeding, the information may be 5825  
admitted into evidence only in accordance with the Rules of 5826  
Evidence, but the court shall require that appropriate measures 5827  
are taken to ensure that confidentiality is maintained with 5828  
respect to any part of the information that contains names or 5829  
other identifying information about patients or complainants 5830  
whose confidentiality was protected by the state medical board 5831  
when the information was in the board's possession. Measures to 5832



ensure confidentiality that may be taken by the court include 5833  
sealing its records or deleting specific information from its 5834  
records. 5835

(6) On a quarterly basis, the board shall prepare a report 5836  
that documents the disposition of all cases during the preceding 5837  
three months. The report shall contain the following information 5838  
for each case with which the board has completed its activities: 5839

(a) The case number assigned to the complaint or alleged 5840  
violation; 5841

(b) The type of certificate to practice, if any, held by 5842  
the individual against whom the complaint is directed; 5843

(c) A description of the allegations contained in the 5844  
complaint; 5845

(d) The disposition of the case. 5846

The report shall state how many cases are still pending 5847  
and shall be prepared in a manner that protects the identity of 5848  
each person involved in each case. The report shall be a public 5849  
record under section 149.43 of the Revised Code. 5850

(G) If the secretary and supervising member determine both 5851  
of the following, they may recommend that the board suspend an 5852  
individual's certificate to practice without a prior hearing: 5853

(1) That there is clear and convincing evidence that an 5854  
individual has violated division (B) of this section; 5855

(2) That the individual's continued practice presents a 5856  
danger of immediate and serious harm to the public. 5857

Written allegations shall be prepared for consideration by 5858  
the board. The board, upon review of those allegations and by an 5859

affirmative vote of not fewer than six of its members, excluding 5860  
the secretary and supervising member, may suspend a certificate 5861  
without a prior hearing. A telephone conference call may be 5862  
utilized for reviewing the allegations and taking the vote on 5863  
the summary suspension. 5864

The board shall issue a written order of suspension by 5865  
certified mail or in person in accordance with section 119.07 of 5866  
the Revised Code. The order shall not be subject to suspension 5867  
by the court during pendency of any appeal filed under section 5868  
119.12 of the Revised Code. If the individual subject to the 5869  
summary suspension requests an adjudicatory hearing by the 5870  
board, the date set for the hearing shall be within fifteen 5871  
days, but not earlier than seven days, after the individual 5872  
requests the hearing, unless otherwise agreed to by both the 5873  
board and the individual. 5874

Any summary suspension imposed under this division shall 5875  
remain in effect, unless reversed on appeal, until a final 5876  
adjudicative order issued by the board pursuant to this section 5877  
and Chapter 119. of the Revised Code becomes effective. The 5878  
board shall issue its final adjudicative order within seventy- 5879  
five days after completion of its hearing. A failure to issue 5880  
the order within seventy-five days shall result in dissolution 5881  
of the summary suspension order but shall not invalidate any 5882  
subsequent, final adjudicative order. 5883

(H) If the board takes action under division (B) (9), (11), 5884  
or (13) of this section and the judicial finding of guilt, 5885  
guilty plea, or judicial finding of eligibility for intervention 5886  
in lieu of conviction is overturned on appeal, upon exhaustion 5887  
of the criminal appeal, a petition for reconsideration of the 5888  
order may be filed with the board along with appropriate court 5889

documents. Upon receipt of a petition of that nature and 5890  
supporting court documents, the board shall reinstate the 5891  
individual's certificate to practice. The board may then hold an 5892  
adjudication under Chapter 119. of the Revised Code to determine 5893  
whether the individual committed the act in question. Notice of 5894  
an opportunity for a hearing shall be given in accordance with 5895  
Chapter 119. of the Revised Code. If the board finds, pursuant 5896  
to an adjudication held under this division, that the individual 5897  
committed the act or if no hearing is requested, the board may 5898  
order any of the sanctions identified under division (B) of this 5899  
section. 5900

(I) The certificate to practice issued to an individual 5901  
under this chapter and the individual's practice in this state 5902  
are automatically suspended as of the date of the individual's 5903  
second or subsequent plea of guilty to, or judicial finding of 5904  
guilt of, a violation of section 2919.123 of the Revised Code, 5905  
or the date the individual pleads guilty to, is found by a judge 5906  
or jury to be guilty of, or is subject to a judicial finding of 5907  
eligibility for intervention in lieu of conviction in this state 5908  
or treatment or intervention in lieu of conviction in another 5909  
jurisdiction for any of the following criminal offenses in this 5910  
state or a substantially equivalent criminal offense in another 5911  
jurisdiction: aggravated murder, murder, voluntary manslaughter, 5912  
felonious assault, kidnapping, rape, sexual battery, gross 5913  
sexual imposition, aggravated arson, aggravated robbery, or 5914  
aggravated burglary. Continued practice after suspension shall 5915  
be considered practicing without a certificate. 5916

The board shall notify the individual subject to the 5917  
suspension by certified mail or in person in accordance with 5918  
section 119.07 of the Revised Code. If an individual whose 5919  
certificate is automatically suspended under this division fails 5920

to make a timely request for an adjudication under Chapter 119. 5921  
of the Revised Code, the board shall do whichever of the 5922  
following is applicable: 5923

(1) If the automatic suspension under this division is for 5924  
a second or subsequent plea of guilty to, or judicial finding of 5925  
guilt of, a violation of section 2919.123 of the Revised Code, 5926  
the board shall enter an order suspending the individual's 5927  
certificate to practice for a period of at least one year or, if 5928  
determined appropriate by the board, imposing a more serious 5929  
sanction involving the individual's certificate to practice. 5930

(2) In all circumstances in which division (I)(1) of this 5931  
section does not apply, enter a final order permanently revoking 5932  
the individual's certificate to practice. 5933

(J) If the board is required by Chapter 119. of the 5934  
Revised Code to give notice of an opportunity for a hearing and 5935  
if the individual subject to the notice does not timely request 5936  
a hearing in accordance with section 119.07 of the Revised Code, 5937  
the board is not required to hold a hearing, but may adopt, by 5938  
an affirmative vote of not fewer than six of its members, a 5939  
final order that contains the board's findings. In that final 5940  
order, the board may order any of the sanctions identified under 5941  
division (A) or (B) of this section. 5942

(K) Any action taken by the board under division (B) of 5943  
this section resulting in a suspension from practice shall be 5944  
accompanied by a written statement of the conditions under which 5945  
the individual's certificate to practice may be reinstated. The 5946  
board shall adopt rules governing conditions to be imposed for 5947  
reinstatement. Reinstatement of a certificate suspended pursuant 5948  
to division (B) of this section requires an affirmative vote of 5949  
not fewer than six members of the board. 5950

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

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

(1) The surrender of a certificate issued under this chapter shall not be effective unless or until accepted by the board. A telephone conference call may be utilized for acceptance of the surrender of an individual's certificate to practice. The telephone conference call shall be considered a special meeting under division (F) of section 121.22 of the Revised Code. Reinstatement of a certificate surrendered to the board requires an affirmative vote of not fewer than six members of the board.

(2) An application for a certificate made under the provisions of this chapter may not be withdrawn without approval of the board.

(3) Failure by an individual to renew a certificate to practice in accordance with this chapter shall not remove or limit the board's jurisdiction to take any disciplinary action under this section against the individual.

(4) At the request of the board, a certificate holder shall immediately surrender to the board a certificate that the

board has suspended, revoked, or permanently revoked. 5980

(N) Sanctions shall not be imposed under division (B) (28) 5981  
of this section against any person who waives deductibles and 5982  
copayments as follows: 5983

(1) In compliance with the health benefit plan that 5984  
expressly allows such a practice. Waiver of the deductibles or 5985  
copayments shall be made only with the full knowledge and 5986  
consent of the plan purchaser, payer, and third-party 5987  
administrator. Documentation of the consent shall be made 5988  
available to the board upon request. 5989

(2) For professional services rendered to any other person 5990  
authorized to practice pursuant to this chapter, to the extent 5991  
allowed by this chapter and rules adopted by the board. 5992

(O) Under the board's investigative duties described in 5993  
this section and subject to division (F) of this section, the 5994  
board shall develop and implement a quality intervention program 5995  
designed to improve through remedial education the clinical and 5996  
communication skills of individuals authorized under this 5997  
chapter to practice medicine and surgery, osteopathic medicine 5998  
and surgery, and podiatric medicine and surgery. In developing 5999  
and implementing the quality intervention program, the board may 6000  
do all of the following: 6001

(1) Offer in appropriate cases as determined by the board 6002  
an educational and assessment program pursuant to an 6003  
investigation the board conducts under this section; 6004

(2) Select providers of educational and assessment 6005  
services, including a quality intervention program panel of case 6006  
reviewers; 6007

(3) Make referrals to educational and assessment service 6008

providers and approve individual educational programs 6009  
recommended by those providers. The board shall monitor the 6010  
progress of each individual undertaking a recommended individual 6011  
educational program. 6012

(4) Determine what constitutes successful completion of an 6013  
individual educational program and require further monitoring of 6014  
the individual who completed the program or other action that 6015  
the board determines to be appropriate; 6016

(5) Adopt rules in accordance with Chapter 119. of the 6017  
Revised Code to further implement the quality intervention 6018  
program. 6019

An individual who participates in an individual 6020  
educational program pursuant to this division shall pay the 6021  
financial obligations arising from that educational program. 6022

**Sec. 4731.281.** (A) (1) Each person holding a certificate 6023  
under this chapter to practice medicine and surgery, osteopathic 6024  
medicine and surgery, or podiatric medicine and surgery wishing 6025  
to renew that certificate shall apply to the board for renewal. 6026  
Applications shall be submitted to the board in a manner 6027  
prescribed by the board. Each application shall be accompanied 6028  
by a biennial renewal fee of three hundred five dollars. 6029  
Applications shall be submitted according to the following 6030  
schedule: 6031

(a) Persons whose last name begins with the letters "A" 6032  
through "B," on or before April 1, 2001, and the first day of 6033  
April of every odd-numbered year thereafter; 6034

(b) Persons whose last name begins with the letters "C" 6035  
through "D," on or before January 1, 2001, and the first day of 6036  
January of every odd-numbered year thereafter; 6037

(c) Persons whose last name begins with the letters "E" 6038  
through "G," on or before October 1, 2000, and the first day of 6039  
October of every even-numbered year thereafter; 6040

(d) Persons whose last name begins with the letters "H" 6041  
through "K," on or before July 1, 2000, and the first day of 6042  
July of every even-numbered year thereafter; 6043

(e) Persons whose last name begins with the letters "L" 6044  
through "M," on or before April 1, 2000, and the first day of 6045  
April of every even-numbered year thereafter; 6046

(f) Persons whose last name begins with the letters "N" 6047  
through "R," on or before January 1, 2000, and the first day of 6048  
January of every even-numbered year thereafter; 6049

(g) Persons whose last name begins with the letter "S," on 6050  
or before October 1, 1999, and the first day of October of every 6051  
odd-numbered year thereafter; 6052

(h) Persons whose last name begins with the letters "T" 6053  
through "Z," on or before July 1, 1999, and the first day of 6054  
July of every odd-numbered year thereafter. 6055

The board shall deposit the fee in accordance with section 6056  
4731.24 of the Revised Code, except that the board shall deposit 6057  
twenty dollars of the fee into the state treasury to the credit 6058  
of the physician loan repayment fund created by section 3702.78 6059  
of the Revised Code. 6060

(2) The board shall provide to every person holding a 6061  
certificate to practice medicine and surgery, osteopathic 6062  
medicine and surgery, or podiatric medicine and surgery, a 6063  
renewal notice or may provide the notice to the person through 6064  
the secretary of any recognized medical, osteopathic, or 6065  
podiatric society, according to the following schedule: 6066



(a) To persons whose last name begins with the letters "A" 6067  
through "B," on or before January 1, 2001, and the first day of 6068  
January of every odd-numbered year thereafter; 6069

(b) To persons whose last name begins with the letters "C" 6070  
through "D," on or before October 1, 2000, and the first day of 6071  
October of every even-numbered year thereafter; 6072

(c) To persons whose last name begins with the letters "E" 6073  
through "G," on or before July 1, 2000, and the first day of 6074  
July of every even-numbered year thereafter; 6075

(d) To persons whose last name begins with the letters "H" 6076  
through "K," on or before April 1, 2000, and the first day of 6077  
April of every even-numbered year thereafter; 6078

(e) To persons whose last name begins with the letters "L" 6079  
through "M," on or before January 1, 2000, and the first day of 6080  
January of every even-numbered year thereafter; 6081

(f) To persons whose last name begins with the letters "N" 6082  
through "R," on or before October 1, 1999, and the first day of 6083  
October of every odd-numbered year thereafter; 6084

(g) To persons whose last name begins with the letter "S," 6085  
on or before July 1, 1999, and the first day of July of every 6086  
odd-numbered year thereafter; 6087

(h) To persons whose last name begins with the letters "T" 6088  
through "Z," on or before April 1, 1999, and the first day of 6089  
April of every odd-numbered year thereafter. 6090

(3) Failure of any person to receive a notice of renewal 6091  
from the board shall not excuse the person from the requirements 6092  
contained in this section. 6093

(4) The board's notice shall inform the applicant of the 6094

renewal procedure. The board shall provide the application for 6095  
renewal in a form determined by the board. 6096

(5) The applicant shall provide in the application the 6097  
applicant's full name; the applicant's residence address, 6098  
business address, and electronic mail address; the number of the 6099  
applicant's certificate to practice; and any other information 6100  
required by the board. 6101

(6) (a) Except as provided in division (A) (6) (b) of this 6102  
section, in the case of an applicant who prescribes or 6103  
personally furnishes opioid analgesics or benzodiazepines, as 6104  
defined in section 3719.01 of the Revised Code, the applicant 6105  
shall certify to the board whether the applicant has been 6106  
granted access to the drug database established and maintained 6107  
by the state board of pharmacy pursuant to section 4729.75 of 6108  
the Revised Code. 6109

(b) The requirement in division (A) (6) (a) of this section 6110  
does not apply if any of the following is the case: 6111

(i) The state board of pharmacy notifies the state medical 6112  
board pursuant to section 4729.861 of the Revised Code that the 6113  
applicant has been restricted from obtaining further information 6114  
from the drug database. 6115

(ii) The state board of pharmacy no longer maintains the 6116  
drug database. 6117

(iii) The applicant does not practice medicine and 6118  
surgery, osteopathic medicine and surgery, or podiatric medicine 6119  
and surgery in this state. 6120

(c) If an applicant certifies to the state medical board 6121  
that the applicant has been granted access to the drug database 6122  
and the board finds through an audit or other means that the 6123

applicant has not been granted access, the board may take action 6124  
under section 4731.22 of the Revised Code. 6125

~~(7) The applicant shall include with the application a 6126  
list of the names and addresses of any clinical nurse 6127  
specialists, certified nurse midwives, or certified nurse 6128  
practitioners with whom the applicant is currently 6129  
collaborating, as defined in section 4723.01 of the Revised 6130  
Code. 6131~~

~~(8) The applicant shall report any criminal offense to 6132  
which the applicant has pleaded guilty, of which the applicant 6133  
has been found guilty, or for which the applicant has been found 6134  
eligible for intervention in lieu of conviction, since last 6135  
filing an application for a certificate to practice or renewal 6136  
of a certificate. 6137~~

~~(9) (8) The applicant shall execute and deliver the 6138  
application to the board in a manner prescribed by the board. 6139~~

(B) The board shall renew a certificate under this chapter 6140  
to practice medicine and surgery, osteopathic medicine and 6141  
surgery, or podiatric medicine and surgery upon application and 6142  
qualification therefor in accordance with this section. A 6143  
renewal shall be valid for a two-year period. 6144

(C) Failure of any certificate holder to renew and comply 6145  
with this section shall operate automatically to suspend the 6146  
holder's certificate to practice. Continued practice after the 6147  
suspension of the certificate to practice shall be considered as 6148  
practicing in violation of section 4731.41, 4731.43, or 4731.60 6149  
of the Revised Code. If the certificate has been suspended 6150  
pursuant to this division for two years or less, it may be 6151  
reinstated. The board shall reinstate a certificate to practice 6152

suspended for failure to renew upon an applicant's submission of 6153  
a renewal application, the biennial renewal fee, and the 6154  
applicable monetary penalty. The penalty for reinstatement shall 6155  
be one hundred dollars. If the certificate has been suspended 6156  
pursuant to this division for more than two years, it may be 6157  
restored. Subject to section 4731.222 of the Revised Code, the 6158  
board may restore a certificate to practice suspended for 6159  
failure to renew upon an applicant's submission of a restoration 6160  
application, the biennial renewal fee, and the applicable 6161  
monetary penalty and compliance with sections 4776.01 to 4776.04 6162  
of the Revised Code. The board shall not restore to an applicant 6163  
a certificate to practice unless the board, in its discretion, 6164  
decides that the results of the criminal records check do not 6165  
make the applicant ineligible for a certificate issued pursuant 6166  
to section 4731.14, 4731.56, or 4731.57 of the Revised Code. The 6167  
penalty for restoration shall be two hundred dollars. The board 6168  
shall deposit the penalties in accordance with section 4731.24 6169  
of the Revised Code. 6170

(D) If an individual certifies completion of the number of 6171  
hours and type of continuing medical education required to renew 6172  
or reinstate a certificate to practice, and the board finds 6173  
through the random samples it conducts under this section or 6174  
through any other means that the individual did not complete the 6175  
requisite continuing medical education, the board may impose a 6176  
civil penalty of not more than five thousand dollars. The 6177  
board's finding shall be made pursuant to an adjudication under 6178  
Chapter 119. of the Revised Code and by an affirmative vote of 6179  
not fewer than six members. 6180

A civil penalty imposed under this division may be in 6181  
addition to or in lieu of any other action the board may take 6182  
under section 4731.22 of the Revised Code. The board shall 6183

deposit civil penalties in accordance with section 4731.24 of 6184  
the Revised Code. 6185

(E) The state medical board may obtain information not 6186  
protected by statutory or common law privilege from courts and 6187  
other sources concerning malpractice claims against any person 6188  
holding a certificate to practice under this chapter or 6189  
practicing as provided in section 4731.36 of the Revised Code. 6190

(F) Each mailing sent by the board under division (A) (2) 6191  
of this section to a person holding a certificate to practice 6192  
medicine and surgery or osteopathic medicine and surgery shall 6193  
inform the applicant of the reporting requirement established by 6194  
division (H) of section 3701.79 of the Revised Code. At the 6195  
discretion of the board, the information may be included on the 6196  
application for renewal or on an accompanying page. 6197

(G) Each person holding a certificate to practice medicine 6198  
and surgery, osteopathic medicine and surgery, or podiatric 6199  
medicine and surgery shall give notice to the board of any of 6200  
the following changes not later than thirty days after the 6201  
change occurs: 6202

(1) A change in the certificate holder's residence 6203  
address, business address, or electronic mail address; 6204

(2) A change in the list provided under division (B) (7) of 6205  
this section of names and addresses of the nurses with whom the 6206  
certificate holder is collaborating. 6207

**Sec. 4755.48.** (A) No person shall employ fraud or 6208  
deception in applying for or securing a license to practice 6209  
physical therapy or to be a physical therapist assistant. 6210

(B) No person shall practice or in any way imply or claim 6211  
to the public by words, actions, or the use of letters as 6212

described in division (C) of this section to be able to practice 6213  
physical therapy or to provide physical therapy services, 6214  
including practice as a physical therapist assistant, unless the 6215  
person holds a valid license under sections 4755.40 to 4755.56 6216  
of the Revised Code or except for submission of claims as 6217  
provided in section 4755.56 of the Revised Code. 6218

(C) No person shall use the words or letters, physical 6219  
therapist, physical therapy, physical therapy services, 6220  
physiotherapist, physiotherapy, physiotherapy services, licensed 6221  
physical therapist, P.T., Ph.T., P.T.T., R.P.T., L.P.T., M.P.T., 6222  
D.P.T., M.S.P.T., P.T.A., physical therapy assistant, physical 6223  
therapist assistant, physical therapy technician, licensed 6224  
physical therapist assistant, L.P.T.A., R.P.T.A., or any other 6225  
letters, words, abbreviations, or insignia, indicating or 6226  
implying that the person is a physical therapist or physical 6227  
therapist assistant without a valid license under sections 6228  
4755.40 to 4755.56 of the Revised Code. 6229

(D) No person who practices physical therapy or assists in 6230  
the provision of physical therapy treatments under the 6231  
supervision of a physical therapist shall fail to display the 6232  
person's current license granted under sections 4755.40 to 6233  
4755.56 of the Revised Code in a conspicuous location in the 6234  
place where the person spends the major part of the person's 6235  
time so engaged. 6236

(E) Nothing in sections 4755.40 to 4755.56 of the Revised 6237  
Code shall affect or interfere with the performance of the 6238  
duties of any physical therapist or physical therapist assistant 6239  
in active service in the army, navy, coast guard, marine corps, 6240  
air force, public health service, or marine hospital service of 6241  
the United States, while so serving. 6242

(F) Nothing in sections 4755.40 to 4755.56 of the Revised Code shall prevent or restrict the activities or services of a person pursuing a course of study leading to a degree in physical therapy in an accredited or approved educational program if the activities or services constitute a part of a supervised course of study and the person is designated by a title that clearly indicates the person's status as a student.

(G) (1) Subject to division (G) (2) of this section, nothing in sections 4755.40 to 4755.56 of the Revised Code shall prevent or restrict the activities or services of any person who holds a current, unrestricted license to practice physical therapy in another state when that person, pursuant to contract or employment with an athletic team located in the state in which the person holds the license, provides physical therapy to any of the following while the team is traveling to or from or participating in a sporting event in this state:

(a) A member of the athletic team;

(b) A member of the athletic team's coaching, communications, equipment, or sports medicine staff;

(c) A member of a band or cheerleading squad accompanying the athletic team;

(d) The athletic team's mascot.

(2) In providing physical therapy pursuant to division (G) (1) of this section, the person shall not do either of the following:

(a) Provide physical therapy at a health care facility;

(b) Provide physical therapy for more than sixty days in a calendar year.

(H) (1) Except as provided in division (H) (2) of this 6271  
section and subject to division (I) of this section, no person 6272  
shall practice physical therapy other than on the prescription 6273  
of, or the referral of a patient by, a person who is licensed in 6274  
this or another state to do at least one of the following: 6275

(a) Practice medicine and surgery, chiropractic, 6276  
dentistry, osteopathic medicine and surgery, podiatric medicine 6277  
and surgery; 6278

(b) Practice as a physician assistant; 6279

(c) Practice nursing as ~~a certified registered nurse~~ 6280  
~~anesthetist, clinical nurse specialist, certified nurse midwife,~~ 6281  
~~or certified an advanced practice registered nurse practitioner.~~ 6282

(2) The prohibition in division (H) (1) of this section on 6283  
practicing physical therapy other than on the prescription of, 6284  
or the referral of a patient by, any of the persons described in 6285  
that division does not apply if either of the following applies 6286  
to the person: 6287

(a) The person holds a master's or doctorate degree from a 6288  
professional physical therapy program that is accredited by a 6289  
national physical therapy accreditation agency recognized by the 6290  
United States department of education. 6291

(b) On or before December 31, 2004, the person has 6292  
completed at least two years of practical experience as a 6293  
licensed physical therapist. 6294

(I) To be authorized to prescribe physical therapy or 6295  
refer a patient to a physical therapist for physical therapy, a 6296  
person described in division (H) (1) of this section must be in 6297  
good standing with the relevant licensing board in this state or 6298  
the state in which the person is licensed and must act only 6299



within the person's scope of practice. 6300

(J) In the prosecution of any person for violation of 6301  
division (B) or (C) of this section, it is not necessary to 6302  
allege or prove want of a valid license to practice physical 6303  
therapy or to practice as a physical therapist assistant, but 6304  
such matters shall be a matter of defense to be established by 6305  
the accused. 6306

**Sec. 4755.481.** (A) If a physical therapist evaluates and 6307  
treats a patient without the prescription of, or the referral of 6308  
the patient by, a person described in division (G)(1) of section 6309  
4755.48 of the Revised Code, all of the following apply: 6310

(1) The physical therapist shall, upon consent of the 6311  
patient, inform the relevant person described in division (G)(1) 6312  
of section 4755.48 of the Revised Code of the evaluation not 6313  
later than five business days after the evaluation is made. 6314

(2) If the physical therapist determines, based on 6315  
reasonable evidence, that no substantial progress has been made 6316  
with respect to that patient during the thirty-day period 6317  
immediately following the date of the patient's initial visit 6318  
with the physical therapist, the physical therapist shall 6319  
consult with or refer the patient to a person described in 6320  
division ~~(G)~~(H)(1) of section 4755.48 of the Revised Code, 6321  
unless either of the following applies: 6322

(a) The evaluation, treatment, or services are being 6323  
provided for fitness, wellness, or prevention purposes. 6324

(b) The patient previously was diagnosed with chronic, 6325  
neuromuscular, or developmental conditions and the evaluation, 6326  
treatment, or services are being provided for problems or 6327  
symptoms associated with one or more of those previously 6328

diagnosed conditions. 6329

(3) If the physical therapist determines that orthotic 6330  
devices are necessary to treat the patient, the physical 6331  
therapist shall be limited to the application of the following 6332  
orthotic devices: 6333

(a) Upper extremity adaptive equipment used to facilitate 6334  
the activities of daily living; 6335

(b) Finger splints; 6336

(c) Wrist splints; 6337

(d) Prefabricated elastic or fabric abdominal supports 6338  
with or without metal or plastic reinforcing stays and other 6339  
prefabricated soft goods requiring minimal fitting; 6340

(e) Nontherapeutic accommodative inlays; 6341

(f) Shoes that are not manufactured or modified for a 6342  
particular individual; 6343

(g) Prefabricated foot care products; 6344

(h) Custom foot orthotics; 6345

(i) Durable medical equipment. 6346

(4) If, at any time, the physical therapist has reason to 6347  
believe that the patient has symptoms or conditions that require 6348  
treatment or services beyond the scope of practice of a physical 6349  
therapist, the physical therapist shall refer the patient to a 6350  
licensed health care practitioner acting within the 6351  
practitioner's scope of practice. 6352

(B) Nothing in sections 4755.40 to 4755.56 of the Revised 6353  
Code shall be construed to require reimbursement under any 6354  
health insuring corporation policy, contract, or agreement, any 6355

sickness and accident insurance policy, the medicaid program, or 6356  
the health partnership program or qualified health plans 6357  
established pursuant to sections 4121.44 to 4121.442 of the 6358  
Revised Code, for any physical therapy service rendered without 6359  
the prescription of, or the referral of the patient by, a person 6360  
described in division (G) (1) of section 4755.48 of the Revised 6361  
Code. 6362

(C) For purposes of this section, "business day" means any 6363  
calendar day that is not a Saturday, Sunday, or legal holiday. 6364  
"Legal holiday" has the same meaning as in section 1.14 of the 6365  
Revised Code. 6366

**Sec. 4761.17.** All of the following apply to the practice 6367  
of respiratory care by a person who holds a license or limited 6368  
permit issued under this chapter: 6369

(A) The person shall practice only pursuant to a 6370  
prescription, medication order, or other order for respiratory 6371  
care issued by any of the following: 6372

(1) A physician; 6373

(2) A ~~registered clinical nurse specialist or certified~~ 6374  
~~nurse practitioner who holds a certificate of authority current,~~ 6375  
~~valid license issued under Chapter 4723. of the Revised Code to~~ 6376  
~~practice as a certified nurse practitioner or clinical nurse~~ 6377  
~~specialist and has entered into a standard care arrangement with~~ 6378  
~~a physician that allows the nurse to prescribe or order~~ 6379  
~~respiratory care services to practice nursing as an advanced~~ 6380  
practice registered nurse; 6381

(3) A certified registered nurse anesthetist who holds a 6382  
current, valid license issued under Chapter 4723. of the Revised 6383  
Code to practice nursing as an advanced practice registered 6384

nurse and has issued the order in accordance with section 6385  
4723.43 of the Revised Code; 6386

(4) A physician assistant who holds a valid prescriber 6387  
number issued by the state medical board, has been granted 6388  
physician-delegated prescriptive authority, and has entered into 6389  
a supervision agreement that allows the physician assistant to 6390  
prescribe or order respiratory care services. 6391

(B) The person shall practice only ~~under the supervision~~ 6392  
pursuant to one of any of the following: 6393

(1) ~~A~~The supervision of a physician; 6394

(2) ~~A certified nurse practitioner or clinical nurse~~ 6395  
~~specialist who is authorized to prescribe or order respiratory~~ 6396  
~~care services as provided in division (A) (2) of this section~~The 6397  
supervision of a clinical nurse specialist or certified nurse 6398  
practitioner; 6399

(3) ~~A~~The authority of a certified registered nurse 6400  
anesthetist who is supervised by a physician in accordance with 6401  
section 4723.43 of the Revised Code; 6402

(4) The supervision of a physician assistant who is 6403  
authorized to prescribe or order respiratory care services as 6404  
provided in division (A) (3) of this section. 6405

(C) (1) ~~When practicing under the prescription or order of~~ 6406  
~~a certified nurse practitioner or clinical nurse specialist or~~ 6407  
~~under the supervision of such a nurse, the person's~~ 6408  
~~administration of medication that requires a prescription is~~ 6409  
~~limited to the drugs that the nurse is authorized to prescribe~~ 6410  
~~pursuant to the nurse's certificate to prescribe issued under~~ 6411  
~~section 4723.48 of the Revised Code.~~When practicing under the 6412  
medication order of a certified registered nurse anesthetist or 6413

the authority of such a nurse, the person's administration of 6414  
medication shall occur only during the phases of patient care 6415  
directly related to the nurse's activities described in section 6416  
4723.43 of the Revised Code and in accordance with the nurse's 6417  
authority to order the administration of a drug to a patient 6418  
during those phases. 6419

(2) When practicing under the prescription or order of a 6420  
physician assistant or under the supervision of a physician 6421  
assistant, the person's administration of medication that 6422  
requires a prescription is limited to the drugs that the 6423  
physician assistant is authorized to prescribe pursuant to the 6424  
physician assistant's physician-delegated prescriptive 6425  
authority. 6426

**Sec. 5120.55.** (A) As used in this section, "licensed 6427  
health professional" means any or all of the following: 6428

(1) A dentist who holds a current, valid license issued 6429  
under Chapter 4715. of the Revised Code to practice dentistry; 6430

(2) A licensed practical nurse who holds a current, valid 6431  
license issued under Chapter 4723. of the Revised Code that 6432  
authorizes the practice of nursing as a licensed practical 6433  
nurse; 6434

(3) An optometrist who holds a current, valid certificate 6435  
of licensure issued under Chapter 4725. of the Revised Code that 6436  
authorizes the holder to engage in the practice of optometry; 6437

(4) A physician who is authorized under Chapter 4731. of 6438  
the Revised Code to practice medicine and surgery, osteopathic 6439  
medicine and surgery, or podiatric medicine and surgery; 6440

(5) A psychologist who holds a current, valid license 6441  
issued under Chapter 4732. of the Revised Code that authorizes 6442

the practice of psychology as a licensed psychologist; 6443

(6) A registered nurse who holds a current, valid license 6444  
issued under Chapter 4723. of the Revised Code that authorizes 6445  
the practice of nursing as a registered nurse, including such a 6446  
nurse who is also ~~authorized~~licensed to practice as an advanced 6447  
practice registered nurse as defined in section 4723.01 of the 6448  
Revised Code. 6449

(B) (1) The department of rehabilitation and correction may 6450  
establish a recruitment program under which the department, by 6451  
means of a contract entered into under division (C) of this 6452  
section, agrees to repay all or part of the principal and 6453  
interest of a government or other educational loan incurred by a 6454  
licensed health professional who agrees to provide services to 6455  
inmates of correctional institutions under the department's 6456  
administration. 6457

(2) (a) For a physician to be eligible to participate in 6458  
the program, the physician must have attended a school that was, 6459  
during the time of attendance, a medical school or osteopathic 6460  
medical school in this country accredited by the liaison 6461  
committee on medical education or the American osteopathic 6462  
association, a college of podiatry in this country recognized as 6463  
being in good standing under section 4731.53 of the Revised 6464  
Code, or a medical school, osteopathic medical school, or 6465  
college of podiatry located outside this country that was 6466  
acknowledged by the world health organization and verified by a 6467  
member state of that organization as operating within that 6468  
state's jurisdiction. 6469

(b) For a nurse to be eligible to participate in the 6470  
program, the nurse must have attended a school that was, during 6471  
the time of attendance, a nursing school in this country 6472

accredited by the commission on collegiate nursing education or 6473  
the national league for nursing accrediting commission or a 6474  
nursing school located outside this country that was 6475  
acknowledged by the world health organization and verified by a 6476  
member state of that organization as operating within that 6477  
state's jurisdiction. 6478

(c) For a dentist to be eligible to participate in the 6479  
program, the dentist must have attended a school that was, 6480  
during the time of attendance, a dental college that enabled the 6481  
dentist to meet the requirements specified in section 4715.10 of 6482  
the Revised Code to be granted a license to practice dentistry. 6483

(d) For an optometrist to be eligible to participate in 6484  
the program, the optometrist must have attended a school of 6485  
optometry that was, during the time of attendance, approved by 6486  
the state board of optometry. 6487

(e) For a psychologist to be eligible to participate in 6488  
the program, the psychologist must have attended an educational 6489  
institution that, during the time of attendance, maintained a 6490  
specific degree program recognized by the state board of 6491  
psychology as acceptable for fulfilling the requirement of 6492  
division (B) (3) of section 4732.10 of the Revised Code. 6493

(C) The department shall enter into a contract with each 6494  
licensed health professional it recruits under this section. 6495  
Each contract shall include at least the following terms: 6496

(1) The licensed health professional agrees to provide a 6497  
specified scope of medical, osteopathic medical, podiatric, 6498  
optometric, psychological, nursing, or dental services to 6499  
inmates of one or more specified state correctional institutions 6500  
for a specified number of hours per week for a specified number 6501

of years. 6502

(2) The department agrees to repay all or a specified 6503  
portion of the principal and interest of a government or other 6504  
educational loan taken by the licensed health professional for 6505  
the following expenses to attend, for up to a maximum of four 6506  
years, a school that qualifies the licensed health professional 6507  
to participate in the program: 6508

(a) Tuition; 6509

(b) Other educational expenses for specific purposes, 6510  
including fees, books, and laboratory expenses, in amounts 6511  
determined to be reasonable in accordance with rules adopted 6512  
under division (D) of this section; 6513

(c) Room and board, in an amount determined to be 6514  
reasonable in accordance with rules adopted under division (D) 6515  
of this section. 6516

(3) The licensed health professional agrees to pay the 6517  
department a specified amount, which shall be no less than the 6518  
amount already paid by the department pursuant to its agreement, 6519  
as damages if the licensed health professional fails to complete 6520  
the service obligation agreed to or fails to comply with other 6521  
specified terms of the contract. The contract may vary the 6522  
amount of damages based on the portion of the service obligation 6523  
that remains uncompleted. 6524

(4) Other terms agreed upon by the parties. 6525

The licensed health professional's lending institution or 6526  
the Ohio board of regents, may be a party to the contract. The 6527  
contract may include an assignment to the department of the 6528  
licensed health professional's duty to repay the principal and 6529  
interest of the loan. 6530



(D) If the department elects to implement the recruitment program, it shall adopt rules in accordance with Chapter 119. of the Revised Code that establish all of the following:

(1) Criteria for designating institutions for which licensed health professionals will be recruited;

(2) Criteria for selecting licensed health professionals for participation in the program;

(3) Criteria for determining the portion of a loan which the department will agree to repay;

(4) Criteria for determining reasonable amounts of the expenses described in divisions (C) (2) (b) and (c) of this section;

(5) Procedures for monitoring compliance by a licensed health professional with the terms of the contract the licensed health professional enters into under this section;

(6) Any other criteria or procedures necessary to implement the program.

**Sec. 5164.07.** (A) The medicaid program shall include coverage of inpatient care and follow-up care for a mother and her newborn as follows:

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

(2) The medicaid program shall cover a physician-directed 6559  
source of follow-up care or a source of follow-up care directed 6560  
by an advanced practice registered nurse. Services covered as 6561  
follow-up care shall include physical assessment of the mother 6562  
and newborn, parent education, assistance and training in breast 6563  
or bottle feeding, assessment of the home support system, 6564  
performance of any medically necessary and appropriate clinical 6565  
tests, and any other services that are consistent with the 6566  
follow-up care recommended in the protocols and guidelines 6567  
developed by national organizations that represent pediatric, 6568  
obstetric, and nursing professionals. The coverage shall apply 6569  
to services provided in a medical setting or through home health 6570  
care visits. The coverage shall apply to a home health care 6571  
visit only if the health care professional who conducts the 6572  
visit is knowledgeable and experienced in maternity and newborn 6573  
care. 6574

When a decision is made in accordance with division (B) of 6575  
this section to discharge a mother or newborn prior to the 6576  
expiration of the applicable number of hours of inpatient care 6577  
required to be covered, the coverage of follow-up care shall 6578  
apply to all follow-up care that is provided within forty-eight 6579  
hours after discharge. When a mother or newborn receives at 6580  
least the number of hours of inpatient care required to be 6581  
covered, the coverage of follow-up care shall apply to follow-up 6582  
care that is determined to be medically necessary by the health 6583  
care professionals responsible for discharging the mother or 6584  
newborn. 6585

(B) Any decision to shorten the length of inpatient stay 6586  
to less than that specified under division (A) (1) of this 6587  
section shall be made by the physician attending the mother or 6588  
newborn, except that if a nurse-midwife is attending the mother 6589

~~in collaboration with a physician,~~ the decision may be made by 6590  
the nurse-midwife. Decisions regarding early discharge shall be 6591  
made only after conferring with the mother or a person 6592  
responsible for the mother or newborn. For purposes of this 6593  
division, a person responsible for the mother or newborn may 6594  
include a parent, guardian, or any other person with authority 6595  
to make medical decisions for the mother or newborn. 6596

(C) The department of medicaid, in administering the 6597  
medicaid program, may not do either of the following: 6598

(1) Terminate the provider agreement of a health care 6599  
professional or health care facility solely for making 6600  
recommendations for inpatient or follow-up care for a particular 6601  
mother or newborn that are consistent with the care required to 6602  
be covered by this section; 6603

(2) Establish or offer monetary or other financial 6604  
incentives for the purpose of encouraging a person to decline 6605  
the inpatient or follow-up care required to be covered by this 6606  
section. 6607

(D) This section does not do any of the following: 6608

(1) Require the medicaid program to cover inpatient or 6609  
follow-up care that is not received in accordance with the 6610  
program's terms pertaining to the health care professionals and 6611  
facilities from which a medicaid recipient is authorized to 6612  
receive health care services. 6613

(2) Require a mother or newborn to stay in a hospital or 6614  
other inpatient setting for a fixed period of time following 6615  
delivery; 6616

(3) Require a child to be delivered in a hospital or other 6617  
inpatient setting; 6618

(4) Authorize a certified nurse-midwife to practice beyond 6619  
the authority to practice nurse-midwifery in accordance with 6620  
Chapter 4723. of the Revised Code; 6621

(5) Establish minimum standards of medical diagnosis, 6622  
care, or treatment for inpatient or follow-up care for a mother 6623  
or newborn. A deviation from the care required to be covered 6624  
under this section shall not, on the basis of this section, give 6625  
rise to a medical claim or derivative medical claim, as those 6626  
terms are defined in section 2305.113 of the Revised Code. 6627

**Section 2.** That existing sections 1.64, 1751.67, 2133.211, 6628  
2305.113, 2305.234, 2317.02, 2919.171, 2921.22, 2925.61, 6629  
3701.351, 3701.926, 3705.16, 3719.06, 3719.121, 3727.06, 6630  
3727.08, 3923.233, 3923.301, 3923.63, 3923.64, 4713.02, 4723.01, 6631  
4723.02, 4723.03, 4723.06, 4723.07, 4723.08, 4723.09, 4723.151, 6632  
4723.16, 4723.24, 4723.25, 4723.271, 4723.28, 4723.32, 4723.341, 6633  
4723.36, 4723.41, 4723.42, 4723.43, 4723.432, 4723.44, 4723.46, 6634  
4723.47, 4723.481, 4723.482, 4723.486, 4723.487, 4723.488, 6635  
4723.49, 4723.491, 4723.71, 4723.88, 4723.99, 4729.01, 4729.39, 6636  
4731.22, 4731.281, 4755.48, 4755.481, 4761.17, 5120.55, and 6637  
5164.07 and sections 4723.431, 4723.48, 4723.484, 4723.485, 6638  
4723.492, 4723.50, and 4731.27 of the Revised Code are hereby 6639  
repealed. 6640

**Section 3.** The General Assembly, applying the principle 6641  
stated in division (B) of section 1.52 of the Revised Code that 6642  
amendments are to be harmonized if reasonably capable of 6643  
simultaneous operation, finds that the following sections, 6644  
presented in this act as composites of the sections as amended 6645  
by the acts indicated, are the resulting versions of the 6646  
sections in effect prior to the effective date of the sections 6647  
as presented in this act: 6648

Section 2305.113 of the Revised Code is presented in this 6649  
act as a composite of the section as amended by Sub. H.B. 290 of 6650  
the 130th General Assembly and Sub. S.B. 110 of the 131st 6651  
General Assembly. 6652

Section 2925.61 of the Revised Code is presented in this 6653  
act as a composite of the section as amended by both Am. Sub. 6654  
H.B. 4 and Sub. S.B. 110 of the 131st General Assembly. 6655

Section 4729.01 of the Revised Code is presented in this 6656  
act as a composite of the section as amended by both Am. Sub. 6657  
H.B. 4 and Sub. S.B. 110 of the 131st General Assembly. 6658

Section 4755.48 of the Revised Code is presented in this 6659  
act as a composite of the section as amended by both Am. Sub. 6660  
H.B. 284 and Sub. S.B. 141 of the 129th General Assembly. 6661

**Section 4.** (A) The Board of Nursing may continue to issue 6662  
certificates of authority and certificates to prescribe pursuant 6663  
to Chapter 4723. of the Revised Code for not longer than ninety 6664  
days after the effective date of this act. Thereafter, the Board 6665  
shall issue advanced practice registered nurse licenses in 6666  
accordance with this act. 6667

(B) Certificates of authority and certificates to 6668  
prescribe issued pursuant to division (A) of this section or 6669  
Chapter 4723. of the Revised Code, as that chapter existed 6670  
immediately prior to the effective date of this act, satisfy the 6671  
requirements for advanced practice registered nurse licenses, as 6672  
created by this act. The certificates remain valid until 6673  
December 31, 2016, unless earlier suspended or revoked by the 6674  
Board. 6675