

**As Reported by the House Government Accountability and Oversight
Committee**

132nd General Assembly

**Regular Session
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H. B. No. 145

Representatives Huffman, Sprague

Cosponsors: Representatives Seitz, Blessing, Butler, Clyde, Faber

A BILL

To amend sections 4730.32, 4731.224, 4731.25, 1
4760.16, 4762.16, and 4774.16 and to enact 2
sections 4731.251, 4731.252, 4731.253, and 3
4778.17 of the Revised Code to provide for the 4
establishment of a confidential program for the 5
treatment of certain impaired practitioners and 6
to declare an emergency. 7

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

Section 1. That sections 4730.32, 4731.224, 4731.25, 8
4760.16, 4762.16, and 4774.16 be amended and sections 4731.251, 9
4731.252, 4731.253, and 4778.17 of the Revised Code be enacted 10
to read as follows: 11

Sec. 4730.32. (A) Within sixty days after the imposition 12
of any formal disciplinary action taken by a health care 13
facility against any individual holding a valid license to 14
practice as a physician assistant issued under this chapter, the 15
chief administrator or executive officer of the facility shall 16
report to the state medical board the name of the individual, 17
the action taken by the facility, and a summary of the 18

underlying facts leading to the action taken. Upon request, the board shall be provided certified copies of the patient records that were the basis for the facility's action. Prior to release to the board, the summary shall be approved by the peer review committee that reviewed the case or by the governing board of the facility.

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

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

~~(B) A(1) Except as provided in division (B) (2) of this section, a physician assistant, professional association or society of physician assistants, physician, or professional association or society of physicians that believes a violation of any provision of this chapter, Chapter 4731. of the Revised Code, or rule of the board has occurred shall report to the board the information upon which the belief is based. This division does not require any treatment provider approved by the board under section 4731.25 of the Revised Code or any employee, agent, or representative of such a provider to make reports with respect to a physician assistant participating in treatment or aftercare for substance abuse as long as the physician assistant maintains participation in accordance with the requirements of section 4731.25 of the Revised Code and the treatment provider or employee, agent, or representative of the provider has no~~

~~reason to believe that the physician assistant has violated any~~ 49
~~provision of this chapter or rule adopted under it, other than~~ 50
~~being impaired by alcohol, drugs, or other substances. This~~ 51
~~division does not require reporting by any member of an impaired~~ 52
~~practitioner committee established by a health care facility or~~ 53
~~by any representative or agent of a committee or program~~ 54
~~sponsored by a professional association or society of physician~~ 55
~~assistants to provide peer assistance to physician assistants~~ 56
~~with substance abuse problems with respect to a physician~~ 57
~~assistant who has been referred for examination to a treatment~~ 58
~~program approved by the board under section 4731.25 of the~~ 59
~~Revised Code if the physician assistant cooperates with the~~ 60
~~referral for examination and with any determination that the~~ 61
~~physician assistant should enter treatment and as long as the~~ 62
~~committee member, representative, or agent has no reason to~~ 63
~~believe that the physician assistant has ceased to participate~~ 64
~~in the treatment program in accordance with section 4731.25 of~~ 65
~~the Revised Code or has violated any provision of this chapter~~ 66
~~or rule adopted under it, other than being impaired by alcohol,~~ 67
~~drugs, or other substances.~~ 68

(2) A physician assistant, professional association or 69
society of physician assistants, physician, or professional 70
association or society of physicians that believes that a 71
violation of division (B) (5) of section 4730.25 of the Revised 72
Code has occurred shall report the information upon which the 73
belief is based to the monitoring organization conducting the 74
program established by the board under section 4731.251 of the 75
Revised Code. If any such report is made to the board, it shall 76
be referred to the monitoring organization unless the board is 77
aware that the individual who is the subject of the report does 78
not meet the program eligibility requirements of section 79

4731.252 of the Revised Code. 80

(C) Any professional association or society composed 81
primarily of physician assistants that suspends or revokes an 82
individual's membership for violations of professional ethics, 83
or for reasons of professional incompetence or professional 84
malpractice, within sixty days after a final decision, shall 85
report to the board, on forms prescribed and provided by the 86
board, the name of the individual, the action taken by the 87
professional organization, and a summary of the underlying facts 88
leading to the action taken. 89

The filing or nonfiling of a report with the board, 90
investigation by the board, or any disciplinary action taken by 91
the board, shall not preclude a professional organization from 92
taking disciplinary action against a physician assistant. 93

(D) Any insurer providing professional liability insurance 94
to any person holding a valid license to practice as a physician 95
assistant issued under this chapter or any other entity that 96
seeks to indemnify the professional liability of a physician 97
assistant shall notify the board within thirty days after the 98
final disposition of any written claim for damages where such 99
disposition results in a payment exceeding twenty-five thousand 100
dollars. The notice shall contain the following information: 101

(1) The name and address of the person submitting the 102
notification; 103

(2) The name and address of the insured who is the subject 104
of the claim; 105

(3) The name of the person filing the written claim; 106

(4) The date of final disposition; 107

(5) If applicable, the identity of the court in which the 108
final disposition of the claim took place. 109

(E) The board may investigate possible violations of this 110
chapter or the rules adopted under it that are brought to its 111
attention as a result of the reporting requirements of this 112
section, except that the board shall conduct an investigation if 113
a possible violation involves repeated malpractice. As used in 114
this division, "repeated malpractice" means three or more claims 115
for malpractice within the previous five-year period, each 116
resulting in a judgment or settlement in excess of twenty-five 117
thousand dollars in favor of the claimant, and each involving 118
negligent conduct by the physician assistant. 119

(F) All summaries, reports, and records received and 120
maintained by the board pursuant to this section shall be held 121
in confidence and shall not be subject to discovery or 122
introduction in evidence in any federal or state civil action 123
involving a physician assistant, supervising physician, or 124
health care facility arising out of matters that are the subject 125
of the reporting required by this section. The board may use the 126
information obtained only as the basis for an investigation, as 127
evidence in a disciplinary hearing against a physician assistant 128
or supervising physician, or in any subsequent trial or appeal 129
of a board action or order. 130

The board may disclose the summaries and reports it 131
receives under this section only to health care facility 132
committees within or outside this state that are involved in 133
credentialing or recredentialing a physician assistant or 134
supervising physician or reviewing their privilege to practice 135
within a particular facility. The board shall indicate whether 136
or not the information has been verified. Information 137

transmitted by the board shall be subject to the same 138
confidentiality provisions as when maintained by the board. 139

(G) Except for reports filed by an individual pursuant to 140
division (B) of this section, the board shall send a copy of any 141
reports or summaries it receives pursuant to this section to the 142
physician assistant. The physician assistant shall have the 143
right to file a statement with the board concerning the 144
correctness or relevance of the information. The statement shall 145
at all times accompany that part of the record in contention. 146

(H) An individual or entity that reports to the board, 147
reports to the monitoring organization described in section 148
4731.251 of the Revised Code, or refers an impaired physician 149
assistant to a treatment provider approved by the board under 150
section 4731.25 of the Revised Code shall not be subject to suit 151
for civil damages as a result of the report, referral, or 152
provision of the information. 153

(I) In the absence of fraud or bad faith, a professional 154
association or society of physician assistants that sponsors a 155
committee or program to provide peer assistance to a physician 156
assistant with substance abuse problems, a representative or 157
agent of such a committee or program, a representative or agent 158
of the monitoring organization described in section 4731.251 of 159
the Revised Code, and a member of the state medical board shall 160
not be held liable in damages to any person by reason of actions 161
taken to refer a physician assistant to a treatment provider 162
approved under section 4731.25 of the Revised Code for 163
examination or treatment. 164

Sec. 4731.224. (A) Within sixty days after the imposition 165
of any formal disciplinary action taken by any health care 166
facility, including a hospital, health care facility operated by 167

a health insuring corporation, ambulatory surgical center, or 168
similar facility, against any individual holding a valid 169
certificate to practice issued pursuant to this chapter, the 170
chief administrator or executive officer of the facility shall 171
report to the state medical board the name of the individual, 172
the action taken by the facility, and a summary of the 173
underlying facts leading to the action taken. Upon request, the 174
board shall be provided certified copies of the patient records 175
that were the basis for the facility's action. Prior to release 176
to the board, the summary shall be approved by the peer review 177
committee that reviewed the case or by the governing board of 178
the facility. As used in this division, "formal disciplinary 179
action" means any action resulting in the revocation, 180
restriction, reduction, or termination of clinical privileges 181
for violations of professional ethics, or for reasons of medical 182
incompetence, ~~or~~ medical malpractice, ~~or drug or alcohol abuse.~~ 183
"Formal disciplinary action" includes a summary action, an 184
action that takes effect notwithstanding any appeal rights that 185
may exist, and an action that results in an individual 186
surrendering clinical privileges while under investigation and 187
during proceedings regarding the action being taken or in return 188
for not being investigated or having proceedings held. "Formal 189
disciplinary action" does not include any action taken for the 190
sole reason of failure to maintain records on a timely basis or 191
failure to attend staff or section meetings. 192

The filing or nonfiling of a report with the board, 193
investigation by the board, or any disciplinary action taken by 194
the board, shall not preclude any action by a health care 195
facility to suspend, restrict, or revoke the individual's 196
clinical privileges. 197

In the absence of fraud or bad faith, no individual or 198

entity that provides patient records to the board shall be 199
liable in damages to any person as a result of providing the 200
records. 201

~~(B) If (1) Except as provided in division (B) (2) of this 202
section, if any individual authorized to practice under this 203
chapter or any professional association or society of such 204
individuals believes that a violation of any provision of this 205
chapter, Chapter 4730., 4760., 4762., 4774., or 4778. of the 206
Revised Code, or any rule of the board has occurred, the 207
individual, association, or society shall report to the board 208
the information upon which the belief is based. This division 209
does not require any treatment provider approved by the board 210
under section 4731.25 of the Revised Code or any employee, 211
agent, or representative of such a provider to make reports with 212
respect to an impaired practitioner participating in treatment 213
or aftercare for substance abuse as long as the practitioner 214
maintains participation in accordance with the requirements of 215
section 4731.25 of the Revised Code, and as long as the 216
treatment provider or employee, agent, or representative of the 217
provider has no reason to believe that the practitioner has 218
violated any provision of this chapter or any rule adopted under 219
it, other than the provisions of division (B) (26) of section 220
4731.22 of the Revised Code. This division does not require 221
reporting by any member of an impaired practitioner committee 222
established by a health care facility or by any representative 223
or agent of a committee or program sponsored by a professional 224
association or society of individuals authorized to practice 225
under this chapter to provide peer assistance to practitioners 226
with substance abuse problems with respect to a practitioner who 227
has been referred for examination to a treatment program 228
approved by the board under section 4731.25 of the Revised Code 229~~

~~if the practitioner cooperates with the referral for examination— 230
and with any determination that the practitioner should enter— 231
treatment and as long as the committee member, representative,— 232
or agent has no reason to believe that the practitioner has— 233
ceased to participate in the treatment program in accordance— 234
with section 4731.25 of the Revised Code or has violated any— 235
provision of this chapter or any rule adopted under it, other— 236
than the provisions of division (B) (26) of section 4731.22 of— 237
the Revised Code. 238~~

(2) If any individual authorized to practice under this 239
chapter or any professional association or society of such 240
individuals believes that a violation of division (B) (26) of 241
section 4731.22 of the Revised Code has occurred, the 242
individual, association, or society shall report the information 243
upon which the belief is based to the monitoring organization 244
conducting the program established by the board under section 245
4731.251 of the Revised Code. If any such report is made to the 246
board, it shall be referred to the monitoring organization 247
unless the board is aware that the individual who is the subject 248
of the report does not meet the program eligibility requirements 249
of section 4731.252 of the Revised Code. 250

(C) Any professional association or society composed 251
primarily of doctors of medicine and surgery, doctors of 252
osteopathic medicine and surgery, doctors of podiatric medicine 253
and surgery, or practitioners of limited branches of medicine 254
that suspends or revokes an individual's membership for 255
violations of professional ethics, or for reasons of 256
professional incompetence or professional malpractice, within 257
sixty days after a final decision shall report to the board, on 258
forms prescribed and provided by the board, the name of the 259
individual, the action taken by the professional organization, 260

and a summary of the underlying facts leading to the action 261
taken. 262

The filing of a report with the board or decision not to 263
file a report, investigation by the board, or any disciplinary 264
action taken by the board, does not preclude a professional 265
organization from taking disciplinary action against an 266
individual. 267

(D) Any insurer providing professional liability insurance 268
to an individual authorized to practice under this chapter, or 269
any other entity that seeks to indemnify the professional 270
liability of such an individual, shall notify the board within 271
thirty days after the final disposition of any written claim for 272
damages where such disposition results in a payment exceeding 273
twenty-five thousand dollars. The notice shall contain the 274
following information: 275

(1) The name and address of the person submitting the 276
notification; 277

(2) The name and address of the insured who is the subject 278
of the claim; 279

(3) The name of the person filing the written claim; 280

(4) The date of final disposition; 281

(5) If applicable, the identity of the court in which the 282
final disposition of the claim took place. 283

(E) The board may investigate possible violations of this 284
chapter or the rules adopted under it that are brought to its 285
attention as a result of the reporting requirements of this 286
section, except that the board shall conduct an investigation if 287
a possible violation involves repeated malpractice. As used in 288

this division, "repeated malpractice" means three or more claims 289
for medical malpractice within the previous five-year period, 290
each resulting in a judgment or settlement in excess of twenty- 291
five thousand dollars in favor of the claimant, and each 292
involving negligent conduct by the practicing individual. 293

(F) All summaries, reports, and records received and 294
maintained by the board pursuant to this section shall be held 295
in confidence and shall not be subject to discovery or 296
introduction in evidence in any federal or state civil action 297
involving a health care professional or facility arising out of 298
matters that are the subject of the reporting required by this 299
section. The board may use the information obtained only as the 300
basis for an investigation, as evidence in a disciplinary 301
hearing against an individual whose practice is regulated under 302
this chapter, or in any subsequent trial or appeal of a board 303
action or order. 304

The board may disclose the summaries and reports it 305
receives under this section only to health care facility 306
committees within or outside this state that are involved in 307
credentialing or recredentialing the individual or in reviewing 308
the individual's clinical privileges. The board shall indicate 309
whether or not the information has been verified. Information 310
transmitted by the board shall be subject to the same 311
confidentiality provisions as when maintained by the board. 312

(G) Except for reports filed by an individual pursuant to 313
division (B) of this section, the board shall send a copy of any 314
reports or summaries it receives pursuant to this section to the 315
individual who is the subject of the reports or summaries. The 316
individual shall have the right to file a statement with the 317
board concerning the correctness or relevance of the 318

information. The statement shall at all times accompany that 319
part of the record in contention. 320

(H) An individual or entity that, pursuant to this 321
section, reports to the board, reports to the monitoring 322
organization described in section 4731.251 of the Revised Code, 323
or refers an impaired practitioner to a treatment provider 324
approved by the board under section 4731.25 of the Revised Code 325
shall not be subject to suit for civil damages as a result of 326
the report, referral, or provision of the information. 327

(I) In the absence of fraud or bad faith, no professional 328
association or society of individuals authorized to practice 329
under this chapter that sponsors a committee or program to 330
provide peer assistance to practitioners with substance abuse 331
problems, no representative or agent of such a committee or 332
program, no representative or agent of the monitoring 333
organization described in section 4731.251 of the Revised Code, 334
and no member of the state medical board shall be held liable in 335
damages to any person by reason of actions taken to refer a 336
practitioner to a treatment provider approved under section 337
4731.25 of the Revised Code for examination or treatment. 338

Sec. 4731.25. The state medical board, in accordance with 339
Chapter 119. of the Revised Code, shall adopt and may amend and 340
rescind rules establishing standards for approval of physicians 341
and facilities as treatment providers for ~~impaired~~ practitioners 342
~~who are regulated under this chapter or Chapter 4730., 4760.,~~ 343
~~4762., 4774., or 4778. of the Revised Code~~ suffering or showing 344
evidence of suffering impairment as described in division (B) (5) 345
of section 4730.25, division (B) (26) of section 4731.22, 346
division (B) (6) of section 4760.13, division (B) (6) of section 347
4762.13, division (B) (6) of section 4774.13, or division (B) (6) 348

of section 4778.14 of the Revised Code. The rules shall include 349
standards for ~~both~~-inpatient and outpatient treatment and for 350
care and monitoring that continues after treatment. The rules 351
shall provide that in order to be approved, a treatment provider 352
must have the capability of making an initial examination to 353
determine what type of treatment an impaired practitioner 354
requires. Subject to the rules, the board shall review and 355
approve treatment providers on a regular basis. The board, at 356
its discretion, may withdraw or deny approval subject to the 357
rules. 358

An approved impaired practitioner treatment provider shall 359
do all of the following: 360

(A) Report to the board the name of any practitioner 361
suffering or showing evidence of suffering impairment ~~as-~~ 362
~~described in division (B) (5) of section 4730.25 of the Revised~~ 363
~~Code, division (B) (26) of section 4731.22 of the Revised Code,~~ 364
~~division (B) (6) of section 4760.13 of the Revised Code, division~~ 365
~~(B) (6) of section 4762.13 of the Revised Code, division (B) (6)-~~ 366
~~of section 4774.13 of the Revised Code, or division (B) (6) of~~ 367
~~section 4778.14 of the Revised Code~~-who fails to comply within 368
one week with a referral for examination; 369

(B) Report to the board the name of any impaired 370
practitioner who fails to enter treatment within forty-eight 371
hours following the provider's determination that the 372
practitioner needs treatment; 373

(C) Require every practitioner who enters treatment to 374
agree to a treatment contract establishing the terms of 375
treatment and aftercare, including any required supervision or 376
restrictions of practice during treatment or aftercare; 377

(D) Require a practitioner to suspend practice upon entry	378
into any required inpatient treatment;	379
(E) Report to the board any failure by an impaired	380
practitioner to comply with the terms of the treatment contract	381
during inpatient or outpatient treatment or aftercare;	382
(F) Report to the board the resumption of practice of any	383
impaired practitioner before the treatment provider has made a	384
clear determination that the practitioner is capable of	385
practicing according to acceptable and prevailing standards of	386
care;	387
(G) Require a practitioner who resumes practice after	388
completion of treatment to comply with an aftercare contract	389
that meets the requirements of rules adopted by the board for	390
approval of treatment providers;	391
(H) Report the identity of any practitioner practicing	392
under the terms of an aftercare contract to hospital	393
administrators, medical chiefs of staff, and chairpersons of	394
impaired practitioner committees of all health care institutions	395
at which the practitioner holds clinical privileges or otherwise	396
practices. If the practitioner does not hold clinical privileges	397
at any health care institution, the treatment provider shall	398
report the practitioner's identity to the impaired practitioner	399
committee of the county medical society, osteopathic academy, or	400
podiatric medical association in every county in which the	401
practitioner practices. If there are no impaired practitioner	402
committees in the county, the treatment provider shall report	403
the practitioner's identity to the president or other designated	404
member of the county medical society, osteopathic academy, or	405
podiatric medical association.	406

(I) Report to the board the identity of any practitioner 407
who suffers a relapse at any time during or following aftercare. 408

Any individual authorized to practice under this chapter 409
who enters into treatment by an approved treatment provider 410
shall be deemed to have waived any confidentiality requirements 411
that would otherwise prevent the treatment provider from making 412
reports required under this section. 413

In the absence of fraud or bad faith, no person or 414
organization that conducts an approved impaired practitioner 415
treatment program, no member of such an organization, and no 416
employee, representative, or agent of the treatment provider 417
shall be held liable in damages to any person by reason of 418
actions taken or recommendations made by the treatment provider 419
or its employees, representatives, or agents. 420

Sec. 4731.251. (A) As used in this section and in sections 421
4731.252 and 4731.253 of the Revised Code: 422

(1) "Impaired" or "impairment" has the same meaning as in 423
division (B)(5) of section 4730.25, division (B)(26) of section 424
4731.22, division (B)(6) of section 4760.13, division (B)(6) of 425
section 4762.13, division (B)(6) of section 4774.13, or division 426
(B)(6) of section 4778.14 of the Revised Code. 427

(2) "Practitioner" means any of the following: 428

(a) An individual authorized under this chapter to 429
practice medicine and surgery, osteopathic medicine and surgery, 430
podiatric medicine and surgery, or a limited branch of medicine; 431

(b) An individual licensed under Chapter 4730. of the 432
Revised Code to practice as a physician assistant; 433

(c) An individual authorized under Chapter 4760. of the 434

<u>Revised Code to practice as an anesthesiologist assistant;</u>	435
<u>(d) An individual authorized under Chapter 4762. of the</u>	436
<u>Revised Code to practice as an acupuncturist or oriental</u>	437
<u>medicine practitioner;</u>	438
<u>(e) An individual authorized under Chapter 4774. of the</u>	439
<u>Revised Code to practice as a radiologist assistant;</u>	440
<u>(f) An individual licensed under Chapter 4778. of the</u>	441
<u>Revised Code to practice as a genetic counselor.</u>	442
<u>(B) The state medical board shall establish a confidential</u>	443
<u>program for treatment of impaired practitioners, which shall be</u>	444
<u>known as the one-bite program. The board shall contract with one</u>	445
<u>organization to conduct the program and perform monitoring</u>	446
<u>services.</u>	447
<u>To be qualified to contract with the board under this</u>	448
<u>section, an organization must meet all of the following</u>	449
<u>requirements:</u>	450
<u>(1) Be sponsored by one or more professional associations</u>	451
<u>or societies of practitioners;</u>	452
<u>(2) Be organized as a not-for-profit entity and exempt</u>	453
<u>from federal income taxation under subsection 501(c)(3) of the</u>	454
<u>Internal Revenue Code;</u>	455
<u>(3) Contract with or employ to serve as the organization's</u>	456
<u>medical director an individual who is authorized under this</u>	457
<u>chapter to practice medicine and surgery or osteopathic medicine</u>	458
<u>and surgery and specializes or has training and expertise in</u>	459
<u>addiction medicine;</u>	460
<u>(4) Contract with or employ one or more of the following</u>	461
<u>as necessary for the organization's operation:</u>	462

(a) An individual licensed under Chapter 4758. of the 463
Revised Code as an independent chemical dependency counselor- 464
clinical supervisor, independent chemical dependency counselor, 465
chemical dependency counselor III, or chemical dependency 466
counselor II; 467

(b) An individual licensed under Chapter 4757. of the 468
Revised Code as an independent social worker, social worker, 469
licensed professional clinical counselor, or licensed 470
professional counselor; 471

(c) An individual licensed under Chapter 4732. of the 472
Revised Code as a psychologist. 473

(C) The monitoring organization shall do all of the 474
following pursuant to the contract: 475

(1) Receive any report of suspected impairment, including 476
a report made under division (B) (2) of section 4730.32, division 477
(B) (2) of section 4731.224, division (B) (2) of section 4760.16, 478
division (B) (2) of section 4762.16, division (B) (2) of section 479
4774.16, or section 4778.17 of the Revised Code; 480

(2) Notify a practitioner who is the subject of a report 481
received under division (C) (1) of this section that the report 482
has been made and that the practitioner may be eligible to 483
participate in the program conducted under this section; 484

(3) Determine whether a practitioner reported to the 485
monitoring organization is eligible to participate in the 486
program and notify the practitioner of the determination; 487

(4) In the case of a practitioner reported by a treatment 488
provider, notify the treatment provider of the eligibility 489
determination; 490

<u>(5) Report to the board any practitioner who is determined</u>	491
<u>ineligible to participate in the program;</u>	492
<u>(6) Refer an eligible practitioner who chooses to</u>	493
<u>participate in the program for evaluation by a treatment</u>	494
<u>provider approved by the board under section 4731.25 of the</u>	495
<u>Revised Code, unless the report received by the monitoring</u>	496
<u>organization was made by an approved treatment provider and the</u>	497
<u>practitioner has already been evaluated by the treatment</u>	498
<u>provider;</u>	499
<u>(7) Monitor the evaluation of an eligible practitioner;</u>	500
<u>(8) Refer an eligible practitioner who chooses to</u>	501
<u>participate in the program to a treatment provider approved by</u>	502
<u>the board under section 4731.25 of the Revised Code;</u>	503
<u>(9) Establish, in consultation with the treatment provider</u>	504
<u>to which a practitioner is referred, the terms and conditions</u>	505
<u>with which the practitioner must comply for continued</u>	506
<u>participation in and successful completion of the program;</u>	507
<u>(10) Report to the board any practitioner who does not</u>	508
<u>complete evaluation or treatment or does not comply with any of</u>	509
<u>the terms and conditions established by the monitoring</u>	510
<u>organization and the treatment provider;</u>	511
<u>(11) Perform any other activities specified in the</u>	512
<u>contract with the board or that the monitoring organization</u>	513
<u>considers necessary to comply with this section and sections</u>	514
<u>4731.252 and 4731.253 of the Revised Code.</u>	515
<u>(D) The monitoring organization shall not disclose to the</u>	516
<u>board the name of a practitioner or any records relating to a</u>	517
<u>practitioner, unless any of the following occurs:</u>	518

<u>(1) The practitioner is determined to be ineligible to participate in the program.</u>	519 520
<u>(2) The practitioner requests the disclosure.</u>	521
<u>(3) The practitioner is unwilling or unable to complete or comply with any part of the program, including evaluation, treatment, or monitoring.</u>	522 523 524
<u>(4) The practitioner presents an imminent danger to the public or to the practitioner, as a result of the practitioner's impairment.</u>	525 526 527
<u>(5) The practitioner has relapsed or the practitioner's impairment has not been substantially alleviated by participation in the program.</u>	528 529 530
<u>(E) (1) The monitoring organization shall develop procedures governing each of the following:</u>	531 532
<u>(a) Receiving reports of practitioner impairment;</u>	533
<u>(b) Notifying practitioners of reports and eligibility determinations;</u>	534 535
<u>(c) Referring eligible practitioners for evaluation or treatment;</u>	536 537
<u>(d) Establishing individualized treatment plans for eligible practitioners, as recommended by treatment providers;</u>	538 539
<u>(e) Establishing individualized terms and conditions with which eligible practitioners must comply for continued participation in and successful completion of the program.</u>	540 541 542
<u>(2) The monitoring organization, in consultation with the board, shall develop procedures governing each of the following:</u>	543 544
<u>(a) Providing reports to the board on a periodic basis on</u>	545

the total number of practitioners participating in the program, 546
without disclosing the names or records of any program 547
participants other than those about whom reports are required by 548
this section; 549

(b) Reporting to the board any practitioner who due to 550
impairment presents an imminent danger to the public or to the 551
practitioner; 552

(c) Reporting to the board any practitioner who is 553
unwilling or unable to complete or comply with any part of the 554
program, including evaluation, treatment, or monitoring; 555

(d) Reporting to the board any practitioner whose 556
impairment was not substantially alleviated by participation in 557
the program or who has relapsed. 558

(F) The board may adopt any rules it considers necessary 559
to implement this section and sections 4731.252 and 4731.253 of 560
the Revised Code, including rules regarding the monitoring 561
organization and treatment providers that provide treatment to 562
practitioners referred by the monitoring organization. Any such 563
rules shall be adopted in accordance with Chapter 119. of the 564
Revised Code. 565

Sec. 4731.252. (A) A practitioner is eligible to 566
participate in the program established under section 4731.251 of 567
the Revised Code if all of the following are the case: 568

(1) The practitioner is impaired. 569

(2) The practitioner has not participated previously in 570
the program. 571

(3) Unless the state medical board has referred the 572
practitioner to the program, the practitioner has not been 573

sanctioned previously by the board under division (B) (5) of 574
section 4730.25, division (B) (26) of section 4731.22, division 575
(B) (6) of section 4760.13, division (B) (6) of section 4762.13, 576
division (B) (6) of section 4774.13, or division (B) (6) of 577
section 4778.14 of the Revised Code. 578

(B) All of the following apply to a practitioner who 579
participates in the program: 580

(1) The practitioner must comply with all terms and 581
conditions for continued participation in and successful 582
completion of the program. 583

(2) On acceptance into the program, the practitioner must 584
suspend practice until after the later of the following: 585

(a) The date the treatment provider determines that the 586
practitioner is no longer impaired and is able to practice 587
according to acceptable and prevailing standards of care; 588

(b) The end of a period specified by the treatment 589
provider, which shall be not less than thirty days. 590

(3) The practitioner is responsible for all costs 591
associated with participation. 592

(4) The practitioner is deemed to have waived any right to 593
confidentiality that would prevent the monitoring organization 594
conducting the program or a treatment provider from making 595
reports required by section 4731.251 of the Revised Code. 596

Sec. 4731.253. In the absence of fraud or bad faith, no 597
monitoring organization that conducts a program established 598
under section 4731.251 of the Revised Code and no agent, 599
employee, member, or representative of such organization shall 600
be liable in damages in a civil action or subject to criminal 601

prosecution for performing any of the duties required by that 602
section, the contract with the state medical board, or section 603
4731.252 of the Revised Code. 604

Sec. 4760.16. (A) Within sixty days after the imposition 605
of any formal disciplinary action taken by any health care 606
facility, including a hospital, health care facility operated by 607
an insuring corporation, ambulatory surgical facility, or 608
similar facility, against any individual holding a valid 609
certificate to practice as an anesthesiologist assistant, the 610
chief administrator or executive officer of the facility shall 611
report to the state medical board the name of the individual, 612
the action taken by the facility, and a summary of the 613
underlying facts leading to the action taken. On request, the 614
board shall be provided certified copies of the patient records 615
that were the basis for the facility's action. Prior to release 616
to the board, the summary shall be approved by the peer review 617
committee that reviewed the case or by the governing board of 618
the facility. 619

The filing of a report with the board or decision not to 620
file a report, investigation by the board, or any disciplinary 621
action taken by the board, does not preclude a health care 622
facility from taking disciplinary action against an 623
anesthesiologist assistant. 624

In the absence of fraud or bad faith, no individual or 625
entity that provides patient records to the board shall be 626
liable in damages to any person as a result of providing the 627
records. 628

(B) ~~An~~ (1) Except as provided in division (B) (2) of this 629
section, an anesthesiologist assistant, professional association 630
or society of anesthesiologist assistants, physician, or 631

professional association or society of physicians that believes 632
a violation of any provision of this chapter, Chapter 4731. of 633
the Revised Code, or rule of the board has occurred shall report 634
to the board the information on which the belief is based. ~~This~~ 635
~~division does not require any treatment provider approved by the~~ 636
~~board under section 4731.25 of the Revised Code or any employee,~~ 637
~~agent, or representative of such a provider to make reports with~~ 638
~~respect to an anesthesiologist assistant participating in~~ 639
~~treatment or aftercare for substance abuse as long as the~~ 640
~~anesthesiologist assistant maintains participation in accordance~~ 641
~~with the requirements of section 4731.25 of the Revised Code and~~ 642
~~the treatment provider or employee, agent, or representative of~~ 643
~~the provider has no reason to believe that the anesthesiologist~~ 644
~~assistant has violated any provision of this chapter or rule~~ 645
~~adopted under it, other than being impaired by alcohol, drugs,~~ 646
~~or other substances. This division does not require reporting by~~ 647
~~any member of an impaired practitioner committee established by~~ 648
~~a health care facility or by any representative or agent of a~~ 649
~~committee or program sponsored by a professional association or~~ 650
~~society of anesthesiologist assistants to provide peer~~ 651
~~assistance to anesthesiologist assistants with substance abuse~~ 652
~~problems with respect to an anesthesiologist assistant who has~~ 653
~~been referred for examination to a treatment program approved by~~ 654
~~the board under section 4731.25 of the Revised Code if the~~ 655
~~anesthesiologist assistant cooperates with the referral for~~ 656
~~examination and with any determination that the anesthesiologist~~ 657
~~assistant should enter treatment and as long as the committee~~ 658
~~member, representative, or agent has no reason to believe that~~ 659
~~the anesthesiologist assistant has ceased to participate in the~~ 660
~~treatment program in accordance with section 4731.25 of the~~ 661
~~Revised Code or has violated any provision of this chapter or~~ 662
~~rule adopted under it, other than being impaired by alcohol,~~ 663

~~drugs, or other substances.~~

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(2) An anesthesiologist assistant, professional association or society of anesthesiologist assistants, physician, or professional association or society of physicians that believes that a violation of division (B)(6) of section 4760.13 of the Revised Code has occurred shall report the information upon which the belief is based to the monitoring organization conducting the program established by the board under section 4731.251 of the Revised Code. If any such report is made to the board, it shall be referred to the monitoring organization unless the board is aware that the individual who is the subject of the report does not meet the program eligibility requirements of section 4731.252 of the Revised Code.

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

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The filing of a report with the board or decision not to file a report, investigation by the board, or any disciplinary action taken by the board, does not preclude a professional organization from taking disciplinary action against an anesthesiologist assistant.

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(D) Any insurer providing professional liability insurance to any person holding a valid certificate to practice as an

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anesthesiologist assistant or any other entity that seeks to 694
indemnify the professional liability of an anesthesiologist 695
assistant shall notify the board within thirty days after the 696
final disposition of any written claim for damages where such 697
disposition results in a payment exceeding twenty-five thousand 698
dollars. The notice shall contain the following information: 699

(1) The name and address of the person submitting the 700
notification; 701

(2) The name and address of the insured who is the subject 702
of the claim; 703

(3) The name of the person filing the written claim; 704

(4) The date of final disposition; 705

(5) If applicable, the identity of the court in which the 706
final disposition of the claim took place. 707

(E) The board may investigate possible violations of this 708
chapter or the rules adopted under it that are brought to its 709
attention as a result of the reporting requirements of this 710
section, except that the board shall conduct an investigation if 711
a possible violation involves repeated malpractice. As used in 712
this division, "repeated malpractice" means three or more claims 713
for malpractice within the previous five-year period, each 714
resulting in a judgment or settlement in excess of twenty-five 715
thousand dollars in favor of the claimant, and each involving 716
negligent conduct by the anesthesiologist assistant. 717

(F) All summaries, reports, and records received and 718
maintained by the board pursuant to this section shall be held 719
in confidence and shall not be subject to discovery or 720
introduction in evidence in any federal or state civil action 721
involving an anesthesiologist assistant, supervising physician, 722

or health care facility arising out of matters that are the 723
subject of the reporting required by this section. The board may 724
use the information obtained only as the basis for an 725
investigation, as evidence in a disciplinary hearing against an 726
anesthesiologist assistant or supervising physician, or in any 727
subsequent trial or appeal of a board action or order. 728

The board may disclose the summaries and reports it 729
receives under this section only to health care facility 730
committees within or outside this state that are involved in 731
credentialing or recredentialing an anesthesiologist assistant 732
or supervising physician or reviewing their privilege to 733
practice within a particular facility. The board shall indicate 734
whether or not the information has been verified. Information 735
transmitted by the board shall be subject to the same 736
confidentiality provisions as when maintained by the board. 737

(G) Except for reports filed by an individual pursuant to 738
division (B) of this section, the board shall send a copy of any 739
reports or summaries it receives pursuant to this section to the 740
anesthesiologist assistant. The anesthesiologist assistant shall 741
have the right to file a statement with the board concerning the 742
correctness or relevance of the information. The statement shall 743
at all times accompany that part of the record in contention. 744

(H) An individual or entity that reports to the board, 745
reports to the monitoring organization described in section 746
4731.251 of the Revised Code, or refers an impaired 747
anesthesiologist assistant to a treatment provider approved by 748
the board under section 4731.25 of the Revised Code shall not be 749
subject to suit for civil damages as a result of the report, 750
referral, or provision of the information. 751

(I) In the absence of fraud or bad faith, a professional 752

association or society of anesthesiologist assistants that 753
sponsors a committee or program to provide peer assistance to an 754
anesthesiologist assistant with substance abuse problems, a 755
representative or agent of such a committee or program, a 756
representative or agent of the monitoring organization described 757
in section 4731.251 of the Revised Code, and a member of the 758
state medical board shall not be held liable in damages to any 759
person by reason of actions taken to refer an anesthesiologist 760
assistant to a treatment provider approved under section 4731.25 761
of the Revised Code for examination or treatment. 762

Sec. 4762.16. (A) Within sixty days after the imposition 763
of any formal disciplinary action taken by any health care 764
facility, including a hospital, health care facility operated by 765
a health insuring corporation, ambulatory surgical center, or 766
similar facility, against any individual holding a valid 767
certificate to practice as an oriental medicine practitioner or 768
valid certificate to practice as an acupuncturist, the chief 769
administrator or executive officer of the facility shall report 770
to the state medical board the name of the individual, the 771
action taken by the facility, and a summary of the underlying 772
facts leading to the action taken. Upon request, the board shall 773
be provided certified copies of the patient records that were 774
the basis for the facility's action. Prior to release to the 775
board, the summary shall be approved by the peer review 776
committee that reviewed the case or by the governing board of 777
the facility. 778

The filing of a report with the board or decision not to 779
file a report, investigation by the board, or any disciplinary 780
action taken by the board, does not preclude a health care 781
facility from taking disciplinary action against an oriental 782
medicine practitioner or acupuncturist. 783

In the absence of fraud or bad faith, no individual or 784
entity that provides patient records to the board shall be 785
liable in damages to any person as a result of providing the 786
records. 787

~~(B) An (1) Except as provided in division (B) (2) of this 788
section, an oriental medicine practitioner or acupuncturist, 789
professional association or society of oriental medicine 790
practitioners or acupuncturists, physician, or professional 791
association or society of physicians that believes a violation 792
of any provision of this chapter, Chapter 4731. of the Revised 793
Code, or rule of the board has occurred shall report to the 794
board the information upon which the belief is based. This 795
division does not require any treatment provider approved by the 796
board under section 4731.25 of the Revised Code or any employee, 797
agent, or representative of such a provider to make reports with 798
respect to an oriental medicine practitioner or acupuncturist 799
participating in treatment or aftercare for substance abuse as 800
long as the practitioner or acupuncturist maintains 801
participation in accordance with the requirements of section 802
4731.25 of the Revised Code and the treatment provider or 803
employee, agent, or representative of the provider has no reason 804
to believe that the practitioner or acupuncturist has violated 805
any provision of this chapter or rule adopted under it, other 806
than being impaired by alcohol, drugs, or other substances. This 807
division does not require reporting by any member of an impaired 808
practitioner committee established by a health care facility or 809
by any representative or agent of a committee or program 810
sponsored by a professional association or society of oriental 811
medicine practitioners or acupuncturists to provide peer 812
assistance to oriental medicine practitioners or acupuncturists 813
with substance abuse problems with respect to an oriental 814~~

~~medicine practitioner or acupuncturist who has been referred for~~ 815
~~examination to a treatment program approved by the board under~~ 816
~~section 4731.25 of the Revised Code if the individual cooperates~~ 817
~~with the referral for examination and with any determination~~ 818
~~that the individual should enter treatment and as long as the~~ 819
~~committee member, representative, or agent has no reason to~~ 820
~~believe that the individual has ceased to participate in the~~ 821
~~treatment program in accordance with section 4731.25 of the~~ 822
~~Revised Code or has violated any provision of this chapter or~~ 823
~~rule adopted under it, other than being impaired by alcohol,~~ 824
~~drugs, or other substances.~~ 825

(2) An oriental medicine practitioner or acupuncturist, 826
professional association or society of oriental medicine 827
practitioners or acupuncturists, physician, or professional 828
association or society of physicians that believes a violation 829
of division (B) (6) of section 4762.13 of the Revised Code has 830
occurred shall report the information upon which the belief is 831
based to the monitoring organization conducting the program 832
established by the board under section 4731.251 of the Revised 833
Code. If any such report is made to the board, it shall be 834
referred to the monitoring organization unless the board is 835
aware that the individual who is the subject of the report does 836
not meet the program eligibility requirements of section 837
4731.252 of the Revised Code. 838

(C) Any professional association or society composed 839
primarily of oriental medicine practitioners or acupuncturists 840
that suspends or revokes an individual's membership for 841
violations of professional ethics, or for reasons of 842
professional incompetence or professional malpractice, within 843
sixty days after a final decision, shall report to the board, on 844
forms prescribed and provided by the board, the name of the 845

individual, the action taken by the professional organization, 846
and a summary of the underlying facts leading to the action 847
taken. 848

The filing of a report with the board or decision not to 849
file a report, investigation by the board, or any disciplinary 850
action taken by the board, does not preclude a professional 851
organization from taking disciplinary action against an 852
individual. 853

(D) Any insurer providing professional liability insurance 854
to any person holding a valid certificate to practice as an 855
oriental medicine practitioner or valid certificate to practice 856
as an acupuncturist or any other entity that seeks to indemnify 857
the professional liability of an oriental medicine practitioner 858
or acupuncturist shall notify the board within thirty days after 859
the final disposition of any written claim for damages where 860
such disposition results in a payment exceeding twenty-five 861
thousand dollars. The notice shall contain the following 862
information: 863

(1) The name and address of the person submitting the 864
notification; 865

(2) The name and address of the insured who is the subject 866
of the claim; 867

(3) The name of the person filing the written claim; 868

(4) The date of final disposition; 869

(5) If applicable, the identity of the court in which the 870
final disposition of the claim took place. 871

(E) The board may investigate possible violations of this 872
chapter or the rules adopted under it that are brought to its 873

attention as a result of the reporting requirements of this 874
section, except that the board shall conduct an investigation if 875
a possible violation involves repeated malpractice. As used in 876
this division, "repeated malpractice" means three or more claims 877
for malpractice within the previous five-year period, each 878
resulting in a judgment or settlement in excess of twenty-five 879
thousand dollars in favor of the claimant, and each involving 880
negligent conduct by the oriental medicine practitioner or 881
acupuncturist. 882

(F) All summaries, reports, and records received and 883
maintained by the board pursuant to this section shall be held 884
in confidence and shall not be subject to discovery or 885
introduction in evidence in any federal or state civil action 886
involving an oriental medicine practitioner, acupuncturist, 887
supervising physician, or health care facility arising out of 888
matters that are the subject of the reporting required by this 889
section. The board may use the information obtained only as the 890
basis for an investigation, as evidence in a disciplinary 891
hearing against an oriental medicine practitioner, 892
acupuncturist, or supervising physician, or in any subsequent 893
trial or appeal of a board action or order. 894

The board may disclose the summaries and reports it 895
receives under this section only to health care facility 896
committees within or outside this state that are involved in 897
credentialing or recredentialing an oriental medicine 898
practitioner, acupuncturist, or supervising physician or 899
reviewing their privilege to practice within a particular 900
facility. The board shall indicate whether or not the 901
information has been verified. Information transmitted by the 902
board shall be subject to the same confidentiality provisions as 903
when maintained by the board. 904

(G) Except for reports filed by an individual pursuant to 905
division (B) of this section, the board shall send a copy of any 906
reports or summaries it receives pursuant to this section to the 907
acupuncturist. The oriental medicine practitioner or 908
acupuncturist shall have the right to file a statement with the 909
board concerning the correctness or relevance of the 910
information. The statement shall at all times accompany that 911
part of the record in contention. 912

(H) An individual or entity that reports to the board, 913
reports to the monitoring organization described in section 914
4731.251 of the Revised Code, or refers an impaired oriental 915
medicine practitioner or impaired acupuncturist to a treatment 916
provider approved by the board under section 4731.25 of the 917
Revised Code shall not be subject to suit for civil damages as a 918
result of the report, referral, or provision of the information. 919

(I) In the absence of fraud or bad faith, a professional 920
association or society of oriental medicine practitioners or 921
acupuncturists that sponsors a committee or program to provide 922
peer assistance to an oriental medicine practitioner or 923
acupuncturist with substance abuse problems, a representative or 924
agent of such a committee or program, a representative or agent 925
of the monitoring organization described in section 4731.251 of 926
the Revised Code, and a member of the state medical board shall 927
not be held liable in damages to any person by reason of actions 928
taken to refer an oriental medicine practitioner or 929
acupuncturist to a treatment provider approved under section 930
4731.25 of the Revised Code for examination or treatment. 931

Sec. 4774.16. (A) Within sixty days after the imposition 932
of any formal disciplinary action taken by any health care 933
facility, including a hospital, health care facility operated by 934

a health insuring corporation, ambulatory surgical facility, or 935
similar facility, against any individual holding a valid 936
certificate to practice as a radiologist assistant, the chief 937
administrator or executive officer of the facility shall report 938
to the state medical board the name of the individual, the 939
action taken by the facility, and a summary of the underlying 940
facts leading to the action taken. On request, the board shall 941
be provided certified copies of the patient records that were 942
the basis for the facility's action. Prior to release to the 943
board, the summary shall be approved by the peer review 944
committee that reviewed the case or by the governing board of 945
the facility. 946

The filing of a report with the board or decision not to 947
file a report, investigation by the board, or any disciplinary 948
action taken by the board, does not preclude a health care 949
facility from taking disciplinary action against a radiologist 950
assistant. 951

In the absence of fraud or bad faith, no individual or 952
entity that provides patient records to the board shall be 953
liable in damages to any person as a result of providing the 954
records. 955

(B) ~~A~~(1) Except as provided in division (B) (2) of this 956
section, a radiologist assistant, professional association or 957
society of radiologist assistants, physician, or professional 958
association or society of physicians that believes a violation 959
of any provision of this chapter, Chapter 4731. of the Revised 960
Code, or rule of the board has occurred shall report to the 961
board the information on which the belief is based. ~~This~~ 962
division does not require any treatment provider approved by the 963
board under section 4731.25 of the Revised Code or any employee, 964

~~agent, or representative of such a provider to make reports with- 965
respect to a radiologist assistant participating in treatment or 966
aftercare for substance abuse as long as the radiologist 967
assistant maintains participation in accordance with the 968
requirements of section 4731.25 of the Revised Code and the 969
treatment provider or employee, agent, or representative of the 970
provider has no reason to believe that the radiologist assistant 971
has violated any provision of this chapter or rule adopted under 972
it, other than being impaired by alcohol, drugs, or other 973
substances. This division does not require reporting by any 974
member of an impaired practitioner committee established by a 975
health care facility or by any representative or agent of a 976
committee or program sponsored by a professional association or 977
society of radiologist assistants to provide peer assistance to 978
radiologist assistants with substance abuse problems with 979
respect to a radiologist assistant who has been referred for 980
examination to a treatment program approved by the board under 981
section 4731.25 of the Revised Code if the radiologist assistant 982
cooperates with the referral for examination and with any 983
determination that the radiologist assistant should enter 984
treatment and as long as the committee member, representative, 985
or agent has no reason to believe that the radiologist assistant 986
has ceased to participate in the treatment program in accordance 987
with section 4731.25 of the Revised Code or has violated any 988
provision of this chapter or rule adopted under it, other than 989
being impaired by alcohol, drugs, or other substances. 990~~

(2) A radiologist assistant, professional association or 991
society of radiologist assistants, physician, or professional 992
association or society of physicians that believes a violation 993
of division (B) (6) of section 4774.13 of the Revised Code has 994
occurred shall report the information upon which the belief is 995

based to the monitoring organization conducting the program 996
established by the board under section 4731.251 of the Revised 997
Code. If any such report is made to the board, it shall be 998
referred to the monitoring organization unless the board is 999
aware that the individual who is the subject of the report does 1000
not meet the program eligibility requirements of section 1001
4731.252 of the Revised Code. 1002

(C) Any professional association or society composed 1003
primarily of radiologist assistants that suspends or revokes an 1004
individual's membership for violations of professional ethics, 1005
or for reasons of professional incompetence or professional 1006
malpractice, within sixty days after a final decision, shall 1007
report to the board, on forms prescribed and provided by the 1008
board, the name of the individual, the action taken by the 1009
professional organization, and a summary of the underlying facts 1010
leading to the action taken. 1011

The filing of a report with the board or decision not to 1012
file a report, investigation by the board, or any disciplinary 1013
action taken by the board, does not preclude a professional 1014
organization from taking disciplinary action against a 1015
radiologist assistant. 1016

(D) Any insurer providing professional liability insurance 1017
to any person holding a valid certificate to practice as a 1018
radiologist assistant or any other entity that seeks to 1019
indemnify the professional liability of a radiologist assistant 1020
shall notify the board within thirty days after the final 1021
disposition of any written claim for damages where such 1022
disposition results in a payment exceeding twenty-five thousand 1023
dollars. The notice shall contain the following information: 1024

(1) The name and address of the person submitting the 1025

notification;	1026
(2) The name and address of the insured who is the subject of the claim;	1027 1028
(3) The name of the person filing the written claim;	1029
(4) The date of final disposition;	1030
(5) If applicable, the identity of the court in which the final disposition of the claim took place.	1031 1032
(E) The board may investigate possible violations of this chapter or the rules adopted under it that are brought to its attention as a result of the reporting requirements of this section, except that the board shall conduct an investigation if a possible violation involves repeated malpractice. As used in this division, "repeated malpractice" means three or more claims for malpractice within the previous five-year period, each resulting in a judgment or settlement in excess of twenty-five thousand dollars in favor of the claimant, and each involving negligent conduct by the radiologist assistant.	1033 1034 1035 1036 1037 1038 1039 1040 1041 1042
(F) All summaries, reports, and records received and maintained by the board pursuant to this section shall be held in confidence and shall not be subject to discovery or introduction in evidence in any federal or state civil action involving a radiologist assistant, supervising physician, or health care facility arising out of matters that are the subject of the reporting required by this section. The board may use the information obtained only as the basis for an investigation, as evidence in a disciplinary hearing against a radiologist assistant or supervising radiologist, or in any subsequent trial or appeal of a board action or order.	1043 1044 1045 1046 1047 1048 1049 1050 1051 1052 1053
The board may disclose the summaries and reports it	1054

receives under this section only to health care facility 1055
committees within or outside this state that are involved in 1056
credentialing or recredentialing a radiologist assistant or 1057
supervising radiologist or reviewing their privilege to practice 1058
within a particular facility. The board shall indicate whether 1059
or not the information has been verified. Information 1060
transmitted by the board shall be subject to the same 1061
confidentiality provisions as when maintained by the board. 1062

(G) Except for reports filed by an individual pursuant to 1063
division (B) of this section, the board shall send a copy of any 1064
reports or summaries it receives pursuant to this section to the 1065
radiologist assistant. The radiologist assistant shall have the 1066
right to file a statement with the board concerning the 1067
correctness or relevance of the information. The statement shall 1068
at all times accompany that part of the record in contention. 1069

(H) An individual or entity that reports to the board, 1070
reports to the monitoring organization described in section 1071
4731.251 of the Revised Code, or refers an impaired radiologist 1072
assistant to a treatment provider approved by the board under 1073
section 4731.25 of the Revised Code shall not be subject to suit 1074
for civil damages as a result of the report, referral, or 1075
provision of the information. 1076

(I) In the absence of fraud or bad faith, a professional 1077
association or society of radiologist assistants that sponsors a 1078
committee or program to provide peer assistance to a radiologist 1079
assistant with substance abuse problems, a representative or 1080
agent of such a committee or program, a representative or agent 1081
of the monitoring organization described in section 4731.251 of 1082
the Revised Code, and a member of the state medical board shall 1083
not be held liable in damages to any person by reason of actions 1084

taken to refer a radiologist assistant to a treatment provider 1085
approved under section 4731.25 of the Revised Code for 1086
examination or treatment. 1087

Sec. 4778.17. A genetic counselor, professional 1088
association or society of genetic counselors, physician, or 1089
professional association or society of physicians that believes 1090
a violation of division (B)(6) of section 4778.14 of the Revised 1091
Code has occurred shall report the information upon which the 1092
belief is based to the monitoring organization conducting the 1093
program established by the state medical board under section 1094
4731.251 of the Revised Code. If any such report is made to the 1095
board, it shall be referred to the monitoring organization 1096
unless the board is aware that the individual who is the subject 1097
of the report does not meet the program eligibility requirements 1098
of section 4731.252 of the Revised Code. 1099

An individual or entity that reports to the board, reports 1100
to the monitoring organization described in section 4731.251 of 1101
the Revised Code, or refers an impaired genetic counselor to a 1102
treatment provider approved by the board under section 4731.25 1103
of the Revised Code shall not be subject to suit for civil 1104
damages as a result of the report, referral, or provision of the 1105
information. 1106

In the absence of fraud or bad faith, a professional 1107
association or society of genetic counselors that sponsors a 1108
committee or program to provide peer assistance to a genetic 1109
counselor with substance abuse problems, a representative or 1110
agent of such a committee or program, a representative or agent 1111
of the monitoring organization described in section 4731.251 of 1112
the Revised Code, and a member of the state medical board shall 1113
not be held liable in damages to any person by reason of actions 1114

taken to refer a genetic counselor to a treatment provider 1115
approved under section 4731.25 of the Revised Code for 1116
examination or treatment. 1117

Section 2. That existing sections 4730.32, 4731.224, 1118
4731.25, 4760.16, 4762.16, and 4774.16 of the Revised Code are 1119
hereby repealed. 1120

Section 3. This act is hereby declared to be an emergency 1121
measure necessary for the immediate preservation of the public 1122
peace, health, and safety. The reason for such necessity is that 1123
impaired practitioners present significant risks to the health 1124
and safety of patients in this state and improved access to 1125
substance abuse treatment for those practitioners greatly 1126
decreases those risks. Therefore, this act shall go into 1127
immediate effect. 1128