

**As Introduced**

**132nd General Assembly**

**Regular Session**

**2017-2018**

**H. B. No. 258**

**Representatives Hagan, Hood**

**Cosponsors: Representatives Wiggam, Romanchuk, Ginter, Patton, Patmon, Lanese, Brinkman, Blessing, DeVitis, Roegner, Slaby, Henne, Butler, Antani, Merrin, Schuring, Retherford, Conditt, Keller, Zeltwanger, Stein, Young, Becker, Green, Brenner, Hambley, Kick, Householder, Perales, Dean, LaTourette, Schaffer, Koehler, Huffman, McColley, Riedel, Sprague, Vitale, Pelanda, Goodman, Johnson, Speaker Rosenberger, Representatives Smith, R., Thompson, Landis, Faber, Hill, Lipps**

---

**A BILL**

To amend sections 2317.56, 2919.171, 2919.19, 1  
2919.191, 2919.192, 2919.193, and 4731.22; to 2  
amend, for the purpose of adopting new section 3  
numbers as indicated in parentheses, sections 4  
2919.191 (2919.192), 2919.192 (2919.194), and 5  
2919.193 (2919.198); and to enact new sections 6  
2919.191 and 2919.193 and sections 2919.195, 7  
2919.196, 2919.197, 2919.199, 2919.1910, and 8  
2919.1911 of the Revised Code to generally 9  
prohibit an abortion of an unborn human 10  
individual with a detectable heartbeat and to 11  
create the Joint Legislative Committee on 12  
Adoption Promotion and Support. 13

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

**Section 1.** That sections 2317.56, 2919.171, 2919.19, 14

2919.191, 2919.192, 2919.193, and 4731.22 be amended; sections 15  
2919.191 (2919.192), 2919.192 (2919.194), and 2919.193 16  
(2919.198) be amended for the purpose of adopting new section 17  
numbers as shown in parentheses; and new sections 2919.191 and 18  
2919.193 and sections 2919.195, 2919.196, 2919.197, 2919.199, 19  
2919.1910, and 2919.1911 of the Revised Code be enacted to read 20  
as follows: 21

**Sec. 2317.56.** (A) As used in this section: 22

(1) "Medical emergency" has the same meaning as in section 23  
2919.16 of the Revised Code. 24

(2) "Medical necessity" means a medical condition of a 25  
pregnant woman that, in the reasonable judgment of the physician 26  
who is attending the woman, so complicates the pregnancy that it 27  
necessitates the immediate performance or inducement of an 28  
abortion. 29

(3) "Probable gestational age of the embryo or fetus" 30  
means the gestational age that, in the judgment of a physician, 31  
is, with reasonable probability, the gestational age of the 32  
embryo or fetus at the time that the physician informs a 33  
pregnant woman pursuant to division (B) (1) (b) of this section. 34

(B) Except when there is a medical emergency or medical 35  
necessity, an abortion shall be performed or induced only if all 36  
of the following conditions are satisfied: 37

(1) At least twenty-four hours prior to the performance or 38  
inducement of the abortion, a physician meets with the pregnant 39  
woman in person in an individual, private setting and gives her 40  
an adequate opportunity to ask questions about the abortion that 41  
will be performed or induced. At this meeting, the physician 42  
shall inform the pregnant woman, verbally or, if she is hearing 43

impaired, by other means of communication, of all of the 44  
following: 45

(a) The nature and purpose of the particular abortion 46  
procedure to be used and the medical risks associated with that 47  
procedure; 48

(b) The probable gestational age of the embryo or fetus; 49

(c) The medical risks associated with the pregnant woman 50  
carrying the pregnancy to term. 51

The meeting need not occur at the facility where the 52  
abortion is to be performed or induced, and the physician 53  
involved in the meeting need not be affiliated with that 54  
facility or with the physician who is scheduled to perform or 55  
induce the abortion. 56

(2) At least twenty-four hours prior to the performance or 57  
inducement of the abortion, the physician who is to perform or 58  
induce the abortion or the physician's agent does each of the 59  
following in person, by telephone, by certified mail, return 60  
receipt requested, or by regular mail evidenced by a certificate 61  
of mailing: 62

(a) Inform the pregnant woman of the name of the physician 63  
who is scheduled to perform or induce the abortion; 64

(b) Give the pregnant woman copies of the published 65  
materials described in division (C) of this section; 66

(c) Inform the pregnant woman that the materials given 67  
pursuant to division (B) (2) (b) of this section are published by 68  
the state and that they describe the embryo or fetus and list 69  
agencies that offer alternatives to abortion. The pregnant woman 70  
may choose to examine or not to examine the materials. A 71

physician or an agent of a physician may choose to be 72  
disassociated from the materials and may choose to comment or 73  
not comment on the materials. 74

(3) If it has been determined that the unborn human 75  
individual the pregnant woman is carrying has a detectable fetal 76  
heartbeat, the physician who is to perform or induce the 77  
abortion shall comply with the informed consent requirements in 78  
section ~~2919.192~~2919.194 of the Revised Code in addition to 79  
complying with the informed consent requirements in divisions 80  
(B) (1), (2), (4), and (5) of this section. 81

(4) Prior to the performance or inducement of the 82  
abortion, the pregnant woman signs a form consenting to the 83  
abortion and certifies both of the following on that form: 84

(a) She has received the information and materials 85  
described in divisions (B) (1) and (2) of this section, and her 86  
questions about the abortion that will be performed or induced 87  
have been answered in a satisfactory manner. 88

(b) She consents to the particular abortion voluntarily, 89  
knowingly, intelligently, and without coercion by any person, 90  
and she is not under the influence of any drug of abuse or 91  
alcohol. 92

The form shall contain the name and contact information of 93  
the physician who provided to the pregnant woman the information 94  
described in division (B) (1) of this section. 95

(5) Prior to the performance or inducement of the 96  
abortion, the physician who is scheduled to perform or induce 97  
the abortion or the physician's agent receives a copy of the 98  
pregnant woman's signed form on which she consents to the 99  
abortion and that includes the certification required by 100

division (B) (4) of this section. 101

(C) The department of health shall publish in English and 102  
in Spanish, in a typeface large enough to be clearly legible, 103  
and in an easily comprehensible format, the following materials 104  
on the department's web site: 105

(1) Materials that inform the pregnant woman about family 106  
planning information, of publicly funded agencies that are 107  
available to assist in family planning, and of public and 108  
private agencies and services that are available to assist her 109  
through the pregnancy, upon childbirth, and while the child is 110  
dependent, including, but not limited to, adoption agencies. The 111  
materials shall be geographically indexed; include a 112  
comprehensive list of the available agencies, a description of 113  
the services offered by the agencies, and the telephone numbers 114  
and addresses of the agencies; and inform the pregnant woman 115  
about available medical assistance benefits for prenatal care, 116  
childbirth, and neonatal care and about the support obligations 117  
of the father of a child who is born alive. The department shall 118  
ensure that the materials described in division (C) (1) of this 119  
section are comprehensive and do not directly or indirectly 120  
promote, exclude, or discourage the use of any agency or service 121  
described in this division. 122

(2) Materials that inform the pregnant woman of the 123  
probable anatomical and physiological characteristics of the 124  
zygote, blastocyte, embryo, or fetus at two-week gestational 125  
increments for the first sixteen weeks of pregnancy and at four- 126  
week gestational increments from the seventeenth week of 127  
pregnancy to full term, including any relevant information 128  
regarding the time at which the fetus possibly would be viable. 129  
The department shall cause these materials to be published only 130

after it consults with the Ohio state medical association and 131  
the Ohio section of the American college of obstetricians and 132  
gynecologists relative to the probable anatomical and 133  
physiological characteristics of a zygote, blastocyte, embryo, 134  
or fetus at the various gestational increments. The materials 135  
shall use language that is understandable by the average person 136  
who is not medically trained, shall be objective and 137  
nonjudgmental, and shall include only accurate scientific 138  
information about the zygote, blastocyte, embryo, or fetus at 139  
the various gestational increments. If the materials use a 140  
pictorial, photographic, or other depiction to provide 141  
information regarding the zygote, blastocyte, embryo, or fetus, 142  
the materials shall include, in a conspicuous manner, a scale or 143  
other explanation that is understandable by the average person 144  
and that can be used to determine the actual size of the zygote, 145  
blastocyte, embryo, or fetus at a particular gestational 146  
increment as contrasted with the depicted size of the zygote, 147  
blastocyte, embryo, or fetus at that gestational increment. 148

(D) Upon the submission of a request to the department of 149  
health by any person, hospital, physician, or medical facility 150  
for one copy of the materials published in accordance with 151  
division (C) of this section, the department shall make the 152  
requested copy of the materials available to the person, 153  
hospital, physician, or medical facility that requested the 154  
copy. 155

(E) If a medical emergency or medical necessity compels 156  
the performance or inducement of an abortion, the physician who 157  
will perform or induce the abortion, prior to its performance or 158  
inducement if possible, shall inform the pregnant woman of the 159  
medical indications supporting the physician's judgment that an 160  
immediate abortion is necessary. Any physician who performs or 161

induces an abortion without the prior satisfaction of the 162  
conditions specified in division (B) of this section because of 163  
a medical emergency or medical necessity shall enter the reasons 164  
for the conclusion that a medical emergency or medical necessity 165  
exists in the medical record of the pregnant woman. 166

(F) If the conditions specified in division (B) of this 167  
section are satisfied, consent to an abortion shall be presumed 168  
to be valid and effective. 169

(G) The performance or inducement of an abortion without 170  
the prior satisfaction of the conditions specified in division 171  
(B) of this section does not constitute, and shall not be 172  
construed as constituting, a violation of division (A) of 173  
section 2919.12 of the Revised Code. The failure of a physician 174  
to satisfy the conditions of division (B) of this section prior 175  
to performing or inducing an abortion upon a pregnant woman may 176  
be the basis of both of the following: 177

(1) A civil action for compensatory and exemplary damages 178  
as described in division (H) of this section; 179

(2) Disciplinary action under section 4731.22 of the 180  
Revised Code. 181

(H) (1) Subject to divisions (H) (2) and (3) of this 182  
section, any physician who performs or induces an abortion with 183  
actual knowledge that the conditions specified in division (B) 184  
of this section have not been satisfied or with a heedless 185  
indifference as to whether those conditions have been satisfied 186  
is liable in compensatory and exemplary damages in a civil 187  
action to any person, or the representative of the estate of any 188  
person, who sustains injury, death, or loss to person or 189  
property as a result of the failure to satisfy those conditions. 190

In the civil action, the court additionally may enter any 191  
injunctive or other equitable relief that it considers 192  
appropriate. 193

(2) The following shall be affirmative defenses in a civil 194  
action authorized by division (H)(1) of this section: 195

(a) The physician performed or induced the abortion under 196  
the circumstances described in division (E) of this section. 197

(b) The physician made a good faith effort to satisfy the 198  
conditions specified in division (B) of this section. 199

(3) An employer or other principal is not liable in 200  
damages in a civil action authorized by division (H)(1) of this 201  
section on the basis of the doctrine of respondeat superior 202  
unless either of the following applies: 203

(a) The employer or other principal had actual knowledge 204  
or, by the exercise of reasonable diligence, should have known 205  
that an employee or agent performed or induced an abortion with 206  
actual knowledge that the conditions specified in division (B) 207  
of this section had not been satisfied or with a heedless 208  
indifference as to whether those conditions had been satisfied. 209

(b) The employer or other principal negligently failed to 210  
secure the compliance of an employee or agent with division (B) 211  
of this section. 212

(4) Notwithstanding division (E) of section 2919.12 of the 213  
Revised Code, the civil action authorized by division (H)(1) of 214  
this section shall be the exclusive civil remedy for persons, or 215  
the representatives of estates of persons, who allegedly sustain 216  
injury, death, or loss to person or property as a result of a 217  
failure to satisfy the conditions specified in division (B) of 218  
this section. 219

(I) The department of job and family services shall 220  
prepare and conduct a public information program to inform women 221  
of all available governmental programs and agencies that provide 222  
services or assistance for family planning, prenatal care, child 223  
care, or alternatives to abortion. 224

**Sec. 2919.171.** (A) (1) A physician who performs or induces 225  
or attempts to perform or induce an abortion on a pregnant woman 226  
shall submit a report to the department of health in accordance 227  
with the forms, rules, and regulations adopted by the department 228  
that includes all of the information the physician is required 229  
to certify in writing or determine under ~~sections~~ section 230  
2919.17 ~~and~~, section 2919.18, divisions (A) and (C) of section 231  
2919.192, division (C) of section 2919.193, division (B) of 232  
section 2919.195, or division (A) of section 2919.196 of the 233  
Revised Code~~+~~. 234

(2) If a person other than the physician described in 235  
division (A) (1) of this section makes or maintains a record 236  
required by sections 2919.192 to 2919.196 of the Revised Code on 237  
the physician's behalf or at the physician's direction, that 238  
person shall comply with the reporting requirement described in 239  
division (A) (1) of this section as if the person were the 240  
physician described in that division. 241

(B) By September 30 of each year, the department of health 242  
shall issue a public report that provides statistics for the 243  
previous calendar year compiled from all of the reports covering 244  
that calendar year submitted to the department in accordance 245  
with this section for each of the items listed in division (A) 246  
of this section. The report shall also provide the statistics 247  
for each previous calendar year in which a report was filed with 248  
the department pursuant to this section, adjusted to reflect any 249

additional information that a physician provides to the 250  
department in a late or corrected report. The department shall 251  
ensure that none of the information included in the report could 252  
reasonably lead to the identification of any pregnant woman upon 253  
whom an abortion is performed. 254

(C) (1) The physician shall submit the report described in 255  
division (A) of this section to the department of health within 256  
fifteen days after the woman is discharged. If the physician 257  
fails to submit the report more than thirty days after that 258  
fifteen-day deadline, the physician shall be subject to a late 259  
fee of five hundred dollars for each additional thirty-day 260  
period or portion of a thirty-day period the report is overdue. 261  
A physician who is required to submit to the department of 262  
health a report under division (A) of this section and who has 263  
not submitted a report or has submitted an incomplete report 264  
more than one year following the fifteen-day deadline may, in an 265  
action brought by the department of health, be directed by a 266  
court of competent jurisdiction to submit a complete report to 267  
the department of health within a period of time stated in a 268  
court order or be subject to contempt of court. 269

(2) If a physician fails to comply with the requirements 270  
of this section, other than filing a late report with the 271  
department of health, or fails to submit a complete report to 272  
the department of health in accordance with a court order, the 273  
physician is subject to division (B) (44) of section 4731.22 of 274  
the Revised Code. 275

(3) No person shall falsify any report required under this 276  
section. Whoever violates this division is guilty of abortion 277  
report falsification, a misdemeanor of the first degree. 278

(D) ~~Within ninety days of October 20, 2011, the~~ The 279

department of health shall adopt rules pursuant to section 280  
111.15 of the Revised Code to assist in compliance with this 281  
section. 282

**Sec. 2919.19.** (A) As used in this section and sections 283  
2919.191 to ~~2919.193~~ 2919.1910 of the Revised Code: 284

~~(A)~~ (1) "Conception" means fertilization. 285

(2) "Contraceptive" means a drug, device, or chemical that 286  
prevents conception. 287

(3) "DNA" means deoxyribonucleic acid. 288

(4) "Fetal heartbeat" means cardiac activity or the steady 289  
and repetitive rhythmic contraction of the fetal heart within 290  
the gestational sac. 291

~~(B)~~ (5) "Fetus" means the human offspring developing 292  
during pregnancy from the moment of conception and includes the 293  
embryonic stage of development. 294

~~(C)~~ (6) "Gestational age" means the age of an unborn human 295  
individual as calculated from the first day of the last 296  
menstrual period of a pregnant woman. 297

~~(D)~~ (7) "Gestational sac" means the structure that 298  
comprises the extraembryonic membranes that envelop the fetus 299  
and that is typically visible by ultrasound after the fourth 300  
week of pregnancy. 301

~~(E)~~ (8) "Intrauterine pregnancy" means a pregnancy in 302  
which the fetus is attached to the placenta within the uterus of 303  
the pregnant woman. 304

(9) "Medical emergency" has the same meaning as in section 305  
2919.16 of the Revised Code. 306

~~(F)~~ (10) "Physician" has the same meaning as in section 307  
2305.113 of the Revised Code. 308

~~(G)~~ (11) "Pregnancy" means the human female reproductive 309  
condition that begins with fertilization, when the woman is 310  
carrying the developing human offspring, and that is calculated 311  
from the first day of the last menstrual period of the woman. 312

~~(H)~~ (12) "Serious risk of the substantial and irreversible 313  
impairment of a major bodily function" has the same meaning as 314  
in section 2919.16 of the Revised Code. 315

~~(I)~~ (13) "Spontaneous miscarriage" means the natural or 316  
accidental termination of a pregnancy and the expulsion of the 317  
fetus, typically caused by genetic defects in the fetus or 318  
physical abnormalities in the pregnant woman. 319

(14) "Standard medical practice" means the degree of 320  
skill, care, and diligence that a physician of the same medical 321  
specialty would employ in like circumstances. As applied to the 322  
method used to determine the presence of a fetal heartbeat for 323  
purposes of section ~~2919.191~~ 2919.192 of the Revised Code, 324  
"standard medical practice" includes employing the appropriate 325  
means of detection depending on the estimated gestational age of 326  
the fetus and the condition of the woman and her pregnancy. 327

~~(J)~~ (15) "Unborn human individual" means an individual 328  
organism of the species homo sapiens from fertilization until 329  
live birth. 330

(B) (1) It is the intent of the general assembly that a 331  
court judgment or order suspending enforcement of any provision 332  
of this section or sections 2919.171 or 2919.191 to 2919.1910 of 333  
the Revised Code is not to be regarded as tantamount to repeal 334  
of that provision. 335

(2) After the issuance of a decision by the supreme court 336  
of the United States overruling Roe v. Wade, 410 U.S. 113 337  
(1973), the issuance of any other court order or judgment 338  
restoring, expanding, or clarifying the authority of states to 339  
prohibit or regulate abortion entirely or in part, or the 340  
effective date of an amendment to the Constitution of the United 341  
States restoring, expanding, or clarifying the authority of 342  
states to prohibit or regulate abortion entirely or in part, the 343  
attorney general may apply to the pertinent state or federal 344  
court for either or both of the following: 345

(a) A declaration that any one or more sections specified 346  
in division (B) (1) of this section are constitutional; 347

(b) A judgment or order lifting an injunction against the 348  
enforcement of any one or more sections specified in division 349  
(B) (1) of this section. 350

(3) If the attorney general fails to apply for the relief 351  
described in division (B) (2) of this section within the thirty- 352  
day period after an event described in that division occurs, any 353  
county prosecutor may apply to the appropriate state or federal 354  
court for such relief. 355

(4) If any provision of this section or sections 2919.171 356  
or 2919.191 to 2919.1910 of the Revised Code is held invalid, or 357  
if the application of such provision to any person or 358  
circumstance is held invalid, the invalidity of that provision 359  
does not affect any other provisions or applications of this 360  
section and sections 2919.171 and 2919.191 to 2919.1910 of the 361  
Revised Code that can be given effect without the invalid 362  
provision or application, and to this end the provisions of this 363  
section and sections 2919.171 and 2919.191 to 2919.1910 of the 364  
Revised Code are severable as provided in section 1.50 of the 365

Revised Code. In particular, it is the intent of the general 366  
assembly that any invalidity or potential invalidity of a 367  
provision of this section or sections 2919.171 or 2919.191 to 368  
2919.1910 of the Revised Code is not to impair the immediate and 369  
continuing enforceability of the remaining provisions. It is 370  
furthermore the intent of the general assembly that the 371  
provisions of this section and sections 2919.171 or 2919.191 to 372  
2919.1910 of the Revised Code are not to have the effect of 373  
repealing or limiting any other laws of this state, except as 374  
specified by this section and sections 2919.171 and 2919.191 to 375  
2919.1910 of the Revised Code. 376

**Sec. 2919.191.** (A) The general assembly hereby declares 377  
that it finds, according to contemporary medical research, all 378  
of the following: 379

(1) As many as thirty per cent of natural pregnancies end 380  
in spontaneous miscarriage. 381

(2) Less than five per cent of all natural pregnancies end 382  
in spontaneous miscarriage after detection of fetal cardiac 383  
activity. 384

(3) Over ninety per cent of in vitro pregnancies survive 385  
the first trimester if cardiac activity is detected in the 386  
gestational sac. 387

(4) Nearly ninety per cent of in vitro pregnancies do not 388  
survive the first trimester where cardiac activity is not 389  
detected in the gestational sac. 390

(5) Fetal heartbeat, therefore, has become a key medical 391  
predictor that an unborn human individual will reach live birth. 392

(6) Cardiac activity begins at a biologically identifiable 393  
moment in time, normally when the fetal heart is formed in the 394

gestational sac. 395

(7) The state of Ohio has legitimate interests from the outset of the pregnancy in protecting the health of the woman and the life of an unborn human individual who may be born. 396  
397  
398

(8) In order to make an informed choice about whether to continue her pregnancy, the pregnant woman has a legitimate interest in knowing the likelihood of the fetus surviving to full-term birth based upon the presence of cardiac activity. 399  
400  
401  
402

(B) Sections 2919.192 to 2919.195 of the Revised Code apply only to intrauterine pregnancies. 403  
404

**Sec. ~~2919.191~~ 2919.192.** (A) A person who intends to 405  
perform or induce an abortion on a pregnant woman shall 406  
determine whether there is a detectable fetal heartbeat of the 407  
unborn human individual the pregnant woman is carrying. The 408  
method of determining the presence of a fetal heartbeat shall be 409  
consistent with the person's good faith understanding of 410  
standard medical practice, provided that if rules have been 411  
adopted under division ~~(C)~~ (B) of this section, the method 412  
chosen shall be one that is consistent with the rules. The 413  
person who determines the presence or absence of a fetal 414  
heartbeat shall record in the pregnant woman's medical record 415  
the estimated gestational age of the unborn human individual, 416  
the method used to test for a fetal heartbeat, the date and time 417  
of the test, and the results of the test. 418

~~(B) (1) Except when a medical emergency exists that prevents compliance with this division, no person shall perform or induce an abortion on a pregnant woman prior to determining if the unborn human individual the pregnant woman is carrying has a detectable fetal heartbeat. Any person who performs or~~ 419  
420  
421  
422  
423

~~induces an abortion on a pregnant woman based on the exception— 424  
in this division shall note in the pregnant woman's medical— 425  
records that a medical emergency necessitating the abortion— 426  
existed and shall also note the medical condition of the— 427  
pregnant woman that prevented compliance with this division. The— 428  
person shall maintain a copy of the notes described in this— 429  
division in the person's own records for at least seven years— 430  
after the notes are entered into the medical records. 431~~

~~(2) The person who performs the examination for the 432  
presence of a fetal heartbeat shall give the pregnant woman the 433  
option to view or hear the fetal heartbeat. 434~~

~~(C) (B) The director of health may promulgate adopt rules 435  
pursuant to section 111.15 of the Revised Code specifying the 436  
appropriate methods of performing an examination for the purpose 437  
of determining the presence of a fetal heartbeat of an unborn 438  
individual based on standard medical practice. The rules shall 439  
require only that an examination shall be performed externally. 440~~

~~(D) (C) A person is not in violation of division (A) ~~or~~ 441  
~~(B)~~ of this section if that person has performed an examination 442  
for the purpose of determining the presence of a fetal heartbeat 443  
in the fetus of an unborn human individual utilizing standard 444  
medical practice, that examination does not reveal a fetal 445  
heartbeat or the person has been informed by a physician who has 446  
performed the examination for a fetal heartbeat that the 447  
examination did not reveal a fetal heartbeat, and the person 448  
notes in the pregnant woman's medical records the procedure 449  
utilized to detect the presence of a fetal heartbeat. 450~~

~~(E) Except as provided in division (F) of this section, no 451  
person shall knowingly and purposefully perform or induce an 452  
abortion on a pregnant woman before determining in accordance 453~~

~~with division (A) of this section whether the unborn human individual the pregnant woman is carrying has a detectable heartbeat. The failure of a person to satisfy the requirements of this section prior to performing or inducing an abortion on a pregnant woman may be the basis for either of the following:~~ 454  
455  
456  
457  
458

~~(1) A civil action for compensatory and exemplary damages;~~ 459

~~(2) Disciplinary action under section 4731.22 of the Revised Code.~~ 460  
461

~~(F) Division (E) of this section does not apply to a physician who performs or induces the abortion if the physician believes that a medical emergency exists that prevents compliance with that division.~~ 462  
463  
464  
465

~~(G) The director of health may determine and specify in rules adopted pursuant to section 111.15 of the Revised Code and based upon available medical evidence the statistical probability of bringing an unborn human individual to term based on the gestational age of an unborn human individual who possesses a detectable fetal heartbeat.~~ 466  
467  
468  
469  
470  
471

~~(H) A woman on whom an abortion is performed in violation of division (B) of this section or division (B) (3) of section 2317.56 of the Revised Code may file a civil action for the wrongful death of the woman's unborn child and may receive at the mother's election at any time prior to final judgment damages in an amount equal to ten thousand dollars or an amount determined by the trier of fact after consideration of the evidence subject to the same defenses and requirements of proof, except any requirement of live birth, as would apply to a suit for the wrongful death of a child who had been born alive.~~ 472  
473  
474  
475  
476  
477  
478  
479  
480  
481

Sec. 2919.193. (A) Except as provided in division (B) of 482

this section, no person shall knowingly and purposefully perform 483  
or induce an abortion on a pregnant woman before determining in 484  
accordance with division (A) of section 2919.192 of the Revised 485  
Code whether the unborn human individual the pregnant woman is 486  
carrying has a detectable heartbeat. 487

Whoever violates this division is guilty of performing or 488  
inducing an abortion before determining whether there is a 489  
detectable fetal heartbeat, a felony of the fifth degree. A 490  
violation of this division may also be the basis of either of 491  
the following: 492

(1) A civil action for compensatory and exemplary damages; 493

(2) Disciplinary action under section 4731.22 of the 494  
Revised Code. 495

(B) Division (A) of this section does not apply to a 496  
physician who performs or induces the abortion if the physician 497  
believes that a medical emergency exists that prevents 498  
compliance with that division. 499

(C) A physician who performs or induces an abortion on a 500  
pregnant woman based on the exception in division (B) of this 501  
section shall make written notations in the pregnant woman's 502  
medical records of both of the following: 503

(1) The physician's belief that a medical emergency 504  
necessitating the abortion existed; 505

(2) The medical condition of the pregnant woman that 506  
assertedly prevented compliance with division (A) of this 507  
section. 508

For at least seven years from the date the notations are 509  
made, the physician shall maintain in the physician's own 510

records a copy of the notations. 511

(D) A person is not in violation of division (A) of this 512  
section if the person acts in accordance with division (A) of 513  
section 2919.192 of the Revised Code and the method used to 514  
determine the presence of a fetal heartbeat does not reveal a 515  
fetal heartbeat. 516

**Sec. ~~2919.192~~ 2919.194.** (A) If a person who intends to 517  
perform or induce an abortion on a pregnant woman has 518  
determined, under section ~~2919.191~~ 2919.192 of the Revised Code, 519  
that the unborn human individual the pregnant woman is carrying 520  
has a detectable heartbeat, the person shall not, except as 521  
provided in division (B) of this section, perform or induce the 522  
abortion until all of the following requirements have been met 523  
and at least twenty-four hours have elapsed after the last of 524  
the requirements is met: 525

(1) The person intending to perform or induce the abortion 526  
shall inform the pregnant woman in writing that the unborn human 527  
individual the pregnant woman is carrying has a fetal heartbeat. 528

(2) The person intending to perform or induce the abortion 529  
shall inform the pregnant woman, to the best of the person's 530  
knowledge, of the statistical probability of bringing the unborn 531  
human individual possessing a detectable fetal heartbeat to term 532  
based on the gestational age of the unborn human individual the 533  
pregnant woman is carrying or, if the director of health has 534  
specified statistical probability information pursuant to rules 535  
adopted under division (C) of this section, shall provide to the 536  
pregnant woman that information. 537

(3) The pregnant woman shall sign a form acknowledging 538  
that the pregnant woman has received information from the person 539

intending to perform or induce the abortion that the unborn 540  
human individual the pregnant woman is carrying has a fetal 541  
heartbeat and that the pregnant woman is aware of the 542  
statistical probability of bringing the unborn human individual 543  
the pregnant woman is carrying to term. 544

(B) Division (A) of this section does not apply if the 545  
person who intends to perform or induce the abortion believes 546  
that a medical emergency exists that prevents compliance with 547  
that division. 548

(C) The director of health may adopt rules that specify 549  
information regarding the statistical probability of bringing an 550  
unborn human individual possessing a detectable heartbeat to 551  
term based on the gestational age of the unborn human 552  
individual. The rules shall be based on available medical 553  
evidence and shall be adopted in accordance with section 111.15 554  
of the Revised Code. 555

(D) This section does not have the effect of repealing or 556  
limiting any other provision of the Revised Code relating to 557  
informed consent for an abortion, including the provisions in 558  
section 2317.56 of the Revised Code. 559

(E) Whoever violates division (A) of this section is 560  
guilty of performing or inducing an abortion without informed 561  
consent when there is a detectable fetal heartbeat, a 562  
misdemeanor of the first degree on a first offense and a felony 563  
of the fourth degree on each subsequent offense. 564

**Sec. 2919.195.** (A) Except as provided in division (B) of 565  
this section, no person shall knowingly and purposefully perform 566  
or induce an abortion on a pregnant woman with the specific 567  
intent of causing or abetting the termination of the life of the 568

unborn human individual the pregnant woman is carrying and whose 569  
fetal heartbeat has been detected in accordance with division 570  
(A) of section 2919.192 of the Revised Code. 571

Whoever violates this division is guilty of performing or 572  
inducing an abortion after the detection of a fetal heartbeat, a 573  
felony of the fifth degree. 574

(B) Division (A) of this section does not apply to a 575  
physician who performs a medical procedure that, in the 576  
physician's reasonable medical judgment, is designed or intended 577  
to prevent the death of the pregnant woman or to prevent a 578  
serious risk of the substantial and irreversible impairment of a 579  
major bodily function of the pregnant woman. 580

A physician who performs a medical procedure as described 581  
in this division shall declare, in a written document, that the 582  
medical procedure is necessary, to the best of the physician's 583  
reasonable medical judgment, to prevent the death of the 584  
pregnant woman or to prevent a serious risk of the substantial 585  
and irreversible impairment of a major bodily function of the 586  
pregnant woman. In the document, the physician shall specify the 587  
pregnant woman's medical condition that the medical procedure is 588  
asserted to address and the medical rationale for the 589  
physician's conclusion that the medical procedure is necessary 590  
to prevent the death of the pregnant woman or to prevent a 591  
serious risk of the substantial and irreversible impairment of a 592  
major bodily function of the pregnant woman. 593

A physician who performs a medical procedure as described 594  
in this division shall place the written document required by 595  
this division in the pregnant woman's medical records. The 596  
physician shall maintain a copy of the document in the 597  
physician's own records for at least seven years from the date 598

the document is created. 599

(C) A person is not in violation of division (A) of this 600  
section if the person acts in accordance with division (A) of 601  
section 2919.192 of the Revised Code and the method used to 602  
determine the presence of a fetal heartbeat does not reveal a 603  
fetal heartbeat. 604

(D) Division (A) of this section does not have the effect 605  
of repealing or limiting any other provision of the Revised Code 606  
that restricts or regulates the performance or inducement of an 607  
abortion by a particular method or during a particular stage of 608  
a pregnancy. 609

**Sec. 2919.196.** The provisions of this section are wholly 610  
independent of the requirements of sections 2919.192 to 2919.195 611  
of the Revised Code. 612

(A) A person who performs or induces an abortion on a 613  
pregnant woman shall do whichever of the following is 614  
applicable: 615

(1) If the reason for the abortion purported is to 616  
preserve the health of the pregnant woman, the person shall 617  
specify in a written document the medical condition that the 618  
abortion is asserted to address and the medical rationale for 619  
the person's conclusion that the abortion is necessary to 620  
address that condition. 621

(2) If the reason for the abortion is other than to 622  
preserve the health of the pregnant woman, the person shall 623  
specify in a written document that maternal health is not the 624  
purpose of the abortion. 625

(B) The person who specifies the information in the 626  
document described in division (A) of this section shall place 627

the document in the pregnant woman's medical records. The person 628  
who specifies the information shall maintain a copy of the 629  
document in the person's own records for at least seven years 630  
from the date the document is created. 631

Sec. 2919.197. Nothing in sections 2919.19 to 2919.196 of 632  
the Revised Code prohibits the sale, use, prescription, or 633  
administration of a drug, device, or chemical that is designed 634  
for contraceptive purposes. 635

Sec. 2919.193-2919.198. A pregnant woman on whom an 636  
abortion is performed or induced in violation of section 637  
2919.191 or 2919.192-2919.193, 2919.194, or 2919.195 of the 638  
Revised Code is not guilty of violating any of those sections; 639  
is not guilty of attempting to commit, conspiring to commit, or 640  
complicity in committing a violation of any of those sections; 641  
and is not subject to a civil penalty based on the abortion 642  
being performed or induced in violation of any of those 643  
sections. 644

Sec. 2919.199. (A) A woman who meets either or both of the 645  
following criteria may file a civil action for the wrongful 646  
death of her unborn child: 647

(1) A woman on whom an abortion was performed or induced 648  
in violation of division (A) of section 2919.193 or division (A) 649  
of section 2919.195 of the Revised Code; 650

(2) A woman on whom an abortion was performed or induced 651  
who was not given the information described in divisions (A) (1) 652  
and (2) of section 2919.194 of the Revised Code or who did not 653  
sign a form described in division (A) (3) of section 2919.194 of 654  
the Revised code. 655

(B) A woman who prevails in an action filed under division 656

(A) of this section shall receive both of the following from the 657  
person who committed the one or more acts described in division 658  
(A) (1) or (2) of this section: 659

(1) Damages in an amount equal to ten thousand dollars or 660  
an amount determined by the trier of fact after consideration of 661  
the evidence at the mother's election at any time prior to final 662  
judgment subject to the same defenses and requirements of proof, 663  
except any requirement of live birth, as would apply to a suit 664  
for the wrongful death of a child who had been born alive; 665

(2) Court costs and reasonable attorney's fees. 666

(C) A determination that division (A) of section 2919.193 667  
of the Revised Code, division (A) (1), (2), or (3) of section 668  
2919.194 of the Revised Code, or division (A) of section 669  
2919.195 of the Revised Code is unconstitutional shall be a 670  
defense to an action filed under division (A) of this section 671  
alleging that the defendant violated the division that was 672  
determined to be unconstitutional. 673

(D) If the defendant in an action filed under division (A) 674  
of this section prevails and all of the following apply the 675  
court shall award reasonable attorney's fees to the defendant in 676  
accordance with section 2323.51 of the Revised Code: 677

(1) The court finds that the commencement of the action 678  
constitutes frivolous conduct, as defined in section 2323.51 of 679  
the Revised Code. 680

(2) The court's finding in division (D) (1) of this section 681  
is not based on that court or another court determining that 682  
division (A) of section 2919.193 of the Revised Code, division 683  
(A) (1), (2), or (3) of section 2919.194 of the Revised Code, or 684  
division (A) of section 2919.195 of the Revised Code is 685

unconstitutional. 686

(3) The court finds that the defendant was adversely 687  
affected by the frivolous conduct. 688

**Sec. 2919.1910.** (A) It is the intent of the general 689  
assembly that women whose pregnancies are protected under 690  
division (A) of section 2919.195 of the Revised Code be informed 691  
of available options for adoption. 692

(B) In furtherance of the intent expressed in division (A) 693  
of this section, there is hereby created the joint legislative 694  
committee on adoption promotion and support. The committee may 695  
review or study any matter that it considers relevant to the 696  
adoption process in this state, with priority given to the study 697  
or review of mechanisms intended to increase awareness of the 698  
process, increase its effectiveness, or both. 699

(C) The committee shall consist of three members of the 700  
house of representatives appointed by the speaker of the house 701  
of representatives and three members of the senate appointed by 702  
the president of the senate. Not more than two members appointed 703  
by the speaker of the house of representatives and not more than 704  
two members appointed by the president of the senate may be of 705  
the same political party. 706

Each member of the committee shall hold office during the 707  
general assembly in which the member is appointed and until a 708  
successor has been appointed, notwithstanding the adjournment 709  
sine die of the general assembly in which the member was 710  
appointed or the expiration of the member's term as a member of 711  
the general assembly. Any vacancies occurring among the members 712  
of the committee shall be filled in the manner of the original 713  
appointment. 714

(D) The committee has the same powers as other standing or 715  
select committees of the general assembly. 716

**Sec. 2919.1911.** The department of health shall inspect the 717  
medical records from any facility that performs abortions to 718  
ensure that the physicians or other persons who perform 719  
abortions at that facility are in compliance with the reporting 720  
requirements under section 2919.171 of the Revised Code. The 721  
facility shall make the medical records available for inspection 722  
to the department of health but shall not release any personal 723  
medical information in the medical records that is prohibited by 724  
law. 725

**Sec. 4731.22.** (A) The state medical board, by an 726  
affirmative vote of not fewer than six of its members, may 727  
limit, revoke, or suspend an individual's certificate to 728  
practice or certificate to recommend, refuse to grant a 729  
certificate to an individual, refuse to renew a certificate, 730  
refuse to reinstate a certificate, or reprimand or place on 731  
probation the holder of a certificate if the individual or 732  
certificate holder is found by the board to have committed fraud 733  
during the administration of the examination for a certificate 734  
to practice or to have committed fraud, misrepresentation, or 735  
deception in applying for, renewing, or securing any certificate 736  
to practice or certificate to recommend issued by the board. 737

(B) The board, by an affirmative vote of not fewer than 738  
six members, shall, to the extent permitted by law, limit, 739  
revoke, or suspend an individual's certificate to practice or 740  
certificate to recommend, refuse to issue a certificate to an 741  
individual, refuse to renew a certificate, refuse to reinstate a 742  
certificate, or reprimand or place on probation the holder of a 743  
certificate for one or more of the following reasons: 744

(1) Permitting one's name or one's certificate to practice 745  
to be used by a person, group, or corporation when the 746  
individual concerned is not actually directing the treatment 747  
given; 748

(2) Failure to maintain minimal standards applicable to 749  
the selection or administration of drugs, or failure to employ 750  
acceptable scientific methods in the selection of drugs or other 751  
modalities for treatment of disease; 752

(3) Except as provided in section 4731.97 of the Revised 753  
Code, selling, giving away, personally furnishing, prescribing, 754  
or administering drugs for other than legal and legitimate 755  
therapeutic purposes or a plea of guilty to, a judicial finding 756  
of guilt of, or a judicial finding of eligibility for 757  
intervention in lieu of conviction of, a violation of any 758  
federal or state law regulating the possession, distribution, or 759  
use of any drug; 760

(4) Willfully betraying a professional confidence. 761

For purposes of this division, "willfully betraying a 762  
professional confidence" does not include providing any 763  
information, documents, or reports under sections 307.621 to 764  
307.629 of the Revised Code to a child fatality review board; 765  
does not include providing any information, documents, or 766  
reports to the director of health pursuant to guidelines 767  
established under section 3701.70 of the Revised Code; does not 768  
include written notice to a mental health professional under 769  
section 4731.62 of the Revised Code; and does not include the 770  
making of a report of an employee's use of a drug of abuse, or a 771  
report of a condition of an employee other than one involving 772  
the use of a drug of abuse, to the employer of the employee as 773  
described in division (B) of section 2305.33 of the Revised 774

Code. Nothing in this division affects the immunity from civil 775  
liability conferred by section 2305.33 or 4731.62 of the Revised 776  
Code upon a physician who makes a report in accordance with 777  
section 2305.33 or notifies a mental health professional in 778  
accordance with section 4731.62 of the Revised Code. As used in 779  
this division, "employee," "employer," and "physician" have the 780  
same meanings as in section 2305.33 of the Revised Code. 781

(5) Making a false, fraudulent, deceptive, or misleading 782  
statement in the solicitation of or advertising for patients; in 783  
relation to the practice of medicine and surgery, osteopathic 784  
medicine and surgery, podiatric medicine and surgery, or a 785  
limited branch of medicine; or in securing or attempting to 786  
secure any certificate to practice issued by the board. 787

As used in this division, "false, fraudulent, deceptive, 788  
or misleading statement" means a statement that includes a 789  
misrepresentation of fact, is likely to mislead or deceive 790  
because of a failure to disclose material facts, is intended or 791  
is likely to create false or unjustified expectations of 792  
favorable results, or includes representations or implications 793  
that in reasonable probability will cause an ordinarily prudent 794  
person to misunderstand or be deceived. 795

(6) A departure from, or the failure to conform to, 796  
minimal standards of care of similar practitioners under the 797  
same or similar circumstances, whether or not actual injury to a 798  
patient is established; 799

(7) Representing, with the purpose of obtaining 800  
compensation or other advantage as personal gain or for any 801  
other person, that an incurable disease or injury, or other 802  
incurable condition, can be permanently cured; 803

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

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

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

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

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

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

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

(15) Violation of the conditions of limitation placed by the board upon a certificate to practice;

(16) Failure to pay license renewal fees specified in this chapter;

(17) Except as authorized in section 4731.31 of the Revised Code, engaging in the division of fees for referral of

patients, or the receiving of a thing of value in return for a 832  
specific referral of a patient to utilize a particular service 833  
or business; 834

(18) Subject to section 4731.226 of the Revised Code, 835  
violation of any provision of a code of ethics of the American 836  
medical association, the American osteopathic association, the 837  
American podiatric medical association, or any other national 838  
professional organizations that the board specifies by rule. The 839  
state medical board shall obtain and keep on file current copies 840  
of the codes of ethics of the various national professional 841  
organizations. The individual whose certificate is being 842  
suspended or revoked shall not be found to have violated any 843  
provision of a code of ethics of an organization not appropriate 844  
to the individual's profession. 845

For purposes of this division, a "provision of a code of 846  
ethics of a national professional organization" does not include 847  
any provision that would preclude the making of a report by a 848  
physician of an employee's use of a drug of abuse, or of a 849  
condition of an employee other than one involving the use of a 850  
drug of abuse, to the employer of the employee as described in 851  
division (B) of section 2305.33 of the Revised Code. Nothing in 852  
this division affects the immunity from civil liability 853  
conferred by that section upon a physician who makes either type 854  
of report in accordance with division (B) of that section. As 855  
used in this division, "employee," "employer," and "physician" 856  
have the same meanings as in section 2305.33 of the Revised 857  
Code. 858

(19) Inability to practice according to acceptable and 859  
prevailing standards of care by reason of mental illness or 860  
physical illness, including, but not limited to, physical 861

deterioration that adversely affects cognitive, motor, or 862  
perceptive skills. 863

In enforcing this division, the board, upon a showing of a 864  
possible violation, may compel any individual authorized to 865  
practice by this chapter or who has submitted an application 866  
pursuant to this chapter to submit to a mental examination, 867  
physical examination, including an HIV test, or both a mental 868  
and a physical examination. The expense of the examination is 869  
the responsibility of the individual compelled to be examined. 870  
Failure to submit to a mental or physical examination or consent 871  
to an HIV test ordered by the board constitutes an admission of 872  
the allegations against the individual unless the failure is due 873  
to circumstances beyond the individual's control, and a default 874  
and final order may be entered without the taking of testimony 875  
or presentation of evidence. If the board finds an individual 876  
unable to practice because of the reasons set forth in this 877  
division, the board shall require the individual to submit to 878  
care, counseling, or treatment by physicians approved or 879  
designated by the board, as a condition for initial, continued, 880  
reinstated, or renewed authority to practice. An individual 881  
affected under this division shall be afforded an opportunity to 882  
demonstrate to the board the ability to resume practice in 883  
compliance with acceptable and prevailing standards under the 884  
provisions of the individual's certificate. For the purpose of 885  
this division, any individual who applies for or receives a 886  
certificate to practice under this chapter accepts the privilege 887  
of practicing in this state and, by so doing, shall be deemed to 888  
have given consent to submit to a mental or physical examination 889  
when directed to do so in writing by the board, and to have 890  
waived all objections to the admissibility of testimony or 891  
examination reports that constitute a privileged communication. 892

(20) Except when civil penalties are imposed under section 893  
4731.225 or 4731.282 of the Revised Code, and subject to section 894  
4731.226 of the Revised Code, violating or attempting to 895  
violate, directly or indirectly, or assisting in or abetting the 896  
violation of, or conspiring to violate, any provisions of this 897  
chapter or any rule promulgated by the board. 898

This division does not apply to a violation or attempted 899  
violation of, assisting in or abetting the violation of, or a 900  
conspiracy to violate, any provision of this chapter or any rule 901  
adopted by the board that would preclude the making of a report 902  
by a physician of an employee's use of a drug of abuse, or of a 903  
condition of an employee other than one involving the use of a 904  
drug of abuse, to the employer of the employee as described in 905  
division (B) of section 2305.33 of the Revised Code. Nothing in 906  
this division affects the immunity from civil liability 907  
conferred by that section upon a physician who makes either type 908  
of report in accordance with division (B) of that section. As 909  
used in this division, "employee," "employer," and "physician" 910  
have the same meanings as in section 2305.33 of the Revised 911  
Code. 912

(21) The violation of section 3701.79 of the Revised Code 913  
or of any abortion rule adopted by the director of health 914  
pursuant to section 3701.341 of the Revised Code; 915

(22) Any of the following actions taken by an agency 916  
responsible for authorizing, certifying, or regulating an 917  
individual to practice a health care occupation or provide 918  
health care services in this state or another jurisdiction, for 919  
any reason other than the nonpayment of fees: the limitation, 920  
revocation, or suspension of an individual's license to 921  
practice; acceptance of an individual's license surrender; 922

denial of a license; refusal to renew or reinstate a license; 923  
imposition of probation; or issuance of an order of censure or 924  
other reprimand; 925

(23) The violation of section 2919.12 of the Revised Code 926  
or the performance or inducement of an abortion upon a pregnant 927  
woman with actual knowledge that the conditions specified in 928  
division (B) of section 2317.56 of the Revised Code have not 929  
been satisfied or with a heedless indifference as to whether 930  
those conditions have been satisfied, unless an affirmative 931  
defense as specified in division (H) (2) of that section would 932  
apply in a civil action authorized by division (H) (1) of that 933  
section; 934

(24) The revocation, suspension, restriction, reduction, 935  
or termination of clinical privileges by the United States 936  
department of defense or department of veterans affairs or the 937  
termination or suspension of a certificate of registration to 938  
prescribe drugs by the drug enforcement administration of the 939  
United States department of justice; 940

(25) Termination or suspension from participation in the 941  
medicare or medicaid programs by the department of health and 942  
human services or other responsible agency for any act or acts 943  
that also would constitute a violation of division (B) (2), (3), 944  
(6), (8), or (19) of this section; 945

(26) Impairment of ability to practice according to 946  
acceptable and prevailing standards of care because of habitual 947  
or excessive use or abuse of drugs, alcohol, or other substances 948  
that impair ability to practice. 949

For the purposes of this division, any individual 950  
authorized to practice by this chapter accepts the privilege of 951

practicing in this state subject to supervision by the board. By 952  
filing an application for or holding a certificate to practice 953  
under this chapter, an individual shall be deemed to have given 954  
consent to submit to a mental or physical examination when 955  
ordered to do so by the board in writing, and to have waived all 956  
objections to the admissibility of testimony or examination 957  
reports that constitute privileged communications. 958

If it has reason to believe that any individual authorized 959  
to practice by this chapter or any applicant for certification 960  
to practice suffers such impairment, the board may compel the 961  
individual to submit to a mental or physical examination, or 962  
both. The expense of the examination is the responsibility of 963  
the individual compelled to be examined. Any mental or physical 964  
examination required under this division shall be undertaken by 965  
a treatment provider or physician who is qualified to conduct 966  
the examination and who is chosen by the board. 967

Failure to submit to a mental or physical examination 968  
ordered by the board constitutes an admission of the allegations 969  
against the individual unless the failure is due to 970  
circumstances beyond the individual's control, and a default and 971  
final order may be entered without the taking of testimony or 972  
presentation of evidence. If the board determines that the 973  
individual's ability to practice is impaired, the board shall 974  
suspend the individual's certificate or deny the individual's 975  
application and shall require the individual, as a condition for 976  
initial, continued, reinstated, or renewed certification to 977  
practice, to submit to treatment. 978

Before being eligible to apply for reinstatement of a 979  
certificate suspended under this division, the impaired 980  
practitioner shall demonstrate to the board the ability to 981

resume practice in compliance with acceptable and prevailing 982  
standards of care under the provisions of the practitioner's 983  
certificate. The demonstration shall include, but shall not be 984  
limited to, the following: 985

(a) Certification from a treatment provider approved under 986  
section 4731.25 of the Revised Code that the individual has 987  
successfully completed any required inpatient treatment; 988

(b) Evidence of continuing full compliance with an 989  
aftercare contract or consent agreement; 990

(c) Two written reports indicating that the individual's 991  
ability to practice has been assessed and that the individual 992  
has been found capable of practicing according to acceptable and 993  
prevailing standards of care. The reports shall be made by 994  
individuals or providers approved by the board for making the 995  
assessments and shall describe the basis for their 996  
determination. 997

The board may reinstate a certificate suspended under this 998  
division after that demonstration and after the individual has 999  
entered into a written consent agreement. 1000

When the impaired practitioner resumes practice, the board 1001  
shall require continued monitoring of the individual. The 1002  
monitoring shall include, but not be limited to, compliance with 1003  
the written consent agreement entered into before reinstatement 1004  
or with conditions imposed by board order after a hearing, and, 1005  
upon termination of the consent agreement, submission to the 1006  
board for at least two years of annual written progress reports 1007  
made under penalty of perjury stating whether the individual has 1008  
maintained sobriety. 1009

(27) A second or subsequent violation of section 4731.66 1010

or 4731.69 of the Revised Code; 1011

(28) Except as provided in division (N) of this section: 1012

(a) Waiving the payment of all or any part of a deductible 1013  
or copayment that a patient, pursuant to a health insurance or 1014  
health care policy, contract, or plan that covers the 1015  
individual's services, otherwise would be required to pay if the 1016  
waiver is used as an enticement to a patient or group of 1017  
patients to receive health care services from that individual; 1018

(b) Advertising that the individual will waive the payment 1019  
of all or any part of a deductible or copayment that a patient, 1020  
pursuant to a health insurance or health care policy, contract, 1021  
or plan that covers the individual's services, otherwise would 1022  
be required to pay. 1023

(29) Failure to use universal blood and body fluid 1024  
precautions established by rules adopted under section 4731.051 1025  
of the Revised Code; 1026

(30) Failure to provide notice to, and receive 1027  
acknowledgment of the notice from, a patient when required by 1028  
section 4731.143 of the Revised Code prior to providing 1029  
nonemergency professional services, or failure to maintain that 1030  
notice in the patient's file; 1031

(31) Failure of a physician supervising a physician 1032  
assistant to maintain supervision in accordance with the 1033  
requirements of Chapter 4730. of the Revised Code and the rules 1034  
adopted under that chapter; 1035

(32) Failure of a physician or podiatrist to enter into a 1036  
standard care arrangement with a clinical nurse specialist, 1037  
certified nurse-midwife, or certified nurse practitioner with 1038  
whom the physician or podiatrist is in collaboration pursuant to 1039

section 4731.27 of the Revised Code or failure to fulfill the 1040  
responsibilities of collaboration after entering into a standard 1041  
care arrangement; 1042

(33) Failure to comply with the terms of a consult 1043  
agreement entered into with a pharmacist pursuant to section 1044  
4729.39 of the Revised Code; 1045

(34) Failure to cooperate in an investigation conducted by 1046  
the board under division (F) of this section, including failure 1047  
to comply with a subpoena or order issued by the board or 1048  
failure to answer truthfully a question presented by the board 1049  
in an investigative interview, an investigative office 1050  
conference, at a deposition, or in written interrogatories, 1051  
except that failure to cooperate with an investigation shall not 1052  
constitute grounds for discipline under this section if a court 1053  
of competent jurisdiction has issued an order that either 1054  
quashes a subpoena or permits the individual to withhold the 1055  
testimony or evidence in issue; 1056

(35) Failure to supervise an oriental medicine 1057  
practitioner or acupuncturist in accordance with Chapter 4762. 1058  
of the Revised Code and the board's rules for providing that 1059  
supervision; 1060

(36) Failure to supervise an anesthesiologist assistant in 1061  
accordance with Chapter 4760. of the Revised Code and the 1062  
board's rules for supervision of an anesthesiologist assistant; 1063

(37) Assisting suicide, as defined in section 3795.01 of 1064  
the Revised Code; 1065

(38) Failure to comply with the requirements of section 1066  
2317.561 of the Revised Code; 1067

(39) Failure to supervise a radiologist assistant in 1068

accordance with Chapter 4774. of the Revised Code and the 1069  
board's rules for supervision of radiologist assistants; 1070

(40) Performing or inducing an abortion at an office or 1071  
facility with knowledge that the office or facility fails to 1072  
post the notice required under section 3701.791 of the Revised 1073  
Code; 1074

(41) Failure to comply with the standards and procedures 1075  
established in rules under section 4731.054 of the Revised Code 1076  
for the operation of or the provision of care at a pain 1077  
management clinic; 1078

(42) Failure to comply with the standards and procedures 1079  
established in rules under section 4731.054 of the Revised Code 1080  
for providing supervision, direction, and control of individuals 1081  
at a pain management clinic; 1082

(43) Failure to comply with the requirements of section 1083  
4729.79 or 4731.055 of the Revised Code, unless the state board 1084  
of pharmacy no longer maintains a drug database pursuant to 1085  
section 4729.75 of the Revised Code; 1086

(44) Failure to comply with the requirements of section 1087  
2919.171, 2919.202, or 2919.203 of the Revised Code or failure 1088  
to submit to the department of health in accordance with a court 1089  
order a complete report as described in section 2919.171 or 1090  
2919.202 of the Revised Code; 1091

(45) Practicing at a facility that is subject to licensure 1092  
as a category III terminal distributor of dangerous drugs with a 1093  
pain management clinic classification unless the person 1094  
operating the facility has obtained and maintains the license 1095  
with the classification; 1096

(46) Owning a facility that is subject to licensure as a 1097

category III terminal distributor of dangerous drugs with a pain management clinic classification unless the facility is licensed with the classification;

(47) Failure to comply with any of the ~~requirement~~ requirements regarding making or maintaining ~~notes~~ medical records or documents described in division ~~(B)~~ (A) of section ~~2919.191-2919.192~~, division (C) of section 2919.193, division (B) of section 2919.195, or division (A) of section 2919.196 of the Revised Code ~~or failure to satisfy the requirements of section 2919.191 of the Revised Code prior to performing or inducing an abortion upon a pregnant woman;~~

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

(49) Failure to comply with the requirements of section 4731.30 of the Revised Code or rules adopted under section 4731.301 of the Revised Code when recommending treatment with medical marijuana;

(50) Practicing at a facility, clinic, or other location that is subject to licensure as a category III terminal distributor of dangerous drugs with an office-based opioid treatment classification unless the person operating that place has obtained and maintains the license with the classification;

(51) Owning a facility, clinic, or other location that is subject to licensure as a category III terminal distributor of dangerous drugs with an office-based opioid treatment classification unless that place is licensed with the classification.

(C) Disciplinary actions taken by the board under 1127  
divisions (A) and (B) of this section shall be taken pursuant to 1128  
an adjudication under Chapter 119. of the Revised Code, except 1129  
that in lieu of an adjudication, the board may enter into a 1130  
consent agreement with an individual to resolve an allegation of 1131  
a violation of this chapter or any rule adopted under it. A 1132  
consent agreement, when ratified by an affirmative vote of not 1133  
fewer than six members of the board, shall constitute the 1134  
findings and order of the board with respect to the matter 1135  
addressed in the agreement. If the board refuses to ratify a 1136  
consent agreement, the admissions and findings contained in the 1137  
consent agreement shall be of no force or effect. 1138

A telephone conference call may be utilized for 1139  
ratification of a consent agreement that revokes or suspends an 1140  
individual's certificate to practice or certificate to 1141  
recommend. The telephone conference call shall be considered a 1142  
special meeting under division (F) of section 121.22 of the 1143  
Revised Code. 1144

If the board takes disciplinary action against an 1145  
individual under division (B) of this section for a second or 1146  
subsequent plea of guilty to, or judicial finding of guilt of, a 1147  
violation of section 2919.123 of the Revised Code, the 1148  
disciplinary action shall consist of a suspension of the 1149  
individual's certificate to practice for a period of at least 1150  
one year or, if determined appropriate by the board, a more 1151  
serious sanction involving the individual's certificate to 1152  
practice. Any consent agreement entered into under this division 1153  
with an individual that pertains to a second or subsequent plea 1154  
of guilty to, or judicial finding of guilt of, a violation of 1155  
that section shall provide for a suspension of the individual's 1156  
certificate to practice for a period of at least one year or, if 1157

determined appropriate by the board, a more serious sanction 1158  
involving the individual's certificate to practice. 1159

(D) For purposes of divisions (B)(10), (12), and (14) of 1160  
this section, the commission of the act may be established by a 1161  
finding by the board, pursuant to an adjudication under Chapter 1162  
119. of the Revised Code, that the individual committed the act. 1163  
The board does not have jurisdiction under those divisions if 1164  
the trial court renders a final judgment in the individual's 1165  
favor and that judgment is based upon an adjudication on the 1166  
merits. The board has jurisdiction under those divisions if the 1167  
trial court issues an order of dismissal upon technical or 1168  
procedural grounds. 1169

(E) The sealing of conviction records by any court shall 1170  
have no effect upon a prior board order entered under this 1171  
section or upon the board's jurisdiction to take action under 1172  
this section if, based upon a plea of guilty, a judicial finding 1173  
of guilt, or a judicial finding of eligibility for intervention 1174  
in lieu of conviction, the board issued a notice of opportunity 1175  
for a hearing prior to the court's order to seal the records. 1176  
The board shall not be required to seal, destroy, redact, or 1177  
otherwise modify its records to reflect the court's sealing of 1178  
conviction records. 1179

(F)(1) The board shall investigate evidence that appears 1180  
to show that a person has violated any provision of this chapter 1181  
or any rule adopted under it. Any person may report to the board 1182  
in a signed writing any information that the person may have 1183  
that appears to show a violation of any provision of this 1184  
chapter or any rule adopted under it. In the absence of bad 1185  
faith, any person who reports information of that nature or who 1186  
testifies before the board in any adjudication conducted under 1187

Chapter 119. of the Revised Code shall not be liable in damages 1188  
in a civil action as a result of the report or testimony. Each 1189  
complaint or allegation of a violation received by the board 1190  
shall be assigned a case number and shall be recorded by the 1191  
board. 1192

(2) Investigations of alleged violations of this chapter 1193  
or any rule adopted under it shall be supervised by the 1194  
supervising member elected by the board in accordance with 1195  
section 4731.02 of the Revised Code and by the secretary as 1196  
provided in section 4731.39 of the Revised Code. The president 1197  
may designate another member of the board to supervise the 1198  
investigation in place of the supervising member. No member of 1199  
the board who supervises the investigation of a case shall 1200  
participate in further adjudication of the case. 1201

(3) In investigating a possible violation of this chapter 1202  
or any rule adopted under this chapter, or in conducting an 1203  
inspection under division (E) of section 4731.054 of the Revised 1204  
Code, the board may question witnesses, conduct interviews, 1205  
administer oaths, order the taking of depositions, inspect and 1206  
copy any books, accounts, papers, records, or documents, issue 1207  
subpoenas, and compel the attendance of witnesses and production 1208  
of books, accounts, papers, records, documents, and testimony, 1209  
except that a subpoena for patient record information shall not 1210  
be issued without consultation with the attorney general's 1211  
office and approval of the secretary and supervising member of 1212  
the board. 1213

(a) Before issuance of a subpoena for patient record 1214  
information, the secretary and supervising member shall 1215  
determine whether there is probable cause to believe that the 1216  
complaint filed alleges a violation of this chapter or any rule 1217

adopted under it and that the records sought are relevant to the 1218  
alleged violation and material to the investigation. The 1219  
subpoena may apply only to records that cover a reasonable 1220  
period of time surrounding the alleged violation. 1221

(b) On failure to comply with any subpoena issued by the 1222  
board and after reasonable notice to the person being 1223  
subpoenaed, the board may move for an order compelling the 1224  
production of persons or records pursuant to the Rules of Civil 1225  
Procedure. 1226

(c) A subpoena issued by the board may be served by a 1227  
sheriff, the sheriff's deputy, or a board employee designated by 1228  
the board. Service of a subpoena issued by the board may be made 1229  
by delivering a copy of the subpoena to the person named 1230  
therein, reading it to the person, or leaving it at the person's 1231  
usual place of residence, usual place of business, or address on 1232  
file with the board. When serving a subpoena to an applicant for 1233  
or the holder of a certificate issued under this chapter, 1234  
service of the subpoena may be made by certified mail, return 1235  
receipt requested, and the subpoena shall be deemed served on 1236  
the date delivery is made or the date the person refuses to 1237  
accept delivery. If the person being served refuses to accept 1238  
the subpoena or is not located, service may be made to an 1239  
attorney who notifies the board that the attorney is 1240  
representing the person. 1241

(d) A sheriff's deputy who serves a subpoena shall receive 1242  
the same fees as a sheriff. Each witness who appears before the 1243  
board in obedience to a subpoena shall receive the fees and 1244  
mileage provided for under section 119.094 of the Revised Code. 1245

(4) All hearings, investigations, and inspections of the 1246  
board shall be considered civil actions for the purposes of 1247

section 2305.252 of the Revised Code. 1248

(5) A report required to be submitted to the board under 1249  
this chapter, a complaint, or information received by the board 1250  
pursuant to an investigation or pursuant to an inspection under 1251  
division (E) of section 4731.054 of the Revised Code is 1252  
confidential and not subject to discovery in any civil action. 1253

The board shall conduct all investigations or inspections 1254  
and proceedings in a manner that protects the confidentiality of 1255  
patients and persons who file complaints with the board. The 1256  
board shall not make public the names or any other identifying 1257  
information about patients or complainants unless proper consent 1258  
is given or, in the case of a patient, a waiver of the patient 1259  
privilege exists under division (B) of section 2317.02 of the 1260  
Revised Code, except that consent or a waiver of that nature is 1261  
not required if the board possesses reliable and substantial 1262  
evidence that no bona fide physician-patient relationship 1263  
exists. 1264

The board may share any information it receives pursuant 1265  
to an investigation or inspection, including patient records and 1266  
patient record information, with law enforcement agencies, other 1267  
licensing boards, and other governmental agencies that are 1268  
prosecuting, adjudicating, or investigating alleged violations 1269  
of statutes or administrative rules. An agency or board that 1270  
receives the information shall comply with the same requirements 1271  
regarding confidentiality as those with which the state medical 1272  
board must comply, notwithstanding any conflicting provision of 1273  
the Revised Code or procedure of the agency or board that 1274  
applies when it is dealing with other information in its 1275  
possession. In a judicial proceeding, the information may be 1276  
admitted into evidence only in accordance with the Rules of 1277

Evidence, but the court shall require that appropriate measures 1278  
are taken to ensure that confidentiality is maintained with 1279  
respect to any part of the information that contains names or 1280  
other identifying information about patients or complainants 1281  
whose confidentiality was protected by the state medical board 1282  
when the information was in the board's possession. Measures to 1283  
ensure confidentiality that may be taken by the court include 1284  
sealing its records or deleting specific information from its 1285  
records. 1286

(6) On a quarterly basis, the board shall prepare a report 1287  
that documents the disposition of all cases during the preceding 1288  
three months. The report shall contain the following information 1289  
for each case with which the board has completed its activities: 1290

(a) The case number assigned to the complaint or alleged 1291  
violation; 1292

(b) The type of certificate to practice, if any, held by 1293  
the individual against whom the complaint is directed; 1294

(c) A description of the allegations contained in the 1295  
complaint; 1296

(d) The disposition of the case. 1297

The report shall state how many cases are still pending 1298  
and shall be prepared in a manner that protects the identity of 1299  
each person involved in each case. The report shall be a public 1300  
record under section 149.43 of the Revised Code. 1301

(G) If the secretary and supervising member determine both 1302  
of the following, they may recommend that the board suspend an 1303  
individual's certificate to practice or certificate to recommend 1304  
without a prior hearing: 1305

(1) That there is clear and convincing evidence that an individual has violated division (B) of this section;

(2) That the individual's continued practice presents a danger of immediate and serious harm to the public.

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

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

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

(H) If the board takes action under division (B) (9), (11), 1336  
or (13) of this section and the judicial finding of guilt, 1337  
guilty plea, or judicial finding of eligibility for intervention 1338  
in lieu of conviction is overturned on appeal, upon exhaustion 1339  
of the criminal appeal, a petition for reconsideration of the 1340  
order may be filed with the board along with appropriate court 1341  
documents. Upon receipt of a petition of that nature and 1342  
supporting court documents, the board shall reinstate the 1343  
individual's certificate to practice. The board may then hold an 1344  
adjudication under Chapter 119. of the Revised Code to determine 1345  
whether the individual committed the act in question. Notice of 1346  
an opportunity for a hearing shall be given in accordance with 1347  
Chapter 119. of the Revised Code. If the board finds, pursuant 1348  
to an adjudication held under this division, that the individual 1349  
committed the act or if no hearing is requested, the board may 1350  
order any of the sanctions identified under division (B) of this 1351  
section. 1352

(I) The certificate to practice issued to an individual 1353  
under this chapter and the individual's practice in this state 1354  
are automatically suspended as of the date of the individual's 1355  
second or subsequent plea of guilty to, or judicial finding of 1356  
guilt of, a violation of section 2919.123 of the Revised Code. 1357  
In addition, the certificate to practice or certificate to 1358  
recommend issued to an individual under this chapter and the 1359  
individual's practice in this state are automatically suspended 1360  
as of the date the individual pleads guilty to, is found by a 1361  
judge or jury to be guilty of, or is subject to a judicial 1362  
finding of eligibility for intervention in lieu of conviction in 1363  
this state or treatment or intervention in lieu of conviction in 1364  
another jurisdiction for any of the following criminal offenses 1365  
in this state or a substantially equivalent criminal offense in 1366

another jurisdiction: aggravated murder, murder, voluntary 1367  
manslaughter, felonious assault, kidnapping, rape, sexual 1368  
battery, gross sexual imposition, aggravated arson, aggravated 1369  
robbery, or aggravated burglary. Continued practice after 1370  
suspension shall be considered practicing without a certificate. 1371

The board shall notify the individual subject to the 1372  
suspension by certified mail or in person in accordance with 1373  
section 119.07 of the Revised Code. If an individual whose 1374  
certificate is automatically suspended under this division fails 1375  
to make a timely request for an adjudication under Chapter 119. 1376  
of the Revised Code, the board shall do whichever of the 1377  
following is applicable: 1378

(1) If the automatic suspension under this division is for 1379  
a second or subsequent plea of guilty to, or judicial finding of 1380  
guilt of, a violation of section 2919.123 of the Revised Code, 1381  
the board shall enter an order suspending the individual's 1382  
certificate to practice for a period of at least one year or, if 1383  
determined appropriate by the board, imposing a more serious 1384  
sanction involving the individual's certificate to practice. 1385

(2) In all circumstances in which division (I)(1) of this 1386  
section does not apply, enter a final order permanently revoking 1387  
the individual's certificate to practice. 1388

(J) If the board is required by Chapter 119. of the 1389  
Revised Code to give notice of an opportunity for a hearing and 1390  
if the individual subject to the notice does not timely request 1391  
a hearing in accordance with section 119.07 of the Revised Code, 1392  
the board is not required to hold a hearing, but may adopt, by 1393  
an affirmative vote of not fewer than six of its members, a 1394  
final order that contains the board's findings. In that final 1395  
order, the board may order any of the sanctions identified under 1396

division (A) or (B) of this section. 1397

(K) Any action taken by the board under division (B) of 1398  
this section resulting in a suspension from practice shall be 1399  
accompanied by a written statement of the conditions under which 1400  
the individual's certificate to practice may be reinstated. The 1401  
board shall adopt rules governing conditions to be imposed for 1402  
reinstatement. Reinstatement of a certificate suspended pursuant 1403  
to division (B) of this section requires an affirmative vote of 1404  
not fewer than six members of the board. 1405

(L) When the board refuses to grant or issue a certificate 1406  
to practice to an applicant, revokes an individual's certificate 1407  
to practice, refuses to renew an individual's certificate to 1408  
practice, or refuses to reinstate an individual's certificate to 1409  
practice, the board may specify that its action is permanent. An 1410  
individual subject to a permanent action taken by the board is 1411  
forever thereafter ineligible to hold a certificate to practice 1412  
and the board shall not accept an application for reinstatement 1413  
of the certificate or for issuance of a new certificate. 1414

(M) Notwithstanding any other provision of the Revised 1415  
Code, all of the following apply: 1416

(1) The surrender of a certificate issued under this 1417  
chapter shall not be effective unless or until accepted by the 1418  
board. A telephone conference call may be utilized for 1419  
acceptance of the surrender of an individual's certificate to 1420  
practice. The telephone conference call shall be considered a 1421  
special meeting under division (F) of section 121.22 of the 1422  
Revised Code. Reinstatement of a certificate surrendered to the 1423  
board requires an affirmative vote of not fewer than six members 1424  
of the board. 1425

(2) An application for a certificate made under the 1426  
provisions of this chapter may not be withdrawn without approval 1427  
of the board. 1428

(3) Failure by an individual to renew a certificate to 1429  
practice in accordance with this chapter or a certificate to 1430  
recommend in accordance with rules adopted under section 1431  
4731.301 of the Revised Code shall not remove or limit the 1432  
board's jurisdiction to take any disciplinary action under this 1433  
section against the individual. 1434

(4) At the request of the board, a certificate holder 1435  
shall immediately surrender to the board a certificate that the 1436  
board has suspended, revoked, or permanently revoked. 1437

(N) Sanctions shall not be imposed under division (B) (28) 1438  
of this section against any person who waives deductibles and 1439  
copayments as follows: 1440

(1) In compliance with the health benefit plan that 1441  
expressly allows such a practice. Waiver of the deductibles or 1442  
copayments shall be made only with the full knowledge and 1443  
consent of the plan purchaser, payer, and third-party 1444  
administrator. Documentation of the consent shall be made 1445  
available to the board upon request. 1446

(2) For professional services rendered to any other person 1447  
authorized to practice pursuant to this chapter, to the extent 1448  
allowed by this chapter and rules adopted by the board. 1449

(O) Under the board's investigative duties described in 1450  
this section and subject to division (F) of this section, the 1451  
board shall develop and implement a quality intervention program 1452  
designed to improve through remedial education the clinical and 1453  
communication skills of individuals authorized under this 1454

chapter to practice medicine and surgery, osteopathic medicine 1455  
and surgery, and podiatric medicine and surgery. In developing 1456  
and implementing the quality intervention program, the board may 1457  
do all of the following: 1458

(1) Offer in appropriate cases as determined by the board 1459  
an educational and assessment program pursuant to an 1460  
investigation the board conducts under this section; 1461

(2) Select providers of educational and assessment 1462  
services, including a quality intervention program panel of case 1463  
reviewers; 1464

(3) Make referrals to educational and assessment service 1465  
providers and approve individual educational programs 1466  
recommended by those providers. The board shall monitor the 1467  
progress of each individual undertaking a recommended individual 1468  
educational program. 1469

(4) Determine what constitutes successful completion of an 1470  
individual educational program and require further monitoring of 1471  
the individual who completed the program or other action that 1472  
the board determines to be appropriate; 1473

(5) Adopt rules in accordance with Chapter 119. of the 1474  
Revised Code to further implement the quality intervention 1475  
program. 1476

An individual who participates in an individual 1477  
educational program pursuant to this division shall pay the 1478  
financial obligations arising from that educational program. 1479

**Section 2.** That existing sections 2317.56, 2919.171, 1480  
2919.19, 2919.191, 2919.192, 2919.193, and 4731.22 of the 1481  
Revised Code are hereby repealed. 1482

**Section 3.** Section 4731.22 of the Revised Code is 1483  
presented in this act as a composite of the section as amended 1484  
by Sub. H.B. 290, Sub. S.B. 127, and Sub. S.B. 319, all of the 1485  
132nd General Assembly. The General Assembly, applying the 1486  
principle stated in division (B) of section 1.52 of the Revised 1487  
Code that amendments are to be harmonized if reasonably capable 1488  
of simultaneous operation, finds that the composite is the 1489  
resulting version of the section in effect prior to the 1490  
effective date of the section as presented in this act. 1491

**Section 4.** If any provisions of a section as amended or 1492  
enacted by this act, or the application thereof to any person or 1493  
circumstance is held invalid, the invalidity does not affect 1494  
other provisions or applications of the section or related 1495  
sections which can be given effect without the invalid provision 1496  
or application, and to this end the provisions are severable. 1497