

As Introduced

**132nd General Assembly
Regular Session
2017-2018**

H. B. No. 726

Representative Gavarone

A BILL

To amend sections 1751.67, 2133.211, 2919.171, 1
2919.202, 3313.539, 3701.926, 3707.511, 3719.06, 2
3727.06, 3923.233, 3923.301, 3923.63, 3923.64, 3
4723.01, 4723.07, 4723.28, 4723.41, 4723.42, 4
4723.43, 4723.432, 4723.44, 4723.48, 4723.481, 5
4723.482, 4723.493, 4723.50, 4731.22, 4731.27, 6
4731.281, 4761.17, and 5164.07, to enact section 7
4731.058, and to repeal sections 4723.431 and 8
5164.73 of the Revised Code regarding standard 9
care arrangements entered into by advanced 10
practice registered nurses and collaborating 11
physicians or podiatrists, physician prescribing 12
of schedule II controlled substances from 13
convenience care clinics, and clearances by 14
licensed health professionals of concussed 15
student athletes. 16

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

Section 1. That sections 1751.67, 2133.211, 2919.171, 17
2919.202, 3313.539, 3701.926, 3707.511, 3719.06, 3727.06, 18
3923.233, 3923.301, 3923.63, 3923.64, 4723.01, 4723.07, 4723.28, 19
4723.41, 4723.42, 4723.43, 4723.432, 4723.44, 4723.48, 4723.481, 20

4723.482, 4723.493, 4723.50, 4731.22, 4731.27, 4731.281, 21
4761.17, and 5164.07 be amended and section 4731.058 of the 22
Revised Code be enacted to read as follows: 23

Sec. 1751.67. (A) Each individual or group health insuring 24
corporation policy, contract, or agreement delivered, issued for 25
delivery, or renewed in this state that provides maternity 26
benefits shall provide coverage of inpatient care and follow-up 27
care for a mother and her newborn as follows: 28

(1) The policy, contract, or agreement shall cover a 29
minimum of forty-eight hours of inpatient care following a 30
normal vaginal delivery and a minimum of ninety-six hours of 31
inpatient care following a cesarean delivery. Services covered 32
as inpatient care shall include medical, educational, and any 33
other services that are consistent with the inpatient care 34
recommended in the protocols and guidelines developed by 35
national organizations that represent pediatric, obstetric, and 36
nursing professionals. 37

(2) The policy, contract, or agreement shall cover a 38
physician-directed source of follow-up care or a source of 39
follow-up care directed by an advanced practice registered 40
nurse. Services covered as follow-up care shall include physical 41
assessment of the mother and newborn, parent education, 42
assistance and training in breast or bottle feeding, assessment 43
of the home support system, performance of any medically 44
necessary and appropriate clinical tests, and any other services 45
that are consistent with the follow-up care recommended in the 46
protocols and guidelines developed by national organizations 47
that represent pediatric, obstetric, and nursing professionals. 48
The coverage shall apply to services provided in a medical 49
setting or through home health care visits. The coverage shall 50

apply to a home health care visit only if the provider who 51
conducts the visit is knowledgeable and experienced in maternity 52
and newborn care. 53

When a decision is made in accordance with division (B) of 54
this section to discharge a mother or newborn prior to the 55
expiration of the applicable number of hours of inpatient care 56
required to be covered, the coverage of follow-up care shall 57
apply to all follow-up care that is provided within seventy-two 58
hours after discharge. When a mother or newborn receives at 59
least the number of hours of inpatient care required to be 60
covered, the coverage of follow-up care shall apply to follow-up 61
care that is determined to be medically necessary by the 62
provider responsible for discharging the mother or newborn. 63

(B) Any decision to shorten the length of inpatient stay 64
to less than that specified under division (A) (1) of this 65
section shall be made by the physician attending the mother or 66
newborn, except that if a certified nurse-midwife is attending 67
the mother ~~in collaboration with a physician~~, the decision may 68
be made by the certified nurse-midwife. Decisions regarding 69
early discharge shall be made only after conferring with the 70
mother or a person responsible for the mother or newborn. For 71
purposes of this division, a person responsible for the mother 72
or newborn may include a parent, guardian, or any other person 73
with authority to make medical decisions for the mother or 74
newborn. 75

(C) (1) No health insuring corporation may do either of the 76
following: 77

(a) Terminate the participation of a provider or health 78
care facility in an individual or group health care plan solely 79
for making recommendations for inpatient or follow-up care for a 80

particular mother or newborn that are consistent with the care 81
required to be covered by this section; 82

(b) Establish or offer monetary or other financial 83
incentives for the purpose of encouraging a person to decline 84
the inpatient or follow-up care required to be covered by this 85
section. 86

(2) Whoever violates division (C) (1) (a) or (b) of this 87
section has engaged in an unfair and deceptive act or practice 88
in the business of insurance under sections 3901.19 to 3901.26 89
of the Revised Code. 90

(D) This section does not do any of the following: 91

(1) Require a policy, contract, or agreement to cover 92
inpatient or follow-up care that is not received in accordance 93
with the policy's, contract's, or agreement's terms pertaining 94
to the providers and facilities from which an individual is 95
authorized to receive health care services; 96

(2) Require a mother or newborn to stay in a hospital or 97
other inpatient setting for a fixed period of time following 98
delivery; 99

(3) Require a child to be delivered in a hospital or other 100
inpatient setting; 101

(4) Authorize a certified nurse-midwife to practice beyond 102
the authority to practice nurse-midwifery in accordance with 103
Chapter 4723. of the Revised Code; 104

(5) Establish minimum standards of medical diagnosis, 105
care, or treatment for inpatient or follow-up care for a mother 106
or newborn. A deviation from the care required to be covered 107
under this section shall not, solely on the basis of this 108

section, give rise to a medical claim or to derivative claims 109
for relief, as those terms are defined in section 2305.113 of 110
the Revised Code. 111

Sec. 2133.211. A person who holds a current, valid license 112
issued under Chapter 4723. of the Revised Code to practice as an 113
advanced practice registered nurse may take any action that may 114
be taken by an attending physician under sections 2133.21 to 115
2133.26 of the Revised Code and has the immunity provided by 116
section 2133.22 of the Revised Code ~~if the action is taken~~ 117
~~pursuant to a standard care arrangement with a collaborating~~ 118
~~physician.~~ 119

A person who holds a license to practice as a physician 120
assistant issued under Chapter 4730. of the Revised Code may 121
take any action that may be taken by an attending physician 122
under sections 2133.21 to 2133.26 of the Revised Code and has 123
the immunity provided by section 2133.22 of the Revised Code if 124
the action is taken pursuant to a supervision agreement entered 125
into under section 4730.19 of the Revised Code, including, if 126
applicable, the policies of a health care facility in which the 127
physician assistant is practicing. 128

Sec. 2919.171. (A) A physician who performs or induces or 129
attempts to perform or induce an abortion on a pregnant woman 130
shall submit a report to the department of health in accordance 131
with the forms, rules, and regulations adopted by the department 132
that includes all of the information the physician is required 133
to certify in writing or determine under sections 2919.17 and 134
2919.18 of the Revised Code: 135

(B) By September 30 of each year, the department of health 136
shall issue a public report that provides statistics for the 137
previous calendar year compiled from all of the reports covering 138

that calendar year submitted to the department in accordance 139
with this section for each of the items listed in division (A) 140
of this section. The report shall also provide the statistics 141
for each previous calendar year in which a report was filed with 142
the department pursuant to this section, adjusted to reflect any 143
additional information that a physician provides to the 144
department in a late or corrected report. The department shall 145
ensure that none of the information included in the report could 146
reasonably lead to the identification of any pregnant woman upon 147
whom an abortion is performed. 148

(C) (1) The physician shall submit the report described in 149
division (A) of this section to the department of health within 150
fifteen days after the woman is discharged. If the physician 151
fails to submit the report more than thirty days after that 152
fifteen-day deadline, the physician shall be subject to a late 153
fee of five hundred dollars for each additional thirty-day 154
period or portion of a thirty-day period the report is overdue. 155
A physician who is required to submit to the department of 156
health a report under division (A) of this section and who has 157
not submitted a report or has submitted an incomplete report 158
more than one year following the fifteen-day deadline may, in an 159
action brought by the department of health, be directed by a 160
court of competent jurisdiction to submit a complete report to 161
the department of health within a period of time stated in a 162
court order or be subject to contempt of court. 163

(2) If a physician fails to comply with the requirements 164
of this section, other than filing a late report with the 165
department of health, or fails to submit a complete report to 166
the department of health in accordance with a court order, the 167
physician is subject to division ~~(B) (44)~~ (B) (43) of section 168
4731.22 of the Revised Code. 169

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

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

Sec. 2919.202. (A) A physician who performs or induces or attempts to perform or induce an abortion on a pregnant woman shall submit a report to the department of health in accordance with the forms, rules, and regulations adopted by the department that includes all of the information the physician is required to certify in writing or determine under sections 2919.201 and 2919.203 of the Revised Code.

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

(C) (1) The physician shall submit the report described in division (A) of this section to the department of health within fifteen days after the woman is discharged. If the physician fails to submit the report more than thirty days after that

fifteen-day deadline, the physician shall be subject to a late 200
fee of five hundred dollars for each additional thirty-day 201
period or portion of a thirty-day period the report is overdue. 202
A physician who is required to submit to the department of 203
health a report under division (A) of this section and who has 204
not submitted a report or has submitted an incomplete report 205
more than one year following the last day of the fifteen-day 206
deadline may, in an action brought by the department of health, 207
be directed by a court of competent jurisdiction to submit a 208
complete report to the department of health within a period of 209
time stated in a court order or be subject to contempt of court. 210

(2) If a physician fails to comply with the requirements 211
of this section, other than filing a late report with the 212
department of health, or fails to submit a complete report to 213
the department of health in accordance with a court order, the 214
physician is subject to division ~~(B) (44)~~ (B) (43) of section 215
4731.22 of the Revised Code. 216

(3) No person shall purposely falsify any report required 217
under this section. Whoever purposely violates this division is 218
guilty of pain-capable unborn child abortion report 219
falsification, a misdemeanor of the first degree. 220

(D) Within ninety days of the effective date of this 221
section March 14, 2017, the department of health shall adopt 222
rules pursuant to section 111.15 of the Revised Code to assist 223
in compliance with this section. 224

Sec. 3313.539. (A) As used in this section: 225

(1) "Licensing agency" has the same meaning as in section 226
4745.01 of the Revised Code. 227

(2) "Licensed health care professional" means an 228

individual, other than a physician, who is authorized under 229
Title XLVII of the Revised Code to practice a health care 230
profession. 231

(3) "Physician" means a person authorized under Chapter 232
4731. of the Revised Code to practice medicine and surgery or 233
osteopathic medicine and surgery. 234

(B) No school district board of education or governing 235
authority of a chartered or nonchartered nonpublic school shall 236
permit a student to practice for or compete in interscholastic 237
athletics until the student has submitted, to a school official 238
designated by the board or governing authority, a form signed by 239
the parent, guardian, or other person having care or charge of 240
the student stating that the student and the parent, guardian, 241
or other person having care or charge of the student have 242
received the concussion and head injury information sheet 243
required by section 3707.52 of the Revised Code. A completed 244
form shall be submitted each school year, as defined in section 245
3313.62 of the Revised Code, for each sport or other category of 246
interscholastic athletics for or in which the student practices 247
or competes. 248

(C) (1) No school district board of education or governing 249
authority of a chartered or nonchartered nonpublic school shall 250
permit an individual to coach interscholastic athletics unless 251
the individual holds a pupil-activity program permit issued 252
under section 3319.303 of the Revised Code for coaching 253
interscholastic athletics. 254

(2) No school district board of education or governing 255
authority of a chartered or nonchartered nonpublic school shall 256
permit an individual to referee interscholastic athletics unless 257
the individual holds a pupil-activity program permit issued 258

under section 3319.303 of the Revised Code for coaching 259
interscholastic athletics or presents evidence that the 260
individual has successfully completed, within the previous three 261
years, a training program in recognizing the symptoms of 262
concussions and head injuries to which the department of health 263
has provided a link on its internet web site under section 264
3707.52 of the Revised Code or a training program authorized and 265
required by an organization that regulates interscholastic 266
athletic competition and conducts interscholastic athletic 267
events. 268

(D) If a student practicing for or competing in an 269
interscholastic athletic event exhibits signs, symptoms, or 270
behaviors consistent with having sustained a concussion or head 271
injury while participating in the practice or competition, the 272
student shall be removed from the practice or competition by 273
either of the following: 274

(1) The individual who is serving as the student's coach 275
during that practice or competition; 276

(2) An individual who is serving as a referee during that 277
practice or competition. 278

(E) (1) If a student is removed from practice or 279
competition under division (D) of this section, the coach or 280
referee who removed the student shall not allow the student, on 281
the same day the student is removed, to return to that practice 282
or competition or to participate in any other practice or 283
competition for which the coach or referee is responsible. 284
Thereafter, the coach or referee shall not allow the student to 285
return to that practice or competition or to participate in any 286
other practice or competition for which the coach or referee is 287
responsible until both of the following conditions are 288

satisfied:	289
(a) The student's condition is assessed by any of the	290
following who has complied with the requirements in division (E)	291
(4) <u>(3)</u> of this section:	292
(i) A physician;	293
(ii) A licensed health care professional <u>who is authorized</u>	294
<u>by</u> the school district board of education or governing authority	295
of the chartered or nonchartered nonpublic school, pursuant to	296
division (E) (2) of this section, authorizes to assess a student	297
who has been removed from practice or competition under division	298
(D) of this section;	299
(iii) A licensed health care professional who meets the	300
minimum education requirements established by rules adopted	301
under section 3707.521 of the Revised Code by the professional's	302
licensing agency.	303
(b) The student receives written clearance that it is safe	304
for the student to return to practice or competition from the	305
physician or licensed health care professional who assessed the	306
student's condition.	307
(2) A school district board of education or governing	308
authority of a chartered or nonchartered nonpublic school may	309
authorize a licensed health care professional to make an	310
assessment or grant a clearance for purposes of division (E) (1)	311
of this section only if the professional is acting in accordance	312
with one of the following, as applicable to the professional's	313
authority to practice in this state:	314
(a) In consultation with a physician;	315
(b) Pursuant to the referral of a physician;	316

(c) In collaboration with a physician,	317
(d) Under the supervision of a physician.	318
(3) A physician or licensed health care professional who	319
makes an assessment or grants a clearance for purposes of	320
division (E) (1) of this section may be a volunteer.	321
(4) (3) Beginning one year after the effective date of	322
this amendment <u>September 17, 2014</u> , all physicians and licensed	323
health care professionals who conduct assessments and clearances	324
under division (E) (1) of this section must meet the minimum	325
education requirements established by rules adopted under	326
section 3707.521 of the Revised Code by their respective	327
licensing agencies.	328
(F) A school district board of education or governing	329
authority of a chartered or nonchartered nonpublic school that	330
is subject to the rules of an interscholastic conference or an	331
organization that regulates interscholastic athletic competition	332
and conducts interscholastic athletic events shall be considered	333
to be in compliance with divisions (B), (D), and (E) of this	334
section, as long as the requirements of those rules are	335
substantially similar to the requirements of divisions (B), (D),	336
and (E) of this section.	337
(G) (1) A school district, member of a school district	338
board of education, or school district employee or volunteer,	339
including a coach or referee, is not liable in damages in a	340
civil action for injury, death, or loss to person or property	341
allegedly arising from providing services or performing duties	342
under this section, unless the act or omission constitutes	343
willful or wanton misconduct.	344
This section does not eliminate, limit, or reduce any	345

other immunity or defense that a school district, member of a 346
school district board of education, or school district employee 347
or volunteer, including a coach or referee, may be entitled to 348
under Chapter 2744. or any other provision of the Revised Code 349
or under the common law of this state. 350

(2) A chartered or nonchartered nonpublic school or any 351
officer, director, employee, or volunteer of the school, 352
including a coach or referee, is not liable in damages in a 353
civil action for injury, death, or loss to person or property 354
allegedly arising from providing services or performing duties 355
under this section, unless the act or omission constitutes 356
willful or wanton misconduct. 357

Sec. 3701.926. (A) To be eligible for inclusion in the 358
patient centered medical home education pilot project, a primary 359
care practice led by physicians shall meet all of the following 360
requirements: 361

(1) Consist of physicians who are board-certified in 362
family medicine, general pediatrics, or internal medicine, as 363
those designations are issued by a medical specialty certifying 364
board recognized by the American board of medical specialties or 365
American osteopathic association; 366

(2) Be capable of adapting the practice during the period 367
in which the practice participates in the patient centered 368
medical home education pilot project in such a manner that the 369
practice is fully compliant with the minimum standards for 370
operation of a patient centered medical home, as those standards 371
are established by the director of health; 372

(3) Have submitted an application to participate in the 373
project established under former section 185.05 of the Revised 374

Code not later than April 15, 2011.	375
(4) Meet any other criteria established by the director as part of the selection process.	376 377
(B) To be eligible for inclusion in the pilot project, a primary care practice led by advanced practice registered nurses shall meet all of the following requirements:	378 379 380
(1) Consist of advanced practice registered nurses, each of whom meets both of the following requirements:	381 382
(a) Is authorized to prescribe drugs and therapeutic devices under section 4723.43 of the Revised Code;	383 384
(b) Is board-certified by a national certifying organization approved by the board of nursing pursuant to section 4723.46 of the Revised Code as a family nurse practitioner, adult nurse practitioner, adult-gerontology nurse practitioner, women's health nurse practitioner, or pediatric nurse practitioner;	385 386 387 388 389 390
(c) Collaborates under a standard care arrangement with a physician with board certification as specified in division (A) (1) of this section and who is an active participant on the health care team.	391 392 393 394
(2) Be capable of adapting the practice during the period in which the practice participates in the project in such a manner that the practice is fully compliant with the minimum standards for operation of a patient centered medical home, as those standards are established by the director;	395 396 397 398 399
(3) Have submitted an application to participate in the project established under former section 185.05 of the Revised Code not later than April 15, 2011.	400 401 402

(4) Meet any other criteria established by the director as part of the selection process.	403 404
Sec. 3707.511. (A) As used in this section:	405
(1) "Licensing agency" has the same meaning as in section 4745.01 of the Revised Code.	406 407
(2) "Licensed health care professional" means an individual, other than a physician, who is authorized under Title XLVII of the Revised Code to practice a health care profession.	408 409 410 411
(3) "Physician" means a person authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery.	412 413 414
(B) A youth sports organization shall provide to the parent, guardian, or other person having care or charge of an individual who wishes to practice for or compete in an athletic activity organized by a youth sports organization the concussion and head injury information sheet required by section 3707.52 of the Revised Code. The organization shall provide the information sheet annually for each sport or other category of athletic activity for or in which the individual practices or competes.	415 416 417 418 419 420 421 422
(C) (1) No individual shall act as a coach or referee for a youth sports organization unless the individual holds a pupil-activity program permit issued under section 3319.303 of the Revised Code for coaching interscholastic athletics or presents evidence that the individual has successfully completed, within the previous three years, a training program in recognizing the symptoms of concussions and head injuries to which the department of health has provided a link on its internet web site under section 3707.52 of the Revised Code.	423 424 425 426 427 428 429 430 431

(2) The youth sports organization for which the individual 432
intends to act as a coach or referee shall inform the individual 433
of the requirement described in division (C)(1) of this section. 434

(D) If an individual practicing for or competing in an 435
athletic event organized by a youth sports organization exhibits 436
signs, symptoms, or behaviors consistent with having sustained a 437
concussion or head injury while participating in the practice or 438
competition, the individual shall be removed from the practice 439
or competition by one of the following: 440

(1) The individual who is serving as the individual's 441
coach during that practice or competition; 442

(2) An individual who is serving as a referee during that 443
practice or competition; 444

(3) An official of the youth sports organization who is 445
supervising that practice or competition. 446

(E)(1) If an individual is removed from practice or 447
competition under division (D) of this section, the coach, 448
referee, or official who removed the individual shall not allow 449
the individual, on the same day the individual is removed, to 450
return to that practice or competition or to participate in any 451
other practice or competition for which the coach, referee, or 452
official is responsible. Thereafter, the coach, referee, or 453
official shall not allow the student to return to that practice 454
or competition or to participate in any other practice or 455
competition for which the coach, referee, or official is 456
responsible until both of the following conditions are 457
satisfied: 458

(a) The individual's condition is assessed by any of the 459
following who has complied with the requirements in division (E) 460

(4) <u>(3)</u> of this section:	461
(i) A physician;	462
(ii) A licensed health care professional <u>who is authorized</u> by the youth sports organization, pursuant to division (E) (2) of this section, authorizes to assess an individual who has been removed from practice or competition under division (D) of this section;	463 464 465 466 467
(iii) A licensed health care professional who meets the minimum education requirements established by rules adopted under section 3707.521 of the Revised Code by the professional's licensing agency.	468 469 470 471
(b) The individual receives written clearance that it is safe for the individual to return to practice or competition from the physician or licensed health care professional who assessed the individual's condition.	472 473 474 475
(2) A youth sports organization may authorize a licensed health care professional to make an assessment or grant a clearance for purposes of division (E) (1) of this section only if the professional is acting in accordance with one of the following, as applicable to the professional's authority to practice in this state:	476 477 478 479 480 481
(a) In consultation with a physician;	482
(b) Pursuant to the referral of a physician;	483
(c) In collaboration with a physician;	484
(d) Under the supervision of a physician.	485
(3) A physician or licensed health care professional who makes an assessment or grants a clearance for purposes of	486 487

division (E) (1) of this section may be a volunteer. 488

~~(4)~~ (3) Beginning one year after ~~the effective date of~~ 489
~~this amendment~~ September 17, 2014, all physicians and licensed 490
health care professionals who conduct assessments and clearances 491
under division (E) (1) of this section must meet the minimum 492
education requirements established by rules adopted under 493
section 3707.521 of the Revised Code by their respective 494
licensing agencies. 495

(F) (1) A youth sports organization or official, employee, 496
or volunteer of a youth sports organization, including a coach 497
or referee, is not liable in damages in a civil action for 498
injury, death, or loss to person or property allegedly arising 499
from providing services or performing duties under this section, 500
unless the act or omission constitutes willful or wanton 501
misconduct. 502

(2) This section does not eliminate, limit, or reduce any 503
other immunity or defense that a public entity, public official, 504
or public employee may be entitled to under Chapter 2744. or any 505
other provision of the Revised Code or under the common law of 506
this state. 507

Sec. 3719.06. (A) (1) A licensed health professional 508
authorized to prescribe drugs, if acting in the course of 509
professional practice, in accordance with the laws regulating 510
the professional's practice, and in accordance with rules 511
adopted by the state board of pharmacy, may, except as provided 512
in division (A) (2) or (3) of this section, do the following: 513

(a) Prescribe schedule II, III, IV, and V controlled 514
substances; 515

(b) Administer or personally furnish to patients schedule 516

II, III, IV, and V controlled substances;	517
(c) Cause schedule II, III, IV, and V controlled substances to be administered under the prescriber's direction and supervision.	518 519 520
(2) A licensed health professional authorized to prescribe drugs who is a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner is subject to both of the following:	521 522 523 524
(a) A schedule II controlled substance may be prescribed only in accordance with division (C) <u>(B)</u> of section 4723.481 of the Revised Code.	525 526 527
(b) No schedule II controlled substance shall be personally furnished to any patient.	528 529
(3) A licensed health professional authorized to prescribe drugs who is a physician assistant is subject to all of the following:	530 531 532
(a) A controlled substance may be prescribed or personally furnished only if it is included in the physician-delegated prescriptive authority granted to the physician assistant in accordance with Chapter 4730. of the Revised Code.	533 534 535 536
(b) A schedule II controlled substance may be prescribed only in accordance with division (B)(4) of section 4730.41 and section 4730.411 of the Revised Code.	537 538 539
(c) No schedule II controlled substance shall be personally furnished to any patient.	540 541
(B) No licensed health professional authorized to prescribe drugs shall prescribe, administer, or personally furnish a schedule III anabolic steroid for the purpose of human	542 543 544

muscle building or enhancing human athletic performance and no 545
pharmacist shall dispense a schedule III anabolic steroid for 546
either purpose, unless it has been approved for that purpose 547
under the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 548
(1938), 21 U.S.C.A. 301, as amended. 549

(C) Each written prescription shall be properly executed, 550
dated, and signed by the prescriber on the day when issued and 551
shall bear the full name and address of the person for whom, or 552
the owner of the animal for which, the controlled substance is 553
prescribed and the full name, address, and registry number under 554
the federal drug abuse control laws of the prescriber. If the 555
prescription is for an animal, it shall state the species of the 556
animal for which the controlled substance is prescribed. 557

Sec. 3727.06. (A) As used in this section: 558

(1) "Doctor" means an individual authorized to practice 559
medicine and surgery or osteopathic medicine and surgery. 560

(2) "Podiatrist" means an individual authorized to 561
practice podiatric medicine and surgery. 562

(B) (1) Only the following may admit a patient to a 563
hospital: 564

(a) A doctor who is a member of the hospital's medical 565
staff; 566

(b) A dentist who is a member of the hospital's medical 567
staff; 568

(c) A podiatrist who is a member of the hospital's medical 569
staff; 570

(d) A clinical nurse specialist, certified nurse-midwife, 571
or certified nurse practitioner if ~~all of the following~~ 572

~~conditions are met:—~~ 573

~~(i) The clinical nurse specialist, certified nurse—~~ 574
~~midwife, or certified nurse practitioner has a standard care—~~ 575
~~arrangement entered into pursuant to section 4723.431 of the—~~ 576
~~Revised Code with a collaborating doctor or podiatrist who is a—~~ 577
~~member of the medical staff;—~~ 578

~~(ii) The patient will be under the medical supervision of—~~ 579
~~the collaborating doctor or podiatrist;—~~ 580

~~(iii) The the hospital has granted the clinical nurse~~ 581
~~specialist, certified nurse-midwife, or certified nurse~~ 582
~~practitioner admitting privileges and appropriate credentials.~~ 583

(e) A physician assistant if all of the following 584
conditions are met: 585

(i) The physician assistant is listed on a supervision 586
agreement entered into under section 4730.19 of the Revised Code 587
for a doctor or podiatrist who is a member of the hospital's 588
medical staff. 589

(ii) The patient will be under the medical supervision of 590
the supervising doctor or podiatrist. 591

(iii) The hospital has granted the physician assistant 592
admitting privileges and appropriate credentials. 593

(2) Prior to admitting a patient, a ~~clinical nurse—~~ 594
~~specialist, certified nurse-midwife, certified nurse—~~ 595
~~practitioner, or physician assistant shall notify the~~ 596
~~collaborating or supervising doctor or podiatrist of the planned~~ 597
~~admission.~~ 598

(C) All hospital patients shall be under the medical 599
supervision of a doctor, except that services that may be 600

rendered by a licensed dentist pursuant to Chapter 4715. of the 601
Revised Code provided to patients admitted solely for the 602
purpose of receiving such services shall be under the 603
supervision of the admitting dentist and that services that may 604
be rendered by a podiatrist pursuant to section 4731.51 of the 605
Revised Code provided to patients admitted solely for the 606
purpose of receiving such services shall be under the 607
supervision of the admitting podiatrist. If treatment not within 608
the scope of Chapter 4715. or section 4731.51 of the Revised 609
Code is required at the time of admission by a dentist or 610
podiatrist, or becomes necessary during the course of hospital 611
treatment by a dentist or podiatrist, such treatment shall be 612
under the supervision of a doctor who is a member of the medical 613
staff. It shall be the responsibility of the admitting dentist 614
or podiatrist to make arrangements with a doctor who is a member 615
of the medical staff to be responsible for the patient's 616
treatment outside the scope of Chapter 4715. or section 4731.51 617
of the Revised Code when necessary during the patient's stay in 618
the hospital. 619

Sec. 3923.233. Notwithstanding any provision of any 620
certificate furnished by an insurer in connection with or 621
pursuant to any group sickness and accident insurance policy 622
delivered, issued, renewed, or used, in or outside this state, 623
on or after January 1, 1985, and notwithstanding any provision 624
of any policy of insurance delivered, issued for delivery, 625
renewed, or used, in or outside this state, on or after January 626
1, 1985, whenever the policy or certificate is subject to the 627
jurisdiction of this state and provides for reimbursement for 628
any service that may be legally performed by an advanced 629
practice registered nurse who holds a current, valid license 630
issued under Chapter 4723. of the Revised Code and is designated 631

as a certified nurse-midwife in accordance with section 4723.42 632
of the Revised Code, reimbursement under the policy or 633
certificate shall not be denied to a certified nurse-midwife 634
performing the service ~~in collaboration with a licensed-~~ 635
~~physician. The collaborating physician shall be identified on an-~~ 636
~~insurance claim form.~~ 637

~~The cost of collaboration with a certified nurse-midwife-~~ 638
~~by a licensed physician as required under section 4723.43 of the-~~ 639
~~Revised Code is a reimbursable expense.~~ 640

~~The division of any reimbursement payment for services-~~ 641
~~performed by a certified nurse-midwife between the certified-~~ 642
~~nurse-midwife and the certified nurse-midwife's collaborating-~~ 643
~~physician shall be determined and mutually agreed upon by the-~~ 644
~~certified nurse-midwife and the physician. The division of fees-~~ 645
~~shall not be considered a violation of division (B) (17) of-~~ 646
~~section 4731.22 of the Revised Code. In no case shall the total-~~ 647
~~fees charged exceed the fee the physician would have charged had-~~ 648
~~the physician provided the entire service.~~ 649

Sec. 3923.301. Every person, the state and any of its 650
instrumentalities, any county, township, school district, or 651
other political subdivision and any of its instrumentalities, 652
and any municipal corporation and any of its instrumentalities 653
that provides payment for health care benefits for any of its 654
employees resident in this state, which benefits are not 655
provided by contract with an insurer qualified to provide 656
sickness and accident insurance or a health insuring 657
corporation, and that includes reimbursement for any service 658
that may be legally performed by an advanced practice registered 659
nurse who holds a current, valid license issued under Chapter 660
4723. of the Revised Code and is designated as a certified 661

nurse-midwife in accordance with section 4723.42 of the Revised Code, shall not deny reimbursement to a certified nurse-midwife performing the service ~~if the service is performed in collaboration with a licensed physician. The collaborating physician shall be identified on the claim form.~~

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

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

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

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

represent pediatric, obstetric, and nursing professionals. 692

(2) The policy shall cover a physician-directed source of 693
follow-up care or a source of follow-up care directed by an 694
advanced practice registered nurse. Services covered as follow- 695
up care shall include physical assessment of the mother and 696
newborn, parent education, assistance and training in breast or 697
bottle feeding, assessment of the home support system, 698
performance of any medically necessary and appropriate clinical 699
tests, and any other services that are consistent with the 700
follow-up care recommended in the protocols and guidelines 701
developed by national organizations that represent pediatric, 702
obstetric, and nursing professionals. The coverage shall apply 703
to services provided in a medical setting or through home health 704
care visits. The coverage shall apply to a home health care 705
visit only if the health care professional who conducts the 706
visit is knowledgeable and experienced in maternity and newborn 707
care. 708

When a decision is made in accordance with division (B) of 709
this section to discharge a mother or newborn prior to the 710
expiration of the applicable number of hours of inpatient care 711
required to be covered, the coverage of follow-up care shall 712
apply to all follow-up care that is provided within seventy-two 713
hours after discharge. When a mother or newborn receives at 714
least the number of hours of inpatient care required to be 715
covered, the coverage of follow-up care shall apply to follow-up 716
care that is determined to be medically necessary by the health 717
care professionals responsible for discharging the mother or 718
newborn. 719

(B) Any decision to shorten the length of inpatient stay 720
to less than that specified under division (A)(1) of this 721

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

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

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

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

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

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

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

pertaining to the health care professionals and facilities from 751
which an individual is authorized to receive health care 752
services; 753

(2) Require a mother or newborn to stay in a hospital or 754
other inpatient setting for a fixed period of time following 755
delivery; 756

(3) Require a child to be delivered in a hospital or other 757
inpatient setting; 758

(4) Authorize a certified nurse-midwife to practice beyond 759
the authority to practice nurse-midwifery in accordance with 760
Chapter 4723. of the Revised Code; 761

(5) Establish minimum standards of medical diagnosis, care 762
or treatment for inpatient or follow-up care for a mother or 763
newborn. A deviation from the care required to be covered under 764
this section shall not, solely on the basis of this section, 765
give rise to a medical claim or derivative medical claim, as 766
those terms are defined in section 2305.113 of the Revised Code. 767

Sec. 3923.64. (A) Notwithstanding section 3901.71 of the 768
Revised Code, each public employee benefit plan established or 769
modified in this state that provides maternity benefits shall 770
provide coverage of inpatient care and follow-up care for a 771
mother and her newborn as follows: 772

(1) The plan shall cover a minimum of forty-eight hours of 773
inpatient care following a normal vaginal delivery and a minimum 774
of ninety-six hours of inpatient care following a cesarean 775
delivery. Services covered as inpatient care shall include 776
medical, educational, and any other services that are consistent 777
with the inpatient care recommended in the protocols and 778
guidelines developed by national organizations that represent 779

pediatric, obstetric, and nursing professionals. 780

(2) The plan shall cover a physician-directed source of 781
follow-up care or a source of follow-up care directed by an 782
advanced practice registered nurse. Services covered as follow- 783
up care shall include physical assessment of the mother and 784
newborn, parent education, assistance and training in breast or 785
bottle feeding, assessment of the home support system, 786
performance of any medically necessary and appropriate clinical 787
tests, and any other services that are consistent with the 788
follow-up care recommended in the protocols and guidelines 789
developed by national organizations that represent pediatric, 790
obstetric, and nursing professionals. The coverage shall apply 791
to services provided in a medical setting or through home health 792
care visits. The coverage shall apply to a home health care 793
visit only if the health care professional who conducts the 794
visit is knowledgeable and experienced in maternity and newborn 795
care. 796

When a decision is made in accordance with division (B) of 797
this section to discharge a mother or newborn prior to the 798
expiration of the applicable number of hours of inpatient care 799
required to be covered, the coverage of follow-up care shall 800
apply to all follow-up care that is provided within seventy-two 801
hours after discharge. When a mother or newborn receives at 802
least the number of hours of inpatient care required to be 803
covered, the coverage of follow-up care shall apply to follow-up 804
care that is determined to be medically necessary by the health 805
care professionals responsible for discharging the mother or 806
newborn. 807

(B) Any decision to shorten the length of inpatient stay 808
to less than that specified under division (A) (1) of this 809

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

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

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

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

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

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

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

which an individual is authorized to receive health care 839
services; 840

(2) Require a mother or newborn to stay in a hospital or 841
other inpatient setting for a fixed period of time following 842
delivery; 843

(3) Require a child to be delivered in a hospital or other 844
inpatient setting; 845

(4) Authorize a certified nurse-midwife to practice beyond 846
the authority to practice nurse-midwifery in accordance with 847
Chapter 4723. of the Revised Code; 848

(5) Establish minimum standards of medical diagnosis, 849
care, or treatment for inpatient or follow-up care for a mother 850
or newborn. A deviation from the care required to be covered 851
under this section shall not, solely on the basis of this 852
section, give rise to a medical claim or derivative medical 853
claim, as those terms are defined in section 2305.113 of the 854
Revised Code. 855

Sec. 4723.01. As used in this chapter: 856

(A) "Registered nurse" means an individual who holds a 857
current, valid license issued under this chapter that authorizes 858
the practice of nursing as a registered nurse. 859

(B) "Practice of nursing as a registered nurse" means 860
providing to individuals and groups nursing care requiring 861
specialized knowledge, judgment, and skill derived from the 862
principles of biological, physical, behavioral, social, and 863
nursing sciences. Such nursing care includes: 864

(1) Identifying patterns of human responses to actual or 865
potential health problems amenable to a nursing regimen; 866

- (2) Executing a nursing regimen through the selection, 867
performance, management, and evaluation of nursing actions; 868
- (3) Assessing health status for the purpose of providing 869
nursing care; 870
- (4) Providing health counseling and health teaching; 871
- (5) Administering medications, treatments, and executing 872
regimens authorized by an individual who is authorized to 873
practice in this state and is acting within the course of the 874
individual's professional practice; 875
- (6) Teaching, administering, supervising, delegating, and 876
evaluating nursing practice. 877
- (C) "Nursing regimen" may include preventative, 878
restorative, and health-promotion activities. 879
- (D) "Assessing health status" means the collection of data 880
through nursing assessment techniques, which may include 881
interviews, observation, and physical evaluations for the 882
purpose of providing nursing care. 883
- (E) "Licensed practical nurse" means an individual who 884
holds a current, valid license issued under this chapter that 885
authorizes the practice of nursing as a licensed practical 886
nurse. 887
- (F) "The practice of nursing as a licensed practical 888
nurse" means providing to individuals and groups nursing care 889
requiring the application of basic knowledge of the biological, 890
physical, behavioral, social, and nursing sciences at the 891
direction of a registered nurse or any of the following who is 892
authorized to practice in this state: a physician, physician 893
assistant, dentist, podiatrist, optometrist, or chiropractor. 894

Such nursing care includes:	895
(1) Observation, patient teaching, and care in a diversity of health care settings;	896 897
(2) Contributions to the planning, implementation, and evaluation of nursing;	898 899
(3) Administration of medications and treatments authorized by an individual who is authorized to practice in this state and is acting within the course of the individual's professional practice on the condition that the licensed practical nurse is authorized under section 4723.17 of the Revised Code to administer medications;	900 901 902 903 904 905
(4) Administration to an adult of intravenous therapy authorized by an individual who is authorized to practice in this state and is acting within the course of the individual's professional practice, on the condition that the licensed practical nurse is authorized under section 4723.18 or 4723.181 of the Revised Code to perform intravenous therapy and performs intravenous therapy only in accordance with those sections;	906 907 908 909 910 911 912
(5) Delegation of nursing tasks as directed by a registered nurse;	913 914
(6) Teaching nursing tasks to licensed practical nurses and individuals to whom the licensed practical nurse is authorized to delegate nursing tasks as directed by a registered nurse.	915 916 917 918
(G) "Certified registered nurse anesthetist" means an advanced practice registered nurse who holds a current, valid license issued under this chapter and is designated as a certified registered nurse anesthetist in accordance with section 4723.42 of the Revised Code and rules adopted by the	919 920 921 922 923

board of nursing.	924
(H) "Clinical nurse specialist" means an advanced practice registered nurse who holds a current, valid license issued under this chapter and is designated as a clinical nurse specialist in accordance with section 4723.42 of the Revised Code and rules adopted by the board of nursing.	925 926 927 928 929
(I) "Certified nurse-midwife" means an advanced practice registered nurse who holds a current, valid license issued under this chapter and is designated as a certified nurse-midwife in accordance with section 4723.42 of the Revised Code and rules adopted by the board of nursing.	930 931 932 933 934
(J) "Certified nurse practitioner" means an advanced practice registered nurse who holds a current, valid license issued under this chapter and is designated as a certified nurse practitioner in accordance with section 4723.42 of the Revised Code and rules adopted by the board of nursing.	935 936 937 938 939
(K) "Physician" means an individual authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery.	940 941 942
(L) "Collaboration" or "collaborating" means the following:—	943 944
(1) In the case of a clinical nurse specialist or a certified nurse practitioner, that one or more podiatrists acting within the scope of practice of podiatry in accordance with section 4731.51 of the Revised Code and with whom the nurse has entered into a standard care arrangement or one or more physicians with whom the nurse has entered into a standard care arrangement are continuously available to communicate with the clinical nurse specialist or certified nurse practitioner either	945 946 947 948 949 950 951 952

~~in person or by electronic communication;~~ 953

~~(2) In the case of a certified nurse midwife, that one or
more physicians with whom the certified nurse midwife has
entered into a standard care arrangement are continuously
available to communicate with the certified nurse midwife either
in person or by electronic communication.~~ 954
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~~(M)~~ "Supervision," as it pertains to a certified 959
registered nurse anesthetist, means that the certified 960
registered nurse anesthetist is under the direction of a 961
podiatrist acting within the podiatrist's scope of practice in 962
accordance with section 4731.51 of the Revised Code, a dentist 963
acting within the dentist's scope of practice in accordance with 964
Chapter 4715. of the Revised Code, or a physician, and, when 965
administering anesthesia, the certified registered nurse 966
anesthetist is in the immediate presence of the podiatrist, 967
dentist, or physician. 968

~~(N) "Standard care arrangement" means a written, formal
guide for planning and evaluating a patient's health care that
is developed by one or more collaborating physicians or
podiatrists and a clinical nurse specialist, certified nurse
midwife, or certified nurse practitioner and meets the
requirements of section 4723.431 of the Revised Code.~~ 969
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~~(O)~~ (M) "Advanced practice registered nurse" means an 975
individual who holds a current, valid license issued under this 976
chapter that authorizes the practice of nursing as an advanced 977
practice registered nurse and is designated as any of the 978
following: 979

(1) A certified registered nurse anesthetist; 980

(2) A clinical nurse specialist; 981

(3) A certified nurse-midwife;	982
(4) A certified nurse practitioner.	983
(P) <u>(N)</u> "Practice of nursing as an advanced practice registered nurse" means providing to individuals and groups nursing care that requires knowledge and skill obtained from advanced formal education, training, and clinical experience. Such nursing care includes the care described in section 4723.43 of the Revised Code.	984 985 986 987 988 989
(Q) <u>(O)</u> "Dialysis care" means the care and procedures that a dialysis technician or dialysis technician intern is authorized to provide and perform, as specified in section 4723.72 of the Revised Code.	990 991 992 993
(R) <u>(P)</u> "Dialysis technician" means an individual who holds a current, valid certificate to practice as a dialysis technician issued under section 4723.75 of the Revised Code.	994 995 996
(S) <u>(Q)</u> "Dialysis technician intern" means an individual who holds a current, valid certificate to practice as a dialysis technician intern issued under section 4723.75 of the Revised Code.	997 998 999 1000
(T) <u>(R)</u> "Certified community health worker" means an individual who holds a current, valid certificate as a community health worker issued under section 4723.85 of the Revised Code.	1001 1002 1003
(U) <u>(S)</u> "Medication aide" means an individual who holds a current, valid certificate issued under this chapter that authorizes the individual to administer medication in accordance with section 4723.67 of the Revised Code.	1004 1005 1006 1007
(V) <u>(T)</u> " Nursing specialty <u>Designation</u> " means a specialty in practice designation as a certified registered nurse	1008 1009

anesthetist, clinical nurse specialist, certified nurse-midwife, 1010
or certified nurse practitioner. 1011

Sec. 4723.07. In accordance with Chapter 119. of the 1012
Revised Code, the board of nursing shall adopt and may amend and 1013
rescind rules that establish all of the following: 1014

(A) Provisions for the board's government and control of 1015
its actions and business affairs; 1016

(B) Minimum standards for nursing education programs that 1017
prepare graduates to be licensed under this chapter and 1018
procedures for granting, renewing, and withdrawing approval of 1019
those programs; 1020

(C) Criteria that applicants for licensure must meet to be 1021
eligible to take examinations for licensure; 1022

(D) Standards and procedures for renewal of the licenses 1023
and certificates issued by the board; 1024

(E) Standards for approval of continuing nursing education 1025
programs and courses for registered nurses, advanced practice 1026
registered nurses, and licensed practical nurses. The standards 1027
may provide for approval of continuing nursing education 1028
programs and courses that have been approved by other state 1029
boards of nursing or by national accreditation systems for 1030
nursing, including, but not limited to, the American nurses' 1031
credentialing center and the national association for practical 1032
nurse education and service. 1033

(F) Standards that persons must meet to be authorized by 1034
the board to approve continuing education programs and courses 1035
and a schedule by which that authorization expires and may be 1036
renewed; 1037

(G) Requirements, including continuing education	1038
requirements, for reactivating inactive licenses or	1039
certificates, and for reinstating licenses or certificates that	1040
have lapsed;	1041
(H) Conditions that may be imposed for reinstatement of a	1042
license or certificate following action taken under section	1043
3123.47, 4723.28, 4723.281, 4723.652, or 4723.86 of the Revised	1044
Code resulting in a license or certificate suspension;	1045
(I) Requirements for board approval of courses in	1046
medication administration by licensed practical nurses;	1047
(J) Criteria for evaluating the qualifications of an	1048
applicant for a license to practice nursing as a registered	1049
nurse, a license to practice nursing as an advanced practice	1050
registered nurse, or a license to practice nursing as a licensed	1051
practical nurse for the purpose of issuing the license by the	1052
board's endorsement of the applicant's authority to practice	1053
issued by the licensing agency of another state;	1054
(K) Universal and standard precautions that shall be used	1055
by each licensee or certificate holder. The rules shall define	1056
and establish requirements for universal and standard	1057
precautions that include the following:	1058
(1) Appropriate use of hand washing;	1059
(2) Disinfection and sterilization of equipment;	1060
(3) Handling and disposal of needles and other sharp	1061
instruments;	1062
(4) Wearing and disposal of gloves and other protective	1063
garments and devices.	1064
(L) Quality assurance standards for advanced practice	1065

registered nurses; 1066

~~(M) Additional criteria for the standard care arrangement
required by section 4723.431 of the Revised Code entered into by
a clinical nurse specialist, certified nurse midwife, or
certified nurse practitioner and the nurse's collaborating
physician or pediatricist;~~ 1067
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~~(N)~~ For purposes of division ~~(B) (31)~~ (B) (30) of section 1072
4723.28 of the Revised Code, the actions, omissions, or other 1073
circumstances that constitute failure to establish and maintain 1074
professional boundaries with a patient; 1075

~~(O)~~ (N) Standards and procedures for delegation under 1076
section 4723.48 of the Revised Code of the authority to 1077
administer drugs. 1078

The board may adopt other rules necessary to carry out the 1079
provisions of this chapter. The rules shall be adopted in 1080
accordance with Chapter 119. of the Revised Code. 1081

Sec. 4723.28. (A) The board of nursing, by a vote of a 1082
quorum, may impose one or more of the following sanctions if it 1083
finds that a person committed fraud in passing an examination 1084
required to obtain a license or dialysis technician certificate 1085
issued by the board or to have committed fraud, 1086
misrepresentation, or deception in applying for or securing any 1087
nursing license or dialysis technician certificate issued by the 1088
board: deny, revoke, suspend, or place restrictions on any 1089
nursing license or dialysis technician certificate issued by the 1090
board; reprimand or otherwise discipline a holder of a nursing 1091
license or dialysis technician certificate; or impose a fine of 1092
not more than five hundred dollars per violation. 1093

(B) The board of nursing, by a vote of a quorum, may 1094

impose one or more of the following sanctions: deny, revoke, 1095
suspend, or place restrictions on any nursing license or 1096
dialysis technician certificate issued by the board; reprimand 1097
or otherwise discipline a holder of a nursing license or 1098
dialysis technician certificate; or impose a fine of not more 1099
than five hundred dollars per violation. The sanctions may be 1100
imposed for any of the following: 1101

(1) Denial, revocation, suspension, or restriction of 1102
authority to engage in a licensed profession or practice a 1103
health care occupation, including nursing or practice as a 1104
dialysis technician, for any reason other than a failure to 1105
renew, in Ohio or another state or jurisdiction; 1106

(2) Engaging in the practice of nursing or engaging in 1107
practice as a dialysis technician, having failed to renew a 1108
nursing license or dialysis technician certificate issued under 1109
this chapter, or while a nursing license or dialysis technician 1110
certificate is under suspension; 1111

(3) Conviction of, a plea of guilty to, a judicial finding 1112
of guilt of, a judicial finding of guilt resulting from a plea 1113
of no contest to, or a judicial finding of eligibility for a 1114
pretrial diversion or similar program or for intervention in 1115
lieu of conviction for, a misdemeanor committed in the course of 1116
practice; 1117

(4) Conviction of, a plea of guilty to, a judicial finding 1118
of guilt of, a judicial finding of guilt resulting from a plea 1119
of no contest to, or a judicial finding of eligibility for a 1120
pretrial diversion or similar program or for intervention in 1121
lieu of conviction for, any felony or of any crime involving 1122
gross immorality or moral turpitude; 1123

(5) Selling, giving away, or administering drugs or 1124
therapeutic devices for other than legal and legitimate 1125
therapeutic purposes; or conviction of, a plea of guilty to, a 1126
judicial finding of guilt of, a judicial finding of guilt 1127
resulting from a plea of no contest to, or a judicial finding of 1128
eligibility for a pretrial diversion or similar program or for 1129
intervention in lieu of conviction for, violating any municipal, 1130
state, county, or federal drug law; 1131

(6) Conviction of, a plea of guilty to, a judicial finding 1132
of guilt of, a judicial finding of guilt resulting from a plea 1133
of no contest to, or a judicial finding of eligibility for a 1134
pretrial diversion or similar program or for intervention in 1135
lieu of conviction for, an act in another jurisdiction that 1136
would constitute a felony or a crime of moral turpitude in Ohio; 1137

(7) Conviction of, a plea of guilty to, a judicial finding 1138
of guilt of, a judicial finding of guilt resulting from a plea 1139
of no contest to, or a judicial finding of eligibility for a 1140
pretrial diversion or similar program or for intervention in 1141
lieu of conviction for, an act in the course of practice in 1142
another jurisdiction that would constitute a misdemeanor in 1143
Ohio; 1144

(8) Self-administering or otherwise taking into the body 1145
any dangerous drug, as defined in section 4729.01 of the Revised 1146
Code, in any way that is not in accordance with a legal, valid 1147
prescription issued for that individual, or self-administering 1148
or otherwise taking into the body any drug that is a schedule I 1149
controlled substance; 1150

(9) Habitual or excessive use of controlled substances, 1151
other habit-forming drugs, or alcohol or other chemical 1152
substances to an extent that impairs the individual's ability to 1153

provide safe nursing care or safe dialysis care;	1154
(10) Impairment of the ability to practice according to acceptable and prevailing standards of safe nursing care or safe dialysis care because of the use of drugs, alcohol, or other chemical substances;	1155 1156 1157 1158
(11) Impairment of the ability to practice according to acceptable and prevailing standards of safe nursing care or safe dialysis care because of a physical or mental disability;	1159 1160 1161
(12) Assaulting or causing harm to a patient or depriving a patient of the means to summon assistance;	1162 1163
(13) Misappropriation or attempted misappropriation of money or anything of value in the course of practice;	1164 1165
(14) Adjudication by a probate court of being mentally ill or mentally incompetent. The board may reinstate the person's nursing license or dialysis technician certificate upon adjudication by a probate court of the person's restoration to competency or upon submission to the board of other proof of competency.	1166 1167 1168 1169 1170 1171
(15) The suspension or termination of employment by the United States department of defense or department of veterans affairs for any act that violates or would violate this chapter;	1172 1173 1174
(16) Violation of this chapter or any rules adopted under it;	1175 1176
(17) Violation of any restrictions placed by the board on a nursing license or dialysis technician certificate;	1177 1178
(18) Failure to use universal and standard precautions established by rules adopted under section 4723.07 of the Revised Code;	1179 1180 1181

(19) Failure to practice in accordance with acceptable and prevailing standards of safe nursing care or safe dialysis care;	1182 1183
(20) In the case of a registered nurse, engaging in activities that exceed the practice of nursing as a registered nurse;	1184 1185 1186
(21) In the case of a licensed practical nurse, engaging in activities that exceed the practice of nursing as a licensed practical nurse;	1187 1188 1189
(22) In the case of a dialysis technician, engaging in activities that exceed those permitted under section 4723.72 of the Revised Code;	1190 1191 1192
(23) Aiding and abetting a person in that person's practice of nursing without a license or practice as a dialysis technician without a certificate issued under this chapter;	1193 1194 1195
(24) In the case of an advanced practice registered nurse, except as provided in division (M) of this section, either of the following:	1196 1197 1198
(a) Waiving the payment of all or any part of a deductible or copayment that a patient, pursuant to a health insurance or health care policy, contract, or plan that covers such nursing services, would otherwise be required to pay if the waiver is used as an enticement to a patient or group of patients to receive health care services from that provider;	1199 1200 1201 1202 1203 1204
(b) Advertising that the nurse will waive the payment of all or any part of a deductible or copayment that a patient, pursuant to a health insurance or health care policy, contract, or plan that covers such nursing services, would otherwise be required to pay.	1205 1206 1207 1208 1209

(25) Failure to comply with the terms and conditions of participation in the chemical dependency monitoring program established under section 4723.35 of the Revised Code;	1210 1211 1212
(26) Failure to comply with the terms and conditions required under the practice intervention and improvement program established under section 4723.282 of the Revised Code;	1213 1214 1215
(27) In the case of an advanced practice registered nurse:	1216
(a) Engaging in activities that exceed those permitted for the nurse's nursing specialty under section 4723.43 of the Revised Code <u>for the nurse's designation</u> ;	1217 1218 1219
(b) Failure to meet the quality assurance standards established under section 4723.07 of the Revised Code.	1220 1221
(28) In the case of an advanced practice registered nurse other than a certified registered nurse anesthetist, failure to maintain a standard care arrangement in accordance with section 4723.431 of the Revised Code or to practice in accordance with the standard care arrangement;	1222 1223 1224 1225 1226
(29) In the case of an advanced practice registered nurse who is designated as a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner, failure to prescribe drugs and therapeutic devices in accordance with section 4723.481 of the Revised Code;	1227 1228 1229 1230 1231
(30) <u>(29)</u> Prescribing any drug or device to perform or induce an abortion, or otherwise performing or inducing an abortion;	1232 1233 1234
(31) <u>(30)</u> Failure to establish and maintain professional boundaries with a patient, as specified in rules adopted under section 4723.07 of the Revised Code;	1235 1236 1237

~~(32)~~-(31) Regardless of whether the contact or verbal 1238
behavior is consensual, engaging with a patient other than the 1239
spouse of the registered nurse, licensed practical nurse, or 1240
dialysis technician in any of the following: 1241

(a) Sexual contact, as defined in section 2907.01 of the 1242
Revised Code; 1243

(b) Verbal behavior that is sexually demeaning to the 1244
patient or may be reasonably interpreted by the patient as 1245
sexually demeaning. 1246

~~(33)~~-(32) Assisting suicide, as defined in section 3795.01 1247
of the Revised Code; 1248

~~(34)~~-(33) Failure to comply with the requirements in 1249
section 3719.061 of the Revised Code before issuing for a minor 1250
a prescription for an opioid analgesic, as defined in section 1251
3719.01 of the Revised Code; 1252

~~(35)~~-(34) Failure to comply with section 4723.487 of the 1253
Revised Code, unless the state board of pharmacy no longer 1254
maintains a drug database pursuant to section 4729.75 of the 1255
Revised Code; 1256

~~(36)~~-(35) The revocation, suspension, restriction, 1257
reduction, or termination of clinical privileges by the United 1258
States department of defense or department of veterans affairs 1259
or the termination or suspension of a certificate of 1260
registration to prescribe drugs by the drug enforcement 1261
administration of the United States department of justice. 1262

(C) Disciplinary actions taken by the board under 1263
divisions (A) and (B) of this section shall be taken pursuant to 1264
an adjudication conducted under Chapter 119. of the Revised 1265
Code, except that in lieu of a hearing, the board may enter into 1266

a consent agreement with an individual to resolve an allegation 1267
of a violation of this chapter or any rule adopted under it. A 1268
consent agreement, when ratified by a vote of a quorum, shall 1269
constitute the findings and order of the board with respect to 1270
the matter addressed in the agreement. If the board refuses to 1271
ratify a consent agreement, the admissions and findings 1272
contained in the agreement shall be of no effect. 1273

(D) The hearings of the board shall be conducted in 1274
accordance with Chapter 119. of the Revised Code, the board may 1275
appoint a hearing examiner, as provided in section 119.09 of the 1276
Revised Code, to conduct any hearing the board is authorized to 1277
hold under Chapter 119. of the Revised Code. 1278

In any instance in which the board is required under 1279
Chapter 119. of the Revised Code to give notice of an 1280
opportunity for a hearing and the applicant, licensee, or 1281
certificate holder does not make a timely request for a hearing 1282
in accordance with section 119.07 of the Revised Code, the board 1283
is not required to hold a hearing, but may adopt, by a vote of a 1284
quorum, a final order that contains the board's findings. In the 1285
final order, the board may order any of the sanctions listed in 1286
division (A) or (B) of this section. 1287

(E) If a criminal action is brought against a registered 1288
nurse, licensed practical nurse, or dialysis technician for an 1289
act or crime described in divisions (B)(3) to (7) of this 1290
section and the action is dismissed by the trial court other 1291
than on the merits, the board shall conduct an adjudication to 1292
determine whether the registered nurse, licensed practical 1293
nurse, or dialysis technician committed the act on which the 1294
action was based. If the board determines on the basis of the 1295
adjudication that the registered nurse, licensed practical 1296

nurse, or dialysis technician committed the act, or if the 1297
registered nurse, licensed practical nurse, or dialysis 1298
technician fails to participate in the adjudication, the board 1299
may take action as though the registered nurse, licensed 1300
practical nurse, or dialysis technician had been convicted of 1301
the act. 1302

If the board takes action on the basis of a conviction, 1303
plea, or a judicial finding as described in divisions (B) (3) to 1304
(7) of this section that is overturned on appeal, the registered 1305
nurse, licensed practical nurse, or dialysis technician may, on 1306
exhaustion of the appeal process, petition the board for 1307
reconsideration of its action. On receipt of the petition and 1308
supporting court documents, the board shall temporarily rescind 1309
its action. If the board determines that the decision on appeal 1310
was a decision on the merits, it shall permanently rescind its 1311
action. If the board determines that the decision on appeal was 1312
not a decision on the merits, it shall conduct an adjudication 1313
to determine whether the registered nurse, licensed practical 1314
nurse, or dialysis technician committed the act on which the 1315
original conviction, plea, or judicial finding was based. If the 1316
board determines on the basis of the adjudication that the 1317
registered nurse, licensed practical nurse, or dialysis 1318
technician committed such act, or if the registered nurse, 1319
licensed practical nurse, or dialysis technician does not 1320
request an adjudication, the board shall reinstate its action; 1321
otherwise, the board shall permanently rescind its action. 1322

Notwithstanding the provision of division (C) (2) of 1323
section 2953.32 of the Revised Code specifying that if records 1324
pertaining to a criminal case are sealed under that section the 1325
proceedings in the case shall be deemed not to have occurred, 1326
sealing of the following records on which the board has based an 1327

action under this section shall have no effect on the board's 1328
action or any sanction imposed by the board under this section: 1329
records of any conviction, guilty plea, judicial finding of 1330
guilt resulting from a plea of no contest, or a judicial finding 1331
of eligibility for a pretrial diversion program or intervention 1332
in lieu of conviction. 1333

The board shall not be required to seal, destroy, redact, 1334
or otherwise modify its records to reflect the court's sealing 1335
of conviction records. 1336

(F) The board may investigate an individual's criminal 1337
background in performing its duties under this section. As part 1338
of such investigation, the board may order the individual to 1339
submit, at the individual's expense, a request to the bureau of 1340
criminal identification and investigation for a criminal records 1341
check and check of federal bureau of investigation records in 1342
accordance with the procedure described in section 4723.091 of 1343
the Revised Code. 1344

(G) During the course of an investigation conducted under 1345
this section, the board may compel any registered nurse, 1346
licensed practical nurse, or dialysis technician or applicant 1347
under this chapter to submit to a mental or physical 1348
examination, or both, as required by the board and at the 1349
expense of the individual, if the board finds reason to believe 1350
that the individual under investigation may have a physical or 1351
mental impairment that may affect the individual's ability to 1352
provide safe nursing care. Failure of any individual to submit 1353
to a mental or physical examination when directed constitutes an 1354
admission of the allegations, unless the failure is due to 1355
circumstances beyond the individual's control, and a default and 1356
final order may be entered without the taking of testimony or 1357

presentation of evidence. 1358

If the board finds that an individual is impaired, the 1359
board shall require the individual to submit to care, 1360
counseling, or treatment approved or designated by the board, as 1361
a condition for initial, continued, reinstated, or renewed 1362
authority to practice. The individual shall be afforded an 1363
opportunity to demonstrate to the board that the individual can 1364
begin or resume the individual's occupation in compliance with 1365
acceptable and prevailing standards of care under the provisions 1366
of the individual's authority to practice. 1367

For purposes of this division, any registered nurse, 1368
licensed practical nurse, or dialysis technician or applicant 1369
under this chapter shall be deemed to have given consent to 1370
submit to a mental or physical examination when directed to do 1371
so in writing by the board, and to have waived all objections to 1372
the admissibility of testimony or examination reports that 1373
constitute a privileged communication. 1374

(H) The board shall investigate evidence that appears to 1375
show that any person has violated any provision of this chapter 1376
or any rule of the board. Any person may report to the board any 1377
information the person may have that appears to show a violation 1378
of any provision of this chapter or rule of the board. In the 1379
absence of bad faith, any person who reports such information or 1380
who testifies before the board in any adjudication conducted 1381
under Chapter 119. of the Revised Code shall not be liable for 1382
civil damages as a result of the report or testimony. 1383

(I) All of the following apply under this chapter with 1384
respect to the confidentiality of information: 1385

(1) Information received by the board pursuant to a 1386

complaint or an investigation is confidential and not subject to 1387
discovery in any civil action, except that the board may 1388
disclose information to law enforcement officers and government 1389
entities for purposes of an investigation of either a licensed 1390
health care professional, including a registered nurse, licensed 1391
practical nurse, or dialysis technician, or a person who may 1392
have engaged in the unauthorized practice of nursing or dialysis 1393
care. No law enforcement officer or government entity with 1394
knowledge of any information disclosed by the board pursuant to 1395
this division shall divulge the information to any other person 1396
or government entity except for the purpose of a government 1397
investigation, a prosecution, or an adjudication by a court or 1398
government entity. 1399

(2) If an investigation requires a review of patient 1400
records, the investigation and proceeding shall be conducted in 1401
such a manner as to protect patient confidentiality. 1402

(3) All adjudications and investigations of the board 1403
shall be considered civil actions for the purposes of section 1404
2305.252 of the Revised Code. 1405

(4) Any board activity that involves continued monitoring 1406
of an individual as part of or following any disciplinary action 1407
taken under this section shall be conducted in a manner that 1408
maintains the individual's confidentiality. Information received 1409
or maintained by the board with respect to the board's 1410
monitoring activities is not subject to discovery in any civil 1411
action and is confidential, except that the board may disclose 1412
information to law enforcement officers and government entities 1413
for purposes of an investigation of a licensee or certificate 1414
holder. 1415

(J) Any action taken by the board under this section 1416

resulting in a suspension from practice shall be accompanied by 1417
a written statement of the conditions under which the person may 1418
be reinstated to practice. 1419

(K) When the board refuses to grant a license or 1420
certificate to an applicant, revokes a license or certificate, 1421
or refuses to reinstate a license or certificate, the board may 1422
specify that its action is permanent. An individual subject to 1423
permanent action taken by the board is forever ineligible to 1424
hold a license or certificate of the type that was refused or 1425
revoked and the board shall not accept from the individual an 1426
application for reinstatement of the license or certificate or 1427
for a new license or certificate. 1428

(L) No unilateral surrender of a nursing license, 1429
certificate of authority, or dialysis technician certificate 1430
issued under this chapter shall be effective unless accepted by 1431
majority vote of the board. No application for a nursing 1432
license, certificate of authority, or dialysis technician 1433
certificate issued under this chapter may be withdrawn without a 1434
majority vote of the board. The board's jurisdiction to take 1435
disciplinary action under this section is not removed or limited 1436
when an individual has a license or certificate classified as 1437
inactive or fails to renew a license or certificate. 1438

(M) Sanctions shall not be imposed under division (B) (24) 1439
of this section against any licensee who waives deductibles and 1440
copayments as follows: 1441

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

available to the board upon request. 1447

(2) For professional services rendered to any other person 1448
licensed pursuant to this chapter to the extent allowed by this 1449
chapter and the rules of the board. 1450

Sec. 4723.41. (A) Each person who desires to practice 1451
nursing as a certified nurse-midwife and has not been authorized 1452
to practice midwifery prior to December 1, 1967, and each person 1453
who desires to practice nursing as a certified registered nurse 1454
anesthetist, clinical nurse specialist, or certified nurse 1455
practitioner shall file with the board of nursing a written 1456
application for a license to practice nursing as an advanced 1457
practice registered nurse and that specifies the desired 1458
~~designation in the desired specialty.~~ The application must be 1459
filed, under oath, on a form prescribed by the board accompanied 1460
by the application fee required by section 4723.08 of the 1461
Revised Code. 1462

Except as provided in division (B) of this section, at the 1463
time of making application, the applicant shall meet all of the 1464
following requirements: 1465

(1) Be a registered nurse; 1466

(2) Submit documentation satisfactory to the board that 1467
the applicant has earned a master's or doctoral degree with a 1468
major in a nursing specialty or in a related field that 1469
qualifies the applicant to sit for the certification examination 1470
of a national certifying organization approved by the board 1471
under section 4723.46 of the Revised Code; 1472

(3) Submit documentation satisfactory to the board of 1473
having passed the certification examination of a national 1474
certifying organization approved by the board under section 1475

4723.46 of the Revised Code to examine and certify, as 1476
applicable, nurse-midwives, registered nurse anesthetists, 1477
clinical nurse specialists, or nurse practitioners; 1478

(4) Submit an affidavit with the application that states 1479
all of the following: 1480

(a) That the applicant is the person named in the 1481
documents submitted under divisions (A) (2) and (3) of this 1482
section and is the lawful possessor thereof; 1483

(b) The applicant's age, residence, the school at which 1484
the applicant obtained education in the applicant's nursing 1485
specialty, and any other facts that the board requires; 1486

(c) The ~~specialty in which~~ designation sought by the 1487
applicant ~~seeks designation.~~ 1488

(B) (1) A certified registered nurse anesthetist, clinical 1489
nurse specialist, certified nurse-midwife, or certified nurse 1490
practitioner who is practicing or has practiced as such in 1491
another jurisdiction may apply for a license by endorsement to 1492
practice nursing as an advanced practice registered nurse and 1493
designation as a certified registered nurse anesthetist, 1494
clinical nurse specialist, certified nurse-midwife, or certified 1495
nurse practitioner in this state if the nurse meets the 1496
requirements set forth in division (A) of this section or 1497
division (B) (2) of this section. 1498

(2) If an applicant who is practicing or has practiced in 1499
another jurisdiction applies for designation under division (B) 1500
(2) of this section, the application shall be submitted to the 1501
board in the form prescribed by rules of the board and be 1502
accompanied by the application fee required by section 4723.08 1503
of the Revised Code. The application shall include evidence that 1504

the applicant meets the requirements of division (B) (2) of this 1505
section, holds authority to practice nursing and is in good 1506
standing in another jurisdiction granted after meeting 1507
requirements approved by the entity of that jurisdiction that 1508
regulates nurses, and other information required by rules of the 1509
board of nursing. 1510

With respect to the educational requirements and national 1511
certification requirements that an applicant under division (B) 1512
(2) of this section must meet, both of the following apply: 1513

(a) If the applicant is a certified registered nurse 1514
anesthetist, certified nurse-midwife, or certified nurse 1515
practitioner who, on or before December 31, 2000, obtained 1516
certification in the applicant's nursing specialty with a 1517
national certifying organization listed in division (A) (3) of 1518
section 4723.41 of the Revised Code as that division existed 1519
prior to March 20, 2013, or that was at that time approved by 1520
the board under section 4723.46 of the Revised Code, the 1521
applicant must have maintained the certification. The applicant 1522
is not required to have earned a master's or doctoral degree 1523
with a major in a nursing specialty or in a related field that 1524
qualifies the applicant to sit for the certification 1525
examination. 1526

(b) If the applicant is a clinical nurse specialist, one 1527
of the following must apply to the applicant: 1528

(i) On or before December 31, 2000, the applicant obtained 1529
a master's or doctoral degree with a major in a clinical area of 1530
nursing from an educational institution accredited by a national 1531
or regional accrediting organization. The applicant is not 1532
required to have passed a certification examination. 1533

(ii) On or before December 31, 2000, the applicant 1534
obtained a master's or doctoral degree in nursing or a related 1535
field and was certified as a clinical nurse specialist by the 1536
American nurses credentialing center or another national 1537
certifying organization that was at that time approved by the 1538
board under section 4723.46 of the Revised Code. 1539

(3) The board may grant a nonrenewable temporary permit to 1540
practice nursing as an advanced practice registered nurse to an 1541
applicant for licensure by endorsement if the board is satisfied 1542
by the evidence that the applicant holds a valid, unrestricted 1543
license in or equivalent authorization from another 1544
jurisdiction. The temporary permit shall expire at the earlier 1545
of one hundred eighty days after issuance or upon the issuance 1546
of a license by endorsement. 1547

Sec. 4723.42. (A) If the applicant for a license to 1548
practice nursing as an advanced practice registered nurse has 1549
met all the requirements of section 4723.41 of the Revised Code 1550
and has paid the fee required by section 4723.08 of the Revised 1551
Code, the board of nursing shall issue the license and designate 1552
the license holder as a certified registered nurse anesthetist, 1553
clinical nurse specialist, certified nurse-midwife, or certified 1554
nurse practitioner. The license and designation authorize the 1555
holder to practice as an advanced practice registered nurse ~~in~~ 1556
~~the specialty as~~ indicated by the designation. 1557

The board shall issue or deny the license not later than 1558
thirty days after receiving all of the documents required by 1559
section 4723.41 of the Revised Code. 1560

If an applicant is under investigation for a violation of 1561
this chapter, the board shall conclude the investigation not 1562
later than ninety days after receipt of all required documents, 1563

unless this ninety-day period is extended by written consent of 1564
the applicant, or unless the board determines that a substantial 1565
question of such a violation exists and the board has notified 1566
the applicant in writing of the reasons for the continuation of 1567
the investigation. If the board determines that the applicant 1568
has not violated this chapter, it shall issue a certificate not 1569
later than forty-five days after making that determination. 1570

(B) A license to practice nursing as an advanced practice 1571
registered nurse is subject to the renewal schedule that applies 1572
under section 4723.24 of the Revised Code. In providing renewal 1573
applications, the board shall follow the procedures that apply 1574
under section 4723.24 of the Revised Code for providing renewal 1575
applications to license holders. Failure of the license holder 1576
to receive an application for renewal from the board does not 1577
excuse the holder from the requirements of section 4723.44 of 1578
the Revised Code. 1579

A license holder seeking renewal of the license shall 1580
complete the renewal application and submit it to the board with 1581
all of the following: 1582

(1) The renewal fee established under section 4723.08 of 1583
the Revised Code and, if the application is submitted after it 1584
is due but before the license lapses, the fee established under 1585
that section for processing a late application for renewal; 1586

(2) Documentation satisfactory to the board that the 1587
holder has maintained certification in the nursing specialty 1588
with a national certifying organization approved by the board 1589
under section 4723.46 of the Revised Code; 1590

~~(3) A list of the names and business addresses of the 1591
holder's current collaborating physicians and podiatrists, if 1592~~

~~the holder is a clinical nurse specialist, certified nurse- 1593
midwife, or certified nurse practitioner; 1594~~

~~(4) If the license holder is a clinical nurse specialist, 1595
documentation satisfactory to the board that the holder has 1596
completed continuing education for that ~~specialty designation~~ as 1597
required by rule of the board. 1598~~

On receipt of the renewal application, fees, and 1599
documents, the board shall verify that the applicant holds a 1600
current, valid license to practice nursing as a registered nurse 1601
in this state and a current, valid license to practice nursing 1602
as an advanced practice registered nurse in this state, and, if 1603
it so verifies, shall renew the license to practice nursing as 1604
an advanced practice registered nurse. 1605

(C) An applicant for reinstatement of a license that has 1606
lapsed shall submit the reinstatement fee established under 1607
section 4723.08 of the Revised Code. 1608

(D) An individual who holds an active license and does not 1609
intend to practice in this state as an advanced practice 1610
registered nurse may send to the board written or electronic 1611
notice to that effect on or before the date the license lapses, 1612
and the board shall classify the license as inactive. 1613

Sec. 4723.43. A certified registered nurse anesthetist, 1614
clinical nurse specialist, certified nurse-midwife, or certified 1615
nurse practitioner may provide to individuals and groups nursing 1616
care that requires knowledge and skill obtained from advanced 1617
formal education and clinical experience. In this capacity as an 1618
advanced practice registered nurse, a certified nurse-midwife is 1619
subject to division (A) of this section, a certified registered 1620
nurse anesthetist is subject to division (B) of this section, a 1621

certified nurse practitioner is subject to division (C) of this 1622
section, and a clinical nurse specialist is subject to division 1623
(D) of this section. 1624

(A) A nurse authorized to practice as a certified nurse- 1625
midwife, ~~in collaboration with one or more physicians,~~ may 1626
provide the management of preventive services and those primary 1627
care services necessary to provide health care to women 1628
antepartally, intrapartally, postpartally, and gynecologically, 1629
consistent with the nurse's education and certification, and in 1630
accordance with rules adopted by the board of nursing. 1631

No certified nurse-midwife may perform version, deliver 1632
breech or face presentation, use forceps, do any obstetric 1633
operation, or treat any other abnormal condition, except in 1634
emergencies. Division (A) of this section does not prohibit a 1635
certified nurse-midwife from performing episiotomies or normal 1636
vaginal deliveries, or repairing vaginal tears. A certified 1637
nurse-midwife may, ~~in collaboration with one or more physicians,~~ 1638
prescribe drugs and therapeutic devices in accordance with 1639
section 4723.481 of the Revised Code. 1640

(B) A nurse authorized to practice as a certified 1641
registered nurse anesthetist, with the supervision and in the 1642
immediate presence of a physician, podiatrist, or dentist, may 1643
administer anesthesia and perform anesthesia induction, 1644
maintenance, and emergence, and may perform with supervision 1645
preanesthetic preparation and evaluation, postanesthesia care, 1646
and clinical support functions, consistent with the nurse's 1647
education and certification, and in accordance with rules 1648
adopted by the board. 1649

The physician, podiatrist, or dentist supervising a 1650
certified registered nurse anesthetist must be actively engaged 1651

in practice in this state. When a certified registered nurse 1652
anesthetist is supervised by a podiatrist, the nurse's scope of 1653
practice is limited to the anesthesia procedures that the 1654
podiatrist has the authority under section 4731.51 of the 1655
Revised Code to perform. A certified registered nurse 1656
anesthetist may not administer general anesthesia under the 1657
supervision of a podiatrist in a podiatrist's office. When a 1658
certified registered nurse anesthetist is supervised by a 1659
dentist, the nurse's scope of practice is limited to the 1660
anesthesia procedures that the dentist has the authority under 1661
Chapter 4715. of the Revised Code to perform. 1662

(C) A nurse authorized to practice as a certified nurse 1663
practitioner, ~~in collaboration with one or more physicians or~~ 1664
~~podiatrists,~~ may provide preventive and primary care services, 1665
provide services for acute illnesses, and evaluate and promote 1666
patient wellness within the nurse's ~~nursing-~~ 1667
~~specialty designation,~~ consistent with the nurse's education and 1668
certification, and in accordance with rules adopted by the 1669
board. A certified nurse practitioner may, ~~in collaboration with~~ 1670
~~one or more physicians or podiatrists,~~ prescribe drugs and 1671
therapeutic devices in accordance with section 4723.481 of the 1672
Revised Code. 1673

~~When a certified nurse practitioner is collaborating with~~ 1674
~~a podiatrist, the nurse's scope of practice is limited to the~~ 1675
~~procedures that the podiatrist has the authority under section~~ 1676
~~4731.51 of the Revised Code to perform.~~ 1677

(D) A nurse authorized to practice as a clinical nurse 1678
specialist, ~~in collaboration with one or more physicians or~~ 1679
~~podiatrists,~~ may provide and manage the care of individuals and 1680
groups with complex health problems and provide health care 1681

services that promote, improve, and manage health care within 1682
the nurse's ~~nursing specialty~~ designation, consistent with the 1683
nurse's education and in accordance with rules adopted by the 1684
board. A clinical nurse specialist may, ~~in collaboration with~~ 1685
~~one or more physicians or podiatrists,~~ prescribe drugs and 1686
therapeutic devices in accordance with section 4723.481 of the 1687
Revised Code. 1688

~~When a clinical nurse specialist is collaborating with a 1689
podiatrist, the nurse's scope of practice is limited to the 1690
procedures that the podiatrist has the authority under section- 1691
4731.51 of the Revised Code to perform. 1692~~

Sec. 4723.432. (A) An advanced practice registered nurse 1693
who is designated as a clinical nurse specialist, certified 1694
nurse-midwife, or certified nurse practitioner shall cooperate 1695
with the state medical board in any investigation the board 1696
conducts with respect to a physician or podiatrist ~~who~~ 1697
~~collaborates with the nurse.~~ The nurse shall cooperate with the 1698
board in any investigation the board conducts with respect to 1699
the unauthorized practice of medicine by the nurse. 1700

(B) An advanced practice registered nurse who is 1701
designated as a certified registered nurse anesthetist shall 1702
cooperate with the state medical board or state dental board in 1703
any investigation either board conducts with respect to a 1704
physician, podiatrist, or dentist who permits the nurse to 1705
practice with the supervision of that physician, podiatrist, or 1706
dentist. The nurse shall cooperate with either board in any 1707
investigation it conducts with respect to the unauthorized 1708
practice of medicine or dentistry by the nurse. 1709

Sec. 4723.44. (A) No person shall knowingly do any of the 1710
following unless the person holds a current, valid license 1711

issued by the board of nursing under this chapter to practice 1712
nursing as an advanced practice registered nurse ~~in the~~ 1713
~~specialty as~~ indicated by the designation: 1714

(1) Engage in the practice of nursing as an advanced 1715
practice registered nurse for a fee, salary, or other 1716
consideration, or as a volunteer; 1717

(2) Represent the person as being an advanced practice 1718
registered nurse, including representing the person as being a 1719
certified registered nurse anesthetist, clinical nurse 1720
specialist, certified nurse-midwife, or certified nurse 1721
practitioner; 1722

(3) Use any title or initials implying that the person is 1723
an advanced practice registered nurse, including using any title 1724
or initials implying the person is a certified registered nurse 1725
anesthetist, clinical nurse specialist, certified nurse-midwife, 1726
or certified nurse practitioner. 1727

(B) No advanced practice registered nurse shall knowingly 1728
do any of the following: 1729

(1) Engage, for a fee, salary, or other consideration, or 1730
as a volunteer, in the practice of a ~~nursing specialty~~ 1731
designation other than the specialty designated that indicated 1732
on the nurse's current, valid license issued by the board under 1733
this chapter to practice nursing as an advanced practice 1734
registered nurse; 1735

(2) Represent the person as being authorized to practice 1736
any ~~nursing specialty designation~~ other than ~~the specialty~~ 1737
designated that indicated on the current, valid license to 1738
practice nursing as an advanced practice registered nurse; 1739

(3) Use the title "certified registered nurse anesthetist" 1740

or the initials "N.A." or "C.R.N.A.," the title "clinical nurse 1741
specialist" or the initials "C.N.S.," the title "certified 1742
nurse-midwife" or the initials "C.N.M.," the title "certified 1743
nurse practitioner" or the initials "C.N.P.," the title 1744
"advanced practice registered nurse" or the initials "A.P.R.N.," 1745
or any other title or initials implying that the nurse is 1746
authorized to practice any nursing specialty designation other 1747
than the specialty designated that indicated on the nurse's 1748
current, valid license to practice nursing as an advanced 1749
practice registered nurse; 1750

~~(4) Except as provided in division (D) of section 4723.431- 1751
of the Revised Code, enter into a standard care arrangement with- 1752
a physician or podiatrist whose practice is not the same as or- 1753
similar to the nurse's nursing specialty;~~ 1754

~~(5) Prescribe drugs or therapeutic devices in a manner 1755
that does not comply with section 4723.481 of the Revised Code;~~ 1756

~~(6) (5) Prescribe any drug or device to perform or induce 1757
an abortion, or otherwise perform or induce an abortion.~~ 1758

(C) No person shall knowingly employ a person to engage in 1759
the practice of nursing as an advanced practice registered nurse 1760
unless the person so employed holds a current, valid license and 1761
designation issued by the board under this chapter to practice 1762
as an advanced practice registered nurse in the specialty as 1763
indicated by the designation. 1764

(D) A document certified by the executive director of the 1765
board, under the official seal of the board, to the effect that 1766
it appears from the records of the board that no license to 1767
practice nursing as an advanced practice registered nurse has 1768
been issued to the person specified in the document, or that a 1769

license to practice nursing as an advanced practice registered 1770
nurse, if issued, has been revoked or suspended, shall be 1771
received as prima-facie evidence of the record of the board in 1772
any court or before any officer of the state. 1773

Sec. 4723.48. (A) A clinical nurse specialist, certified 1774
nurse-midwife, or certified nurse practitioner who holds a 1775
license to practice nursing issued under section 4723.42 of the 1776
Revised Code may delegate to a person not otherwise authorized 1777
to administer drugs the authority to administer to a specified 1778
patient a drug, unless the drug is a controlled substance or is 1779
listed in the formulary established in rules adopted under 1780
section 4723.50 of the Revised Code. The delegation shall be in 1781
accordance with division (B) of this section and standards and 1782
procedures established in rules adopted under division ~~(O)~~(N) 1783
of section 4723.07 of the Revised Code. 1784

(B) Prior to delegating the authority, the nurse shall do 1785
both of the following: 1786

(1) Assess the patient and determine that the drug is 1787
appropriate for the patient; 1788

(2) Determine that the person to whom the authority will 1789
be delegated has met the conditions specified in division (D) of 1790
section 4723.489 of the Revised Code. 1791

Sec. 4723.481. This section establishes standards and 1792
conditions regarding the authority of an advanced practice 1793
registered nurse who is designated as a clinical nurse 1794
specialist, certified nurse-midwife, or certified nurse 1795
practitioner to prescribe and personally furnish drugs and 1796
therapeutic devices under a license issued under section 4723.42 1797
of the Revised Code. 1798

(A) Except as provided in division (F) of this section, a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner shall not prescribe or furnish any drug or therapeutic device that is listed on the exclusionary formulary established in rules adopted under section 4723.50 of the Revised Code.

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

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

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

(b) A physician initially prescribed the substance for the patient.

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

(2) The restrictions on prescriptive authority in division ~~(C) (1)~~ (B) (1) of this section do not apply if a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner issues the prescription to the patient from any of

the following locations:	1828
(a) A hospital registered under section 3701.07 of the Revised Code;	1829 1830
(b) An entity owned or controlled, in whole or in part, by a hospital or by an entity that owns or controls, in whole or in part, one or more hospitals;	1831 1832 1833
(c) A health care facility operated by the department of mental health and addiction services or the department of developmental disabilities;	1834 1835 1836
(d) A nursing home licensed under section 3721.02 of the Revised Code or by a political subdivision certified under section 3721.09 of the Revised Code;	1837 1838 1839
(e) A county home or district home operated under Chapter 5155. of the Revised Code that is certified under the medicare or medicaid program;	1840 1841 1842
(f) A hospice care program, as defined in section 3712.01 of the Revised Code;	1843 1844
(g) A community mental health services provider, as defined in section 5122.01 of the Revised Code;	1845 1846
(h) An ambulatory surgical facility, as defined in section 3702.30 of the Revised Code;	1847 1848
(i) A freestanding birthing center, as defined in section 3702.141 of the Revised Code;	1849 1850
(j) A federally qualified health center, as defined in section 3701.047 of the Revised Code;	1851 1852
(k) A federally qualified health center look-alike, as defined in section 3701.047 of the Revised Code;	1853 1854

(l) A health care office or facility operated by the board 1855
of health of a city or general health district or the authority 1856
having the duties of a board of health under section 3709.05 of 1857
the Revised Code; 1858

(m) A site where a medical practice is operated, but only 1859
if the practice is comprised of one or more physicians who also 1860
are owners of the practice; the practice is organized to provide 1861
direct patient care; and the clinical nurse specialist, 1862
certified nurse-midwife, or certified nurse practitioner 1863
~~providing provides~~ services at the site ~~has a standard care~~ 1864
~~arrangement and collaborates with at least one of the physician~~ 1865
~~owners who practices primarily at that site;~~ 1866

(n) A residential care facility, as defined in section 1867
3721.01 of the Revised Code. 1868

(3) A clinical nurse specialist, certified nurse-midwife, 1869
or certified nurse practitioner shall not issue to a patient a 1870
prescription for a schedule II controlled substance from a 1871
convenience care clinic even if the clinic is owned or operated 1872
by an entity specified in division ~~(C) (2)~~ (B) (2) of this 1873
section. 1874

~~(D)~~ (C) A pharmacist who acts in good faith reliance on a 1875
prescription issued by a clinical nurse specialist, certified 1876
nurse-midwife, or certified nurse practitioner under division 1877
~~(C) (2)~~ (B) (2) of this section is not liable for or subject to 1878
any of the following for relying on the prescription: damages in 1879
any civil action, prosecution in any criminal proceeding, or 1880
professional disciplinary action by the state board of pharmacy 1881
under Chapter 4729. of the Revised Code. 1882

~~(E)~~ (D) A clinical nurse specialist, certified nurse- 1883

midwife, or certified nurse practitioner shall comply with 1884
section 3719.061 of the Revised Code if the nurse prescribes for 1885
a minor, as defined in that section, an opioid analgesic, as 1886
defined in section 3719.01 of the Revised Code. 1887

~~(F) Until the board of nursing establishes a new formulary 1888
in rules adopted under section 4723.50 of the Revised Code, a 1889
clinical nurse specialist, certified nurse midwife, or certified 1890
nurse practitioner who prescribes or furnishes any drug or 1891
therapeutic device shall do so in accordance with the formulary 1892
established by the board prior to the effective date of this 1893
amendment. 1894~~

Sec. 4723.482. (A) An applicant for a license to practice 1895
nursing as an advanced practice registered nurse who seeks 1896
designation as a clinical nurse specialist, certified nurse- 1897
midwife, or certified nurse practitioner shall include with the 1898
application submitted under section 4723.41 of the Revised Code 1899
evidence of successfully completing the course of study in 1900
advanced pharmacology and related topics in accordance with the 1901
requirements specified in division (B) of this section. 1902

(B) With respect to the course of study in advanced 1903
pharmacology and related topics, all of the following 1904
requirements apply: 1905

(1) The course of study shall be completed not longer than 1906
five years before the application is filed. 1907

(2) The course of study shall be not less than forty-five 1908
contact hours. 1909

~~(3) The course of study shall meet the requirements to be 1910
approved by the board in accordance with standards established 1911
in rules adopted under section 4723.50 of the Revised Code. 1912~~

(4) The content of the course of study shall be specific	1913
to the applicant's nursing specialty <u>designation</u> .	1914
(5) <u>(4)</u> The instruction provided in the course of study	1915
shall include all of the following:	1916
(a) A minimum of thirty-six contact hours of instruction	1917
in advanced pharmacology that includes pharmacokinetic	1918
principles and clinical application and the use of drugs and	1919
therapeutic devices in the prevention of illness and maintenance	1920
of health;	1921
(b) Instruction in the fiscal and ethical implications of	1922
prescribing drugs and therapeutic devices;	1923
(c) Instruction in the state and federal laws that apply	1924
to the authority to prescribe;	1925
(d) Instruction that is specific to schedule II controlled	1926
substances, including instruction in all of the following:	1927
(i) Indications for the use of schedule II controlled	1928
substances in drug therapies;	1929
(ii) The most recent guidelines for pain management	1930
therapies, as established by state and national organizations	1931
such as the Ohio pain initiative and the American pain society;	1932
(iii) Fiscal and ethical implications of prescribing	1933
schedule II controlled substances;	1934
(iv) State and federal laws that apply to the authority to	1935
prescribe schedule II controlled substances;	1936
(v) Prevention of abuse and diversion of schedule II	1937
controlled substances, including identification of the risk of	1938
abuse and diversion, recognition of abuse and diversion, types	1939

of assistance available for prevention of abuse and diversion, 1940
and methods of establishing safeguards against abuse and 1941
diversion. 1942

(C) An applicant who practiced or is practicing as a 1943
clinical nurse specialist, certified nurse-midwife, or certified 1944
nurse practitioner in another jurisdiction or as an employee of 1945
the United States government shall include with the application 1946
submitted under section 4723.41 of the Revised Code all of the 1947
following: 1948

(1) Evidence of having completed a two-hour course of 1949
instruction approved by the board in the laws of this state that 1950
govern drugs and prescriptive authority; 1951

(2) Either of the following: 1952

(a) Evidence of having held, for a continuous period of at 1953
least one year during the three years immediately preceding the 1954
date of application, valid authority issued by another 1955
jurisdiction to prescribe therapeutic devices and drugs, 1956
including at least some controlled substances; 1957

(b) Evidence of having been employed by the United States 1958
government and authorized, for a continuous period of at least 1959
one year during the three years immediately preceding the date 1960
of application, to prescribe therapeutic devices and drugs, 1961
including at least some controlled substances, in conjunction 1962
with that employment. 1963

Sec. 4723.493. (A) There is hereby created within the 1964
board of nursing the advisory committee on advanced practice 1965
registered nursing. The committee shall consist of the following 1966
members and any other members the board appoints under division 1967
(B) of this section: 1968

(1) Four advanced practice registered nurses, each 1969
actively engaged in the practice of advanced practice registered 1970
nursing in a clinical setting in this state, at least one of 1971
whom is actively engaged in providing primary care, at least one 1972
of whom is actively engaged in practice as a certified 1973
registered nurse anesthetist, and at least one of whom is 1974
actively engaged in practice as a certified nurse-midwife; 1975

(2) Two advanced practice registered nurses, each serving 1976
as a faculty member of an approved program of nursing education 1977
that prepares students for licensure as advanced practice 1978
registered nurses; 1979

(3) A member of the board of nursing who is an advanced 1980
practice registered nurse; 1981

(4) A representative of an entity employing ten or more 1982
advanced practice registered nurses actively engaged in practice 1983
in this state. 1984

(B) The board of nursing shall appoint the members 1985
described in division (A) of this section. Recommendations for 1986
initial appointments and for filling any vacancies may be 1987
submitted to the board by organizations representing advanced 1988
practice registered nurses practicing in this state and by 1989
schools of advanced practice registered nursing. The board shall 1990
appoint initial members and fill vacancies according to the 1991
recommendations it receives. If it does not receive any 1992
recommendations or receives an insufficient number of 1993
recommendations, the board shall appoint members and fill 1994
vacancies on its own advice. 1995

Initial appointments to the committee shall be made not 1996
later than sixty days after ~~the effective date of this section~~ 1997

April 6, 2017. Of the initial appointments described in division 1998
(A) (1) of this section, two shall be for terms of one year and 1999
two shall be for terms of two years. Of the initial appointments 2000
described in division (A) (2) of this section, one shall be for a 2001
term of one year and one shall be for a term of two years. Of 2002
the initial appointments described in divisions (A) (3) and (4) 2003
of this section, each shall be for a term of two years. 2004
Thereafter, terms shall be for two years, with each term ending 2005
on the same day of the same month as did the term that it 2006
succeeds. Vacancies shall be filled in the same manner as 2007
appointments. 2008

When the term of any member expires, a successor shall be 2009
appointed in the same manner as the initial appointment. Any 2010
member appointed to fill a vacancy occurring prior to the 2011
expiration of the term for which the member's predecessor was 2012
appointed shall hold office for the remainder of that term. A 2013
member shall continue in office subsequent to the expiration 2014
date of the member's term until the member's successor takes 2015
office or until a period of sixty days has elapsed, whichever 2016
occurs first. A member may be reappointed for one additional 2017
term only. 2018

(C) The committee shall organize by selecting a 2019
chairperson from among its members. The committee may select a 2020
new chairperson at any time. Five members constitute a quorum 2021
for the transaction of official business. Members shall serve 2022
without compensation but receive payment for their actual and 2023
necessary expenses incurred in the performance of their official 2024
duties. The expenses shall be paid by the board of nursing. 2025

(D) The committee shall advise the board regarding the 2026
practice and regulation of advanced practice registered nurses 2027

and may make recommendations to the committee on prescriptive 2028
governance. The committee may also recommend to the board that 2029
an individual with expertise in an advanced practice registered 2030
~~nursing specialty~~ nurse designation be appointed under division 2031
(B) of this section as an additional member of the committee. 2032

Sec. 4723.50. (A) As used in this section: 2033

(1) "Controlled substance" has the same meaning as in 2034
section 3719.01 of the Revised Code. 2035

(2) "Medication-assisted treatment" has the same meaning 2036
as in section 340.01 of the Revised Code. 2037

(B) In accordance with Chapter 119. of the Revised Code, 2038
the board of nursing shall adopt rules as necessary to implement 2039
the provisions of this chapter pertaining to the authority of 2040
advanced practice registered nurses who are designated as 2041
clinical nurse specialists, certified nurse-midwives, and 2042
certified nurse practitioners to prescribe and furnish drugs and 2043
therapeutic devices. 2044

The board shall adopt rules that are consistent with a 2045
recommended exclusionary formulary the board receives from the 2046
committee on prescriptive governance pursuant to section 2047
4723.492 of the Revised Code. After reviewing a formulary 2048
submitted by the committee, the board may either adopt the 2049
formulary as a rule or ask the committee to reconsider and 2050
resubmit the formulary. The board shall not adopt any rule that 2051
does not conform to a formulary developed by the committee. 2052

The exclusionary formulary shall permit, in a manner 2053
consistent with section 4723.481 of the Revised Code, the 2054
prescribing of controlled substances, including drugs that 2055
contain buprenorphine used in medication-assisted treatment and 2056

both oral and long-acting opioid antagonists. The formulary 2057
shall not permit the prescribing or furnishing of any of the 2058
following: 2059

(1) A drug or device to perform or induce an abortion; 2060

(2) A drug or device prohibited by federal or state law. 2061

(C) In addition to the rules described in division (B) of 2062
this section, the board shall adopt rules under this section 2063
~~that do the following:—~~ 2064

~~(1) Establish standards for board approval of the course 2065
of study in advanced pharmacology and related topics required by 2066
section 4723.482 of the Revised Code;— 2067~~

~~(2) Establish establishing requirements for board approval 2068
of the two-hour course of instruction in the laws of this state 2069
as required under division (C) (1) of section 4723.482 of the 2070
Revised Code ~~and division (B) (2) of section 4723.484 of the 2071
Revised Code;— 2072~~~~

~~(3) Establish criteria for the components of the standard- 2073
care arrangements described in section 4723.431 of the Revised- 2074
Code that apply to the authority to prescribe, including the 2075
components that apply to the authority to prescribe schedule II- 2076
controlled substances. The rules shall be consistent with that- 2077
section and include all of the following:— 2078~~

~~(a) Quality assurance standards;— 2079~~

~~(b) Standards for periodic review by a collaborating 2080
physician or podiatrist of the records of patients treated by- 2081
the clinical nurse specialist, certified nurse midwife, or 2082
certified nurse practitioner;— 2083~~

~~(c) Acceptable travel time between the location at which- 2084~~

~~the clinical nurse specialist, certified nurse midwife, or
certified nurse practitioner is engaging in the prescribing
components of the nurse's practice and the location of the
nurse's collaborating physician or podiatrist;~~

~~(d) Any other criteria recommended by the committee on
prescriptive governance.~~

Sec. 4731.058. A physician shall not issue to a patient a
prescription for a schedule II controlled substance from a
convenience care clinic.

Sec. 4731.22. (A) The state medical board, by an
affirmative vote of not fewer than six of its members, may
limit, revoke, or suspend a license or certificate to practice
or certificate to recommend, refuse to grant a license or
certificate, refuse to renew a license or certificate, refuse to
reinstate a license or certificate, or reprimand or place on
probation the holder of a license or certificate if the
individual applying for or holding the license or certificate is
found by the board to have committed fraud during the
administration of the examination for a license or certificate
to practice or to have committed fraud, misrepresentation, or
deception in applying for, renewing, or securing any license or
certificate to practice or certificate to recommend issued by
the board.

(B) The board, by an affirmative vote of not fewer than
six members, shall, to the extent permitted by law, limit,
revoke, or suspend a license or certificate to practice or
certificate to recommend, refuse to issue a license or
certificate, refuse to renew a license or certificate, refuse to
reinstate a license or certificate, or reprimand or place on
probation the holder of a license or certificate for one or more

of the following reasons: 2115

(1) Permitting one's name or one's license or certificate 2116
to practice to be used by a person, group, or corporation when 2117
the individual concerned is not actually directing the treatment 2118
given; 2119

(2) Failure to maintain minimal standards applicable to 2120
the selection or administration of drugs, or failure to employ 2121
acceptable scientific methods in the selection of drugs or other 2122
modalities for treatment of disease; 2123

(3) Except as provided in section 4731.97 of the Revised 2124
Code, selling, giving away, personally furnishing, prescribing, 2125
or administering drugs for other than legal and legitimate 2126
therapeutic purposes or a plea of guilty to, a judicial finding 2127
of guilt of, or a judicial finding of eligibility for 2128
intervention in lieu of conviction of, a violation of any 2129
federal or state law regulating the possession, distribution, or 2130
use of any drug; 2131

(4) Willfully betraying a professional confidence. 2132

For purposes of this division, "willfully betraying a 2133
professional confidence" does not include providing any 2134
information, documents, or reports under sections 307.621 to 2135
307.629 of the Revised Code to a child fatality review board; 2136
does not include providing any information, documents, or 2137
reports to the director of health pursuant to guidelines 2138
established under section 3701.70 of the Revised Code; does not 2139
include written notice to a mental health professional under 2140
section 4731.62 of the Revised Code; and does not include the 2141
making of a report of an employee's use of a drug of abuse, or a 2142
report of a condition of an employee other than one involving 2143

the use of a drug of abuse, to the employer of the employee as 2144
described in division (B) of section 2305.33 of the Revised 2145
Code. Nothing in this division affects the immunity from civil 2146
liability conferred by section 2305.33 or 4731.62 of the Revised 2147
Code upon a physician who makes a report in accordance with 2148
section 2305.33 or notifies a mental health professional in 2149
accordance with section 4731.62 of the Revised Code. As used in 2150
this division, "employee," "employer," and "physician" have the 2151
same meanings as in section 2305.33 of the Revised Code. 2152

(5) Making a false, fraudulent, deceptive, or misleading 2153
statement in the solicitation of or advertising for patients; in 2154
relation to the practice of medicine and surgery, osteopathic 2155
medicine and surgery, podiatric medicine and surgery, or a 2156
limited branch of medicine; or in securing or attempting to 2157
secure any license or certificate to practice issued by the 2158
board. 2159

As used in this division, "false, fraudulent, deceptive, 2160
or misleading statement" means a statement that includes a 2161
misrepresentation of fact, is likely to mislead or deceive 2162
because of a failure to disclose material facts, is intended or 2163
is likely to create false or unjustified expectations of 2164
favorable results, or includes representations or implications 2165
that in reasonable probability will cause an ordinarily prudent 2166
person to misunderstand or be deceived. 2167

(6) A departure from, or the failure to conform to, 2168
minimal standards of care of similar practitioners under the 2169
same or similar circumstances, whether or not actual injury to a 2170
patient is established; 2171

(7) Representing, with the purpose of obtaining 2172
compensation or other advantage as personal gain or for any 2173

other person, that an incurable disease or injury, or other	2174
incurable condition, can be permanently cured;	2175
(8) The obtaining of, or attempting to obtain, money or	2176
anything of value by fraudulent misrepresentations in the course	2177
of practice;	2178
(9) A plea of guilty to, a judicial finding of guilt of,	2179
or a judicial finding of eligibility for intervention in lieu of	2180
conviction for, a felony;	2181
(10) Commission of an act that constitutes a felony in	2182
this state, regardless of the jurisdiction in which the act was	2183
committed;	2184
(11) A plea of guilty to, a judicial finding of guilt of,	2185
or a judicial finding of eligibility for intervention in lieu of	2186
conviction for, a misdemeanor committed in the course of	2187
practice;	2188
(12) Commission of an act in the course of practice that	2189
constitutes a misdemeanor in this state, regardless of the	2190
jurisdiction in which the act was committed;	2191
(13) A plea of guilty to, a judicial finding of guilt of,	2192
or a judicial finding of eligibility for intervention in lieu of	2193
conviction for, a misdemeanor involving moral turpitude;	2194
(14) Commission of an act involving moral turpitude that	2195
constitutes a misdemeanor in this state, regardless of the	2196
jurisdiction in which the act was committed;	2197
(15) Violation of the conditions of limitation placed by	2198
the board upon a license or certificate to practice;	2199
(16) Failure to pay license renewal fees specified in this	2200
chapter;	2201

(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 specific referral of a patient to utilize a particular service or business;

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

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

(19) Inability to practice according to acceptable and

prevailing standards of care by reason of mental illness or 2232
physical illness, including, but not limited to, physical 2233
deterioration that adversely affects cognitive, motor, or 2234
perceptive skills. 2235

In enforcing this division, the board, upon a showing of a 2236
possible violation, may compel any individual authorized to 2237
practice by this chapter or who has submitted an application 2238
pursuant to this chapter to submit to a mental examination, 2239
physical examination, including an HIV test, or both a mental 2240
and a physical examination. The expense of the examination is 2241
the responsibility of the individual compelled to be examined. 2242
Failure to submit to a mental or physical examination or consent 2243
to an HIV test ordered by the board constitutes an admission of 2244
the allegations against the individual unless the failure is due 2245
to circumstances beyond the individual's control, and a default 2246
and final order may be entered without the taking of testimony 2247
or presentation of evidence. If the board finds an individual 2248
unable to practice because of the reasons set forth in this 2249
division, the board shall require the individual to submit to 2250
care, counseling, or treatment by physicians approved or 2251
designated by the board, as a condition for initial, continued, 2252
reinstated, or renewed authority to practice. An individual 2253
affected under this division shall be afforded an opportunity to 2254
demonstrate to the board the ability to resume practice in 2255
compliance with acceptable and prevailing standards under the 2256
provisions of the individual's license or certificate. For the 2257
purpose of this division, any individual who applies for or 2258
receives a license or certificate to practice under this chapter 2259
accepts the privilege of practicing in this state and, by so 2260
doing, shall be deemed to have given consent to submit to a 2261
mental or physical examination when directed to do so in writing 2262

by the board, and to have waived all objections to the 2263
admissibility of testimony or examination reports that 2264
constitute a privileged communication. 2265

(20) Except as provided in division (F)(1)(b) of section 2266
4731.282 of the Revised Code or when civil penalties are imposed 2267
under section 4731.225 of the Revised Code, and subject to 2268
section 4731.226 of the Revised Code, violating or attempting to 2269
violate, directly or indirectly, or assisting in or abetting the 2270
violation of, or conspiring to violate, any provisions of this 2271
chapter or any rule promulgated by the board. 2272

This division does not apply to a violation or attempted 2273
violation of, assisting in or abetting the violation of, or a 2274
conspiracy to violate, any provision of this chapter or any rule 2275
adopted by the board that would preclude the making of a report 2276
by a physician of an employee's use of a drug of abuse, or of a 2277
condition of an employee other than one involving the use of a 2278
drug of abuse, to the employer of the employee as described in 2279
division (B) of section 2305.33 of the Revised Code. Nothing in 2280
this division affects the immunity from civil liability 2281
conferred by that section upon a physician who makes either type 2282
of report in accordance with division (B) of that section. As 2283
used in this division, "employee," "employer," and "physician" 2284
have the same meanings as in section 2305.33 of the Revised 2285
Code. 2286

(21) The violation of section 3701.79 of the Revised Code 2287
or of any abortion rule adopted by the director of health 2288
pursuant to section 3701.341 of the Revised Code; 2289

(22) Any of the following actions taken by an agency 2290
responsible for authorizing, certifying, or regulating an 2291
individual to practice a health care occupation or provide 2292

health care services in this state or another jurisdiction, for 2293
any reason other than the nonpayment of fees: the limitation, 2294
revocation, or suspension of an individual's license to 2295
practice; acceptance of an individual's license surrender; 2296
denial of a license; refusal to renew or reinstate a license; 2297
imposition of probation; or issuance of an order of censure or 2298
other reprimand; 2299

(23) The violation of section 2919.12 of the Revised Code 2300
or the performance or inducement of an abortion upon a pregnant 2301
woman with actual knowledge that the conditions specified in 2302
division (B) of section 2317.56 of the Revised Code have not 2303
been satisfied or with a heedless indifference as to whether 2304
those conditions have been satisfied, unless an affirmative 2305
defense as specified in division (H)(2) of that section would 2306
apply in a civil action authorized by division (H)(1) of that 2307
section; 2308

(24) The revocation, suspension, restriction, reduction, 2309
or termination of clinical privileges by the United States 2310
department of defense or department of veterans affairs or the 2311
termination or suspension of a certificate of registration to 2312
prescribe drugs by the drug enforcement administration of the 2313
United States department of justice; 2314

(25) Termination or suspension from participation in the 2315
medicare or medicaid programs by the department of health and 2316
human services or other responsible agency for any act or acts 2317
that also would constitute a violation of division (B)(2), (3), 2318
(6), (8), or (19) of this section; 2319

(26) Impairment of ability to practice according to 2320
acceptable and prevailing standards of care because of habitual 2321
or excessive use or abuse of drugs, alcohol, or other substances 2322

that impair ability to practice. 2323

For the purposes of this division, any individual 2324
authorized to practice by this chapter accepts the privilege of 2325
practicing in this state subject to supervision by the board. By 2326
filing an application for or holding a license or certificate to 2327
practice under this chapter, an individual shall be deemed to 2328
have given consent to submit to a mental or physical examination 2329
when ordered to do so by the board in writing, and to have 2330
waived all objections to the admissibility of testimony or 2331
examination reports that constitute privileged communications. 2332

If it has reason to believe that any individual authorized 2333
to practice by this chapter or any applicant for licensure or 2334
certification to practice suffers such impairment, the board may 2335
compel the individual to submit to a mental or physical 2336
examination, or both. The expense of the examination is the 2337
responsibility of the individual compelled to be examined. Any 2338
mental or physical examination required under this division 2339
shall be undertaken by a treatment provider or physician who is 2340
qualified to conduct the examination and who is chosen by the 2341
board. 2342

Failure to submit to a mental or physical examination 2343
ordered by the board constitutes an admission of the allegations 2344
against the individual unless the failure is due to 2345
circumstances beyond the individual's control, and a default and 2346
final order may be entered without the taking of testimony or 2347
presentation of evidence. If the board determines that the 2348
individual's ability to practice is impaired, the board shall 2349
suspend the individual's license or certificate or deny the 2350
individual's application and shall require the individual, as a 2351
condition for initial, continued, reinstated, or renewed 2352

licensure or certification to practice, to submit to treatment. 2353

Before being eligible to apply for reinstatement of a 2354
license or certificate suspended under this division, the 2355
impaired practitioner shall demonstrate to the board the ability 2356
to resume practice in compliance with acceptable and prevailing 2357
standards of care under the provisions of the practitioner's 2358
license or certificate. The demonstration shall include, but 2359
shall not be limited to, the following: 2360

(a) Certification from a treatment provider approved under 2361
section 4731.25 of the Revised Code that the individual has 2362
successfully completed any required inpatient treatment; 2363

(b) Evidence of continuing full compliance with an 2364
aftercare contract or consent agreement; 2365

(c) Two written reports indicating that the individual's 2366
ability to practice has been assessed and that the individual 2367
has been found capable of practicing according to acceptable and 2368
prevailing standards of care. The reports shall be made by 2369
individuals or providers approved by the board for making the 2370
assessments and shall describe the basis for their 2371
determination. 2372

The board may reinstate a license or certificate suspended 2373
under this division after that demonstration and after the 2374
individual has entered into a written consent agreement. 2375

When the impaired practitioner resumes practice, the board 2376
shall require continued monitoring of the individual. The 2377
monitoring shall include, but not be limited to, compliance with 2378
the written consent agreement entered into before reinstatement 2379
or with conditions imposed by board order after a hearing, and, 2380
upon termination of the consent agreement, submission to the 2381

board for at least two years of annual written progress reports	2382
made under penalty of perjury stating whether the individual has	2383
maintained sobriety.	2384
(27) A second or subsequent violation of section 4731.66	2385
or 4731.69 of the Revised Code;	2386
(28) Except as provided in division (N) of this section:	2387
(a) Waiving the payment of all or any part of a deductible	2388
or copayment that a patient, pursuant to a health insurance or	2389
health care policy, contract, or plan that covers the	2390
individual's services, otherwise would be required to pay if the	2391
waiver is used as an enticement to a patient or group of	2392
patients to receive health care services from that individual;	2393
(b) Advertising that the individual will waive the payment	2394
of all or any part of a deductible or copayment that a patient,	2395
pursuant to a health insurance or health care policy, contract,	2396
or plan that covers the individual's services, otherwise would	2397
be required to pay.	2398
(29) Failure to use universal blood and body fluid	2399
precautions established by rules adopted under section 4731.051	2400
of the Revised Code;	2401
(30) Failure to provide notice to, and receive	2402
acknowledgment of the notice from, a patient when required by	2403
section 4731.143 of the Revised Code prior to providing	2404
nonemergency professional services, or failure to maintain that	2405
notice in the patient's medical record;	2406
(31) Failure of a physician supervising a physician	2407
assistant to maintain supervision in accordance with the	2408
requirements of Chapter 4730. of the Revised Code and the rules	2409
adopted under that chapter;	2410

~~(32) Failure of a physician or podiatrist to enter into a standard care arrangement with a clinical nurse specialist, certified nurse midwife, or certified nurse practitioner with whom the physician or podiatrist is in collaboration pursuant to section 4731.27 of the Revised Code or failure to fulfill the responsibilities of collaboration after entering into a standard care arrangement;~~ 2411
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~~(33)~~ Failure to comply with the terms of a consult agreement entered into with a pharmacist pursuant to section 4729.39 of the Revised Code; 2418
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~~(34)~~ (33) Failure to cooperate in an investigation conducted by the board under division (F) of this section, including failure to comply with a subpoena or order issued by the board or failure to answer truthfully a question presented by the board in an investigative interview, an investigative office conference, at a deposition, or in written interrogatories, except that failure to cooperate with an investigation shall not constitute grounds for discipline under this section if a court of competent jurisdiction has issued an order that either quashes a subpoena or permits the individual to withhold the testimony or evidence in issue; 2421
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~~(35)~~ (34) Failure to supervise an oriental medicine practitioner or acupuncturist in accordance with Chapter 4762. of the Revised Code and the board's rules for providing that supervision; 2432
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~~(36)~~ (35) Failure to supervise an anesthesiologist assistant in accordance with Chapter 4760. of the Revised Code and the board's rules for supervision of an anesthesiologist assistant; 2436
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(37) <u>(36)</u> Assisting suicide, as defined in section 3795.01	2440
of the Revised Code;	2441
(38) <u>(37)</u> Failure to comply with the requirements of	2442
section 2317.561 of the Revised Code;	2443
(39) <u>(38)</u> Failure to supervise a radiologist assistant in	2444
accordance with Chapter 4774. of the Revised Code and the	2445
board's rules for supervision of radiologist assistants;	2446
(40) <u>(39)</u> Performing or inducing an abortion at an office	2447
or facility with knowledge that the office or facility fails to	2448
post the notice required under section 3701.791 of the Revised	2449
Code;	2450
(41) <u>(40)</u> Failure to comply with the standards and	2451
procedures established in rules under section 4731.054 of the	2452
Revised Code for the operation of or the provision of care at a	2453
pain management clinic;	2454
(42) <u>(41)</u> Failure to comply with the standards and	2455
procedures established in rules under section 4731.054 of the	2456
Revised Code for providing supervision, direction, and control	2457
of individuals at a pain management clinic;	2458
(43) <u>(42)</u> Failure to comply with the requirements of	2459
section 4729.79 or 4731.055 of the Revised Code, unless the	2460
state board of pharmacy no longer maintains a drug database	2461
pursuant to section 4729.75 of the Revised Code;	2462
(44) <u>(43)</u> Failure to comply with the requirements of	2463
section 2919.171, 2919.202, or 2919.203 of the Revised Code or	2464
failure to submit to the department of health in accordance with	2465
a court order a complete report as described in section 2919.171	2466
or 2919.202 of the Revised Code;	2467

~~(45)~~-(44) Practicing at a facility that is subject to 2468
licensure as a category III terminal distributor of dangerous 2469
drugs with a pain management clinic classification unless the 2470
person operating the facility has obtained and maintains the 2471
license with the classification; 2472

~~(46)~~-(45) Owning a facility that is subject to licensure 2473
as a category III terminal distributor of dangerous drugs with a 2474
pain management clinic classification unless the facility is 2475
licensed with the classification; 2476

~~(47)~~-(46) Failure to comply with the requirement regarding 2477
maintaining notes described in division (B) of section 2919.191 2478
of the Revised Code or failure to satisfy the requirements of 2479
section 2919.191 of the Revised Code prior to performing or 2480
inducing an abortion upon a pregnant woman; 2481

~~(48)~~-(47) Failure to comply with the requirements in 2482
section 3719.061 of the Revised Code before issuing for a minor 2483
a prescription for an opioid analgesic, as defined in section 2484
3719.01 of the Revised Code; 2485

~~(49)~~-(48) Failure to comply with the requirements of 2486
section 4731.30 of the Revised Code or rules adopted under 2487
section 4731.301 of the Revised Code when recommending treatment 2488
with medical marijuana; 2489

~~(50)~~-(49) Practicing at a facility, clinic, or other 2490
location that is subject to licensure as a category III terminal 2491
distributor of dangerous drugs with an office-based opioid 2492
treatment classification unless the person operating that place 2493
has obtained and maintains the license with the classification; 2494

~~(51)~~-(50) Owning a facility, clinic, or other location 2495
that is subject to licensure as a category III terminal 2496

distributor of dangerous drugs with an office-based opioid 2497
treatment classification unless that place is licensed with the 2498
classification; 2499

(51) Violating section 4731.058 of the Revised Code. 2500

(C) Disciplinary actions taken by the board under 2501
divisions (A) and (B) of this section shall be taken pursuant to 2502
an adjudication under Chapter 119. of the Revised Code, except 2503
that in lieu of an adjudication, the board may enter into a 2504
consent agreement with an individual to resolve an allegation of 2505
a violation of this chapter or any rule adopted under it. A 2506
consent agreement, when ratified by an affirmative vote of not 2507
fewer than six members of the board, shall constitute the 2508
findings and order of the board with respect to the matter 2509
addressed in the agreement. If the board refuses to ratify a 2510
consent agreement, the admissions and findings contained in the 2511
consent agreement shall be of no force or effect. 2512

A telephone conference call may be utilized for 2513
ratification of a consent agreement that revokes or suspends an 2514
individual's license or certificate to practice or certificate 2515
to recommend. The telephone conference call shall be considered 2516
a special meeting under division (F) of section 121.22 of the 2517
Revised Code. 2518

If the board takes disciplinary action against an 2519
individual under division (B) of this section for a second or 2520
subsequent plea of guilty to, or judicial finding of guilt of, a 2521
violation of section 2919.123 of the Revised Code, the 2522
disciplinary action shall consist of a suspension of the 2523
individual's license or certificate to practice for a period of 2524
at least one year or, if determined appropriate by the board, a 2525
more serious sanction involving the individual's license or 2526

certificate to practice. Any consent agreement entered into 2527
under this division with an individual that pertains to a second 2528
or subsequent plea of guilty to, or judicial finding of guilt 2529
of, a violation of that section shall provide for a suspension 2530
of the individual's license or certificate to practice for a 2531
period of at least one year or, if determined appropriate by the 2532
board, a more serious sanction involving the individual's 2533
license or certificate to practice. 2534

(D) For purposes of divisions (B) (10), (12), and (14) of 2535
this section, the commission of the act may be established by a 2536
finding by the board, pursuant to an adjudication under Chapter 2537
119. of the Revised Code, that the individual committed the act. 2538
The board does not have jurisdiction under those divisions if 2539
the trial court renders a final judgment in the individual's 2540
favor and that judgment is based upon an adjudication on the 2541
merits. The board has jurisdiction under those divisions if the 2542
trial court issues an order of dismissal upon technical or 2543
procedural grounds. 2544

(E) The sealing of conviction records by any court shall 2545
have no effect upon a prior board order entered under this 2546
section or upon the board's jurisdiction to take action under 2547
this section if, based upon a plea of guilty, a judicial finding 2548
of guilt, or a judicial finding of eligibility for intervention 2549
in lieu of conviction, the board issued a notice of opportunity 2550
for a hearing prior to the court's order to seal the records. 2551
The board shall not be required to seal, destroy, redact, or 2552
otherwise modify its records to reflect the court's sealing of 2553
conviction records. 2554

(F) (1) The board shall investigate evidence that appears 2555
to show that a person has violated any provision of this chapter 2556

or any rule adopted under it. Any person may report to the board 2557
in a signed writing any information that the person may have 2558
that appears to show a violation of any provision of this 2559
chapter or any rule adopted under it. In the absence of bad 2560
faith, any person who reports information of that nature or who 2561
testifies before the board in any adjudication conducted under 2562
Chapter 119. of the Revised Code shall not be liable in damages 2563
in a civil action as a result of the report or testimony. Each 2564
complaint or allegation of a violation received by the board 2565
shall be assigned a case number and shall be recorded by the 2566
board. 2567

(2) Investigations of alleged violations of this chapter 2568
or any rule adopted under it shall be supervised by the 2569
supervising member elected by the board in accordance with 2570
section 4731.02 of the Revised Code and by the secretary as 2571
provided in section 4731.39 of the Revised Code. The president 2572
may designate another member of the board to supervise the 2573
investigation in place of the supervising member. No member of 2574
the board who supervises the investigation of a case shall 2575
participate in further adjudication of the case. 2576

(3) In investigating a possible violation of this chapter 2577
or any rule adopted under this chapter, or in conducting an 2578
inspection under division (E) of section 4731.054 of the Revised 2579
Code, the board may question witnesses, conduct interviews, 2580
administer oaths, order the taking of depositions, inspect and 2581
copy any books, accounts, papers, records, or documents, issue 2582
subpoenas, and compel the attendance of witnesses and production 2583
of books, accounts, papers, records, documents, and testimony, 2584
except that a subpoena for patient record information shall not 2585
be issued without consultation with the attorney general's 2586
office and approval of the secretary and supervising member of 2587

the board. 2588

(a) Before issuance of a subpoena for patient record 2589
information, the secretary and supervising member shall 2590
determine whether there is probable cause to believe that the 2591
complaint filed alleges a violation of this chapter or any rule 2592
adopted under it and that the records sought are relevant to the 2593
alleged violation and material to the investigation. The 2594
subpoena may apply only to records that cover a reasonable 2595
period of time surrounding the alleged violation. 2596

(b) On failure to comply with any subpoena issued by the 2597
board and after reasonable notice to the person being 2598
subpoenaed, the board may move for an order compelling the 2599
production of persons or records pursuant to the Rules of Civil 2600
Procedure. 2601

(c) A subpoena issued by the board may be served by a 2602
sheriff, the sheriff's deputy, or a board employee designated by 2603
the board. Service of a subpoena issued by the board may be made 2604
by delivering a copy of the subpoena to the person named 2605
therein, reading it to the person, or leaving it at the person's 2606
usual place of residence, usual place of business, or address on 2607
file with the board. When serving a subpoena to an applicant for 2608
or the holder of a license or certificate issued under this 2609
chapter, service of the subpoena may be made by certified mail, 2610
return receipt requested, and the subpoena shall be deemed 2611
served on the date delivery is made or the date the person 2612
refuses to accept delivery. If the person being served refuses 2613
to accept the subpoena or is not located, service may be made to 2614
an attorney who notifies the board that the attorney is 2615
representing the person. 2616

(d) A sheriff's deputy who serves a subpoena shall receive 2617

the same fees as a sheriff. Each witness who appears before the 2618
board in obedience to a subpoena shall receive the fees and 2619
mileage provided for under section 119.094 of the Revised Code. 2620

(4) All hearings, investigations, and inspections of the 2621
board shall be considered civil actions for the purposes of 2622
section 2305.252 of the Revised Code. 2623

(5) A report required to be submitted to the board under 2624
this chapter, a complaint, or information received by the board 2625
pursuant to an investigation or pursuant to an inspection under 2626
division (E) of section 4731.054 of the Revised Code is 2627
confidential and not subject to discovery in any civil action. 2628

The board shall conduct all investigations or inspections 2629
and proceedings in a manner that protects the confidentiality of 2630
patients and persons who file complaints with the board. The 2631
board shall not make public the names or any other identifying 2632
information about patients or complainants unless proper consent 2633
is given or, in the case of a patient, a waiver of the patient 2634
privilege exists under division (B) of section 2317.02 of the 2635
Revised Code, except that consent or a waiver of that nature is 2636
not required if the board possesses reliable and substantial 2637
evidence that no bona fide physician-patient relationship 2638
exists. 2639

The board may share any information it receives pursuant 2640
to an investigation or inspection, including patient records and 2641
patient record information, with law enforcement agencies, other 2642
licensing boards, and other governmental agencies that are 2643
prosecuting, adjudicating, or investigating alleged violations 2644
of statutes or administrative rules. An agency or board that 2645
receives the information shall comply with the same requirements 2646
regarding confidentiality as those with which the state medical 2647

board must comply, notwithstanding any conflicting provision of 2648
the Revised Code or procedure of the agency or board that 2649
applies when it is dealing with other information in its 2650
possession. In a judicial proceeding, the information may be 2651
admitted into evidence only in accordance with the Rules of 2652
Evidence, but the court shall require that appropriate measures 2653
are taken to ensure that confidentiality is maintained with 2654
respect to any part of the information that contains names or 2655
other identifying information about patients or complainants 2656
whose confidentiality was protected by the state medical board 2657
when the information was in the board's possession. Measures to 2658
ensure confidentiality that may be taken by the court include 2659
sealing its records or deleting specific information from its 2660
records. 2661

(6) On a quarterly basis, the board shall prepare a report 2662
that documents the disposition of all cases during the preceding 2663
three months. The report shall contain the following information 2664
for each case with which the board has completed its activities: 2665

(a) The case number assigned to the complaint or alleged 2666
violation; 2667

(b) The type of license or certificate to practice, if 2668
any, held by the individual against whom the complaint is 2669
directed; 2670

(c) A description of the allegations contained in the 2671
complaint; 2672

(d) The disposition of the case. 2673

The report shall state how many cases are still pending 2674
and shall be prepared in a manner that protects the identity of 2675
each person involved in each case. The report shall be a public 2676

record under section 149.43 of the Revised Code. 2677

(G) If the secretary and supervising member determine both 2678
of the following, they may recommend that the board suspend an 2679
individual's license or certificate to practice or certificate 2680
to recommend without a prior hearing: 2681

(1) That there is clear and convincing evidence that an 2682
individual has violated division (B) of this section; 2683

(2) That the individual's continued practice presents a 2684
danger of immediate and serious harm to the public. 2685

Written allegations shall be prepared for consideration by 2686
the board. The board, upon review of those allegations and by an 2687
affirmative vote of not fewer than six of its members, excluding 2688
the secretary and supervising member, may suspend a license or 2689
certificate without a prior hearing. A telephone conference call 2690
may be utilized for reviewing the allegations and taking the 2691
vote on the summary suspension. 2692

The board shall issue a written order of suspension by 2693
certified mail or in person in accordance with section 119.07 of 2694
the Revised Code. The order shall not be subject to suspension 2695
by the court during pendency of any appeal filed under section 2696
119.12 of the Revised Code. If the individual subject to the 2697
summary suspension requests an adjudicatory hearing by the 2698
board, the date set for the hearing shall be within fifteen 2699
days, but not earlier than seven days, after the individual 2700
requests the hearing, unless otherwise agreed to by both the 2701
board and the individual. 2702

Any summary suspension imposed under this division shall 2703
remain in effect, unless reversed on appeal, until a final 2704
adjudicative order issued by the board pursuant to this section 2705

and Chapter 119. of the Revised Code becomes effective. The 2706
board shall issue its final adjudicative order within seventy- 2707
five days after completion of its hearing. A failure to issue 2708
the order within seventy-five days shall result in dissolution 2709
of the summary suspension order but shall not invalidate any 2710
subsequent, final adjudicative order. 2711

(H) If the board takes action under division (B) (9), (11), 2712
or (13) of this section and the judicial finding of guilt, 2713
guilty plea, or judicial finding of eligibility for intervention 2714
in lieu of conviction is overturned on appeal, upon exhaustion 2715
of the criminal appeal, a petition for reconsideration of the 2716
order may be filed with the board along with appropriate court 2717
documents. Upon receipt of a petition of that nature and 2718
supporting court documents, the board shall reinstate the 2719
individual's license or certificate to practice. The board may 2720
then hold an adjudication under Chapter 119. of the Revised Code 2721
to determine whether the individual committed the act in 2722
question. Notice of an opportunity for a hearing shall be given 2723
in accordance with Chapter 119. of the Revised Code. If the 2724
board finds, pursuant to an adjudication held under this 2725
division, that the individual committed the act or if no hearing 2726
is requested, the board may order any of the sanctions 2727
identified under division (B) of this section. 2728

(I) The license or certificate to practice issued to an 2729
individual under this chapter and the individual's practice in 2730
this state are automatically suspended as of the date of the 2731
individual's second or subsequent plea of guilty to, or judicial 2732
finding of guilt of, a violation of section 2919.123 of the 2733
Revised Code. In addition, the license or certificate to 2734
practice or certificate to recommend issued to an individual 2735
under this chapter and the individual's practice in this state 2736

are automatically suspended as of the date the individual pleads 2737
guilty to, is found by a judge or jury to be guilty of, or is 2738
subject to a judicial finding of eligibility for intervention in 2739
lieu of conviction in this state or treatment or intervention in 2740
lieu of conviction in another jurisdiction for any of the 2741
following criminal offenses in this state or a substantially 2742
equivalent criminal offense in another jurisdiction: aggravated 2743
murder, murder, voluntary manslaughter, felonious assault, 2744
kidnapping, rape, sexual battery, gross sexual imposition, 2745
aggravated arson, aggravated robbery, or aggravated burglary. 2746
Continued practice after suspension shall be considered 2747
practicing without a license or certificate. 2748

The board shall notify the individual subject to the 2749
suspension by certified mail or in person in accordance with 2750
section 119.07 of the Revised Code. If an individual whose 2751
license or certificate is automatically suspended under this 2752
division fails to make a timely request for an adjudication 2753
under Chapter 119. of the Revised Code, the board shall do 2754
whichever of the following is applicable: 2755

(1) If the automatic suspension under this division is for 2756
a second or subsequent plea of guilty to, or judicial finding of 2757
guilt of, a violation of section 2919.123 of the Revised Code, 2758
the board shall enter an order suspending the individual's 2759
license or certificate to practice for a period of at least one 2760
year or, if determined appropriate by the board, imposing a more 2761
serious sanction involving the individual's license or 2762
certificate to practice. 2763

(2) In all circumstances in which division (I)(1) of this 2764
section does not apply, enter a final order permanently revoking 2765
the individual's license or certificate to practice. 2766

(J) If the board is required by Chapter 119. of the 2767
Revised Code to give notice of an opportunity for a hearing and 2768
if the individual subject to the notice does not timely request 2769
a hearing in accordance with section 119.07 of the Revised Code, 2770
the board is not required to hold a hearing, but may adopt, by 2771
an affirmative vote of not fewer than six of its members, a 2772
final order that contains the board's findings. In that final 2773
order, the board may order any of the sanctions identified under 2774
division (A) or (B) of this section. 2775

(K) Any action taken by the board under division (B) of 2776
this section resulting in a suspension from practice shall be 2777
accompanied by a written statement of the conditions under which 2778
the individual's license or certificate to practice may be 2779
reinstated. The board shall adopt rules governing conditions to 2780
be imposed for reinstatement. Reinstatement of a license or 2781
certificate suspended pursuant to division (B) of this section 2782
requires an affirmative vote of not fewer than six members of 2783
the board. 2784

(L) When the board refuses to grant or issue a license or 2785
certificate to practice to an applicant, revokes an individual's 2786
license or certificate to practice, refuses to renew an 2787
individual's license or certificate to practice, or refuses to 2788
reinstatement an individual's license or certificate to practice, 2789
the board may specify that its action is permanent. An 2790
individual subject to a permanent action taken by the board is 2791
forever thereafter ineligible to hold a license or certificate 2792
to practice and the board shall not accept an application for 2793
reinstatement of the license or certificate or for issuance of a 2794
new license or certificate. 2795

(M) Notwithstanding any other provision of the Revised 2796

Code, all of the following apply: 2797

(1) The surrender of a license or certificate issued under 2798
this chapter shall not be effective unless or until accepted by 2799
the board. A telephone conference call may be utilized for 2800
acceptance of the surrender of an individual's license or 2801
certificate to practice. The telephone conference call shall be 2802
considered a special meeting under division (F) of section 2803
121.22 of the Revised Code. Reinstatement of a license or 2804
certificate surrendered to the board requires an affirmative 2805
vote of not fewer than six members of the board. 2806

(2) An application for a license or certificate made under 2807
the provisions of this chapter may not be withdrawn without 2808
approval of the board. 2809

(3) Failure by an individual to renew a license or 2810
certificate to practice in accordance with this chapter or a 2811
certificate to recommend in accordance with rules adopted under 2812
section 4731.301 of the Revised Code shall not remove or limit 2813
the board's jurisdiction to take any disciplinary action under 2814
this section against the individual. 2815

(4) At the request of the board, a license or certificate 2816
holder shall immediately surrender to the board a license or 2817
certificate that the board has suspended, revoked, or 2818
permanently revoked. 2819

(N) Sanctions shall not be imposed under division (B) (28) 2820
of this section against any person who waives deductibles and 2821
copayments as follows: 2822

(1) In compliance with the health benefit plan that 2823
expressly allows such a practice. Waiver of the deductibles or 2824
copayments shall be made only with the full knowledge and 2825

consent of the plan purchaser, payer, and third-party administrator. Documentation of the consent shall be made available to the board upon request.

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

(0) Under the board's investigative duties described in this section and subject to division (F) of this section, the board shall develop and implement a quality intervention program designed to improve through remedial education the clinical and communication skills of individuals authorized under this chapter to practice medicine and surgery, osteopathic medicine and surgery, and podiatric medicine and surgery. In developing and implementing the quality intervention program, the board may do all of the following:

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

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

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

(4) Determine what constitutes successful completion of an individual educational program and require further monitoring of the individual who completed the program or other action that

the board determines to be appropriate; 2855

(5) Adopt rules in accordance with Chapter 119. of the 2856
Revised Code to further implement the quality intervention 2857
program. 2858

An individual who participates in an individual 2859
educational program pursuant to this division shall pay the 2860
financial obligations arising from that educational program. 2861

Sec. 4731.27. (A) As used in this section, 2862
~~"collaboration," "physician," "standard care arrangement,"~~ and 2863
"supervision" have the same meanings as in section 4723.01 of 2864
the Revised Code. 2865

(B) ~~A physician or podiatrist shall enter into a standard-~~ 2866
~~care arrangement with each clinical nurse specialist, certified~~ 2867
~~nurse midwife, or certified nurse practitioner with whom the~~ 2868
~~physician or podiatrist is in collaboration.~~ 2869

~~The collaborating physician or podiatrist shall fulfill~~ 2870
~~the responsibilities of collaboration, as specified in the~~ 2871
~~arrangement and in accordance with division (A) of section~~ 2872
~~4723.431 of the Revised Code. A copy of the standard care~~ 2873
~~arrangement shall be retained on file by the nurse's employer.~~ 2874
~~Prior approval of the standard care arrangement by the state~~ 2875
~~medical board is not required, but the board may periodically~~ 2876
~~review it.~~ 2877

~~A physician or podiatrist who terminates collaboration~~ 2878
~~with a certified nurse midwife, certified nurse practitioner, or~~ 2879
~~clinical nurse specialist before their standard care arrangement~~ 2880
~~expires shall give the nurse the written or electronic notice of~~ 2881
~~termination required by division (E) (1) of section 4723.431 of~~ 2882
~~the Revised Code.~~ 2883

~~Nothing in this division prohibits a hospital from hiring a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner as an employee and negotiating standard care arrangements on behalf of the employee as necessary to meet the requirements of this section. A standard care arrangement between the hospital's employee and the employee's collaborating physician is subject to approval by the medical staff and governing body of the hospital prior to implementation of the arrangement at the hospital.~~

~~(C) A physician or podiatrist shall cooperate with the board of nursing in any investigation the board conducts with respect to a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner who collaborates with the physician or podiatrist or with respect to a certified registered nurse anesthetist who practices with the supervision of the physician or podiatrist.~~

Sec. 4731.281. (A) (1) Each person holding a license issued under this chapter to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery wishing to renew that license shall apply to the board for renewal. Applications shall be submitted to the board in a manner prescribed by the board. Each application shall be accompanied by a biennial renewal fee of three hundred five dollars. Applications shall be submitted according to the following schedule:

(a) Persons whose last name begins with the letters "A" through "B," on or before the first day of July of every odd-numbered year;

(b) Persons whose last name begins with the letters "C" through "D," on or before the first day of April of every odd-

numbered year; 2914

(c) Persons whose last name begins with the letters "E" 2915
through "G," on or before the first day of January of every odd- 2916
numbered year; 2917

(d) Persons whose last name begins with the letters "H" 2918
through "K," on or before the first day of October of every 2919
even-numbered year; 2920

(e) Persons whose last name begins with the letters "L" 2921
through "M," on or before the first day of July of every even- 2922
numbered year; 2923

(f) Persons whose last name begins with the letters "N" 2924
through "R," on or before the first day of April of every even- 2925
numbered year; 2926

(g) Persons whose last name begins with the letter "S," on 2927
or before the first day of January of every even-numbered year; 2928

(h) Persons whose last name begins with the letters "T" 2929
through "Z," on or before the first day of October of every odd- 2930
numbered year. 2931

The board shall deposit the fee in accordance with section 2932
4731.24 of the Revised Code, except that the board shall deposit 2933
twenty dollars of the fee into the state treasury to the credit 2934
of the physician loan repayment fund created by section 3702.78 2935
of the Revised Code. 2936

(2) The board shall provide to every person holding a 2937
license to practice medicine and surgery, osteopathic medicine 2938
and surgery, or podiatric medicine and surgery, a renewal notice 2939
or may provide the notice to the person through the secretary of 2940
any recognized medical, osteopathic, or podiatric society. The 2941

notice shall be provided to the person at least one month prior 2942
to the date on which the person's license expires. 2943

(3) Failure of any person to receive a notice of renewal 2944
from the board shall not excuse the person from the requirements 2945
contained in this section. 2946

(4) The board's notice shall inform the applicant of the 2947
renewal procedure. The board shall provide the application for 2948
renewal in a form determined by the board. 2949

(5) The applicant shall provide in the application the 2950
applicant's full name; the applicant's residence address, 2951
business address, and electronic mail address; the number of the 2952
applicant's license to practice; and any other information 2953
required by the board. 2954

(6) (a) Except as provided in division (A) (6) (b) of this 2955
section, in the case of an applicant who prescribes or 2956
personally furnishes opioid analgesics or benzodiazepines, as 2957
defined in section 3719.01 of the Revised Code, the applicant 2958
shall certify to the board whether the applicant has been 2959
granted access to the drug database established and maintained 2960
by the state board of pharmacy pursuant to section 4729.75 of 2961
the Revised Code. 2962

(b) The requirement in division (A) (6) (a) of this section 2963
does not apply if any of the following is the case: 2964

(i) The state board of pharmacy notifies the state medical 2965
board pursuant to section 4729.861 of the Revised Code that the 2966
applicant has been restricted from obtaining further information 2967
from the drug database. 2968

(ii) The state board of pharmacy no longer maintains the 2969
drug database. 2970

(iii) The applicant does not practice medicine and 2971
surgery, osteopathic medicine and surgery, or podiatric medicine 2972
and surgery in this state. 2973

(c) If an applicant certifies to the state medical board 2974
that the applicant has been granted access to the drug database 2975
and the board finds through an audit or other means that the 2976
applicant has not been granted access, the board may take action 2977
under section 4731.22 of the Revised Code. 2978

~~(7) The applicant shall indicate whether the applicant 2979
currently collaborates, as that term is defined in section 2980
4723.01 of the Revised Code, with any clinical nurse 2981
specialists, certified nurse midwives, or certified nurse 2982
practitioners. 2983~~

~~(8)~~ The applicant shall report any criminal offense to 2984
which the applicant has pleaded guilty, of which the applicant 2985
has been found guilty, or for which the applicant has been found 2986
eligible for intervention in lieu of conviction, since last 2987
submitting an application for a license to practice or renewal 2988
of a license. 2989

~~(9)~~ (8) The applicant shall execute and deliver the 2990
application to the board in a manner prescribed by the board. 2991

(B) The board shall renew a license under this chapter to 2992
practice medicine and surgery, osteopathic medicine and surgery, 2993
or podiatric medicine and surgery upon application and 2994
qualification therefor in accordance with this section. A 2995
renewal shall be valid for a two-year period. 2996

(C) Failure of any license holder to renew and comply with 2997
this section shall operate automatically to suspend the holder's 2998
license to practice and if applicable, the holder's certificate 2999

to recommend issued under section 4731.30 of the Revised Code. 3000
Continued practice after the suspension shall be considered as 3001
practicing in violation of section 4731.41, 4731.43, or 4731.60 3002
of the Revised Code. 3003

If the license has been suspended pursuant to this 3004
division for two years or less, it may be reinstated. The board 3005
shall reinstate a license to practice suspended for failure to 3006
renew upon an applicant's submission of a renewal application 3007
and payment of a reinstatement fee of four hundred five dollars. 3008

If the license has been suspended pursuant to this 3009
division for more than two years, it may be restored. Subject to 3010
section 4731.222 of the Revised Code, the board may restore a 3011
license to practice suspended for failure to renew upon an 3012
applicant's submission of a restoration application, payment of 3013
a restoration fee of five hundred five dollars, and compliance 3014
with sections 4776.01 to 4776.04 of the Revised Code. The board 3015
shall not restore to an applicant a license to practice unless 3016
the board, in its discretion, decides that the results of the 3017
criminal records check do not make the applicant ineligible for 3018
a license issued pursuant to section 4731.14 or 4731.56 of the 3019
Revised Code. Any reinstatement or restoration of a license to 3020
practice under this section shall operate automatically to renew 3021
the holder's certificate to recommend. 3022

(D) The state medical board may obtain information not 3023
protected by statutory or common law privilege from courts and 3024
other sources concerning malpractice claims against any person 3025
holding a license to practice under this chapter or practicing 3026
as provided in section 4731.36 of the Revised Code. 3027

(E) Each mailing sent by the board under division (A) (2) 3028
of this section to a person holding a license to practice 3029

medicine and surgery or osteopathic medicine and surgery shall 3030
inform the applicant of the reporting requirement established by 3031
division (H) of section 3701.79 of the Revised Code. At the 3032
discretion of the board, the information may be included on the 3033
application for renewal or on an accompanying page. 3034

(F) Each person holding a license to practice medicine and 3035
surgery, osteopathic medicine and surgery, or podiatric medicine 3036
and surgery shall give notice to the board of a change in the 3037
license holder's residence address, business address, or 3038
electronic mail address not later than thirty days after the 3039
change occurs. 3040

Sec. 4761.17. All of the following apply to the practice 3041
of respiratory care by a person who holds a license or limited 3042
permit issued under this chapter: 3043

(A) The person shall practice only pursuant to a 3044
prescription or other order for respiratory care issued by any 3045
of the following: 3046

(1) A physician; 3047

(2) A clinical nurse specialist, certified nurse-midwife, 3048
or certified nurse practitioner who holds a current, valid 3049
license issued under Chapter 4723. of the Revised Code to 3050
practice nursing as an advanced practice registered nurse ~~and~~ 3051
~~has entered into a standard care arrangement with a physician;~~ 3052

(3) A physician assistant who holds a valid prescriber 3053
number issued by the state medical board, has been granted 3054
physician-delegated prescriptive authority, and has entered into 3055
a supervision agreement that allows the physician assistant to 3056
prescribe or order respiratory care services. 3057

(B) The person shall practice only under the supervision 3058

of any of the following: 3059

(1) A physician; 3060

(2) A certified nurse practitioner, certified nurse-
midwife, or clinical nurse specialist; 3061
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(3) A physician assistant who is authorized to prescribe
or order respiratory care services as provided in division (A)
(3) of this section. 3063
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(C) (1) When practicing under the prescription or order of
a certified nurse practitioner, certified nurse midwife, or
clinical nurse specialist or under the supervision of such a
nurse, the person's administration of medication that requires a
prescription is limited to the drugs that the nurse is
authorized to prescribe pursuant to section 4723.481 of the
Revised Code. 3066
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(2) When practicing under the prescription or order of a
physician assistant or under the supervision of a physician
assistant, the person's administration of medication that
requires a prescription is limited to the drugs that the
physician assistant is authorized to prescribe pursuant to the
physician assistant's physician-delegated prescriptive
authority. 3073
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Sec. 5164.07. (A) The medicaid program shall include 3080
coverage of inpatient care and follow-up care for a mother and
her newborn as follows: 3081
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(1) The medicaid program shall cover a minimum of forty-
eight hours of inpatient care following a normal vaginal
delivery and a minimum of ninety-six hours of inpatient care
following a cesarean delivery. Services covered as inpatient
care shall include medical, educational, and any other services 3083
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that are consistent with the inpatient care recommended in the 3088
protocols and guidelines developed by national organizations 3089
that represent pediatric, obstetric, and nursing professionals. 3090

(2) The medicaid program shall cover a physician-directed 3091
source of follow-up care or a source of follow-up care directed 3092
by an advanced practice registered nurse. Services covered as 3093
follow-up care shall include physical assessment of the mother 3094
and newborn, parent education, assistance and training in breast 3095
or bottle feeding, assessment of the home support system, 3096
performance of any medically necessary and appropriate clinical 3097
tests, and any other services that are consistent with the 3098
follow-up care recommended in the protocols and guidelines 3099
developed by national organizations that represent pediatric, 3100
obstetric, and nursing professionals. The coverage shall apply 3101
to services provided in a medical setting or through home health 3102
care visits. The coverage shall apply to a home health care 3103
visit only if the health care professional who conducts the 3104
visit is knowledgeable and experienced in maternity and newborn 3105
care. 3106

When a decision is made in accordance with division (B) of 3107
this section to discharge a mother or newborn prior to the 3108
expiration of the applicable number of hours of inpatient care 3109
required to be covered, the coverage of follow-up care shall 3110
apply to all follow-up care that is provided within forty-eight 3111
hours after discharge. When a mother or newborn receives at 3112
least the number of hours of inpatient care required to be 3113
covered, the coverage of follow-up care shall apply to follow-up 3114
care that is determined to be medically necessary by the health 3115
care professionals responsible for discharging the mother or 3116
newborn. 3117

(B) Any decision to shorten the length of inpatient stay 3118
to less than that specified under division (A)(1) of this 3119
section shall be made by the physician attending the mother or 3120
newborn, except that if a certified nurse-midwife is attending 3121
the mother ~~in collaboration with a physician~~, the decision may 3122
be made by the certified nurse-midwife. Decisions regarding 3123
early discharge shall be made only after conferring with the 3124
mother or a person responsible for the mother or newborn. For 3125
purposes of this division, a person responsible for the mother 3126
or newborn may include a parent, guardian, or any other person 3127
with authority to make medical decisions for the mother or 3128
newborn. 3129

(C) The department of medicaid, in administering the 3130
medicaid program, may not do either of the following: 3131

(1) Terminate the provider agreement of a health care 3132
professional or health care facility solely for making 3133
recommendations for inpatient or follow-up care for a particular 3134
mother or newborn that are consistent with the care required to 3135
be covered by this section; 3136

(2) Establish or offer monetary or other financial 3137
incentives for the purpose of encouraging a person to decline 3138
the inpatient or follow-up care required to be covered by this 3139
section. 3140

(D) This section does not do any of the following: 3141

(1) Require the medicaid program to cover inpatient or 3142
follow-up care that is not received in accordance with the 3143
program's terms pertaining to the health care professionals and 3144
facilities from which a medicaid recipient is authorized to 3145
receive health care services. 3146

(2) Require a mother or newborn to stay in a hospital or 3147
other inpatient setting for a fixed period of time following 3148
delivery; 3149

(3) Require a child to be delivered in a hospital or other 3150
inpatient setting; 3151

(4) Authorize a certified nurse-midwife to practice beyond 3152
the authority to practice nurse-midwifery in accordance with 3153
Chapter 4723. of the Revised Code; 3154

(5) Establish minimum standards of medical diagnosis, 3155
care, or treatment for inpatient or follow-up care for a mother 3156
or newborn. A deviation from the care required to be covered 3157
under this section shall not, on the basis of this section, give 3158
rise to a medical claim or derivative medical claim, as those 3159
terms are defined in section 2305.113 of the Revised Code. 3160

Section 2. That existing sections 1751.67, 2133.211, 3161
2919.171, 2919.202, 3313.539, 3701.926, 3707.511, 3719.06, 3162
3727.06, 3923.233, 3923.301, 3923.63, 3923.64, 4723.01, 4723.07, 3163
4723.28, 4723.41, 4723.42, 4723.43, 4723.432, 4723.44, 4723.48, 3164
4723.481, 4723.482, 4723.493, 4723.50, 4731.22, 4731.27, 3165
4731.281, 4761.17, and 5164.07 and sections 4723.431 and 5164.73 3166
of the Revised Code are hereby repealed. 3167

Section 3. This act shall be known as the Better Access, 3168
Better Care Act. 3169