

As Introduced

**134th General Assembly
Regular Session
2021-2022**

S. B. No. 321

**Senator Romanchuk
Cosponsor: Senator Lang**



A BILL

To amend sections 1.64, 109.921, 124.38, 124.82, 1
173.501, 173.521, 173.542, 305.03, 313.12, 2
313.121, 323.153, 339.01, 339.73, 339.76, 3
339.78, 339.81, 339.82, 503.241, 742.38, 940.09, 4
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2135.01, 2151.33, 2151.3515, 2151.421, 2305.235, 8
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3111.94, 3111.96, 3119.05, 3119.54, 3301.0711, 11
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4729.45, 4729.47, 5119.93, 5119.94, 5120.17, 33
5120.21, 5122.01, 5122.10, 5122.11, 5122.111, 34
5122.14, 5145.22, 5164.08, 5502.522, 5739.01, 35
and 5901.28 and to enact sections 1337.111, 36
2135.15, 4723.436, and 4723.4812 of the Revised 37
Code regarding the authority of advanced 38
practice registered nurses, and to amend the 39
versions of sections 3701.5010, 3705.30, and 40
3929.67 of the Revised Code that are scheduled 41
to take effect on September 30, 2024, to 42
continue the changes to those sections on and 43
after that date. 44

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

Section 1. That sections 1.64, 109.921, 124.38, 124.82, 45
173.501, 173.521, 173.542, 305.03, 313.12, 313.121, 323.153, 46
339.01, 339.73, 339.76, 339.78, 339.81, 339.82, 503.241, 742.38, 47
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3313.671, 3313.71, 3313.712, 3313.716, 3313.72, 3313.73, 54
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3701.031, 3701.046, 3701.144, 3701.146, 3701.162, 3701.243, 56
3701.245, 3701.262, 3701.47, 3701.48, 3701.50, 3701.505, 57
3701.5010, 3701.59, 3701.60, 3701.74, 3701.76, 3705.01, 3705.15, 58
3705.16, 3705.17, 3705.22, 3705.29, 3705.30, 3705.33, 3705.35, 59
3707.08, 3707.10, 3707.72, 3709.11, 3709.13, 3709.241, 3710.07, 60
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3727.09, 3727.19, 3742.03, 3742.04, 3742.07, 3742.32, 3901.56, 62
3916.01, 3916.07, 3916.16, 3923.25, 3923.52, 3923.53, 3923.54, 63
3923.55, 3923.56, 3923.84, 3929.62, 3929.63, 3929.64, 3929.67, 64
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4123.651, 4123.71, 4123.84, 4123.85, 4303.21, 4503.066, 4506.07, 66
4507.06, 4507.08, 4507.081, 4507.141, 4507.30, 4511.81, 4723.36, 67
4725.14, 4729.284, 4729.41, 4729.44, 4729.45, 4729.47, 5119.93, 68
5119.94, 5120.17, 5120.21, 5122.01, 5122.10, 5122.11, 5122.111, 69
5122.14, 5145.22, 5164.08, 5502.522, 5739.01, and 5901.28 be 70
amended and sections 1337.111, 2135.15, 4723.436, and 4723.4812 71
of the Revised Code be enacted to read as follows: 72

Sec. 1.64. As used in the Revised Code, when not otherwise 73
defined: 74

(A) "Certified nurse-midwife" means an advanced practice 75
registered nurse who holds a current, valid license issued under 76
Chapter 4723. of the Revised Code and is designated as a 77
certified nurse-midwife in accordance with section 4723.42 of 78
the Revised Code and rules adopted by the board of nursing. 79

(B) "Certified nurse practitioner" means an advanced 80

practice registered nurse who holds a current, valid license 81
issued under Chapter 4723. of the Revised Code and is designated 82
as a certified nurse practitioner in accordance with section 83
4723.42 of the Revised Code and rules adopted by the board of 84
nursing. 85

(C) "Clinical nurse specialist" means an advanced practice 86
registered nurse who holds a current, valid license issued under 87
Chapter 4723. of the Revised Code and is designated as a 88
clinical nurse specialist in accordance with section 4723.42 of 89
the Revised Code and rules adopted by the board of nursing. 90

(D) "Physician assistant" means an individual who is 91
licensed under Chapter 4730. of the Revised Code to provide 92
services as a physician assistant to patients under the 93
supervision, control, and direction of one or more physicians. 94

Sec. 109.921. (A) As used in this section: 95

(1) "Rape crisis program" means any of the following: 96

(a) The nonprofit state sexual assault coalition 97
designated by the center for injury prevention and control of 98
the federal centers for disease control and prevention; 99

(b) A victim witness assistance program operated by a 100
prosecuting attorney; 101

(c) A program operated by a government-based or nonprofit 102
entity that provides a full continuum of services to victims of 103
sexual assault, including hotlines, victim advocacy, and support 104
services from the onset of the need for services through the 105
completion of healing, that does not provide medical services, 106
and that may refer victims to physicians, clinical nurse 107
specialists, or certified nurse practitioners for medical care 108
but does not engage in or refer for services for which the use 109

of genetic services funds is prohibited by section 3701.511 of 110
the Revised Code. 111

(2) "Sexual assault" means any of the following: 112

(a) A violation of section 2907.02, 2907.03, 2907.04, 113
2907.05, or former section 2907.12 of the Revised Code; 114

(b) A violation of an existing or former municipal 115
ordinance or law of this or any other state or the United States 116
that is or was substantially equivalent to any section listed in 117
division (A) (2) (a) of this section. 118

(B) There is hereby created in the state treasury the rape 119
crisis program trust fund, consisting of money paid into the 120
fund pursuant to sections 307.515 and 311.172 of the Revised 121
Code and any money appropriated to the fund by the general 122
assembly or donated to the fund. The attorney general shall 123
administer the fund. The attorney general may use not more than 124
five per cent of the money deposited or appropriated into the 125
fund to pay costs associated with administering this section and 126
shall use at least ninety-five per cent of the money deposited 127
or appropriated into the fund for the purpose of providing 128
funding to rape crisis programs under this section. 129

(C) (1) The attorney general shall adopt rules under 130
Chapter 119. of the Revised Code that establish procedures for 131
rape crisis programs to apply to the attorney general for 132
funding out of the rape crisis program trust fund and procedures 133
for the attorney general to distribute money out of the fund to 134
rape crisis programs. 135

(2) The attorney general may decide upon an application 136
for funding out of the rape crisis program trust fund without a 137
hearing. A decision of the attorney general to grant or deny 138

funding is final and not appealable under Chapter 119. or any	139
other provision of the Revised Code.	140
(D) A rape crisis program that receives funding out of the	141
rape crisis program trust fund shall use the money received only	142
for the following purposes:	143
(1) If the program is the nonprofit state sexual assault	144
coalition, to provide training and technical assistance to	145
service providers;	146
(2) If the program is a victim witness assistance program,	147
to provide victims of sexual assault with hotlines, victim	148
advocacy, or support services;	149
(3) If the program is a government-based or nonprofit	150
entity that provides a full continuum of services to victims of	151
sexual assault, to provide those services and education to	152
prevent sexual assault.	153
Sec. 124.38. Each of the following shall be entitled for	154
each completed eighty hours of service to sick leave of four and	155
six-tenths hours with pay:	156
(A) Employees in the various offices of the county,	157
municipal, and civil service township service, other than	158
superintendents and management employees, as defined in section	159
5126.20 of the Revised Code, of county boards of developmental	160
disabilities;	161
(B) Employees of any state college or university;	162
(C) Any employee of any board of education for whom sick	163
leave is not provided by section 3319.141 of the Revised Code,	164
provided that the employee is not a substitute, adult education	165
instructor who is scheduled to work the full-time equivalent of	166

less than one hundred twenty days per school year, or a person 167
who is employed on an as-needed, seasonal, or intermittent 168
basis. 169

Employees may use sick leave, upon approval of the 170
responsible administrative officer of the employing unit, for 171
absence due to personal illness, pregnancy, injury, exposure to 172
contagious disease that could be communicated to other 173
employees, and illness, injury, or death in the employee's 174
immediate family. Unused sick leave shall be cumulative without 175
limit. When sick leave is used, it shall be deducted from the 176
employee's credit on the basis of one hour for every one hour of 177
absence from previously scheduled work. 178

The previously accumulated sick leave of an employee who 179
has been separated from the public service shall be placed to 180
the employee's credit upon the employee's re-employment in the 181
public service, provided that the re-employment takes place 182
within ten years of the date on which the employee was last 183
terminated from public service. This ten-year period shall be 184
tolled for any period during which the employee holds elective 185
public office, whether by election or by appointment. 186

An employee who transfers from one public agency to 187
another shall be credited with the unused balance of the 188
employee's accumulated sick leave up to the maximum of the sick 189
leave accumulation permitted in the public agency to which the 190
employee transfers. 191

The appointing authorities of the various offices of the 192
county service may permit all or any part of a person's accrued 193
but unused sick leave acquired during service with any regional 194
council of government established in accordance with Chapter 195
167. of the Revised Code to be credited to the employee upon a 196

transfer as if the employee were transferring from one public 197
agency to another under this section. 198

The appointing authority of each employing unit shall 199
require an employee to furnish a satisfactory written, signed 200
statement to justify the use of sick leave. If medical attention 201
is required, a certificate stating the nature of the illness 202
from a licensed physician, certified nurse-midwife, clinical 203
nurse specialist, or certified nurse practitioner shall be 204
required to justify the use of sick leave. Falsification of 205
either a ~~written, signed~~ statement or a ~~physician's~~ 206
certificate shall be grounds for disciplinary action, including 207
dismissal. 208

This section does not interfere with existing unused sick 209
leave credit in any agency of government where attendance 210
records are maintained and credit has been given employees for 211
unused sick leave. 212

Notwithstanding this section or any other section of the 213
Revised Code, any appointing authority of a county office, 214
department, commission, board, or body may, upon notification to 215
the board of county commissioners, establish alternative 216
schedules of sick leave for employees of the appointing 217
authority for whom the state employment relations board has not 218
established an appropriate bargaining unit pursuant to section 219
4117.06 of the Revised Code, as long as the alternative 220
schedules are not inconsistent with the provisions of at least 221
one collective bargaining agreement covering other employees of 222
that appointing authority, if such a collective bargaining 223
agreement exists. If no such collective bargaining agreement 224
exists, an appointing authority may, upon notification to the 225
board of county commissioners, establish an alternative schedule 226

of sick leave for its employees that does not diminish the sick 227
leave benefits granted by this section. 228

Sec. 124.82. (A) Except as provided in division (D) of 229
this section, the department of administrative services, in 230
consultation with the superintendent of insurance, shall, in 231
accordance with competitive selection procedures of Chapter 125. 232
of the Revised Code, contract with an insurance company or a 233
health plan in combination with an insurance company, authorized 234
to do business in this state, for the issuance of a policy or 235
contract of health, medical, hospital, dental, vision, or 236
surgical benefits, or any combination of those benefits, 237
covering state employees who are paid directly by warrant of the 238
director of budget and management, including elected state 239
officials. The department may fulfill its obligation under this 240
division by exercising its authority under division (A) (2) of 241
section 124.81 of the Revised Code. 242

(B) Except as provided in division (D) of this section, 243
the department may, in addition, in consultation with the 244
superintendent of insurance, negotiate and contract with health 245
insuring corporations holding a certificate of authority under 246
Chapter 1751. of the Revised Code, in their approved service 247
areas only, for issuance of a contract or contracts of health 248
care services, covering state employees who are paid directly by 249
warrant of the director of budget and management, including 250
elected state officials. The department may enter into contracts 251
with one or more insurance carriers or health plans to provide 252
the same plan of benefits, provided that: 253

(1) The employee be permitted to exercise the option as to 254
which plan the employee will select under division (A) or (B) of 255
this section, at a time that shall be determined by the 256

department;	257
(2) The health insuring corporations do not refuse to	258
accept the employee, or the employee and the employee's family,	259
if the employee exercises the option to select care provided by	260
the corporations;	261
(3) The employee may choose participation in only one of	262
the plans sponsored by the department;	263
(4) The director of health examines and certifies to the	264
department that the quality and adequacy of care rendered by the	265
health insuring corporations meet at least the standards of care	266
provided by hospitals and , <u>physicians, and advanced practice</u>	267
<u>registered nurses</u> in that employee's community, who would be	268
providing such care as would be covered by a contract awarded	269
under division (A) of this section.	270
(C) All or any portion of the cost, premium, or charge for	271
the coverage in divisions (A) and (B) of this section may be	272
paid in such manner or combination of manners as the department	273
determines and may include the proration of health care costs,	274
premiums, or charges for part-time employees.	275
(D) Notwithstanding divisions (A) and (B) of this section,	276
the department may provide benefits equivalent to those that may	277
be paid under a policy or contract issued by an insurance	278
company or a health plan pursuant to division (A) or (B) of this	279
section.	280
(E) This section does not prohibit the state office of	281
collective bargaining from entering into an agreement with an	282
employee representative for the purposes of providing fringe	283
benefits, including, but not limited to, hospitalization,	284
surgical care, major medical care, disability, dental care,	285

vision care, medical care, hearing aids, prescription drugs, 286
group life insurance, sickness and accident insurance, group 287
legal services or other benefits, or any combination of those 288
benefits, to employees paid directly by warrant of the director 289
of budget and management through a jointly administered trust 290
fund. The employer's contribution for the cost of the benefit 291
care shall be mutually agreed to in the collectively bargained 292
agreement. The amount, type, and structure of fringe benefits 293
provided under this division is subject to the determination of 294
the board of trustees of the jointly administered trust fund. 295
Notwithstanding any other provision of the Revised Code, 296
competitive bidding does not apply to the purchase of fringe 297
benefits for employees under this division when those benefits 298
are provided through a jointly administered trust fund. 299

(F) Members of state boards or commissions may be covered 300
by any policy, contract, or plan of benefits or services 301
described in division (A) or (B) of this section. Board or 302
commission members who are appointed for a fixed term and who 303
are compensated on a per meeting basis, or paid only for 304
expenses, or receive a combination of per diem payments and 305
expenses shall pay the entire amount of the premiums, costs, or 306
charges for that coverage. 307

Sec. 173.501. (A) As used in this section: 308

"Nursing facility" has the same meaning as in section 309
5165.01 of the Revised Code. 310

"PACE provider" has the same meaning as in the "Social 311
Security Act," section 1934(a)(3), 42 U.S.C. 1396u-4(a)(3). 312

(B) The department of aging shall establish a home first 313
component of the PACE program under which eligible individuals 314

may be enrolled in the PACE program in accordance with this 315
section. An individual is eligible for the PACE program's home 316
first component if both of the following apply: 317

(1) The individual has been determined to be eligible for 318
the PACE program. 319

(2) At least one of the following applies: 320

(a) The individual has been admitted to a nursing 321
facility. 322

(b) A physician, clinical nurse specialist, or certified 323
nurse practitioner has determined and documented in writing that 324
the individual has a medical condition that, unless the 325
individual is enrolled in home and community-based services such 326
as the PACE program, will require the individual to be admitted 327
to a nursing facility within thirty days of the physician's or 328
nurse's determination. 329

(c) The individual has been hospitalized and a physician, 330
clinical nurse specialist, or certified nurse practitioner has 331
determined and documented in writing that, unless the individual 332
is enrolled in home and community-based services such as the 333
PACE program, the individual is to be transported directly from 334
the hospital to a nursing facility and admitted. 335

(d) Both of the following apply: 336

(i) The individual is the subject of a report made under 337
section 5101.63 of the Revised Code regarding abuse, neglect, or 338
exploitation or such a report referred to a county department of 339
job and family services under section 5126.31 of the Revised 340
Code or has made a request to a county department for protective 341
services as defined in section 5101.60 of the Revised Code. 342

(ii) A county department of job and family services and an area agency on aging have jointly documented in writing that, unless the individual is enrolled in home and community-based services such as the PACE program, the individual should be admitted to a nursing facility.

(C) Each month, the department of aging shall identify individuals who are eligible for the home first component of the PACE program. When the department identifies such an individual, the department shall notify the PACE provider serving the area in which the individual resides. The PACE provider shall determine whether the PACE program is appropriate for the individual and whether the individual would rather participate in the PACE program than continue or begin to reside in a nursing facility. If the PACE provider determines that the PACE program is appropriate for the individual and the individual would rather participate in the PACE program than continue or begin to reside in a nursing facility, the PACE provider shall so notify the department of aging. On receipt of the notice from the PACE provider, the department of aging shall approve the individual's enrollment in the PACE program in accordance with priorities established in rules adopted under section 173.50 of the Revised Code.

Sec. 173.521. (A) Unless the medicaid-funded component of the PASSPORT program is terminated pursuant to division (C) of section 173.52 of the Revised Code, the department shall establish a home first component of the PASSPORT program under which eligible individuals may be enrolled in the medicaid-funded component of the PASSPORT program in accordance with this section. An individual is eligible for the PASSPORT program's home first component if both of the following apply:

(1) The individual has been determined to be eligible for the medicaid-funded component of the PASSPORT program.	373 374
(2) At least one of the following applies:	375
(a) The individual has been admitted to a nursing facility.	376 377
(b) A physician, <u>clinical nurse specialist, or certified nurse practitioner</u> has determined and documented in writing that the individual has a medical condition that, unless the individual is enrolled in home and community-based services such as the PASSPORT program, will require the individual to be admitted to a nursing facility within thirty days of the physician's <u>or nurse's</u> determination.	378 379 380 381 382 383 384
(c) The individual has been hospitalized and a physician, <u>clinical nurse specialist, or certified nurse practitioner</u> has determined and documented in writing that, unless the individual is enrolled in home and community-based services such as the PASSPORT program, the individual is to be transported directly from the hospital to a nursing facility and admitted.	385 386 387 388 389 390
(d) Both of the following apply:	391
(i) The individual is the subject of a report made under section 5101.63 of the Revised Code regarding abuse, neglect, or exploitation or such a report referred to a county department of job and family services under section 5126.31 of the Revised Code or has made a request to a county department for protective services as defined in section 5101.60 of the Revised Code.	392 393 394 395 396 397
(ii) A county department of job and family services and an area agency on aging have jointly documented in writing that, unless the individual is enrolled in home and community-based services such as the PASSPORT program, the individual should be	398 399 400 401

admitted to a nursing facility. 402

(B) Each month, each area agency on aging shall identify 403
individuals residing in the area that the agency serves who are 404
eligible for the home first component of the PASSPORT program. 405
When an area agency on aging identifies such an individual, the 406
agency shall notify the long-term care consultation program 407
administrator serving the area in which the individual resides. 408
The administrator shall determine whether the PASSPORT program 409
is appropriate for the individual and whether the individual 410
would rather participate in the PASSPORT program than continue 411
or begin to reside in a nursing facility. If the administrator 412
determines that the PASSPORT program is appropriate for the 413
individual and the individual would rather participate in the 414
PASSPORT program than continue or begin to reside in a nursing 415
facility, the administrator shall so notify the department of 416
aging. On receipt of the notice from the administrator, the 417
department shall approve the individual's enrollment in the 418
medicaid-funded component of the PASSPORT program regardless of 419
the unified waiting list established under section 173.55 of the 420
Revised Code, unless the enrollment would cause the component to 421
exceed any limit on the number of individuals who may be 422
enrolled in the component as set by the United States secretary 423
of health and human services in the PASSPORT waiver. 424

Sec. 173.542. (A) Unless the medicaid-funded component of 425
the assisted living program is terminated pursuant to division 426
(C) of section 173.54 of the Revised Code, the department of 427
aging shall establish a home first component of the assisted 428
living program under which eligible individuals may be enrolled 429
in the medicaid-funded component of the assisted living program 430
in accordance with this section. An individual is eligible for 431
the assisted living program's home first component if both of 432

the following apply:	433
(1) The individual has been determined to be eligible for the medicaid-funded component of the assisted living program.	434 435
(2) At least one of the following applies:	436
(a) The individual has been admitted to a nursing facility.	437 438
(b) A physician, <u>certified nurse-midwife, clinical nurse specialist, or certified nurse practitioner</u> has determined and documented in writing that the individual has a medical condition that, unless the individual is enrolled in home and community-based services such as the assisted living program, will require the individual to be admitted to a nursing facility within thirty days of the physician's <u>or nurse's</u> determination.	439 440 441 442 443 444 445
(c) The individual has been hospitalized and a physician, <u>certified nurse-midwife, clinical nurse specialist, or certified nurse practitioner</u> has determined and documented in writing that, unless the individual is enrolled in home and community-based services such as the assisted living program, the individual is to be transported directly from the hospital to a nursing facility and admitted.	446 447 448 449 450 451 452
(d) Both of the following apply:	453
(i) The individual is the subject of a report made under section 5101.63 of the Revised Code regarding abuse, neglect, or exploitation or such a report referred to a county department of job and family services under section 5126.31 of the Revised Code or has made a request to a county department for protective services as defined in section 5101.60 of the Revised Code.	454 455 456 457 458 459
(ii) A county department of job and family services and an	460

area agency on aging have jointly documented in writing that, 461
unless the individual is enrolled in home and community-based 462
services such as the assisted living program, the individual 463
should be admitted to a nursing facility. 464

(B) Each month, each area agency on aging shall identify 465
individuals residing in the area that the area agency on aging 466
serves who are eligible for the home first component of the 467
assisted living program. When an area agency on aging identifies 468
such an individual and determines that there is a vacancy in a 469
residential care facility participating in the medicaid-funded 470
component of the assisted living program that is acceptable to 471
the individual, the agency shall notify the long-term care 472
consultation program administrator serving the area in which the 473
individual resides. The administrator shall determine whether 474
the assisted living program is appropriate for the individual 475
and whether the individual would rather participate in the 476
assisted living program than continue or begin to reside in a 477
nursing facility. If the administrator determines that the 478
assisted living program is appropriate for the individual and 479
the individual would rather participate in the assisted living 480
program than continue or begin to reside in a nursing facility, 481
the administrator shall so notify the department of aging. On 482
receipt of the notice from the administrator, the department 483
shall approve the individual's enrollment in the medicaid-funded 484
component of the assisted living program regardless of the 485
unified waiting list established under section 173.55 of the 486
Revised Code, unless the enrollment would cause the component to 487
exceed any limit on the number of individuals who may 488
participate in the component as set by the United States 489
secretary of health and human services in the assisted living 490
waiver. 491

Sec. 305.03. (A) (1) Whenever any county officer, except 492
the county auditor or county treasurer, fails to perform the 493
duties of office for ninety consecutive days, except in case of 494
sickness or injury as provided in divisions (B) and (C) of this 495
section, the office shall be deemed vacant. 496

(2) Whenever any county auditor or county treasurer fails 497
to perform the duties of office for thirty consecutive days, 498
except in case of sickness or injury as provided in divisions 499
(B) and (C) of this section, the office shall be deemed vacant. 500

(B) Whenever any county officer is absent because of 501
sickness or injury, the officer shall cause to be filed with the 502
board of county commissioners a ~~physician's~~ certificate from a 503
physician, certified nurse-midwife, clinical nurse specialist, 504
or certified nurse practitioner of the officer's sickness or 505
injury. If the certificate is not filed with the board within 506
ten days after the expiration of thirty consecutive days, in the 507
case of a county auditor or county treasurer, or within ten days 508
after the expiration of ninety consecutive days of absence, in 509
the case of all other county officers, the office shall be 510
deemed vacant. 511

(C) Whenever a county officer files a ~~physician's~~ 512
certificate under division (B) of this section, but continues to 513
be absent for an additional thirty days commencing immediately 514
after the last day on which this certificate may be filed under 515
division (B) of this section, the office shall be deemed vacant. 516

(D) If at any time two county commissioners in a county 517
are absent and have filed a ~~physician's~~ certificate under 518
division (B) of this section, the county coroner, in addition to 519
performing the duties of coroner, shall serve as county 520
commissioner until at least one of the absent commissioners 521

returns to office or until the office of at least one of the 522
absent commissioners is deemed vacant under this section and the 523
vacancy is filled. If the coroner so requests, the coroner shall 524
be paid a per diem rate for the coroner's service as a 525
commissioner. That per diem rate shall be the annual salary 526
specified by law for a county commissioner of that county whose 527
term of office began in the same year as the coroner's term of 528
office began, divided by the number of days in the year. 529

While the coroner is serving as a county commissioner, the 530
coroner shall be considered an acting county commissioner and 531
shall perform the duties of the office of county commissioner 532
until at least one of the absent commissioners returns to office 533
or until the office of at least one of the absent commissioners 534
is deemed vacant. Before assuming the office of acting county 535
commissioner, the coroner shall take an oath of office as 536
provided in sections 3.22 and 3.23 of the Revised Code. The 537
coroner's service as an acting county commissioner does not 538
constitute the holding of an incompatible public office or 539
employment in violation of any statutory or common law 540
prohibition against the simultaneous holding of more than one 541
public office or employment. 542

The coroner shall give a new bond in the same amount and 543
signed and approved as provided in section 305.04 of the Revised 544
Code. The bond shall be conditioned for the faithful discharge 545
of the coroner's duties as acting county commissioner and for 546
the payment of any loss or damage that the county may sustain by 547
reason of the coroner's failure in those duties. The bond, along 548
with the oath of office and approval of the probate judge 549
indorsed on it, shall be deposited and paid for as provided for 550
the bonds in section 305.04 of the Revised Code. 551

(E) Any vacancy declared under this section shall be 552
filled in the manner provided by section 305.02 of the Revised 553
Code. 554

(F) This section shall not apply to a county officer while 555
in the active military service of the United States. 556

Sec. 313.12. (A) When any person dies as a result of 557
criminal or other violent means, by casualty, by suicide, or in 558
any suspicious or unusual manner, when any person, including a 559
child under two years of age, dies suddenly when in apparent 560
good health, or when any person with a developmental disability 561
dies regardless of the circumstances, the physician, certified 562
nurse-midwife, clinical nurse specialist, or certified nurse 563
practitioner called in attendance, or any member of an ambulance 564
service, emergency squad, or law enforcement agency who obtains 565
knowledge thereof arising from the person's duties, shall 566
immediately notify the office of the coroner of the known facts 567
concerning the time, place, manner, and circumstances of the 568
death, and any other information that is required pursuant to 569
sections 313.01 to 313.22 of the Revised Code. In such cases, if 570
a request is made for cremation, the funeral director called in 571
attendance shall immediately notify the coroner. 572

(B) As used in this section, "developmental disability" 573
has the same meaning as in section 5123.01 of the Revised Code. 574

Sec. 313.121. (A) As used in this section, "parent" means 575
either parent, except that if one parent has been designated the 576
residential parent and legal custodian of the child, "parent" 577
means the designated residential parent and legal custodian, and 578
if a person other than a parent is the child's legal guardian, 579
"parent" means the legal guardian. 580

(B) If a child under two years of age dies suddenly when 581
in apparent good health, the death shall be reported immediately 582
to the coroner of the county in which the death occurred, as 583
required by section 313.12 of the Revised Code. Except as 584
provided in division (C) of this section, the coroner or deputy 585
coroner shall perform an autopsy on the child. The autopsy shall 586
be performed in accordance with rules adopted by the director of 587
health under section 313.122 of the Revised Code. The coroner or 588
deputy coroner may perform research procedures and tests when 589
performing the autopsy. 590

If the child was one year of age or younger at the time of 591
death and the death occurred suddenly and unexpectedly, the 592
cause of which is not immediately obvious prior to 593
investigation, the coroner, deputy coroner, or other individual 594
who has been designated to investigate the child's death shall 595
complete a sudden unexplained infant death investigation 596
reporting form (SUIDI reporting form) developed by the United 597
States centers for disease control and prevention or an 598
alternative reporting form. The director of health may develop 599
an alternative reporting form in consultation with the Ohio 600
state coroners association. The individual who completes the 601
reporting form shall retain the form and send a copy of it to 602
the appropriate child fatality review board or regional child 603
fatality review board established under section 307.621 of the 604
Revised Code. If a coroner or deputy coroner completes the 605
reporting form, a copy of the coroner's report described in 606
section 313.09 of the Revised Code shall also be sent to the 607
board. 608

A completed reporting form and copies of completed 609
reporting forms are not public records under section 149.43 of 610
the Revised Code. 611

(C) A coroner or deputy coroner is not required to perform 612
an autopsy if the coroner of the county in which the death 613
occurred or a court with jurisdiction over the deceased body 614
determines under section 313.131 of the Revised Code that an 615
autopsy is contrary to the religious beliefs of the child. If 616
the coroner or the court makes such a determination, the coroner 617
shall notify the health district or department of health with 618
jurisdiction in the area in which the child's parent resides. 619
For purposes of this division, the religious beliefs of the 620
parents of a child shall be considered to be the religious 621
beliefs of the child. 622

(D) If the child's parent makes a written or verbal 623
request for the preliminary results of the autopsy after the 624
results are available, the coroner, or a person designated by 625
the coroner, shall give the parent an oral statement of the 626
preliminary results. 627

The coroner, within a reasonable time after the final 628
results of the autopsy are reported, shall send written notice 629
of the results to the state department of health, the health 630
district or department with jurisdiction in the area in which 631
the child's parent resides, and, upon the request of a parent of 632
the child, to the child's attending physician, clinical nurse 633
specialist, or certified nurse practitioner. Upon the written 634
request of a parent of the child and the payment of the 635
transcript fee required by section 313.10 of the Revised Code, 636
the coroner shall send written notice of the final results to 637
that parent. The notice sent to the state department of health 638
shall include all of the information specified in rules adopted 639
under section 313.122 of the Revised Code. 640

(E) On the occurrence of any of the following, the health 641

district or department with jurisdiction in the area in which 642
the child's parent resides shall offer the parent any counseling 643
or other supportive services it has available: 644

(1) When it learns through any source that an autopsy is 645
being performed on a child under two years of age who died 646
suddenly when in apparent good health; 647

(2) When it receives notice that the final result of an 648
autopsy performed pursuant to this section concluded that the 649
child died of sudden infant death syndrome; 650

(3) When it is notified by the coroner that, pursuant to 651
division (C) of this section, an autopsy was not performed. 652

(F) When a health district or department receives notice 653
that the final result of an autopsy performed pursuant to this 654
section concluded that the child died of sudden infant death 655
syndrome or that, pursuant to division (C) of this section, an 656
autopsy was not performed but sudden infant death syndrome may 657
have been the cause of death, it shall offer the child's parent 658
information about sudden infant death syndrome. The state 659
department of health shall ensure that current information on 660
sudden infant death syndrome is available for distribution by 661
health districts and departments. 662

Sec. 323.153. (A) To obtain a reduction in real property 663
taxes under division (A) or (B) of section 323.152 of the 664
Revised Code or in manufactured home taxes under division (B) of 665
section 323.152 of the Revised Code, the owner shall file an 666
application with the county auditor of the county in which the 667
owner's homestead is located. 668

To obtain a reduction in real property taxes under 669
division (A) of section 323.152 of the Revised Code, the 670

occupant of a homestead in a housing cooperative shall file an 671
application with the nonprofit corporation that owns and 672
operates the housing cooperative, in accordance with this 673
paragraph. Not later than the first day of March each year, the 674
corporation shall obtain applications from the county auditor's 675
office and provide one to each new occupant. Not later than the 676
first day of May, any occupant who may be eligible for a 677
reduction in taxes under division (A) of section 323.152 of the 678
Revised Code shall submit the completed application to the 679
corporation. Not later than the fifteenth day of May, the 680
corporation shall file all completed applications, and the 681
information required by division (B) of section 323.159 of the 682
Revised Code, with the county auditor of the county in which the 683
occupants' homesteads are located. Continuing applications shall 684
be furnished to an occupant in the manner provided in division 685
(C) (4) of this section. 686

(1) An application for reduction based upon a physical or 687
mental disability shall be accompanied by a certificate 688
attesting to the fact that the applicant is permanently and 689
totally disabled, signed by a person licensed to practice in 690
this state and in accordance with the following: a certificate 691
pertaining to a physical disability shall be signed by a 692
physician, certified nurse-midwife, clinical nurse specialist, 693
or certified nurse practitioner and an application for reduction 694
based upon a certificate pertaining to a mental disability shall 695
be accompanied by a certificate signed by a physician or, 696
psychologist licensed to practice in this state, attesting to 697
the fact that the applicant is permanently and totally 698
disabled or clinical nurse specialist or certified nurse 699
practitioner certified as a psychiatric-mental health CNS or 700
psychiatric-mental health NP by the American nurses 701

credentialing center. The certificate shall be in a form that 702
the tax commissioner requires and shall include the definition 703
of permanently and totally disabled as set forth in section 704
323.151 of the Revised Code. An application for reduction based 705
upon a disability certified as permanent and total by a state or 706
federal agency having the function of so classifying persons 707
shall be accompanied by a certificate from that agency. 708

An application by a disabled veteran for the reduction 709
under division (A) (2) of section 323.152 of the Revised Code 710
shall be accompanied by a letter or other written confirmation 711
from the United States department of veterans affairs, or its 712
predecessor or successor agency, showing that the veteran 713
qualifies as a disabled veteran. 714

An application by the surviving spouse of a public service 715
officer killed in the line of duty for the reduction under 716
division (A) (3) of section 323.152 of the Revised Code shall be 717
accompanied by a letter or other written confirmation from an 718
employee or officer of the board of trustees of a retirement or 719
pension fund in this state or another state or from the chief or 720
other chief executive of the department, agency, or other 721
employer for which the public service officer served when killed 722
in the line of duty affirming that the public service officer 723
was killed in the line of duty. 724

An application for a reduction under division (A) of 725
section 323.152 of the Revised Code constitutes a continuing 726
application for a reduction in taxes for each year in which the 727
dwelling is the applicant's homestead. 728

(2) An application for a reduction in taxes under division 729
(B) of section 323.152 of the Revised Code shall be filed only 730
if the homestead or manufactured or mobile home was transferred 731

in the preceding year or did not qualify for and receive the 732
reduction in taxes under that division for the preceding tax 733
year. The application for homesteads transferred in the 734
preceding year shall be incorporated into any form used by the 735
county auditor to administer the tax law in respect to the 736
conveyance of real property pursuant to section 319.20 of the 737
Revised Code or of used manufactured homes or used mobile homes 738
as defined in section 5739.0210 of the Revised Code. The owner 739
of a manufactured or mobile home who has elected under division 740
(D) (4) of section 4503.06 of the Revised Code to be taxed under 741
division (D) (2) of that section for the ensuing year may file 742
the application at the time of making that election. The 743
application shall contain a statement that failure by the 744
applicant to affirm on the application that the dwelling on the 745
property conveyed is the applicant's homestead prohibits the 746
owner from receiving the reduction in taxes until a proper 747
application is filed within the period prescribed by division 748
(A) (3) of this section. Such an application constitutes a 749
continuing application for a reduction in taxes for each year in 750
which the dwelling is the applicant's homestead. 751

(3) Failure to receive a new application filed under 752
division (A) (1) or (2) or notification under division (C) of 753
this section after an application for reduction has been 754
approved is prima-facie evidence that the original applicant is 755
entitled to the reduction in taxes calculated on the basis of 756
the information contained in the original application. The 757
original application and any subsequent application, including 758
any late application, shall be in the form of a signed statement 759
and shall be filed on or before the thirty-first day of December 760
of the year for which the reduction is sought. The original 761
application and any subsequent application for a reduction in 762

manufactured home taxes shall be filed in the year preceding the 763
year for which the reduction is sought. The statement shall be 764
on a form, devised and supplied by the tax commissioner, which 765
shall require no more information than is necessary to establish 766
the applicant's eligibility for the reduction in taxes and the 767
amount of the reduction, and, except for homesteads that are 768
units in a housing cooperative, shall include an affirmation by 769
the applicant that ownership of the homestead was not acquired 770
from a person, other than the applicant's spouse, related to the 771
owner by consanguinity or affinity for the purpose of qualifying 772
for the real property or manufactured home tax reduction 773
provided for in division (A) or (B) of section 323.152 of the 774
Revised Code. The form shall contain a statement that conviction 775
of willfully falsifying information to obtain a reduction in 776
taxes or failing to comply with division (C) of this section 777
results in the revocation of the right to the reduction for a 778
period of three years. In the case of an application for a 779
reduction in taxes for persons described in division (A) (1) (b) 780
(iii) of section 323.152 of the Revised Code, the form shall 781
contain a statement that signing the application constitutes a 782
delegation of authority by the applicant to the tax commissioner 783
or the county auditor, individually or in consultation with each 784
other, to examine any tax or financial records relating to the 785
income of the applicant as stated on the application for the 786
purpose of determining eligibility for the exemption or a 787
possible violation of division (D) or (E) of this section. 788

(B) A late application for a tax reduction for the year 789
preceding the year in which an original application is filed, or 790
for a reduction in manufactured home taxes for the year in which 791
an original application is filed, may be filed with the original 792
application. If the county auditor determines the information 793

contained in the late application is correct, the auditor shall 794
determine the amount of the reduction in taxes to which the 795
applicant would have been entitled for the preceding tax year 796
had the applicant's application been timely filed and approved 797
in that year. 798

The amount of such reduction shall be treated by the 799
auditor as an overpayment of taxes by the applicant and shall be 800
refunded in the manner prescribed in section 5715.22 of the 801
Revised Code for making refunds of overpayments. The county 802
auditor shall certify the total amount of the reductions in 803
taxes made in the current year under this division to the tax 804
commissioner, who shall treat the full amount thereof as a 805
reduction in taxes for the preceding tax year and shall make 806
reimbursement to the county therefor in the manner prescribed by 807
section 323.156 of the Revised Code, from money appropriated for 808
that purpose. 809

(C) (1) If, in any year after an application has been filed 810
under division (A) (1) or (2) of this section, the owner does not 811
qualify for a reduction in taxes on the homestead or on the 812
manufactured or mobile home set forth on such application, the 813
owner shall notify the county auditor that the owner is not 814
qualified for a reduction in taxes. 815

(2) If, in any year after an application has been filed 816
under division (A) (1) of this section, the occupant of a 817
homestead in a housing cooperative does not qualify for a 818
reduction in taxes on the homestead, the occupant shall notify 819
the county auditor that the occupant is not qualified for a 820
reduction in taxes or file a new application under division (A) 821
(1) of this section. 822

(3) If the county auditor or county treasurer discovers 823

that an owner of property or occupant of a homestead in a 824
housing cooperative not entitled to the reduction in taxes under 825
division (A) or (B) of section 323.152 of the Revised Code 826
failed to notify the county auditor as required by division (C) 827
(1) or (2) of this section, a charge shall be imposed against 828
the property in the amount by which taxes were reduced under 829
that division for each tax year the county auditor ascertains 830
that the property was not entitled to the reduction and was 831
owned by the current owner or, in the case of a homestead in a 832
housing cooperative, occupied by the current occupant. Interest 833
shall accrue in the manner prescribed by division (B) of section 834
323.121 or division (G) (2) of section 4503.06 of the Revised 835
Code on the amount by which taxes were reduced for each such tax 836
year as if the reduction became delinquent taxes at the close of 837
the last day the second installment of taxes for that tax year 838
could be paid without penalty. The county auditor shall notify 839
the owner or occupant, by ordinary mail, of the charge, of the 840
owner's or occupant's right to appeal the charge, and of the 841
manner in which the owner or occupant may appeal. The owner or 842
occupant may appeal the imposition of the charge and interest by 843
filing an appeal with the county board of revision not later 844
than the last day prescribed for payment of real and public 845
utility property taxes under section 323.12 of the Revised Code 846
following receipt of the notice and occurring at least ninety 847
days after receipt of the notice. The appeal shall be treated in 848
the same manner as a complaint relating to the valuation or 849
assessment of real property under Chapter 5715. of the Revised 850
Code. The charge and any interest shall be collected as other 851
delinquent taxes. 852

(4) Each year during January, the county auditor shall 853
furnish by ordinary mail a continuing application to each person 854

receiving a reduction under division (A) of section 323.152 of 855
the Revised Code. The continuing application shall be used to 856
report changes in total income, ownership, occupancy, 857
disability, and other information earlier furnished the auditor 858
relative to the reduction in taxes on the property. The 859
continuing application shall be returned to the auditor not 860
later than the thirty-first day of December; provided, that if 861
such changes do not affect the status of the homestead exemption 862
or the amount of the reduction to which the owner is entitled 863
under division (A) of section 323.152 of the Revised Code or to 864
which the occupant is entitled under section 323.159 of the 865
Revised Code, the application does not need to be returned. 866

(5) Each year during February, the county auditor, except 867
as otherwise provided in this paragraph, shall furnish by 868
ordinary mail an original application to the owner, as of the 869
first day of January of that year, of a homestead or a 870
manufactured or mobile home that transferred during the 871
preceding calendar year and that qualified for and received a 872
reduction in taxes under division (B) of section 323.152 of the 873
Revised Code for the preceding tax year. In order to receive the 874
reduction under that division, the owner shall file the 875
application with the county auditor not later than the thirty- 876
first day of December. If the application is not timely filed, 877
the auditor shall not grant a reduction in taxes for the 878
homestead for the current year, and shall notify the owner that 879
the reduction in taxes has not been granted, in the same manner 880
prescribed under section 323.154 of the Revised Code for 881
notification of denial of an application. Failure of an owner to 882
receive an application does not excuse the failure of the owner 883
to file an original application. The county auditor is not 884
required to furnish an application under this paragraph for any 885

homestead for which application has previously been made on a 886
form incorporated into any form used by the county auditor to 887
administer the tax law in respect to the conveyance of real 888
property or of used manufactured homes or used mobile homes, and 889
an owner who previously has applied on such a form is not 890
required to return an application furnished under this 891
paragraph. 892

(D) No person shall knowingly make a false statement for 893
the purpose of obtaining a reduction in the person's real 894
property or manufactured home taxes under section 323.152 of the 895
Revised Code. 896

(E) No person shall knowingly fail to notify the county 897
auditor of changes required by division (C) of this section that 898
have the effect of maintaining or securing a reduction in taxes 899
under section 323.152 of the Revised Code. 900

(F) No person shall knowingly make a false statement or 901
certification attesting to any person's physical or mental 902
condition for purposes of qualifying such person for tax relief 903
pursuant to sections 323.151 to 323.159 of the Revised Code. 904

Sec. 339.01. (A) As used in sections 339.01 to 339.17 of 905
the Revised Code: 906

(1) "Hospital facilities" has the meaning given in section 907
140.01 of the Revised Code. 908

(2) "County hospital" includes all of the county 909
hospital's branches and hospital facilities, wherever located. 910

(3) "Outpatient health facility" means a facility where 911
medical care and preventive, diagnostic, therapeutic, 912
rehabilitative, or palliative items or services are provided to 913
outpatients by or under the direction of a physician, certified 914

nurse-midwife, clinical nurse specialist, certified nurse 915
practitioner, or dentist. 916

(B) A board of county commissioners may purchase, acquire, 917
lease, appropriate, and construct a county hospital or hospital 918
facilities thereof. After a county hospital or hospital 919
facilities have been fully completed and sufficiently equipped 920
for occupancy, any subsequent improvements, enlargements, or 921
rebuilding of any such facility shall be made by the board of 922
county hospital trustees or a hospital commission appointed 923
pursuant to section 339.14 of the Revised Code. 924

(C) (1) A board of county commissioners, board of county 925
hospital trustees, or hospital commission may purchase, acquire, 926
lease, appropriate, or construct an outpatient health facility 927
in another county to serve as a branch of the county hospital. 928
The outpatient health facility may include office space for 929
physicians, certified nurse-midwives, clinical nurse 930
specialists, or certified nurse practitioners. The facility 931
shall be operated pursuant to the law that regulates the 932
operation of the county hospital. 933

(2) When a proposal to establish an outpatient health 934
facility in another county is made by a board of hospital 935
trustees or a hospital commission, all of the following apply: 936

(a) The board of county hospital trustees or hospital 937
commission shall give written notice to its board of county 938
commissioners and to the board of county commissioners of the 939
county where the facility is to be located. The board of county 940
commissioners where the facility is to be located, by resolution 941
adopted within forty days after receipt of the notice, may 942
object to the proposed facility. The resolution shall include an 943
explanation of the objection and may make any recommendations 944

the board considers necessary. The board shall send a copy of 945
the resolution to the board of county hospital trustees or the 946
hospital commission and to the board of county commissioners of 947
the county that proposes to locate the facility in the other 948
county. 949

(b) Except as provided in division (C) (2) (c) of this 950
section, the board of county hospital trustees or the hospital 951
commission may establish and operate the facility, unless the 952
board of county commissioners of the county proposing to locate 953
the facility in the other county, not later than twenty days 954
after receiving a resolution of objection from the other 955
county's board of county commissioners pursuant to division (C) 956
(2) (a) of this section, adopts a resolution denying the trustees 957
or commission the right to establish the facility. 958

(c) If a board of county commissioners provides a subsidy 959
for uncompensated care to a board of county hospital trustees or 960
hospital commission, the board of county hospital trustees or 961
hospital commission may establish and operate the outpatient 962
health facility only if that board of county commissioners 963
approves the establishment of the facility. 964

(D) Notwithstanding division (C) of this section, a board 965
of county hospital trustees of a charter county hospital, as 966
defined in section 339.061 of the Revised Code, may purchase, 967
acquire, lease, construct, own, operate, or manage hospital 968
facilities in a county contiguous to a charter county. Such 969
hospital facilities shall be operated pursuant to the law that 970
regulates the operation of a charter county hospital. 971

(E) A county hospital may be designated as a monument to 972
commemorate the services of the soldiers, sailors, marines, and 973
pioneers of the county. 974

Sec. 339.73. Each county or district tuberculosis control unit shall ensure that tuberculosis treatment is made available to all individuals with tuberculosis who reside in the area served by the unit. In making treatment available, the tuberculosis control unit may provide the treatment or make referrals for receipt of treatment from other entities. The unit may make referrals for receipt of temporary housing.

The tuberculosis treatment provided under this section is limited to cases of active tuberculosis and infected contacts and includes provision of antituberculosis medication, conduct of an investigation under section 339.80 of the Revised Code, provision of appropriate follow-up services for confirmed and suspected cases of active tuberculosis, and provision of services by a physician, clinical nurse specialist, or certified nurse practitioner through a course of therapy that meets the standards for tuberculosis treatment established by the United States centers for disease control and prevention or the American thoracic society.

The tuberculosis control unit shall serve all residents within its jurisdiction, regardless of the length of time that the individual has resided in the area or the individual's income and resources. An individual who receives tuberculosis treatment shall disclose to the tuberculosis control unit the identity of any third party against whom the individual has or may have a right of recovery for the treatment provided. The board of county commissioners is the payor of last resort for tuberculosis treatment and shall pay for treatment only to the extent that payment is not made through third-party benefits.

Sec. 339.76. The board of county commissioners of any county may establish and maintain one or more tuberculosis

clinics in the county and may employ physicians, clinical nurse 1005
specialists, certified nurse practitioners, public health 1006
nurses, and other persons for the operation of such clinics or 1007
other means as are provided for the prevention, cure, and 1008
treatment of tuberculosis. The board may provide by tax levies, 1009
or otherwise, the necessary funds for such clinics to be 1010
established, maintained, and operated. Clinics so established 1011
shall be under the control of the board of county commissioners, 1012
and shall be supervised by a board of three trustees, similar in 1013
all respects to and with all the powers enjoyed by a board of 1014
trustees of a county hospital, or by a city or general district 1015
board of health within the county, as the board of county 1016
commissioners designates. 1017

The boards of county commissioners of two or more counties 1018
may join together to establish a joint county tuberculosis 1019
clinic. Clinics so established shall be under the control of the 1020
joint boards of county commissioners of the member counties and 1021
shall be supervised by a board of trustees, such board to 1022
consist of an equal number of trustees from each of the member 1023
counties, with all of the powers enjoyed by a board of trustees 1024
of a county hospital, or by a city or general health district 1025
board of health within the county where the clinic is located, 1026
as the member boards of county commissioners shall designate. 1027
The cost of the establishment and the maintenance of such 1028
clinics shall be distributed among the member counties as agreed 1029
upon by such members, and such costs shall be paid from the 1030
respective county general funds, or from tax levies, or both. 1031

Sec. 339.78. (A) When a physician, clinical nurse 1032
specialist, or certified nurse practitioner completes diagnostic 1033
studies confirming that an individual has tuberculosis, the 1034
physician or nurse shall report the confirmed case of 1035

tuberculosis to the county or district tuberculosis control 1036
unit. A physician or nurse shall make a report to the 1037
tuberculosis control unit prior to completion of diagnostic 1038
studies if the signs and symptoms demonstrated by an individual 1039
are sufficient for the physician or nurse to suspect that the 1040
individual has tuberculosis. At any time it is determined that 1041
an individual's tuberculosis is resistant to one or more drugs, 1042
the physician or nurse shall make a report to the unit. 1043

The physician, clinical nurse specialist, or certified 1044
nurse practitioner attending an individual with tuberculosis 1045
shall document the individual's adherence to the treatment 1046
regimen that the physician or nurse prescribes and make a report 1047
to the tuberculosis control unit if the individual does not 1048
adhere to the regimen. 1049

In each report made under this division, the physician, 1050
clinical nurse specialist, or certified nurse practitioner shall 1051
provide all information that the tuberculosis control unit 1052
requests. The information shall be provided at intervals 1053
specified by the tuberculosis control unit. 1054

(B) In addition to accepting reports made by physicians, 1055
clinical nurse specialists, or certified nurse practitioners 1056
under division (A) of this section, a county or district 1057
tuberculosis control unit shall accept reports made as follows: 1058

(1) The administrator of a hospital, clinic, or other 1059
facility that is providing services to an individual who is 1060
confirmed to have or is suspected of having tuberculosis shall 1061
report the case to the tuberculosis control unit; 1062

(2) The administrator of a laboratory that performs tests 1063
for tuberculosis on human specimens shall report to the 1064

tuberculosis control unit each positive tuberculosis test result 1065
obtained; 1066

(3) Any person who suspects that an individual has 1067
tuberculosis may report that suspicion to the tuberculosis 1068
control unit. 1069

Sec. 339.81. Any information, data, and reports with 1070
respect to a case of tuberculosis that are furnished to, or 1071
procured by, a county or district tuberculosis control unit or 1072
the department of health shall be confidential and used only for 1073
statistical, scientific, and medical research for the purpose of 1074
controlling tuberculosis in this state. No physician, clinical 1075
nurse specialist, certified nurse practitioner, hospital, or 1076
other entity furnishing information, data, or reports pursuant 1077
to this chapter shall by reason of such furnishing be deemed to 1078
have violated any confidential relationship, be held to answer 1079
for willful betrayal of a professional confidence, or be held 1080
liable in damages to any person. 1081

Sec. 339.82. Except as provided in section 339.89 of the 1082
Revised Code, all of the following apply to individuals with 1083
tuberculosis: 1084

(A) (1) An individual who has been diagnosed as having 1085
active tuberculosis shall complete the entire tuberculosis 1086
treatment regimen prescribed for the individual by a physician, 1087
clinical nurse specialist, or certified nurse practitioner. The 1088
regimen prescribed shall include a course of antituberculosis 1089
medication, recommendations for management of tuberculosis, and 1090
instructions for following contagion precautions to prevent the 1091
spread of tuberculosis. 1092

(2) If an individual fails to take prescribed 1093

antituberculosis medication in accordance with division (A) (1) 1094
of this section, the county or district tuberculosis control 1095
unit shall establish a procedure under which the individual is 1096
required to be witnessed ingesting the antituberculosis 1097
medication by individuals designated by the unit. The individual 1098
shall take the medication in accordance with the procedure. 1099

(B) An individual with communicable tuberculosis who is 1100
not hospitalized or otherwise confined shall not attend any 1101
public gathering or be in any public place that the county or 1102
district tuberculosis control unit determines cannot be 1103
maintained in a manner adequate to protect others from the 1104
spread of the disease. An individual with communicable 1105
tuberculosis who cannot be maintained outside of a hospital in a 1106
manner adequate to protect others from the spread of the disease 1107
shall submit to hospitalization and remain hospitalized. 1108

(C) An individual with active tuberculosis who intends to 1109
travel or relocate shall notify the county or district 1110
tuberculosis control unit. The unit shall notify the Ohio 1111
department of health when an individual with active tuberculosis 1112
relocates. The department shall notify the tuberculosis control 1113
unit of the tuberculosis control district to which the 1114
individual intends to travel or relocate or the appropriate 1115
public health authority of the state to which the individual 1116
intends to travel or relocate. 1117

Sec. 503.241. Whenever any township officer ceases to 1118
reside in the township, or is absent from the township for 1119
ninety consecutive days, except in case of sickness or injury as 1120
provided in this section, ~~his~~ the officer's office shall be 1121
deemed vacant and the board of township trustees shall declare a 1122
vacancy to exist in such office. 1123

Such vacancy shall be filled in the manner provided by 1124
section 503.24 of the Revised Code. Whenever any township 1125
officer is absent from the township because of sickness or 1126
injury, ~~he the officer~~ shall cause to be filed with the board of 1127
township trustees a ~~physician's~~ certificate from a physician, 1128
certified nurse-midwife, clinical nurse specialist, or certified 1129
nurse practitioner ~~of his the officer's~~ sickness or injury. If 1130
such certificate is not filed with the board within ten days 1131
after the expiration of the ninety consecutive days of absence 1132
from the township, ~~his the officer's~~ office shall be deemed 1133
vacant and the board of township trustees shall declare a 1134
vacancy to exist in such office. 1135

This section shall not apply to a township officer while 1136
in the active military service of the United States. 1137

Sec. 742.38. (A) (1) The board of trustees of the Ohio 1138
police and fire pension fund shall adopt rules establishing 1139
minimum medical testing and diagnostic standards or procedures 1140
to be incorporated into physical examinations administered by 1141
physicians, certified nurse-midwives, clinical nurse 1142
specialists, or certified nurse practitioners to prospective 1143
members of the fund. The standards or procedures shall include 1144
diagnosis and evaluation of the existence of any heart disease, 1145
cardiovascular disease, or respiratory disease. The rules shall 1146
specify the form of the physician's or nurse's report and the 1147
information to be included in it. 1148

The board shall notify all employers of the establishment 1149
of the minimum standards or procedures and shall include with 1150
the notice a copy of the standards or procedures. The board 1151
shall notify all employers of any changes made to the standards 1152
or procedures. Once the standards or procedures take effect, 1153

employers shall cause each prospective member of the fund to 1154
submit to a physical examination that incorporates the standards 1155
or procedures. 1156

(2) Division (A)(2) of this section applies to an employee 1157
who becomes a member of the fund on or after the date the 1158
minimum standards or procedures described in division (A)(1) of 1159
this section take effect. For each employee described in 1160
division (A)(2) of this section, the employer shall forward to 1161
the board a copy of the physician's or nurse's report of a 1162
physical examination that incorporates the standards or 1163
procedures described in division (A)(1) of this section. If an 1164
employer fails to forward the report in the form required by the 1165
board on or before the date that is sixty days after the 1166
employee becomes a member of the fund, the board shall assess 1167
against the employer a penalty determined under section 742.353 1168
of the Revised Code. 1169

(B) Application for a disability benefit may be made by a 1170
member of the fund or, if the member is incapacitated as defined 1171
in rules adopted by the board, by a person acting on the 1172
member's behalf. Not later than fourteen days after receiving an 1173
application for a disability benefit from a member or a person 1174
acting on behalf of a member, the board shall notify the 1175
member's employer that an application has been filed. The notice 1176
shall state the member's position or rank. Not later than 1177
twenty-eight days after receiving the notice or filing an 1178
application on behalf of a member, the employer shall forward to 1179
the board a statement certifying the member's job description 1180
and any other information required by the board to process the 1181
application. 1182

If the member applying for a disability benefit becomes a 1183

member of the fund prior to the date the minimum standards or 1184
procedures described in division (A) (1) of this section take 1185
effect, the board may request from the member's employer a copy 1186
of the physician's or nurse's report of the member's physical 1187
examination taken on entry into the police or fire department 1188
or, if the employer does not have a copy of the report, a 1189
written statement certifying that the employer does not have a 1190
copy of the report. If an employer fails to forward the report 1191
or statement in the form required by the board on or before the 1192
date that is twenty-eight days after the date of the request, 1193
the board shall assess against the employer a penalty determined 1194
under section 742.353 of the Revised Code. The board shall 1195
maintain the information submitted under this division and 1196
division (A) (2) of this section in the member's file. 1197

(C) For purposes of determining under division (D) of this 1198
section whether a member of the fund is disabled, the board 1199
shall adopt rules establishing objective criteria under which 1200
the board shall make the determination. The rules shall include 1201
standards that provide for all of the following: 1202

(1) Evaluating a member's illness or injury on which an 1203
application for disability benefits is based; 1204

(2) Defining the occupational duties of a police officer 1205
or firefighter; 1206

(3) Providing for the board to assign competent and 1207
disinterested physicians, certified nurse-midwives, clinical 1208
nurse specialists, certified nurse practitioners, and vocational 1209
evaluators to conduct examinations of a member; 1210

(4) Requiring a written report for each disability 1211
application that includes a summary of findings, medical 1212

opinions, including an opinion on whether the illness or injury 1213
upon which the member's application for disability benefits is 1214
based was caused or induced by the actual performance of the 1215
member's official duties, and any recommendations or comments 1216
based on the medical opinions; 1217

(5) Providing for the board to consider the member's 1218
potential for retraining or reemployment. 1219

(D) This division does not apply to members of the fund 1220
who have elected to receive benefits and pensions in accordance 1221
with division (A) or (B) of section 742.37 of the Revised Code 1222
or from a police relief and pension fund or a firemen's relief 1223
and pension fund in accordance with the rules of that fund in 1224
force on April 1, 1947. 1225

As used in this division: 1226

"Totally disabled" means a member of the fund is unable to 1227
perform the duties of any gainful occupation for which the 1228
member is reasonably fitted by training, experience, and 1229
accomplishments. Absolute helplessness is not a prerequisite of 1230
being totally disabled. 1231

"Permanently disabled" means a condition of disability 1232
from which there is no present indication of recovery. 1233

"Hazardous duty" has the same meaning as in 5 C.F.R. 1234
550.902, as amended. 1235

(1) A member of the fund who is permanently and totally 1236
disabled as the result of the performance of the member's 1237
official duties as a member of a police or fire department shall 1238
be paid annual disability benefits in accordance with division 1239
(A) of section 742.39 of the Revised Code. In determining 1240
whether a member of the fund is permanently and totally 1241

disabled, the board shall consider standards adopted under 1242
division (C) of this section applicable to the determination. 1243

(2) A member of the fund who is permanently and partially 1244
disabled as the result of the performance of the member's 1245
official duties as a member of a police or fire department 1246
shall, if the disability prevents the member from performing 1247
those duties and impairs the member's earning capacity, receive 1248
annual disability benefits in accordance with division (B) of 1249
section 742.39 of the Revised Code. In determining whether a 1250
member of the fund is permanently and partially disabled, the 1251
board shall consider standards adopted under division (C) of 1252
this section applicable to the determination. 1253

(3) (a) A member of the fund who is permanently disabled as 1254
a result of heart disease or any cardiovascular or respiratory 1255
disease of a chronic nature, which disease or any evidence of 1256
which disease was not revealed by the physical examination 1257
passed by the member on entry into the department or another 1258
examination specified in rules the board adopts under section 1259
742.10 of the Revised Code, is presumed to have incurred the 1260
disease while performing the member's official duties, unless 1261
the contrary is shown by competent evidence. The board may waive 1262
the requirement that the absence of disease be evidenced by a 1263
physical examination if competent medical evidence of a type 1264
specified in rules adopted under section 742.10 of the Revised 1265
Code is submitted documenting that the disease was not evident 1266
prior to or at the time of entry into the department. 1267

(b) A member of the fund who is a member of a fire 1268
department, has been assigned to at least six years of hazardous 1269
duty as a member of a fire department, and is disabled as a 1270
result of cancer, is presumed to have incurred the cancer while 1271

performing the member's official duties if the member was 1272
exposed to an agent classified by the international agency for 1273
research on cancer or its successor agency as a group 1 or 2A 1274
carcinogen. 1275

(c) The presumption described in division (D) (3) (b) of 1276
this section is rebuttable in any of the following situations: 1277

(i) There is evidence that the member incurred the type of 1278
cancer being alleged before becoming a member of the department. 1279

(ii) There is evidence that the member's exposure, outside 1280
the scope of the member's official duties, to cigarettes, 1281
tobacco products, or other conditions presenting an extremely 1282
high risk for the development of the cancer alleged, was 1283
probably a significant factor in the cause or progression of the 1284
cancer. 1285

(iii) There is evidence that shows, by a preponderance of 1286
competent scientific evidence, that exposure to the type of 1287
carcinogen alleged did not or could not have caused the cancer 1288
being alleged. 1289

(iv) There is evidence that the member was not exposed to 1290
an agent classified by the international agency for research on 1291
cancer or its successor agency as a group 1 or 2A carcinogen. 1292

(v) The member is seventy years of age or older. 1293

(d) The presumption described in division (D) (3) (b) of 1294
this section does not apply if it has been more than fifteen 1295
years since the member was last assigned to hazardous duty as a 1296
member of a fire department. 1297

(4) A member of the fund who has five or more years of 1298
service credit and has incurred a permanent disability not 1299

caused or induced by the actual performance of the member's 1300
official duties as a member of the department, or by the 1301
member's own negligence, shall if the disability prevents the 1302
member from performing those duties and impairs the member's 1303
earning capacity, receive annual disability benefits in 1304
accordance with division (C) of section 742.39 of the Revised 1305
Code. In determining whether a member of the fund is permanently 1306
disabled, the board shall consider standards adopted under 1307
division (C) of this section applicable to the determination. 1308

(5) The board shall notify a member of its final action 1309
awarding a disability benefit to the member within thirty days 1310
of the final action. The notice shall be sent by certified mail, 1311
return receipt requested. Not later than ninety days after 1312
receipt of notice from the board, the member shall elect, on a 1313
form provided by the board, either to accept or waive the 1314
disability benefit award. If the member elects to waive the 1315
disability benefit award or fails to make an election within the 1316
time period, the award is rescinded. A member who later seeks a 1317
disability benefit award shall be required to make a new 1318
application, which shall be dealt with in accordance with the 1319
procedures used for original disability benefit applications. 1320

A person is not eligible to apply for or receive 1321
disability benefits under this division, section 742.39 of the 1322
Revised Code, or division (C) (2), (3), (4), or (5) of former 1323
section 742.37 of the Revised Code unless the person is a member 1324
of the fund on the date on which the application for disability 1325
benefits is submitted to the fund. 1326

With the exception of persons who may make application for 1327
increased benefits as provided in division (D) (2) or (4) of this 1328
section or division (C) (3) or (5) of former section 742.37 of 1329

the Revised Code on or after July 24, 1986, or persons who may 1330
make application for benefits as provided in section 742.26 of 1331
the Revised Code, no person receiving a pension or benefit under 1332
this section or division (C) of former section 742.37 of the 1333
Revised Code may apply for any new, changed, or different 1334
benefit. 1335

(E) Notwithstanding the requirement of section 742.41 of 1336
the Revised Code that all medical reports and recommendations 1337
required are privileged, the board shall submit to the 1338
administrator of workers' compensation any data necessary for 1339
the report required under section 4123.86 of the Revised Code. 1340

Sec. 940.09. ~~(A)As~~ (A) As used in this section: 1341

(1) "Receiving employee" means an employee of a soil and 1342
water conservation district who receives donated sick leave as 1343
authorized by this section. 1344

(2) "Donating employee" means an employee of a soil and 1345
water conservation district who donates sick leave as authorized 1346
by this section. 1347

(3) "Paid leave" has the same meaning as in section 1348
124.391 of the Revised Code. 1349

(4) "Full-time employee" means an employee of a soil and 1350
water conservation district whose regular hours of service for 1351
the district total forty hours per week or who renders any other 1352
standard of service accepted as full-time by the district. 1353

(5) "Full-time limited hours employee" means an employee 1354
of a soil and water conservation district whose regular hours of 1355
service for the district total twenty-five to thirty-nine hours 1356
per week or who renders any other standard of service accepted 1357
as full-time limited hours by the district. 1358

(B) (1) An employee of a soil and water conservation 1359
district is eligible to become a receiving employee if the 1360
employee is a full-time employee, or a full-time limited hours 1361
employee, who has completed the prescribed probationary period, 1362
has used up all accrued paid leave, and has been placed on an 1363
approved, unpaid, medical-related leave of absence for a period 1364
of at least thirty consecutive working days because of the 1365
employee's own serious illness or because of a serious illness 1366
of a member of the employee's immediate family. 1367

(2) An employee who desires to become a receiving employee 1368
shall submit to the board of supervisors of the employing soil 1369
and water conservation district, along with a satisfactory 1370
physician's, certified nurse-midwife's, clinical nurse 1371
specialist's, or certified nurse practitioner's certification, a 1372
written request for donated sick leave. The board of supervisors 1373
shall determine whether the employee is eligible to become a 1374
receiving employee and shall approve the request if it 1375
determines the employee is eligible. 1376

(C) (1) A board of supervisors that approves a request for 1377
an employee to become a receiving employee shall forward the 1378
approved application to a committee that the Ohio association of 1379
soil and water conservation district employees shall appoint to 1380
act as a clearinghouse for the donation of sick leave under this 1381
section. The committee shall post notice for not less than ten 1382
days informing all employees of soil and water conservation 1383
districts throughout the state that it has received an approved 1384
application to become a receiving employee. 1385

(2) A soil and water conservation district employee 1386
desiring to become a donating employee shall complete and submit 1387
a sick leave donation form to the employee's immediate 1388

supervisor within twenty days after the date of the initial 1389
posting of the notice described in division (C) (1) of this 1390
section. If the board of supervisors of the employing district 1391
of an employee desiring to become a donating employee approves 1392
the sick leave donation, the board shall forward to the 1393
committee, together with a check equal to the total value of the 1394
sick leave donation, a copy of the sick leave donation form, and 1395
the board shall notify the receiving employee regarding the 1396
donation. 1397

(D) If the committee described in division (C) (1) of this 1398
section receives a sick leave donation form and a check from a 1399
board of supervisors, the committee shall deposit the check into 1400
an account that it shall establish to be used to dispense funds 1401
to the employing district of a receiving employee. The committee 1402
shall notify the board of supervisors of the employing district 1403
of a receiving employee of the amount of sick leave donated. The 1404
board of supervisors shall bill the committee during each pay 1405
period for the receiving employee's gross hourly wages in an 1406
amount that does not exceed the amount donated to the receiving 1407
employee. The board of supervisors, with the approval of the 1408
county auditor, shall provide for the deposit into its 1409
appropriate payroll account of any payments it receives for the 1410
benefit of a receiving employee. 1411

(E) The donation and receipt of sick leave under this 1412
section is subject to all of the following: 1413

(1) All donations of sick leave shall be voluntary. 1414

(2) A donating employee is eligible to donate not less 1415
than eight hours and not more than eighty hours of sick leave 1416
during the same calendar year. 1417

(3) The value of an hour of sick leave donated is the 1418
value of the donating employee's gross hourly wage. The number 1419
of hours received by a receiving employee from a donating 1420
employee shall be a number that, when multiplied by the 1421
receiving employee's gross hourly wage, equals the amount 1422
resulting when the donating employee's gross hourly wage is 1423
multiplied by the number of hours of sick leave donated. 1424

(4) No paid leave shall accrue to a receiving employee for 1425
any compensation received through donated sick leave, and the 1426
receipt of donated sick leave does not affect the date on which 1427
a receiving employee first qualifies for continuation of health 1428
insurance coverage. 1429

(5) If a receiving employee does not use all donated sick 1430
leave during the period of the employee's leave of absence, the 1431
unused balance shall remain in the account that the committee 1432
described in division (C) (1) of this section established under 1433
division (D) of this section and shall be used to dispense funds 1434
in the future to the employing district of a receiving employee. 1435

Sec. 955.41. The board of county commissioners, not later 1436
than the third regular meeting after it is presented with the 1437
account provided for by section 955.42 of the Revised Code, 1438
shall examine the account and, if it is found in whole or part 1439
correct and just, may order a payment in whole or in part to 1440
either the patient, the representative of the patient referred 1441
to in that section, or the physician or advanced practice 1442
registered nurse who rendered the patient's medical or surgical 1443
treatment, in accordance with their respective claims, provided 1444
that a payment is made only for an account with respect to which 1445
the board determines the patient, the patient's estate, or the 1446
patient's parent or guardian, as applicable, is unable, without 1447

deprivation of basic needs, to further provide for the payment 1448
of the expenses incurred for the medical or surgical treatment. 1449
A person shall not receive for one bite or injury a sum 1450
exceeding one thousand five hundred dollars. 1451

Sec. 1337.111. A person who holds a current, valid license 1452
issued under Chapter 4723. of the Revised Code to practice as an 1453
advanced practice registered nurse may take any action that may 1454
be taken by an attending physician under sections 1337.11 to 1455
1337.17 of the Revised Code and has the immunity provided by 1456
section 1337.15 of the Revised Code if the action is taken 1457
pursuant to a standard care arrangement with a collaborating 1458
physician. 1459

Sec. 1337.29. (A) A power of attorney is effective when 1460
executed unless the principal provides in the power of attorney 1461
that it becomes effective at a future date or upon the 1462
occurrence of a future event or contingency. 1463

(B) If a power of attorney becomes effective upon the 1464
occurrence of a future event or contingency, the principal, in 1465
the power of attorney, may authorize one or more persons to 1466
determine in a writing or other record that the event or 1467
contingency has occurred. 1468

(C) If a power of attorney becomes effective upon the 1469
principal's incapacity and the principal has not authorized a 1470
person to determine whether the principal is incapacitated, or 1471
the person authorized is unable or unwilling to make the 1472
determination, the power of attorney becomes effective upon one 1473
of the following determinations made in a writing or other 1474
record: 1475

(1) A determination by ~~a physician who has examined the~~ 1476

~~principal or a licensed psychologist who has evaluated the~~ 1477
~~principal any of the following~~ that the principal is 1478
incapacitated within the meaning of division (E) (1) of section 1479
1337.22 of the Revised Code: 1480

(a) A physician who has examined the principal; 1481

(b) A clinical nurse specialist who is certified as a 1482
psychiatric-mental health CNS by the American nurses 1483
credentialing center and has examined the principal; 1484

(c) A certified nurse practitioner who is certified as a 1485
psychiatric-mental health NP by the American nurses 1486
credentialing center and has examined the principal; 1487

(d) A licensed psychologist who has evaluated the 1488
principal. 1489

(2) A determination by an attorney at law, a judge, or an 1490
appropriate governmental official that the principal is 1491
incapacitated within the meaning of division (E) (2) of section 1492
1337.22 of the Revised Code. 1493

(D) A person authorized by the principal in the power of 1494
attorney to determine that the principal is incapacitated may 1495
act as the principal's personal representative pursuant to 42 1496
U.S.C. 1320d to 1320d-8, and applicable regulations, to obtain 1497
access to the principal's health-care information and 1498
communicate with the principal's health-care provider. 1499

Sec. 1347.08. (A) Every state or local agency that 1500
maintains a personal information system, upon the request and 1501
the proper identification of any person who is the subject of 1502
personal information in the system, shall: 1503

(1) Inform the person of the existence of any personal 1504

information in the system of which the person is the subject; 1505

(2) Except as provided in divisions (C) and (E) (2) of this 1506
section, permit the person, the person's legal guardian, or an 1507
attorney who presents a signed written authorization made by the 1508
person, to inspect all personal information in the system of 1509
which the person is the subject; 1510

(3) Inform the person about the types of uses made of the 1511
personal information, including the identity of any users 1512
usually granted access to the system. 1513

(B) Any person who wishes to exercise a right provided by 1514
this section may be accompanied by another individual of the 1515
person's choice. 1516

(C) (1) A state or local agency, upon request, shall 1517
disclose medical, psychiatric, or psychological information to a 1518
person who is the subject of the information or to the person's 1519
legal guardian, unless ~~a physician, psychiatrist, or~~ 1520
~~psychologist~~ one of the following determines for the agency that 1521
the disclosure of the information is likely to have an adverse 1522
effect on the person, ~~in which case:~~ a physician, including such 1523
a person who specializes as a psychiatrist; an advanced practice 1524
registered nurse, including such a person who specializes as a 1525
psychiatric-mental health nurse practitioner or psychiatric 1526
clinical nurse specialist; or a psychologist. If such a 1527
determination is made, the information shall be released to a- 1528
~~physician, psychiatrist, or psychologist~~ one of the following 1529
who is designated by the person or by the person's legal 1530
guardian: a physician, including such a person who specializes 1531
as a psychiatrist; an advanced practice registered nurse, 1532
including such a person who specializes as a psychiatric-mental 1533
health nurse practitioner or psychiatric clinical nurse 1534

specialist; or a psychologist. 1535

(2) Upon the signed written request of ~~either~~ a licensed 1536
attorney at law ~~or,~~ a licensed physician, or an advanced 1537
practice registered nurse designated by the inmate, together 1538
with the signed written request of an inmate of a correctional 1539
institution under the administration of the department of 1540
rehabilitation and correction, the department shall disclose 1541
medical information to the designated attorney ~~or,~~ physician, or 1542
advanced practice registered nurse as provided in division (C) 1543
of section 5120.21 of the Revised Code. 1544

(D) If an individual who is authorized to inspect personal 1545
information that is maintained in a personal information system 1546
requests the state or local agency that maintains the system to 1547
provide a copy of any personal information that the individual 1548
is authorized to inspect, the agency shall provide a copy of the 1549
personal information to the individual. Each state and local 1550
agency may establish reasonable fees for the service of copying, 1551
upon request, personal information that is maintained by the 1552
agency. 1553

(E) (1) This section regulates access to personal 1554
information that is maintained in a personal information system 1555
by persons who are the subject of the information, but does not 1556
limit the authority of any person, including a person who is the 1557
subject of personal information maintained in a personal 1558
information system, to inspect or have copied, pursuant to 1559
section 149.43 of the Revised Code, a public record as defined 1560
in that section. 1561

(2) This section does not provide a person who is the 1562
subject of personal information maintained in a personal 1563
information system, the person's legal guardian, or an attorney 1564

authorized by the person, with a right to inspect or have 1565
copied, or require an agency that maintains a personal 1566
information system to permit the inspection of or to copy, a 1567
confidential law enforcement investigatory record or trial 1568
preparation record, as defined in divisions (A) (2) and (4) of 1569
section 149.43 of the Revised Code. 1570

(F) This section does not apply to any of the following: 1571

(1) The contents of an adoption file maintained by the 1572
department of health under sections 3705.12 to 3705.124 of the 1573
Revised Code; 1574

(2) Information contained in the putative father registry 1575
established by section 3107.062 of the Revised Code, regardless 1576
of whether the information is held by the department of job and 1577
family services or, pursuant to section 3111.69 of the Revised 1578
Code, the office of child support in the department or a child 1579
support enforcement agency; 1580

(3) Papers, records, and books that pertain to an adoption 1581
and that are subject to inspection in accordance with section 1582
3107.17 of the Revised Code; 1583

(4) Records specified in division (A) of section 3107.52 1584
of the Revised Code; 1585

(5) Records that identify an individual described in 1586
division (A) (1) of section 3721.031 of the Revised Code, or that 1587
would tend to identify such an individual; 1588

(6) Files and records that have been expunged under 1589
division (D) (1) or (2) of section 3721.23 of the Revised Code; 1590

(7) Records that identify an individual described in 1591
division (A) (1) of section 3721.25 of the Revised Code, or that 1592

would tend to identify such an individual; 1593

(8) Records that identify an individual described in 1594
division (A)(1) of section 5165.88 of the Revised Code, or that 1595
would tend to identify such an individual; 1596

(9) Test materials, examinations, or evaluation tools used 1597
in an examination for licensure as a nursing home administrator 1598
that the board of executives of long-term services and supports 1599
administers under section 4751.15 of the Revised Code or 1600
contracts under that section with a private or government entity 1601
to administer; 1602

(10) Information contained in a database established and 1603
maintained pursuant to section 5101.13 of the Revised Code; 1604

(11) Information contained in a database established and 1605
maintained pursuant to section 5101.631 of the Revised Code. 1606

Sec. 1561.12. An applicant for any examination or 1607
certificate under this section shall, before being examined, 1608
register the applicant's name with the chief of the division of 1609
mineral resources management and file with the chief an 1610
affidavit as to all matters of fact establishing the applicant's 1611
right to receive the examination and a certificate from a 1612
reputable and disinterested physician, clinical nurse 1613
specialist, or certified nurse practitioner as to the physical 1614
condition of the applicant showing that the applicant is 1615
physically capable of performing the duties of the office or 1616
position. 1617

Each applicant for examination for any of the following 1618
positions shall present evidence satisfactory to the chief that 1619
the applicant has been a resident and citizen of this state for 1620
two years next preceding the date of application: 1621

(A) An applicant for the position of deputy mine inspector 1622
of underground mines shall have had actual practical experience 1623
of not less than six years in underground mines. In lieu of two 1624
of the six years of actual practical experience required in 1625
underground mines, the chief may accept as the equivalent 1626
thereof a certificate evidencing graduation from an accredited 1627
school of mines or mining, after a four-year course of study. 1628

The applicant shall pass an examination as to the 1629
applicant's practical and technological knowledge of mine 1630
surveying, mining machinery, and appliances; the proper 1631
development and operation of mines; the best methods of working 1632
and ventilating mines; the nature, properties, and powers of 1633
noxious, poisonous, and explosive gases, particularly methane; 1634
the best means and methods of detecting, preventing, and 1635
removing the accumulation of such gases; the use and operation 1636
of gas detecting devices and appliances; first aid to the 1637
injured; and the uses and dangers of electricity as applied and 1638
used in, at, and around mines. The applicant shall also hold a 1639
certificate for foreperson of gaseous mines issued by the chief. 1640

(B) An applicant for the position of deputy mine inspector 1641
of surface mines shall have had actual practical mining 1642
experience of not less than six years in surface mines. In lieu 1643
of two of the six years of actual practical experience required, 1644
the chief may accept as the equivalent thereof a certificate 1645
evidencing graduation from an accredited school of mines or 1646
mining, after a four-year course of study. The applicant shall 1647
pass an examination as to the applicant's practical and 1648
technological knowledge of surface mine surveying, machinery, 1649
and appliances; the proper development and operations of surface 1650
mines; first aid to the injured; and the use and dangers of 1651
explosives and electricity as applied and used in, at, and 1652

around surface mines. The applicant shall also hold a surface 1653
mine foreperson certificate issued by the chief. 1654

(C) An applicant for the position of electrical inspector 1655
shall have had at least five years' practical experience in the 1656
installation and maintenance of electrical circuits and 1657
equipment in mines, and the applicant shall be thoroughly 1658
familiar with the principles underlying the safety features of 1659
permissible and approved equipment as authorized and used in 1660
mines. 1661

The applicant shall be required to pass the examination 1662
required for deputy mine inspectors and an examination testing 1663
and determining the applicant's qualification and ability to 1664
competently inspect and administer the mining law that relates 1665
to electricity used in and around mines and mining in this 1666
state. 1667

(D) An applicant for the position of superintendent or 1668
assistant superintendent of rescue stations shall possess the 1669
same qualifications as those required for a deputy mine 1670
inspector. In addition, the applicant shall present evidence 1671
satisfactory to the chief that the applicant is sufficiently 1672
qualified and trained to organize, supervise, and conduct group 1673
training classes in first aid, safety, and rescue work. 1674

The applicant shall pass the examination required for 1675
deputy mine inspectors and shall be tested as to the applicant's 1676
practical and technological experience and training in first 1677
aid, safety, and mine rescue work. 1678

(E) An applicant for the position of mine chemist shall 1679
have such educational training as is represented by the degree 1680
MS in chemistry from a university of recognized standing, and at 1681

least five years of actual practical experience in research work 1682
in chemistry or as an assistant chemist. The chief may provide 1683
that an equivalent combination of education and experience 1684
together with a wide knowledge of the methods of and skill in 1685
chemical analysis and research may be accepted in lieu of the 1686
above qualifications. It is preferred that the chemist shall 1687
have had actual experience in mineralogy and metallurgy. 1688

Sec. 1571.012. An applicant for the position of gas 1689
storage well inspector shall register the applicant's name with 1690
the chief of the division of oil and gas resources management 1691
and file with the chief an affidavit as to all matters of fact 1692
establishing the applicant's right to take the examination for 1693
that position and a certificate from a reputable and 1694
disinterested physician, clinical nurse specialist, or certified 1695
nurse practitioner as to the physical condition of the applicant 1696
showing that the applicant is physically capable of performing 1697
the duties of the position. The applicant also shall present 1698
evidence satisfactory to the chief that the applicant has been a 1699
resident and citizen of this state for at least two years next 1700
preceding the date of application. 1701

An applicant shall possess the same qualifications as an 1702
applicant for the position of deputy mine inspector established 1703
in section 1561.12 of the Revised Code. In addition, the 1704
applicant shall have practical knowledge and experience of and 1705
in the operation, location, drilling, maintenance, and 1706
abandonment of oil and gas wells, especially in coal or mineral 1707
bearing townships, and shall have a thorough knowledge of the 1708
latest and best method of plugging and sealing abandoned oil and 1709
gas wells. 1710

An applicant for gas storage well inspector shall pass an 1711

examination conducted by the chief to determine the applicant's 1712
fitness to act as gas storage well inspector before being 1713
eligible for appointment. 1714

Sec. 1731.01. As used in this chapter: 1715

(A) "Alliance" or "small employer health care alliance" 1716
means an existing or newly created organization that has been 1717
granted a certificate of authority by the superintendent of 1718
insurance under section 1731.021 of the Revised Code and that is 1719
either of the following: 1720

(1) A chamber of commerce, trade association, professional 1721
organization, or any other organization that has all of the 1722
following characteristics: 1723

(a) Is a nonprofit corporation or association; 1724

(b) Has members that include or are exclusively small 1725
employers; 1726

(c) Sponsors or is part of a program to assist such small 1727
employer members to obtain coverage for their employees under 1728
one or more health benefit plans; 1729

(d) Except as provided in division (A) (1) (e) of this 1730
section, is not directly or indirectly controlled, through 1731
voting membership, representation on its governing board, or 1732
otherwise, by any insurance company, person, firm, or 1733
corporation that sells insurance, any provider, or by persons 1734
who are officers, trustees, or directors of such enterprises, or 1735
by any combination of such enterprises or persons. 1736

(e) Division (A) (1) (d) of this section does not apply to 1737
an organization that is comprised of members who are either 1738
insurance agents or providers, that is controlled by the 1739

organization's members or by the organization itself, and that 1740
elects to offer health insurance exclusively to any or all of 1741
the following: 1742

(i) Employees and retirees of the organization; 1743

(ii) Insurance agents and providers that are members of 1744
the organization; 1745

(iii) Employees and retirees of the agents or providers 1746
specified in division (A) (1) (e) (ii) of this section; 1747

(iv) Families and dependents of the employees, providers, 1748
agents, and retirees specified in divisions (A) (1) (e) (i), (A) (1) 1749
(e) (ii), and (A) (1) (e) (iii) of this section. 1750

(2) A nonprofit corporation controlled by one or more 1751
organizations described in division (A) (1) of this section. 1752

(B) "Alliance program" or "alliance health care program" 1753
means a program sponsored by a small employer health care 1754
alliance that assists small employer members of such small 1755
employer health care alliance or any other small employer health 1756
care alliance to obtain coverage for their employees under one 1757
or more health benefit plans, and that includes at least one 1758
agreement between a small employer health care alliance and an 1759
insurer that contains the insurer's agreement to offer and sell 1760
one or more health benefit plans to such small employers and 1761
contains all of the other features required under section 1762
1731.04 of the Revised Code. 1763

(C) "Eligible employees, retirees, their dependents, and 1764
members of their families," as used together or separately, 1765
means the active employees of a small employer, or retired 1766
former employees of a small employer or predecessor firm or 1767
organization, their dependents or members of their families, who 1768

are eligible for coverage under the terms of the applicable 1769
alliance program. 1770

(D) "Enrolled small employer" or "enrolled employer" means 1771
a small employer that has obtained coverage for its eligible 1772
employees from an insurer under an alliance program. 1773

(E) "Health benefit plan" means any hospital or medical 1774
expense policy of insurance or a health care plan provided by an 1775
insurer, including a health insuring corporation plan, provided 1776
by or through an insurer, or any combination thereof. "Health 1777
benefit plan" does not include any of the following: 1778

(1) A policy covering only accident, credit, dental, 1779
disability income, long-term care, hospital indemnity, medicare 1780
supplement, specified disease, or vision care, except where any 1781
of the foregoing is offered as an addition, indorsement, or 1782
rider to a health benefit plan; 1783

(2) Coverage issued as a supplement to liability 1784
insurance, insurance arising out of a workers' compensation or 1785
similar law, automobile medical-payment insurance, or insurance 1786
under which benefits are payable with or without regard to fault 1787
and which is statutorily required to be contained in any 1788
liability insurance policy or equivalent self-insurance; 1789

(3) Coverage issued by a health insuring corporation 1790
authorized to offer supplemental health care services only. 1791

(F) "Insurer" means an insurance company authorized to do 1792
the business of sickness and accident insurance in this state 1793
or, for the purposes of this chapter, a health insuring 1794
corporation authorized to issue health care plans in this state. 1795

(G) "Participants" or "beneficiaries" means those eligible 1796
employees, retirees, their dependents, and members of their 1797

families who are covered by health benefit plans provided by an 1798
insurer to enrolled small employers under an alliance program. 1799

(H) "Provider" means a hospital, urgent care facility, 1800
nursing home, physician, podiatrist, dentist, pharmacist, 1801
chiropractor, ~~certified registered nurse anesthetist~~advanced 1802
practice registered nurse, dietitian, or other health care 1803
provider licensed by this state, or group of such health care 1804
providers. 1805

(I) "Qualified alliance program" means an alliance program 1806
under which health care benefits are provided to one thousand or 1807
more participants. 1808

(J) "Small employer," regardless of its definition in any 1809
other chapter of the Revised Code, in this chapter means an 1810
employer that employs no more than five hundred full-time 1811
employees, at least a majority of whom are employed at locations 1812
within this state. 1813

(1) For this purpose: 1814

(a) Each entity that is controlled by, controls, or is 1815
under common control with, one or more other entities shall, 1816
together with such other entities, be considered to be a single 1817
employer. 1818

(b) "Full-time employee" means a person who normally works 1819
at least twenty-five hours per week and at least forty weeks per 1820
year for the employer. 1821

(c) An employer will be treated as having five hundred or 1822
fewer full-time employees on any day if, during the prior 1823
calendar year or any twelve consecutive months during the 1824
twenty-four full months immediately preceding that day, the mean 1825
number of full-time employees employed by the employer does not 1826

exceed five hundred. 1827

(2) An employer that qualifies as a small employer for 1828
purposes of becoming an enrolled small employer continues to be 1829
treated as a small employer for purposes of this chapter until 1830
such time as it fails to meet the conditions described in 1831
division (J)(1) of this section for any period of thirty-six 1832
consecutive months after first becoming an enrolled small 1833
employer, unless earlier disqualified under the terms of the 1834
alliance program. 1835

Sec. 1751.62. (A) As used in this section: 1836

(1) "Screening mammography" means a radiologic examination 1837
utilized to detect unsuspected breast cancer at an early stage 1838
in an asymptomatic woman and includes the x-ray examination of 1839
the breast using equipment that is dedicated specifically for 1840
mammography, including, but not limited to, the x-ray tube, 1841
filter, compression device, screens, film, and cassettes, and 1842
that has an average radiation exposure delivery of less than one 1843
rad mid-breast. "Screening mammography" includes two views for 1844
each breast. The term also includes the professional 1845
interpretation of the film. 1846

"Screening mammography" does not include diagnostic 1847
mammography. 1848

(2) "Medicare reimbursement rate" means the reimbursement 1849
rate paid in Ohio under the medicare program for screening 1850
mammography that does not include digitization or computer-aided 1851
detection, regardless of whether the actual benefit includes 1852
digitization or computer-aided detection. 1853

(B) Every individual or group health insuring corporation 1854
policy, contract, or agreement providing basic health care 1855

services that is delivered, issued for delivery, or renewed in 1856
this state shall provide benefits for the expenses of both of 1857
the following: 1858

(1) Screening mammography to detect the presence of breast 1859
cancer in adult women; 1860

(2) Cytologic screening for the presence of cervical 1861
cancer. 1862

(C) The benefits provided under division (B) (1) of this 1863
section shall cover expenses in accordance with all of the 1864
following: 1865

(1) If a woman is at least thirty-five years of age but 1866
under forty years of age, one screening mammography; 1867

(2) If a woman is at least forty years of age but under 1868
fifty years of age, either of the following: 1869

(a) One screening mammography every two years; 1870

(b) If a licensed physician, certified nurse-midwife, 1871
clinical nurse specialist, or certified nurse practitioner has 1872
determined that the woman has risk factors to breast cancer, one 1873
screening mammography every year. 1874

(3) If a woman is at least fifty years of age but under 1875
sixty-five years of age, one screening mammography every year. 1876

(D) (1) Subject to divisions (D) (2) and (3) of this 1877
section, if a provider, hospital, or other health care facility 1878
provides a service that is a component of the screening 1879
mammography benefit in division (B) (1) of this section and 1880
submits a separate claim for that component, a separate payment 1881
shall be made to the provider, hospital, or other health care 1882
facility in an amount that corresponds to the ratio paid by 1883

medicare in this state for that component. 1884

(2) Regardless of whether separate payments are made for 1885
the benefit provided under division (B) (1) of this section, the 1886
total benefit for a screening mammography shall not exceed one 1887
hundred thirty per cent of the medicare reimbursement rate in 1888
this state for screening mammography. If there is more than one 1889
medicare reimbursement rate in this state for screening 1890
mammography or a component of a screening mammography, the 1891
reimbursement limit shall be one hundred thirty per cent of the 1892
lowest medicare reimbursement rate in this state. 1893

(3) The benefit paid in accordance with division (D) (1) of 1894
this section shall constitute full payment. No provider, 1895
hospital, or other health care facility shall seek or receive 1896
remuneration in excess of the payment made in accordance with 1897
division (D) (1) of this section, except for approved deductibles 1898
and copayments. 1899

(E) The benefits provided under division (B) (1) of this 1900
section shall be provided only for screening mammographies that 1901
are performed in a health care facility or mobile mammography 1902
screening unit that is accredited under the American college of 1903
radiology mammography accreditation program or in a hospital as 1904
defined in section 3727.01 of the Revised Code. 1905

(F) The benefits provided under divisions (B) (1) and (2) 1906
of this section shall be provided according to the terms of the 1907
subscriber contract. 1908

(G) The benefits provided under division (B) (2) of this 1909
section shall be provided only for cytologic screenings that are 1910
processed and interpreted in a laboratory certified by the 1911
college of American pathologists or in a hospital as defined in 1912

section 3727.01 of the Revised Code. 1913

Sec. 1751.74. (A) To implement a quality assurance program 1914
required by section 1751.73 of the Revised Code, a health 1915
insuring corporation shall do both of the following: 1916

(1) Develop and maintain the appropriate infrastructure 1917
and disclosure systems necessary to measure and report, on a 1918
regular basis, the quality of health care services provided to 1919
enrollees, based on a systematic collection, analysis, and 1920
reporting of relevant data. The health insuring corporation 1921
shall ~~assure~~ensure that a committee that includes participating 1922
~~physicians~~physicians, certified nurse-midwives, clinical nurse 1923
specialists, or certified nurse practitioners has the 1924
opportunity to participate in developing, implementing, and 1925
evaluating the quality assurance program and all other programs 1926
implemented by the health insuring corporation that relate to 1927
the utilization of health care services. A committee that 1928
includes participating physicians, certified nurse-midwives, 1929
clinical nurse specialists, or certified nurse practitioners 1930
shall also have the opportunity to participate in the derivation 1931
of data assessments, statistical analyses, and outcome 1932
interpretations from programs monitoring the utilization of 1933
health care services. 1934

(2) Develop and maintain an organizational program for 1935
designing, measuring, assessing, and improving the processes and 1936
outcomes of health care. 1937

(B) A quality assurance program shall: 1938

(1) Establish an internal system capable of identifying 1939
opportunities to improve health care, which system is structured 1940
to identify practices that result in improved health care 1941

outcomes, to identify problematic utilization patterns, and to 1942
identify those providers that may be responsible for either 1943
exemplary or problematic patterns. The quality assurance program 1944
shall use the findings generated by the system to work on a 1945
continuing basis with participating providers and other staff to 1946
improve the quality of health care services provided to 1947
enrollees. 1948

(2) Develop a written statement of its objectives, lines 1949
of authority and accountability, evaluation tools, and 1950
performance improvement activities; 1951

(3) Require an annual effectiveness review of the program; 1952

(4) Provide a description of how the health insuring 1953
corporation intends to do all of the following: 1954

(a) Analyze both processes and outcomes of health care, 1955
including focused review of individual cases as appropriate, to 1956
discern the causes of variation; 1957

(b) Identify the targeted diagnoses and treatments to be 1958
reviewed by the quality assurance program each year, based on 1959
consideration of practices and diagnoses that affect a 1960
substantial number of the health insuring corporation's 1961
enrollees or that could place enrollees at serious risk; 1962

(c) Use a range of appropriate methods to analyze quality 1963
of health care, including collection and analysis of information 1964
on over-utilization and under-utilization of health care 1965
services; evaluation of courses of treatment and outcomes based 1966
on current medical research, knowledge, standards, and practice 1967
guidelines; and collection and analysis of information specific 1968
to enrollees or providers; 1969

(d) Compare quality assurance program findings with past 1970

performance, internal goals, and external standards;	1971
(e) Measure the performance of participating providers and conduct peer review activities;	1972 1973
(f) Utilize treatment protocols and practice parameters developed with appropriate clinical input;	1974 1975
(g) Implement improvement strategies related to quality assurance program findings;	1976 1977
(h) Evaluate periodically, but not less than annually, the effectiveness of the improvement strategies.	1978 1979
Sec. 1753.21. (A) If a policy, contract, or agreement of a health insuring corporation uses a restricted formulary of prescription drugs, the health insuring corporation shall do both of the following:	1980 1981 1982 1983
(1) Develop such a formulary in consultation with and with the approval of a pharmacy and therapeutics committee, a majority of the members of which are physicians <u>or advanced practice registered nurses</u> affiliated with the health insuring corporation who may prescribe prescription drugs and pharmacists affiliated with the health insuring corporation; or in consultation with and with the approval of a pharmacy and therapeutics committee that is independent of the health insuring corporation consisting of physicians <u>or advanced practice registered nurses</u> who may prescribe prescription drugs in their state of licensure and pharmacists who are authorized to practice in their state of licensure;	1984 1985 1986 1987 1988 1989 1990 1991 1992 1993 1994 1995
(2) Establish a procedure by which an enrollee may obtain, without penalty or additional cost sharing beyond that provided for formulary drugs under the enrollee's contract with the health insuring corporation, coverage of a specific nonformulary	1996 1997 1998 1999

drug when the prescriber documents in the enrollee's medical 2000
record and certifies that the formulary alternative has been 2001
ineffective in the treatment of the enrollee's disease or 2002
condition, or that the formulary alternative causes or is 2003
reasonably expected by the prescriber to cause a harmful or 2004
adverse reaction in the enrollee. 2005

(B) Nothing in this section shall be construed to require 2006
a health insuring corporation to place any particular 2007
pharmaceutical product or therapeutic class of product on any 2008
formulary, or to prohibit a health insuring corporation from 2009
restricting payments for any specific pharmaceutical product or 2010
therapeutic class of product, including, but not limited to, a 2011
requirement that the product be prescribed only by a defined 2012
specialist or subspecialist. 2013

Sec. 2105.35. In addition to any provisions of the Rules 2014
of Evidence, the following provisions relating to the 2015
determination of death and status apply: 2016

(A) (1) An individual is dead if the individual has 2017
sustained either irreversible cessation of circulatory and 2018
respiratory functions or irreversible cessation of all functions 2019
of the brain, including the brain stem, as determined in 2020
accordance with accepted medical standards. If the respiratory 2021
and circulatory functions of an individual are being 2022
artificially sustained, under accepted medical standards a 2023
determination that death has occurred is made by a physician, 2024
certified nurse-midwife, clinical nurse specialist, or certified 2025
nurse practitioner by observing and conducting a test to 2026
determine that the irreversible cessation of all functions of 2027
the brain has occurred. 2028

(2) A physician, certified nurse-midwife, clinical nurse 2029

specialist, or certified nurse practitioner who makes a 2030
determination of death in accordance with division (A) of this 2031
section and accepted medical standards is not liable for damages 2032
in any civil action or subject to prosecution in any criminal 2033
proceeding for the physician's or nurse's acts or the acts of 2034
others based on that determination. 2035

(3) Any person who acts in good faith and relies on a 2036
determination of death made by a physician, certified nurse- 2037
midwife, clinical nurse specialist, or certified nurse 2038
practitioner in accordance with division (A) of this section and 2039
accepted medical standards is not liable for damages in any 2040
civil action or subject to prosecution in any criminal 2041
proceeding for the person's actions. 2042

(B) A certified or authenticated copy of a death 2043
certificate purporting to be issued by an official or agency of 2044
the place where the death of an individual purportedly occurred 2045
is prima-facie evidence of the fact, place, date, and time of 2046
the individual's death and the identity of the decedent. 2047

(C) A certified or authenticated copy of any record or 2048
report of a domestic or foreign governmental agency that an 2049
individual is missing, detained, dead, or alive is prima-facie 2050
evidence of the status and of the dates, circumstances, and 2051
places disclosed by the record or report. 2052

(D) In the absence of prima-facie evidence of death under 2053
division (B) or (C) of this section, the fact of death may be 2054
established by clear and convincing evidence, including 2055
circumstantial evidence. 2056

(E) Except as provided in division (F) of this section, a 2057
presumption of the death of an individual arises when either of 2058

the following applies: 2059

(1) The individual has disappeared and has been 2060
continuously absent from the individual's place of last domicile 2061
for a five-year period without being heard from during the 2062
period; 2063

(2) The individual has disappeared and has been 2064
continuously absent from the individual's place of last domicile 2065
without being heard from and was at the beginning of the 2066
individual's absence exposed to a specific peril of death, even 2067
though the absence has continued for less than a five-year 2068
period. 2069

(F) When an individual who is on active duty in the armed 2070
services of the United States has been officially determined to 2071
be absent in a status of "missing" or "missing in action," a 2072
presumption of death arises when the head of the federal 2073
department concerned has made a finding of death pursuant to the 2074
"Federal Missing Persons Act," 80 Stat. 625 (1966), 37 U.S.C.A. 2075
551, as amended. 2076

(G) In the absence of evidence disputing the time of death 2077
stipulated on a document described in division (B) or (C) of 2078
this section, a document described in either of those divisions 2079
that stipulates a time of death of an individual one hundred 2080
twenty hours or more after the time of death of another 2081
individual, however the time of death of the other individual is 2082
determined, establishes by clear and convincing evidence that 2083
the individual survived the other individual by one hundred 2084
twenty hours. 2085

Sec. 2108.16. (A) Except as provided in division (B) of 2086
this section, a physician or technician may remove a donated 2087

part from the body of a donor that the physician or technician 2088
is qualified to remove. 2089

(B) Neither the physician, certified nurse-midwife, 2090
clinical nurse specialist, or certified nurse practitioner who 2091
attends the decedent at death nor the physician, certified 2092
nurse-midwife, clinical nurse specialist, or certified nurse 2093
practitioner who determines the time of the decedent's death 2094
shall participate in the procedures for removing or 2095
transplanting a part from the decedent. 2096

Sec. 2108.40. An individual is dead if the individual has 2097
sustained either irreversible cessation of circulatory and 2098
respiratory functions or irreversible cessation of all functions 2099
of the brain, including the brain stem, as determined in 2100
accordance with accepted medical standards. If the respiratory 2101
and circulatory functions of a person are being artificially 2102
sustained, under accepted medical standards a determination that 2103
death has occurred is made by a physician, certified nurse- 2104
midwife, clinical nurse specialist, or certified nurse 2105
practitioner by observing and conducting a test to determine 2106
that the irreversible cessation of all functions of the brain 2107
has occurred. 2108

A physician, certified nurse-midwife, clinical nurse 2109
specialist, or certified nurse practitioner who makes a 2110
determination of death in accordance with this section and 2111
accepted medical standards is not liable for damages in any 2112
civil action or subject to prosecution in any criminal 2113
proceeding for the physician's or nurse's acts or the acts of 2114
others based on that determination. 2115

Any person who acts in good faith in reliance on a 2116
determination of death made by a physician, certified nurse- 2117

midwife, clinical nurse specialist, or certified nurse 2118
practitioner in accordance with this section and accepted 2119
medical standards is not liable for damages in any civil action 2120
or subject to prosecution in any criminal proceeding for the 2121
person's actions. 2122

Sec. 2111.031. In connection with an application for the 2123
appointment of a guardian for an alleged incompetent, the court 2124
may appoint physicians, advanced practice registered nurses 2125
certified as psychiatric-mental health clinical nurse 2126
specialists or psychiatric-mental health nurse practitioners, 2127
and other qualified persons to examine, investigate, or 2128
represent the alleged incompetent, to assist the court in 2129
deciding whether a guardianship is necessary. If the person is 2130
determined to be an incompetent and a guardian is appointed for 2131
the person, the costs, fees, or expenses incurred to so assist 2132
the court shall be charged either against the estate of the 2133
person or against the applicant, unless the court determines, 2134
for good cause shown, that the costs, fees, or expenses are to 2135
be recovered from the county, in which case they shall be 2136
charged against the county. If the person is not determined to 2137
be an incompetent or a guardian is not appointed for the person, 2138
the costs, fees, or expenses incurred to so assist the court 2139
shall be charged against the applicant, unless the court 2140
determines, for good cause shown, that the costs, fees, or 2141
expenses are to be recovered from the county, in which case they 2142
shall be charged against the county. 2143

A court may require the applicant to make an advance 2144
deposit of an amount that the court determines is necessary to 2145
defray the anticipated costs of examinations of an alleged 2146
incompetent and to cover fees or expenses to be incurred to 2147
assist it in deciding whether a guardianship is necessary. 2148

This section does not affect or apply to the duties of a 2149
probate court investigator under sections 2111.04 and 2111.041 2150
of the Revised Code. 2151

Sec. 2111.49. (A) (1) Subject to division (A) (3) of this 2152
section, the guardian of an incompetent person shall file a 2153
guardian's report with the court two years after the date of the 2154
issuance of the guardian's letters of appointment and biennially 2155
after that time, or at any other time upon the motion or a rule 2156
of the probate court. The report shall be in a form prescribed 2157
by the court and shall include all of the following. 2158

(a) The present address of the place of residence of the 2159
ward; 2160

(b) The present address of the guardian; 2161

(c) If the place of residence of the ward is not the 2162
ward's personal home, the name of the facility at which the ward 2163
resides and the name of the person responsible for the ward's 2164
care; 2165

(d) The approximate number of times during the period 2166
covered by the report that the guardian has had contact with the 2167
ward, the nature of those contacts, and the date that the ward 2168
was last seen by the guardian; 2169

(e) Any major changes in the physical or mental condition 2170
of the ward observed by the guardian; 2171

(f) The opinion of the guardian as to the necessity for 2172
the continuation of the guardianship; 2173

(g) The opinion of the guardian as to the adequacy of the 2174
present care of the ward; 2175

(h) The date that the ward was last examined or otherwise 2176

seen by a physician, clinical nurse specialist, or certified 2177
nurse practitioner and the purpose of that visit; 2178

(i) A statement by a licensed physician, licensed clinical 2179
nurse specialist, licensed certified nurse practitioner, 2180
licensed clinical psychologist, licensed independent social 2181
worker, licensed professional clinical counselor, or 2182
developmental disability team that has evaluated or examined the 2183
ward within three months prior to the date of the report as to 2184
the need for continuing the guardianship. 2185

(2) The court shall review a report filed pursuant to 2186
division (A)(1) of this section to determine if a continued 2187
necessity for the guardianship exists. The court may direct a 2188
probate court investigator to verify aspects of the report. 2189

(3) Division (A)(1) of this section applies to guardians 2190
appointed prior to, as well as on or after, the effective date 2191
of this section. A guardian appointed prior to that date shall 2192
file the first report in accordance with any applicable court 2193
rule or motion, or, in the absence of such a rule or motion, 2194
upon the next occurring date on which a report would have been 2195
due if division (A)(1) of this section had been in effect on the 2196
date of appointment as guardian, and shall file all subsequently 2197
due reports biennially after that time. 2198

(B) If, upon review of any report required by division (A) 2199
(1) of this section, the court finds that it is necessary to 2200
intervene in a guardianship, the court shall take any action 2201
that it determines is necessary, including, but not limited to, 2202
terminating or modifying the guardianship. 2203

(C) Except as provided in this division, for any 2204
guardianship, upon written request by the ward, the ward's 2205

attorney, or any other interested party made at any time after 2206
the expiration of one hundred twenty days from the date of the 2207
original appointment of the guardian, a hearing shall be held in 2208
accordance with section 2111.02 of the Revised Code to evaluate 2209
the continued necessity of the guardianship. Upon written 2210
request, the court shall conduct a minimum of one hearing under 2211
this division in the calendar year in which the guardian was 2212
appointed, and upon written request, shall conduct a minimum of 2213
one hearing in each of the following calendar years. Upon its 2214
own motion or upon written request, the court may, in its 2215
discretion, conduct a hearing within the first one hundred 2216
twenty days after appointment of the guardian or conduct more 2217
than one hearing in a calendar year. If the ward alleges 2218
competence, the burden of proving incompetence shall be upon the 2219
applicant for guardianship or the guardian, by clear and 2220
convincing evidence. 2221

Sec. 2133.25. (A) The department of health, by rule 2222
adopted pursuant to Chapter 119. of the Revised Code, shall 2223
adopt a standardized method of procedure for the withholding of 2224
CPR by physicians, certified nurse-midwives, clinical nurse 2225
specialists, certified nurse practitioners, emergency medical 2226
services personnel, and health care facilities in accordance 2227
with sections 2133.21 to 2133.26 of the Revised Code. The 2228
standardized method shall specify criteria for determining when 2229
a do-not-resuscitate order ~~issued by a physician~~ is current. The 2230
standardized method so adopted shall be the "do-not-resuscitate 2231
protocol" for purposes of sections 2133.21 to 2133.26 of the 2232
Revised Code. The department also shall approve one or more 2233
standard forms of DNR identification to be used throughout this 2234
state. 2235

(B) The department of health shall adopt rules in 2236

accordance with Chapter 119. of the Revised Code for the 2237
administration of sections 2133.21 to 2133.26 of the Revised 2238
Code. 2239

(C) The department of health shall appoint an advisory 2240
committee to advise the department in the development of rules 2241
under this section. The advisory committee shall include, but 2242
shall not be limited to, representatives of each of the 2243
following organizations: 2244

(1) The association for hospitals and health systems 2245
(OHA); 2246

(2) The Ohio state medical association; 2247

(3) The Ohio chapter of the American college of emergency 2248
physicians; 2249

(4) The Ohio hospice organization; 2250

(5) The Ohio council for home care; 2251

(6) The Ohio health care association; 2252

(7) The Ohio ambulance association; 2253

(8) The Ohio medical directors association; 2254

(9) The Ohio association of emergency medical services; 2255

(10) The bioethics network of Ohio; 2256

(11) The Ohio nurses association; 2257

(12) The Ohio academy of nursing homes; 2258

(13) The Ohio association of professional firefighters; 2259

(14) The department of developmental disabilities; 2260

(15) The Ohio osteopathic association; 2261

(16) The association of Ohio philanthropic homes, and <u>housing</u> and services for the aging;	2262 2263
(17) The catholic conference of Ohio;	2264
(18) The department of aging;	2265
(19) The department of mental health and addiction services;	2266 2267
(20) The Ohio private residential association;	2268
(21) The northern Ohio fire fighters association;	2269
<u>(22) The Ohio association of advanced practice nurses.</u>	2270
Sec. 2135.01. As used in sections 2135.01 to 2135.14 <u>2135.15</u> of the Revised Code:	2271 2272
(A) "Adult" means a person who is eighteen years of age or older.	2273 2274
(B) "Capacity to consent to mental health treatment decisions" means the functional ability to understand information about the risks of, benefits of, and alternatives to the proposed mental health treatment, to rationally use that information, to appreciate how that information applies to the declarant, and to express a choice about the proposed treatment.	2275 2276 2277 2278 2279 2280
(C) "Declarant" means an adult who has executed a declaration for mental health treatment in accordance with this chapter.	2281 2282 2283
(D) "Declaration for mental health treatment" or "declaration" means a written document declaring preferences or instructions regarding mental health treatment executed in accordance with this chapter.	2284 2285 2286 2287
(E) "Designated physician" means the physician the	2288

declarant has named in a declaration for mental health treatment 2289
and has assigned the primary responsibility for the declarant's 2290
mental health treatment or, if the declarant has not so named a 2291
physician, the physician who has accepted that responsibility. 2292

(F) "Guardian" means a person appointed by a probate court 2293
pursuant to Chapter 2111. of the Revised Code to have the care 2294
and management of the person of an incompetent. 2295

(G) "Health care" means any care, treatment, service, or 2296
procedure to maintain, diagnose, or treat an individual's 2297
physical or mental condition or physical or mental health. 2298

(H) "Health care facility" has the same meaning as in 2299
section 1337.11 of the Revised Code. 2300

(I) "Incompetent" has the same meaning as in section 2301
2111.01 of the Revised Code. 2302

(J) "Informed consent" means consent voluntarily given by 2303
a person after a sufficient explanation and disclosure of the 2304
subject matter involved to enable that person to have a general 2305
understanding of the nature, purpose, and goal of the treatment 2306
or procedures, including the substantial risks and hazards 2307
inherent in the proposed treatment or procedures and any 2308
alternative treatment or procedures, and to make a knowing 2309
health care decision without coercion or undue influence. 2310

(K) "Medical record" means any document or combination of 2311
documents that pertains to a declarant's medical history, 2312
diagnosis, prognosis, or medical condition and that is generated 2313
and maintained in the process of the declarant's health care. 2314

(L) "Mental health treatment" means any care, treatment, 2315
service, or procedure to maintain, diagnose, or treat an 2316
individual's mental condition or mental health, including, but 2317

not limited to, electroconvulsive or other convulsive treatment, 2318
treatment of mental illness with medication, and admission to 2319
and retention in a health care facility. 2320

(M) "Mental health treatment decision" means informed 2321
consent, refusal to give informed consent, or withdrawal of 2322
informed consent to mental health treatment. 2323

(N) "Mental health treatment provider" means physicians, 2324
physician assistants, psychologists, licensed independent social 2325
workers, licensed professional clinical counselors, and 2326
psychiatric nurses. 2327

(O) "Physician" means a person who is authorized under 2328
Chapter 4731. of the Revised Code to practice medicine and 2329
surgery or osteopathic medicine and surgery. 2330

(P) "Professional disciplinary action" means action taken 2331
by the board or other entity that regulates the professional 2332
conduct of health care personnel, including, but not limited to, 2333
the state medical board, the state board of psychology, and the 2334
state board of nursing. 2335

(Q) "Proxy" means an adult designated to make mental 2336
health treatment decisions for a declarant under a valid 2337
declaration for mental health treatment. 2338

(R) "Psychiatric nurse" means a registered nurse who holds 2339
a master's degree or doctorate in nursing with a specialization 2340
in psychiatric nursing. 2341

(S) "Psychiatrist" has the same meaning as in section 2342
5122.01 of the Revised Code. 2343

(T) "Psychologist" has the same meaning as in section 2344
4732.01 of the Revised Code. 2345

(U) "Registered nurse" has the same meaning as in section 2346
4723.01 of the Revised Code. 2347

(V) "Tort action" means a civil action for damages for 2348
injury, death, or loss to person or property, other than a civil 2349
action for damages for a breach of contract or another agreement 2350
between persons. 2351

Sec. 2135.15. A person who holds a current, valid license 2352
issued under Chapter 4723. of the Revised Code to practice as an 2353
advanced practice registered nurse and is also a psychiatric 2354
nurse may take any action that may be taken by a designated 2355
physician or physician under sections 2135.01 to 2135.14 of the 2356
Revised Code. 2357

Sec. 2151.33. (A) Pending hearing of a complaint filed 2358
under section 2151.27 of the Revised Code or a motion filed or 2359
made under division (B) of this section and the service of 2360
citations, the juvenile court may make any temporary disposition 2361
of any child that it considers necessary to protect the best 2362
interest of the child and that can be made pursuant to division 2363
(B) of this section. Upon the certificate of one or more 2364
reputable practicing physicians, certified nurse practitioners, 2365
or clinical nurse specialists, the court may summarily provide 2366
for emergency medical and surgical treatment that appears to be 2367
immediately necessary to preserve the health and well-being of 2368
any child concerning whom a complaint or an application for care 2369
has been filed, pending the service of a citation upon the 2370
child's parents, guardian, or custodian. The court may order the 2371
parents, guardian, or custodian, if the court finds the parents, 2372
guardian, or custodian able to do so, to reimburse the court for 2373
the expense involved in providing the emergency medical or 2374
surgical treatment. Any person who disobeys the order for 2375

reimbursement may be adjudged in contempt of court and punished 2376
accordingly. 2377

If the emergency medical or surgical treatment is 2378
furnished to a child who is found at the hearing to be a 2379
nonresident of the county in which the court is located and if 2380
the expense of the medical or surgical treatment cannot be 2381
recovered from the parents, legal guardian, or custodian of the 2382
child, the board of county commissioners of the county in which 2383
the child has a legal settlement shall reimburse the court for 2384
the reasonable cost of the emergency medical or surgical 2385
treatment out of its general fund. 2386

(B) (1) After a complaint, petition, writ, or other 2387
document initiating a case dealing with an alleged or 2388
adjudicated abused, neglected, or dependent child is filed and 2389
upon the filing or making of a motion pursuant to division (C) 2390
of this section, the court, prior to the final disposition of 2391
the case, may issue any of the following temporary orders to 2392
protect the best interest of the child: 2393

(a) An order granting temporary custody of the child to a 2394
particular party; 2395

(b) An order for the taking of the child into custody 2396
pursuant to section 2151.31 of the Revised Code pending the 2397
outcome of the adjudicatory and dispositional hearings; 2398

(c) An order granting, limiting, or eliminating parenting 2399
time or visitation rights with respect to the child; 2400

(d) An order requiring a party to vacate a residence that 2401
will be lawfully occupied by the child; 2402

(e) An order requiring a party to attend an appropriate 2403
counseling program that is reasonably available to that party; 2404

(f) Any other order that restrains or otherwise controls 2405
the conduct of any party which conduct would not be in the best 2406
interest of the child. 2407

(2) Prior to the final disposition of a case subject to 2408
division (B) (1) of this section, the court shall do both of the 2409
following: 2410

(a) Issue an order pursuant to Chapters 3119. to 3125. of 2411
the Revised Code requiring the parents, guardian, or person 2412
charged with the child's support to pay support for the child. 2413

(b) Issue an order requiring the parents, guardian, or 2414
person charged with the child's support to continue to maintain 2415
any health insurance coverage for the child that existed at the 2416
time of the filing of the complaint, petition, writ, or other 2417
document, or to obtain health insurance coverage in accordance 2418
with sections 3119.29 to 3119.56 of the Revised Code. 2419

(C) (1) A court may issue an order pursuant to division (B) 2420
of this section upon its own motion or if a party files a 2421
written motion or makes an oral motion requesting the issuance 2422
of the order and stating the reasons for it. Any notice sent by 2423
the court as a result of a motion pursuant to this division 2424
shall contain a notice that any party to a juvenile proceeding 2425
has the right to be represented by counsel and to have appointed 2426
counsel if the person is indigent. 2427

(2) If a child is taken into custody pursuant to section 2428
2151.31 of the Revised Code and placed in shelter care, the 2429
public children services agency or private child placing agency 2430
with which the child is placed in shelter care shall file or 2431
make a motion as described in division (C) (1) of this section 2432
before the end of the next day immediately after the date on 2433

which the child was taken into custody and, at a minimum, shall 2434
request an order for temporary custody under division (B) (1) (a) 2435
of this section. 2436

(3) A court that issues an order pursuant to division (B) 2437
(1) (b) of this section shall comply with section 2151.419 of the 2438
Revised Code. 2439

(D) The court may grant an ex parte order upon its own 2440
motion or a motion filed or made pursuant to division (C) of 2441
this section requesting such an order if it appears to the court 2442
that the best interest and the welfare of the child require that 2443
the court issue the order immediately. The court, if acting on 2444
its own motion, or the person requesting the granting of an ex 2445
parte order, to the extent possible, shall give notice of its 2446
intent or of the request to the parents, guardian, or custodian 2447
of the child who is the subject of the request. If the court 2448
issues an ex parte order, the court shall hold a hearing to 2449
review the order within seventy-two hours after it is issued or 2450
before the end of the next day after the day on which it is 2451
issued, whichever occurs first. The court shall give written 2452
notice of the hearing to all parties to the action and shall 2453
appoint a guardian ad litem for the child prior to the hearing. 2454

The written notice shall be given by all means that are 2455
reasonably likely to result in the party receiving actual notice 2456
and shall include all of the following: 2457

(1) The date, time, and location of the hearing; 2458

(2) The issues to be addressed at the hearing; 2459

(3) A statement that every party to the hearing has a 2460
right to counsel and to court-appointed counsel, if the party is 2461
indigent; 2462

(4) The name, telephone number, and address of the person requesting the order; 2463
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(5) A copy of the order, except when it is not possible to obtain it because of the exigent circumstances in the case. 2465
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If the court does not grant an ex parte order pursuant to a motion filed or made pursuant to division (C) of this section or its own motion, the court shall hold a shelter care hearing on the motion within ten days after the motion is filed. The court shall give notice of the hearing to all affected parties in the same manner as set forth in the Juvenile Rules. 2467
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(E) The court, pending the outcome of the adjudicatory and dispositional hearings, shall not issue an order granting temporary custody of a child to a public children services agency or private child placing agency pursuant to this section, unless the court determines and specifically states in the order that the continued residence of the child in the child's current home will be contrary to the child's best interest and welfare and the court complies with section 2151.419 of the Revised Code. 2473
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(F) Each public children services agency and private child placing agency that receives temporary custody of a child pursuant to this section shall exercise due diligence to identify and provide notice to all adult grandparents and other adult relatives of the child, including any adult relatives suggested by the parents, within thirty days of the child's removal from the custody of the child's parents, in accordance with 42 U.S.C. 671(a)(29). The agency shall also maintain in the child's case record written documentation that it has placed the child, to the extent that it is consistent with the best interest, welfare, and special needs of the child, in the most 2482
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family-like setting available and in close proximity to the home 2493
of the parents, custodian, or guardian of the child. 2494

(G) For good cause shown, any court order that is issued 2495
pursuant to this section may be reviewed by the court at any 2496
time upon motion of any party to the action or upon the motion 2497
of the court. 2498

(H) (1) Pending the hearing of a complaint filed under 2499
section 2151.27 of the Revised Code or a motion filed or made 2500
under division (B) of this section and the service of citations, 2501
a public children services agency may request that the 2502
superintendent of the bureau of criminal identification and 2503
investigation conduct a criminal records check with respect to 2504
each parent, guardian, custodian, prospective custodian, or 2505
prospective placement whose actions resulted in a temporary 2506
disposition under division (A) of this section. The public 2507
children services agency may request that the superintendent 2508
obtain information from the federal bureau of investigation as 2509
part of the criminal records check of each parent, guardian, 2510
custodian, prospective custodian, or prospective placement. 2511

(2) Each public children services agency authorized by 2512
division (H) of this section to request a criminal records check 2513
shall do both of the following: 2514

(a) Provide to each parent, guardian, custodian, 2515
prospective custodian, or prospective placement for whom a 2516
criminal records check is requested a copy of the form 2517
prescribed pursuant to division (C) (1) of section 109.572 of the 2518
Revised Code and a standard fingerprint impression sheet 2519
prescribed pursuant to division (C) (2) of that section and 2520
obtain the completed form and impression sheet from the parent, 2521
guardian, custodian, prospective custodian, or prospective 2522

placement;	2523
(b) Forward the completed form and impression sheet to the superintendent of the bureau of criminal identification and investigation.	2524 2525 2526
(3) A parent, guardian, custodian, prospective custodian, or prospective placement who is given a form and fingerprint impression sheet under division (H) (2) (a) of this section and who fails to complete the form or provide fingerprint impressions may be held in contempt of court.	2527 2528 2529 2530 2531
Sec. 2151.3515. As used in sections 2151.3515 to 2151.3535 of the Revised Code:	2532 2533
(A) "Emergency medical service organization," "emergency medical technician-basic," "emergency medical technician-intermediate," "first responder," and "paramedic" have the same meanings as in section 4765.01 of the Revised Code.	2534 2535 2536 2537
(B) "Emergency medical service worker" means a first responder, emergency medical technician-basic, emergency medical technician-intermediate, or paramedic.	2538 2539 2540
(C) "Hospital" has the same meaning as in section 3727.01 of the Revised Code.	2541 2542
(D) "Hospital employee" means any of the following persons:	2543 2544
(1) A physician <u>or advanced practice registered nurse</u> who has been granted privileges to practice at the hospital;	2545 2546
(2) A nurse, physician assistant, or nursing assistant employed by the hospital;	2547 2548
(3) An authorized person employed by the hospital who is	2549

acting under the direction of a physician or nurse described in 2550
division ~~(E) (1)~~ (D) (1) of this section. 2551

(E) "Law enforcement agency" means an organization or 2552
entity made up of peace officers. 2553

(F) "Nurse" means a person who is licensed under Chapter 2554
4723. of the Revised Code to practice as a registered nurse or 2555
licensed practical nurse. 2556

(G) "Nursing assistant" means a person designated by a 2557
hospital as a nurse aide or nursing assistant whose job is to 2558
aid nurses, physicians, and physician assistants in the 2559
performance of their duties. 2560

(H) "Peace officer" means a sheriff, deputy sheriff, 2561
constable, police officer of a township or joint police 2562
district, marshal, deputy marshal, municipal police officer, or 2563
a state highway patrol trooper. 2564

(I) "Physician" means an individual authorized under 2565
Chapter 4731. of the Revised Code to practice medicine and 2566
surgery, osteopathic medicine and surgery, or podiatric medicine 2567
and surgery. 2568

(J) "Physician assistant" means an individual who holds a 2569
current, valid license to practice as a physician assistant 2570
issued under Chapter 4730. of the Revised Code. 2571

(K) "Advanced practice registered nurse" has the same 2572
meaning as in section 4723.01 of the Revised Code. 2573

Sec. 2151.421. (A) (1) (a) No person described in division 2574
(A) (1) (b) of this section who is acting in an official or 2575
professional capacity and knows, or has reasonable cause to 2576
suspect based on facts that would cause a reasonable person in a 2577

similar position to suspect, that a child under eighteen years 2578
of age, or a person under twenty-one years of age with a 2579
developmental disability or physical impairment, has suffered or 2580
faces a threat of suffering any physical or mental wound, 2581
injury, disability, or condition of a nature that reasonably 2582
indicates abuse or neglect of the child shall fail to 2583
immediately report that knowledge or reasonable cause to suspect 2584
to the entity or persons specified in this division. Except as 2585
otherwise provided in this division or section 5120.173 of the 2586
Revised Code, the person making the report shall make it to the 2587
public children services agency or a peace officer in the county 2588
in which the child resides or in which the abuse or neglect is 2589
occurring or has occurred. If the person making the report is a 2590
peace officer, the officer shall make it to the public children 2591
services agency in the county in which the child resides or in 2592
which the abuse or neglect is occurring or has occurred. In the 2593
circumstances described in section 5120.173 of the Revised Code, 2594
the person making the report shall make it to the entity 2595
specified in that section. 2596

(b) Division (A) (1) (a) of this section applies to any 2597
person who is an attorney; health care professional; 2598
practitioner of a limited branch of medicine as specified in 2599
section 4731.15 of the Revised Code; licensed school 2600
psychologist; independent marriage and family therapist or 2601
marriage and family therapist; coroner; administrator or 2602
employee of a child day-care center; administrator or employee 2603
of a residential camp, child day camp, or private, nonprofit 2604
therapeutic wilderness camp; administrator or employee of a 2605
certified child care agency or other public or private children 2606
services agency; school teacher; school employee; school 2607
authority; peace officer; humane society agent; dog warden, 2608

deputy dog warden, or other person appointed to act as an animal 2609
control officer for a municipal corporation or township in 2610
accordance with state law, an ordinance, or a resolution; 2611
person, other than a cleric, rendering spiritual treatment 2612
through prayer in accordance with the tenets of a well- 2613
recognized religion; employee of a county department of job and 2614
family services who is a professional and who works with 2615
children and families; superintendent or regional administrator 2616
employed by the department of youth services; superintendent, 2617
board member, or employee of a county board of developmental 2618
disabilities; investigative agent contracted with by a county 2619
board of developmental disabilities; employee of the department 2620
of developmental disabilities; employee of a facility or home 2621
that provides respite care in accordance with section 5123.171 2622
of the Revised Code; employee of an entity that provides 2623
homemaker services; employee of a qualified organization as 2624
defined in section 2151.90 of the Revised Code; a host family as 2625
defined in section 2151.90 of the Revised Code; foster 2626
caregiver; a person performing the duties of an assessor 2627
pursuant to Chapter 3107. or 5103. of the Revised Code; third 2628
party employed by a public children services agency to assist in 2629
providing child or family related services; court appointed 2630
special advocate; or guardian ad litem. 2631

(c) If two or more health care professionals, after 2632
providing health care services to a child, determine or suspect 2633
that the child has been or is being abused or neglected, the 2634
health care professionals may designate one of the health care 2635
professionals to report the abuse or neglect. A single report 2636
made under this division shall meet the reporting requirements 2637
of division (A) (1) of this section. 2638

(2) Except as provided in division (A) (3) of this section, 2639

an attorney ~~or a~~, physician, or advanced practice registered 2640
nurse is not required to make a report pursuant to division (A) 2641
(1) of this section concerning any communication the attorney 2642
~~or~~, physician, or advanced practice registered nurse receives 2643
from a client or patient in an attorney-client ~~or~~, physician- 2644
patient, or advanced practice registered nurse-patient 2645
relationship, if, in accordance with division (A) or (B) of 2646
section 2317.02 of the Revised Code, the attorney ~~or~~, physician, 2647
or advanced practice registered nurse could not testify with 2648
respect to that communication in a civil or criminal proceeding. 2649

(3) The client or patient in an attorney-client ~~or~~, 2650
physician-patient, or advanced practice registered nurse-patient 2651
relationship described in division (A) (2) of this section is 2652
deemed to have waived any testimonial privilege under division 2653
(A) or (B) of section 2317.02 of the Revised Code with respect 2654
to any communication the attorney ~~or~~, physician, or advanced 2655
practice registered nurse receives from the client or patient in 2656
that attorney-client ~~or~~, physician-patient, or advanced practice 2657
registered nurse-patient relationship, and the attorney ~~or~~, 2658
physician, or advanced practice registered nurse shall make a 2659
report pursuant to division (A) (1) of this section with respect 2660
to that communication, if all of the following apply: 2661

(a) The client or patient, at the time of the 2662
communication, is a child under eighteen years of age or is a 2663
person under twenty-one years of age with a developmental 2664
disability or physical impairment. 2665

(b) The attorney ~~or~~, physician, or advanced practice 2666
registered nurse knows, or has reasonable cause to suspect based 2667
on facts that would cause a reasonable person in similar 2668
position to suspect that the client or patient has suffered or 2669

faces a threat of suffering any physical or mental wound, 2670
injury, disability, or condition of a nature that reasonably 2671
indicates abuse or neglect of the client or patient. 2672

(c) The abuse or neglect does not arise out of the 2673
client's or patient's attempt to have an abortion without the 2674
notification of her parents, guardian, or custodian in 2675
accordance with section 2151.85 of the Revised Code. 2676

(4) (a) No cleric and no person, other than a volunteer, 2677
designated by any church, religious society, or faith acting as 2678
a leader, official, or delegate on behalf of the church, 2679
religious society, or faith who is acting in an official or 2680
professional capacity, who knows, or has reasonable cause to 2681
believe based on facts that would cause a reasonable person in a 2682
similar position to believe, that a child under eighteen years 2683
of age, or a person under twenty-one years of age with a 2684
developmental disability or physical impairment, has suffered or 2685
faces a threat of suffering any physical or mental wound, 2686
injury, disability, or condition of a nature that reasonably 2687
indicates abuse or neglect of the child, and who knows, or has 2688
reasonable cause to believe based on facts that would cause a 2689
reasonable person in a similar position to believe, that another 2690
cleric or another person, other than a volunteer, designated by 2691
a church, religious society, or faith acting as a leader, 2692
official, or delegate on behalf of the church, religious 2693
society, or faith caused, or poses the threat of causing, the 2694
wound, injury, disability, or condition that reasonably 2695
indicates abuse or neglect shall fail to immediately report that 2696
knowledge or reasonable cause to believe to the entity or 2697
persons specified in this division. Except as provided in 2698
section 5120.173 of the Revised Code, the person making the 2699
report shall make it to the public children services agency or a 2700

peace officer in the county in which the child resides or in 2701
which the abuse or neglect is occurring or has occurred. In the 2702
circumstances described in section 5120.173 of the Revised Code, 2703
the person making the report shall make it to the entity 2704
specified in that section. 2705

(b) Except as provided in division (A) (4) (c) of this 2706
section, a cleric is not required to make a report pursuant to 2707
division (A) (4) (a) of this section concerning any communication 2708
the cleric receives from a penitent in a cleric-penitent 2709
relationship, if, in accordance with division (C) of section 2710
2317.02 of the Revised Code, the cleric could not testify with 2711
respect to that communication in a civil or criminal proceeding. 2712

(c) The penitent in a cleric-penitent relationship 2713
described in division (A) (4) (b) of this section is deemed to 2714
have waived any testimonial privilege under division (C) of 2715
section 2317.02 of the Revised Code with respect to any 2716
communication the cleric receives from the penitent in that 2717
cleric-penitent relationship, and the cleric shall make a report 2718
pursuant to division (A) (4) (a) of this section with respect to 2719
that communication, if all of the following apply: 2720

(i) The penitent, at the time of the communication, is a 2721
child under eighteen years of age or is a person under twenty- 2722
one years of age with a developmental disability or physical 2723
impairment. 2724

(ii) The cleric knows, or has reasonable cause to believe 2725
based on facts that would cause a reasonable person in a similar 2726
position to believe, as a result of the communication or any 2727
observations made during that communication, the penitent has 2728
suffered or faces a threat of suffering any physical or mental 2729
wound, injury, disability, or condition of a nature that 2730

reasonably indicates abuse or neglect of the penitent. 2731

(iii) The abuse or neglect does not arise out of the 2732
penitent's attempt to have an abortion performed upon a child 2733
under eighteen years of age or upon a person under twenty-one 2734
years of age with a developmental disability or physical 2735
impairment without the notification of her parents, guardian, or 2736
custodian in accordance with section 2151.85 of the Revised 2737
Code. 2738

(d) Divisions (A) (4) (a) and (c) of this section do not 2739
apply in a cleric-penitent relationship when the disclosure of 2740
any communication the cleric receives from the penitent is in 2741
violation of the sacred trust. 2742

(e) As used in divisions (A) (1) and (4) of this section, 2743
"cleric" and "sacred trust" have the same meanings as in section 2744
2317.02 of the Revised Code. 2745

(B) Anyone who knows, or has reasonable cause to suspect 2746
based on facts that would cause a reasonable person in similar 2747
circumstances to suspect, that a child under eighteen years of 2748
age, or a person under twenty-one years of age with a 2749
developmental disability or physical impairment, has suffered or 2750
faces a threat of suffering any physical or mental wound, 2751
injury, disability, or other condition of a nature that 2752
reasonably indicates abuse or neglect of the child may report or 2753
cause reports to be made of that knowledge or reasonable cause 2754
to suspect to the entity or persons specified in this division. 2755
Except as provided in section 5120.173 of the Revised Code, a 2756
person making a report or causing a report to be made under this 2757
division shall make it or cause it to be made to the public 2758
children services agency or to a peace officer. In the 2759
circumstances described in section 5120.173 of the Revised Code, 2760

a person making a report or causing a report to be made under 2761
this division shall make it or cause it to be made to the entity 2762
specified in that section. 2763

(C) Any report made pursuant to division (A) or (B) of 2764
this section shall be made forthwith either by telephone or in 2765
person and shall be followed by a written report, if requested 2766
by the receiving agency or officer. The written report shall 2767
contain: 2768

(1) The names and addresses of the child and the child's 2769
parents or the person or persons having custody of the child, if 2770
known; 2771

(2) The child's age and the nature and extent of the 2772
child's injuries, abuse, or neglect that is known or reasonably 2773
suspected or believed, as applicable, to have occurred or of the 2774
threat of injury, abuse, or neglect that is known or reasonably 2775
suspected or believed, as applicable, to exist, including any 2776
evidence of previous injuries, abuse, or neglect; 2777

(3) Any other information, including, but not limited to, 2778
results and reports of any medical examinations, tests, or 2779
procedures performed under division (D) of this section, that 2780
might be helpful in establishing the cause of the injury, abuse, 2781
or neglect that is known or reasonably suspected or believed, as 2782
applicable, to have occurred or of the threat of injury, abuse, 2783
or neglect that is known or reasonably suspected or believed, as 2784
applicable, to exist. 2785

(D) (1) Any person, who is required by division (A) of this 2786
section to report child abuse or child neglect that is known or 2787
reasonably suspected or believed to have occurred, may take or 2788
cause to be taken color photographs of areas of trauma visible 2789

on a child and, if medically necessary for the purpose of 2790
diagnosing or treating injuries that are suspected to have 2791
occurred as a result of child abuse or child neglect, perform or 2792
cause to be performed radiological examinations and any other 2793
medical examinations of, and tests or procedures on, the child. 2794

(2) The results and any available reports of examinations, 2795
tests, or procedures made under division (D)(1) of this section 2796
shall be included in a report made pursuant to division (A) of 2797
this section. Any additional reports of examinations, tests, or 2798
procedures that become available shall be provided to the public 2799
children services agency, upon request. 2800

(3) If a health care professional provides health care 2801
services in a hospital, children's advocacy center, or emergency 2802
medical facility to a child about whom a report has been made 2803
under division (A) of this section, the health care professional 2804
may take any steps that are reasonably necessary for the release 2805
or discharge of the child to an appropriate environment. Before 2806
the child's release or discharge, the health care professional 2807
may obtain information, or consider information obtained, from 2808
other entities or individuals that have knowledge about the 2809
child. Nothing in division (D)(3) of this section shall be 2810
construed to alter the responsibilities of any person under 2811
sections 2151.27 and 2151.31 of the Revised Code. 2812

(4) A health care professional may conduct medical 2813
examinations, tests, or procedures on the siblings of a child 2814
about whom a report has been made under division (A) of this 2815
section and on other children who reside in the same home as the 2816
child, if the professional determines that the examinations, 2817
tests, or procedures are medically necessary to diagnose or 2818
treat the siblings or other children in order to determine 2819

whether reports under division (A) of this section are warranted 2820
with respect to such siblings or other children. The results of 2821
the examinations, tests, or procedures on the siblings and other 2822
children may be included in a report made pursuant to division 2823
(A) of this section. 2824

(5) Medical examinations, tests, or procedures conducted 2825
under divisions (D)(1) and (4) of this section and decisions 2826
regarding the release or discharge of a child under division (D) 2827
(3) of this section do not constitute a law enforcement 2828
investigation or activity. 2829

(E)(1) When a peace officer receives a report made 2830
pursuant to division (A) or (B) of this section, upon receipt of 2831
the report, the peace officer who receives the report shall 2832
refer the report to the appropriate public children services 2833
agency, unless an arrest is made at the time of the report that 2834
results in the appropriate public children services agency being 2835
contacted concerning the possible abuse or neglect of a child or 2836
the possible threat of abuse or neglect of a child. 2837

(2) When a public children services agency receives a 2838
report pursuant to this division or division (A) or (B) of this 2839
section, upon receipt of the report, the public children 2840
services agency shall do both of the following: 2841

(a) Comply with section 2151.422 of the Revised Code; 2842

(b) If the county served by the agency is also served by a 2843
children's advocacy center and the report alleges sexual abuse 2844
of a child or another type of abuse of a child that is specified 2845
in the memorandum of understanding that creates the center as 2846
being within the center's jurisdiction, comply regarding the 2847
report with the protocol and procedures for referrals and 2848

investigations, with the coordinating activities, and with the 2849
authority or responsibility for performing or providing 2850
functions, activities, and services stipulated in the 2851
interagency agreement entered into under section 2151.428 of the 2852
Revised Code relative to that center. 2853

(F) No peace officer shall remove a child about whom a 2854
report is made pursuant to this section from the child's 2855
parents, stepparents, or guardian or any other persons having 2856
custody of the child without consultation with the public 2857
children services agency, unless, in the judgment of the 2858
officer, and, if the report was made by a physician or advanced 2859
practice registered nurse, the physician or nurse, immediate 2860
removal is considered essential to protect the child from 2861
further abuse or neglect. The agency that must be consulted 2862
shall be the agency conducting the investigation of the report 2863
as determined pursuant to section 2151.422 of the Revised Code. 2864

(G) (1) Except as provided in section 2151.422 of the 2865
Revised Code or in an interagency agreement entered into under 2866
section 2151.428 of the Revised Code that applies to the 2867
particular report, the public children services agency shall 2868
investigate, within twenty-four hours, each report of child 2869
abuse or child neglect that is known or reasonably suspected or 2870
believed to have occurred and of a threat of child abuse or 2871
child neglect that is known or reasonably suspected or believed 2872
to exist that is referred to it under this section to determine 2873
the circumstances surrounding the injuries, abuse, or neglect or 2874
the threat of injury, abuse, or neglect, the cause of the 2875
injuries, abuse, neglect, or threat, and the person or persons 2876
responsible. The investigation shall be made in cooperation with 2877
the law enforcement agency and in accordance with the memorandum 2878
of understanding prepared under division (K) of this section. A 2879

representative of the public children services agency shall, at 2880
the time of initial contact with the person subject to the 2881
investigation, inform the person of the specific complaints or 2882
allegations made against the person. The information shall be 2883
given in a manner that is consistent with division (I)(1) of 2884
this section and protects the rights of the person making the 2885
report under this section. 2886

A failure to make the investigation in accordance with the 2887
memorandum is not grounds for, and shall not result in, the 2888
dismissal of any charges or complaint arising from the report or 2889
the suppression of any evidence obtained as a result of the 2890
report and does not give, and shall not be construed as giving, 2891
any rights or any grounds for appeal or post-conviction relief 2892
to any person. The public children services agency shall report 2893
each case to the uniform statewide automated child welfare 2894
information system that the department of job and family 2895
services shall maintain in accordance with section 5101.13 of 2896
the Revised Code. The public children services agency shall 2897
submit a report of its investigation, in writing, to the law 2898
enforcement agency. 2899

(2) The public children services agency shall make any 2900
recommendations to the county prosecuting attorney or city 2901
director of law that it considers necessary to protect any 2902
children that are brought to its attention. 2903

(H)(1)(a) Except as provided in divisions (H)(1)(b) and 2904
(I)(3) of this section, any person, health care professional, 2905
hospital, institution, school, health department, or agency 2906
shall be immune from any civil or criminal liability for injury, 2907
death, or loss to person or property that otherwise might be 2908
incurred or imposed as a result of any of the following: 2909

(i) Participating in the making of reports pursuant to	2910
division (A) of this section or in the making of reports in good	2911
faith, pursuant to division (B) of this section;	2912
(ii) Participating in medical examinations, tests, or	2913
procedures under division (D) of this section;	2914
(iii) Providing information used in a report made pursuant	2915
to division (A) of this section or providing information in good	2916
faith used in a report made pursuant to division (B) of this	2917
section;	2918
(iv) Participating in a judicial proceeding resulting from	2919
a report made pursuant to division (A) of this section or	2920
participating in good faith in a proceeding resulting from a	2921
report made pursuant to division (B) of this section.	2922
(b) Immunity under division (H) (1) (a) (ii) of this section	2923
shall not apply when a health care provider has deviated from	2924
the standard of care applicable to the provider's profession.	2925
(c) Notwithstanding section 4731.22 of the Revised Code,	2926
the physician-patient privilege shall not be a ground for	2927
excluding evidence regarding a child's injuries, abuse, or	2928
neglect, or the cause of the injuries, abuse, or neglect in any	2929
judicial proceeding resulting from a report submitted pursuant	2930
to this section.	2931
(2) In any civil or criminal action or proceeding in which	2932
it is alleged and proved that participation in the making of a	2933
report under this section was not in good faith or participation	2934
in a judicial proceeding resulting from a report made under this	2935
section was not in good faith, the court shall award the	2936
prevailing party reasonable attorney's fees and costs and, if a	2937
civil action or proceeding is voluntarily dismissed, may award	2938

reasonable attorney's fees and costs to the party against whom 2939
the civil action or proceeding is brought. 2940

(I) (1) Except as provided in divisions (I) (4) and (O) of 2941
this section and sections 2151.423 and 2151.4210 of the Revised 2942
Code, a report made under this section is confidential. The 2943
information provided in a report made pursuant to this section 2944
and the name of the person who made the report shall not be 2945
released for use, and shall not be used, as evidence in any 2946
civil action or proceeding brought against the person who made 2947
the report. Nothing in this division shall preclude the use of 2948
reports of other incidents of known or suspected abuse or 2949
neglect in a civil action or proceeding brought pursuant to 2950
division (N) of this section against a person who is alleged to 2951
have violated division (A) (1) of this section, provided that any 2952
information in a report that would identify the child who is the 2953
subject of the report or the maker of the report, if the maker 2954
of the report is not the defendant or an agent or employee of 2955
the defendant, has been redacted. In a criminal proceeding, the 2956
report is admissible in evidence in accordance with the Rules of 2957
Evidence and is subject to discovery in accordance with the 2958
Rules of Criminal Procedure. 2959

(2) (a) Except as provided in division (I) (2) (b) of this 2960
section, no person shall permit or encourage the unauthorized 2961
dissemination of the contents of any report made under this 2962
section. 2963

(b) A health care professional that obtains the same 2964
information contained in a report made under this section from a 2965
source other than the report may disseminate the information, if 2966
its dissemination is otherwise permitted by law. 2967

(3) A person who knowingly makes or causes another person 2968

to make a false report under division (B) of this section that 2969
alleges that any person has committed an act or omission that 2970
resulted in a child being an abused child or a neglected child 2971
is guilty of a violation of section 2921.14 of the Revised Code. 2972

(4) If a report is made pursuant to division (A) or (B) of 2973
this section and the child who is the subject of the report dies 2974
for any reason at any time after the report is made, but before 2975
the child attains eighteen years of age, the public children 2976
services agency or peace officer to which the report was made or 2977
referred, on the request of the child fatality review board, the 2978
suicide fatality review committee, or the director of health 2979
pursuant to guidelines established under section 3701.70 of the 2980
Revised Code, shall submit a summary sheet of information 2981
providing a summary of the report to the review board or review 2982
committee of the county in which the deceased child resided at 2983
the time of death or to the director. On the request of the 2984
review board, review committee, or director, the agency or peace 2985
officer may, at its discretion, make the report available to the 2986
review board, review committee, or director. If the county 2987
served by the public children services agency is also served by 2988
a children's advocacy center and the report of alleged sexual 2989
abuse of a child or another type of abuse of a child is 2990
specified in the memorandum of understanding that creates the 2991
center as being within the center's jurisdiction, the agency or 2992
center shall perform the duties and functions specified in this 2993
division in accordance with the interagency agreement entered 2994
into under section 2151.428 of the Revised Code relative to that 2995
advocacy center. 2996

(5) A public children services agency shall advise a 2997
person alleged to have inflicted abuse or neglect on a child who 2998
is the subject of a report made pursuant to this section, 2999

including a report alleging sexual abuse of a child or another 3000
type of abuse of a child referred to a children's advocacy 3001
center pursuant to an interagency agreement entered into under 3002
section 2151.428 of the Revised Code, in writing of the 3003
disposition of the investigation. The agency shall not provide 3004
to the person any information that identifies the person who 3005
made the report, statements of witnesses, or police or other 3006
investigative reports. 3007

(J) Any report that is required by this section, other 3008
than a report that is made to the state highway patrol as 3009
described in section 5120.173 of the Revised Code, shall result 3010
in protective services and emergency supportive services being 3011
made available by the public children services agency on behalf 3012
of the children about whom the report is made, in an effort to 3013
prevent further neglect or abuse, to enhance their welfare, and, 3014
whenever possible, to preserve the family unit intact. The 3015
agency required to provide the services shall be the agency 3016
conducting the investigation of the report pursuant to section 3017
2151.422 of the Revised Code. 3018

(K) (1) Each public children services agency shall prepare 3019
a memorandum of understanding that is signed by all of the 3020
following: 3021

(a) If there is only one juvenile judge in the county, the 3022
juvenile judge of the county or the juvenile judge's 3023
representative; 3024

(b) If there is more than one juvenile judge in the 3025
county, a juvenile judge or the juvenile judges' representative 3026
selected by the juvenile judges or, if they are unable to do so 3027
for any reason, the juvenile judge who is senior in point of 3028
service or the senior juvenile judge's representative; 3029

(c) The county peace officer;	3030
(d) All chief municipal peace officers within the county;	3031
(e) Other law enforcement officers handling child abuse and neglect cases in the county;	3032 3033
(f) The prosecuting attorney of the county;	3034
(g) If the public children services agency is not the county department of job and family services, the county department of job and family services;	3035 3036 3037
(h) The county humane society;	3038
(i) If the public children services agency participated in the execution of a memorandum of understanding under section 2151.426 of the Revised Code establishing a children's advocacy center, each participating member of the children's advocacy center established by the memorandum.	3039 3040 3041 3042 3043
(2) A memorandum of understanding shall set forth the normal operating procedure to be employed by all concerned officials in the execution of their respective responsibilities under this section and division (C) of section 2919.21, division (B) (1) of section 2919.22, division (B) of section 2919.23, and section 2919.24 of the Revised Code and shall have as two of its primary goals the elimination of all unnecessary interviews of children who are the subject of reports made pursuant to division (A) or (B) of this section and, when feasible, providing for only one interview of a child who is the subject of any report made pursuant to division (A) or (B) of this section. A failure to follow the procedure set forth in the memorandum by the concerned officials is not grounds for, and shall not result in, the dismissal of any charges or complaint arising from any reported case of abuse or neglect or the	3044 3045 3046 3047 3048 3049 3050 3051 3052 3053 3054 3055 3056 3057 3058

suppression of any evidence obtained as a result of any reported 3059
child abuse or child neglect and does not give, and shall not be 3060
construed as giving, any rights or any grounds for appeal or 3061
post-conviction relief to any person. 3062

(3) A memorandum of understanding shall include all of the 3063
following: 3064

(a) The roles and responsibilities for handling emergency 3065
and nonemergency cases of abuse and neglect; 3066

(b) Standards and procedures to be used in handling and 3067
coordinating investigations of reported cases of child abuse and 3068
reported cases of child neglect, methods to be used in 3069
interviewing the child who is the subject of the report and who 3070
allegedly was abused or neglected, and standards and procedures 3071
addressing the categories of persons who may interview the child 3072
who is the subject of the report and who allegedly was abused or 3073
neglected. 3074

(4) If a public children services agency participated in 3075
the execution of a memorandum of understanding under section 3076
2151.426 of the Revised Code establishing a children's advocacy 3077
center, the agency shall incorporate the contents of that 3078
memorandum in the memorandum prepared pursuant to this section. 3079

(5) The clerk of the court of common pleas in the county 3080
may sign the memorandum of understanding prepared under division 3081
(K) (1) of this section. If the clerk signs the memorandum of 3082
understanding, the clerk shall execute all relevant 3083
responsibilities as required of officials specified in the 3084
memorandum. 3085

(L) (1) Except as provided in division (L) (4) or (5) of 3086
this section, a person who is required to make a report pursuant 3087

to division (A) of this section may make a reasonable number of 3088
requests of the public children services agency that receives or 3089
is referred the report, or of the children's advocacy center 3090
that is referred the report if the report is referred to a 3091
children's advocacy center pursuant to an interagency agreement 3092
entered into under section 2151.428 of the Revised Code, to be 3093
provided with the following information: 3094

(a) Whether the agency or center has initiated an 3095
investigation of the report; 3096

(b) Whether the agency or center is continuing to 3097
investigate the report; 3098

(c) Whether the agency or center is otherwise involved 3099
with the child who is the subject of the report; 3100

(d) The general status of the health and safety of the 3101
child who is the subject of the report; 3102

(e) Whether the report has resulted in the filing of a 3103
complaint in juvenile court or of criminal charges in another 3104
court. 3105

(2) A person may request the information specified in 3106
division (L)(1) of this section only if, at the time the report 3107
is made, the person's name, address, and telephone number are 3108
provided to the person who receives the report. 3109

When a peace officer or employee of a public children 3110
services agency receives a report pursuant to division (A) or 3111
(B) of this section the recipient of the report shall inform the 3112
person of the right to request the information described in 3113
division (L)(1) of this section. The recipient of the report 3114
shall include in the initial child abuse or child neglect report 3115
that the person making the report was so informed and, if 3116

provided at the time of the making of the report, shall include 3117
the person's name, address, and telephone number in the report. 3118

Each request is subject to verification of the identity of 3119
the person making the report. If that person's identity is 3120
verified, the agency shall provide the person with the 3121
information described in division (L)(1) of this section a 3122
reasonable number of times, except that the agency shall not 3123
disclose any confidential information regarding the child who is 3124
the subject of the report other than the information described 3125
in those divisions. 3126

(3) A request made pursuant to division (L)(1) of this 3127
section is not a substitute for any report required to be made 3128
pursuant to division (A) of this section. 3129

(4) If an agency other than the agency that received or 3130
was referred the report is conducting the investigation of the 3131
report pursuant to section 2151.422 of the Revised Code, the 3132
agency conducting the investigation shall comply with the 3133
requirements of division (L) of this section. 3134

(5) A health care professional who made a report under 3135
division (A) of this section, or on whose behalf such a report 3136
was made as provided in division (A)(1)(c) of this section, may 3137
authorize a person to obtain the information described in 3138
division (L)(1) of this section if the person requesting the 3139
information is associated with or acting on behalf of the health 3140
care professional who provided health care services to the child 3141
about whom the report was made. 3142

(M) The director of job and family services shall adopt 3143
rules in accordance with Chapter 119. of the Revised Code to 3144
implement this section. The department of job and family 3145

services may enter into a plan of cooperation with any other 3146
governmental entity to aid in ensuring that children are 3147
protected from abuse and neglect. The department shall make 3148
recommendations to the attorney general that the department 3149
determines are necessary to protect children from child abuse 3150
and child neglect. 3151

(N) Whoever violates division (A) of this section is 3152
liable for compensatory and exemplary damages to the child who 3153
would have been the subject of the report that was not made. A 3154
person who brings a civil action or proceeding pursuant to this 3155
division against a person who is alleged to have violated 3156
division (A) (1) of this section may use in the action or 3157
proceeding reports of other incidents of known or suspected 3158
abuse or neglect, provided that any information in a report that 3159
would identify the child who is the subject of the report or the 3160
maker of the report, if the maker is not the defendant or an 3161
agent or employee of the defendant, has been redacted. 3162

(O) (1) As used in this division: 3163

(a) "Out-of-home care" includes a nonchartered nonpublic 3164
school if the alleged child abuse or child neglect, or alleged 3165
threat of child abuse or child neglect, described in a report 3166
received by a public children services agency allegedly occurred 3167
in or involved the nonchartered nonpublic school and the alleged 3168
perpetrator named in the report holds a certificate, permit, or 3169
license issued by the state board of education under section 3170
3301.071 or Chapter 3319. of the Revised Code. 3171

(b) "Administrator, director, or other chief 3172
administrative officer" means the superintendent of the school 3173
district if the out-of-home care entity subject to a report made 3174
pursuant to this section is a school operated by the district. 3175

(2) No later than the end of the day following the day on which a public children services agency receives a report of alleged child abuse or child neglect, or a report of an alleged threat of child abuse or child neglect, that allegedly occurred in or involved an out-of-home care entity, the agency shall provide written notice of the allegations contained in and the person named as the alleged perpetrator in the report to the administrator, director, or other chief administrative officer of the out-of-home care entity that is the subject of the report unless the administrator, director, or other chief administrative officer is named as an alleged perpetrator in the report. If the administrator, director, or other chief administrative officer of an out-of-home care entity is named as an alleged perpetrator in a report of alleged child abuse or child neglect, or a report of an alleged threat of child abuse or child neglect, that allegedly occurred in or involved the out-of-home care entity, the agency shall provide the written notice to the owner or governing board of the out-of-home care entity that is the subject of the report. The agency shall not provide witness statements or police or other investigative reports.

(3) No later than three days after the day on which a public children services agency that conducted the investigation as determined pursuant to section 2151.422 of the Revised Code makes a disposition of an investigation involving a report of alleged child abuse or child neglect, or a report of an alleged threat of child abuse or child neglect, that allegedly occurred in or involved an out-of-home care entity, the agency shall send written notice of the disposition of the investigation to the administrator, director, or other chief administrative officer and the owner or governing board of the out-of-home care entity.

The agency shall not provide witness statements or police or 3207
other investigative reports. 3208

(P) As used in this section: 3209

(1) "Children's advocacy center" and "sexual abuse of a 3210
child" have the same meanings as in section 2151.425 of the 3211
Revised Code. 3212

(2) "Health care professional" means an individual who 3213
provides health-related services ~~including~~. "Health care 3214
professional" includes all of the following: a physician, 3215
including a hospital intern or resident; a dentist; a 3216
podiatrist; a registered nurse, including such a nurse who is 3217
an advanced practice registered nurse; a licensed practical 3218
nurse; a registered nurse or licensed practical nurse who is a 3219
visiting nurse; a licensed psychologist; a speech-language 3220
pathologist; an audiologist; a person engaged in social work 3221
or the practice of professional counseling; and an employee of 3222
a home health agency. "Health care professional" does not 3223
include a practitioner of a limited branch of medicine as 3224
specified in section 4731.15 of the Revised Code, licensed 3225
school psychologist, independent marriage and family therapist 3226
or marriage and family therapist, or coroner. 3227

(3) "Investigation" means the public children services 3228
agency's response to an accepted report of child abuse or 3229
neglect through either an alternative response or a traditional 3230
response. 3231

(4) "Peace officer" means a sheriff, deputy sheriff, 3232
constable, police officer of a township or joint police 3233
district, marshal, deputy marshal, municipal police officer, or 3234
~~a~~ state highway patrol trooper. 3235

Sec. 2305.235. (A) As used in this section:	3236
(1) "Automated external defibrillation" means the process of applying a specialized defibrillator to a person in cardiac arrest, allowing the defibrillator to interpret the cardiac rhythm, and, if appropriate, delivering an electrical shock to the heart to allow it to resume effective electrical activity.	3237 3238 3239 3240 3241
(2) "Physician" has the same meaning as in section 4765.01 of the Revised Code.	3242 3243
(B) Except in the case of willful or wanton misconduct, no physician, <u>certified nurse-midwife, clinical nurse specialist, or certified nurse practitioner</u> shall be held liable in civil damages for injury, death, or loss to person or property for providing a prescription for an automated external defibrillator approved for use as a medical device by the United States food and drug administration or consulting with a person regarding the use and maintenance of a defibrillator.	3244 3245 3246 3247 3248 3249 3250 3251
(C) Except in the case of willful or wanton misconduct, no person shall be held liable in civil damages for injury, death, or loss to person or property for doing any of the following:	3252 3253 3254
(1) Providing training in automated external defibrillation and cardiopulmonary resuscitation;	3255 3256
(2) Authorizing, directing, or supervising the installation or placement of an automated external defibrillator;	3257 3258 3259
(3) Designing, managing, or operating a cardiopulmonary resuscitation or automated external defibrillation program;	3260 3261
(4) Acquiring an automated external defibrillator;	3262
(5) Owning, managing, or having responsibility for a	3263

premises or location where an automated external defibrillator 3264
has been placed. 3265

(D) Except in the case of willful or wanton misconduct or 3266
when there is no good faith attempt to activate an emergency 3267
medical services system in accordance with section 3701.85 of 3268
the Revised Code, no person shall be held liable in civil 3269
damages for injury, death, or loss to person or property, or 3270
held criminally liable, for performing automated external 3271
defibrillation in good faith, regardless of whether the person 3272
has obtained appropriate training on how to perform automated 3273
external defibrillation or successfully completed a course in 3274
cardiopulmonary resuscitation. 3275

Sec. 2313.14. (A) Except as provided by section 2313.15 of 3276
the Revised Code, the court of common pleas or the commissioners 3277
of jurors shall not excuse a person who is liable to serve as a 3278
juror and who is drawn and notified, unless it is shown to the 3279
satisfaction of the judge or commissioners by either the juror 3280
or another person acquainted with the facts that one or more of 3281
the following applies: 3282

(1) The interests of the public will be materially injured 3283
by the juror's attendance. 3284

(2) The juror's spouse or a near relative of the juror or 3285
the juror's spouse has recently died or is dangerously ill. 3286

(3) The juror is a cloistered member of a religious 3287
organization. 3288

(4) The prospective juror has a mental or physical 3289
condition that causes the prospective juror to be incapable of 3290
performing jury service. The court or commissioners may require 3291
the prospective juror to provide the court with documentation 3292

from a physician licensed to practice medicine or a clinical 3293
nurse specialist or certified nurse practitioner verifying that 3294
a mental or physical condition renders the prospective juror 3295
unfit for jury service for the remainder of the jury year. 3296

(5) Jury service would otherwise cause undue or extreme 3297
physical or financial hardship to the prospective juror or a 3298
person under the care or supervision of the prospective juror. A 3299
judge of the court for which the prospective juror was called to 3300
jury service shall make undue or extreme physical or financial 3301
hardship determinations. The judge may delegate the authority to 3302
make these determinations to an appropriate court employee 3303
appointed by the court. 3304

(6) The juror is over seventy-five years of age, and the 3305
juror requests to be excused. 3306

(7) The prospective juror is an active member of a 3307
recognized Amish sect and requests to be excused because of the 3308
prospective juror's sincere belief that as a result of that 3309
membership the prospective juror cannot pass judgment in a 3310
judicial matter. 3311

(8) The prospective juror is on active duty pursuant to an 3312
executive order of the president of the United States, an act of 3313
the congress of the United States, or section 5919.29 or 5923.21 3314
of the Revised Code. 3315

(B) (1) A prospective juror who requests to be excused from 3316
jury service under this section shall take all actions necessary 3317
to obtain a ruling on that request by not later than the date on 3318
which the prospective juror is scheduled to appear for jury 3319
duty. 3320

(2) A prospective juror who requests to be excused as 3321

provided in division (A) (6) of this section shall inform the 3322
appropriate court employee appointed by the court of the 3323
prospective juror's request to be so excused by not later than 3324
the date on which the prospective juror is scheduled to appear 3325
for jury duty. The prospective juror shall inform that court 3326
employee of the request to be so excused by appearing in person 3327
before the employee or contacting the employee by telephone, in 3328
writing, or by electronic mail. 3329

(C) (1) For purposes of this section, undue or extreme 3330
physical or financial hardship is limited to circumstances in 3331
which any of the following apply: 3332

(a) The prospective juror would be required to abandon a 3333
person under the prospective juror's personal care or 3334
supervision due to the impossibility of obtaining an appropriate 3335
substitute caregiver during the period of participation in the 3336
jury pool or on the jury. 3337

(b) The prospective juror would incur costs that would 3338
have a substantial adverse impact on the payment of the 3339
prospective juror's necessary daily living expenses or on those 3340
for whom the prospective juror provides the principal means of 3341
support. 3342

(c) The prospective juror would suffer physical hardship 3343
that would result in illness or disease. 3344

(2) Undue or extreme physical or financial hardship does 3345
not exist solely based on the fact that a prospective juror will 3346
be required to be absent from the prospective juror's place of 3347
employment. 3348

(D) A prospective juror who asks a judge to grant an 3349
excuse based on undue or extreme physical or financial hardship 3350

shall provide the judge with documentation that the judge finds 3351
to clearly support the request to be excused. If a prospective 3352
juror fails to provide satisfactory documentation, the court may 3353
deny the request to be excused. 3354

(E) An excuse, whether permanent or not, approved pursuant 3355
to this section shall not extend beyond that jury year. Every 3356
approved excuse shall be recorded and filed with the 3357
commissioners of jurors. A person is excused from jury service 3358
permanently only when the deciding judge determines that the 3359
underlying grounds for being excused are of a permanent nature. 3360

(F) No person shall be exempted or excused from jury 3361
service or be granted a postponement of jury service by reason 3362
of any financial contribution to any public or private 3363
organization. 3364

(G) The commissioners shall keep a record of all 3365
proceedings before them or in their office, of all persons who 3366
are granted an excuse or postponement, and of the time of and 3367
reasons for each excuse. 3368

Sec. 2317.47. Whenever it is relevant in a civil or 3369
criminal action or proceeding to determine the paternity or 3370
identity of any person, the trial court on motion shall order 3371
any party to the action and any person involved in the 3372
controversy or proceeding to submit to one or more blood- 3373
grouping tests, to be made by qualified physicians, clinical 3374
nurse specialists, or certified nurse practitioners or other 3375
qualified persons, not to exceed three, to be selected by the 3376
court and under such restrictions or directions as the court or 3377
judge deems proper. In cases where exclusion is established, the 3378
results of the tests together with the findings of the experts 3379
of the fact of nonpaternity are receivable in evidence. Such 3380

experts shall be subject to cross-examination by both parties 3381
after the court has caused them to disclose their findings to 3382
the court or to the court and jury. Whenever the court orders 3383
such blood-grouping tests to be taken and one of the parties 3384
refuses to submit to such test, such fact shall be disclosed 3385
upon the trial unless good cause is shown to the contrary. The 3386
court shall determine how and by whom the costs of such 3387
examination shall be paid. 3388

Sec. 2317.54. No hospital, home health agency, ambulatory 3389
surgical facility, or provider of a hospice care program or 3390
pediatric respite care program shall be held liable for a 3391
physician's or advanced practice registered nurse's failure to 3392
obtain an informed consent from the physician's or nurse's 3393
patient prior to a surgical or medical procedure or course of 3394
procedures, unless the physician or nurse is an employee of the 3395
hospital, home health agency, ambulatory surgical facility, or 3396
provider of a hospice care program or pediatric respite care 3397
program. 3398

Written consent to a surgical or medical procedure or 3399
course of procedures shall, to the extent that it fulfills all 3400
the requirements in divisions (A), (B), and (C) of this section, 3401
be presumed to be valid and effective, in the absence of proof 3402
by a preponderance of the evidence that the person who sought 3403
such consent was not acting in good faith, or that the execution 3404
of the consent was induced by fraudulent misrepresentation of 3405
material facts, or that the person executing the consent was not 3406
able to communicate effectively in spoken and written English or 3407
any other language in which the consent is written. Except as 3408
herein provided, no evidence shall be admissible to impeach, 3409
modify, or limit the authorization for performance of the 3410
procedure or procedures set forth in such written consent. 3411

(A) The consent sets forth in general terms the nature and purpose of the procedure or procedures, and what the procedures are expected to accomplish, together with the reasonably known risks, and, except in emergency situations, sets forth the names of the physicians who shall perform the intended surgical procedures.

(B) The person making the consent acknowledges that such disclosure of information has been made and that all questions asked about the procedure or procedures have been answered in a satisfactory manner.

(C) The consent is signed by the patient for whom the procedure is to be performed, or, if the patient for any reason including, but not limited to, competence, minority, or the fact that, at the latest time that the consent is needed, the patient is under the influence of alcohol, hallucinogens, or drugs, lacks legal capacity to consent, by a person who has legal authority to consent on behalf of such patient in such circumstances, including either of the following:

(1) The parent, whether the parent is an adult or a minor, of the parent's minor child;

(2) An adult whom the parent of the minor child has given written authorization to consent to a surgical or medical procedure or course of procedures for the parent's minor child.

Any use of a consent form that fulfills the requirements stated in divisions (A), (B), and (C) of this section has no effect on the common law rights and liabilities, including the right of a physician to obtain the oral or implied consent of a patient to a medical procedure, that may exist as between physicians and patients on July 28, 1975.

As used in this section the term "hospital" has the same 3441
meaning as in section 2305.113 of the Revised Code; "ambulatory 3442
surgical facility" has the same meaning as in section 3702.30 of 3443
the Revised Code; "hospice care program" and "pediatric respite 3444
care program" have the same meanings as in section 3712.01 of 3445
the Revised Code, ~~and;~~ "home health agency" has the same meaning 3446
as in section 3740.01 of the Revised Code; and "advanced 3447
practice registered nurse" has the same meaning as in section 3448
4723.01 of the Revised Code. The provisions of this division 3449
apply to hospitals, doctors of medicine, doctors of osteopathic 3450
medicine, and doctors of podiatric medicine. 3451

Sec. 2945.38. (A) If the issue of a defendant's competence 3452
to stand trial is raised and if the court, upon conducting the 3453
hearing provided for in section 2945.37 of the Revised Code, 3454
finds that the defendant is competent to stand trial, the 3455
defendant shall be proceeded against as provided by law. If the 3456
court finds the defendant competent to stand trial and the 3457
defendant is receiving psychotropic drugs or other medication, 3458
the court may authorize the continued administration of the 3459
drugs or medication or other appropriate treatment in order to 3460
maintain the defendant's competence to stand trial, unless the 3461
defendant's attending physician, clinical nurse specialist, or 3462
certified nurse practitioner advises the court against 3463
continuation of the drugs, other medication, or treatment. 3464

(B) (1) (a) (i) If the defendant has been charged with a 3465
felony offense or a misdemeanor offense of violence for which 3466
the prosecutor has not recommended the procedures under division 3467
(B) (1) (a) (vi) of this section and if, after taking into 3468
consideration all relevant reports, information, and other 3469
evidence, the court finds that the defendant is incompetent to 3470
stand trial and that there is a substantial probability that the 3471

defendant will become competent to stand trial within one year 3472
if the defendant is provided with a course of treatment, the 3473
court shall order the defendant to undergo treatment. 3474

(ii) If the defendant has been charged with a felony 3475
offense and if, after taking into consideration all relevant 3476
reports, information, and other evidence, the court finds that 3477
the defendant is incompetent to stand trial, but the court is 3478
unable at that time to determine whether there is a substantial 3479
probability that the defendant will become competent to stand 3480
trial within one year if the defendant is provided with a course 3481
of treatment, the court shall order continuing evaluation and 3482
treatment of the defendant for a period not to exceed four 3483
months to determine whether there is a substantial probability 3484
that the defendant will become competent to stand trial within 3485
one year if the defendant is provided with a course of 3486
treatment. 3487

(iii) If the defendant has not been charged with a felony 3488
offense but has been charged with a misdemeanor offense of 3489
violence and if, after taking into consideration all relevant 3490
reports, information, and other evidence, the court finds that 3491
the defendant is incompetent to stand trial, but the court is 3492
unable at that time to determine whether there is a substantial 3493
probability that the defendant will become competent to stand 3494
trial within the time frame permitted under division (C)(1) of 3495
this section, the court may order continuing evaluation and 3496
treatment of the defendant for a period not to exceed the 3497
maximum period permitted under that division. 3498

(iv) If the defendant has not been charged with a felony 3499
offense or a misdemeanor offense of violence, but has been 3500
charged with a misdemeanor offense that is not a misdemeanor 3501

offense of violence and if, after taking into consideration all 3502
relevant reports, information, and other evidence, the court 3503
finds that the defendant is incompetent to stand trial, but the 3504
court is unable at that time to determine whether there is a 3505
substantial probability that the defendant will become competent 3506
to stand trial within the time frame permitted under division 3507
(C) (1) of this section, the court shall dismiss the charges and 3508
follow the process outlined in division (B) (1) (a) (v) (I) of this 3509
section. 3510

(v) If the defendant has not been charged with a felony 3511
offense or a misdemeanor offense of violence, or if the 3512
defendant has been charged with a misdemeanor offense of 3513
violence and the prosecutor has recommended the procedures under 3514
division (B) (1) (a) (vi) of this section, and if, after taking 3515
into consideration all relevant reports, information, and other 3516
evidence, the trial court finds that the defendant is 3517
incompetent to stand trial, the trial court shall do one of the 3518
following: 3519

(I) Dismiss the charges pending against the defendant. A 3520
dismissal under this division is not a bar to further 3521
prosecution based on the same conduct. Upon dismissal of the 3522
charges, the trial court shall discharge the defendant unless 3523
the court or prosecutor, after consideration of the requirements 3524
of section 5122.11 of the Revised Code, files an affidavit in 3525
probate court alleging that the defendant is a mentally ill 3526
person subject to court order or a person with an intellectual 3527
disability subject to institutionalization by court order. If an 3528
affidavit is filed in probate court, the trial court may detain 3529
the defendant for ten days pending a hearing in the probate 3530
court and shall send to the probate court copies of all written 3531
reports of the defendant's mental condition that were prepared 3532

pursuant to section 2945.371 of the Revised Code. The trial 3533
court or prosecutor shall specify in the appropriate space on 3534
the affidavit that the defendant is a person described in this 3535
subdivision. 3536

(II) Order the defendant to undergo outpatient competency 3537
restoration treatment at a facility operated or certified by the 3538
department of mental health and addiction services as being 3539
qualified to treat mental illness, at a public or community 3540
mental health facility, or in the care of a psychiatrist or 3541
other mental health professional. If a defendant who has been 3542
released on bail or recognizance refuses to comply with court- 3543
ordered outpatient treatment under this division, the court may 3544
dismiss the charges pending against the defendant and proceed 3545
under division (B) (1) (a) (v) (I) of this section or may amend the 3546
conditions of bail or recognizance and order the sheriff to take 3547
the defendant into custody and deliver the defendant to a 3548
center, program, or facility operated or certified by the 3549
department of mental health and addiction services for 3550
treatment. 3551

(vi) If the defendant has not been charged with a felony 3552
offense but has been charged with a misdemeanor offense of 3553
violence and after taking into consideration all relevant 3554
reports, information, and other evidence, the court finds that 3555
the defendant is incompetent to stand trial, the prosecutor in 3556
the case may recommend that the court follow the procedures 3557
prescribed in division (B) (1) (a) (v) of this section. If the 3558
prosecutor does not make such a recommendation, the court shall 3559
follow the procedures in division (B) (1) (a) (i) of this section. 3560

(b) The court order for the defendant to undergo treatment 3561
or continuing evaluation and treatment under division (B) (1) (a) 3562

of this section shall specify that the defendant, if determined 3563
to require mental health treatment or continuing evaluation and 3564
treatment, either shall be committed to the department of mental 3565
health and addiction services for treatment or continuing 3566
evaluation and treatment at a hospital, facility, or agency, as 3567
determined to be clinically appropriate by the department of 3568
mental health and addiction services or shall be committed to a 3569
facility certified by the department of mental health and 3570
addiction services as being qualified to treat mental illness, 3571
to a public or community mental health facility, or to a 3572
psychiatrist or another mental health professional for treatment 3573
or continuing evaluation and treatment. Prior to placing the 3574
defendant, the department of mental health and addiction 3575
services shall obtain court approval for that placement 3576
following a hearing. The court order for the defendant to 3577
undergo treatment or continuing evaluation and treatment under 3578
division (B)(1)(a) of this section shall specify that the 3579
defendant, if determined to require treatment or continuing 3580
evaluation and treatment for an intellectual disability, shall 3581
receive treatment or continuing evaluation and treatment at an 3582
institution or facility operated by the department of 3583
developmental disabilities, at a facility certified by the 3584
department of developmental disabilities as being qualified to 3585
treat intellectual disabilities, at a public or private 3586
intellectual disabilities facility, or by a psychiatrist or 3587
another intellectual disabilities professional. In any case, the 3588
order may restrict the defendant's freedom of movement as the 3589
court considers necessary. The prosecutor in the defendant's 3590
case shall send to the chief clinical officer of the hospital, 3591
facility, or agency where the defendant is placed by the 3592
department of mental health and addiction services, or to the 3593
managing officer of the institution, the director of the program 3594

or facility, or the person to which the defendant is committed, 3595
copies of relevant police reports and other background 3596
information that pertains to the defendant and is available to 3597
the prosecutor unless the prosecutor determines that the release 3598
of any of the information in the police reports or any of the 3599
other background information to unauthorized persons would 3600
interfere with the effective prosecution of any person or would 3601
create a substantial risk of harm to any person. 3602

In determining the place of commitment, the court shall 3603
consider the extent to which the person is a danger to the 3604
person and to others, the need for security, the availability of 3605
housing and supportive services, including outpatient mental 3606
health services in the community, and the type of crime involved 3607
and shall order the least restrictive alternative available that 3608
is consistent with public safety and treatment goals. In 3609
weighing these factors, the court shall give preference to 3610
protecting public safety and the availability of housing and 3611
supportive services. 3612

(c) If the defendant is found incompetent to stand trial, 3613
if the chief clinical officer of the hospital, facility, or 3614
agency where the defendant is placed, or the managing officer of 3615
the institution, the director of the program or facility, or the 3616
person to which the defendant is committed for treatment or 3617
continuing evaluation and treatment under division (B) (1) (b) of 3618
this section determines that medication is necessary to restore 3619
the defendant's competency to stand trial, and if the defendant 3620
lacks the capacity to give informed consent or refuses 3621
medication, the chief clinical officer of the hospital, 3622
facility, or agency where the defendant is placed, or the 3623
managing officer of the institution, the director of the program 3624
or facility, or the person to which the defendant is committed 3625

for treatment or continuing evaluation and treatment may 3626
petition the court for authorization for the involuntary 3627
administration of medication. The court shall hold a hearing on 3628
the petition within five days of the filing of the petition if 3629
the petition was filed in a municipal court or a county court 3630
regarding an incompetent defendant charged with a misdemeanor or 3631
within ten days of the filing of the petition if the petition 3632
was filed in a court of common pleas regarding an incompetent 3633
defendant charged with a felony offense. Following the hearing, 3634
the court may authorize the involuntary administration of 3635
medication or may dismiss the petition. 3636

(2) If the court finds that the defendant is incompetent 3637
to stand trial and that, even if the defendant is provided with 3638
a course of treatment, there is not a substantial probability 3639
that the defendant will become competent to stand trial within 3640
one year, the court shall order the discharge of the defendant, 3641
unless upon motion of the prosecutor or on its own motion, the 3642
court either seeks to retain jurisdiction over the defendant 3643
pursuant to section 2945.39 of the Revised Code or files an 3644
affidavit in the probate court for the civil commitment of the 3645
defendant pursuant to Chapter 5122. or 5123. of the Revised Code 3646
alleging that the defendant is a mentally ill person subject to 3647
court order or a person with an intellectual disability subject 3648
to institutionalization by court order. If an affidavit is filed 3649
in the probate court, the trial court shall send to the probate 3650
court copies of all written reports of the defendant's mental 3651
condition that were prepared pursuant to section 2945.371 of the 3652
Revised Code. 3653

The trial court may issue the temporary order of detention 3654
that a probate court may issue under section 5122.11 or 5123.71 3655
of the Revised Code, to remain in effect until the probable 3656

cause or initial hearing in the probate court. Further 3657
proceedings in the probate court are civil proceedings governed 3658
by Chapter 5122. or 5123. of the Revised Code. 3659

(C) No defendant shall be required to undergo treatment, 3660
including any continuing evaluation and treatment, under 3661
division (B) (1) of this section for longer than whichever of the 3662
following periods is applicable: 3663

(1) One year, if the most serious offense with which the 3664
defendant is charged is one of the following offenses: 3665

(a) Aggravated murder, murder, or an offense of violence 3666
for which a sentence of death or life imprisonment may be 3667
imposed; 3668

(b) An offense of violence that is a felony of the first 3669
or second degree; 3670

(c) A conspiracy to commit, an attempt to commit, or 3671
complicity in the commission of an offense described in division 3672
(C) (1) (a) or (b) of this section if the conspiracy, attempt, or 3673
complicity is a felony of the first or second degree. 3674

(2) Six months, if the most serious offense with which the 3675
defendant is charged is a felony other than a felony described 3676
in division (C) (1) of this section; 3677

(3) Sixty days, if the most serious offense with which the 3678
defendant is charged is a misdemeanor of the first or second 3679
degree; 3680

(4) Thirty days, if the most serious offense with which 3681
the defendant is charged is a misdemeanor of the third or fourth 3682
degree, a minor misdemeanor, or an unclassified misdemeanor. 3683

(D) Any defendant who is committed pursuant to this 3684

section shall not voluntarily admit the defendant or be 3685
voluntarily admitted to a hospital or institution pursuant to 3686
section 5122.02, 5122.15, 5123.69, or 5123.76 of the Revised 3687
Code. 3688

(E) Except as otherwise provided in this division, a 3689
defendant who is charged with an offense and is committed by the 3690
court under this section to the department of mental health and 3691
addiction services or is committed to an institution or facility 3692
for the treatment of intellectual disabilities shall not be 3693
granted unsupervised on-grounds movement, supervised off-grounds 3694
movement, or nonsecured status except in accordance with the 3695
court order. The court may grant a defendant supervised off- 3696
grounds movement to obtain medical treatment or specialized 3697
habilitation treatment services if the person who supervises the 3698
treatment or the continuing evaluation and treatment of the 3699
defendant ordered under division (B)(1)(a) of this section 3700
informs the court that the treatment or continuing evaluation 3701
and treatment cannot be provided at the hospital or facility 3702
where the defendant is placed by the department of mental health 3703
and addiction services or the institution or facility to which 3704
the defendant is committed. The chief clinical officer of the 3705
hospital or facility where the defendant is placed by the 3706
department of mental health and addiction services or the 3707
managing officer of the institution or director of the facility 3708
to which the defendant is committed, or a designee of any of 3709
those persons, may grant a defendant movement to a medical 3710
facility for an emergency medical situation with appropriate 3711
supervision to ensure the safety of the defendant, staff, and 3712
community during that emergency medical situation. The chief 3713
clinical officer of the hospital or facility where the defendant 3714
is placed by the department of mental health and addiction 3715

services or the managing officer of the institution or director 3716
of the facility to which the defendant is committed shall notify 3717
the court within twenty-four hours of the defendant's movement 3718
to the medical facility for an emergency medical situation under 3719
this division. 3720

(F) The person who supervises the treatment or continuing 3721
evaluation and treatment of a defendant ordered to undergo 3722
treatment or continuing evaluation and treatment under division 3723
(B) (1) (a) of this section shall file a written report with the 3724
court at the following times: 3725

(1) Whenever the person believes the defendant is capable 3726
of understanding the nature and objective of the proceedings 3727
against the defendant and of assisting in the defendant's 3728
defense; 3729

(2) For a felony offense, fourteen days before expiration 3730
of the maximum time for treatment as specified in division (C) 3731
of this section and fourteen days before the expiration of the 3732
maximum time for continuing evaluation and treatment as 3733
specified in division (B) (1) (a) of this section, and, for a 3734
misdemeanor offense, ten days before the expiration of the 3735
maximum time for treatment, as specified in division (C) of this 3736
section; 3737

(3) At a minimum, after each six months of treatment; 3738

(4) Whenever the person who supervises the treatment or 3739
continuing evaluation and treatment of a defendant ordered under 3740
division (B) (1) (a) of this section believes that there is not a 3741
substantial probability that the defendant will become capable 3742
of understanding the nature and objective of the proceedings 3743
against the defendant or of assisting in the defendant's defense 3744

even if the defendant is provided with a course of treatment. 3745

(G) A report under division (F) of this section shall 3746
contain the examiner's findings, the facts in reasonable detail 3747
on which the findings are based, and the examiner's opinion as 3748
to the defendant's capability of understanding the nature and 3749
objective of the proceedings against the defendant and of 3750
assisting in the defendant's defense. If, in the examiner's 3751
opinion, the defendant remains incapable of understanding the 3752
nature and objective of the proceedings against the defendant 3753
and of assisting in the defendant's defense and there is a 3754
substantial probability that the defendant will become capable 3755
of understanding the nature and objective of the proceedings 3756
against the defendant and of assisting in the defendant's 3757
defense if the defendant is provided with a course of treatment, 3758
if in the examiner's opinion the defendant remains mentally ill 3759
or continues to have an intellectual disability, and if the 3760
maximum time for treatment as specified in division (C) of this 3761
section has not expired, the report also shall contain the 3762
examiner's recommendation as to the least restrictive placement 3763
or commitment alternative that is consistent with the 3764
defendant's treatment needs for restoration to competency and 3765
with the safety of the community. The court shall provide copies 3766
of the report to the prosecutor and defense counsel. 3767

(H) If a defendant is committed pursuant to division (B) 3768
(1) of this section, within ten days after the treating 3769
physician, clinical nurse specialist, or certified nurse 3770
practitioner of the defendant or the examiner of the defendant 3771
who is employed or retained by the treating facility advises 3772
that there is not a substantial probability that the defendant 3773
will become capable of understanding the nature and objective of 3774
the proceedings against the defendant or of assisting in the 3775

defendant's defense even if the defendant is provided with a 3776
course of treatment, within ten days after the expiration of the 3777
maximum time for treatment as specified in division (C) of this 3778
section, within ten days after the expiration of the maximum 3779
time for continuing evaluation and treatment as specified in 3780
division (B) (1) (a) of this section, within thirty days after a 3781
defendant's request for a hearing that is made after six months 3782
of treatment, or within thirty days after being advised by the 3783
treating physician, clinical nurse specialist, or certified 3784
nurse practitioner or examiner that the defendant is competent 3785
to stand trial, whichever is the earliest, the court shall 3786
conduct another hearing to determine if the defendant is 3787
competent to stand trial and shall do whichever of the following 3788
is applicable: 3789

(1) If the court finds that the defendant is competent to 3790
stand trial, the defendant shall be proceeded against as 3791
provided by law. 3792

(2) If the court finds that the defendant is incompetent 3793
to stand trial, but that there is a substantial probability that 3794
the defendant will become competent to stand trial if the 3795
defendant is provided with a course of treatment, and the 3796
maximum time for treatment as specified in division (C) of this 3797
section has not expired, the court, after consideration of the 3798
examiner's recommendation, shall order that treatment be 3799
continued, may change the facility or program at which the 3800
treatment is to be continued, and shall specify whether the 3801
treatment is to be continued at the same or a different facility 3802
or program. 3803

(3) If the court finds that the defendant is incompetent 3804
to stand trial, if the defendant is charged with an offense 3805

listed in division (C)(1) of this section, and if the court 3806
finds that there is not a substantial probability that the 3807
defendant will become competent to stand trial even if the 3808
defendant is provided with a course of treatment, or if the 3809
maximum time for treatment relative to that offense as specified 3810
in division (C) of this section has expired, further proceedings 3811
shall be as provided in sections 2945.39, 2945.401, and 2945.402 3812
of the Revised Code. 3813

(4) If the court finds that the defendant is incompetent 3814
to stand trial, if the most serious offense with which the 3815
defendant is charged is a misdemeanor or a felony other than a 3816
felony listed in division (C)(1) of this section, and if the 3817
court finds that there is not a substantial probability that the 3818
defendant will become competent to stand trial even if the 3819
defendant is provided with a course of treatment, or if the 3820
maximum time for treatment relative to that offense as specified 3821
in division (C) of this section has expired, the court shall 3822
dismiss the indictment, information, or complaint against the 3823
defendant. A dismissal under this division is not a bar to 3824
further prosecution based on the same conduct. The court shall 3825
discharge the defendant unless the court or prosecutor files an 3826
affidavit in probate court for civil commitment pursuant to 3827
Chapter 5122. or 5123. of the Revised Code. If an affidavit for 3828
civil commitment is filed, the court may detain the defendant 3829
for ten days pending civil commitment and shall send to the 3830
probate court copies of all written reports of the defendant's 3831
mental condition prepared pursuant to section 2945.371 of the 3832
Revised Code. 3833

All of the following provisions apply to persons charged 3834
with a misdemeanor or a felony other than a felony listed in 3835
division (C)(1) of this section who are committed by the probate 3836

court subsequent to the court's or prosecutor's filing of an affidavit for civil commitment under authority of this division:

(a) The chief clinical officer of the entity, hospital, or facility, the managing officer of the institution, the director of the program, or the person to which the defendant is committed or admitted shall do all of the following:

(i) Notify the prosecutor, in writing, of the discharge of the defendant, send the notice at least ten days prior to the discharge unless the discharge is by the probate court, and state in the notice the date on which the defendant will be discharged;

(ii) Notify the prosecutor, in writing, when the defendant is absent without leave or is granted unsupervised, off-grounds movement, and send this notice promptly after the discovery of the absence without leave or prior to the granting of the unsupervised, off-grounds movement, whichever is applicable;

(iii) Notify the prosecutor, in writing, of the change of the defendant's commitment or admission to voluntary status, send the notice promptly upon learning of the change to voluntary status, and state in the notice the date on which the defendant was committed or admitted on a voluntary status.

(b) Upon receiving notice that the defendant will be granted unsupervised, off-grounds movement, the prosecutor either shall re-indict the defendant or promptly notify the court that the prosecutor does not intend to prosecute the charges against the defendant.

(I) If a defendant is convicted of a crime and sentenced to a jail or workhouse, the defendant's sentence shall be reduced by the total number of days the defendant is confined

for evaluation to determine the defendant's competence to stand 3866
trial or treatment under this section and sections 2945.37 and 3867
2945.371 of the Revised Code or by the total number of days the 3868
defendant is confined for evaluation to determine the 3869
defendant's mental condition at the time of the offense charged. 3870

Sec. 2967.05. (A) As used in this section: 3871

(1) "Imminent danger of death" means that the inmate has a 3872
medically diagnosable condition that will cause death to occur 3873
within a short period of time. 3874

As used in division (A) (1) of this section, "within a 3875
short period of time" means generally within six months. 3876

(2) (a) "Medically incapacitated" means any diagnosable 3877
medical condition, including mental dementia and severe, 3878
permanent medical or cognitive disability, that prevents the 3879
inmate from completing activities of daily living without 3880
significant assistance, that incapacitates the inmate to the 3881
extent that institutional confinement does not offer additional 3882
restrictions, that is likely to continue throughout the entire 3883
period of parole, and that is unlikely to improve noticeably. 3884

(b) "Medically incapacitated" does not include conditions 3885
related solely to mental illness unless the mental illness is 3886
accompanied by injury, disease, or organic defect. 3887

(3) (a) "Terminal illness" means a condition that satisfies 3888
all of the following criteria: 3889

(i) The condition is irreversible and incurable and is 3890
caused by disease, illness, or injury from which the inmate is 3891
unlikely to recover. 3892

(ii) In accordance with reasonable medical standards and a 3893

reasonable degree of medical certainty, the condition is likely 3894
to cause death to the inmate within twelve months. 3895

(iii) Institutional confinement of the inmate does not 3896
offer additional protections for public safety or against the 3897
inmate's risk to reoffend. 3898

(b) The department of rehabilitation and correction shall 3899
adopt rules pursuant to Chapter 119. of the Revised Code to 3900
implement the definition of "terminal illness" in division (A) 3901
(3) (a) of this section. 3902

(B) Upon the recommendation of the director of 3903
rehabilitation and correction, accompanied by a certificate of 3904
the attending physician, clinical nurse specialist, or certified 3905
nurse practitioner that an inmate is terminally ill, medically 3906
incapacitated, or in imminent danger of death, the governor may 3907
order the inmate's release as if on parole, reserving the right 3908
to return the inmate to the institution pursuant to this 3909
section. If, subsequent to the inmate's release, the inmate's 3910
health improves so that the inmate is no longer terminally ill, 3911
medically incapacitated, or in imminent danger of death, the 3912
inmate shall be returned, by order of the governor, to the 3913
institution from which the inmate was released. If the inmate 3914
violates any rules or conditions applicable to the inmate, the 3915
inmate may be returned to an institution under the control of 3916
the department of rehabilitation and correction. The governor 3917
may direct the adult parole authority to investigate or cause to 3918
be investigated the inmate and make a recommendation. An inmate 3919
released under this section shall be subject to supervision by 3920
the adult parole authority in accordance with any recommendation 3921
of the adult parole authority that is approved by the governor. 3922
The adult parole authority shall adopt rules pursuant to section 3923

119.03 of the Revised Code to establish the procedure for 3924
medical release of an inmate when an inmate is terminally ill, 3925
medically incapacitated, or in imminent danger of death. 3926

(C) No inmate is eligible for release under this section 3927
if the inmate is serving a death sentence, a sentence of life 3928
without parole, a sentence under Chapter 2971. of the Revised 3929
Code for a felony of the first or second degree, a sentence for 3930
aggravated murder or murder, or a mandatory prison term for an 3931
offense of violence or any specification described in Chapter 3932
2941. of the Revised Code. 3933

Sec. 3101.05. (A) The parties to a marriage shall make an 3934
application for a marriage license. Each of the persons seeking 3935
a marriage license shall personally appear in the probate court 3936
within the county where either resides, or, if neither is a 3937
resident of this state, where the marriage is expected to be 3938
solemnized. If neither party is a resident of this state, the 3939
marriage may be solemnized only in the county where the license 3940
is obtained. Each party shall make application and shall state 3941
upon oath, the party's name, age, residence, place of birth, 3942
occupation, father's name, and mother's maiden name, if known, 3943
and the name of the person who is expected to solemnize the 3944
marriage. If either party has been previously married, the 3945
application shall include the names of the parties to any 3946
previous marriage and of any minor children, and if divorced the 3947
jurisdiction, date, and case number of the decree. If either 3948
applicant is the age of seventeen years, the judge shall require 3949
the applicants to state that they received marriage counseling 3950
satisfactory to the court. Except as otherwise provided in this 3951
division, the application also shall include each party's social 3952
security number. In lieu of requiring each party's social 3953
security number on the application, the court may obtain each 3954

party's social security number, retain the social security 3955
numbers in a separate record, and allow a number other than the 3956
social security number to be used on the application for 3957
reference purposes. If a court allows the use of a number other 3958
than the social security number to be used on the application 3959
for reference purposes, the record containing the social 3960
security number is not a public record, except that, in any of 3961
the circumstances set forth in divisions (C) (1) to (5) of 3962
section 3101.051 of the Revised Code, the record containing the 3963
social security number shall be made available for inspection 3964
under section 149.43 of the Revised Code. 3965

Immediately upon receipt of an application for a marriage 3966
license, the court shall place the parties' record in a book 3967
kept for that purpose. If the probate judge is satisfied that 3968
there is no legal impediment and if one or both of the parties 3969
are present, the probate judge shall grant the marriage license. 3970

If the judge is satisfied from the affidavit of a 3971
reputable physician, clinical nurse specialist, or certified 3972
nurse practitioner in active practice and residing in the county 3973
where the probate court is located, that one of the parties is 3974
unable to appear in court, by reason of illness or other 3975
physical disability, a marriage license may be granted upon 3976
application and oath of the other party to the contemplated 3977
marriage; but in that case the person who is unable to appear in 3978
court, at the time of making application for a marriage license, 3979
shall make and file in that court, an affidavit setting forth 3980
the information required of applicants for a marriage license. 3981

A probate judge may grant a marriage license under this 3982
section at any time after the application is made. 3983

A marriage license issued shall not display the social 3984

security number of either party to the marriage. 3985

Each person seeking a marriage license shall present 3986
documentary proof of age in the form of any one of the 3987
following: 3988

(1) A copy of a birth record; 3989

(2) A birth certificate issued by the department of 3990
health, a local registrar of vital statistics, or other public 3991
office charged with similar duties by the laws of another state, 3992
territory, or country; 3993

(3) A baptismal record showing the person's date of birth; 3994

(4) A passport; 3995

(5) A license or permit to operate a motor vehicle as 3996
defined under section 4501.01 of the Revised Code; 3997

(6) Any government- or school-issued identification card 3998
showing the person's date of birth; 3999

(7) An immigration record showing the person's date of 4000
birth; 4001

(8) A naturalization record showing the person's date of 4002
birth; 4003

(9) A court record or any other document or record issued 4004
by a governmental entity showing the person's date of birth. 4005

(B) An applicant for a marriage license who knowingly 4006
makes a false statement in an application or affidavit 4007
prescribed by this section is guilty of falsification under 4008
section 2921.13 of the Revised Code. 4009

(C) No licensing officer shall issue a marriage license if 4010
the officer has not received the application, affidavit, or 4011

other statements prescribed by this section or if the officer 4012
has reason to believe that any of the statements in a marriage 4013
license application or in an affidavit prescribed by this 4014
section are false. 4015

(D) Any fine collected for violation of this section shall 4016
be paid to the use of the county together with the costs of 4017
prosecution. 4018

Sec. 3105.091. (A) At any time after thirty days from the 4019
service of summons or first publication of notice in an action 4020
for divorce, annulment, or legal separation, or at any time 4021
after the filing of a petition for dissolution of marriage, the 4022
court of common pleas, upon its own motion or the motion of one 4023
of the parties, may order the parties to undergo conciliation 4024
for the period of time not exceeding ninety days as the court 4025
specifies, and, if children are involved in the proceeding, the 4026
court may order the parties to take part in family counseling 4027
during the course of the proceeding or for any reasonable period 4028
of time as directed by the court. An order requiring 4029
conciliation shall set forth the conciliation procedure and name 4030
the conciliator. The conciliation procedures may include without 4031
limitation referrals to the conciliation judge as provided in 4032
Chapter 3117. of the Revised Code, public or private marriage 4033
counselors, family service agencies, community health services, 4034
physicians, clinical nurse specialists, certified nurse 4035
practitioners, licensed psychologists, or ~~clergymen~~ members of 4036
the clergy. The court, in its order requiring the parties to 4037
undergo family counseling, may name the counselor and shall set 4038
forth the required type of counseling, the length of time for 4039
the counseling, and any other specific conditions required by 4040
it. The court shall direct and order the manner in which the 4041
costs of any conciliation procedures and of any family 4042

counseling are to be paid. 4043

(B) No action for divorce, annulment, or legal separation, 4044
in which conciliation or family counseling has been ordered, 4045
shall be heard or decided until the conciliation or family 4046
counseling has concluded and been reported to the court. 4047

Sec. 3111.12. (A) In an action under sections 3111.01 to 4048
3111.18 of the Revised Code, the mother of the child and the 4049
alleged father are competent to testify and may be compelled to 4050
testify by subpoena. If a witness refuses to testify upon the 4051
ground that the testimony or evidence of the witness might tend 4052
to incriminate the witness and the court compels the witness to 4053
testify, the court may grant the witness immunity from having 4054
the testimony of the witness used against the witness in 4055
subsequent criminal proceedings. 4056

(B) Testimony of a physician or certified nurse-midwife 4057
concerning the medical circumstances of the mother's pregnancy 4058
and the condition and characteristics of the child upon birth is 4059
not privileged. 4060

(C) Testimony relating to sexual access to the mother by a 4061
man at a time other than the probable time of conception of the 4062
child is inadmissible in evidence, unless offered by the mother. 4063

(D) If, pursuant to section 3111.09 of the Revised Code, a 4064
court orders genetic tests to be conducted, orders disclosure of 4065
information regarding a DNA record stored in the DNA database 4066
pursuant to section 109.573 of the Revised Code, or intends to 4067
use a report of genetic test results obtained from tests 4068
conducted pursuant to former section 3111.21 or 3111.22 or 4069
sections 3111.38 to 3111.54 of the Revised Code, a party may 4070
object to the admission into evidence of any of the genetic test 4071

results or of the DNA record information by filing a written 4072
objection with the court that ordered the tests or disclosure or 4073
intends to use a report of genetic test results. The party shall 4074
file the written objection with the court no later than fourteen 4075
days after the report of the test results or the DNA record 4076
information is mailed to the attorney of record of a party or to 4077
a party. The party making the objection shall send a copy of the 4078
objection to all parties. 4079

If a party files a written objection, the report of the 4080
test results or the DNA record information shall be admissible 4081
into evidence as provided by the Rules of Evidence. If a written 4082
objection is not filed, the report of the test results or the 4083
DNA record information shall be admissible into evidence without 4084
the need for foundation testimony or other proof of authenticity 4085
or accuracy. 4086

(E) If a party intends to introduce into evidence invoices 4087
or other documents showing amounts expended to cover pregnancy 4088
and confinement and genetic testing, the party shall notify all 4089
other parties in writing of that intent and include copies of 4090
the invoices and documents. A party may object to the admission 4091
into evidence of the invoices or documents by filing a written 4092
objection with the court that is hearing the action no later 4093
than fourteen days after the notice and the copies of the 4094
invoices and documents are mailed to the attorney of record of 4095
each party or to each party. 4096

If a party files a written objection, the invoices and 4097
other documents shall be admissible into evidence as provided by 4098
the Rules of Evidence. If a written objection is not filed, the 4099
invoices or other documents are admissible into evidence without 4100
the need for foundation testimony or other evidence of 4101

authenticity or accuracy. 4102

(F) A juvenile court or other court with jurisdiction 4103
under section 2101.022 or 2301.03 of the Revised Code shall give 4104
priority to actions under sections 3111.01 to 3111.18 of the 4105
Revised Code and shall issue an order determining the existence 4106
or nonexistence of a parent and child relationship no later than 4107
one hundred twenty days after the date on which the action was 4108
brought in the juvenile court or other court with jurisdiction. 4109

Sec. 3111.90. (A) A non-spousal artificial insemination 4110
shall be performed by a one of the following: 4111

(1) A physician or a; 4112

(2) A certified nurse-midwife; 4113

(3) A clinical nurse specialist specializing in women's 4114
health; 4115

(4) A certified nurse practitioner specializing in women's 4116
health; 4117

(5) A person who is under the supervision and control of a 4118
physician person described in divisions (A) (1) to (4) of this 4119
section. Supervision- 4120

(B) For purposes of division (A) (5) of this section, 4121
supervision requires the availability of a physician for person 4122
described in divisions (A) (1) to (4) of this section to provide 4123
consultation and direction, but does not necessarily require the 4124
personal presence of the physician or nurse who is providing the 4125
supervision. 4126

Sec. 3111.93. (A) Prior to a non-spousal artificial 4127
insemination, the physician, certified nurse-midwife, clinical 4128
nurse specialist, or certified nurse practitioner associated 4129

with it shall do the following: 4130

(1) Obtain the written consent of the recipient on a form 4131
that the physician or nurse shall provide. The written consent 4132
shall contain all of the following: 4133

(a) The name and address of the recipient and, if married, 4134
her husband; 4135

(b) The name of the physician or nurse; 4136

(c) The proposed location of the performance of the 4137
artificial insemination; 4138

(d) A statement that the recipient and, if married, her 4139
husband consent to the artificial insemination; 4140

(e) If desired, a statement that the recipient and, if 4141
married, her husband consent to more than one artificial 4142
insemination if necessary; 4143

(f) A statement that the donor shall not be advised by the 4144
physician, nurse, or another person performing the artificial 4145
insemination as to the identity of the recipient or, if married, 4146
her husband and that the recipient and, if married, her husband 4147
shall not be advised by the physician, nurse, or another person 4148
performing the artificial insemination as to the identity of the 4149
donor; 4150

(g) A statement that the physician or nurse is to obtain 4151
necessary semen from a donor and, subject to any agreed upon 4152
provision as described in division (A) (1) (n) of this section, 4153
that the recipient and, if married, her husband shall rely upon 4154
the judgment and discretion of the physician or nurse in this 4155
regard; 4156

(h) A statement that the recipient and, if married, her 4157

husband understand that the physician or nurse cannot be 4158
responsible for the physical or mental characteristics of any 4159
child resulting from the artificial insemination; 4160

(i) A statement that there is no guarantee that the 4161
recipient will become pregnant as a result of the artificial 4162
insemination; 4163

(j) A statement that the artificial insemination shall 4164
occur in compliance with sections 3111.88 to 3111.96 of the 4165
Revised Code; 4166

(k) A brief summary of the paternity consequences of the 4167
artificial insemination as set forth in section 3111.95 of the 4168
Revised Code; 4169

(l) The signature of the recipient and, if married, her 4170
husband; 4171

(m) If agreed to, a statement that the artificial 4172
insemination will be performed by a person who is under the 4173
supervision and control of the physician or nurse; 4174

(n) Any other provision that the physician or nurse, the 4175
recipient, and, if married, her husband agree to include. 4176

(2) Upon request, provide the recipient and, if married, 4177
her husband with the following information to the extent the 4178
physician or nurse has knowledge of it: 4179

(a) The medical history of the donor, including, but not 4180
limited to, any available genetic history of the donor and 4181
persons related to him by consanguinity, the blood type of the 4182
donor, and whether he has an RH factor; 4183

(b) The race, eye and hair color, age, height, and weight 4184
of the donor; 4185

(c) The educational attainment and talents of the donor; 4186

(d) The religious background of the donor; 4187

(e) Any other information that the donor has indicated may 4188
be disclosed. 4189

(B) After each non-spousal artificial insemination of a 4190
woman, the physician, certified nurse-midwife, clinical nurse 4191
specialist, or certified nurse practitioner associated with it 4192
shall note the date of the artificial insemination in the 4193
physician's or nurse's records pertaining to the woman and the 4194
artificial insemination, and retain this information as provided 4195
in section 3111.94 of the Revised Code. 4196

Sec. 3111.94. (A) The physician, certified nurse-midwife, 4197
clinical nurse specialist, or certified nurse practitioner who 4198
is associated with a non-spousal artificial insemination shall 4199
place the written consent obtained pursuant to division (A) (1) 4200
of section 3111.93 of the Revised Code, information provided to 4201
the recipient and, if married, her husband pursuant to division 4202
(A) (2) of that section, other information concerning the donor 4203
that the physician or nurse possesses, and other matters 4204
concerning the artificial insemination in a file that shall bear 4205
the name of the recipient. This file shall be retained by the 4206
physician or nurse in the physician's or nurse's office separate 4207
from any regular medical chart of the recipient, and shall be 4208
confidential, except as provided in divisions (B) and (C) of 4209
this section. This file is not a public record under section 4210
149.43 of the Revised Code. 4211

(B) The written consent form and information provided to 4212
the recipient and, if married, her husband pursuant to division 4213
(A) (2) of section 3111.93 of the Revised Code shall be open to 4214

inspection only until the child born as the result of the non- 4215
spousal artificial insemination is twenty-one years of age, and 4216
only to the recipient or, if married, her husband upon request 4217
to the physician. 4218

(C) Information pertaining to the donor that was not 4219
provided to the recipient and, if married, her husband pursuant 4220
to division (A) (2) of section 3111.93 of the Revised Code and 4221
that the physician, certified nurse-midwife, clinical nurse 4222
specialist, or certified nurse practitioner possesses shall be 4223
kept in the file pertaining to the non-spousal artificial 4224
insemination for at least five years from the date of the 4225
artificial insemination. At the expiration of this period, the 4226
physician or nurse may destroy such information or retain it in 4227
the file. 4228

The physician or nurse shall not make this information 4229
available for inspection by any person during the five-year 4230
period or, if the physician or nurse retains the information 4231
after the expiration of that period, at any other time, unless 4232
the following apply: 4233

(1) A child is born as a result of the artificial 4234
insemination, an action is filed by the recipient, her husband 4235
if she is married, or a guardian of the child in the domestic 4236
relations division or, if there is no domestic relations 4237
division, the general division of the court of common pleas of 4238
the county in which the office of the physician or nurse is 4239
located, the child is not twenty-one years of age or older, and 4240
the court pursuant to division (C) (2) of this section issues an 4241
order authorizing the inspection of specified types of 4242
information by the recipient, husband, or guardian; 4243

(2) Prior to issuing an order authorizing an inspection of 4244

information, the court shall determine, by clear and convincing 4245
evidence, that the information that the recipient, husband, or 4246
guardian wishes to inspect is necessary for or helpful in the 4247
medical treatment of the child born as a result of the 4248
artificial insemination, and shall determine which types of 4249
information in the file are germane to the medical treatment and 4250
are to be made available for inspection by the recipient, 4251
husband, or guardian in that regard. An order only shall 4252
authorize the inspection of information germane to the medical 4253
treatment of the child. 4254

Sec. 3111.96. The failure of a physician, certified nurse- 4255
midwife, clinical nurse specialist, certified nurse 4256
practitioner, or person under the supervision and control of a 4257
physician, certified nurse-midwife, clinical nurse specialist, 4258
or certified nurse practitioner to comply with the applicable 4259
requirements of sections 3111.88 to 3111.95 of the Revised Code 4260
shall not affect the legal status, rights, or obligations of a 4261
child conceived as a result of a non-spousal artificial 4262
insemination, a recipient, a husband who consented to the non- 4263
spousal artificial insemination of his wife, or the donor. If a 4264
recipient who is married and her husband make a good faith 4265
effort to execute a written consent that is in compliance with 4266
section 3111.93 of the Revised Code relative to a non-spousal 4267
artificial insemination, the failure of the written consent to 4268
so comply shall not affect the paternity consequences set forth 4269
in division (A) of section 3111.95 of the Revised Code. 4270

Sec. 3119.05. When a court computes the amount of child 4271
support required to be paid under a court child support order or 4272
a child support enforcement agency computes the amount of child 4273
support to be paid pursuant to an administrative child support 4274
order, all of the following apply: 4275

(A) The parents' current and past income and personal 4276
earnings shall be verified by electronic means or with suitable 4277
documents, including, but not limited to, paystubs, employer 4278
statements, receipts and expense vouchers related to self- 4279
generated income, tax returns, and all supporting documentation 4280
and schedules for the tax returns. 4281

(B) The annual amount of any court-ordered spousal support 4282
actually paid, excluding any ordered payment on arrears, shall 4283
be deducted from the annual income of that parent to the extent 4284
that payment of that court-ordered spousal support is verified 4285
by supporting documentation. 4286

(C) The court or agency shall adjust the amount of child 4287
support paid by a parent to give credit for children not 4288
included in the current calculation. When calculating the 4289
adjusted amount, the court or agency shall use the schedule and 4290
do the following: 4291

(1) Determine the amount of child support that each parent 4292
would be ordered to pay for all children for whom the parent has 4293
the legal duty to support, according to each parent's annual 4294
income. If the number of children subject to the order is 4295
greater than six, multiply the amount for three children in 4296
accordance with division (C)(4) of this section to determine the 4297
amount of child support. 4298

(2) Compute a child support credit amount for each 4299
parent's children who are not subject to this order by dividing 4300
the amount determined in division (C)(1) of this section by the 4301
total number of children whom the parent is obligated to support 4302
and multiplying that number by the number of the parent's 4303
children who are not subject to this order. 4304

(3) Determine the adjusted income of the parents by 4305
subtracting the credit for minor children not subject to this 4306
order computed under division (C) (2) of this section, from the 4307
annual income of each parent for the children each has a duty to 4308
support that are not subject to this order. 4309

(4) If the number of children is greater than six, 4310
multiply the amount for three children by: 4311

(a) 1.440 for seven children; 4312

(b) 1.540 for eight children; 4313

(c) 1.638 for nine children; 4314

(d) 1.734 for ten children; 4315

(e) 1.827 for eleven children; 4316

(f) 1.919 for twelve children; 4317

(g) 2.008 for thirteen children; 4318

(h) 2.096 for fourteen children; 4319

(i) 2.182 for more than fourteen children. 4320

(D) When the court or agency calculates the annual income 4321
of a parent, it shall include the lesser of the following as 4322
income from overtime and bonuses: 4323

(1) The yearly average of all overtime, commissions, and 4324
bonuses received during the three years immediately prior to the 4325
time when the person's child support obligation is being 4326
computed; 4327

(2) The total overtime, commissions, and bonuses received 4328
during the year immediately prior to the time when the person's 4329
child support obligation is being computed. 4330

(E) When the court or agency calculates the annual income 4331
of a parent, it shall not include any income earned by the 4332
spouse of that parent. 4333

(F) The court shall issue a separate medical support order 4334
for extraordinary medical expenses, including orthodontia, 4335
dental, optical, and psychological services. 4336

If the court makes an order for payment of private 4337
education, and other appropriate expenses, it shall do so by 4338
issuing a separate order. 4339

The court may consider these expenses in adjusting a child 4340
support order. 4341

(G) When a court or agency calculates the amount of child 4342
support to be paid pursuant to a court child support order or an 4343
administrative child support order, the following shall apply: 4344

(1) The court or agency shall apply the basic child 4345
support schedule to the parents' combined annual incomes and to 4346
each parent's individual income. 4347

(2) If the combined annual income of both parents or the 4348
individual annual income of a parent is an amount that is 4349
between two amounts set forth in the first column of the 4350
schedule, the court or agency may use the basic child support 4351
obligation that corresponds to the higher of the two amounts in 4352
the first column of the schedule, use the basic child support 4353
obligation that corresponds to the lower of the two amounts in 4354
the first column of the schedule, or calculate a basic child 4355
support obligation that is between those two amounts and 4356
corresponds proportionally to the parents' actual combined 4357
annual income or the individual parent's annual income. 4358

(3) If the annual individual income of either or both of 4359

the parents is within the self-sufficiency reserve in the basic 4360
child support schedule, the court or agency shall do both of the 4361
following: 4362

(a) Calculate the basic child support obligation for the 4363
parents using the schedule amount applicable to the combined 4364
annual income and the schedule amount applicable to the income 4365
in the self-sufficiency reserve; 4366

(b) Determine the lesser of the following amounts to be 4367
the applicable basic child support obligation: 4368

(i) The amount that results from using the combined annual 4369
income of the parents not in the self-sufficiency reserve of the 4370
schedule; or 4371

(ii) The amount that results from using the individual 4372
parent's income within the self-sufficiency reserve of the 4373
schedule. 4374

(H) When the court or agency calculates annual income, the 4375
court or agency, when appropriate, may average income over a 4376
reasonable period of years. 4377

(I) Unless it would be unjust or inappropriate and 4378
therefore not in the best interests of the child, a court or 4379
agency shall not determine a parent to be voluntarily unemployed 4380
or underemployed and shall not impute income to that parent if 4381
any of the following conditions exist: 4382

(1) The parent is receiving recurring monetary income from 4383
means-tested public assistance benefits, including cash 4384
assistance payments under the Ohio works first program 4385
established under Chapter 5107. of the Revised Code, general 4386
assistance under former Chapter 5113. of the Revised Code, 4387
supplemental security income, or means-tested veterans' 4388

benefits; 4389

(2) The parent is approved for social security disability 4390
insurance benefits because of a mental or physical disability, 4391
or the court or agency determines that the parent is unable to 4392
work based on medical documentation that includes ~~a physician's~~ 4393
the diagnosis of a physician, certified nurse-midwife, clinical 4394
nurse specialist, or certified nurse practitioner and ~~a the~~ 4395
physician's or nurse's opinion regarding the parent's mental or 4396
physical disability and inability to work. 4397

(3) The parent has proven that the parent has made 4398
continuous and diligent efforts without success to find and 4399
accept employment, including temporary employment, part-time 4400
employment, or employment at less than the parent's previous 4401
salary or wage. 4402

(4) The parent is complying with court-ordered family 4403
reunification efforts in a child abuse, neglect, or dependency 4404
proceeding, to the extent that compliance with those efforts 4405
limits the parent's ability to earn income. 4406

(5) The parent is institutionalized for a period of twelve 4407
months or more with no other available income or assets. 4408

(J) When a court or agency calculates the income of a 4409
parent, it shall not determine a parent to be voluntarily 4410
unemployed or underemployed and shall not impute income to that 4411
parent if the parent is incarcerated. 4412

(K) When a court or agency requires a parent to pay an 4413
amount for that parent's failure to support a child for a period 4414
of time prior to the date the court modifies or issues a court 4415
child support order or an agency modifies or issues an 4416
administrative child support order for the current support of 4417

the child, the court or agency shall calculate that amount using 4418
the basic child support schedule, worksheets, and child support 4419
laws in effect, and the incomes of the parents as they existed, 4420
for that prior period of time. 4421

(L) A court or agency may disregard a parent's additional 4422
income from overtime or additional employment when the court or 4423
agency finds that the additional income was generated primarily 4424
to support a new or additional family member or members, or 4425
under other appropriate circumstances. 4426

(M) If both parents involved in the immediate child 4427
support determination have a prior order for support relative to 4428
a minor child or children born to both parents, the court or 4429
agency shall collect information about the existing order or 4430
orders and consider those together with the current calculation 4431
for support to ensure that the total of all orders for all 4432
children of the parties does not exceed the amount that would 4433
have been ordered if all children were addressed in a single 4434
judicial or administrative proceeding. 4435

(N) A support obligation of a parent with annual income 4436
subject to the self-sufficiency reserve of the basic child 4437
support schedule shall not exceed the support obligation that 4438
would result from application of the schedule without the 4439
reserve. 4440

(O) Any non-means tested benefit received by the child or 4441
children subject to the order resulting from the claims of 4442
either parent shall be deducted from that parent's annual child 4443
support obligation after all other adjustments have been made. 4444
If that non-means tested benefit exceeds the child support 4445
obligation of the parent from whose claim the benefit is 4446
realized, the child support obligation for that parent shall be 4447

zero. 4448

(P) As part of the child support calculation, the parents 4449
shall be ordered to share the costs of child care. Subject to 4450
the limitations in this division, a child support obligor shall 4451
pay an amount equal to the obligor's income share of the child 4452
care cost incurred for the child or children subject to the 4453
order. 4454

(1) The child care cost used in the calculation: 4455

(a) Shall be for the child determined to be necessary to 4456
allow a parent to work, or for activities related to employment 4457
training; 4458

(b) Shall be verifiable by credible evidence as determined 4459
by a court or child support enforcement agency; 4460

(c) Shall exclude any reimbursed or subsidized child care 4461
cost, including any state or federal tax credit for child care 4462
available to the parent or caretaker, whether or not claimed 4463

(d) Shall not exceed the maximum state-wide average cost 4464
estimate as determined in accordance with 45 C.F.R. 98.45. 4465

(2) When the annual income of the obligor is subject to 4466
the self-sufficiency reserve of the basic support schedule, the 4467
share of the child care cost paid by the obligor shall be equal 4468
to the lower of the obligor's income share of the child care 4469
cost, or fifty per cent of the child care cost. 4470

(Q) As used in this section, a parent is considered 4471
"incarcerated" if the parent is confined under a sentence 4472
imposed for an offense or serving a term of imprisonment, jail, 4473
or local incarceration, or other term under a sentence imposed 4474
by a government entity authorized to order such confinement. 4475

Sec. 3119.54. A party to a child support order issued in 4476
accordance with section 3119.30 of the Revised Code shall notify 4477
any physician, clinical nurse specialist, certified nurse 4478
practitioner, hospital, or other provider of medical services 4479
that provides medical services to the child who is the subject 4480
of the child support order of the number of any health insurance 4481
or health care policy, contract, or plan that covers the child 4482
if the child is eligible for medicaid. The party shall include 4483
in the notice the name and address of the insurer. Any 4484
physician, clinical nurse specialist, certified nurse 4485
practitioner, hospital, or other provider of medical services 4486
covered by the medicaid program who is notified under this 4487
section of the existence of a health insurance or health care 4488
policy, contract, or plan with coverage for children who are 4489
eligible for medicaid shall first bill the insurer for any 4490
services provided for those children. If the insurer fails to 4491
pay all or any part of a claim filed under this section and the 4492
services for which the claim is filed are covered by the 4493
medicaid program, the physician, clinical nurse specialist, 4494
certified nurse practitioner, hospital, or other medical 4495
services provider shall bill the remaining unpaid costs of the 4496
services to the medicaid program. 4497

Sec. 3301.0711. (A) The department of education shall: 4498

(1) Annually furnish to, grade, and score all assessments 4499
required by divisions (A) (1) and (B) (1) of section 3301.0710 of 4500
the Revised Code to be administered by city, local, exempted 4501
village, and joint vocational school districts, except that each 4502
district shall score any assessment administered pursuant to 4503
division (B) (10) of this section. Each assessment so furnished 4504
shall include the data verification code of the student to whom 4505
the assessment will be administered, as assigned pursuant to 4506

division (D) (2) of section 3301.0714 of the Revised Code. In 4507
furnishing the practice versions of Ohio graduation tests 4508
prescribed by division (D) of section 3301.0710 of the Revised 4509
Code, the department shall make the tests available on its web 4510
site for reproduction by districts. In awarding contracts for 4511
grading assessments, the department shall give preference to 4512
Ohio-based entities employing Ohio residents. 4513

(2) Adopt rules for the ethical use of assessments and 4514
prescribing the manner in which the assessments prescribed by 4515
section 3301.0710 of the Revised Code shall be administered to 4516
students. 4517

(B) Except as provided in divisions (C) and (J) of this 4518
section, the board of education of each city, local, and 4519
exempted village school district shall, in accordance with rules 4520
adopted under division (A) of this section: 4521

(1) Administer the English language arts assessments 4522
prescribed under division (A) (1) (a) of section 3301.0710 of the 4523
Revised Code twice annually to all students in the third grade 4524
who have not attained the score designated for that assessment 4525
under division (A) (2) (c) of section 3301.0710 of the Revised 4526
Code. 4527

(2) Administer the mathematics assessment prescribed under 4528
division (A) (1) (a) of section 3301.0710 of the Revised Code at 4529
least once annually to all students in the third grade. 4530

(3) Administer the assessments prescribed under division 4531
(A) (1) (b) of section 3301.0710 of the Revised Code at least once 4532
annually to all students in the fourth grade. 4533

(4) Administer the assessments prescribed under division 4534
(A) (1) (c) of section 3301.0710 of the Revised Code at least once 4535

annually to all students in the fifth grade. 4536

(5) Administer the assessments prescribed under division 4537
(A) (1) (d) of section 3301.0710 of the Revised Code at least once 4538
annually to all students in the sixth grade. 4539

(6) Administer the assessments prescribed under division 4540
(A) (1) (e) of section 3301.0710 of the Revised Code at least once 4541
annually to all students in the seventh grade. 4542

(7) Administer the assessments prescribed under division 4543
(A) (1) (f) of section 3301.0710 of the Revised Code at least once 4544
annually to all students in the eighth grade. 4545

(8) Except as provided in division (B) (9) of this section, 4546
administer any assessment prescribed under division (B) (1) of 4547
section 3301.0710 of the Revised Code as follows: 4548

(a) At least once annually to all tenth grade students and 4549
at least twice annually to all students in eleventh or twelfth 4550
grade who have not yet attained the score on that assessment 4551
designated under that division; 4552

(b) To any person who has successfully completed the 4553
curriculum in any high school or the individualized education 4554
program developed for the person by any high school pursuant to 4555
section 3323.08 of the Revised Code but has not received a high 4556
school diploma and who requests to take such assessment, at any 4557
time such assessment is administered in the district. 4558

(9) In lieu of the board of education of any city, local, 4559
or exempted village school district in which the student is also 4560
enrolled, the board of a joint vocational school district shall 4561
administer any assessment prescribed under division (B) (1) of 4562
section 3301.0710 of the Revised Code at least twice annually to 4563
any student enrolled in the joint vocational school district who 4564

has not yet attained the score on that assessment designated 4565
under that division. A board of a joint vocational school 4566
district may also administer such an assessment to any student 4567
described in division (B) (8) (b) of this section. 4568

(10) If the district has a three-year average graduation 4569
rate of not more than seventy-five per cent, administer each 4570
assessment prescribed by division (D) of section 3301.0710 of 4571
the Revised Code in September to all ninth grade students who 4572
entered ninth grade prior to July 1, 2014. 4573

Except as provided in section 3313.614 of the Revised Code 4574
for administration of an assessment to a person who has 4575
fulfilled the curriculum requirement for a high school diploma 4576
but has not passed one or more of the required assessments, the 4577
assessments prescribed under division (B) (1) of section 4578
3301.0710 of the Revised Code shall not be administered after 4579
the date specified in the rules adopted by the state board of 4580
education under division (D) (1) of section 3301.0712 of the 4581
Revised Code. 4582

(11) (a) Except as provided in divisions (B) (11) (b) and (c) 4583
of this section, administer the assessments prescribed by 4584
division (B) (2) of section 3301.0710 and section 3301.0712 of 4585
the Revised Code in accordance with the timeline and plan for 4586
implementation of those assessments prescribed by rule of the 4587
state board adopted under division (D) (1) of section 3301.0712 4588
of the Revised Code; 4589

(b) A student who has presented evidence to the district 4590
or school of having satisfied the condition prescribed by 4591
division (A) (1) of section 3313.618 of the Revised Code to 4592
qualify for a high school diploma prior to the date of the 4593
administration of the assessment prescribed under division (B) 4594

(1) of section 3301.0712 of the Revised Code shall not be 4595
required to take that assessment. However, no board shall 4596
prohibit a student who is not required to take such assessment 4597
from taking the assessment. 4598

(c) A student shall not be required to retake the Algebra 4599
I end-of-course examination or the English language arts II end- 4600
of-course examination prescribed under division (B) (2) of 4601
section 3301.0712 of the Revised Code in grades nine through 4602
twelve if the student demonstrates at least a proficient level 4603
of skill, as prescribed under division (B) (5) (a) of that 4604
section, or achieves a competency score, as prescribed under 4605
division (B) (10) of that section, in an administration of the 4606
examination prior to grade nine. 4607

(C) (1) (a) In the case of a student receiving special 4608
education services under Chapter 3323. of the Revised Code, the 4609
individualized education program developed for the student under 4610
that chapter shall specify the manner in which the student will 4611
participate in the assessments administered under this section, 4612
except that a student with significant cognitive disabilities to 4613
whom an alternate assessment is administered in accordance with 4614
division (C) (1) of this section and a student determined to have 4615
a disability that includes an intellectual disability as 4616
outlined in guidance issued by the department shall not be 4617
required to take the assessment prescribed under division (B) (1) 4618
of section 3301.0712 of the Revised Code. The individualized 4619
education program may excuse the student from taking any 4620
particular assessment required to be administered under this 4621
section if it instead specifies an alternate assessment method 4622
approved by the department of education as conforming to 4623
requirements of federal law for receipt of federal funds for 4624
disadvantaged pupils. To the extent possible, the individualized 4625

education program shall not excuse the student from taking an 4626
assessment unless no reasonable accommodation can be made to 4627
enable the student to take the assessment. No board shall 4628
prohibit a student who is not required to take an assessment 4629
under division (C) (1) of this section from taking the 4630
assessment. 4631

(b) Any alternate assessment approved by the department 4632
for a student under this division shall produce measurable 4633
results comparable to those produced by the assessment it 4634
replaces in order to allow for the student's results to be 4635
included in the data compiled for a school district or building 4636
under section 3302.03 of the Revised Code. 4637

(c) (i) Any student enrolled in a chartered nonpublic 4638
school who has been identified, based on an evaluation conducted 4639
in accordance with section 3323.03 of the Revised Code or 4640
section 504 of the "Rehabilitation Act of 1973," 87 Stat. 355, 4641
29 U.S.C.A. 794, as amended, as a child with a disability shall 4642
be excused from taking any particular assessment required to be 4643
administered under this section if either of the following 4644
apply: 4645

(I) A plan developed for the student pursuant to rules 4646
adopted by the state board excuses the student from taking that 4647
assessment. 4648

(II) The chartered nonpublic school develops a written 4649
plan in which the school, in consultation with the student's 4650
parents, determines that an assessment or alternative assessment 4651
with accommodations does not accurately assess the student's 4652
academic performance. The plan shall include an academic profile 4653
of the student's academic performance and shall be reviewed 4654
annually to determine if the student's needs continue to require 4655

excusal from taking the assessment. 4656

(ii) A student with significant cognitive disabilities to 4657
whom an alternate assessment is administered in accordance with 4658
division (C) (1) of this section and a student determined to have 4659
a disability that includes an intellectual disability as 4660
outlined in guidance issued by the department shall not be 4661
required to take the assessment prescribed under division (B) (1) 4662
of section 3301.0712 of the Revised Code. 4663

(iii) In the case of any student so excused from taking an 4664
assessment under division (C) (1) (c) of this section, the 4665
chartered nonpublic school shall not prohibit the student from 4666
taking the assessment. 4667

(2) A district board may, for medical reasons or other 4668
good cause, excuse a student from taking an assessment 4669
administered under this section on the date scheduled, but that 4670
assessment shall be administered to the excused student not 4671
later than nine days following the scheduled date. The district 4672
board shall annually report the number of students who have not 4673
taken one or more of the assessments required by this section to 4674
the state board not later than the thirtieth day of June. 4675

(3) As used in this division, "English learner" has the 4676
same meaning as in 20 U.S.C. 7801. 4677

No school district board shall excuse any English learner 4678
from taking any particular assessment required to be 4679
administered under this section, except as follows: 4680

(a) Any English learner who has been enrolled in United 4681
States schools for less than two years and for whom no 4682
appropriate accommodations are available based on guidance 4683
issued by the department shall not be required to take the 4684

assessment prescribed under division (B) (1) of section 3301.0712 4685
of the Revised Code. 4686

(b) Any English learner who has been enrolled in United 4687
States schools for less than one full school year shall not be 4688
required to take any reading, writing, or English language arts 4689
assessment. 4690

However, no board shall prohibit an English learner who is 4691
not required to take an assessment under division (C) (3) of this 4692
section from taking the assessment. A board may permit any 4693
English learner to take an assessment required to be 4694
administered under this section with appropriate accommodations, 4695
as determined by the department. For each English learner, each 4696
school district shall annually assess that student's progress in 4697
learning English, in accordance with procedures approved by the 4698
department. 4699

(4) (a) The governing authority of a chartered nonpublic 4700
school may excuse an English learner from taking any assessment 4701
administered under this section. 4702

(b) No governing authority shall require an English 4703
learner who has been enrolled in United States schools for less 4704
than two years and for whom no appropriate accommodations are 4705
available based on guidance issued by the department to take the 4706
assessment prescribed under division (B) (1) of section 3301.0712 4707
of the Revised Code. 4708

(c) No governing authority shall prohibit an English 4709
learner from taking an assessment from which the student was 4710
excused under division (C) (4) of this section. 4711

(D) (1) In the school year next succeeding the school year 4712
in which the assessments prescribed by division (A) (1) or (B) (1) 4713

of section 3301.0710 of the Revised Code or former division (A) 4714
(1), (A) (2), or (B) of section 3301.0710 of the Revised Code as 4715
it existed prior to September 11, 2001, are administered to any 4716
student, the board of education of any school district in which 4717
the student is enrolled in that year shall provide to the 4718
student intervention services commensurate with the student's 4719
performance, including any intensive intervention required under 4720
section 3313.608 of the Revised Code, in any skill in which the 4721
student failed to demonstrate at least a score at the proficient 4722
level on the assessment. 4723

(2) Following any administration of the assessments 4724
prescribed by division (D) of section 3301.0710 of the Revised 4725
Code to ninth grade students, each school district that has a 4726
three-year average graduation rate of not more than seventy-five 4727
per cent shall determine for each high school in the district 4728
whether the school shall be required to provide intervention 4729
services to any students who took the assessments. In 4730
determining which high schools shall provide intervention 4731
services based on the resources available, the district shall 4732
consider each school's graduation rate and scores on the 4733
practice assessments. The district also shall consider the 4734
scores received by ninth grade students on the English language 4735
arts and mathematics assessments prescribed under division (A) 4736
(1) (f) of section 3301.0710 of the Revised Code in the eighth 4737
grade in determining which high schools shall provide 4738
intervention services. 4739

Each high school selected to provide intervention services 4740
under this division shall provide intervention services to any 4741
student whose results indicate that the student is failing to 4742
make satisfactory progress toward being able to attain scores at 4743
the proficient level on the Ohio graduation tests. Intervention 4744

services shall be provided in any skill in which a student 4745
demonstrates unsatisfactory progress and shall be commensurate 4746
with the student's performance. Schools shall provide the 4747
intervention services prior to the end of the school year, 4748
during the summer following the ninth grade, in the next 4749
succeeding school year, or at any combination of those times. 4750

(E) Except as provided in section 3313.608 of the Revised 4751
Code and division (N) of this section, no school district board 4752
of education shall utilize any student's failure to attain a 4753
specified score on an assessment administered under this section 4754
as a factor in any decision to deny the student promotion to a 4755
higher grade level. However, a district board may choose not to 4756
promote to the next grade level any student who does not take an 4757
assessment administered under this section or make up an 4758
assessment as provided by division (C) (2) of this section and 4759
who is not exempt from the requirement to take the assessment 4760
under division (C) (3) of this section. 4761

(F) No person shall be charged a fee for taking any 4762
assessment administered under this section. 4763

(G) (1) Each school district board shall designate one 4764
location for the collection of assessments administered in the 4765
spring under division (B) (1) of this section and those 4766
administered under divisions (B) (2) to (7) of this section. Each 4767
district board shall submit the assessments to the entity with 4768
which the department contracts for the scoring of the 4769
assessments as follows: 4770

(a) If the district's total enrollment in grades 4771
kindergarten through twelve during the first full school week of 4772
October was less than two thousand five hundred, not later than 4773
the Friday after all of the assessments have been administered; 4774

(b) If the district's total enrollment in grades 4775
kindergarten through twelve during the first full school week of 4776
October was two thousand five hundred or more, but less than 4777
seven thousand, not later than the Monday after all of the 4778
assessments have been administered; 4779

(c) If the district's total enrollment in grades 4780
kindergarten through twelve during the first full school week of 4781
October was seven thousand or more, not later than the Tuesday 4782
after all of the assessments have been administered. 4783

However, any assessment that a student takes during the 4784
make-up period described in division (C) (2) of this section 4785
shall be submitted not later than the Friday following the day 4786
the student takes the assessment. 4787

(2) The department or an entity with which the department 4788
contracts for the scoring of the assessment shall send to each 4789
school district board a list of the individual scores of all 4790
persons taking a state achievement assessment as follows: 4791

(a) Except as provided in division (G) (2) (b) or (c) of 4792
this section, within forty-five days after the administration of 4793
the assessments prescribed by sections 3301.0710 and 3301.0712 4794
of the Revised Code, but in no case shall the scores be returned 4795
later than the thirtieth day of June following the 4796
administration; 4797

(b) In the case of the third-grade English language arts 4798
assessment, within forty-five days after the administration of 4799
that assessment, but in no case shall the scores be returned 4800
later than the fifteenth day of June following the 4801
administration; 4802

(c) In the case of the writing component of an assessment 4803

or end-of-course examination in the area of English language arts, except for the third-grade English language arts assessment, the results may be sent after forty-five days of the administration of the writing component, but in no case shall the scores be returned later than the thirtieth day of June following the administration.

(3) For assessments administered under this section by a joint vocational school district, the department or entity shall also send to each city, local, or exempted village school district a list of the individual scores of any students of such city, local, or exempted village school district who are attending school in the joint vocational school district.

(4) Beginning with the 2019-2020 school year, a school district, other public school, or chartered nonpublic school may administer the third-grade English language arts or mathematics assessment, or both, in a paper format in any school year for which the district board of education or school governing body adopts a resolution indicating that the district or school chooses to administer the assessment in a paper format. The board or governing body shall submit a copy of the resolution to the department of education not later than the first day of May prior to the school year for which it will apply. If the resolution is submitted, the district or school shall administer the assessment in a paper format to all students in the third grade, except that any student whose individualized education program or plan developed under section 504 of the "Rehabilitation Act of 1973," 87 Stat. 355, 29 U.S.C. 794, as amended, specifies that taking the assessment in an online format is an appropriate accommodation for the student may take the assessment in an online format.

(H) Individual scores on any assessments administered 4834
under this section shall be released by a district board only in 4835
accordance with section 3319.321 of the Revised Code and the 4836
rules adopted under division (A) of this section. No district 4837
board or its employees shall utilize individual or aggregate 4838
results in any manner that conflicts with rules for the ethical 4839
use of assessments adopted pursuant to division (A) of this 4840
section. 4841

(I) Except as provided in division (G) of this section, 4842
the department or an entity with which the department contracts 4843
for the scoring of the assessment shall not release any 4844
individual scores on any assessment administered under this 4845
section. The state board shall adopt rules to ensure the 4846
protection of student confidentiality at all times. The rules 4847
may require the use of the data verification codes assigned to 4848
students pursuant to division (D)(2) of section 3301.0714 of the 4849
Revised Code to protect the confidentiality of student scores. 4850

(J) Notwithstanding division (D) of section 3311.52 of the 4851
Revised Code, this section does not apply to the board of 4852
education of any cooperative education school district except as 4853
provided under rules adopted pursuant to this division. 4854

(1) In accordance with rules that the state board shall 4855
adopt, the board of education of any city, exempted village, or 4856
local school district with territory in a cooperative education 4857
school district established pursuant to divisions (A) to (C) of 4858
section 3311.52 of the Revised Code may enter into an agreement 4859
with the board of education of the cooperative education school 4860
district for administering any assessment prescribed under this 4861
section to students of the city, exempted village, or local 4862
school district who are attending school in the cooperative 4863

education school district. 4864

(2) In accordance with rules that the state board shall 4865
adopt, the board of education of any city, exempted village, or 4866
local school district with territory in a cooperative education 4867
school district established pursuant to section 3311.521 of the 4868
Revised Code shall enter into an agreement with the cooperative 4869
district that provides for the administration of any assessment 4870
prescribed under this section to both of the following: 4871

(a) Students who are attending school in the cooperative 4872
district and who, if the cooperative district were not 4873
established, would be entitled to attend school in the city, 4874
local, or exempted village school district pursuant to section 4875
3313.64 or 3313.65 of the Revised Code; 4876

(b) Persons described in division (B) (8) (b) of this 4877
section. 4878

Any assessment of students pursuant to such an agreement 4879
shall be in lieu of any assessment of such students or persons 4880
pursuant to this section. 4881

(K) (1) (a) Except as otherwise provided in division (K) (1) 4882
or (2) of this section, each chartered nonpublic school for 4883
which at least sixty-five per cent of its total enrollment is 4884
made up of students who are participating in state scholarship 4885
programs shall administer the assessments prescribed by division 4886
(A) of section 3301.0710 of the Revised Code or an alternative 4887
standardized assessment determined by the department. In 4888
accordance with procedures and deadlines prescribed by the 4889
department, the parent or guardian of a student enrolled in the 4890
school who is not participating in a state scholarship program 4891
may submit notice to the chief administrative officer of the 4892

school that the parent or guardian does not wish to have the 4893
student take the assessments prescribed for the student's grade 4894
level under division (A) of section 3301.0710 of the Revised 4895
Code. If a parent or guardian submits an opt-out notice, the 4896
school shall not administer the assessments to that student. 4897
This option does not apply to any assessment required for a high 4898
school diploma under section 3313.612 of the Revised Code. 4899

(b) Any chartered nonpublic school that enrolls students 4900
who are participating in state scholarship programs may 4901
administer an alternative standardized assessment determined by 4902
the department instead of the assessments prescribed by division 4903
(A) of section 3301.0710 of the Revised Code. 4904

Each chartered nonpublic school subject to division (K) (1) 4905
(a) or (b) of this section shall report the results of each 4906
assessment administered under those divisions to the department. 4907

(2) A chartered nonpublic school may submit to the 4908
superintendent of public instruction a request for a waiver from 4909
administering the elementary assessments prescribed by division 4910
(A) of section 3301.0710 of the Revised Code. The state 4911
superintendent shall approve or disapprove a request for a 4912
waiver submitted under division (K) (2) of this section. No 4913
waiver shall be approved for any school year prior to the 2015- 4914
2016 school year. 4915

To be eligible to submit a request for a waiver, a 4916
chartered nonpublic school shall meet the following conditions: 4917

(a) At least ninety-five per cent of the students enrolled 4918
in the school are ~~children either of the following:~~ 4919

(i) Children with disabilities, as defined under section 4920
3323.01 of the Revised Code, ~~or;~~ 4921

(ii) Children who have received a diagnosis by a school- 4922
district or from a physician, including a neuropsychiatrist or 4923
psychiatrist, or a psychologist who is authorized to practice in 4924
this or another state as having a condition that impairs 4925
academic performance, such as dyslexia, dyscalculia, attention 4926
deficit hyperactivity disorder, or Asperger's syndrome, and that 4927
diagnosis was received from a school district or one of the 4928
following professionals who is authorized to practice in this or 4929
another state: a physician, including a neuropsychiatrist or 4930
psychiatrist; a clinical nurse specialist; a certified nurse 4931
practitioner; or a psychologist. 4932

(b) The school has solely served a student population 4933
described in division (K) (1) (a) of this section for at least ten 4934
years. 4935

(c) The school provides to the department at least five 4936
years of records of internal testing conducted by the school 4937
that affords the department data required for accountability 4938
purposes, including diagnostic assessments and nationally 4939
standardized norm-referenced achievement assessments that 4940
measure reading and math skills. 4941

(3) Any chartered nonpublic school that is not subject to 4942
division (K) (1) of this section may participate in the 4943
assessment program by administering any of the assessments 4944
prescribed by division (A) of section 3301.0710 of the Revised 4945
Code. The chief administrator of the school shall specify which 4946
assessments the school will administer. Such specification shall 4947
be made in writing to the superintendent of public instruction 4948
prior to the first day of August of any school year in which 4949
assessments are administered and shall include a pledge that the 4950
nonpublic school will administer the specified assessments in 4951

the same manner as public schools are required to do under this 4952
section and rules adopted by the department. 4953

(4) The department of education shall furnish the 4954
assessments prescribed by section 3301.0710 of the Revised Code 4955
to each chartered nonpublic school that is subject to division 4956
(K) (1) of this section or participates under division (K) (3) of 4957
this section. 4958

(L) If a chartered nonpublic school is educating students 4959
in grades nine through twelve, the following shall apply: 4960

(1) Except as provided in division (L) (4) of this section, 4961
for a student who is enrolled in a chartered nonpublic school 4962
that is accredited through the independent schools association 4963
of the central states and who is attending the school under a 4964
state scholarship program, the student shall either take all of 4965
the assessments prescribed by division (B) of section 3301.0712 4966
of the Revised Code or take an alternative assessment approved 4967
by the department under section 3313.619 of the Revised Code. 4968
However, a student who is excused from taking an assessment 4969
under division (C) of this section or has presented evidence to 4970
the chartered nonpublic school of having satisfied the condition 4971
prescribed by division (A) (1) of section 3313.618 of the Revised 4972
Code to qualify for a high school diploma prior to the date of 4973
the administration of the assessment prescribed under division 4974
(B) (1) of section 3301.0712 of the Revised Code shall not be 4975
required to take that assessment. No governing authority of a 4976
chartered nonpublic school shall prohibit a student who is not 4977
required to take such assessment from taking the assessment. 4978

(2) For a student who is enrolled in a chartered nonpublic 4979
school that is accredited through the independent schools 4980
association of the central states, and who is not attending the 4981

school under a state scholarship program, the student shall not 4982
be required to take any assessment prescribed under section 4983
3301.0712 or 3313.619 of the Revised Code. 4984

(3) (a) Except as provided in divisions (L) (3) (b) and (4) 4985
of this section, for a student who is enrolled in a chartered 4986
nonpublic school that is not accredited through the independent 4987
schools association of the central states, regardless of whether 4988
the student is attending or is not attending the school under a 4989
state scholarship program, the student shall do one of the 4990
following: 4991

(i) Take all of the assessments prescribed by division (B) 4992
of section 3301.0712 of the Revised Code; 4993

(ii) Take only the assessment prescribed by division (B) 4994
(1) of section 3301.0712 of the Revised Code, provided that the 4995
student's school publishes the results of that assessment for 4996
each graduating class. The published results of that assessment 4997
shall include the overall composite scores, mean scores, twenty- 4998
fifth percentile scores, and seventy-fifth percentile scores for 4999
each subject area of the assessment. 5000

(iii) Take an alternative assessment approved by the 5001
department under section 3313.619 of the Revised Code. 5002

(b) A student who is excused from taking an assessment 5003
under division (C) of this section or has presented evidence to 5004
the chartered nonpublic school of having satisfied the condition 5005
prescribed by division (A) (1) of section 3313.618 of the Revised 5006
Code to qualify for a high school diploma prior to the date of 5007
the administration of the assessment prescribed under division 5008
(B) (1) of section 3301.0712 of the Revised Code shall not be 5009
required to take that assessment. No governing authority of a 5010

chartered nonpublic school shall prohibit a student who is not 5011
required to take such assessment from taking the assessment. 5012

(4) The assessments prescribed by sections 3301.0712 and 5013
3313.619 of the Revised Code shall not be administered to any 5014
student attending the school, if the school meets all of the 5015
following conditions: 5016

(a) At least ninety-five per cent of the students enrolled 5017
in the school are ~~children~~ either of the following: 5018

(i) Children with disabilities, as defined under section 5019
3323.01 of the Revised Code, ~~or;~~ 5020

(ii) Children who have received a diagnosis by a school 5021
~~district or from a physician, including a neuropsychologist or~~ 5022
~~psychiatrist, or a psychologist who is authorized to practice in~~ 5023
~~this or another state as having a condition that impairs~~ 5024
academic performance, such as dyslexia, dyscalculia, attention 5025
deficit hyperactivity disorder, or Asperger's syndrome, and that 5026
diagnosis was received from a school district or one of the 5027
following professionals who is authorized to practice in this or 5028
another state: a physician, including a neuropsychiatrist or 5029
psychiatrist; a clinical nurse specialist; a certified nurse 5030
practitioner; or a psychologist. 5031

(b) The school has solely served a student population 5032
described in division (L) (4) (a) of this section for at least ten 5033
years. 5034

(c) The school makes available to the department at least 5035
five years of records of internal testing conducted by the 5036
school that affords the department data required for 5037
accountability purposes, including growth in student achievement 5038
in reading or mathematics, or both, as measured by nationally 5039

norm-referenced assessments that have developed appropriate 5040
standards for students. 5041

Division (L) (4) of this section applies to any student 5042
attending such school regardless of whether the student receives 5043
special education or related services and regardless of whether 5044
the student is attending the school under a state scholarship 5045
program. 5046

(M) (1) The superintendent of the state school for the 5047
blind and the superintendent of the state school for the deaf 5048
shall administer the assessments described by sections 3301.0710 5049
and 3301.0712 of the Revised Code. Each superintendent shall 5050
administer the assessments in the same manner as district boards 5051
are required to do under this section and rules adopted by the 5052
department of education and in conformity with division (C) (1) 5053
(a) of this section. 5054

(2) The department of education shall furnish the 5055
assessments described by sections 3301.0710 and 3301.0712 of the 5056
Revised Code to each superintendent. 5057

(N) Notwithstanding division (E) of this section, a school 5058
district may use a student's failure to attain a score in at 5059
least the proficient range on the mathematics assessment 5060
described by division (A) (1) (a) of section 3301.0710 of the 5061
Revised Code or on an assessment described by division (A) (1) 5062
(b), (c), (d), (e), or (f) of section 3301.0710 of the Revised 5063
Code as a factor in retaining that student in the current grade 5064
level. 5065

(O) (1) In the manner specified in divisions (O) (3), (4), 5066
(6), and (7) of this section, the assessments required by 5067
division (A) (1) of section 3301.0710 of the Revised Code shall 5068

become public records pursuant to section 149.43 of the Revised Code on the thirty-first day of July following the school year that the assessments were administered.

(2) The department may field test proposed questions with samples of students to determine the validity, reliability, or appropriateness of questions for possible inclusion in a future year's assessment. The department also may use anchor questions on assessments to ensure that different versions of the same assessment are of comparable difficulty.

Field test questions and anchor questions shall not be considered in computing scores for individual students. Field test questions and anchor questions may be included as part of the administration of any assessment required by division (A) (1) or (B) of section 3301.0710 and division (B) of section 3301.0712 of the Revised Code.

(3) Any field test question or anchor question administered under division (O) (2) of this section shall not be a public record. Such field test questions and anchor questions shall be redacted from any assessments which are released as a public record pursuant to division (O) (1) of this section.

(4) This division applies to the assessments prescribed by division (A) of section 3301.0710 of the Revised Code.

(a) The first administration of each assessment, as specified in former section 3301.0712 of the Revised Code, shall be a public record.

(b) For subsequent administrations of each assessment prior to the 2011-2012 school year, not less than forty per cent of the questions on the assessment that are used to compute a student's score shall be a public record. The department shall

determine which questions will be needed for reuse on a future assessment and those questions shall not be public records and shall be redacted from the assessment prior to its release as a public record. However, for each redacted question, the department shall inform each city, local, and exempted village school district of the statewide academic standard adopted by the state board under section 3301.079 of the Revised Code and the corresponding benchmark to which the question relates. The preceding sentence does not apply to field test questions that are redacted under division (O) (3) of this section.

(c) The administrations of each assessment in the 2011-2012, 2012-2013, and 2013-2014 school years shall not be a public record.

(5) Each assessment prescribed by division (B) (1) of section 3301.0710 of the Revised Code shall not be a public record.

(6) (a) Except as provided in division (O) (6) (b) of this section, for the administrations in the 2014-2015, 2015-2016, and 2016-2017 school years, questions on the assessments prescribed under division (A) of section 3301.0710 and division (B) (2) of section 3301.0712 of the Revised Code and the corresponding preferred answers that are used to compute a student's score shall become a public record as follows:

(i) Forty per cent of the questions and preferred answers on the assessments on the thirty-first day of July following the administration of the assessment;

(ii) Twenty per cent of the questions and preferred answers on the assessment on the thirty-first day of July one year after the administration of the assessment;

(iii) The remaining forty per cent of the questions and 5127
preferred answers on the assessment on the thirty-first day of 5128
July two years after the administration of the assessment. 5129

The entire content of an assessment shall become a public 5130
record within three years of its administration. 5131

The department shall make the questions that become a 5132
public record under this division readily accessible to the 5133
public on the department's web site. Questions on the spring 5134
administration of each assessment shall be released on an annual 5135
basis, in accordance with this division. 5136

(b) No questions and corresponding preferred answers shall 5137
become a public record under division (O) (6) of this section 5138
after July 31, 2017. 5139

(7) Division (O) (7) of this section applies to the 5140
assessments prescribed by division (A) of section 3301.0710 and 5141
division (B) (2) of section 3301.0712 of the Revised Code. 5142

Beginning with the assessments administered in the spring 5143
of the 2017-2018 school year, not less than forty per cent of 5144
the questions on each assessment that are used to compute a 5145
student's score shall be a public record. The department shall 5146
determine which questions will be needed for reuse on a future 5147
assessment and those questions shall not be public records and 5148
shall be redacted from the assessment prior to its release as a 5149
public record. However, for each redacted question, the 5150
department shall inform each city, local, and exempted village 5151
school district of the corresponding statewide academic standard 5152
adopted by the state board under section 3301.079 of the Revised 5153
Code and the corresponding benchmark to which the question 5154
relates. The department is not required to provide corresponding 5155

standards and benchmarks to field test questions that are 5156
redacted under division (O) (3) of this section. 5157

(P) As used in this section: 5158

(1) "Three-year average" means the average of the most 5159
recent consecutive three school years of data. 5160

(2) "Dropout" means a student who withdraws from school 5161
before completing course requirements for graduation and who is 5162
not enrolled in an education program approved by the state board 5163
of education or an education program outside the state. 5164
"Dropout" does not include a student who has departed the 5165
country. 5166

(3) "Graduation rate" means the ratio of students 5167
receiving a diploma to the number of students who entered ninth 5168
grade four years earlier. Students who transfer into the 5169
district are added to the calculation. Students who transfer out 5170
of the district for reasons other than dropout are subtracted 5171
from the calculation. If a student who was a dropout in any 5172
previous year returns to the same school district, that student 5173
shall be entered into the calculation as if the student had 5174
entered ninth grade four years before the graduation year of the 5175
graduating class that the student joins. 5176

(4) "State scholarship programs" means the educational 5177
choice scholarship pilot program established under sections 5178
3310.01 to 3310.17 of the Revised Code, the autism scholarship 5179
program established under section 3310.41 of the Revised Code, 5180
the Jon Peterson special needs scholarship program established 5181
under sections 3310.51 to 3310.64 of the Revised Code, and the 5182
pilot project scholarship program established under sections 5183
3313.974 to 3313.979 of the Revised Code. 5184

(5) "Other public school" means a community school 5185
established under Chapter 3314., a STEM school established under 5186
Chapter 3326., or a college-preparatory boarding school 5187
established under Chapter 3328. of the Revised Code. 5188

Sec. 3304.23. (A) As used in this section: 5189

(1) "Communication disability" means a human condition 5190
involving an impairment in the human's ability to receive, send, 5191
process, or comprehend concepts or verbal, nonverbal, or graphic 5192
symbol systems that may result in a primary disability or may be 5193
secondary to other disabilities. 5194

(2) "Disability that can impair communication" means a 5195
human condition with symptoms that can impair the human's 5196
ability to receive, send, process, or comprehend concepts or 5197
verbal, nonverbal, or graphic symbol systems. 5198

(3) "Guardian" has the same meaning as in section 2111.01 5199
of the Revised Code. 5200

(4) "Physician" means a person licensed to practice 5201
medicine or surgery or osteopathic medicine and surgery under 5202
Chapter 4731. of the Revised Code. 5203

(5) "Psychiatrist" has the same meaning as in section 5204
5122.01 of the Revised Code. 5205

(6) "Psychologist" has the same meaning as in section 5206
4732.01 of the Revised Code. 5207

(B) The opportunities for Ohioans with disabilities agency 5208
shall develop a verification form for a person diagnosed with a 5209
communication disability or a disability that can impair 5210
communication to be submitted voluntarily to the department of 5211
public safety so that the person may be included in the database 5212

established under section 5502.08 of the Revised Code. The same 5213
form shall be used to indicate that the person wishes to be 5214
removed from the database in accordance with division (F) of 5215
section 5502.08 of the Revised Code. 5216

(C) The form shall include the following information: 5217

(1) The name of the person diagnosed with a communication 5218
disability or a disability that can impair communication; 5219

(2) The name of the person completing the form on behalf 5220
of the person diagnosed with a communication disability or a 5221
disability that can impair communication, if applicable; 5222

(3) The relationship between the person completing the 5223
form and the person diagnosed with a communication disability or 5224
a disability that can impair communication, if applicable; 5225

(4) The driver's license number or state identification 5226
card number issued to the person diagnosed with a communication 5227
disability or a disability that can impair communication, if 5228
that person has such a number; 5229

(5) The license plate number of each vehicle owned, 5230
operated, or regularly occupied by the person diagnosed with a 5231
communication disability or a disability that can impair 5232
communication or registered in that person's name; 5233

(6) A ~~physician, psychiatrist, or psychologist's signed~~ 5234
certification that the person has been diagnosed with a 5235
communication disability or a disability that can impair 5236
communication, signed by a physician, psychiatrist, 5237
psychologist, clinical nurse specialist, or certified nurse 5238
practitioner; 5239

(7) The name, business address, business telephone number, 5240

and ~~medical-professional~~ license number of the physician, 5241
psychiatrist, ~~or~~ psychologist, or nurse making the certification 5242
described in division (C) (6) of this section; 5243

(8) The signature of the person diagnosed with a 5244
communication disability or a disability that can impair 5245
communication or the signature of the person completing the form 5246
on behalf of such a person; 5247

(9) A place where the person diagnosed with a 5248
communication disability or a disability that can impair 5249
communication or the person completing the form on behalf of 5250
such a person may indicate the desire to be removed from the 5251
database. 5252

(D) Any of the following persons may complete the 5253
verification form: 5254

(1) Any person diagnosed with a communication disability 5255
or a disability that can impair communication who is eighteen 5256
years of age or older; 5257

(2) The parent or parents of a minor child diagnosed with 5258
a communication disability or a disability that can impair 5259
communication; 5260

(3) The guardian of a person diagnosed with a 5261
communication disability or a disability that can impair 5262
communication, regardless of the age of the person. 5263

(E) The opportunities for Ohioans with disabilities agency 5264
and the department of public safety shall make the verification 5265
form electronically available on each of their respective web 5266
sites. 5267

Sec. 3309.22. (A) (1) As used in this division, "personal 5268

history record" means information maintained in any format by 5269
the board on an individual who is a member, former member, 5270
contributor, former contributor, retirant, or beneficiary that 5271
includes the address, electronic mail address, telephone number, 5272
social security number, record of contributions, correspondence 5273
with the system, and other information the board determines to 5274
be confidential. 5275

(2) The records of the board shall be open to public 5276
inspection and may be made available in printed or electronic 5277
format, except for the following, which shall be excluded, 5278
except with the written authorization of the individual 5279
concerned: 5280

(a) The individual's statement of previous service and 5281
other information as provided for in section 3309.28 of the 5282
Revised Code; 5283

(b) Any information identifying by name and address the 5284
amount of a monthly allowance or benefit paid to the individual; 5285

(c) The individual's personal history record. 5286

(B) All medical reports and recommendations required by 5287
the system are privileged except as follows: 5288

(1) Copies of medical reports or recommendations shall be 5289
made available to the following: 5290

(a) The individual concerned, on written request; 5291

(b) The personal physician, certified nurse-midwife, 5292
clinical nurse specialist, certified nurse practitioner, 5293
attorney, or authorized agent of the individual concerned on 5294
written release received from the individual or the individual's 5295
agent; 5296

(c) The board assigned physician, certified nurse-midwife, 5297
clinical nurse specialist, or certified nurse practitioner. 5298

(2) Documentation required by section 2929.193 of the 5299
Revised Code shall be provided to a court holding a hearing 5300
under that section. 5301

(C) Any person who is a contributor of the system shall be 5302
furnished, on written request, with a statement of the amount to 5303
the credit of the person's account. The board need not answer 5304
more than one such request of a person in any one year. 5305

(D) Notwithstanding the exceptions to public inspection in 5306
division (A)(2) of this section, the board may furnish the 5307
following information: 5308

(1) If a member, former member, contributor, former 5309
contributor, or retirant is subject to an order issued under 5310
section 2907.15 of the Revised Code or an order issued under 5311
division (A) or (B) of section 2929.192 of the Revised Code or 5312
is convicted of or pleads guilty to a violation of section 5313
2921.41 of the Revised Code, on written request of a prosecutor 5314
as defined in section 2935.01 of the Revised Code, the board 5315
shall furnish to the prosecutor the information requested from 5316
the individual's personal history record. 5317

(2) Pursuant to a court or administrative order issued 5318
under section 3119.80, 3119.81, 3121.02, 3121.03, or 3123.06 of 5319
the Revised Code, the board shall furnish to a court or child 5320
support enforcement agency the information required under that 5321
section. 5322

(3) At the written request of any person, the board shall 5323
provide to the person a list of the names and addresses of 5324
members, former members, retirants, contributors, former 5325

contributors, or beneficiaries. The costs of compiling, copying, 5326
and mailing the list shall be paid by such person. 5327

(4) Within fourteen days after receiving from the director 5328
of job and family services a list of the names and social 5329
security numbers of recipients of public assistance pursuant to 5330
section 5101.181 of the Revised Code, the board shall inform the 5331
auditor of state of the name, current or most recent employer 5332
address, and social security number of each contributor whose 5333
name and social security number are the same as that of a person 5334
whose name or social security number was submitted by the 5335
director. The board and its employees shall, except for purposes 5336
of furnishing the auditor of state with information required by 5337
this section, preserve the confidentiality of recipients of 5338
public assistance in compliance with section 5101.181 of the 5339
Revised Code. 5340

(5) The system shall comply with orders issued under 5341
section 3105.87 of the Revised Code. 5342

On the written request of an alternate payee, as defined 5343
in section 3105.80 of the Revised Code, the system shall furnish 5344
to the alternate payee information on the amount and status of 5345
any amounts payable to the alternate payee under an order issued 5346
under section 3105.171 or 3105.65 of the Revised Code. 5347

(6) At the request of any person, the board shall make 5348
available to the person copies of all documents, including 5349
resumes, in the board's possession regarding filling a vacancy 5350
of an employee member or retirant member of the board. The 5351
person who made the request shall pay the cost of compiling, 5352
copying, and mailing the documents. The information described in 5353
this division is a public record. 5354

(7) The system shall provide the notice required by 5355
section 3309.673 of the Revised Code to the prosecutor assigned 5356
to the case. 5357

(8) The system may provide information requested by the 5358
United States social security administration, United States 5359
centers for medicare and medicaid services, Ohio public 5360
employees deferred compensation program, Ohio police and fire 5361
pension fund, state teachers retirement system, public employees 5362
retirement system, state highway patrol retirement system, 5363
Cincinnati retirement system, or a third party that the school 5364
employees retirement board has contracted with for the purpose 5365
of administering any part of this chapter. 5366

(E) A statement that contains information obtained from 5367
the system's records that is signed by an officer of the 5368
retirement system and to which the system's official seal is 5369
affixed, or copies of the system's records to which the 5370
signature and seal are attached, shall be received as true 5371
copies of the system's records in any court or before any 5372
officer of this state. 5373

Sec. 3309.41. (A) Notwithstanding any contrary provisions 5374
in Chapter 124. or 3319. of the Revised Code: 5375

(1) A disability benefit recipient whose benefit effective 5376
date was before ~~the effective date of this amendment~~ January 7, 5377
2013, shall retain membership status and shall be considered on 5378
leave of absence from employment during the first five years 5379
following the effective date of a disability benefit. 5380

(2) A disability benefit recipient whose benefit effective 5381
date is on or after ~~the effective date of this amendment~~ January 5382
7, 2013, shall retain membership status and shall be considered 5383

on leave of absence from employment during the first three years 5384
following the effective date of a disability benefit, except 5385
that, if the school employees retirement board has recommended 5386
medical treatment or vocational rehabilitation and the member is 5387
receiving treatment or rehabilitation acceptable to a physician, 5388
certified nurse-midwife, clinical nurse specialist, or certified 5389
nurse practitioner, or consultant selected by the board, the 5390
board may permit the recipient to retain membership status and 5391
be considered on leave of absence from employment for up to five 5392
years following the effective date of a disability benefit. 5393

(B) The board shall require a disability benefit recipient 5394
to undergo an annual medical examination, except that the board 5395
may waive the medical examination if one or more of the board's 5396
~~physician or physicians,~~ certified nurse-midwives, clinical 5397
nurse specialists, or certified nurse practitioners certify that 5398
the recipient's disability is ongoing. Should any disability 5399
benefit recipient refuse to submit to a medical examination, the 5400
recipient's disability benefit shall be suspended until 5401
withdrawal of the refusal. Should the refusal continue for one 5402
year, all the recipient's rights in and to the disability 5403
benefit shall be terminated as of the effective date of the 5404
original suspension. 5405

(C) On completion of the examination by ~~an examining~~ 5406
~~physician or one or more physicians,~~ certified nurse-midwives, 5407
clinical nurse specialists, or certified nurse practitioners 5408
selected by the board, the physician or ~~physicians~~ nurse shall 5409
report and certify to the board whether the disability benefit 5410
recipient meets the applicable standard for termination of a 5411
disability benefit. If the recipient's benefit effective date is 5412
before ~~the effective date of this amendment~~ January 7, 2013, or 5413
the benefit effective date is after ~~the effective date of this~~ 5414

~~amendment January 7, 2013,~~ and the recipient is considered on a 5415
leave of absence under division (A) (2) of this section, the 5416
standard for termination is that the recipient is no longer 5417
physically and mentally incapable of resuming the service from 5418
which the recipient was found disabled. If the recipient's 5419
benefit effective date is on or after ~~the effective date of this~~ 5420
~~amendment January 7, 2013,~~ and the recipient is not considered 5421
on a leave of absence under division (A) (2) of this section, the 5422
standard is that the recipient is not physically or mentally 5423
incapable of performing the duties of a position that meets all 5424
of the following criteria: 5425

(1) Replaces not less than seventy-five per cent of the 5426
member's final average salary, adjusted each year by the actual 5427
average increase in the consumer price index prepared by the 5428
United States bureau of labor statistics (U.S. City Average for 5429
Urban Wage Earners and Clerical Workers: "All Items 1982- 5430
84=100"); 5431

(2) Is reasonably to be found in the member's regional job 5432
market; 5433

(3) Is one that the member is qualified for by experience 5434
or education. 5435

If the board concurs in the report that the disability 5436
benefit recipient meets the applicable standard for termination 5437
of a disability benefit, the payment of the disability benefit 5438
shall be terminated not later than three months after the date 5439
of the board's concurrence or upon employment as an employee. If 5440
the leave of absence has not expired, the retirement board shall 5441
certify to the disability benefit recipient's last employer 5442
before being found disabled that the recipient is no longer 5443
physically and mentally incapable of resuming service that is 5444

the same or similar to that from which the recipient was found 5445
disabled. The employer shall restore the recipient to the 5446
recipient's previous position and salary or to a position and 5447
salary similar thereto not later than the first day of the first 5448
month following termination of the disability benefit, unless 5449
the recipient was dismissed or resigned in lieu of dismissal for 5450
dishonesty, misfeasance, malfeasance, or conviction of a felony. 5451

(D) Each disability benefit recipient shall file with the 5452
board an annual statement of earnings, current medical 5453
information on the recipient's condition, and any other 5454
information required in rules adopted by the board. The board 5455
may waive the requirement that a disability benefit recipient 5456
file an annual statement of earnings or current medical 5457
information on the recipient's condition if one or more of the 5458
board's ~~physician or physicians, certified nurse-midwives,~~ 5459
clinical nurse specialists, or certified nurse practitioners 5460
certify that the recipient's disability is ongoing. 5461

The board shall annually examine the information submitted 5462
by the recipient. If a disability benefit recipient refuses to 5463
file the statement or information, the disability benefit shall 5464
be suspended until the statement and information are filed. If 5465
the refusal continues for one year, the recipient's right to the 5466
disability benefit shall be terminated as of the effective date 5467
of the original suspension. 5468

(E) If a disability benefit recipient is employed by an 5469
employer covered by this chapter, the recipient's disability 5470
benefit shall cease. 5471

(F) If disability retirement under section 3309.40 of the 5472
Revised Code is terminated for any reason, the annuity and 5473
pension reserves at that time in the annuity and pension reserve 5474

fund shall be transferred to the employees' savings fund and the 5475
employers' trust fund, respectively. If the total disability 5476
benefit paid is less than the amount of the accumulated 5477
contributions of the member transferred into the annuity and 5478
pension reserve fund at the time of the member's disability 5479
retirement, the difference shall be transferred from the annuity 5480
and pension reserve fund to another fund as may be required. In 5481
determining the amount of a member's account following the 5482
termination of disability retirement for any reason, the amount 5483
paid shall be charged against the member's refundable account. 5484

If a disability allowance paid under section 3309.401 of 5485
the Revised Code is terminated for any reason, the reserve on 5486
the allowance at that time in the annuity and pension reserve 5487
fund shall be transferred from that fund to the employers' trust 5488
fund. 5489

The board may terminate a disability benefit at the 5490
request of the recipient. 5491

(G) If a disability benefit is terminated and a former 5492
disability benefit recipient again becomes a contributor, other 5493
than as an other system retirant as defined in section 3309.341 5494
of the Revised Code, to this system, the public employees 5495
retirement system, or the state teachers retirement system, and 5496
completes an additional two years of service credit after the 5497
termination of the disability benefit, the former disability 5498
benefit recipient shall be entitled to receive up to two years 5499
of service credit for the period as a disability benefit 5500
recipient and may purchase service for the remaining period of 5501
the disability benefit. Total service credit received and 5502
purchased under this section shall not exceed the period of the 5503
disability benefit. 5504

For each year of credit purchased, the member shall pay to 5505
the system for credit to the member's accumulated account the 5506
sum of the following amounts: 5507

(1) The employee contribution rate in effect at the time 5508
the disability benefit commenced multiplied by the member's 5509
annual disability benefit; 5510

(2) The employer contribution rate in effect at the time 5511
the disability benefit commenced multiplied by the member's 5512
annual disability benefit; 5513

(3) Compound interest at a rate established by the board 5514
from the date the member is eligible to purchase the credit to 5515
the date of payment. 5516

The member may choose to purchase only part of such credit 5517
in any one payment, subject to board rules. 5518

(H) If any employer employs any member who is receiving a 5519
disability benefit, the employer shall file notice of employment 5520
with the retirement board, designating the date of employment. 5521
In case the notice is not filed, the total amount of the benefit 5522
paid during the period of employment prior to notice shall be 5523
paid from amounts allocated under Chapter 3317. of the Revised 5524
Code prior to its distribution to the school district in which 5525
the disability benefit recipient was so employed. 5526

Sec. 3309.45. Except as provided in division (C) (1) of 5527
this section, in lieu of accepting the payment of the 5528
accumulated account of a member who dies before service 5529
retirement, the beneficiary, as determined in section 3309.44 of 5530
the Revised Code, may elect to forfeit the accumulated account 5531
and to substitute certain other benefits either under division 5532
(A) or (B) of this section. 5533

(A) (1) If a deceased member was eligible for a service 5534
retirement allowance as provided in section 3309.36 or 3309.381 5535
of the Revised Code, a surviving spouse or other sole dependent 5536
beneficiary may elect to receive a monthly benefit computed as 5537
the joint-survivor allowance designated as "plan D" in section 5538
3309.46 of the Revised Code, which the member would have 5539
received had the member retired on the last day of the month of 5540
death and had the member at that time selected such joint- 5541
survivor plan. Payment shall begin with the month subsequent to 5542
the member's death. 5543

(2) Beginning on a date selected by the school employees 5544
retirement board, which shall be not later than July 1, 2004, a 5545
surviving spouse or other sole dependent beneficiary may elect, 5546
in lieu of a monthly payment under division (A) (1) of this 5547
section, a plan of payment consisting of both of the following: 5548

(a) A lump sum in an amount the surviving spouse or other 5549
sole dependent beneficiary designates that constitutes a portion 5550
of the allowance that would be payable under division (A) (1) of 5551
this section; 5552

(b) The remainder of that allowance in monthly payments. 5553

The total amount paid as a lump sum and a monthly benefit 5554
shall be the actuarial equivalent of the amount that would have 5555
been paid had the lump sum not been selected. 5556

The lump sum amount designated by the surviving spouse or 5557
other sole dependent beneficiary under division (A) (2) (a) of 5558
this section shall be not less than six times and not more than 5559
thirty-six times the monthly amount that would be payable to the 5560
surviving spouse or other sole dependent beneficiary under 5561
division (A) (1) of this section and shall not result in a 5562

monthly benefit that is less than fifty per cent of that monthly amount. 5563
5564

(B) If the deceased member had completed at least one and one-half years of credit for Ohio service, with at least one-quarter year of Ohio contributing service credit within the two and one-half years prior to the date of death, or was receiving at the time of death a disability benefit as provided in section 3309.40 or 3309.401 of the Revised Code, qualified survivors who elect to receive monthly benefits shall receive the greater of the benefits provided in division (B) (1) (a) or (b) as allocated in accordance with division (B) (5) of this section. 5565
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	1	2	3
A	(1) (a) Number of Qualified survivors affecting the benefit	Annual Benefit as a Per Cent of Decedent's Final Average Salary	Or Monthly Benefit shall not be less than
B	1	25%	\$95
C	2	40	186
D	3	50	236
E	4	55	236
F	5 or more	60	236

5575

	1	2
A	(b) Years of Service	Annual Benefit as a Per Cent of Member's Final Average Salary
B	20	29%
C	21	33
D	22	37
E	23	41
F	24	45
G	25	48
H	26	51
I	27	54
J	28	57
K	29 or more	60

(2) Benefits shall begin as qualified survivors meet 5576
eligibility requirements as follows: 5577

(a) A qualified spouse is the surviving spouse of the 5578
deceased member who is age sixty-two, or regardless of age if 5579
the deceased member had ten or more years of Ohio service 5580
credit, or regardless of age if caring for a surviving child, or 5581
regardless of age if adjudged physically or mentally 5582
incompetent. 5583

(b) A qualified child whose benefit began before January 7, 2013, is any child of the deceased member who has never been married and to whom one of the following applies:

(i) Is under age eighteen, or under age twenty-two if the child is attending an institution of learning or training pursuant to a program designed to complete in each school year the equivalent of at least two-thirds of the full-time curriculum requirements of such institution and as further determined by board policy;

(ii) Regardless of age, is adjudged physically or mentally incompetent if the incompetence existed prior to the member's death and prior to the child attaining age eighteen, or age twenty-two if attending an institution described in division (B) (2) (b) (i) of this section.

(c) A qualified child whose benefit begins on or after January 7, 2013, is any child of the deceased member who has never been married and to whom one of the following applies:

(i) Is under age nineteen;

(ii) Regardless of age, is adjudged physically or mentally incompetent if the incompetence existed prior to the member's death and prior to the child attaining age nineteen.

(d) A qualified parent is a dependent parent aged sixty-five or older.

(3) "Physically or mentally incompetent" as used in this section may be determined by a court of jurisdiction, or by a physician, certified nurse-midwife, clinical nurse specialist, or certified nurse practitioner appointed by the retirement board. Incapability of earning a living because of a physically or mentally disabling condition shall meet the qualifications of

this division. 5613

(4) Benefits to a qualified survivor shall terminate upon 5614
a first marriage, abandonment, adoption, or during active 5615
military service. Benefits to a deceased member's surviving 5616
spouse that were terminated under a former version of this 5617
section that required termination due to remarriage and were not 5618
resumed prior to September 16, 1998, shall resume on the first 5619
day of the month immediately following receipt by the board of 5620
an application on a form provided by the board. 5621

Upon the death of any subsequent spouse who was a member 5622
of the public employees retirement system, state teachers 5623
retirement system, or school employees retirement system, the 5624
surviving spouse of such member may elect to continue receiving 5625
benefits under this division, or to receive survivor's benefits, 5626
based upon the subsequent spouse's membership in one or more of 5627
the systems, for which such surviving spouse is eligible under 5628
this section or section 145.45 or 3307.66 of the Revised Code. 5629
If the surviving spouse elects to continue receiving benefits 5630
under this division, such election shall not preclude the 5631
payment of benefits under this division to any other qualified 5632
survivor. 5633

Benefits shall begin or resume on the first day of the 5634
month following the attainment of eligibility and shall 5635
terminate on the first day of the month following loss of 5636
eligibility. 5637

(5) (a) If a benefit is payable under division (B) (1) (a) of 5638
this section, benefits to a qualified spouse shall be paid in 5639
the amount determined for the first qualifying survivor in 5640
division (B) (1) (a) of this section, but shall not be less than 5641
one hundred six dollars per month if the deceased member had ten 5642

or more years of Ohio service credit. All other qualifying 5643
survivors shall share equally in the benefit or remaining 5644
portion thereof. 5645

(b) All qualifying survivors shall share equally in a 5646
benefit payable under division (B) (1) (b) of this section, except 5647
that if there is a surviving spouse, the surviving spouse shall 5648
receive no less than the greater of the amount determined for 5649
the first qualifying survivor in division (B) (1) (a) of this 5650
section or one hundred six dollars per month. 5651

(6) The beneficiary of a member who is also a member of 5652
the public employees retirement system, or of the state teachers 5653
retirement system, must forfeit the member's accumulated 5654
contributions in those systems, if the beneficiary takes a 5655
survivor benefit. Such benefit shall be exclusively governed by 5656
section 3309.35 of the Revised Code. 5657

(C) (1) Regardless of whether the member is survived by a 5658
spouse or designated beneficiary, if the school employees 5659
retirement system receives notice that a deceased member 5660
described in division (A) or (B) of this section has one or more 5661
qualified children, all persons who are qualified survivors 5662
under division (B) of this section shall receive monthly 5663
benefits as provided in division (B) of this section. 5664

If, after determining the monthly benefits to be paid 5665
under division (B) of this section, the system receives notice 5666
that there is a qualified survivor who was not considered when 5667
the determination was made, the system shall, notwithstanding 5668
section 3309.661 of the Revised Code, recalculate the monthly 5669
benefits with that qualified survivor included, even if the 5670
benefits to qualified survivors already receiving benefits are 5671
reduced as a result. The benefits shall be calculated as if the 5672

qualified survivor who is the subject of the notice became 5673
eligible on the date the notice was received and shall be paid 5674
to qualified survivors effective on the first day of the first 5675
month following the system's receipt of the notice. 5676

If the retirement system did not receive notice that a 5677
deceased member has one or more qualified children prior to 5678
making payment under section 3309.44 of the Revised Code to a 5679
beneficiary as determined by the retirement system, the payment 5680
is a full discharge and release of the system from any future 5681
claims under this section or section 3309.44 of the Revised 5682
Code. 5683

(2) If benefits under division (C) (1) of this section to 5684
all persons, or to all persons other than a surviving spouse or 5685
other sole beneficiary, terminate, there are no qualified 5686
children, and the surviving spouse or beneficiary qualifies for 5687
benefits under division (A) of this section, the surviving 5688
spouse or beneficiary may elect to receive benefits under 5689
division (A) of this section. Benefits shall be effective on the 5690
first day of the month following receipt by the board of an 5691
application for benefits under division (A) of this section. 5692

(D) The final average salary used in the calculation of a 5693
benefit payable pursuant to division (A) or (B) of this section 5694
to a survivor or beneficiary of a disability benefit recipient 5695
shall be adjusted for each year between the disability benefit's 5696
effective date and the recipient's date of death by the lesser 5697
of three per cent or the actual average percentage increase in 5698
the consumer price index prepared by the United States bureau of 5699
labor statistics (U.S. City Average for Urban Wage Earners and 5700
Clerical Workers: "All Items 1982-84=100"). 5701

(E) If the survivor benefits due and paid under this 5702

section are in a total amount less than the member's accumulated 5703
account that was transferred from the employees' savings fund, 5704
the state teachers retirement fund, and the public employees 5705
retirement fund to the survivors' benefit fund, then the 5706
difference between the total amount of the benefits paid shall 5707
be paid to the beneficiary under section 3309.44 of the Revised 5708
Code. 5709

Sec. 3313.64. (A) As used in this section and in section 5710
3313.65 of the Revised Code: 5711

(1) (a) Except as provided in division (A) (1) (b) of this 5712
section, "parent" means either parent, unless the parents are 5713
separated or divorced or their marriage has been dissolved or 5714
annulled, in which case "parent" means the parent who is the 5715
residential parent and legal custodian of the child. When a 5716
child is in the legal custody of a government agency or a person 5717
other than the child's natural or adoptive parent, "parent" 5718
means the parent with residual parental rights, privileges, and 5719
responsibilities. When a child is in the permanent custody of a 5720
government agency or a person other than the child's natural or 5721
adoptive parent, "parent" means the parent who was divested of 5722
parental rights and responsibilities for the care of the child 5723
and the right to have the child live with the parent and be the 5724
legal custodian of the child and all residual parental rights, 5725
privileges, and responsibilities. 5726

(b) When a child is the subject of a power of attorney 5727
executed under sections 3109.51 to 3109.62 of the Revised Code, 5728
"parent" means the grandparent designated as attorney in fact 5729
under the power of attorney. When a child is the subject of a 5730
caretaker authorization affidavit executed under sections 5731
3109.64 to 3109.73 of the Revised Code, "parent" means the 5732

grandparent that executed the affidavit. 5733

(2) "Legal custody," "permanent custody," and "residual parental rights, privileges, and responsibilities" have the same meanings as in section 2151.011 of the Revised Code. 5734
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(3) "School district" or "district" means a city, local, or exempted village school district and excludes any school operated in an institution maintained by the department of youth services. 5737
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(4) Except as used in division (C)(2) of this section, "home" means a home, institution, foster home, group home, or other residential facility in this state that receives and cares for children, to which any of the following applies: 5741
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5744

(a) The home is licensed, certified, or approved for such purpose by the state or is maintained by the department of youth services. 5745
5746
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(b) The home is operated by a person who is licensed, certified, or approved by the state to operate the home for such purpose. 5748
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(c) The home accepted the child through a placement by a person licensed, certified, or approved to place a child in such a home by the state. 5751
5752
5753

(d) The home is a children's home created under section 5153.21 or 5153.36 of the Revised Code. 5754
5755

(5) "Agency" means all of the following: 5756

(a) A public children services agency; 5757

(b) An organization that holds a certificate issued by the Ohio department of job and family services in accordance with 5758
5759

the requirements of section 5103.03 of the Revised Code and 5760
assumes temporary or permanent custody of children through 5761
commitment, agreement, or surrender, and places children in 5762
family homes for the purpose of adoption; 5763

(c) Comparable agencies of other states or countries that 5764
have complied with applicable requirements of section 2151.39 of 5765
the Revised Code or as applicable, sections 5103.20 to 5103.22 5766
or 5103.23 to 5103.237 of the Revised Code. 5767

(6) A child is placed for adoption if either of the 5768
following occurs: 5769

(a) An agency to which the child has been permanently 5770
committed or surrendered enters into an agreement with a person 5771
pursuant to section 5103.16 of the Revised Code for the care and 5772
adoption of the child. 5773

(b) The child's natural parent places the child pursuant 5774
to section 5103.16 of the Revised Code with a person who will 5775
care for and adopt the child. 5776

(7) "Preschool child with a disability" has the same 5777
meaning as in section 3323.01 of the Revised Code. 5778

(8) "Child," unless otherwise indicated, includes 5779
preschool children with disabilities. 5780

(9) "Active duty" means active duty pursuant to an 5781
executive order of the president of the United States, an act of 5782
the congress of the United States, or section 5919.29 or 5923.21 5783
of the Revised Code. 5784

(B) Except as otherwise provided in section 3321.01 of the 5785
Revised Code for admittance to kindergarten and first grade, a 5786
child who is at least five but under twenty-two years of age and 5787

any preschool child with a disability shall be admitted to 5788
school as provided in this division. 5789

(1) A child shall be admitted to the schools of the school 5790
district in which the child's parent resides. 5791

(2) Except as provided in division (B) of section 2151.362 5792
and section 3317.30 of the Revised Code, a child who does not 5793
reside in the district where the child's parent resides shall be 5794
admitted to the schools of the district in which the child 5795
resides if any of the following applies: 5796

(a) The child is in the legal or permanent custody of a 5797
government agency or a person other than the child's natural or 5798
adoptive parent. 5799

(b) The child resides in a home. 5800

(c) The child requires special education. 5801

(3) A child who is not entitled under division (B) (2) of 5802
this section to be admitted to the schools of the district where 5803
the child resides and who is residing with a resident of this 5804
state with whom the child has been placed for adoption shall be 5805
admitted to the schools of the district where the child resides 5806
unless either of the following applies: 5807

(a) The placement for adoption has been terminated. 5808

(b) Another school district is required to admit the child 5809
under division (B) (1) of this section. 5810

Division (B) of this section does not prohibit the board 5811
of education of a school district from placing a child with a 5812
disability who resides in the district in a special education 5813
program outside of the district or its schools in compliance 5814
with Chapter 3323. of the Revised Code. 5815

(C) A district shall not charge tuition for children 5816
admitted under division (B) (1) or (3) of this section. If the 5817
district admits a child under division (B) (2) of this section, 5818
tuition shall be paid to the district that admits the child as 5819
provided in divisions (C) (1) to (3) of this section, unless 5820
division (C) (4) of this section applies to the child: 5821

(1) If the child receives special education in accordance 5822
with Chapter 3323. of the Revised Code, the school district of 5823
residence, as defined in section 3323.01 of the Revised Code, 5824
shall pay tuition for the child in accordance with section 5825
3323.091, 3323.13, 3323.14, or 3323.141 of the Revised Code 5826
regardless of who has custody of the child or whether the child 5827
resides in a home. 5828

(2) For a child that does not receive special education in 5829
accordance with Chapter 3323. of the Revised Code, except as 5830
otherwise provided in division (C) (2) (d) of this section, if the 5831
child is in the permanent or legal custody of a government 5832
agency or person other than the child's parent, tuition shall be 5833
paid by: 5834

(a) The district in which the child's parent resided at 5835
the time the court removed the child from home or at the time 5836
the court vested legal or permanent custody of the child in the 5837
person or government agency, whichever occurred first; 5838

(b) If the parent's residence at the time the court 5839
removed the child from home or placed the child in the legal or 5840
permanent custody of the person or government agency is unknown, 5841
tuition shall be paid by the district in which the child resided 5842
at the time the child was removed from home or placed in legal 5843
or permanent custody, whichever occurred first; 5844

(c) If a school district cannot be established under 5845
division (C) (2) (a) or (b) of this section, tuition shall be paid 5846
by the district determined as required by section 2151.362 of 5847
the Revised Code by the court at the time it vests custody of 5848
the child in the person or government agency; 5849

(d) If at the time the court removed the child from home 5850
or vested legal or permanent custody of the child in the person 5851
or government agency, whichever occurred first, one parent was 5852
in a residential or correctional facility or a juvenile 5853
residential placement and the other parent, if living and not in 5854
such a facility or placement, was not known to reside in this 5855
state, tuition shall be paid by the district determined under 5856
division (D) of section 3313.65 of the Revised Code as the 5857
district required to pay any tuition while the parent was in 5858
such facility or placement; 5859

(e) If the department of education has determined, 5860
pursuant to division (A) (2) of section 2151.362 of the Revised 5861
Code, that a school district other than the one named in the 5862
court's initial order, or in a prior determination of the 5863
department, is responsible to bear the cost of educating the 5864
child, the district so determined shall be responsible for that 5865
cost. 5866

(3) If the child is not in the permanent or legal custody 5867
of a government agency or person other than the child's parent 5868
and the child resides in a home, tuition shall be paid by one of 5869
the following: 5870

(a) The school district in which the child's parent 5871
resides; 5872

(b) If the child's parent is not a resident of this state, 5873

the home in which the child resides. 5874

(4) Division (C) (4) of this section applies to any child 5875
who is admitted to a school district under division (B) (2) of 5876
this section, resides in a home that is not a foster home, a 5877
home maintained by the department of youth services, a detention 5878
facility established under section 2152.41 of the Revised Code, 5879
or a juvenile facility established under section 2151.65 of the 5880
Revised Code, and receives educational services at the home or 5881
facility in which the child resides pursuant to a contract 5882
between the home or facility and the school district providing 5883
those services. 5884

If a child to whom division (C) (4) of this section applies 5885
is a special education student, a district may choose whether to 5886
receive a tuition payment for that child under division (C) (4) 5887
of this section or to receive a payment for that child under 5888
section 3323.14 of the Revised Code. If a district chooses to 5889
receive a payment for that child under section 3323.14 of the 5890
Revised Code, it shall not receive a tuition payment for that 5891
child under division (C) (4) of this section. 5892

If a child to whom division (C) (4) of this section applies 5893
is not a special education student, a district shall receive a 5894
tuition payment for that child under division (C) (4) of this 5895
section. 5896

In the case of a child to which division (C) (4) of this 5897
section applies, the total educational cost to be paid for the 5898
child shall be determined by a formula approved by the 5899
department of education, which formula shall be designed to 5900
calculate a per diem cost for the educational services provided 5901
to the child for each day the child is served and shall reflect 5902
the total actual cost incurred in providing those services. The 5903

department shall certify the total educational cost to be paid 5904
for the child to both the school district providing the 5905
educational services and, if different, the school district that 5906
is responsible to pay tuition for the child. The department 5907
shall deduct the certified amount from the state basic aid funds 5908
payable under Chapter 3317. of the Revised Code to the district 5909
responsible to pay tuition and shall pay that amount to the 5910
district providing the educational services to the child. 5911

(D) Tuition required to be paid under divisions (C) (2) and 5912
(3) (a) of this section shall be computed in accordance with 5913
section 3317.08 of the Revised Code. Tuition required to be paid 5914
under division (C) (3) (b) of this section shall be computed in 5915
accordance with section 3317.081 of the Revised Code. If a home 5916
fails to pay the tuition required by division (C) (3) (b) of this 5917
section, the board of education providing the education may 5918
recover in a civil action the tuition and the expenses incurred 5919
in prosecuting the action, including court costs and reasonable 5920
attorney's fees. If the prosecuting attorney or city director of 5921
law represents the board in such action, costs and reasonable 5922
attorney's fees awarded by the court, based upon the prosecuting 5923
attorney's, director's, or one of their designee's time spent 5924
preparing and presenting the case, shall be deposited in the 5925
county or city general fund. 5926

(E) A board of education may enroll a child free of any 5927
tuition obligation for a period not to exceed sixty days, on the 5928
sworn statement of an adult resident of the district that the 5929
resident has initiated legal proceedings for custody of the 5930
child. 5931

(F) In the case of any individual entitled to attend 5932
school under this division, no tuition shall be charged by the 5933

school district of attendance and no other school district shall 5934
be required to pay tuition for the individual's attendance. 5935
Notwithstanding division (B), (C), or (E) of this section: 5936

(1) All persons at least eighteen but under twenty-two 5937
years of age who live apart from their parents, support 5938
themselves by their own labor, and have not successfully 5939
completed the high school curriculum or the individualized 5940
education program developed for the person by the high school 5941
pursuant to section 3323.08 of the Revised Code, are entitled to 5942
attend school in the district in which they reside. 5943

(2) Any child under eighteen years of age who is married 5944
is entitled to attend school in the child's district of 5945
residence. 5946

(3) A child is entitled to attend school in the district 5947
in which either of the child's parents is employed if the child 5948
has a medical condition that may require emergency medical 5949
attention. The parent of a child entitled to attend school under 5950
division (F)(3) of this section shall submit to the board of 5951
education of the district in which the parent is employed a 5952
statement from the child's physician, certified nurse-midwife, 5953
clinical nurse specialist, or certified nurse practitioner 5954
certifying that the child's medical condition may require 5955
emergency medical attention. The statement shall be supported by 5956
such other evidence as the board may require. 5957

(4) Any child residing with a person other than the 5958
child's parent is entitled, for a period not to exceed twelve 5959
months, to attend school in the district in which that person 5960
resides if the child's parent files an affidavit with the 5961
superintendent of the district in which the person with whom the 5962
child is living resides stating all of the following: 5963

- (a) That the parent is serving outside of the state in the
armed services of the United States; 5964
5965
- (b) That the parent intends to reside in the district upon
returning to this state; 5966
5967
- (c) The name and address of the person with whom the child
is living while the parent is outside the state. 5968
5969
- (5) Any child under the age of twenty-two years who, after
the death of a parent, resides in a school district other than
the district in which the child attended school at the time of
the parent's death is entitled to continue to attend school in
the district in which the child attended school at the time of
the parent's death for the remainder of the school year, subject
to approval of that district board. 5970
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- (6) A child under the age of twenty-two years who resides
with a parent who is having a new house built in a school
district outside the district where the parent is residing is
entitled to attend school for a period of time in the district
where the new house is being built. In order to be entitled to
such attendance, the parent shall provide the district
superintendent with the following: 5977
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- (a) A sworn statement explaining the situation, revealing
the location of the house being built, and stating the parent's
intention to reside there upon its completion; 5984
5985
5986
- (b) A statement from the builder confirming that a new
house is being built for the parent and that the house is at the
location indicated in the parent's statement. 5987
5988
5989
- (7) A child under the age of twenty-two years residing
with a parent who has a contract to purchase a house in a school
district outside the district where the parent is residing and 5990
5991
5992

who is waiting upon the date of closing of the mortgage loan for 5993
the purchase of such house is entitled to attend school for a 5994
period of time in the district where the house is being 5995
purchased. In order to be entitled to such attendance, the 5996
parent shall provide the district superintendent with the 5997
following: 5998

(a) A sworn statement explaining the situation, revealing 5999
the location of the house being purchased, and stating the 6000
parent's intent to reside there; 6001

(b) A statement from a real estate broker or bank officer 6002
confirming that the parent has a contract to purchase the house, 6003
that the parent is waiting upon the date of closing of the 6004
mortgage loan, and that the house is at the location indicated 6005
in the parent's statement. 6006

The district superintendent shall establish a period of 6007
time not to exceed ninety days during which the child entitled 6008
to attend school under division (F)(6) or (7) of this section 6009
may attend without tuition obligation. A student attending a 6010
school under division (F)(6) or (7) of this section shall be 6011
eligible to participate in interscholastic athletics under the 6012
auspices of that school, provided the board of education of the 6013
school district where the student's parent resides, by a formal 6014
action, releases the student to participate in interscholastic 6015
athletics at the school where the student is attending, and 6016
provided the student receives any authorization required by a 6017
public agency or private organization of which the school 6018
district is a member exercising authority over interscholastic 6019
sports. 6020

(8) A child whose parent is a full-time employee of a 6021
city, local, or exempted village school district, or of an 6022

educational service center, may be admitted to the schools of 6023
the district where the child's parent is employed, or in the 6024
case of a child whose parent is employed by an educational 6025
service center, in the district that serves the location where 6026
the parent's job is primarily located, provided the district 6027
board of education establishes such an admission policy by 6028
resolution adopted by a majority of its members. Any such policy 6029
shall take effect on the first day of the school year and the 6030
effective date of any amendment or repeal may not be prior to 6031
the first day of the subsequent school year. The policy shall be 6032
uniformly applied to all such children and shall provide for the 6033
admission of any such child upon request of the parent. No child 6034
may be admitted under this policy after the first day of classes 6035
of any school year. 6036

(9) A child who is with the child's parent under the care 6037
of a shelter for victims of domestic violence, as defined in 6038
section 3113.33 of the Revised Code, is entitled to attend 6039
school free in the district in which the child is with the 6040
child's parent, and no other school district shall be required 6041
to pay tuition for the child's attendance in that school 6042
district. 6043

The enrollment of a child in a school district under this 6044
division shall not be denied due to a delay in the school 6045
district's receipt of any records required under section 6046
3313.672 of the Revised Code or any other records required for 6047
enrollment. Any days of attendance and any credits earned by a 6048
child while enrolled in a school district under this division 6049
shall be transferred to and accepted by any school district in 6050
which the child subsequently enrolls. The state board of 6051
education shall adopt rules to ensure compliance with this 6052
division. 6053

(10) Any child under the age of twenty-two years whose parent has moved out of the school district after the commencement of classes in the child's senior year of high school is entitled, subject to the approval of that district board, to attend school in the district in which the child attended school at the time of the parental move for the remainder of the school year and for one additional semester or equivalent term. A district board may also adopt a policy specifying extenuating circumstances under which a student may continue to attend school under division (F)(10) of this section for an additional period of time in order to successfully complete the high school curriculum for the individualized education program developed for the student by the high school pursuant to section 3323.08 of the Revised Code.

(11) As used in this division, "grandparent" means a parent of a parent of a child. A child under the age of twenty-two years who is in the custody of the child's parent, resides with a grandparent, and does not require special education is entitled to attend the schools of the district in which the child's grandparent resides, provided that, prior to such attendance in any school year, the board of education of the school district in which the child's grandparent resides and the board of education of the school district in which the child's parent resides enter into a written agreement specifying that good cause exists for such attendance, describing the nature of this good cause, and consenting to such attendance.

In lieu of a consent form signed by a parent, a board of education may request the grandparent of a child attending school in the district in which the grandparent resides pursuant to division (F)(11) of this section to complete any consent form required by the district, including any authorization required

by sections 3313.712, 3313.713, 3313.716, and 3313.718 of the Revised Code. Upon request, the grandparent shall complete any consent form required by the district. A school district shall not incur any liability solely because of its receipt of a consent form from a grandparent in lieu of a parent.

Division (F) (11) of this section does not create, and shall not be construed as creating, a new cause of action or substantive legal right against a school district, a member of a board of education, or an employee of a school district. This section does not affect, and shall not be construed as affecting, any immunities from defenses to tort liability created or recognized by Chapter 2744. of the Revised Code for a school district, member, or employee.

(12) A child under the age of twenty-two years is entitled to attend school in a school district other than the district in which the child is entitled to attend school under division (B), (C), or (E) of this section provided that, prior to such attendance in any school year, both of the following occur:

(a) The superintendent of the district in which the child is entitled to attend school under division (B), (C), or (E) of this section contacts the superintendent of another district for purposes of this division;

(b) The superintendents of both districts enter into a written agreement that consents to the attendance and specifies that the purpose of such attendance is to protect the student's physical or mental well-being or to deal with other extenuating circumstances deemed appropriate by the superintendents.

While an agreement is in effect under this division for a student who is not receiving special education under Chapter

3323. of the Revised Code and notwithstanding Chapter 3327. of 6114
the Revised Code, the board of education of neither school 6115
district involved in the agreement is required to provide 6116
transportation for the student to and from the school where the 6117
student attends. 6118

A student attending a school of a district pursuant to 6119
this division shall be allowed to participate in all student 6120
activities, including interscholastic athletics, at the school 6121
where the student is attending on the same basis as any student 6122
who has always attended the schools of that district while of 6123
compulsory school age. 6124

(13) All school districts shall comply with the "McKinney- 6125
Vento Homeless Assistance Act," 42 U.S.C.A. 11431 et seq., for 6126
the education of homeless children. Each city, local, and 6127
exempted village school district shall comply with the 6128
requirements of that act governing the provision of a free, 6129
appropriate public education, including public preschool, to 6130
each homeless child. 6131

When a child loses permanent housing and becomes a 6132
homeless person, as defined in 42 U.S.C.A. 11481(5), or when a 6133
child who is such a homeless person changes temporary living 6134
arrangements, the child's parent or guardian shall have the 6135
option of enrolling the child in either of the following: 6136

(a) The child's school of origin, as defined in 42 6137
U.S.C.A. 11432(g) (3) (C); 6138

(b) The school that is operated by the school district in 6139
which the shelter where the child currently resides is located 6140
and that serves the geographic area in which the shelter is 6141
located. 6142

(14) A child under the age of twenty-two years who resides 6143
with a person other than the child's parent is entitled to 6144
attend school in the school district in which that person 6145
resides if both of the following apply: 6146

(a) That person has been appointed, through a military 6147
power of attorney executed under section 574(a) of the "National 6148
Defense Authorization Act for Fiscal Year 1994," 107 Stat. 1674 6149
(1993), 10 U.S.C. 1044b, or through a comparable document 6150
necessary to complete a family care plan, as the parent's agent 6151
for the care, custody, and control of the child while the parent 6152
is on active duty as a member of the national guard or a reserve 6153
unit of the armed forces of the United States or because the 6154
parent is a member of the armed forces of the United States and 6155
is on a duty assignment away from the parent's residence. 6156

(b) The military power of attorney or comparable document 6157
includes at least the authority to enroll the child in school. 6158

The entitlement to attend school in the district in which 6159
the parent's agent under the military power of attorney or 6160
comparable document resides applies until the end of the school 6161
year in which the military power of attorney or comparable 6162
document expires. 6163

(G) A board of education, after approving admission, may 6164
waive tuition for students who will temporarily reside in the 6165
district and who are either of the following: 6166

(1) Residents or domiciliaries of a foreign nation who 6167
request admission as foreign exchange students; 6168

(2) Residents or domiciliaries of the United States but 6169
not of Ohio who request admission as participants in an exchange 6170
program operated by a student exchange organization. 6171

(H) Pursuant to sections 3311.211, 3313.90, 3319.01, 6172
3323.04, 3327.04, and 3327.06 of the Revised Code, a child may 6173
attend school or participate in a special education program in a 6174
school district other than in the district where the child is 6175
entitled to attend school under division (B) of this section. 6176

(I) (1) Notwithstanding anything to the contrary in this 6177
section or section 3313.65 of the Revised Code, a child under 6178
twenty-two years of age may attend school in the school district 6179
in which the child, at the end of the first full week of October 6180
of the school year, was entitled to attend school as otherwise 6181
provided under this section or section 3313.65 of the Revised 6182
Code, if at that time the child was enrolled in the schools of 6183
the district but since that time the child or the child's parent 6184
has relocated to a new address located outside of that school 6185
district and within the same county as the child's or parent's 6186
address immediately prior to the relocation. The child may 6187
continue to attend school in the district, and at the school to 6188
which the child was assigned at the end of the first full week 6189
of October of the current school year, for the balance of the 6190
school year. Division (I) (1) of this section applies only if 6191
both of the following conditions are satisfied: 6192

(a) The board of education of the school district in which 6193
the child was entitled to attend school at the end of the first 6194
full week in October and of the district to which the child or 6195
child's parent has relocated each has adopted a policy to enroll 6196
children described in division (I) (1) of this section. 6197

(b) The child's parent provides written notification of 6198
the relocation outside of the school district to the 6199
superintendent of each of the two school districts. 6200

(2) At the beginning of the school year following the 6201

school year in which the child or the child's parent relocated 6202
outside of the school district as described in division (I) (1) 6203
of this section, the child is not entitled to attend school in 6204
the school district under that division. 6205

(3) Any person or entity owing tuition to the school 6206
district on behalf of the child at the end of the first full 6207
week in October, as provided in division (C) of this section, 6208
shall continue to owe such tuition to the district for the 6209
child's attendance under division (I) (1) of this section for the 6210
lesser of the balance of the school year or the balance of the 6211
time that the child attends school in the district under 6212
division (I) (1) of this section. 6213

(4) A pupil who may attend school in the district under 6214
division (I) (1) of this section shall be entitled to 6215
transportation services pursuant to an agreement between the 6216
district and the district in which the child or child's parent 6217
has relocated unless the districts have not entered into such 6218
agreement, in which case the child shall be entitled to 6219
transportation services in the same manner as a pupil attending 6220
school in the district under interdistrict open enrollment as 6221
described in division (E) of section 3313.981 of the Revised 6222
Code, regardless of whether the district has adopted an open 6223
enrollment policy as described in division (B) (1) (b) or (c) of 6224
section 3313.98 of the Revised Code. 6225

(J) This division does not apply to a child receiving 6226
special education. 6227

A school district required to pay tuition pursuant to 6228
division (C) (2) or (3) of this section or section 3313.65 of the 6229
Revised Code shall have an amount deducted under division (C) of 6230
section 3317.023 of the Revised Code equal to its own tuition 6231

rate for the same period of attendance. A school district 6232
entitled to receive tuition pursuant to division (C) (2) or (3) 6233
of this section or section 3313.65 of the Revised Code shall 6234
have an amount credited under division (C) of section 3317.023 6235
of the Revised Code equal to its own tuition rate for the same 6236
period of attendance. If the tuition rate credited to the 6237
district of attendance exceeds the rate deducted from the 6238
district required to pay tuition, the department of education 6239
shall pay the district of attendance the difference from amounts 6240
deducted from all districts' payments under division (C) of 6241
section 3317.023 of the Revised Code but not credited to other 6242
school districts under such division and from appropriations 6243
made for such purpose. The treasurer of each school district 6244
shall, by the fifteenth day of January and July, furnish the 6245
superintendent of public instruction a report of the names of 6246
each child who attended the district's schools under divisions 6247
(C) (2) and (3) of this section or section 3313.65 of the Revised 6248
Code during the preceding six calendar months, the duration of 6249
the attendance of those children, the school district 6250
responsible for tuition on behalf of the child, and any other 6251
information that the superintendent requires. 6252

Upon receipt of the report the superintendent, pursuant to 6253
division (C) of section 3317.023 of the Revised Code, shall 6254
deduct each district's tuition obligations under divisions (C) 6255
(2) and (3) of this section or section 3313.65 of the Revised 6256
Code and pay to the district of attendance that amount plus any 6257
amount required to be paid by the state. 6258

(K) In the event of a disagreement, the superintendent of 6259
public instruction shall determine the school district in which 6260
the parent resides. 6261

(L) Nothing in this section requires or authorizes, or 6262
shall be construed to require or authorize, the admission to a 6263
public school in this state of a pupil who has been permanently 6264
excluded from public school attendance by the superintendent of 6265
public instruction pursuant to sections 3301.121 and 3313.662 of 6266
the Revised Code. 6267

(M) In accordance with division (B)(1) of this section, a 6268
child whose parent is a member of the national guard or a 6269
reserve unit of the armed forces of the United States and is 6270
called to active duty, or a child whose parent is a member of 6271
the armed forces of the United States and is ordered to a 6272
temporary duty assignment outside of the district, may continue 6273
to attend school in the district in which the child's parent 6274
lived before being called to active duty or ordered to a 6275
temporary duty assignment outside of the district, as long as 6276
the child's parent continues to be a resident of that district, 6277
and regardless of where the child lives as a result of the 6278
parent's active duty status or temporary duty assignment. 6279
However, the district is not responsible for providing 6280
transportation for the child if the child lives outside of the 6281
district as a result of the parent's active duty status or 6282
temporary duty assignment. 6283

Sec. 3313.671. (A)(1) Except as otherwise provided in 6284
division (B) of this section, no pupil, at the time of initial 6285
entry or at the beginning of each school year, to an elementary 6286
or high school for which the state board of education prescribes 6287
minimum standards pursuant to division (D) of section 3301.07 of 6288
the Revised Code, shall be permitted to remain in school for 6289
more than fourteen days unless the pupil presents written 6290
evidence satisfactory to the person in charge of admission, that 6291
the pupil has been immunized by a method of immunization 6292

approved by the department of health pursuant to section 3701.13 6293
of the Revised Code against mumps, poliomyelitis, diphtheria, 6294
pertussis, tetanus, rubeola, and rubella or is in the process of 6295
being immunized. 6296

(2) Except as provided in division (B) of this section, no 6297
pupil who begins kindergarten at an elementary school subject to 6298
the state board of education's minimum standards shall be 6299
permitted to remain in school for more than fourteen days unless 6300
the pupil presents written evidence satisfactory to the person 6301
in charge of admission that the pupil has been immunized by a 6302
department of health-approved method of immunization or is in 6303
the process of being immunized against both of the following: 6304

(a) During or after the school year beginning in 1999, 6305
hepatitis B; 6306

(b) During or after the school year beginning in 2006, 6307
chicken pox. 6308

(3) Except as provided in division (B) of this section, 6309
during and after the school year beginning in 2016, no pupil who 6310
is the age or older than the age at which immunization against 6311
meningococcal disease is recommended by the state department of 6312
health shall be permitted to remain in a school subject to the 6313
state board of education's minimum standards for more than 6314
fourteen days unless the pupil presents written evidence 6315
satisfactory to the person in charge of admission that the pupil 6316
has been immunized by a department of health-approved method of 6317
immunization, or is in the process of being immunized, against 6318
meningococcal disease. 6319

(4) As used in divisions (A) (1), (2), and (3) of this 6320
section, "in the process of being immunized" means the pupil has 6321

been immunized against mumps, rubeola, rubella, and chicken pox, 6322
and if the pupil has not been immunized against poliomyelitis, 6323
diphtheria, pertussis, tetanus, hepatitis B, and meningococcal 6324
disease, the pupil has received at least the first dose of the 6325
immunization sequence, and presents written evidence to the 6326
pupil's building principal or chief administrative officer of 6327
each subsequent dose required to obtain immunization at the 6328
intervals prescribed by the director of health. Any student 6329
previously admitted under the "in process of being immunized" 6330
provision and who has not complied with the immunization 6331
intervals prescribed by the director of health shall be excluded 6332
from school on the fifteenth day of the following school year. 6333
Any student so excluded shall be readmitted upon showing 6334
evidence to the student's building principal or chief 6335
administrative officer of progress on the director of health's 6336
interval schedule. 6337

(B) (1) A pupil who has had natural rubeola, and presents a 6338
signed statement from the pupil's parent, guardian, ~~or~~ 6339
physician, certified nurse-midwife, clinical nurse specialist, 6340
or certified nurse practitioner to that effect, is not required 6341
to be immunized against rubeola. 6342

(2) A pupil who has had natural mumps, and presents a 6343
signed statement from the pupil's parent, guardian, ~~or~~ 6344
physician, certified nurse-midwife, clinical nurse specialist, 6345
or certified nurse practitioner to that effect, is not required 6346
to be immunized against mumps. 6347

(3) A pupil who has had natural chicken pox, and presents 6348
a signed statement from the pupil's parent, guardian, ~~or~~ 6349
physician, certified nurse-midwife, clinical nurse specialist, 6350
or certified nurse practitioner to that effect, is not required 6351

to be immunized against chicken pox. 6352

(4) A pupil who presents a written statement of the 6353
pupil's parent or guardian in which the parent or guardian 6354
declines to have the pupil immunized for reasons of conscience, 6355
including religious convictions, is not required to be 6356
immunized. 6357

(5) A child whose physician, certified nurse-midwife, 6358
clinical nurse specialist, or certified nurse practitioner 6359
certifies in writing that such immunization against any disease 6360
is medically contraindicated is not required to be immunized 6361
against that disease. 6362

(C) As used in this division, "chicken pox epidemic" means 6363
the occurrence of cases of chicken pox in numbers greater than 6364
expected in the school's population or for a particular period 6365
of time. 6366

Notwithstanding division (B) of this section, a school may 6367
deny admission to a pupil otherwise exempted from the chicken 6368
pox immunization requirement if the director of the state 6369
department of health notifies the school's principal or chief 6370
administrative officer that a chicken pox epidemic exists in the 6371
school's population. The denial of admission shall cease when 6372
the director notifies the principal or officer that the epidemic 6373
no longer exists. 6374

The board of education or governing body of each school 6375
subject to this section shall adopt a policy that prescribes 6376
methods whereby the academic standing of a pupil who is denied 6377
admission during a chicken pox epidemic may be preserved. 6378

(D) Boards of health, legislative authorities of municipal 6379
corporations, and boards of township trustees on application of 6380

the board of education of the district or proper authority of 6381
any school affected by this section, shall provide at the public 6382
expense, without delay, the means of immunization against mumps, 6383
poliomyelitis, rubeola, rubella, diphtheria, pertussis, tetanus, 6384
and hepatitis B to pupils who are not so provided by their 6385
parents or guardians. 6386

(E) The department of health shall specify the age at 6387
which immunization against meningococcal disease, as required by 6388
division (A)(3) of this section, is recommended, and approve a 6389
method of immunization against meningococcal disease. 6390

Sec. 3313.71. School physicians, certified nurse-midwives, 6391
clinical nurse specialists, or certified nurse practitioners may 6392
make examinations, which shall include tests to determine the 6393
existence of hearing defects, and diagnoses of all children 6394
referred to them. They may make such examination of teachers and 6395
other school employees and inspection of school buildings as in 6396
their opinion the protection of health of the pupils, teachers, 6397
and other school employees requires. 6398

Boards of education shall require and provide, in 6399
accordance with section 3313.67 of the Revised Code, such tests 6400
and examinations for tuberculosis of pupils in selected grades 6401
and of school employees as may be required by the director of 6402
health. 6403

Boards may require annual tuberculin tests of any grades. 6404
All pupils with positive reactions to the test shall have chest 6405
x-rays and all positive reactions and x-ray findings shall be 6406
reported promptly to the county record bureau of tuberculosis 6407
cases provided for in section 339.74 of the Revised Code. Boards 6408
shall waive the required test where a pupil presents a written 6409
statement from the pupil's ~~family physician~~ primary care 6410

provider certifying that such test has been given and that such 6411
pupil is free from tuberculosis in a communicable stage, or that 6412
such test is inadvisable for medical reasons, or from the 6413
pupil's parent or guardian objecting to such test because of 6414
religious convictions. 6415

Whenever a pupil, teacher, or other school employee is 6416
found to be ill or suffering from tuberculosis in a communicable 6417
stage or other communicable disease, the school physician, 6418
certified nurse-midwife, clinical nurse specialist, or certified 6419
nurse practitioner shall promptly send such pupil, teacher, or 6420
other school employee home, with a statement, in the case of a 6421
pupil, to the pupil's parents or guardian, briefly setting forth 6422
the discovered facts, and advising that the ~~family physician~~ 6423
primary care provider be consulted. School physicians, certified 6424
nurse-midwives, clinical nurse specialists, or certified nurse 6425
practitioners shall keep accurate card-index records of all 6426
examinations, and said records, that they may be uniform 6427
throughout the state, shall be according to the form prescribed 6428
by the state board of education, and the reports shall be made 6429
according to the method of said form. If the parent or guardian 6430
of any pupil or any teacher or other school employee, after 6431
notice from the board of education, furnishes within two weeks 6432
thereafter the written certificate of any reputable physician, 6433
certified nurse-midwife, clinical nurse specialist, or certified 6434
nurse practitioner that the pupil, teacher, or other school 6435
employee has been examined, in such cases the service of the 6436
school physician, certified nurse-midwife, clinical nurse 6437
specialist, or certified nurse practitioner shall be dispensed 6438
with, and such certificate shall be furnished by such parent or 6439
guardian, as required by the board of education. Such individual 6440
records shall not be open to the public and shall be solely for 6441

the use of the boards of education and boards of health officer. 6442
If any teacher or other school employee is found to have 6443
tuberculosis in a communicable stage or other communicable 6444
disease, the teacher's or employee's employment shall be 6445
discontinued or suspended upon such terms as to salary as the 6446
board deems just until the school physician, certified nurse- 6447
midwife, clinical nurse specialist, or certified nurse 6448
practitioner has certified to a recovery from such disease. The 6449
methods of making the tuberculin tests and chest x-rays required 6450
by this section shall be such as are approved by the director of 6451
health. 6452

This section shall apply to all elementary and high 6453
schools for which the state board of education sets minimum 6454
standards pursuant to section 3301.07 of the Revised Code. 6455

Sec. 3313.712. As used in this section, "parent" means 6456
parent as defined in section 3321.01 of the Revised Code. 6457

(A) Annually the board of education of each city, exempted 6458
village, local, and joint vocational school district shall, 6459
before the first day of October, provide to the parent of every 6460
pupil enrolled in schools under the board's jurisdiction, an 6461
emergency medical authorization form that is an identical copy 6462
of the form contained in division (B) of this section. 6463
Thereafter, the board shall, within thirty days after the entry 6464
of any pupil into a public school in this state for the first 6465
time, provide ~~his~~ the pupil's parent, either as part of any 6466
registration form which is in use in the district, or as a 6467
separate form, an identical copy of the form contained in 6468
division (B) of this section. When the form is returned to the 6469
school with Part I or Part II completed, the school shall keep 6470
the form on file, and shall send the form to any school of a 6471

city, exempted village, local, or joint vocational school 6472
district to which the pupil is transferred. Upon request of ~~his~~ 6473
a pupil's parent, authorities of the school in which the pupil 6474
is enrolled may permit the parent to make changes in a 6475
previously filed form, or to file a new form. 6476

If a parent does not wish to give such written permission, 6477
~~he~~ the parent shall indicate in the proper place on the form the 6478
procedure ~~he~~ the parent wishes school authorities to follow in 6479
the event of a medical emergency involving ~~his~~ the parent's 6480
child. 6481

Even if a parent gives written consent for emergency 6482
medical treatment, when a pupil becomes ill or is injured and 6483
requires emergency medical treatment while under school 6484
authority, or while engaged in an extra-curricular activity 6485
authorized by the appropriate school authorities, the 6486
authorities of ~~his~~ the pupil's school shall make reasonable 6487
attempts to contact the parent before treatment is given. The 6488
school shall present the pupil's emergency medical authorization 6489
form or copy thereof to the hospital or practitioner rendering 6490
treatment. 6491

Nothing in this section shall be construed to impose 6492
liability on any school official or school employee who, in good 6493
faith, attempts to comply with this section. 6494

(B) The emergency medical authorization form provided for 6495
in division (A) of this section is as follows: 6496

"EMERGENCY MEDICAL AUTHORIZATION 6497

School _____ Student Name _____ 6498

_____ Address _____ 6499

_____ 6500
_____ Telephone _____ 6501

Purpose - To enable parents and guardians to authorize the 6502
provision of emergency treatment for children who become ill or 6503
injured while under school authority, when parents or guardians 6504
cannot be reached. 6505

Residential Parent or Guardian 6506

Mother's Name _____ Daytime Phone _____ 6507
Father's Name _____ Daytime Phone _____ 6508
Other's Name _____ Daytime Phone _____ 6509

Name of Relative or Childcare Provider 6510
_____ Relationship _____ 6511

Address _____ Phone _____ 6512

PART I OR II MUST BE COMPLETED 6513

PART I - TO GRANT CONSENT 6514

I hereby give consent for the following medical care 6515
providers and local hospital to be called: 6516

~~Doctor~~ Primary Care Provider _____ Phone 6517
_____ 6518

Dentist _____ Phone _____ 6519

Medical Specialist _____ Phone _____ 6520

Local Hospital _____ Emergency Room Phone _____ 6521

In the event reasonable attempts to contact me have been 6522
unsuccessful, I hereby give my consent for (1) the 6523

administration of any treatment deemed necessary by above-named 6524
~~doctor~~primary care provider, or, in the event the designated 6525
preferred practitioner is not available, by another licensed 6526
physician, certified nurse practitioner, clinical nurse 6527
specialist, or dentist; and (2) the transfer of the child to any 6528
hospital reasonably accessible. 6529

This authorization does not cover major surgery unless the 6530
medical opinions of two other licensed physicians, certified 6531
nurse practitioners, clinical nurse specialists, or dentists, 6532
concurring in the necessity for such surgery, are obtained prior 6533
to the performance of such surgery. 6534

Facts concerning the child's medical history including 6535
allergies, medications being taken, and any physical impairments 6536
to which a physician, certified nurse practitioner, or clinical 6537
nurse specialist should be alerted: 6538

Date _____ Signature of 6539
Parent/Guardian 6540

Address _____ 6542
_____ 6543

PART II - REFUSAL TO CONSENT 6544

I do NOT give my consent for emergency medical treatment 6545
of my child. In the event of illness or injury requiring 6546
emergency treatment, I wish the school authorities to take the 6547
following action: 6548

Date _____ Signature of 6549
Parent/Guardian 6550

_____ 6551
Address 6552
_____ 6553
_____ " 6554

Sec. 3313.716. (A) Notwithstanding section 3313.713 of the 6555
Revised Code or any policy adopted under that section, a student 6556
of a school operated by a city, local, exempted village, or 6557
joint vocational school district or a student of a chartered 6558
nonpublic school may possess and use a metered dose inhaler or a 6559
dry powder inhaler to alleviate asthmatic symptoms, or before 6560
exercise to prevent the onset of asthmatic symptoms, if both of 6561
the following conditions are satisfied: 6562

(1) The student has the written approval of the student's 6563
physician, clinical nurse specialist, or certified nurse 6564
practitioner and, if the student is a minor, the written 6565
approval of the parent, guardian, or other person having care or 6566
charge of the student. The physician's or nurse's written 6567
approval shall include at least all of the following 6568
information: 6569

(a) The student's name and address; 6570

(b) The names and dose of the medication contained in the 6571
inhaler; 6572

(c) The date the administration of the medication is to 6573
begin; 6574

(d) The date, if known, that the administration of the 6575
medication is to cease; 6576

(e) Written instructions that outline procedures school 6577

personnel should follow in the event that the asthma medication 6578
does not produce the expected relief from the student's asthma 6579
attack; 6580

(f) Any severe adverse reactions that may occur to the 6581
child using the inhaler and that should be reported to the 6582
physician or nurse; 6583

(g) Any severe adverse reactions that may occur to another 6584
child, for whom the inhaler is not prescribed, should such a 6585
child receive a dose of the medication; 6586

(h) At least one emergency telephone number for contacting 6587
the physician or nurse in an emergency; 6588

(i) At least one emergency telephone number for contacting 6589
the parent, guardian, or other person having care or charge of 6590
the student in an emergency; 6591

(j) Any other special instructions from the physician or 6592
nurse. 6593

(2) The school principal and, if a school nurse is 6594
assigned to the student's school building, the school nurse has 6595
received copies of the written approvals required by division 6596
(A) (1) of this section. 6597

If these conditions are satisfied, the student may possess 6598
and use the inhaler at school or at any activity, event, or 6599
program sponsored by or in which the student's school is a 6600
participant. 6601

(B) (1) A school district, member of a school district 6602
board of education, or school district employee is not liable in 6603
damages in a civil action for injury, death, or loss to person 6604
or property allegedly arising from a district employee's 6605

prohibiting a student from using an inhaler because of the 6606
employee's good faith belief that the conditions of divisions 6607
(A) (1) and (2) of this section had not been satisfied. A school 6608
district, member of a school district board of education, or 6609
school district employee is not liable in damages in a civil 6610
action for injury, death, or loss to person or property 6611
allegedly arising from a district employee's permitting a 6612
student to use an inhaler because of the employee's good faith 6613
belief that the conditions of divisions (A) (1) and (2) of this 6614
section had been satisfied. Furthermore, when a school district 6615
is required by this section to permit a student to possess and 6616
use an inhaler because the conditions of divisions (A) (1) and 6617
(2) of this section have been satisfied, the school district, 6618
any member of the school district board of education, or any 6619
school district employee is not liable in damages in a civil 6620
action for injury, death, or loss to person or property 6621
allegedly arising from the use of the inhaler by a student for 6622
whom it was not prescribed. 6623

This section does not eliminate, limit, or reduce any 6624
other immunity or defense that a school district, member of a 6625
school district board of education, or school district employee 6626
may be entitled to under Chapter 2744. or any other provision of 6627
the Revised Code or under the common law of this state. 6628

(2) A chartered nonpublic school or any officer, director, 6629
or employee of the school is not liable in damages in a civil 6630
action for injury, death, or loss to person or property 6631
allegedly arising from a school employee's prohibiting a student 6632
from using an inhaler because of the employee's good faith 6633
belief that the conditions of divisions (A) (1) and (2) of this 6634
section had not been satisfied. A chartered nonpublic school or 6635
any officer, director, or employee of the school is not liable 6636

in damages in a civil action for injury, death, or loss to 6637
person or property allegedly arising from a school employee's 6638
permitting a student to use an inhaler because of the employee's 6639
good faith belief that the conditions of divisions (A) (1) and 6640
(2) of this section had been satisfied. Furthermore, when a 6641
chartered nonpublic school is required by this section to permit 6642
a student to possess and use an inhaler because the conditions 6643
of divisions (A) (1) and (2) of this section have been satisfied, 6644
the chartered nonpublic school or any officer, director, or 6645
employee of the school is not liable in damages in a civil 6646
action for injury, death, or loss to person or property 6647
allegedly arising from the use of the inhaler by a student for 6648
whom it was not prescribed. 6649

Sec. 3313.72. The board of education of a city, exempted 6650
village, or local school district may enter into a contract with 6651
a health district for the purpose of providing the services of a 6652
school physician, dentist, or nurse, including a clinical nurse 6653
specialist or certified nurse practitioner. The board may also 6654
enter into a contract under section 3313.721 of the Revised Code 6655
for the purpose of providing health care services to students. 6656

Sec. 3313.73. If the board of education of a city, 6657
exempted village, or local school district has not employed a 6658
school physician, clinical nurse specialist, or certified nurse 6659
practitioner, the board of health shall conduct the health 6660
examination of all school children in the health district and 6661
shall report the findings of such examination and make such 6662
recommendations to the parents or guardians as are deemed 6663
necessary for the correction of such defects as need correction. 6664
This section does not require any school child to receive a 6665
medical examination or receive medical treatment whose parent or 6666
guardian objects thereto. 6667

Sec. 3319.141. Each person who is employed by any board of 6668
education in this state, except for substitutes, adult education 6669
instructors who are scheduled to work the full-time equivalent 6670
of less than one hundred twenty days per school year, or persons 6671
who are employed on an as-needed, seasonal, or intermittent 6672
basis, shall be entitled to fifteen days sick leave with pay, 6673
for each year under contract, which shall be credited at the 6674
rate of one and one-fourth days per month. Teachers and regular 6675
nonteaching school employees, upon approval of the responsible 6676
administrative officer of the school district, may use sick 6677
leave for absence due to personal illness, pregnancy, injury, 6678
exposure to contagious disease which could be communicated to 6679
others, and for absence due to illness, injury, or death in the 6680
employee's immediate family. Unused sick leave shall be 6681
cumulative up to one hundred twenty work days, unless more than 6682
one hundred twenty days are approved by the employing board of 6683
education. The previously accumulated sick leave of a person who 6684
has been separated from public service, whether accumulated 6685
pursuant to section 124.38 of the Revised Code or pursuant to 6686
this section, shall be placed to the person's credit upon re- 6687
employment in the public service, provided that such re- 6688
employment takes place within ten years of the date of the last 6689
termination from public service. A teacher or nonteaching school 6690
employee who transfers from one public agency to another shall 6691
be credited with the unused balance of the teacher's or 6692
nonteaching employee's accumulated sick leave up to the maximum 6693
of the sick leave accumulation permitted in the public agency to 6694
which the employee transfers. Teachers and nonteaching school 6695
employees who render regular part-time, per diem, or hourly 6696
service shall be entitled to sick leave for the time actually 6697
worked at the same rate as that granted like full-time 6698
employees, calculated in the same manner as the ratio of sick 6699

leave granted to hours of service established by section 124.38 6700
of the Revised Code. Each board of education may establish 6701
regulations for the entitlement, crediting and use of sick leave 6702
by those substitute teachers employed by such board pursuant to 6703
section 3319.10 of the Revised Code who are not otherwise 6704
entitled to sick leave pursuant to such section. A board of 6705
education shall require a teacher or nonteaching school employee 6706
to furnish a written, signed statement on forms prescribed by 6707
such board to justify the use of sick leave. If medical 6708
attention is required, the employee's statement shall list the 6709
name and address of the attending physician, certified nurse- 6710
midwife, clinical nurse specialist, or certified nurse 6711
practitioner and the dates when the physician or nurse was 6712
consulted. Nothing in this section shall be construed to waive 6713
the physician-patient or advanced practice registered nurse- 6714
patient privilege provided by section 2317.02 of the Revised 6715
Code. Falsification of a statement is grounds for suspension or 6716
termination of employment under sections 3311.82, 3319.081, and 6717
3319.16 of the Revised Code. No sick leave shall be granted or 6718
credited to a teacher after the teacher's retirement or 6719
termination of employment. 6720

Except to the extent used as sick leave, leave granted 6721
under regulations adopted by a board of education pursuant to 6722
section 3311.77 or 3319.08 of the Revised Code shall not be 6723
charged against sick leave earned or earnable under this 6724
section. Nothing in this section shall be construed to affect in 6725
any other way the granting of leave pursuant to section 3311.77 6726
or 3319.08 of the Revised Code and any granting of sick leave 6727
pursuant to such section shall be charged against sick leave 6728
accumulated pursuant to this section. 6729

This section shall not be construed to interfere with any 6730

unused sick leave credit in any agency of government where 6731
attendance records are maintained and credit has been given for 6732
unused sick leave. Unused sick leave accumulated by teachers and 6733
nonteaching school employees under section 124.38 of the Revised 6734
Code shall continue to be credited toward the maximum 6735
accumulation permitted in accordance with this section. Each 6736
newly hired regular nonteaching and each regular nonteaching 6737
employee of any board of education who has exhausted the 6738
employee's accumulated sick leave shall be entitled to an 6739
advancement of not less than five days of sick leave each year, 6740
as authorized by rules which each board shall adopt, to be 6741
charged against the sick leave the employee subsequently 6742
accumulates under this section. 6743

This section shall be uniformly administered. 6744

Sec. 3319.143. Notwithstanding section 3319.141 of the 6745
Revised Code, the board of education of a city, exempted 6746
village, local or joint vocational school district may adopt a 6747
policy of assault leave by which an employee who is absent due 6748
to physical disability resulting from an assault which occurs in 6749
the course of board employment will be maintained on full pay 6750
status during the period of such absence. A board of education 6751
electing to effect such a policy of assault leave shall 6752
establish rules for the entitlement, crediting, and use of 6753
assault leave and file a copy of same with the state board of 6754
education. A board of education adopting this policy shall 6755
require an employee to furnish a signed statement on forms 6756
prescribed by such board to justify the use of assault leave. If 6757
medical attention is required, a certificate from a licensed 6758
physician, certified nurse-midwife, clinical nurse specialist, 6759
or certified nurse practitioner stating the nature of the 6760
disability and its duration shall be required before assault 6761

leave can be approved for payment. Falsification of either a 6762
signed statement or a physician's or nurse's certificate is 6763
ground for suspension or termination of employment under section 6764
3311.82 or 3319.16 of the Revised Code. 6765

Assault leave granted under rules adopted by a board of 6766
education pursuant to this section shall not be charged against 6767
sick leave earned or earnable under section 3319.141 of the 6768
Revised Code or leave granted under rules adopted by a board of 6769
education pursuant to section 3311.77 or 3319.08 of the Revised 6770
Code. This section shall be uniformly administered in those 6771
districts where such policy is adopted. 6772

Sec. 3321.04. Notwithstanding division (D) of section 6773
3311.19 and division (D) of section 3311.52 of the Revised Code, 6774
this section does not apply to any joint vocational or 6775
cooperative education school district or its superintendent. 6776

Every parent of any child of compulsory school age who is 6777
not employed under an age and schooling certificate must send 6778
such child to a school or a special education program that 6779
conforms to the minimum standards prescribed by the state board 6780
of education, for the full time the school or program attended 6781
is in session, which shall not be for less than thirty-two weeks 6782
per school year. Such attendance must begin within the first 6783
week of the school term or program or within one week of the 6784
date on which the child begins to reside in the district or 6785
within one week after the child's withdrawal from employment. 6786

For the purpose of operating a school or program on a 6787
trimester plan, "full time the school attended is in session," 6788
as used in this section means the two trimesters to which the 6789
child is assigned by the board of education. For the purpose of 6790
operating a school or program on a quarterly plan, "full time 6791

the school attended is in session," as used in this section, 6792
means the three quarters to which the child is assigned by the 6793
board of education. For the purpose of operating a school or 6794
program on a pentamester plan, "full time the school is in 6795
session," as used in this section, means the four pentamesters 6796
to which the child is assigned by the board of education. 6797

Excuses from future attendance at or past absence from 6798
school or a special education program may be granted for the 6799
causes, by the authorities, and under the following conditions: 6800

(A) The superintendent of the school district in which the 6801
child resides may excuse the child from attendance for any part 6802
of the remainder of the current school year upon satisfactory 6803
showing of either of the following facts: 6804

(1) That the child's bodily or mental condition does not 6805
permit attendance at school or a special education program 6806
during such period; this fact is certified in writing by a 6807
licensed physician, clinical nurse specialist, or certified 6808
nurse practitioner or, in the case of a mental condition, by a 6809
licensed physician, a licensed clinical nurse specialist or 6810
certified nurse practitioner certified as a psychiatric-mental 6811
health CNS or psychiatric-mental health NP by the American 6812
nurses credentialing center, a licensed psychologist, a licensed 6813
school psychologist, or a certificated school psychologist; and 6814
provision is made for appropriate instruction of the child, in 6815
accordance with Chapter 3323. of the Revised Code; 6816

(2) That the child is being instructed at home by a person 6817
qualified to teach the branches in which instruction is 6818
required, and such additional branches, as the advancement and 6819
needs of the child may, in the opinion of such superintendent, 6820
require. In each such case the issuing superintendent shall file 6821

in the superintendent's office, with a copy of the excuse, 6822
papers showing how the inability of the child to attend school 6823
or a special education program or the qualifications of the 6824
person instructing the child at home were determined. All such 6825
excuses shall become void and subject to recall upon the removal 6826
of the disability of the child or the cessation of proper home 6827
instruction; and thereupon the child or the child's parents may 6828
be proceeded against after due notice whether such excuse be 6829
recalled or not. 6830

(B) The state board of education may adopt rules 6831
authorizing the superintendent of schools of the district in 6832
which the child resides to excuse a child over fourteen years of 6833
age from attendance for a future limited period for the purpose 6834
of performing necessary work directly and exclusively for the 6835
child's parents or legal guardians. 6836

All excuses provided for in divisions (A) and (B) of this 6837
section shall be in writing and shall show the reason for 6838
excusing the child. A copy thereof shall be sent to the person 6839
in charge of the child. 6840

(C) The board of education of the school district or the 6841
governing authorities of a private or parochial school may in 6842
the rules governing the discipline in such schools, prescribe 6843
the authority by which and the manner in which any child may be 6844
excused for absence from such school for good and sufficient 6845
reasons. 6846

The state board of education may by rule prescribe 6847
conditions governing the issuance of excuses, which shall be 6848
binding upon the authorities empowered to issue them. 6849

Sec. 3354.21. The multipurpose center established under 6850

section 3354.20 of the Revised Code may provide and may enter 6851
into an agreement with a public or private nonprofit agency or 6852
person to provide displaced homemakers with services. These 6853
services may include, but not be limited to, the following: 6854

(A) Job counseling, specifically designed for a person 6855
reentering the job market after a number of years as a 6856
homemaker, and utilizing peer counseling; 6857

(B) Job training developed cooperatively with the director 6858
of job and family services, local government agencies, and 6859
private employers, for available employment in the public and 6860
private sectors. The job training program shall provide a 6861
stipend for trainees. As opportunities for the employment of 6862
such skills in the community are identified or developed, the 6863
center's program shall include training for: 6864

(1) Employment counselors in social service agencies; 6865

(2) Home health technicians with skills in nutrition, 6866
basic health care, and nursing for the disabled and elderly; 6867

(3) Health care counselors, for employment in hospital 6868
outpatient and community clinics, especially in the counseling 6869
of middle-aged patients. 6870

(C) Assistance in finding employment. In its job-finding 6871
program, the staff shall work with the director of job and 6872
family services, and any other appropriate public or private 6873
agency in the area where the center is located. 6874

(D) Health service programs, including a clinic based on 6875
principles of preventive health care and consumer health 6876
education. The clinic shall provide basic physical and 6877
gynecological examinations, information and referral to 6878
physicians, clinical nurse specialists, certified nurse 6879

practitioners, and clinics, discussion and activity groups on 6880
common health problems of older persons, and alcohol and drug 6881
addiction programs. 6882

(E) Money management courses; 6883

(F) Information concerning government assistance programs; 6884

(G) Educational programs, including courses offering 6885
credit through community colleges or leading to a high school 6886
equivalency diploma; 6887

(H) Counseling for the purpose of lessening or resolving 6888
emotional problems, temporary stress, or impaired social 6889
functioning. 6890

Sec. 3501.382. (A) (1) A registered voter who, by reason of 6891
disability, is unable to physically sign the voter's name as a 6892
candidate, signer, or circulator on a declaration of candidacy 6893
and petition, nominating petition, other petition, or other 6894
document under Title XXXV of the Revised Code may authorize a 6895
legally competent resident of this state who is eighteen years 6896
of age or older as an attorney in fact to sign that voter's name 6897
to the petition or other election document, at the voter's 6898
direction and in the voter's presence, in accordance with either 6899
of the following procedures: 6900

(a) The voter may file with the board of elections of the 6901
voter's county of residence a notarized form that includes or 6902
has attached all of the following: 6903

(i) The name of the voter who is authorizing an attorney 6904
in fact to sign petitions or other election documents on that 6905
voter's behalf, at the voter's direction and in the voter's 6906
presence; 6907

(ii) An attestation of the voter that the voter, by reason of disability, is unable to sign physically petitions or other election documents and that the voter desires the attorney in fact to sign them on the voter's behalf, at the direction of the voter and in the voter's presence;

(iii) The name, residence address, date of birth, and, if applicable, Ohio supreme court registration number of the attorney in fact authorized to sign on the voter's behalf, at the voter's direction and in the voter's presence. A photocopy of the attorney in fact's driver's license or state identification card issued under section 4507.50 of the Revised Code shall be attached to the notarized form.

(iv) The form of the signature that the attorney in fact will use in signing petitions or other election documents on the voter's behalf, at the voter's direction and in the voter's presence.

(b) The voter may acknowledge, before an election official, and file with the board of elections of the voter's county of residence a form that includes or has attached all of the following:

(i) The name of the voter who is authorizing an attorney in fact to sign petitions or other election documents on that voter's behalf, at the voter's direction and in the voter's presence;

(ii) An attestation of the voter that the voter, by reason of disability, is physically unable to sign petitions or other election documents and that the voter desires the attorney in fact to sign them on the voter's behalf, at the direction of the voter and in the voter's presence;

(iii) An attestation from a licensed physician, clinical nurse specialist, or certified nurse practitioner that the voter is disabled and, by reason of that disability, is physically unable to sign petitions or other election documents;

(iv) The name, residence address, date of birth, and, if applicable, Ohio supreme court registration number of the attorney in fact authorized to sign on the voter's behalf, at the voter's direction and in the voter's presence. A photocopy of the attorney in fact's driver's license or state identification card issued under section 4507.50 of the Revised Code shall be attached to the notarized form.

(v) The form of the signature that the attorney in fact will use in signing petitions or other election documents on the voter's behalf, at the voter's direction and in the voter's presence.

(2) In addition to performing customary notarial acts with respect to the power of attorney form described in division (A) (1) (a) of this section, the notary public shall acknowledge that the voter in question affirmed in the presence of the notary public the information listed in divisions (A) (1) (a) (i), (ii), and (iii) of this section. A notary public shall not perform any notarial acts with respect to such a power of attorney form unless the voter first gives such an affirmation. Only a notary public satisfying the requirements of section 147.01 of the Revised Code may perform notarial acts with respect to such a power of attorney form.

(B) A board of elections that receives a form under division (A) (1) of this section from a voter shall do both of the following:

(1) Use the signature provided in accordance with division 6966
(A) (1) (a) (iv) or (A) (1) (b) (v) of this section for the purpose of 6967
verifying the voter's signature on all declarations of candidacy 6968
and petitions, nominating petitions, other petitions, or other 6969
documents signed by that voter under Title XXXV of the Revised 6970
Code; 6971

(2) Cause the poll list or signature pollbook for the 6972
relevant precinct to identify the voter in question as having 6973
authorized an attorney in fact to sign petitions or other 6974
election documents on the voter's behalf, at the voter's 6975
direction and in the voter's presence. 6976

(C) Notwithstanding division (D) of section 3501.38 or any 6977
other provision of the Revised Code to the contrary, an attorney 6978
in fact authorized to sign petitions or other election documents 6979
on a disabled voter's behalf, at the direction of and in the 6980
presence of that voter, in accordance with division (A) of this 6981
section may sign that voter's name to any petition or other 6982
election document under Title XXXV of the Revised Code after the 6983
power of attorney has been filed with the board of elections in 6984
accordance with division (A) (1) of this section. The signature 6985
shall be deemed to be that of the disabled voter, and the voter 6986
shall be deemed to be the signer. 6987

(D) (1) Notwithstanding division (F) of section 3501.38 or 6988
any other provision of the Revised Code to the contrary, the 6989
circulator of a petition may knowingly permit an attorney in 6990
fact to sign the petition on a disabled voter's behalf, at the 6991
direction of and in the presence of that voter, in accordance 6992
with division (A) (1) of this section. 6993

(2) Notwithstanding division (F) of section 3501.38 or any 6994
other provision of the Revised Code to the contrary, no petition 6995

paper shall be invalidated on the ground that the circulator 6996
knowingly permitted an attorney in fact to write a name other 6997
than the attorney in fact's own name on a petition paper, if 6998
that attorney in fact signed the petition on a disabled voter's 6999
behalf, at the direction of and in the presence of that voter, 7000
in accordance with division (C) of this section. 7001

(E) The secretary of state shall prescribe the form and 7002
content of the form for the power of attorney prescribed under 7003
division (A) (1) of this section and also shall prescribe the 7004
form and content of a distinct form to revoke such a power of 7005
attorney. 7006

(F) As used in this section, "unable to physically sign" 7007
means that the person with a disability cannot comply with the 7008
provisions of section 3501.011 of the Revised Code. A person is 7009
not "unable to physically sign" if the person is able to comply 7010
with section 3501.011 through reasonable accommodation, 7011
including the use of assistive technology or augmentative 7012
devices. 7013

Sec. 3701.01. As used in sections 3701.01, 3701.04, 7014
3701.08, 3701.09, and 3701.37 to 3701.45 of the Revised Code: 7015

(A) "The federal act" means Title VI of the "Public Health 7016
Service Act," 60 Stat. 1041 (1946), 42 U.S.C. 291, as amended. 7017

(B) "The surgeon general" means the surgeon general of the 7018
public health service of the United States or such other officer 7019
or employee of the United States responsible for administration 7020
of the federal act. 7021

(C) "Hospital" includes public health centers and general, 7022
mental, chronic disease, and other types of hospitals, and 7023
related facilities, such as laboratories, outpatient 7024

departments, nurses' home facilities, extended care facilities, 7025
self-care units, and central service facilities operated in 7026
connection with hospitals, and also includes education and 7027
training facilities for health professions personnel operated as 7028
an integral part of a hospital, but does not include any 7029
hospital furnishing primarily domiciliary care. 7030

(D) "Public health center" means a publicly owned facility 7031
for the housing of the public health services of a community and 7032
one which makes available equipment to aid physicians, certified 7033
nurse-midwives, clinical nurse specialists, or certified nurse 7034
practitioners in the prevention, diagnosis, and treatment of 7035
disease. 7036

(E) "Nonprofit hospital," or "nonprofit" as applied to a 7037
facility, means any hospital or facility owned and operated by 7038
one or more nonprofit corporations or associations no part of 7039
the net earnings of which inures, or may lawfully inure, to the 7040
benefit of any private shareholder or individual. 7041

(F) "Medical facilities" means outpatient facilities, 7042
rehabilitation facilities, and facilities for long-term care, 7043
including nursing homes, as those terms are defined in the 7044
federal act, and such other facilities for which federal aid may 7045
be authorized under the federal act. 7046

Sec. 3701.031. (A) The director of health shall accept and 7047
administer grants received from the federal government or other 7048
sources, public or private, that are made available for use in 7049
monitoring, studying, and preventing pregnancy losses. To the 7050
extent that funding from grants is available, the director shall 7051
do the following: 7052

(1) Establish a population-based pregnancy loss registry 7053

to monitor the incidence of various types of pregnancy losses 7054
that occur in this state, make appropriate epidemiological 7055
studies to determine any causal relations of the pregnancy 7056
losses with occupational, nutritional, environmental, genetic, 7057
or infectious conditions, and determine what can be done to 7058
prevent such losses; 7059

(2) Advise, consult, cooperate with, and assist, by 7060
contract or otherwise, agencies of the state and federal 7061
government, agencies of governments of other states, agencies of 7062
political subdivisions of this state, universities, private 7063
organizations, corporations, and associations for the purpose of 7064
division (A) (1) of this section. 7065

(B) The director may adopt rules pursuant to Chapter 119. 7066
of the Revised Code to specify the reporting requirements for 7067
physicians, certified nurse-midwives, clinical nurse 7068
specialists, or certified nurse practitioners as necessary to 7069
accomplish the purposes of this section. 7070

(C) As used in this section, "~~Pregnancy~~pregnancy loss" 7071
means a termination of pregnancy within the first twenty weeks 7072
of pregnancy either spontaneously or by means other than the 7073
purposeful termination of a pregnancy as described in section 7074
2919.11 of the Revised Code. 7075

Sec. 3701.046. The director of health is authorized to 7076
make grants for women's health services from funds appropriated 7077
for that purpose by the general assembly. 7078

None of the funds received through grants for women's 7079
health services shall be used to provide abortion services. None 7080
of the funds received through these grants shall be used for 7081
counseling for or referrals for abortion, except in the case of 7082

a medical emergency. These funds shall be distributed by the 7083
director to programs that the department of health determines 7084
will provide services that are physically and financially 7085
separate from abortion-providing and abortion-promoting 7086
activities, and that do not include counseling for or referrals 7087
for abortion, other than in the case of medical emergency. 7088

These women's health services include and are limited to 7089
the following: pelvic examinations and laboratory testing; 7090
breast examinations and patient education on breast cancer; 7091
screening for cervical cancer; screening and treatment for 7092
sexually transmitted diseases and HIV screening; voluntary 7093
choice of contraception, including abstinence and natural family 7094
planning; patient education and pre-pregnancy counseling on the 7095
dangers of smoking, alcohol, and drug use during pregnancy; 7096
education on sexual coercion and violence in relationships; and 7097
prenatal care or referral for prenatal care. These health care 7098
services shall be provided in a medical clinic setting by 7099
persons authorized under Chapter 4731. of the Revised Code to 7100
practice medicine and surgery or osteopathic medicine and 7101
surgery; authorized under Chapter 4730. of the Revised Code to 7102
practice as a physician assistant; licensed under Chapter 4723. 7103
of the Revised Code as a registered nurse, including an advanced 7104
practice registered nurse, or as a licensed practical nurse; or 7105
licensed under Chapter 4757. of the Revised Code as a social 7106
worker, independent social worker, licensed professional 7107
clinical counselor, or licensed professional counselor. 7108

The director shall adopt rules under Chapter 119. of the 7109
Revised Code specifying reasonable eligibility standards that 7110
must be met to receive the state funding and provide reasonable 7111
methods by which a grantee wishing to be eligible for federal 7112
funding may comply with these requirements for state funding 7113

without losing its eligibility for federal funding. 7114

Each applicant for these funds shall provide sufficient 7115
assurance to the director of all of the following: 7116

(A) The program shall not discriminate in the provision of 7117
services based on an individual's religion, race, national 7118
origin, handicapping condition, age, sex, number of pregnancies, 7119
or marital status; 7120

(B) The program shall provide services without subjecting 7121
individuals to any coercion to accept services or to employ any 7122
particular methods of family planning; 7123

(C) Acceptance of services shall be solely on a voluntary 7124
basis and may not be made a prerequisite to eligibility for, or 7125
receipt of, any other service, assistance from, or participation 7126
in, any other program of the service provider; 7127

(D) Any charges for services provided by the program shall 7128
be based on the patient's ability to pay and priority in the 7129
provision of services shall be given to persons from low-income 7130
families. 7131

In distributing these grant funds, the director shall give 7132
priority to grant requests from local departments of health for 7133
women's health services to be provided directly by personnel of 7134
the local department of health. The director shall issue a 7135
single request for proposals for all grants for women's health 7136
services. The director shall send a notification of this request 7137
for proposals to every local department of health in this state 7138
and shall place a notification on the department's web site. The 7139
director shall allow at least thirty days after issuing this 7140
notification before closing the period to receive applications. 7141

After the closing date for receiving grant applications, 7142

the director shall first consider grant applications from local 7143
departments of health that apply for grants for women's health 7144
services to be provided directly by personnel of the local 7145
department of health. Local departments of health that apply for 7146
grants for women's health services to be provided directly by 7147
personnel of the local department of health need not provide all 7148
the listed women's health services in order to qualify for a 7149
grant. However, in prioritizing awards among local departments 7150
of health that qualify for funding under this paragraph, the 7151
director may consider, among other reasonable factors, the 7152
comprehensiveness of the women's health services to be offered, 7153
provided that no local department of health shall be 7154
discriminated against in the process of awarding these grant 7155
funds because the applicant does not provide contraception. 7156

If funds remain after awarding grants to all local 7157
departments of health that qualify for the priority, the 7158
director may make grants to other applicants. Awards to other 7159
applicants may be made to those applicants that will offer all 7160
eight of the listed women's health services or that will offer 7161
all of the services except contraception. No applicant shall be 7162
discriminated against in the process of awarding these grant 7163
funds because the applicant does not provide contraception. 7164

Sec. 3701.144. (A) As used in this section, "cost sharing" 7165
has the same meaning as in section 3923.85 of the Revised Code. 7166

(B) The department of health shall administer the state's 7167
participation in the national breast and cervical cancer early 7168
detection program (NBCCEDP), which shall be known as the Ohio 7169
breast and cervical cancer project. The project shall be 7170
administered in accordance with Title XV of the "Public Health 7171
Service Act," 42 U.S.C. 300k et seq., and the department's 7172

NBCCEDP grant agreement with the United States centers for 7173
disease control and prevention. 7174

(C) In administering the project, the department shall set 7175
eligibility requirements for services provided through the 7176
project as follows: 7177

(1) The woman must have countable family income not 7178
exceeding three hundred per cent of the federal poverty line. 7179

(2) One of the following must be the case: 7180

(a) The woman is not covered by health insurance. 7181

(b) The woman is covered by health insurance that does not 7182
include the screening or diagnostic services the woman seeks 7183
through the project. 7184

(c) The woman is covered by health insurance that imposes 7185
cost sharing for the screening or diagnostic services the woman 7186
seeks through the project that exceeds the limit specified ~~by~~ 7187
~~the director of health~~ in rules adopted under division (D) of 7188
this section. 7189

(3) In the case of a woman seeking cervical cancer 7190
screening and diagnostic services through the project, the woman 7191
must be at least twenty-one and less than sixty-five years of 7192
age. 7193

(4) In the case of a woman seeking breast cancer screening 7194
and diagnostic services through the project, either of the 7195
following must be the case: 7196

(a) The woman is at least forty years of age. 7197

(b) The woman is at least twenty-one and less than forty 7198
years of age and has been determined by a physician, certified 7199

nurse-midwife, clinical nurse specialist, or certified nurse practitioner to need breast cancer screening and diagnostic services due to the results of a clinical breast examination, the woman's family history, or other factors.

(D) The director of health shall adopt rules for purposes of division (C) (2) (c) of this section specifying the cost sharing limit for each screening and diagnostic service that may be obtained through the project. The director may adopt other rules as necessary to implement this section. The rules shall be adopted in accordance with Chapter 119. of the Revised Code.

Sec. 3701.146. (A) In taking actions regarding tuberculosis, the director of health has all of the following duties and powers:

(1) The director shall maintain registries of hospitals, clinics, physicians, certified nurse-midwives, clinical nurse specialists, certified nurse practitioners, or other care providers to whom the director shall refer persons who make inquiries to the department of health regarding possible exposure to tuberculosis.

(2) The director shall engage in tuberculosis surveillance activities, including the collection and analysis of epidemiological information relative to the frequency of tuberculosis infection, demographic and geographic distribution of tuberculosis cases, and trends pertaining to tuberculosis.

(3) The director shall maintain a tuberculosis registry to record the incidence of tuberculosis in this state.

(4) The director may appoint physicians, certified nurse-midwives, clinical nurse specialists, or certified nurse practitioners to serve as tuberculosis consultants for

geographic regions of the state specified by the director. Each 7229
tuberculosis consultant shall act in accordance with rules the 7230
director establishes and shall be responsible for advising and 7231
assisting physicians, certified nurse-midwives, clinical nurse 7232
specialists, certified nurse practitioners, and other health 7233
care practitioners who participate in tuberculosis control 7234
activities and for reviewing medical records pertaining to the 7235
treatment provided to individuals with tuberculosis. 7236

(B) (1) The director shall adopt rules establishing 7237
standards for the following: 7238

(a) Performing tuberculosis screenings; 7239

(b) Performing examinations of individuals who have been 7240
exposed to tuberculosis and individuals who are suspected of 7241
having tuberculosis; 7242

(c) Providing treatment to individuals with tuberculosis; 7243

(d) Preventing individuals with communicable tuberculosis 7244
from infecting other individuals; 7245

(e) Performing laboratory tests for tuberculosis and 7246
studies of the resistance of tuberculosis to one or more drugs; 7247

(f) Selecting laboratories that provide in a timely 7248
fashion the results of a laboratory test for tuberculosis. The 7249
standards shall include a requirement that first consideration 7250
be given to laboratories located in this state. 7251

(2) Rules adopted pursuant to this section shall be 7252
adopted in accordance with Chapter 119. of the Revised Code and 7253
may be consistent with any recommendations or guidelines on 7254
tuberculosis issued by the United States centers for disease 7255
control and prevention or by the American thoracic society. The 7256

rules shall apply to county or district tuberculosis control 7257
units, physicians, certified nurse-midwives, clinical nurse 7258
specialists, and certified nurse practitioners who examine and 7259
treat individuals for tuberculosis, and laboratories that 7260
perform tests for tuberculosis. 7261

Sec. 3701.162. Any licensed physician, certified nurse- 7262
midwife, clinical nurse specialist, or certified nurse 7263
practitioner practicing in this state, or the superintendent of 7264
any state or county institution, may receive without charge the 7265
quantities of antitoxin as the physician, nurse, or 7266
superintendent requires for the treatment or prevention of 7267
diphtheria in indigent persons, provided such antitoxin shall be 7268
used only for persons residing in the state, and that a 7269
sufficient supply is available for distribution. 7270

Sec. 3701.243. (A) Except as provided in this section or 7271
section 3701.248 of the Revised Code, no person or agency of 7272
state or local government that acquires the information while 7273
providing any health care service or while in the employ of a 7274
health care facility or health care provider shall disclose or 7275
compel another to disclose any of the following: 7276

(1) The identity of any individual on whom an HIV test is 7277
performed; 7278

(2) The results of an HIV test in a form that identifies 7279
the individual tested; 7280

(3) The identity of any individual diagnosed as having 7281
AIDS or an AIDS-related condition. 7282

(B) (1) Except as provided in divisions (B) (2), (C), (D), 7283
and (F) of this section, the results of an HIV test or the 7284
identity of an individual on whom an HIV test is performed or 7285

who is diagnosed as having AIDS or an AIDS-related condition may 7286
be disclosed only to the following: 7287

(a) The individual who was tested or the individual's 7288
legal guardian, and the individual's spouse or any sexual 7289
partner; 7290

(b) A person to whom disclosure is authorized by a written 7291
release, executed by the individual tested or by the 7292
individual's legal guardian and specifying to whom disclosure of 7293
the test results or diagnosis is authorized and the time period 7294
during which the release is to be effective; 7295

(c) Any physician, certified nurse-midwife, clinical nurse 7296
specialist, or certified nurse practitioner who treats the 7297
individual; 7298

(d) The department of health or a health commissioner to 7299
which reports are made under section 3701.24 of the Revised 7300
Code; 7301

(e) A health care facility or provider that procures, 7302
processes, distributes, or uses a human body part from a 7303
deceased individual, donated for a purpose specified in Chapter 7304
2108. of the Revised Code, and that needs medical information 7305
about the deceased individual to ensure that the body part is 7306
medically acceptable for its intended purpose; 7307

(f) Health care facility staff committees or accreditation 7308
or oversight review organizations conducting program monitoring, 7309
program evaluation, or service reviews; 7310

(g) A health care provider, emergency medical services 7311
worker, or peace officer who sustained a significant exposure to 7312
the body fluids of another individual, if that individual was 7313
tested pursuant to division (E) (6) of section 3701.242 of the 7314

Revised Code, except that the identity of the individual tested 7315
shall not be revealed; 7316

(h) To law enforcement authorities pursuant to a search 7317
warrant or a subpoena issued by or at the request of a grand 7318
jury, a prosecuting attorney, a city director of law or similar 7319
chief legal officer of a municipal corporation, or a village 7320
solicitor, in connection with a criminal investigation or 7321
prosecution. 7322

(2) The results of an HIV test or a diagnosis of AIDS or 7323
an AIDS-related condition may be disclosed to a health care 7324
provider, or an authorized agent or employee of a health care 7325
facility or a health care provider, if the provider, agent, or 7326
employee has a medical need to know the information and is 7327
participating in the diagnosis, care, or treatment of the 7328
individual on whom the test was performed or who has been 7329
diagnosed as having AIDS or an AIDS-related condition. 7330

This division does not impose a standard of disclosure 7331
different from the standard for disclosure of all other specific 7332
information about a patient to health care providers and 7333
facilities. Disclosure may not be requested or made solely for 7334
the purpose of identifying an individual who has a positive HIV 7335
test result or has been diagnosed as having AIDS or an AIDS- 7336
related condition in order to refuse to treat the individual. 7337
Referral of an individual to another health care provider or 7338
facility based on reasonable professional judgment does not 7339
constitute refusal to treat the individual. 7340

(3) Not later than ninety days after November 1, 1989, 7341
each health care facility in this state shall establish a 7342
protocol to be followed by employees and individuals affiliated 7343
with the facility in making disclosures authorized by division 7344

(B) (2) of this section. A person employed by or affiliated with 7345
a health care facility who determines in accordance with the 7346
protocol established by the facility that a disclosure is 7347
authorized by division (B) (2) of this section is immune from 7348
liability to any person in a civil action for damages for 7349
injury, death, or loss to person or property resulting from the 7350
disclosure. 7351

(C) (1) Any person or government agency may seek access to 7352
or authority to disclose the HIV test records of an individual 7353
in accordance with the following provisions: 7354

(a) The person or government agency shall bring an action 7355
in a court of common pleas requesting disclosure of or authority 7356
to disclose the results of an HIV test of a specific individual, 7357
who shall be identified in the complaint by a pseudonym but 7358
whose name shall be communicated to the court confidentially, 7359
pursuant to a court order restricting the use of the name. The 7360
court shall provide the individual with notice and an 7361
opportunity to participate in the proceedings if the individual 7362
is not named as a party. Proceedings shall be conducted in 7363
chambers unless the individual agrees to a hearing in open 7364
court. 7365

(b) The court may issue an order granting the plaintiff 7366
access to or authority to disclose the test results only if the 7367
court finds by clear and convincing evidence that the plaintiff 7368
has demonstrated a compelling need for disclosure of the 7369
information that cannot be accommodated by other means. In 7370
assessing compelling need, the court shall weigh the need for 7371
disclosure against the privacy right of the individual tested 7372
and against any disservice to the public interest that might 7373
result from the disclosure, such as discrimination against the 7374

individual or the deterrence of others from being tested. 7375

(c) If the court issues an order, it shall guard against 7376
unauthorized disclosure by specifying the persons who may have 7377
access to the information, the purposes for which the 7378
information shall be used, and prohibitions against future 7379
disclosure. 7380

(2) A person or government agency that considers it 7381
necessary to disclose the results of an HIV test of a specific 7382
individual in an action in which it is a party may seek 7383
authority for the disclosure by filing an in camera motion with 7384
the court in which the action is being heard. In hearing the 7385
motion, the court shall employ procedures for confidentiality 7386
similar to those specified in division (C)(1) of this section. 7387
The court shall grant the motion only if it finds by clear and 7388
convincing evidence that a compelling need for the disclosure 7389
has been demonstrated. 7390

(3) Except for an order issued in a criminal prosecution 7391
or an order under division (C)(1) or (2) of this section 7392
granting disclosure of the result of an HIV test of a specific 7393
individual, a court shall not compel a blood bank, hospital 7394
blood center, or blood collection facility to disclose the 7395
result of HIV tests performed on the blood of voluntary donors 7396
in a way that reveals the identity of any donor. 7397

(4) In a civil action in which the plaintiff seeks to 7398
recover damages from an individual defendant based on an 7399
allegation that the plaintiff contracted the HIV virus as a 7400
result of actions of the defendant, the prohibitions against 7401
disclosure in this section do not bar discovery of the results 7402
of any HIV test given to the defendant or any diagnosis that the 7403
defendant suffers from AIDS or an AIDS-related condition. 7404

(D) The results of an HIV test or the identity of an individual on whom an HIV test is performed or who is diagnosed as having AIDS or an AIDS-related condition may be disclosed to a federal, state, or local government agency, or the official representative of such an agency, for purposes of the medicaid program, the medicare program, or any other public assistance program.

(E) Any disclosure pursuant to this section shall be in writing and accompanied by a written statement that includes the following or substantially similar language: "This information has been disclosed to you from confidential records protected from disclosure by state law. You shall make no further disclosure of this information without the specific, written, and informed release of the individual to whom it pertains, or as otherwise permitted by state law. A general authorization for the release of medical or other information is not sufficient for the purpose of the release of HIV test results or diagnoses."

(F) An individual who knows that the individual has received a positive result on an HIV test or has been diagnosed as having AIDS or an AIDS-related condition shall disclose this information to any other person with whom the individual intends to make common use of a hypodermic needle or engage in sexual conduct as defined in section 2907.01 of the Revised Code. An individual's compliance with this division does not prohibit a prosecution of the individual for a violation of division (B) of section 2903.11 of the Revised Code.

(G) Nothing in this section prohibits the introduction of evidence concerning an HIV test of a specific individual in a criminal proceeding.

Sec. 3701.245. (A) No state agency as defined in section 7435
1.60 of the Revised Code, political subdivision, agency of local 7436
government, or private nonprofit corporation receiving state or 7437
local government funds shall refuse to admit as a patient, or to 7438
provide services to, any individual solely because ~~he~~ the 7439
individual refuses to consent to an HIV test or to disclose HIV 7440
test results. 7441

(B) The prohibition contained in division (A) of this 7442
section does not prevent a physician, certified nurse-midwife, 7443
clinical nurse specialist, certified nurse practitioner, or a 7444
person licensed to practice dentistry under Chapter 4715. of the 7445
Revised Code from referring an individual ~~he~~ the physician, 7446
nurse, or dentist has reason to believe may have AIDS or an 7447
AIDS-related condition to an appropriate health care provider or 7448
facility, if the referral is based on reasonable professional 7449
judgment and not solely on grounds of the refusal of the 7450
individual to consent to an HIV test or to disclose the result 7451
of an HIV test. 7452

Sec. 3701.262. (A) As used in this section: 7453

(1) "Physician" means a person authorized under Chapter 7454
4731. of the Revised Code to practice medicine and surgery or 7455
osteopathic medicine and surgery. 7456

(2) "Dentist" means a person who is licensed under Chapter 7457
4715. of the Revised Code to practice dentistry. 7458

(3) "Hospital" has the same meaning as in section 3727.01 7459
of the Revised Code. 7460

(4) "Cancer" includes those diseases specified by rule of 7461
the director of health under division (B) (2) of this section. 7462

(B) The director of health shall adopt rules in accordance 7463

with Chapter 119. of the Revised Code to do all of the 7464
following: 7465

(1) Establish the Ohio cancer incidence surveillance 7466
system required by section 3701.261 of the Revised Code; 7467

(2) Specify the types of cancer and other tumorous and 7468
precancerous diseases to be reported to the department of health 7469
under division (D) of this section; 7470

(3) Establish reporting requirements for information 7471
concerning diagnosed cancer cases as the director considers 7472
necessary to conduct epidemiologic surveys of cancer in this 7473
state; 7474

(4) Establish standards that must be met by research 7475
projects to be eligible to receive information concerning 7476
individual cancer patients from the department of health. 7477

(C) The department of health shall record in the registry 7478
all reports of cancer received by it. In the development and 7479
administration of the cancer registry the department may use 7480
information compiled by public or private cancer registries and 7481
may contract for the collection and analysis of, and research 7482
related to, the information recorded under this section. 7483

(D) (1) Each physician, certified nurse-midwife, clinical 7484
nurse specialist, certified nurse practitioner, dentist, 7485
hospital, or person providing diagnostic or treatment services 7486
to patients with cancer shall report each case of cancer to the 7487
department. Any person required to report pursuant to this 7488
section may elect to report to the department through an 7489
existing cancer registry if the registry meets the reporting 7490
standards established by the director and reports to the 7491
department. 7492

(2) No person shall fail to make the cancer reports 7493
required by division (D) (1) of this section. 7494

(E) All physicians, certified nurse-midwives, clinical 7495
nurse specialists, certified nurse practitioners, dentists, 7496
hospitals, or persons providing diagnostic or treatment services 7497
to patients with cancer shall grant to the department or its 7498
authorized representative access to all records that identify 7499
cases of cancer or establish characteristics of cancer, the 7500
treatment of cancer, or the medical status of any identified 7501
cancer patient. 7502

(F) The Arthur G. James cancer hospital and Richard J. 7503
Solove research institute of the Ohio state university, shall 7504
analyze and evaluate the cancer reports collected pursuant to 7505
this section. The department shall publish and make available to 7506
the public reports summarizing the information collected. 7507
Reports shall be made on a calendar year basis and published not 7508
later than ninety days after the end of each calendar year. 7509

(G) Furnishing information, including records, reports, 7510
statements, notes, memoranda, or other information, to the 7511
department of health, either voluntarily or as required by this 7512
section, or to a person or governmental entity designated as a 7513
medical research project by the department, does not subject a 7514
physician, certified nurse-midwife, clinical nurse specialist, 7515
certified nurse practitioner, dentist, hospital, or person 7516
providing diagnostic or treatment services to patients with 7517
cancer to liability in an action for damages or other relief for 7518
furnishing the information. 7519

(H) This section does not affect the authority of any 7520
person or facility providing diagnostic or treatment services to 7521
patients with cancer to maintain facility-based tumor 7522

registries, in addition to complying with the reporting 7523
requirements of this section. 7524

Sec. 3701.47. As used in sections 3701.46 to 3701.50 of 7525
the Revised Code, the standard tests for syphilis and gonorrhea 7526
are tests approved by the department of health, and shall be 7527
made at a laboratory approved to make such tests by the 7528
department. Such tests as are required shall, on request of the 7529
physician, certified nurse-midwife, clinical nurse specialist, 7530
or certified nurse practitioner submitting the specimens, be 7531
made without charge by the department. 7532

Sec. 3701.48. The approved laboratory making the standard 7533
tests for syphilis and gonorrhea shall make a report to the 7534
physician, certified nurse-midwife, clinical nurse specialist, 7535
certified nurse practitioner, or health commissioner submitting 7536
the specimens. Such laboratory shall forthwith report any 7537
reactive syphilis test or positive gonorrhea test to the 7538
department of health on forms prescribed and furnished by the 7539
director of health. 7540

Sec. 3701.50. Every physician, certified nurse-midwife, or 7541
certified nurse practitioner who attends any pregnant woman for 7542
conditions relating to pregnancy during the period of gestation 7543
shall take specimens of such woman at the time of first 7544
examination or within ten days thereof, and shall submit such 7545
specimens to an approved laboratory for standard syphilis and 7546
gonorrhea tests. If, in the opinion of the physician or nurse 7547
attending such woman, her condition does not permit the taking 7548
of specimens for submission to an approved laboratory, then no 7549
specimens shall be taken prior to delivery. If no specimens are 7550
taken prior to delivery because of the woman's condition, then 7551
such specimens shall be taken as soon after delivery as the 7552

physician or nurse deems it advisable. 7553

The health commissioner of the city or general health 7554
district, wherein any person required to be tested for syphilis 7555
and gonorrhoea under this section or section 3701.49 of the 7556
Revised Code resides, may waive the requirements of such 7557
sections if the commissioner is satisfied by written affidavit 7558
or other written proof that the tests required are contrary to 7559
the tenets or practices of the religious creed of which the 7560
person is an adherent, and that the public health and welfare 7561
would not be injuriously affected by such waiver. 7562

Sec. 3701.505. (A) (1) Each hospital and each freestanding 7563
birthing center shall do all of the following: 7564

(a) Conduct a hearing screening on each newborn or infant 7565
born in the hospital or center unless the newborn or infant is 7566
transferred to another hospital; 7567

(b) Promptly notify the newborn's or infant's attending 7568
physician, certified nurse-midwife, or certified nurse 7569
practitioner of the screening results; 7570

(c) Notify the department of health of the screening 7571
results for each newborn or infant screened. 7572

(2) A hearing screening conducted under this section shall 7573
be conducted under the direction of an audiologist ~~or,~~ 7574
physician, certified nurse-midwife, or certified nurse 7575
practitioner or in collaboration with a physician, certified 7576
nurse-midwife, or certified nurse practitioner. Notwithstanding 7577
the licensure requirements of Chapter 4753. of the Revised Code, 7578
a screening may be conducted by a person who is not licensed 7579
under that chapter. 7580

(3) Each hospital and freestanding birthing center shall 7581

take the actions required by divisions (A) (1) and (2) of this 7582
section in accordance with the rules adopted under section 7583
3701.508 of the Revised Code. A hospital or freestanding 7584
birthing center may commence taking these actions at any time 7585
after the effective date of the rules but not later than June 7586
30, 2004, unless an extension is granted. The director may grant 7587
an extension to delay for up to one year after June 30, 2004, 7588
the requirement of compliance with the rules if the hospital or 7589
freestanding birthing center requesting the extension 7590
demonstrates justifiable cause for the extension. Justifiable 7591
cause may include having ordered but not yet received hearing 7592
screening equipment, ongoing efforts to obtain financing for the 7593
equipment, or any other cause accepted by the director. 7594

(B) Any hospital or freestanding birthing center providing 7595
a hearing screening in accordance with division (A) of this 7596
section shall be reimbursed by the department of health at a 7597
rate determined by the director of health, if both of the 7598
following are the case: 7599

(1) The screening is performed before the newborn or 7600
infant is discharged from the hospital or freestanding birthing 7601
center. 7602

(2) The parent, guardian, or custodian is financially 7603
unable to pay for the hearing screening and the hospital or 7604
freestanding birthing center is not reimbursed by a third-party 7605
payer as determined pursuant to rules adopted under section 7606
3701.508 of the Revised Code. 7607

(C) A hospital, clinic, or other health care facility at 7608
which a hearing evaluation is performed on a newborn or infant 7609
shall report the results of the evaluation to the attending 7610
physician, certified nurse-midwife, or certified nurse 7611

practitioner of the newborn or infant. 7612

Sec. 3701.5010. (A) As used in this section: 7613

(1) "Critical congenital heart defects screening" means 7614
the identification of a newborn that may have a critical 7615
congenital heart defect, through the use of a physiologic test. 7616

(2) "Freestanding birthing center" has the same meaning as 7617
in section 3702.141 of the Revised Code. 7618

(3) "Hospital," "maternity unit," "newborn," and 7619
"physician" have the same meanings as in section 3701.503 of the 7620
Revised Code. 7621

(4) "Pulse oximetry" means a noninvasive test that 7622
estimates the percentage of hemoglobin in blood that is 7623
saturated with oxygen. 7624

(B) Except as provided in division (C) of this section, 7625
each hospital and each freestanding birthing center shall 7626
conduct a critical congenital heart defects screening on each 7627
newborn born in the hospital or center, unless the newborn is 7628
being transferred to another hospital. The screening shall be 7629
performed before discharge. If the newborn is transferred to 7630
another hospital, that hospital shall conduct the screening when 7631
determined to be medically appropriate. The hospital or center 7632
shall promptly notify the newborn's parent, guardian, or 7633
custodian and attending physician, certified nurse-midwife, 7634
clinical nurse specialist, or certified nurse practitioner of 7635
the screening results. 7636

(C) A hospital or freestanding birthing center shall not 7637
conduct a critical congenital heart defects screening if the 7638
newborn's parent objects on the grounds that the screening 7639
conflicts with the parent's religious tenets and practices. 7640

(D) (1) The director of health shall adopt rules in accordance with Chapter 119. of the Revised Code establishing standards and procedures for the screening required by this section, including all of the following:

(a) Designating the person or persons responsible for causing the screening to be performed;

(b) Specifying screening equipment and methods;

(c) Identifying when the screening should be performed;

(d) Providing notice of the required screening to the newborn's parent, guardian, or custodian;

(e) Communicating screening results to the newborn's parent, guardian, or custodian and attending physician, certified nurse-midwife, clinical nurse specialist, or certified nurse practitioner;

(f) Reporting screening results to the department of health;

(g) Referring newborns that receive abnormal screening results to providers of follow-up services.

(2) In adopting rules under division (D) (1) (b) of this section, the director shall specify screening equipment and methods that include the use of pulse oximetry or other screening equipment and methods that detect critical congenital heart defects at least as accurately as pulse oximetry. The screening equipment and methods specified shall be consistent with recommendations issued by nationally recognized organizations that advocate on behalf of medical professionals or individuals with cardiovascular conditions.

Sec. 3701.59. (A) As used in this section:

(1) "Addiction services" and "alcohol and drug addiction services" have the same meanings as in section 5119.01 of the Revised Code. 7669
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(2) "Controlled substance" has the same meaning as in section 3719.01 of the Revised Code. 7672
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(B) Any of the following health care professionals who attends a pregnant woman for conditions relating to pregnancy before the end of the twentieth week of pregnancy and who has reason to believe that the woman is using or has used a controlled substance in a manner that may place the woman's fetus in jeopardy shall encourage the woman to enroll in a drug treatment program offered by a provider of addiction services or alcohol and drug addiction services: 7674
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(1) Physicians authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery; 7682
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(2) Registered nurses, including certified nurse-midwives, clinical nurse specialists, and certified nurse practitioners, and licensed practical nurses licensed under Chapter 4723. of the Revised Code; 7685
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(3) Physician assistants licensed under Chapter 4730. of the Revised Code. 7689
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(C) A health care professional is immune from civil liability and is not subject to criminal prosecution with regard to both of the following: 7691
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(1) Failure to recognize that a pregnant woman has used or is using a controlled substance in a manner that may place the woman's fetus in jeopardy; 7694
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(2) Any action taken in good faith compliance with this section. 7697
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Sec. 3701.60. Every hospital agency, as defined in section 140.01 of the Revised Code, may offer a uterine cytologic examination for cancer to every female in-patient twenty-one years of age or over unless contrary orders are given by the attending physician, certified nurse-midwife, clinical nurse specialist, or certified nurse practitioner or unless the examination has been performed within the preceding year. Any female in-patient may refuse the examination. If the examination is offered, the hospital agency shall maintain records to show the examination results or that the examination was refused. 7699
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Sec. 3701.74. (A) As used in this section and section 3701.741 of the Revised Code: 7709
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(1) "Ambulatory care facility" means a facility that provides medical, diagnostic, or surgical treatment to patients who do not require hospitalization, including a dialysis center, ambulatory surgical facility, cardiac catheterization facility, diagnostic imaging center, extracorporeal shock wave lithotripsy center, home health agency, inpatient hospice, birthing center, radiation therapy center, emergency facility, and an urgent care center. "Ambulatory care facility" does not include the private office of a physician, advanced practice registered nurse, or dentist, whether the office is for an individual or group practice. 7711
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(2) "Chiropractor" means an individual licensed under Chapter 4734. of the Revised Code to practice chiropractic. 7722
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(3) "Emergency facility" means a hospital emergency department or any other facility that provides emergency medical 7724
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services.	7726
(4) "Health care practitioner" means all of the following:	7727
(a) A dentist or dental hygienist licensed under Chapter 4715. of the Revised Code;	7728 7729
(b) A registered <u>nurse, including an advanced practice registered nurse</u> , or licensed practical nurse licensed under Chapter 4723. of the Revised Code;	7730 7731 7732
(c) An optometrist licensed under Chapter 4725. of the Revised Code;	7733 7734
(d) A dispensing optician, spectacle dispensing optician, contact lens dispensing optician, or spectacle-contact lens dispensing optician licensed under Chapter 4725. of the Revised Code;	7735 7736 7737 7738
(e) A pharmacist licensed under Chapter 4729. of the Revised Code;	7739 7740
(f) A physician;	7741
(g) A physician assistant authorized under Chapter 4730. of the Revised Code to practice as a physician assistant;	7742 7743
(h) A practitioner of a limited branch of medicine issued a certificate under Chapter 4731. of the Revised Code;	7744 7745
(i) A psychologist licensed under Chapter 4732. of the Revised Code;	7746 7747
(j) A chiropractor;	7748
(k) A hearing aid dealer or fitter licensed under Chapter 4747. of the Revised Code;	7749 7750
(l) A speech-language pathologist or audiologist licensed	7751

under Chapter 4753. of the Revised Code;	7752
(m) An occupational therapist or occupational therapy assistant licensed under Chapter 4755. of the Revised Code;	7753 7754
(n) A physical therapist or physical therapy assistant licensed under Chapter 4755. of the Revised Code;	7755 7756
(o) A licensed professional clinical counselor, licensed professional counselor, social worker, independent social worker, independent marriage and family therapist, or marriage and family therapist licensed, or a social work assistant registered, under Chapter 4757. of the Revised Code;	7757 7758 7759 7760 7761
(p) A dietitian licensed under Chapter 4759. of the Revised Code;	7762 7763
(q) A respiratory care professional licensed under Chapter 4761. of the Revised Code;	7764 7765
(r) An emergency medical technician-basic, emergency medical technician-intermediate, or emergency medical technician-paramedic certified under Chapter 4765. of the Revised Code.	7766 7767 7768 7769
(5) "Health care provider" means a hospital, ambulatory care facility, long-term care facility, pharmacy, emergency facility, or health care practitioner.	7770 7771 7772
(6) "Hospital" has the same meaning as in section 3727.01 of the Revised Code.	7773 7774
(7) "Long-term care facility" means a nursing home, residential care facility, or home for the aging, as those terms are defined in section 3721.01 of the Revised Code; a residential facility licensed under section 5119.34 of the Revised Code that provides accommodations, supervision, and	7775 7776 7777 7778 7779

personal care services for three to sixteen unrelated adults; a 7780
nursing facility, as defined in section 5165.01 of the Revised 7781
Code; a skilled nursing facility, as defined in section 5165.01 7782
of the Revised Code; and an intermediate care facility for 7783
individuals with intellectual disabilities, as defined in 7784
section 5124.01 of the Revised Code. 7785

(8) "Medical record" means data in any form that pertains 7786
to a patient's medical history, diagnosis, prognosis, or medical 7787
condition and that is generated and maintained by a health care 7788
provider in the process of the patient's health care treatment. 7789

(9) "Medical records company" means a person who stores, 7790
locates, or copies medical records for a health care provider, 7791
or is compensated for doing so by a health care provider, and 7792
charges a fee for providing medical records to a patient or 7793
patient's representative. 7794

(10) "Patient" means either of the following: 7795

(a) An individual who received health care treatment from 7796
a health care provider; 7797

(b) A guardian, as defined in section 1337.11 of the 7798
Revised Code, of an individual described in division (A) (10) (a) 7799
of this section. 7800

(11) "Patient's personal representative" means a minor 7801
patient's parent or other person acting in loco parentis, a 7802
court-appointed guardian, or a person with durable power of 7803
attorney for health care for a patient, the executor or 7804
administrator of the patient's estate, or the person responsible 7805
for the patient's estate if it is not to be probated. "Patient's 7806
personal representative" does not include an insurer authorized 7807
under Title XXXIX of the Revised Code to do the business of 7808

sickness and accident insurance in this state, a health insuring 7809
corporation holding a certificate of authority under Chapter 7810
1751. of the Revised Code, or any other person not named in this 7811
division. 7812

(12) "Pharmacy" has the same meaning as in section 4729.01 7813
of the Revised Code. 7814

(13) "Physician" means a person authorized under Chapter 7815
4731. of the Revised Code to practice medicine and surgery, 7816
osteopathic medicine and surgery, or podiatric medicine and 7817
surgery. 7818

(14) "Authorized person" means a person to whom a patient 7819
has given written authorization to act on the patient's behalf 7820
regarding the patient's medical record. 7821

(15) "Advanced practice registered nurse" has the same 7822
meaning as in section 4723.01 of the Revised Code. 7823

(B) A patient, a patient's personal representative, or an 7824
authorized person who wishes to examine or obtain a copy of part 7825
or all of a medical record shall submit to the health care 7826
provider a written request signed by the patient, personal 7827
representative, or authorized person dated not more than one 7828
year before the date on which it is submitted. The request shall 7829
indicate whether the copy is to be sent to the requestor, sent 7830
to a physician, advanced practice registered nurse, or 7831
chiropractor, or held for the requestor at the office of the 7832
health care provider. Within a reasonable time after receiving a 7833
request that meets the requirements of this division and 7834
includes sufficient information to identify the record 7835
requested, a health care provider that has the patient's medical 7836
records shall permit the patient to examine the record during 7837

regular business hours without charge or, on request, shall 7838
provide a copy of the record in accordance with section 3701.741 7839
of the Revised Code, except that if a physician, advanced 7840
practice registered nurse, psychologist, licensed professional 7841
clinical counselor, licensed professional counselor, independent 7842
social worker, social worker, independent marriage and family 7843
therapist, marriage and family therapist, or chiropractor who 7844
has treated the patient determines for clearly stated treatment 7845
reasons that disclosure of the requested record is likely to 7846
have an adverse effect on the patient, the health care provider 7847
shall provide the record to a physician, advanced practice 7848
registered nurse, psychologist, licensed professional clinical 7849
counselor, licensed professional counselor, independent social 7850
worker, social worker, independent marriage and family 7851
therapist, marriage and family therapist, or chiropractor 7852
designated by the patient. The health care provider shall take 7853
reasonable steps to establish the identity of the person making 7854
the request to examine or obtain a copy of the patient's record. 7855

(C) If a health care provider fails to furnish a medical 7856
record as required by division (B) of this section, the patient, 7857
personal representative, or authorized person who requested the 7858
record may bring a civil action to enforce the patient's right 7859
of access to the record. 7860

(D) (1) This section does not apply to medical records 7861
whose release is covered by section 173.20 or 3721.13 of the 7862
Revised Code, by Chapter 1347., 5119., or 5122. of the Revised 7863
Code, by 42 C.F.R. part 2, "Confidentiality of Alcohol and Drug 7864
Abuse Patient Records," or by 42 C.F.R. 483.10. 7865

(2) Nothing in this section is intended to supersede the 7866
confidentiality provisions of sections 2305.24, 2305.25, 7867

2305.251, and 2305.252 of the Revised Code. 7868

Sec. 3701.76. (A) The director of health shall establish 7869
and maintain a statewide public information campaign on the 7870
effects of diethylstilbestrol or other nonsteroidal synthetic 7871
estrogens for the purpose of educating the public concerning the 7872
potential hazards related to exposure to diethylstilbestrol or 7873
other nonsteroidal synthetic estrogens and encouraging persons 7874
exposed to diethylstilbestrol or other nonsteroidal synthetic 7875
estrogens, including those exposed before birth, to seek medical 7876
attention for the identification and treatment of any conditions 7877
resulting from this exposure. 7878

(B) The director shall maintain a registry of hospitals, 7879
clinics, physicians, clinical nurse specialists, certified nurse 7880
practitioners, or other health care providers to whom the 7881
director shall refer persons who make inquiries to the 7882
department of health regarding possible exposure to 7883
diethylstilbestrol or other nonsteroidal synthetic estrogens. In 7884
order to be eligible for listing in the registry, a health care 7885
provider shall make an application to the director, and shall 7886
have the necessary experience, facilities, and equipment to make 7887
examinations for possible effects of diethylstilbestrol or other 7888
nonsteroidal synthetic estrogens. 7889

(C) The director shall maintain a registry of persons who 7890
have been exposed to diethylstilbestrol or other nonsteroidal 7891
synthetic estrogens, including persons exposed before birth, for 7892
the purpose of studying and monitoring conditions caused by 7893
exposure to diethylstilbestrol or other nonsteroidal synthetic 7894
estrogen. No person shall be listed in the registry without the 7895
director's consent. 7896

(D) The director shall make an annual report to the 7897

general assembly on the effectiveness of the programs 7898
established under this section, and shall make recommendations 7899
concerning the programs and possible legislation relating to 7900
them. 7901

(E) No insurance company doing business under Title XXXIX 7902
and no health insuring corporation holding a certificate of 7903
authority under Chapter 1751. of the Revised Code shall cancel 7904
or refuse to renew a policy, contract, certificate, or agreement 7905
or limit benefits provided under a policy, contract, 7906
certificate, or agreement solely because a policyholder, 7907
subscriber, or applicant for a policy, contract, certificate, or 7908
agreement has been exposed to diethylstilbestrol or other 7909
nonsteroidal synthetic estrogens. 7910

Sec. 3705.01. As used in this chapter: 7911

(A) "Live birth" means the complete expulsion or 7912
extraction from its mother of a product of human conception that 7913
after such expulsion or extraction breathes or shows any other 7914
evidence of life such as beating of the heart, pulsation of the 7915
umbilical cord, or definite movement of voluntary muscles, 7916
whether or not the umbilical cord has been cut or the placenta 7917
is attached. 7918

(B) (1) "Fetal death" means death prior to the complete 7919
expulsion or extraction from its mother of a product of human 7920
conception, irrespective of the duration of pregnancy, which 7921
after such expulsion or extraction does not breathe or show any 7922
other evidence of life such as beating of the heart, pulsation 7923
of the umbilical cord, or definite movement of voluntary 7924
muscles. 7925

(2) "Stillborn" means that an infant of at least twenty 7926

weeks of gestation suffered a fetal death. 7927

(C) "Dead body" means a human body or part of a human body 7928
from the condition of which it reasonably may be concluded that 7929
death recently occurred. 7930

(D) "Physician" means a person licensed pursuant to 7931
Chapter 4731. of the Revised Code to practice medicine or 7932
surgery or osteopathic medicine and surgery. 7933

(E) "Attending physician, certified nurse-midwife, 7934
clinical nurse specialist, or certified nurse practitioner" 7935
means the physician, certified nurse-midwife, clinical nurse 7936
specialist, or certified nurse practitioner in charge of the 7937
patient's care for the illness or condition that resulted in 7938
death. 7939

(F) "Institution" means any establishment, public or 7940
private, that provides medical, surgical, or diagnostic care or 7941
treatment, or domiciliary care, to two or more unrelated 7942
individuals, or to persons committed by law. 7943

(G) "Funeral director" has the meaning given in section 7944
4717.01 of the Revised Code. 7945

(H) "State registrar" means the head of the office of 7946
vital statistics in the department of health. 7947

(I) "Medical certification" means completion of the 7948
medical certification portion of the certificate of death or 7949
fetal death as to the cause of death or fetal death. 7950

(J) "Final disposition" means the interment, cremation, 7951
removal from the state, donation, or other authorized 7952
disposition of a dead body or a fetal death. 7953

(K) "Interment" means the final disposition of the remains 7954

of a dead body by burial or entombment. 7955

(L) "Cremation" means the reduction to ashes of a dead 7956
body. 7957

(M) "Donation" means gift of a dead body to a research 7958
institution or medical school. 7959

(N) "System of vital statistics" means the registration, 7960
collection, preservation, amendment, and certification of vital 7961
records, the collection of other reports required by this 7962
chapter, and activities related thereto. 7963

(O) "Vital records" means certificates or reports of 7964
birth, death, fetal death, marriage, divorce, dissolution of 7965
marriage, annulment, and data related thereto and other 7966
documents maintained as required by statute. 7967

(P) "File" means the presentation of vital records for 7968
registration by the office of vital statistics. 7969

(Q) "Registration" means the acceptance by the office of 7970
vital statistics and the incorporation of vital records into its 7971
official records. 7972

(R) "Birth record" means a birth certificate that has been 7973
registered with the office of vital statistics; or, if 7974
registered prior to March 16, 1989, with the division of vital 7975
statistics; or, if registered prior to the establishment of the 7976
division of vital statistics, with the department of health or a 7977
local registrar. 7978

(S) "Certification of birth" means a document issued by 7979
the director of health or state registrar or a local registrar 7980
under division (B) of section 3705.23 of the Revised Code. 7981

(T) "Certified nurse-midwife" has the same meaning as in 7982

section 4723.01 of the Revised Code. 7983

Sec. 3705.15. Whoever claims to have been born in this 7984
state, and whose registration of birth is not recorded, or has 7985
been lost or destroyed, or has not been properly and accurately 7986
recorded, may file an application for registration of birth or 7987
correction of the birth record in the probate court of the 7988
county of the person's birth or residence or the county in which 7989
the person's mother resided at the time of the person's birth. 7990
If the person is a minor the application shall be signed by 7991
either parent or the person's guardian. 7992

(A) An application to correct a birth record shall set 7993
forth all of the available facts required on a birth record and 7994
the reasons for making the application, and shall be verified by 7995
the applicant. Upon the filing of the application the court may 7996
fix a date for a hearing, which shall not be less than seven 7997
days after the filing date. The court may require one 7998
publication of notice of the hearing in a newspaper of general 7999
circulation in the county at least seven days prior to the date 8000
of the hearing. The application shall be supported by the 8001
affidavit of the physician or certified nurse-midwife in 8002
attendance. If an affidavit is not available, the application 8003
shall be supported by the affidavits of at least two persons 8004
having knowledge of the facts stated in the application, by 8005
documentary evidence, or by other evidence the court deems 8006
sufficient. 8007

The probate judge, if satisfied that the facts are as 8008
stated, shall make an order correcting the birth record, except 8009
that in the case of an application to correct the date of birth, 8010
the judge shall make the order only if any date shown as the 8011
date the ~~attending~~ physician or certified nurse-midwife in 8012

attendance signed the birth record or the date the local 8013
registrar filed the record is consistent with the corrected date 8014
of birth. If supported by sufficient evidence, the judge may 8015
include in an order correcting the date of birth an order 8016
correcting the date the ~~attending~~ physician or certified nurse- 8017
midwife in attendance signed the birth record or the date the 8018
local registrar filed the record. 8019

(B) An application of a person whose registration of birth 8020
is not recorded, or has been lost or destroyed, must comply with 8021
division (A) of this section. Upon the filing of the application 8022
the court may fix a date for a hearing, which shall be not less 8023
than seven days after the filing date. The court may require one 8024
publication of notice of the hearing in a newspaper of general 8025
circulation in the county at least seven days prior to the date 8026
of the hearing. The probate judge, or a special master 8027
commissioner, shall personally examine the applicant in open 8028
court and shall take sworn testimony on the application which 8029
shall include the testimony of at least two credible witnesses, 8030
or clear and convincing documentary evidence. The probate court 8031
may conduct any necessary investigation, and shall permit the 8032
applicant and all witnesses presented to be cross-examined by 8033
any interested person, or by the prosecuting attorney of the 8034
county. When a witness or the applicant is unable to appear in 8035
open court, the court may authorize the taking of the witness's 8036
or applicant's deposition. The court may cause a complete record 8037
to be taken of the hearing, shall file it with the other papers 8038
in the case, and may order the transcript of the testimony to be 8039
filed and made a matter of record in the court. Upon being 8040
satisfied that notice of the hearing on the application has been 8041
given by publication, if required, and that the claim of the 8042
applicant is true, the court shall make a finding upon all the 8043

facts required on a birth record, and shall order the 8044
registration of the birth of the applicant. The court shall 8045
forthwith transmit to the director of health a certified summary 8046
of its finding and order, on a form prescribed by the director, 8047
who shall file it in the records of the central division of 8048
vital statistics. 8049

(C) The director may forward a copy of the summary for the 8050
registration of a birth in the director's office to the 8051
appropriate local registrar of vital statistics. 8052

A certified copy of the birth record corrected or 8053
registered by court order as provided in this section shall have 8054
the same legal effect for all purposes as an original birth 8055
record. 8056

The application, affidavits, findings, and orders of the 8057
court, together with a transcript of the testimony if ordered by 8058
the court, for the correction of a birth record or for the 8059
registration of a birth, shall be recorded in a book kept for 8060
that purpose and shall be properly indexed. The book shall 8061
become a part of the records of the probate court. 8062

(D) (1) Except as provided in division (D) (2) of this 8063
section, whenever a correction is ordered in a birth record 8064
under division (A) of this section, the court ordering the 8065
correction shall forthwith forward to the department of health a 8066
certified copy of the order containing such information as will 8067
enable the department to prepare a new birth record. Thereupon, 8068
the department shall record a new birth record using the correct 8069
information supplied by the court and the new birth record shall 8070
have the same overall appearance as the original record which 8071
would have been issued under this chapter. Where handwriting is 8072
required to effect that appearance, the department shall supply 8073

it. Upon the preparation and filing of the new birth record, the 8074
original birth record and index references shall cease to be a 8075
public record. The original record and all other information 8076
pertaining to it shall be placed in an envelope which shall be 8077
sealed by the department, and its contents shall not be open to 8078
inspection or copy unless so ordered by the probate court of the 8079
county that ordered the correction. 8080

The department shall promptly forward a copy of the new 8081
birth record to the local registrar of vital statistics of the 8082
district in which the birth occurred and the local registrar 8083
shall file a copy of the new birth record along with and in the 8084
same manner as the other copies of birth records in the local 8085
registrar's possession. All copies of the original birth record, 8086
as well as any and all other papers, documents, and index 8087
references pertaining to it, in the possession of the local 8088
registrar shall be destroyed. The probate court shall retain 8089
permanently in the file of its proceedings such information as 8090
will enable the court to identify both the original birth record 8091
and the new birth record. 8092

The new birth record, as well as any certified copies of 8093
it when properly authenticated by a duly authorized person, 8094
shall be prima-facie evidence in all courts and places of the 8095
facts therein stated. 8096

(2) If the correction ordered in the birth record under 8097
division (A) of this section involves a change in the date of 8098
birth of the applicant and the department of health determines 8099
that the corrected date of birth is inconsistent with the date 8100
shown as the date the ~~attending~~ physician or certified nurse- 8101
midwife in attendance signed the birth record or the date the 8102
local registrar filed the record, the department shall request 8103

that the court reconsider the order and, if appropriate, make a
new order in which the dates are consistent. If the court does
not make a new order within a reasonable time, instead of
issuing a new birth record, the department shall file and record
the court's order in the same manner as other birth records and
make a cross-reference on the original and on the corrected
record.

(E) The probate court shall assess costs of registering a
birth or correcting a birth record under this section against
the person who makes application for the registration or
correction.

Sec. 3705.16. (A) For purposes of this section
notwithstanding section 3705.01 of the Revised Code, "fetal
death" does not include death of the product of human conception
prior to twenty weeks of gestation.

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

~~(C)~~ (C) (1) The funeral director or other person in charge
of the final disposition of the remains shall present the death

or fetal death certificate to the attending physician, certified 8134
nurse-midwife, clinical nurse specialist, or certified nurse 8135
practitioner of the decedent, the coroner, or the medical 8136
examiner, as appropriate for certification of the cause of 8137
death. If, in accordance with the following: 8138

(a) If a death or fetal death occurs under any 8139
circumstances mentioned in section 313.12 of the Revised Code, 8140
the coroner in the county in which the death occurs, or a deputy 8141
coroner, medical examiner, or deputy medical examiner serving in 8142
~~an equivalent~~ a capacity equivalent to the coroner, shall 8143
certify the cause of death unless that death was reported to the 8144
coroner, deputy coroner, medical examiner, or deputy medical 8145
examiner and that person, after a preliminary examination, 8146
declined to assert jurisdiction with respect to the death or 8147
fetal death. ~~A-~~ 8148

(b) The following persons may certify only those deaths 8149
that occur under natural circumstances: 8150

(i) A physician other than the coroner in the county in 8151
which a death or fetal death occurs, ~~or a physician other than a~~ 8152
deputy coroner, medical examiner, or deputy medical examiner 8153
serving in ~~an a capacity equivalent capacity, may certify only~~ 8154
~~those deaths that occur under natural circumstances~~ to the 8155
coroner; 8156

(ii) A certified nurse-midwife, clinical nurse specialist, 8157
or certified nurse practitioner. 8158

(2) The medical certificate of death shall be completed 8159
and signed by the attending physician ~~who attended,~~ certified 8160
nurse-midwife, clinical nurse specialist, or certified nurse 8161
practitioner of the decedent or by the coroner or medical 8162

examiner, as appropriate, within forty-eight hours after the 8163
death or fetal death. ~~A~~In the case of a coroner or medical 8164
examiner, the coroner or medical examiner may satisfy the 8165
requirement of signing a medical certificate showing the cause 8166
of death or fetal death as pending either by stamping it with a 8167
stamp of the coroner's or medical examiner's signature or by 8168
signing it in the coroner's or medical examiner's own hand, but 8169
the coroner or medical examiner shall sign any other medical 8170
certificate of death or supplementary medical certification in 8171
the coroner's or medical examiner's own hand. 8172

(D) Any death certificate registered pursuant to this 8173
section shall contain the social security number of the 8174
decedent, if available. A social security number obtained under 8175
this section is a public record under section 149.43 of the 8176
Revised Code. 8177

Sec. 3705.17. The body of a person whose death occurs in 8178
this state shall not be interred, deposited in a vault or tomb, 8179
cremated, or otherwise disposed of by a funeral director until a 8180
burial permit is issued by a local registrar or sub-registrar of 8181
vital statistics. No such permit shall be issued by a local 8182
registrar or sub-registrar until a satisfactory death, fetal 8183
death, or provisional death certificate is filed with the local 8184
registrar or sub-registrar. When the medical certification as to 8185
the cause of death cannot be provided by the attending 8186
physician, certified nurse-midwife, clinical nurse specialist, 8187
or certified nurse practitioner or by the coroner prior to 8188
burial, for sufficient cause, as determined by rule of the 8189
director of health, the funeral director may file a provisional 8190
death certificate with the local registrar or sub-registrar for 8191
the purpose of securing a burial or burial-transit permit. When 8192
the funeral director files a provisional death certificate to 8193

secure a burial or burial-transit permit, the funeral director 8194
shall file a satisfactory and complete death certificate within 8195
five days after the date of death. The director of health, by 8196
rule, may provide additional time for filing a satisfactory 8197
death certificate. A burial permit authorizing cremation shall 8198
not be issued upon the filing of a provisional certificate of 8199
death. 8200

When a funeral director or other person obtains a burial 8201
permit from a local registrar or sub-registrar, the registrar or 8202
sub-registrar shall charge a fee of three dollars for the 8203
issuance of the burial permit. Two dollars and fifty cents of 8204
each fee collected for a burial permit shall be paid into the 8205
state treasury to the credit of the division of real estate in 8206
the department of commerce to be used by the division in 8207
discharging its duties prescribed in Chapter 4767. of the 8208
Revised Code and the Ohio cemetery dispute resolution commission 8209
created by section 4767.05 of the Revised Code. A local 8210
registrar or sub-registrar shall transmit payments of that 8211
portion of the amount of each fee collected under this section 8212
to the treasurer of state on a quarterly basis or more 8213
frequently, if possible. The director of health, by rule, shall 8214
provide for the issuance of a burial permit without the payment 8215
of the fee required by this section if the total cost of the 8216
burial will be paid by an agency or instrumentality of the 8217
United States, the state or a state agency, or a political 8218
subdivision of the state. 8219

The director of commerce may by rule adopted in accordance 8220
with Chapter 119. of the Revised Code reduce the total amount of 8221
the fee required by this section and that portion of the amount 8222
of the fee required to be paid to the credit of the division of 8223
real estate for the use of the division and the Ohio cemetery 8224

dispute resolution commission, if the director determines that 8225
the total amount of funds the fee is generating at the amount 8226
required by this section exceeds the amount of funds the 8227
division of real estate and the commission need to carry out 8228
their powers and duties prescribed in Chapter 4767. of the 8229
Revised Code. 8230

No person in charge of any premises in which interments or 8231
cremations are made shall inter or cremate or otherwise dispose 8232
of a body, unless it is accompanied by a burial permit. Each 8233
person in charge of a cemetery, crematory, or other place of 8234
disposal shall indorse upon a burial permit the date of 8235
interment, cremation, or other disposal and shall retain such 8236
permits for a period of at least five years. The person in 8237
charge shall keep an accurate record of all interments, 8238
cremations, or other disposal of dead bodies, made in the 8239
premises under the person's charge, stating the name of the 8240
deceased person, place of death, date of burial, cremation, or 8241
other disposal, and name and address of the funeral director. 8242
Such record shall at all times be open to public inspection. 8243

Sec. 3705.22. Whenever it is alleged that the facts stated 8244
in any birth, fetal death, or death record filed in the 8245
department of health are not true, the director may require 8246
satisfactory evidence to be presented in the form of affidavits, 8247
amended records, or certificates to establish the alleged facts. 8248
When established, the original record or certificate shall be 8249
supplemented by the affidavit or the amended certificate or 8250
record information. 8251

An affidavit in a form prescribed by the director shall be 8252
sworn to by a person having personal knowledge of the matter 8253
sought to be corrected. Medical certifications contained on 8254

fetal death or death records may be corrected only by the person 8255
whose name appears on the original record as attending 8256
physician, certified nurse-midwife, clinical nurse specialist, 8257
or certified nurse practitioner or by the coroner of the county 8258
in which the death occurred. 8259

The amended birth record shall be signed by the person who 8260
attended the birth and the informant or informants whose names 8261
appear on the original record. The amended death or fetal death 8262
record shall be signed by the following persons whose names 8263
appear on the original record: the physician, certified nurse- 8264
midwife, clinical nurse specialist, certified nurse 8265
practitioner, or coroner~~;~~ funeral director~~;~~ and informant 8266
~~whose names appear on the original record.~~ 8267

An affidavit or amended record for the correction of the 8268
given name of a person shall have the signature of the person, 8269
if the person is age eighteen or older, or of both parents if 8270
the person is under eighteen, except that in the case of a child 8271
born out of wedlock, the mother's signature will suffice; in the 8272
case of the death or incapacity of either parent, the signature 8273
of the other parent will suffice; in the case of a child not in 8274
the custody of ~~his~~ the child's parents, the signature of the 8275
guardian or agency having the custody of the child will suffice; 8276
and in the case of a child whose parents are deceased, the 8277
signature of another person who knows the child will suffice. 8278

Once a correction or amendment of an item is made on a 8279
vital record, that item shall not be corrected or amended again 8280
except on the order of a court of this state or the request of a 8281
court of another state or jurisdiction. 8282

The director may refuse to accept an affidavit or amended 8283
certificate or record that appears to be submitted for the 8284

purpose of falsifying the certificate or record. 8285

A certified copy of a certificate or record issued by the 8286
department of health shall show the information as originally 8287
given and the corrected information, except that an 8288
electronically produced copy need indicate only that the 8289
certificate or record was corrected and the item that was 8290
corrected. 8291

Sec. 3705.29. (A) No person shall do any of the following: 8292

(1) Purposely make any false statement in a certificate, 8293
record, or report required by this chapter or in an application 8294
or amendment of it, or purposely supply false information with 8295
the intent that that information be used in the preparation of 8296
any such report, record, or certificate, or amendment of it; 8297

(2) Without lawful authority and with intent to deceive, 8298
counterfeit, alter, amend, or mutilate any certificate, record, 8299
or report required by this chapter or any certified copy of it; 8300

(3) Purposely obtain, possess, use, sell, furnish, or 8301
attempt to obtain, possess, use, sell, or furnish to another for 8302
the purpose of deception any certificate, record, or report 8303
required by this chapter or any certified copy of it, or any 8304
certificate, record, or report that is counterfeit, altered, or 8305
amended or false in whole or part; 8306

(4) Purposely obtain, possess, use, sell, furnish, or 8307
attempt to obtain, possess, use, sell, or furnish to another for 8308
the purpose of deception any certificate, record, or report 8309
required by this chapter, or any certified copy of it, that 8310
relates to the birth of another person, whether living or dead; 8311

(5) Without lawful authority, possess any certificate, 8312
record, or report required by this chapter or any copy of such a 8313

certificate, record, or report, knowing it to have been stolen 8314
or otherwise unlawfully obtained. 8315

(B) No person employed by the office of vital statistics 8316
or a local registrar shall purposely furnish or possess a birth 8317
record or certified copy of a birth record with intent that it 8318
be used for deception. 8319

(C) No person shall do any of the following: 8320

(1) Purposely refuse to provide information required by 8321
this chapter or rules adopted under it; 8322

(2) Purposely transport out of this state or accept for 8323
interment or other disposition a dead body without a permit 8324
required by this chapter; 8325

(3) Knowingly prepare, issue, sell, or give any record or 8326
certificate that is alleged to be an original vital record or a 8327
certified copy of a vital record if the person knows or has 8328
reason to know that it is not an original vital record or a 8329
certified copy of a vital record; 8330

(4) Refuse to comply with the requirements of this chapter 8331
or violate any of the provisions of this chapter. 8332

(D) No officer or employee of the department of health 8333
shall knowingly reveal or provide any information contained in 8334
an adoption file maintained by the department under section 8335
3705.12, 3705.121, 3705.122, 3705.123, or 3705.124 of the 8336
Revised Code to any person, or knowingly reveal or provide the 8337
contents of an adoption file to any person, unless authorized to 8338
do so by section 3705.126 of the Revised Code. 8339

(E) If a death, or a fetal death of at least twenty weeks 8340
of gestation, occurs under any circumstances mentioned in 8341

section 313.12 of the Revised Code, the coroner of the county in 8342
which the death or fetal death occurs, or a deputy coroner, 8343
medical examiner, or deputy medical examiner serving in ~~an~~ 8344
~~equivalent~~ a capacity equivalent to the coroner, shall certify 8345
the cause of that death unless the death was reported to the 8346
coroner, deputy coroner, medical examiner, or deputy medical 8347
examiner and that person, after a preliminary examination, 8348
declined to assert jurisdiction with respect to the death or 8349
fetal death. 8350

(F) No physician other than the coroner in the county in 8351
which a death, or a fetal death of at least twenty weeks of 8352
gestation, occurs, ~~or a physician other than~~ a deputy coroner, 8353
medical examiner, or deputy medical examiner serving in ~~an~~ 8354
~~equivalent~~ a capacity equivalent to the coroner, and no 8355
certified nurse-midwife, clinical nurse specialist, or certified 8356
nurse practitioner, may certify any death or fetal death that 8357
occurs under any circumstances other than natural. 8358

(G) If a death, or a fetal death of at least twenty weeks 8359
of gestation, occurs under any circumstances mentioned in 8360
section 313.12 of the Revised Code, no person shall knowingly 8361
present a death or fetal death certificate for the purpose of 8362
obtaining certification of the cause of death to any ~~physician-~~ 8363
person other than the coroner in the county in which the death 8364
or fetal death occurred, ~~or to~~ a deputy coroner, medical 8365
examiner, or deputy medical examiner serving in ~~an equivalent~~ a 8366
capacity equivalent to the coroner, unless that death or fetal 8367
death was reported to the coroner, deputy coroner, medical 8368
examiner, or deputy medical examiner and that person, after a 8369
preliminary examination, declined to assert jurisdiction with 8370
respect to the death or fetal death. 8371

(H) No person, with intent to defraud or knowing that the person is facilitating a fraud, shall do either of the following:

(1) Certify a cause of death in violation of the prohibition of division (E) or (F) of this section;

(2) Obtain or attempt to obtain a certification of the cause of a death or fetal death in violation of the prohibition of division (G) of this section.

Sec. 3705.30. (A) As used in this section:

(1) "Freestanding birthing center" has the same meaning as in section 3702.141 of the Revised Code.

(2) "Hospital" means a hospital classified under section 3701.07 of the Revised Code as a general hospital or children's hospital.

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

(B) The director of health shall establish and, if funds for this purpose are available, implement a statewide birth defects information system for the collection of information concerning congenital anomalies, stillbirths, and abnormal conditions of newborns.

(C) If the system is implemented under division (B) of this section, all of the following apply:

(1) The director may require each physician, certified nurse-midwife, clinical nurse specialist, certified nurse practitioner, hospital, and freestanding birthing center to report to the system information concerning all patients under

five years of age with a primary diagnosis of a congenital 8400
anomaly or abnormal condition. The director shall not require a 8401
hospital, freestanding birthing center, ~~or physician,~~ certified 8402
nurse-midwife, clinical nurse specialist, or certified nurse 8403
practitioner to report to the system any information that is 8404
reported to the director or department of health under another 8405
provision of the Revised Code or Administrative Code. 8406

(2) On request, each physician, certified nurse-midwife, 8407
clinical nurse specialist, certified nurse practitioner, 8408
hospital, and freestanding birthing center shall give the 8409
director or authorized employees of the department of health 8410
access to the medical records of any patient described in 8411
division (C) (1) of this section. The department shall pay the 8412
costs of copying any medical records pursuant to this division. 8413

(3) The director may review vital statistics records and 8414
shall consider expanding the list of congenital anomalies and 8415
abnormal conditions of newborns reported on birth certificates 8416
pursuant to section 3705.08 of the Revised Code. 8417

(D) A physician, certified nurse-midwife, clinical nurse 8418
specialist, certified nurse practitioner, hospital, or 8419
freestanding birthing center that provides information to the 8420
system under division (C) of this section shall not be subject 8421
to criminal or civil liability for providing the information. 8422

Sec. 3705.33. As used in this section, "local health 8423
department" means a health department operated by the board of 8424
health of a city or general health district or the authority 8425
having the duties of a board of health under section 3709.05 of 8426
the Revised Code. 8427

A child's parent or legal guardian who wants information 8428

concerning the child removed from the birth defects information 8429
system shall request from the local health department or the 8430
child's physician, certified nurse-midwife, clinical nurse 8431
specialist, or certified nurse practitioner a form prepared by 8432
the director of health. On request, a local health department 8433
~~or~~, physician, certified nurse-midwife, clinical nurse 8434
specialist, or certified nurse practitioner shall provide the 8435
form to the child's parent or legal guardian. The individual 8436
providing the form shall discuss with the child's parent or 8437
legal guardian the information contained in the system. If the 8438
child's parent or legal guardian signs the form, the department 8439
~~or~~, physician, or nurse shall forward it to the director. On 8440
receipt of the signed form, the director shall remove from the 8441
system any information that identifies the child. 8442

Sec. 3705.35. Not later than one hundred eighty days after 8443
October 5, 2000, the director of health shall adopt rules in 8444
accordance with Chapter 119. of the Revised Code to do all of 8445
the following: 8446

(A) Implement the birth defects information system; 8447

(B) Specify the types of congenital anomalies and abnormal 8448
conditions of newborns to be reported to the system under 8449
section 3705.30 of the Revised Code; 8450

(C) Establish reporting requirements for information 8451
concerning diagnosed congenital anomalies and abnormal 8452
conditions of newborns; 8453

(D) Establish standards that must be met by persons or 8454
government entities that seek access to the system; 8455

(E) Establish a form for use by parents or legal guardians 8456
who seek to have information regarding their children removed 8457

from the system and a method of distributing the form to local 8458
health departments, as defined in section 3705.33 of the Revised 8459
Code, and to physicians, certified nurse-midwives, clinical 8460
nurse specialists, and certified nurse practitioners. The method 8461
of distribution must include making the form available on the 8462
internet. 8463

Sec. 3707.08. When a person known to have been exposed to 8464
a communicable disease declared quarantinable by the board of 8465
health of a city or general health district or the department of 8466
health is reported within its jurisdiction, the board shall at 8467
once restrict such person to ~~his~~ the person's place of residence 8468
or other suitable place, prohibit entrance to or exit from such 8469
place without the board's written permission in such manner as 8470
to prevent effective contact with individuals not so exposed, 8471
and enforce such restrictive measures as are prescribed by the 8472
department. 8473

When a person has, or is suspected of having, a 8474
communicable disease for which isolation is required by the 8475
board or the department, the board shall at once cause such 8476
person to be separated from susceptible persons in such places 8477
and under such circumstances as will prevent the conveyance of 8478
the infectious agents to susceptible persons, prohibit entrance 8479
to or exit from such places without the board's written 8480
permission, and enforce such restrictive measures as are 8481
prescribed by the department. 8482

When persons have, or are exposed to, a communicable 8483
disease for which placarding of premises is required by the 8484
board or the department, the board shall at once place in a 8485
conspicuous position on the premises where such a person is 8486
isolated or quarantined a placard having printed on it, in large 8487

letters, the name of the disease. No person shall remove, mar, 8488
deface, or destroy such placard, which shall remain in place 8489
until after the persons restricted have been released from 8490
isolation or quarantine. 8491

Physicians, certified nurse-midwives, clinical nurse 8492
specialists, and certified nurse practitioners attending a 8493
person affected with a communicable disease shall use such 8494
precautionary measures to prevent its spread as are required by 8495
the board or the department. 8496

No person isolated or quarantined by a board shall leave 8497
the premises to which ~~he~~ the person has been restricted without 8498
the written permission of such board until released from 8499
isolation or quarantine by it in ~~accordance~~ accordance with the 8500
rules and regulations of the department. 8501

Sec. 3707.10. When a person affected with yellow fever, 8502
typhus fever, or diphtheria has recovered and is no longer 8503
liable to communicate the disease to others, or has died, the 8504
attending physician, certified nurse-midwife, clinical nurse 8505
specialist, or certified nurse practitioner shall furnish a 8506
certificate of the recovery or death to the board of health of 8507
the city or general health district. As soon thereafter as the 8508
board considers it advisable, its health commissioner shall 8509
thoroughly disinfect and purify the house and contents of the 8510
house in which the affected person has been ill or has died, in 8511
accordance with the rules adopted by the department of health. 8512

Sec. 3707.72. (A) (1) If a board of health establishes a 8513
fetal-infant mortality review board under section 3707.71 of the 8514
Revised Code, the board, by a majority vote of a quorum of its 8515
members, shall select the board's members. Members may include 8516
the following professionals or individuals representing the 8517

following constituencies:	8518
(a) Fetal-infant mortality review coordinators;	8519
(b) Physicians who are board-certified in obstetrics and gynecology by a certifying board recognized by the American board of medical specialties;	8520 8521 8522
(c) Key community leaders from the board of health's jurisdiction;	8523 8524
(d) Health care providers;	8525
(e) Human services providers;	8526
(f) Consumer and advocacy groups;	8527
(g) Community action teams;	8528
<u>(h) Certified nurse-midwives.</u>	8529
(2) A majority of the board members specified in division (A) (1) of this section may invite additional individuals to serve on the board. The additional members shall serve for a period of time determined by a majority of the board members specified in division (A) (1) of this section and shall have the same authority, duties, and responsibilities as members specified in that division.	8530 8531 8532 8533 8534 8535 8536
(3) A board, by a majority vote of a quorum of its members, shall select an individual to serve as its chairperson.	8537 8538
(B) A vacancy on a board shall be filled in the same manner as the original appointment.	8539 8540
(C) A board member shall not receive any compensation for, and shall not be paid for any expenses incurred pursuant to, fulfilling the member's duties on the board.	8541 8542 8543

(D) A board may work in conjunction with, or be a component of, a child fatality review board or regional child fatality review board created under section 307.621 of the Revised Code.

(E) A board shall convene at least once a year at the call of the board's chairperson.

Sec. 3709.11. Within thirty days after the appointment of the members of the board of health in a general health district, they shall organize by selecting one of the members as president and another member as president pro tempore. The board shall appoint a health commissioner upon such terms, and for such period of time, not exceeding five years, as may be prescribed by the board. The person appointed as commissioner shall be one of the following: a licensed physician; a person licensed as a certified nurse-midwife, clinical nurse specialist, or certified nurse practitioner; a licensed dentist; a licensed veterinarian; a licensed podiatrist; a licensed chiropractor; or the holder of a master's degree in public health or an equivalent master's degree in a related health field as determined by the members of the board of health in a general health district. ~~He~~ The commissioner shall be secretary of the board, and shall devote such time to the duties of ~~his~~ office as may be fixed by contract with the board. Notice of such appointment shall be filed with the director of health. The commissioner shall be the executive officer of the board and shall carry out all orders of the board and of the department of health. ~~He~~ The commissioner shall be charged with the enforcement of all sanitary laws and regulations in the district. The commissioner shall keep the public informed in regard to all matters affecting the health of the district. When the commissioner is not a physician, certified nurse-midwife,

clinical nurse specialist, or certified nurse practitioner, the 8575
board shall provide for adequate medical direction of all 8576
personal health and nursing services by the employment of a 8577
licensed physician, certified nurse-midwife, clinical nurse 8578
specialist, or certified nurse practitioner as medical director 8579
on either a full-time or part-time basis. The medical director 8580
shall be responsible to the board of health. 8581

Sec. 3709.13. In any general health district the board of 8582
health may, upon the recommendation of the health commissioner, 8583
appoint for full or part time service a public health nurse and 8584
a clerk and such additional public health nurses, physicians, 8585
certified nurse-midwives, clinical nurse specialists, certified 8586
nurse practitioners, and other persons as are necessary for the 8587
proper conduct of its work. Such number of public health nurses 8588
may be employed as is necessary to provide adequate public 8589
health nursing service to all parts of the district. Employees 8590
of the board, other than the commissioner, shall be in the 8591
classified service of the state, and all employees of the board 8592
may be removed for cause by a majority of the board. 8593

Sec. 3709.241. Notwithstanding any other provision of law, 8594
a minor may give consent for the diagnosis or treatment of any 8595
~~venereal disease~~ sexually transmitted infection by a licensed 8596
physician, certified nurse-midwife, clinical nurse specialist, 8597
or certified nurse practitioner. Such consent is not subject to 8598
disaffirmance because of minority. The consent of the parent, 8599
parents, or guardian of a minor is not required for such 8600
diagnosis or treatment. The parent, parents, or guardian of a 8601
minor giving consent under this section are not liable for 8602
payment for any diagnostic or treatment service provided under 8603
this section without their consent. 8604

Sec. 3710.07. (A) Prior to engaging in any asbestos hazard abatement project, an asbestos hazard abatement contractor shall do all of the following:

(1) Prepare a written respiratory protection program as defined by the director of environmental protection pursuant to rule, and make the program available to the environmental protection agency, and workers at the job site if the contractor is a public entity or prepare a written respiratory protection program, consistent with 29 C.F.R. 1910.134 and make the program available to the agency, and workers at the job site if the contractor is a business entity;

(2) Ensure that each worker who will be involved in any asbestos hazard abatement project has been examined within the preceding year and has been declared by a physician, clinical nurse specialist, or certified nurse practitioner to be physically capable of working while wearing a respirator;

(3) Ensure that each of the contractor's employees or agents who will come in contact with asbestos-containing materials or will be responsible for an asbestos hazard abatement project receives the appropriate certification or licensure required by this chapter and the following training:

(a) An initial course approved by the agency pursuant to section 3710.10 of the Revised Code, completed before engaging in any asbestos hazard abatement activity; and

(b) An annual review course approved by the agency pursuant to section 3710.10 of the Revised Code.

(B) After obtaining or renewing a license, an asbestos hazard abatement contractor shall notify the agency, on a form approved by the director, at least ten working days before

beginning each asbestos hazard abatement project conducted 8634
during the term of the contractor's license. 8635

(C) In addition to any other fee imposed under this 8636
chapter, an asbestos hazard abatement contractor shall pay, at 8637
the time of providing notice under division (B) of this section, 8638
the agency a fee of sixty-five dollars for each asbestos hazard 8639
abatement project conducted. 8640

Sec. 3715.02. (A) The director of agriculture shall adopt 8641
rules in accordance with Chapter 119. of the Revised Code that 8642
establish, when otherwise not established by a law of this 8643
state, definitions for a food or class of food and standards for 8644
the following items as they pertain to the food or class of 8645
food: 8646

- (1) Quality, identity, purity, grade, and strength; 8647
- (2) Packaging and labeling; 8648
- (3) Food processing equipment; 8649
- (4) Processing procedures; 8650
- (5) Fill of containers. 8651

The standards and definitions, where applicable, shall 8652
conform to the standards for foods adopted by the United States 8653
department of agriculture and the United States food and drug 8654
administration. Portions of Titles 7, 9, and 21 of the Code of 8655
Federal Regulations or the regulations adopted for the 8656
enforcement of the "Federal Food, Drug, and Cosmetic Act," 52 8657
Stat. 1040 (1938), 21 U.S.C.A. 301 et seq., as amended, may be 8658
adopted as rules by referencing the federal regulations, subject 8659
to the approval of the joint committee on agency rule review. 8660

In adopting rules that establish definitions and standards 8661

of identity for a food or class of food in which only a limited 8662
number of optional ingredients are permitted, the director shall 8663
designate the optional ingredients that must be listed on the 8664
label. 8665

(B) The director shall adopt rules in accordance with 8666
Chapter 119. of the Revised Code that establish procedures for 8667
the performance of sample analyses of food, food additives, and 8668
food packaging materials. The circumstances under which a sample 8669
analysis may be required include the following: 8670

(1) When a food, food additive, or food packaging material 8671
is the subject of a consumer complaint; 8672

(2) When requested by a consumer after a physician, 8673
certified nurse-midwife, clinical nurse specialist, or certified 8674
nurse practitioner has isolated an organism from the consumer as 8675
the physician's or nurse's patient; 8676

(3) When a food, food additive, or food packaging material 8677
is suspected of having caused an illness; 8678

(4) When a food, food additive, or food packaging material 8679
is suspected of being adulterated or misbranded; 8680

(5) When a food, food additive, or food packaging material 8681
is subject to verification of food labeling and standards of 8682
identity; 8683

(6) At any other time the director considers a sample 8684
analysis necessary. 8685

(C) In foodborne illness investigations, the director of 8686
agriculture shall cooperate and consult with the public health 8687
laboratory maintained by the department of health under section 8688
3701.22 of the Revised Code. 8689

(D) The director or the director's designee shall do all 8690
of the following: 8691

(1) Inspect drugs, food, or drink manufactured, stored, or 8692
offered for sale in this state; 8693

(2) Prosecute or cause to be prosecuted each person 8694
engaged in the unlawful manufacture or sale of an adulterated 8695
drug or article of food or drink, in violation of law; 8696

(3) Enforce all laws against fraud, adulteration, or 8697
impurities in drugs, foods, or drinks and unlawful labeling 8698
within this state. 8699

(E) The director may appoint or contract for one or more 8700
qualified persons to enforce the provisions of this chapter. 8701

Sec. 3715.872. (A) As used in this section, "health care 8702
professional" means any of the following who provide medical, 8703
dental, or other health-related diagnosis, care, or treatment: 8704

(1) Individuals authorized under Chapter 4731. of the 8705
Revised Code to practice medicine and surgery, osteopathic 8706
medicine and surgery, or podiatric medicine and surgery; 8707

(2) Registered nurses, including advanced practice 8708
registered nurses, and licensed practical nurses licensed under 8709
Chapter 4723. of the Revised Code; 8710

(3) Physician assistants authorized to practice under 8711
Chapter 4730. of the Revised Code; 8712

(4) Dentists and dental hygienists licensed under Chapter 8713
4715. of the Revised Code; 8714

(5) Optometrists licensed under Chapter 4725. of the 8715
Revised Code; 8716

(6) Pharmacists licensed under Chapter 4729. of the Revised Code. 8717
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(B) For matters related to donating, giving, accepting, or dispensing drugs under the drug repository program, all of the following apply: 8719
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(1) Any person, including a pharmacy, drug manufacturer, or health care facility, or any government entity that donates or gives drugs to the drug repository program shall not be subject to liability in tort or other civil action for injury, death, or loss to person or property. 8722
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(2) A pharmacy, hospital, or nonprofit clinic that accepts or dispenses drugs under the program shall not be subject to liability in tort or other civil action for injury, death, or loss to person or property, unless an action or omission of the pharmacy, hospital, or nonprofit clinic constitutes willful and wanton misconduct. 8727
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(3) A health care professional who accepts or dispenses drugs under the program on behalf of a pharmacy, hospital, or nonprofit clinic, and the pharmacy, hospital, or nonprofit clinic that employs or otherwise uses the services of the health care professional, shall not be subject to liability in tort or other civil action for injury, death, or loss to person or property, unless an action or omission of the health care professional, pharmacy, hospital, or nonprofit clinic constitutes willful and wanton misconduct. 8733
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(4) The state board of pharmacy and the director of health shall not be subject to liability in tort or other civil action for injury, death, or loss to person or property, unless an action or omission of the board or director constitutes willful 8742
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and wanton misconduct. 8746

(C) In addition to the immunity granted under division (B) 8747
(1) of this section, any person, including a pharmacy, drug 8748
manufacturer, or health care facility, and any government entity 8749
that donates or gives drugs to the program shall not be subject 8750
to criminal prosecution for the donation, giving, acceptance, or 8751
dispensing of drugs under the program, unless an action or 8752
omission of the person or government entity does not comply with 8753
the provisions of this chapter or the rules adopted under it. 8754

(D) In the case of a drug manufacturer, the immunities 8755
granted under divisions (B)(1) and (C) of this section apply 8756
with respect to any drug manufactured by the drug manufacturer 8757
that is donated or given by any person or government entity 8758
under the program, including but not limited to liability for 8759
failure to transfer or communicate product or consumer 8760
information or the expiration date of the drug donated or given. 8761

Sec. 3721.01. (A) As used in sections 3721.01 to 3721.09 8762
and 3721.99 of the Revised Code: 8763

(1) (a) "Home" means an institution, residence, or facility 8764
that provides, for a period of more than twenty-four hours, 8765
whether for a consideration or not, accommodations to three or 8766
more unrelated individuals who are dependent upon the services 8767
of others, including a nursing home, residential care facility, 8768
home for the aging, and a veterans' home operated under Chapter 8769
5907. of the Revised Code. 8770

(b) "Home" also means both of the following: 8771

(i) Any facility that a person, as defined in section 8772
3702.51 of the Revised Code, proposes for certification as a 8773
skilled nursing facility or nursing facility under Title XVIII 8774

or XIX of the "Social Security Act," 49 Stat. 620 (1935), 42 8775
U.S.C.A. 301, as amended, and for which a certificate of need, 8776
other than a certificate to recategorize hospital beds as 8777
described in section 3702.521 of the Revised Code or division 8778
(R) (7) (d) of the version of section 3702.51 of the Revised Code 8779
in effect immediately prior to April 20, 1995, has been granted 8780
to the person under sections 3702.51 to 3702.62 of the Revised 8781
Code after August 5, 1989; 8782

(ii) A county home or district home that is or has been 8783
licensed as a residential care facility. 8784

(c) "Home" does not mean any of the following: 8785

(i) Except as provided in division (A) (1) (b) of this 8786
section, a public hospital or hospital as defined in section 8787
3701.01 or 5122.01 of the Revised Code; 8788

(ii) A residential facility as defined in section 5119.34 8789
of the Revised Code; 8790

(iii) A residential facility as defined in section 5123.19 8791
of the Revised Code; 8792

(iv) A community addiction services provider as defined in 8793
section 5119.01 of the Revised Code; 8794

(v) A facility licensed under section 5119.37 of the 8795
Revised Code to operate an opioid treatment program; 8796

(vi) A facility providing services under contract with the 8797
department of developmental disabilities under section 5123.18 8798
of the Revised Code; 8799

(vii) A facility operated by a hospice care program 8800
licensed under section 3712.04 of the Revised Code that is used 8801
exclusively for care of hospice patients; 8802

(viii) A facility operated by a pediatric respite care program licensed under section 3712.041 of the Revised Code that is used exclusively for care of pediatric respite care patients;

(ix) A facility, infirmary, or other entity that is operated by a religious order, provides care exclusively to members of religious orders who take vows of celibacy and live by virtue of their vows within the orders as if related, and does not participate in the medicare program or the medicaid program if on January 1, 1994, the facility, infirmary, or entity was providing care exclusively to members of the religious order;

(x) A county home or district home that has never been licensed as a residential care facility.

(2) "Unrelated individual" means one who is not related to the owner or operator of a home or to the spouse of the owner or operator as a parent, grandparent, child, grandchild, brother, sister, niece, nephew, aunt, uncle, or as the child of an aunt or uncle.

(3) "Mental impairment" does not mean mental illness, as defined in section 5122.01 of the Revised Code, or developmental disability, as defined in section 5123.01 of the Revised Code.

(4) "Skilled nursing care" means procedures that require technical skills and knowledge beyond those the untrained person possesses and that are commonly employed in providing for the physical, mental, and emotional needs of the ill or otherwise incapacitated. "Skilled nursing care" includes, but is not limited to, the following:

(a) Irrigations, catheterizations, application of dressings, and supervision of special diets;

(b) Objective observation of changes in the patient's condition as a means of analyzing and determining the nursing care required and the need for further medical diagnosis and treatment;

(c) Special procedures contributing to rehabilitation;

(d) Administration of medication by any method ordered by a physician, such as hypodermically, rectally, or orally, including observation of the patient after receipt of the medication;

(e) Carrying out other treatments prescribed by the physician that involve a similar level of complexity and skill in administration.

(5) (a) "Personal care services" means services including, but not limited to, the following:

(i) Assisting residents with activities of daily living;

(ii) Assisting residents with self-administration of medication, in accordance with rules adopted under section 3721.04 of the Revised Code;

(iii) Preparing special diets, other than complex therapeutic diets, for residents pursuant to the instructions of a physician, certified nurse-midwife, clinical nurse specialist, certified nurse practitioner, or ~~a~~-licensed dietitian, in accordance with rules adopted under section 3721.04 of the Revised Code.

(b) "Personal care services" does not include "skilled nursing care" as defined in division (A) (4) of this section. A facility need not provide more than one of the services listed in division (A) (5) (a) of this section to be considered to be

providing personal care services. 8860

(6) "Nursing home" means a home used for the reception and 8861
care of individuals who by reason of illness or physical or 8862
mental impairment require skilled nursing care and of 8863
individuals who require personal care services but not skilled 8864
nursing care. A nursing home is licensed to provide personal 8865
care services and skilled nursing care. 8866

(7) "Residential care facility" means a home that provides 8867
either of the following: 8868

(a) Accommodations for seventeen or more unrelated 8869
individuals and supervision and personal care services for three 8870
or more of those individuals who are dependent on the services 8871
of others by reason of age or physical or mental impairment; 8872

(b) Accommodations for three or more unrelated 8873
individuals, supervision and personal care services for at least 8874
three of those individuals who are dependent on the services of 8875
others by reason of age or physical or mental impairment, and, 8876
to at least one of those individuals, any of the skilled nursing 8877
care authorized by section 3721.011 of the Revised Code. 8878

(8) "Home for the aging" means a home that provides 8879
services as a residential care facility and a nursing home, 8880
except that the home provides its services only to individuals 8881
who are dependent on the services of others by reason of both 8882
age and physical or mental impairment. 8883

The part or unit of a home for the aging that provides 8884
services only as a residential care facility is licensed as a 8885
residential care facility. The part or unit that may provide 8886
skilled nursing care beyond the extent authorized by section 8887
3721.011 of the Revised Code is licensed as a nursing home. 8888

(9) "County home" and "district home" mean a county home 8889
or district home operated under Chapter 5155. of the Revised 8890
Code. 8891

(B) The director of health may further classify homes. For 8892
the purposes of this chapter, any residence, institution, hotel, 8893
congregate housing project, or similar facility that meets the 8894
definition of a home under this section is such a home 8895
regardless of how the facility holds itself out to the public. 8896

(C) For purposes of this chapter, personal care services 8897
or skilled nursing care shall be considered to be provided by a 8898
facility if they are provided by a person employed by or 8899
associated with the facility or by another person pursuant to an 8900
agreement to which neither the resident who receives the 8901
services nor the resident's sponsor is a party. 8902

(D) Nothing in division (A) (4) of this section shall be 8903
construed to permit skilled nursing care to be imposed on an 8904
individual who does not require skilled nursing care. 8905

Nothing in division (A) (5) of this section shall be 8906
construed to permit personal care services to be imposed on an 8907
individual who is capable of performing the activity in question 8908
without assistance. 8909

(E) Division (A) (1) (c) (ix) of this section does not 8910
prohibit a facility, infirmary, or other entity described in 8911
that division from seeking licensure under sections 3721.01 to 8912
3721.09 of the Revised Code or certification under Title XVIII 8913
or XIX of the "Social Security Act." However, such a facility, 8914
infirmary, or entity that applies for licensure or certification 8915
must meet the requirements of those sections or titles and the 8916
rules adopted under them and obtain a certificate of need from 8917

the director of health under section 3702.52 of the Revised Code. 8918
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(F) Nothing in this chapter, or rules adopted pursuant to it, shall be construed as authorizing the supervision, regulation, or control of the spiritual care or treatment of residents or patients in any home who rely upon treatment by prayer or spiritual means in accordance with the creed or tenets of any recognized church or religious denomination. 8920
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Sec. 3721.011. (A) In addition to providing accommodations, supervision, and personal care services to its residents, a residential care facility may do the following: 8926
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(1) Provide the following skilled nursing care to its residents: 8929
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(a) Supervision of special diets; 8931

(b) Application of dressings, in accordance with rules adopted under section 3721.04 of the Revised Code; 8932
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(c) Subject to division (B)(1) of this section, administration of medication. 8934
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(2) Subject to division (C) of this section, provide other skilled nursing care on a part-time, intermittent basis for not more than a total of one hundred twenty days in a twelve-month period; 8936
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(3) Provide skilled nursing care for more than one hundred twenty days in a twelve-month period to a resident when the requirements of division (D) of this section are met. 8940
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A residential care facility may not admit or retain an individual requiring skilled nursing care that is not authorized by this section. A residential care facility may not provide 8943
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skilled nursing care beyond the limits established by this 8946
section. 8947

(B) (1) A residential care facility may admit or retain an 8948
individual requiring medication, including biologicals, only if 8949
the individual's personal physician, certified nurse-midwife, 8950
clinical nurse specialist, or certified nurse practitioner has 8951
determined in writing that the individual is capable of self- 8952
administering the medication or the facility provides for the 8953
medication to be administered to the individual by a home health 8954
agency certified under Title XVIII of the "Social Security Act," 8955
79 Stat. 620 (1965), 42 U.S.C. 1395, as amended; a hospice care 8956
program licensed under Chapter 3712. of the Revised Code; or a 8957
member of the staff of the residential care facility who is 8958
qualified to perform medication administration. Medication may 8959
be administered in a residential care facility only by the 8960
following persons authorized by law to administer medication: 8961

(a) A registered nurse licensed under Chapter 4723. of the 8962
Revised Code, including a certified nurse-midwife, clinical 8963
nurse specialist, or certified nurse practitioner; 8964

(b) A licensed practical nurse licensed under Chapter 8965
4723. of the Revised Code who holds proof of successful 8966
completion of a course in medication administration approved by 8967
the board of nursing and who administers the medication only at 8968
the direction of a registered nurse or a physician authorized 8969
under Chapter 4731. of the Revised Code to practice medicine and 8970
surgery or osteopathic medicine and surgery; 8971

(c) A medication aide certified under Chapter 4723. of the 8972
Revised Code; 8973

(d) A physician authorized under Chapter 4731. of the 8974

Revised Code to practice medicine and surgery or osteopathic medicine and surgery. 8975
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(2) In assisting a resident with self-administration of medication, any member of the staff of a residential care facility may do the following: 8977
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(a) Remind a resident when to take medication and watch to ensure that the resident follows the directions on the container; 8980
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(b) Assist a resident by taking the medication from the locked area where it is stored, in accordance with rules adopted pursuant to section 3721.04 of the Revised Code, and handing it to the resident. If the resident is physically unable to open the container, a staff member may open the container for the resident. 8983
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(c) Assist a physically impaired but mentally alert resident, such as a resident with arthritis, cerebral palsy, or Parkinson's disease, in removing oral or topical medication from containers and in consuming or applying the medication, upon request by or with the consent of the resident. If a resident is physically unable to place a dose of medicine to the resident's mouth without spilling it, a staff member may place the dose in a container and place the container to the mouth of the resident. 8989
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(C) Except as provided in division (D) of this section, a residential care facility may admit or retain individuals who require skilled nursing care beyond the supervision of special diets, application of dressings, or administration of medication, only if the care will be provided on a part-time, intermittent basis for not more than a total of one hundred 8998
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twenty days in any twelve-month period. In accordance with 9004
Chapter 119. of the Revised Code, the director of health shall 9005
adopt rules specifying what constitutes the need for skilled 9006
nursing care on a part-time, intermittent basis. The director 9007
shall adopt rules that are consistent with rules pertaining to 9008
home health care adopted by the medicaid director for the 9009
medicaid program. Skilled nursing care provided pursuant to this 9010
division may be provided by a home health agency certified for 9011
participation in the medicare program, a hospice care program 9012
licensed under Chapter 3712. of the Revised Code, or a member of 9013
the staff of a residential care facility who is qualified to 9014
perform skilled nursing care. 9015

A residential care facility that provides skilled nursing 9016
care pursuant to this division shall do both of the following: 9017

(1) Evaluate each resident receiving the skilled nursing 9018
care at least once every seven days to determine whether the 9019
resident should be transferred to a nursing home; 9020

(2) Meet the skilled nursing care needs of each resident 9021
receiving the care. 9022

(D) (1) A residential care facility may admit or retain an 9023
individual who requires skilled nursing care for more than one 9024
hundred twenty days in any twelve-month period only if the 9025
facility has entered into a written agreement with each of the 9026
following: 9027

(a) The individual or individual's sponsor; 9028

(b) The individual's personal physician, certified nurse- 9029
midwife, clinical nurse specialist, or certified nurse 9030
practitioner; 9031

(c) Unless the individual's personal physician, certified 9032

nurse-midwife, clinical nurse specialist, or certified nurse practitioner oversees the skilled nursing care, the provider of the skilled nursing care; 9033
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(d) If the individual is a hospice patient as defined in section 3712.01 of the Revised Code, a hospice care program licensed under Chapter 3712. of the Revised Code. 9036
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(2) The agreement required by division (D)(1) of this section shall include all of the following provisions: 9039
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(a) That the individual will be provided skilled nursing care in the facility only if a determination has been made that the individual's needs can be met at the facility; 9041
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(b) That the individual will be retained in the facility only if periodic redeterminations are made that the individual's needs are being met at the facility; 9044
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(c) That the redeterminations will be made according to a schedule specified in the agreement; 9047
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(d) If the individual is a hospice patient, that the individual has been given an opportunity to choose the hospice care program that best meets the individual's needs; 9049
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(e) Unless the individual is a hospice patient, that the individual's personal physician, certified nurse-midwife, clinical nurse specialist, or certified nurse practitioner has determined that the skilled nursing care the individual needs is routine. 9052
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(E) Notwithstanding any other provision of this chapter, a residential care facility in which residents receive skilled nursing care pursuant to this section is not a nursing home. 9057
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Sec. 3721.041. (A) As used in this section: 9060

(1) "Advisory committee" means the advisory committee on immunization practices of the United States centers for disease control and prevention or a successor committee or agency.

(2) "Home" has the same meaning as in section 3721.01 of the Revised Code.

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

(B) (1) Each home shall, on an annual basis, offer to each resident, in accordance with guidelines issued by the advisory committee, vaccination against influenza, unless a physician, certified nurse-midwife, clinical nurse specialist, or certified nurse practitioner has determined that vaccination of the resident is medically inappropriate. The vaccine shall be of a form approved by the advisory committee for that calendar year. A resident may refuse vaccination.

(2) Each home shall obtain the influenza vaccine information sheet described in section 3701.138 of the Revised Code and post the sheet in a conspicuous location that is accessible to all residents, employees, and visitors. Not later than the first day of August each year, the home shall determine whether the information sheet it has posted is the most recent version available. If it is not, the home shall replace the information sheet with the updated version. Nothing in this division requires an older adult to be vaccinated against influenza.

Failure to comply with the requirement to post the information sheet shall not be taken into account when any survey or inspection of the home is conducted and shall not be

used as the basis for imposing any penalty against the home. 9090

(C) Each home shall offer to each resident, in accordance 9091
with guidelines issued by the advisory committee, vaccination 9092
against pneumococcal pneumonia, unless the resident has already 9093
received such vaccination or a physician, certified nurse- 9094
midwife, clinical nurse specialist, or certified nurse 9095
practitioner has determined that vaccination of the resident is 9096
medically inappropriate. Each vaccine shall be of a form 9097
approved by the advisory committee for that calendar year. A 9098
resident may refuse vaccination. 9099

(D) The director of health may adopt rules under Chapter 9100
119. of the Revised Code as the director considers appropriate 9101
to implement this section. 9102

Sec. 3721.21. As used in sections 3721.21 to 3721.34 of 9103
the Revised Code: 9104

(A) "Long-term care facility" means either of the 9105
following: 9106

(1) A nursing home as defined in section 3721.01 of the 9107
Revised Code; 9108

(2) A facility or part of a facility that is certified as 9109
a skilled nursing facility or a nursing facility under Title 9110
XVIII or XIX of the "Social Security Act." 9111

(B) "Residential care facility" has the same meaning as in 9112
section 3721.01 of the Revised Code. 9113

(C) "Abuse" means any of the following: 9114

(1) Physical abuse; 9115

(2) Psychological abuse; 9116

(3) Sexual abuse.	9117
(D) "Neglect" means recklessly failing to provide a resident with any treatment, care, goods, or service necessary to maintain the health or safety of the resident when the failure results in serious physical harm to the resident.	9118 9119 9120 9121
"Neglect" does not include allowing a resident, at the resident's option, to receive only treatment by spiritual means through prayer in accordance with the tenets of a recognized religious denomination.	9122 9123 9124 9125
(E) "Exploitation" means taking advantage of a resident, regardless of whether the action was for personal gain, whether the resident knew of the action, or whether the resident was harmed.	9126 9127 9128 9129
(F) "Misappropriation" means depriving, defrauding, or otherwise obtaining the real or personal property of a resident by any means prohibited by the Revised Code, including violations of Chapter 2911. or 2913. of the Revised Code.	9130 9131 9132 9133
(G) "Resident" includes a resident, patient, former resident or patient, or deceased resident or patient of a long-term care facility or a residential care facility.	9134 9135 9136
(H) "Physical abuse" means knowingly causing physical harm or recklessly causing serious physical harm to a resident through either of the following:	9137 9138 9139
(1) Physical contact with the resident;	9140
(2) The use of physical restraint, chemical restraint, medication that does not constitute a chemical restraint, or isolation, if the restraint, medication, or isolation is excessive, for punishment, for staff convenience, a substitute for treatment, or in an amount that precludes habilitation and	9141 9142 9143 9144 9145

treatment. 9146

(I) "Psychological abuse" means knowingly or recklessly 9147
causing psychological harm to a resident, whether verbally or by 9148
action. 9149

(J) "Sexual abuse" means sexual conduct or sexual contact 9150
with a resident, as those terms are defined in section 2907.01 9151
of the Revised Code. 9152

(K) "Physical restraint" has the same meaning as in 9153
section 3721.10 of the Revised Code. 9154

(L) "Chemical restraint" has the same meaning as in 9155
section 3721.10 of the Revised Code. 9156

(M) "Nursing and nursing-related services" means the 9157
personal care services and other services not constituting 9158
skilled nursing care that are specified in rules the director of 9159
health shall adopt in accordance with Chapter 119. of the 9160
Revised Code. 9161

(N) "Personal care services" has the same meaning as in 9162
section 3721.01 of the Revised Code. 9163

(O) (1) Except as provided in division (O) (2) of this 9164
section, "nurse aide" means an individual who provides nursing 9165
and nursing-related services to residents in a long-term care 9166
facility, either as a member of the staff of the facility for 9167
monetary compensation or as a volunteer without monetary 9168
compensation. 9169

(2) "Nurse aide" does not include either of the following: 9170

(a) A licensed health professional practicing within the 9171
scope of the professional's license; 9172

(b) An individual providing nursing and nursing-related services in a religious nonmedical health care institution, if the individual has been trained in the principles of nonmedical care and is recognized by the institution as being competent in the administration of care within the religious tenets practiced by the residents of the institution.

(P) "Licensed health professional" means all of the following:

(1) An occupational therapist or occupational therapy assistant licensed under Chapter 4755. of the Revised Code;

(2) A physical therapist or physical therapy assistant licensed under Chapter 4755. of the Revised Code;

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

(4) A physician assistant authorized under Chapter 4730. of the Revised Code to practice as a physician assistant;

(5) A registered nurse, including an advanced practice registered nurse, or licensed practical nurse licensed under Chapter 4723. of the Revised Code;

(6) A social worker or independent social worker licensed under Chapter 4757. of the Revised Code or a social work assistant registered under that chapter;

(7) A speech-language pathologist or audiologist licensed under Chapter 4753. of the Revised Code;

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

(9) An optometrist licensed under Chapter 4725. of the Revised Code;	9200 9201
(10) A pharmacist licensed under Chapter 4729. of the Revised Code;	9202 9203
(11) A psychologist licensed under Chapter 4732. of the Revised Code;	9204 9205
(12) A chiropractor licensed under Chapter 4734. of the Revised Code;	9206 9207
(13) A nursing home administrator licensed or temporarily licensed under Chapter 4751. of the Revised Code;	9208 9209
(14) A licensed professional counselor or licensed professional clinical counselor licensed under Chapter 4757. of the Revised Code;	9210 9211 9212
(15) A marriage and family therapist or independent marriage and family therapist licensed under Chapter 4757. of the Revised Code.	9213 9214 9215
(Q) "Religious nonmedical health care institution" means an institution that meets or exceeds the conditions to receive payment under the medicare program established under Title XVIII of the "Social Security Act" for inpatient hospital services or post-hospital extended care services furnished to an individual in a religious nonmedical health care institution, as defined in section 1861(ss)(1) of the "Social Security Act," 79 Stat. 286 (1965), 42 U.S.C. 1395x(ss)(1), as amended.	9216 9217 9218 9219 9220 9221 9222 9223
(R) "Competency evaluation program" means a program through which the competency of a nurse aide to provide nursing and nursing-related services is evaluated.	9224 9225 9226
(S) "Training and competency evaluation program" means a	9227

program of nurse aide training and evaluation of competency to 9228
provide nursing and nursing-related services. 9229

Sec. 3727.09. (A) As used in this section and sections 9230
3727.10 and 3727.101 of the Revised Code: 9231

(1) "Trauma," "trauma care," "trauma center," "trauma 9232
patient," "pediatric," and "adult" have the same meanings as in 9233
section 4765.01 of the Revised Code. 9234

(2) "Stabilize" and "transfer" have the same meanings as 9235
in section 1753.28 of the Revised Code. 9236

(B) On and after November 3, 2002, each hospital in this 9237
state that is not a trauma center shall adopt protocols for 9238
adult and pediatric trauma care provided in or by that hospital; 9239
each hospital in this state that is an adult trauma center and 9240
not a level I or level II pediatric trauma center shall adopt 9241
protocols for pediatric trauma care provided in or by that 9242
hospital; each hospital in this state that is a pediatric trauma 9243
center and not a level I and II adult trauma center shall adopt 9244
protocols for adult trauma care provided in or by that hospital. 9245
In developing its trauma care protocols, each hospital shall 9246
consider the guidelines for trauma care established by the 9247
American college of surgeons, the American college of emergency 9248
physicians, and the American academy of pediatrics. Trauma care 9249
protocols shall be written, comply with applicable federal and 9250
state laws, and include policies and procedures with respect to 9251
all of the following: 9252

(1) Evaluation of trauma patients, including criteria for 9253
prompt identification of trauma patients who require a level of 9254
adult or pediatric trauma care that exceeds the hospital's 9255
capabilities; 9256

(2) Emergency treatment and stabilization of trauma	9257
patients prior to transfer to an appropriate adult or pediatric	9258
trauma center;	9259
(3) Timely transfer of trauma patients to appropriate	9260
adult or pediatric trauma centers based on a patient's medical	9261
needs. Trauma patient transfer protocols shall specify all of	9262
the following:	9263
(a) Confirmation of the ability of the receiving trauma	9264
center to provide prompt adult or pediatric trauma care	9265
appropriate to a patient's medical needs;	9266
(b) Procedures for selecting an appropriate alternative	9267
adult or pediatric trauma center to receive a patient when it is	9268
not feasible or safe to transport the patient to a particular	9269
trauma center;	9270
(c) Advance notification and appropriate medical	9271
consultation with the trauma center to which a trauma patient is	9272
being, or will be, transferred;	9273
(d) Procedures for selecting an appropriate method of	9274
transportation and the hospital responsible for arranging or	9275
providing the transportation;	9276
(e) Confirmation of the ability of the persons and vehicle	9277
that will transport a trauma patient to provide appropriate	9278
adult or pediatric trauma care;	9279
(f) Assured communication with, and appropriate medical	9280
direction of, the persons transporting a trauma patient to a	9281
trauma center;	9282
(g) Identification and timely transfer of appropriate	9283
medical records of the trauma patient being transferred;	9284

(h) The hospital responsible for care of a patient in transit;	9285 9286
(i) The responsibilities of the physician, <u>certified nurse-midwife, clinical nurse specialist, or certified nurse practitioner</u> attending a patient and, if different, the physician, <u>certified nurse-midwife, clinical nurse specialist, or certified nurse practitioner</u> who authorizes a transfer of the patient;	9287 9288 9289 9290 9291 9292
(j) Procedures for determining, in consultation with an appropriate adult or pediatric trauma center and the persons who will transport a trauma patient, when transportation of the patient to a trauma center may be delayed for either of the following reasons:	9293 9294 9295 9296 9297
(i) Immediate transfer of the patient is unsafe due to adverse weather or ground conditions.	9298 9299
(ii) No trauma center is able to provide appropriate adult or pediatric trauma care to the patient without undue delay.	9300 9301
(4) Peer review and quality assurance procedures for adult and pediatric trauma care provided in or by the hospital.	9302 9303
(C) (1) On and after November 3, 2002, each hospital shall enter into all of the following written agreements unless otherwise provided in division (C) (2) of this section:	9304 9305 9306
(a) An agreement with one or more adult trauma centers in each level of categorization as a trauma center higher than the hospital that governs the transfer of adult trauma patients from the hospital to those trauma centers;	9307 9308 9309 9310
(b) An agreement with one or more pediatric trauma centers in each level of categorization as a trauma center higher than	9311 9312

the hospital that governs the transfer of pediatric trauma 9313
patients from the hospital to those trauma centers. 9314

(2) A level I or level II adult trauma center is not 9315
required to enter into an adult trauma patient transfer 9316
agreement with another hospital. A level I or level II pediatric 9317
trauma center is not required to enter into a pediatric trauma 9318
patient transfer agreement with another hospital. A hospital is 9319
not required to enter into an adult trauma patient transfer 9320
agreement with a level III or level IV adult trauma center, or 9321
enter into a pediatric trauma patient transfer agreement with a 9322
level III or level IV pediatric trauma center, if no trauma 9323
center of that type is reasonably available to receive trauma 9324
patients transferred from the hospital. 9325

(3) A trauma patient transfer agreement entered into by a 9326
hospital under division (C)(1) of this section shall comply with 9327
applicable federal and state laws and contain provisions 9328
conforming to the requirements for trauma care protocols set 9329
forth in division (B) of this section. 9330

(D) A hospital shall make trauma care protocols it adopts 9331
under division (B) of this section and trauma patient transfer 9332
agreements it adopts under division (C) of this section 9333
available for public inspection during normal working hours. A 9334
hospital shall furnish a copy of such documents upon request and 9335
may charge a reasonable and necessary fee for doing so, provided 9336
that upon request it shall furnish a copy of such documents to 9337
the director of health free of charge. 9338

(E) A hospital that ceases to operate as an adult or 9339
pediatric trauma center under provisional status is not in 9340
violation of divisions (B) and (C) of this section during the 9341
time it develops different trauma care protocols and enters into 9342

different patient transfer agreements pursuant to division (D) 9343

(2) (c) of section 3727.101 of the Revised Code. 9344

Sec. 3727.19. (A) As used in this section: 9345

(1) "Advisory committee" means the advisory committee on 9346

immunization practices of the United States centers for disease 9347

control and prevention or its successor agency. 9348

(2) "Physician" means an individual authorized under 9349

Chapter 4731. of the Revised Code to practice medicine and 9350

surgery or osteopathic medicine and surgery. 9351

(B) Each hospital shall offer to each patient who is 9352

admitted to the hospital, in accordance with guidelines issued 9353

by the advisory committee, vaccination against influenza, unless 9354

a physician, certified nurse-midwife, clinical nurse specialist, 9355

or certified nurse practitioner has determined that vaccination 9356

of the patient is medically inappropriate. The vaccine shall be 9357

of a form approved by the advisory committee for that calendar 9358

year. A patient may refuse vaccination. 9359

(C) Each hospital shall offer to each patient who is 9360

admitted to the hospital, in accordance with guidelines issued 9361

by the advisory committee, vaccination against pneumococcal 9362

pneumonia, unless a physician, certified nurse-midwife, clinical 9363

nurse specialist, or certified nurse practitioner has determined 9364

that vaccination of the patient is medically inappropriate. Each 9365

vaccine shall be of a form approved by the advisory committee 9366

for that calendar year. A patient may refuse vaccination. 9367

(D) The director of health may adopt rules under Chapter 9368

119. of the Revised Code as the director considers appropriate 9369

to implement this section. 9370

Sec. 3742.03. The director of health shall adopt rules in 9371

accordance with Chapter 119. of the Revised Code for the 9372
administration and enforcement of sections 3742.01 to 3742.19 9373
and 3742.99 of the Revised Code. The rules shall specify all of 9374
the following: 9375

(A) Procedures to be followed by a lead abatement 9376
contractor, lead abatement project designer, lead abatement 9377
worker, lead inspector, or lead risk assessor licensed under 9378
section 3742.05 of the Revised Code for undertaking lead 9379
abatement activities and procedures to be followed by a 9380
clearance technician, lead inspector, or lead risk assessor in 9381
performing a clearance examination; 9382

(B) (1) Requirements for training and licensure, in 9383
addition to those established under section 3742.08 of the 9384
Revised Code, to include levels of training and periodic 9385
refresher training for each class of worker, and to be used for 9386
licensure under section 3742.05 of the Revised Code. Except in 9387
the case of clearance technicians, these requirements shall 9388
include at least twenty-four classroom hours of training based 9389
on the Occupational Safety and Health Act training program for 9390
lead set forth in 29 C.F.R. 1926.62. For clearance technicians, 9391
the training requirements to obtain an initial license shall not 9392
exceed six hours and the requirements for refresher training 9393
shall not exceed two hours every four years. In establishing the 9394
training and licensure requirements, the director shall consider 9395
the core of information that is needed by all licensed persons, 9396
and establish the training requirements so that persons who 9397
would seek licenses in more than one area would not have to take 9398
duplicative course work. 9399

(2) Persons certified by the American board of industrial 9400
hygiene as a certified industrial hygienist or as an industrial 9401

hygienist-in-training, and persons registered as a sanitarian or 9402
sanitarian-in-training under Chapter 4736. of the Revised Code, 9403
shall be exempt from any training requirements for initial 9404
licensure established under this chapter, but shall be required 9405
to take any examinations for licensure required under section 9406
3742.05 of the Revised Code. 9407

(C) Fees for licenses issued under section 3742.05 of the 9408
Revised Code and for their renewal; 9409

(D) Procedures to be followed by lead inspectors, lead 9410
abatement contractors, environmental lead analytical 9411
laboratories, lead risk assessors, lead abatement project 9412
designers, and lead abatement workers to prevent public exposure 9413
to lead hazards and ensure worker protection during lead 9414
abatement projects; 9415

(E) (1) Record-keeping and reporting requirements for 9416
clinical laboratories, environmental lead analytical 9417
laboratories, lead inspectors, lead abatement contractors, lead 9418
risk assessors, lead abatement project designers, and lead 9419
abatement workers for lead abatement projects and record-keeping 9420
and reporting requirements for clinical laboratories, 9421
environmental lead analytical laboratories, and clearance 9422
technicians for clearance examinations; 9423

(2) Record-keeping and reporting requirements regarding 9424
lead poisoning for physicians, certified nurse-midwives, 9425
clinical nurse specialists, and certified nurse practitioners; 9426

(3) Information that is required to be reported under 9427
rules based on divisions (E) (1) and (2) of this section and that 9428
is a medical record is not a public record under section 149.43 9429
of the Revised Code and shall not be released, except in 9430

aggregate statistical form.	9431
(F) Environmental sampling techniques for use in	9432
collecting samples of air, water, dust, paint, and other	9433
materials;	9434
(G) Requirements for a respiratory protection plan	9435
prepared in accordance with section 3742.07 of the Revised Code;	9436
(H) Requirements under which a manufacturer of	9437
encapsulants must demonstrate evidence of the safety and	9438
durability of its encapsulants by providing results of testing	9439
from an independent laboratory indicating that the encapsulants	9440
meet the standards developed by the "E06.23.30 task group on	9441
encapsulants," which is the task group of the lead hazards	9442
associated with buildings subcommittee of the performance of	9443
buildings committee of the American society for testing and	9444
materials.	9445
Sec. 3742.04. (A) The director of health shall do all of	9446
the following:	9447
(1) Administer and enforce the requirements of sections	9448
3742.01 to 3742.19 and 3742.99 of the Revised Code and the rules	9449
adopted pursuant to those sections;	9450
(2) Examine records and reports submitted by lead	9451
inspectors, lead abatement contractors, lead risk assessors,	9452
lead abatement project designers, lead abatement workers, and	9453
clearance technicians in accordance with section 3742.05 of the	9454
Revised Code to determine whether the requirements of this	9455
chapter are being met;	9456
(3) Examine records and reports submitted by physicians, <u></u>	9457
<u>certified nurse-midwives, clinical nurse specialists, and</u>	9458
<u>certified nurse practitioners</u> pursuant to rules adopted under	9459

section 3742.03 of the Revised Code and by clinical laboratories 9460
and environmental lead analytical laboratories under section 9461
3742.09 of the Revised Code; 9462

(4) Issue approval to manufacturers of encapsulants that 9463
have done all of the following: 9464

(a) Submitted an application for approval to the director 9465
on a form prescribed by the director; 9466

(b) Paid the application fee established by the director; 9467

(c) Submitted results from an independent laboratory 9468
indicating that the manufacturer's encapsulants satisfy the 9469
requirements established in rules adopted under division (H) of 9470
section 3742.03 of the Revised Code; 9471

(d) Complied with rules adopted by the director regarding 9472
durability and safety to workers and residents. 9473

(5) Establish liaisons and cooperate with the directors or 9474
agencies in states having lead abatement, licensing, 9475
accreditation, certification, and approval programs to promote 9476
consistency between the requirements of this chapter and those 9477
of other states in order to facilitate reciprocity of the 9478
programs among states; 9479

(6) Establish a program to monitor and audit the quality 9480
of work of lead inspectors, lead risk assessors, lead abatement 9481
project designers, lead abatement contractors, lead abatement 9482
workers, and clearance technicians. The director may refer 9483
improper work discovered through the program to the attorney 9484
general for appropriate action. 9485

(B) In addition to any other authority granted by this 9486
chapter, the director of health may do any of the following: 9487

(1) Employ persons who have received training from a program the director has determined provides the necessary background. The appropriate training may be obtained in a state that has an ongoing lead abatement program under which it conducts educational programs.

(2) Cooperate with the United States environmental protection agency in any joint oversight procedures the agency may propose for laboratories that offer lead analysis services and are accredited under the agency's laboratory accreditation program;

(3) Advise, consult, cooperate with, or enter into contracts or cooperative agreements with any person, government entity, interstate agency, or the federal government as the director considers necessary to fulfill the requirements of this chapter and the rules adopted under it.

Sec. 3742.07. (A) Prior to engaging in any lead abatement project on a residential unit, child care facility, or school, the lead abatement contractor primarily responsible for the project shall do all of the following:

(1) Prepare a written respiratory protection plan that meets requirements established by rule adopted under section 3742.03 of the Revised Code and make the plan available to the department of health and all lead abatement workers at the project site;

(2) Ensure that each lead abatement worker who is or will be involved in a lead abatement project has been examined by a licensed physician or certified nurse-midwife, clinical nurse specialist, or certified nurse practitioner within the preceding calendar year and has been declared by the physician or nurse to

be physically capable of working while wearing a respirator; 9517

(3) Ensure that each employee or agent who will come in 9518
contact with lead hazards or will be responsible for a lead 9519
abatement project receives a license and appropriate training as 9520
required by this chapter before engaging in a lead abatement 9521
project; 9522

(4) At least ten days prior to the commencement of a 9523
project, notify the department of health, on a form prescribed 9524
by the director of health, of the date a lead abatement project 9525
will commence. 9526

(B) During each lead abatement project, the lead abatement 9527
contractor primarily responsible for the project shall ensure 9528
that all persons involved in the project follow the worker 9529
protection standards established under 29 C.F.R. 1926.62 by the 9530
United States occupational safety and health administration. 9531

Sec. 3742.32. (A) The director of health shall appoint an 9532
advisory council to assist in the ongoing development and 9533
implementation of the child lead poisoning prevention program 9534
created under section 3742.31 of the Revised Code. The advisory 9535
council shall consist of the following members: 9536

(1) A representative of the department of medicaid; 9537

(2) A representative of the bureau of child care in the 9538
department of job and family services; 9539

(3) A representative of the department of environmental 9540
protection; 9541

(4) A representative of the department of education; 9542

(5) A representative of the development services agency; 9543

(6) A representative of the Ohio apartment owner's association;	9544 9545
(7) A representative of the Ohio healthy homes network;	9546
(8) A representative of the Ohio environmental health association;	9547 9548
(9) An Ohio representative of the American coatings association;	9549 9550
(10) A representative from Ohio realtors;	9551
(11) A representative of the Ohio housing finance agency;	9552
(12) A physician knowledgeable in the field of lead poisoning prevention;	9553 9554
(13) <u>A certified nurse-midwife, clinical nurse specialist, or certified nurse practitioner knowledgeable in the field of lead poisoning prevention;</u>	9555 9556 9557
<u>(14)</u> A representative of the public.	9558
(B) The advisory council shall do both of the following:	9559
(1) Provide the director with advice regarding the policies the child lead poisoning prevention program should emphasize, preferred methods of financing the program, and any other matter relevant to the program's operation;	9560 9561 9562 9563
(2) Submit a report of the state's activities to the governor, president of the senate, and speaker of the house of representatives on or before the first day of March each year.	9564 9565 9566
(C) The advisory council is not subject to sections 101.82 to 101.87 of the Revised Code.	9567 9568
Sec. 3901.56. An insurer may offer a wellness or health	9569

improvement program that provides rewards or incentives, 9570
including merchandise; gift cards; debit cards; premium 9571
discounts or rebates; contributions to a health savings account; 9572
modifications to copayment, deductible, or coinsurance amounts; 9573
or any combination of these incentives, to encourage 9574
participation or to reward participation in the program. 9575

A wellness or health improvement program offered by an 9576
insurer under this section shall not be construed to violate 9577
division (E) of section 1751.31 or division (G) of section 9578
3901.21 of the Revised Code if the program is disclosed in the 9579
policy or plan. 9580

The insured may be required to provide verification, such 9581
as a statement from ~~their~~ the individual's physician, certified 9582
nurse-midwife, clinical nurse specialist, or certified nurse 9583
practitioner, that a medical condition makes it unreasonably 9584
difficult or medically inadvisable for the individual to 9585
participate in the wellness or health improvement program. 9586

Nothing in this section shall prohibit an insurer from 9587
offering incentives or rewards to members for adherence to 9588
wellness or health improvement programs if otherwise allowed by 9589
federal law. 9590

Nothing under division (C) (1) of section 3923.571 or 9591
section 3924.25 of the Revised Code shall be construed as 9592
prohibiting an insurer from offering a wellness or health 9593
improvement program or restricting the amount an employee is 9594
charged for coverage under a group policy after the application 9595
of any premium discounts or rebates, or modifying otherwise 9596
applicable copayments or deductibles for adherence to wellness 9597
or health improvement programs. 9598

For purposes of this section, "insurer" means a life 9599
insurance company, sickness and accident insurer, multiple 9600
employer welfare arrangement, public employee benefit plan, or 9601
health insuring corporation. 9602

Sec. 3916.01. As used in this chapter: 9603

(A) "Advertising" means any written, electronic, or 9604
printed communication or any communication by means of recorded 9605
telephone messages or transmitted on radio, television, the 9606
internet, or similar communications media, including, but not 9607
limited to, film strips, motion pictures, and videos, that is 9608
published, disseminated, circulated, or placed directly or 9609
indirectly before the public in this state for the purpose of 9610
creating an interest in or inducing a person to purchase or 9611
sell, assign, devise, bequest, or transfer the death benefit or 9612
ownership of a policy pursuant to a viatical settlement 9613
contract. 9614

(B) "Business of viatical settlements" means an activity 9615
involved, but not limited to, in the offering, solicitation, 9616
negotiation, procurement, effectuation, purchasing, investing, 9617
financing, monitoring, tracking, underwriting, selling, 9618
transferring, assigning, pledging, or hypothecating or in any 9619
other manner acquiring an interest in a policy by means of 9620
viatical settlement contracts. 9621

(C) "Chronically ill" means having been certified within 9622
the preceding twelve-month period by a licensed health 9623
professional as: 9624

(1) Being unable to perform, without substantial 9625
assistance from another individual, at least two activities of 9626
daily living, including, but not limited to, eating, toileting, 9627

transferring, bathing, dressing, or continence for at least 9628
ninety days due to a loss of functional capacity; or 9629

(2) Requiring substantial supervision to protect the 9630
individual from threats to health and safety due to severe 9631
cognitive impairment; or 9632

(3) Having a level of disability similar to that described 9633
in division (C) (1) of this section, as determined under 9634
regulations prescribed by the United States secretary of the 9635
treasury in consultation with the United States secretary of 9636
health and human services. 9637

(D) "Escrow agent" means an independent third-party person 9638
who, pursuant to a written agreement signed by the viatical 9639
settlement provider and viator, provides escrow services related 9640
to the acquisition of a policy pursuant to a viatical settlement 9641
contract. "Escrow agent" does not include any person associated 9642
with, affiliated with, or under the control of a person licensed 9643
under this chapter or described in division (C) of section 9644
3916.02 of the Revised Code. 9645

(E) (1) "Financing entity" means an underwriter, placement 9646
agent, lender, purchaser of securities, purchaser of a policy 9647
from a viatical settlement provider, credit enhancer, or any 9648
other person that has a direct ownership interest in a policy 9649
that is the subject of a viatical settlement contract and to 9650
which both of the following apply: 9651

(a) Its principal activity related to the transaction is 9652
providing funds to effect the business of viatical settlements 9653
or the purchase of one or more viaticated policies. 9654

(b) It has an agreement in writing with one or more 9655
licensed viatical settlement providers to finance the 9656

acquisition of viatical settlement contracts. 9657

(2) "Financing entity" does not include a non-accredited 9658
investor or viatical settlement purchaser. 9659

(F) "Recklessly" has the same meaning as in section 9660
2901.22 of the Revised Code. 9661

(G) "Defraud" has the same meaning as in section 2913.01 9662
of the Revised Code. 9663

(H) "Life expectancy" means an opinion or evaluation as to 9664
how long a particular person is going to live. 9665

(I) Notwithstanding section 1.59 of the Revised Code, 9666
"person" means a natural person or a legal entity, including, 9667
but not limited to, an individual, partnership, limited 9668
liability company, limited liability partnership, association, 9669
trust, business trust, or corporation. 9670

(J) "Policy" means an individual or group policy, group 9671
certificate, or other contract or arrangement of life insurance 9672
affecting the rights of a resident of this state or bearing a 9673
reasonable relation to this state, regardless of whether 9674
delivered or issued for delivery in this state. 9675

(K) "Related provider trust" means a titling trust or any 9676
other trust established by a licensed viatical settlement 9677
provider or a financing entity for the sole purpose of holding 9678
ownership or beneficial interest in purchased policies in 9679
connection with a financing transaction, provided that the trust 9680
has a written agreement with the licensed viatical settlement 9681
provider under which the licensed viatical settlement provider 9682
is responsible for ensuring compliance with all statutory and 9683
regulatory requirements and under which the trust agrees to make 9684
all records and files related to viatical settlement 9685

transactions available to the superintendent of insurance as if 9686
those records and files were maintained directly by the licensed 9687
viatical settlement provider. 9688

(L) "Special purpose entity" means a corporation, 9689
partnership, trust, limited liability company or other similar 9690
entity formed solely for one of the following purposes: 9691

(i) To provide access, either directly or indirectly, to 9692
institutional capital markets for a financing entity or licensed 9693
viatical settlement provider; 9694

(ii) In connection with a transaction in which the 9695
securities in the special purpose entity are acquired by 9696
qualified institutional buyers. 9697

(M) "Terminally ill" means certified by a physician, 9698
certified nurse-midwife, clinical nurse specialist, or certified 9699
nurse practitioner as having an illness or physical condition 9700
that can reasonably be expected to result in death in twenty- 9701
four months or less. 9702

(N) "Viatical settlement broker" means a person that, on 9703
behalf of a viator and for a fee, commission, or other valuable 9704
consideration, offers or attempts to negotiate viatical 9705
settlements between a viator and one or more viatical settlement 9706
providers or viatical settlement brokers. "Viatical settlement 9707
broker" does not include an attorney, a certified public 9708
accountant, or a financial planner accredited by a nationally 9709
recognized accreditation agency, who is retained to represent 9710
the viator, whose compensation is not paid directly or 9711
indirectly by the viatical settlement provider or purchaser. 9712

(O) (1) "Viatical settlement contract" means any of the 9713
following: 9714

(a) A written agreement between a viator and a viatical settlement provider that establishes the terms under which compensation or anything of value, that is less than the expected death benefit of the policy is or will be paid in return for the viator's present or future assignment, transfer, sale, release, devise, or bequest of the death benefit or ownership of any portion of the policy or any beneficial interest in the policy or its ownership;

(b) The transfer or acquisition for compensation or anything of value for ownership or beneficial interest in a trust or an interest in another person that owns such a policy if the trust or other person was formed or availed of for the principal purpose of acquiring one or more life insurance policies;

(c) A premium finance loan made for a policy by a lender to a viator on, before, or after the date of issuance of the policy in either of the following situations:

(i) The viator or the insured receives a guarantee of the viatical settlement value of the policy.

(ii) The viator or the insured agrees on, before, or after the issuance of the policy to sell the policy or any portion of the policy's death benefit.

(2) "Viatical settlement contracts" include but are not limited to contracts that are commonly termed "life settlement contracts" and "senior settlement contracts."

(3) "Viatical settlement contract" does not include any of the following unless part of a plan, scheme, device, or artifice to avoid the application of this chapter:

(a) A policy loan or accelerated death benefit made by the

insurer pursuant to the policy's terms whether issued with the 9744
original policy or a rider; 9745

(b) Loan proceeds that are used solely to pay premiums for 9746
the policy and the costs of the loan including interest, 9747
arrangement fees, utilization fees and similar fees, closing 9748
costs, legal fees and expenses, trustee fees and expenses, and 9749
third-party collateral provider fees and expenses, including 9750
fees payable to letter of credit issuers; 9751

(c) A loan made by a regulated financial institution in 9752
which the lender takes an interest in a policy solely to secure 9753
repayment of a loan or, if there is a default on the loan and 9754
the policy is transferred, the transfer of such a policy by the 9755
lender, provided that neither the default itself nor the 9756
transfer is pursuant to an agreement or understanding with any 9757
other person for the purpose of evading regulation under this 9758
chapter; 9759

(d) A premium finance loan made by a lender that does not 9760
violate sections 1321.71 to 1321.83 of the Revised Code, if the 9761
premium finance loan is not described in division (O) (1) (c) of 9762
this section; 9763

(e) An agreement where all parties are closely related to 9764
the insured by blood or law or have a lawful substantial 9765
economic interest in the continued life, health, and bodily 9766
safety of the person insured, or are persons or trusts 9767
established primarily for the benefit of such parties; 9768

(f) Any designation, consent, or agreement by an insured 9769
who is an employee of an employer in connection with the 9770
purchase by the employer, or trust established by the employer, 9771
of life insurance on the life of the employee as described in 9772

section 3911.091 of the Revised Code;	9773
(g) Any business succession planning arrangement	9774
including, but not limited to all of the following if the	9775
arrangements are bona fide arrangements:	9776
(i) An arrangement between one or more shareholders in a	9777
corporation or between a corporation and one or more of its	9778
shareholders or one or more persons or trusts established by its	9779
shareholders;	9780
(ii) An arrangement between one or more partners in a	9781
partnership or between a partnership and one or more of its	9782
partners or one or more trusts established by its partners;	9783
(iii) An arrangement between one or more members in a	9784
limited liability company or between a limited liability company	9785
and one or more of its members or one or more trusts established	9786
by its members.	9787
(h) An agreement entered into by a service recipient, a	9788
trust established by the service recipient and a service	9789
provider, or a trust established by the service provider who	9790
performs significant services for the service recipient's trade	9791
or business;	9792
(i) An arrangement or agreement with a special purpose	9793
entity;	9794
(j) Any other contract, transaction, or arrangement	9795
exempted from the definition of viatical settlement contract by	9796
rule adopted by the superintendent based on the superintendent's	9797
determination that the contract, transaction, or arrangement is	9798
not of the type regulated by this chapter.	9799
(P) (1) "Viatical settlement provider" means a person,	9800

other than a viator, that enters into or effectuates a viatical settlement contract. 9801
9802

(2) "Viatical settlement provider" does not include any of the following: 9803
9804

(a) A bank, savings bank, savings and loan association, credit union, or other regulated financial institution that takes an assignment of a policy solely as a collateral for a loan; 9805
9806
9807
9808

(b) A premium finance company exempted under section 1321.72 of the Revised Code from the licensure requirements of section 3921.73 of the Revised Code that takes an assignment of a policy solely as collateral for a premium finance loan; 9809
9810
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(c) The issuer of a policy; 9813

(d) An individual who enters into or effectuates not more than one viatical settlement contract in any calendar year for the transfer of life insurance policies for any value less than the expected death benefit; 9814
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(e) An authorized or eligible insurer that provides stop loss coverage or financial guarantee insurance to a viatical settlement provider, purchaser, financing entity, special purpose entity, or related provider trust; 9818
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9821

(f) A financing entity; 9822

(g) A special purpose entity; 9823

(h) A related provider trust; 9824

(i) A viatical settlement purchaser; 9825

(j) Any other person the superintendent determines is not consistent with the definition of viatical settlement provider. 9826
9827

(Q) "Viaticated policy" means a policy that has been 9828
acquired by a viatical settlement provider pursuant to a 9829
viatical settlement contract. 9830

(R) "Viator" means the owner of a policy or a certificate 9831
holder under a group policy that has not previously been 9832
viaticated who, in return for compensation or anything of value 9833
that is less than the expected death benefit of the policy or 9834
certificate, assigns, transfers, sells, releases, devises, or 9835
bequests the death benefit or ownership of any portion of the 9836
policy or certificate of insurance. For the purposes of this 9837
chapter, a "viator" is not limited to an owner of a policy or a 9838
certificate holder under a group policy insuring the life of an 9839
individual who is terminally or chronically ill except where 9840
specifically addressed. "Viator" does not include any of the 9841
following: 9842

- (1) A licensee under this chapter; 9843
- (2) A qualified institutional buyer; 9844
- (3) A financing entity; 9845
- (4) A special purpose entity; 9846
- (5) A related provider trust. 9847

(S) "Viatical settlement purchaser" means a person who 9848
provides a sum of money as consideration for a policy or an 9849
interest in the death benefits of a policy from a viatical 9850
settlement provider that is the subject of a viatical settlement 9851
contract, or a person who owns, acquires, or is entitled to a 9852
beneficial interest in a trust or person that owns a viatical 9853
settlement contract or is the beneficiary of a policy that is 9854
the subject of a viatical settlement contract, for the purpose 9855
of deriving an economic benefit. "Viatical settlement purchaser" 9856

does not include any of the following:	9857
(1) A licensee under this chapter;	9858
(2) A qualified institutional buyer;	9859
(3) A financing entity;	9860
(4) A special purpose entity;	9861
(5) A related provider trust.	9862
(T) "Qualified institutional buyer" has the same meaning	9863
as in 17 C.F.R. 230.144A as that regulation exists on the	9864
effective date of this amendment <u>September 11, 2008</u> .	9865
(U) "Licensee" means a person licensed as a viatical	9866
settlement provider or viatical settlement broker under this	9867
chapter.	9868
(V) "NAIC" means the national association of insurance	9869
commissioners.	9870
(X) "Regulated financial institution" means a bank, a	9871
savings association, or credit union operating under authority	9872
granted by the superintendent of financial institutions, the	9873
regulatory authority of any other state of the United States,	9874
the office of thrift supervision, the national credit union	9875
administration, or the office of the comptroller of the	9876
currency.	9877
(W) (1) "Stranger-originated life insurance," or "STOLI,"	9878
means a practice, arrangement, or agreement initiated at or	9879
prior to the issuance of a policy that includes both of the	9880
following:	9881
(a) The purchase or acquisition of a policy primarily	9882
benefiting one or more persons who, at the time of issuance of	9883

the policy, lack insurable interest in the person insured under 9884
the policy; 9885

(b) The transfer at any time of the legal or beneficial 9886
ownership of the policy or benefits of the policy or both, in 9887
whole or in part, including through an assumption or forgiveness 9888
of a loan to fund premiums. 9889

(2) "Stranger-originated life insurance" also includes 9890
trusts or other persons that are created to give the appearance 9891
of insurable interest and are used to initiate one or more 9892
policies for investors but violate insurable interest laws and 9893
the prohibition against wagering on life. 9894

(3) "Stranger-originated life insurance" does not include 9895
viatical settlement transactions specifically described in 9896
division (O) (3) of this section. 9897

Sec. 3916.07. (A) A viatical settlement provider entering 9898
into a viatical settlement contract shall first obtain all of 9899
the following: 9900

(1) If the viator is the insured, a written statement from 9901
an attending physician, a clinical nurse specialist who is 9902
certified as a psychiatric-mental health CNS by the American 9903
nurses credentialing center, or a certified nurse practitioner 9904
who is certified as a psychiatric-mental health NP by the 9905
American nurses credentialing center that the viator is of sound 9906
mind and under no constraint or undue influence to enter into a 9907
viatical settlement contract. As used in this division, 9908
"physician" means a person authorized under Chapter 4731. of the 9909
Revised Code to practice medicine and surgery or osteopathic 9910
medicine and surgery. 9911

(2) A document in which the insured consents in writing, 9912

as required by division (E) of section 3916.13 of the Revised Code, to the release of the insured's medical records to a viatical settlement provider or viatical settlement broker and to the insurance company that issued the policy covering the life of the insured.

(B) Within twenty days after a viator executes documents necessary to transfer any rights under a policy or within twenty days of entering any expressed or implied agreement, option, promise, or other form of understanding to viaticate the policy, the viatical settlement provider shall give written notice to the insurer that issued that policy that the policy has or will become a viaticated policy. The notice shall be accompanied by the documents required by division (C) of this section.

(C) The viatical settlement provider shall deliver a copy of the medical release required under division (A) (2) of this section, a copy of the viator's application for the viatical settlement contract, the notice required under division (B) of this section, and a request for verification of coverage to the insurer that issued the policy that is the subject of the viatical transaction. The viatical settlement provider shall use the NAIC's form for verification of coverage unless another form is developed or approved by the superintendent of insurance.

(D) The insurer shall respond to a request for verification of coverage submitted on an approved form by a viatical settlement provider or viatical settlement broker within thirty calendar days after the date the request is received and shall indicate whether, based on the medical evidence and documents provided, the insurer intends to pursue an investigation at that time regarding possible fraud or the validity of the life insurance policy that is the subject of the

request. The insurer shall accept an original or facsimile or 9943
electronic copy of such request and any accompanying 9944
authorization signed by the viator. 9945

(E) Prior to or at the time of execution of the viatical 9946
settlement contract, the viatical settlement provider shall 9947
obtain a witnessed document in which the viator consents to the 9948
viatical settlement contract, represents that the viator has a 9949
full and complete understanding of the viatical settlement 9950
contract and a full and complete understanding of the benefits 9951
of the policy, and acknowledges that the viator is entering into 9952
the viatical settlement contract freely and voluntarily and, for 9953
persons who are terminally or chronically ill, acknowledges that 9954
the insured is terminally or chronically ill and that the 9955
terminal or chronic illness was diagnosed after the policy was 9956
issued. 9957

(F) If a viatical settlement broker performs any of the 9958
activities specified in this section on behalf of the viatical 9959
settlement provider, the viatical settlement provider is deemed 9960
to have fulfilled the requirements of this section. 9961

(G) All medical information solicited or obtained by any 9962
licensee shall be subject to the applicable provisions of state 9963
law relating to confidentiality of medical information. 9964

Sec. 3916.16. (A) (1) It is a violation of this chapter for 9965
any person to enter into a viatical settlement contract prior to 9966
the application for or issuance of a policy that is the subject 9967
of the viatical settlement contract. 9968

(2) It is a violation of this chapter for any person to 9969
issue, solicit, market, or otherwise promote the purchase of a 9970
policy for the purpose of or with an emphasis on selling the 9971

policy. 9972

(B) It is a violation of this chapter for any person to 9973
enter into a viatical settlement contract within a five-year 9974
period commencing with the date of issuance of the policy unless 9975
the viator certifies to the viatical settlement provider that 9976
one or more of the following conditions have been met within 9977
five years after the issuance of the policy: 9978

(1) The policy was issued upon the viator's exercise of 9979
conversion rights arising out of a group policy, provided the 9980
total of the time covered under the conversion policy plus the 9981
time covered under the prior policy is at least sixty months. 9982
The time covered under a group policy shall be calculated 9983
without regard to any change in insurance carriers, provided the 9984
coverage has been continuous and under the same group 9985
sponsorship. 9986

(2) The viator is a charitable organization with an 9987
insurable interest pursuant to division (B) of section 3911.09 9988
the Revised Code that has received from the Internal Revenue 9989
Service a determination letter that is currently in effect, 9990
stating that the charitable organization is exempt from federal 9991
income taxation under subsection 501(a) and described in section 9992
501(c) (3) of the "Internal Revenue Code." 9993

(3) The viator certifies and submits independent evidence 9994
to the viatical settlement provider that one or more of the 9995
following conditions have arisen after the issuance of the 9996
policy: 9997

(a) The viator or insured is terminally or chronically 9998
ill. 9999

(b) The viator's spouse dies. 10000

(c) The viator divorces the viator's spouse.	10001
(d) The viator retires from full-time employment.	10002
(e) The viator becomes physically or mentally disabled,	10003
and a physician, <u>certified nurse-midwife, clinical nurse</u>	10004
<u>specialist, or certified nurse practitioner</u> determines that the	10005
disability prevents the viator from maintaining full-time	10006
employment.	10007
(f) A court of competent jurisdiction enters a final	10008
order, judgment, or decree on the application of a creditor of	10009
the viator and adjudicates the viator bankrupt or insolvent or	10010
approves a petition seeking reorganization of the viator or	10011
appointing a receiver, trustee, or liquidator to all or a	10012
substantial part of the viator's assets.	10013
(g) The sole beneficiary of the policy is a family member	10014
of the viator and the beneficiary dies.	10015
(4) The viator enters into a viatical settlement contract	10016
more than two years after the date of issuance of a policy and	10017
certifies that all of the following are true:	10018
(a) The viator has funded the policy using personal	10019
assets, which may include an interest in the life insurance	10020
policy being viaticated up to the cash surrender value of the	10021
policy or any financing agreement to fund the policy premiums	10022
entered into prior to policy issuance or within two years of	10023
policy issuance was provided to the insurer within thirty days	10024
of the date the agreement was executed and the financing	10025
agreement was secured with personal assets.	10026
(b) The viator had no agreement or understanding with any	10027
other person to viaticate the policy or transfer the benefits of	10028
the policy, including through an assumption or forgiveness of a	10029

premium finance loan at any time prior to issuance of the policy 10030
or during the two years after the date of issuance of the 10031
policy. 10032

(c) If requested by the insurer, the viator both disclosed 10033
to the insurer whether a person other than the insurer obtained 10034
a life expectancy evaluation for settlement purposes in 10035
connection with the application, underwriting, and issuance of 10036
the policy and provided a copy of any such life expectancy 10037
evaluation to the insurer at the time of application. 10038

(d) The viator disclosed any financial arrangement, trust, 10039
or other arrangement, transaction, or device that conceals the 10040
ownership or beneficial interest of the policy to the insurer 10041
prior to the issuance of the policy. 10042

(C) Copies of the independent evidence described in 10043
division (B) (3) of this section and documents required by 10044
section 3916.07 of the Revised Code shall be submitted to the 10045
insurer when the viatical settlement provider or any other party 10046
entering into a viatical settlement contract with a viator 10047
submits a request to the insurer for verification of coverage. 10048
The copies shall be accompanied by a letter of attestation from 10049
the viatical settlement provider that the copies are true and 10050
correct copies of the documents received by the viatical 10051
settlement provider. 10052

(D) If the viatical settlement provider submits to the 10053
insurer a copy of the owner or insured's certification and 10054
independent evidence described in division (B) (3) of this 10055
section when the viatical settlement provider submits a request 10056
to the insurer to effect the transfer of the policy or 10057
certificate to the viatical settlement provider, the copy 10058
conclusively establishes that the viatical settlement contract 10059

satisfies the requirements of this section, and the insurer 10060
shall timely respond to the request. 10061

(E) No insurer, as a condition of responding to a request 10062
for verification of coverage or effecting the transfer of a 10063
policy pursuant to a viatical settlement contract, may require 10064
the viator, insured, viatical settlement provider, or viatical 10065
settlement broker to sign any form, disclosure, consent, or 10066
waiver form that has not been approved by the superintendent of 10067
insurance for use in connection with viatical settlement 10068
contracts. 10069

(F) Upon receipt of a properly completed request for 10070
change of ownership or beneficiary of a policy, the insurer 10071
shall respond in writing within thirty calendar days to confirm 10072
that the insurer has made the change or specify reasons that the 10073
change cannot be processed. No insurer shall unreasonably delay 10074
effecting change in ownership or beneficiary or seek to 10075
interfere with any viatical settlement contract lawfully entered 10076
into in this state. 10077

(G) A viatical settlement provider or viatical settlement 10078
broker that is party to a plan, transaction, or series of 10079
transactions to originate, renew, continue, or finance a policy 10080
with the insurer for the purpose of engaging in the business of 10081
viatical settlements at any time prior to or during the first 10082
five years after the insurer issues the policy shall fully 10083
disclose the plan, transaction, or series of transactions to the 10084
superintendent of insurance. 10085

Sec. 3923.25. Every certificate furnished by an insurer in 10086
connection with, or pursuant to any provision of any group 10087
sickness and accident insurance policy delivered, issued for 10088
delivery, renewed, or used in this state, provided such policy 10089

was delivered, issued for delivery, or renewed on or after July 1, 1972, and every policy of sickness and accident insurance delivered, issued for delivery, renewed, or used in this state, provided such policy was delivered, issued for delivery, or renewed on or after July 1, 1972, which provides for kidney dialysis benefits, shall be deemed to include such benefits on an equal basis if the dialysis is performed on an out-patient basis. For purposes of this section, "out-patient basis" includes care rendered at any location whether or not at a hospital, upon approval by the attending physician, clinical nurse specialist, or certified nurse practitioner.

Sec. 3923.52. (A) As used in this section and section 3923.53 of the Revised Code, "screening mammography" means a radiologic examination utilized to detect unsuspected breast cancer at an early stage in asymptomatic women and includes the x-ray examination of the breast using equipment that is dedicated specifically for mammography, including, but not limited to, the x-ray tube, filter, compression device, screens, film, and cassettes, and that has an average radiation exposure delivery of less than one rad mid-breast. "Screening mammography" includes two views for each breast. The term also includes the professional interpretation of the film.

"Screening mammography" does not include diagnostic mammography.

(B) Every policy of individual or group sickness and accident insurance that is delivered, issued for delivery, or renewed in this state shall provide benefits for the expenses of both of the following:

(1) Screening mammography to detect the presence of breast cancer in adult women;

(2) Cytologic screening for the presence of cervical cancer.	10120 10121
(C) The benefits provided under division (B) (1) of this section shall cover expenses in accordance with all of the following:	10122 10123 10124
(1) If a woman is at least thirty-five years of age but under forty years of age, one screening mammography;	10125 10126
(2) If a woman is at least forty years of age but under fifty years of age, either of the following:	10127 10128
(a) One screening mammography every two years;	10129
(b) If a licensed physician <u>or a certified nurse-midwife, clinical nurse specialist, or certified nurse practitioner</u> has determined that the woman has risk factors to breast cancer, one screening mammography every year.	10130 10131 10132 10133
(3) If a woman is at least fifty years of age but under sixty-five years of age, one screening mammography every year.	10134 10135
(D) As used in this division, "medicare reimbursement rate" means the reimbursement rate paid in this state under the medicare program for screening mammography that does not include digitization or computer-aided detection, regardless of whether the actual benefit includes digitization or computer-aided detection.	10136 10137 10138 10139 10140 10141
(1) Subject to divisions (D) (2) and (3) of this section, if a provider, hospital, or other health care facility provides a service that is a component of the screening mammography benefit in division (B) (1) of this section and submits a separate claim for that component, a separate payment shall be made to the provider, hospital, or other health care facility in	10142 10143 10144 10145 10146 10147

an amount that corresponds to the ratio paid by medicare in this 10148
state for that component. 10149

(2) Regardless of whether separate payments are made for 10150
the benefit provided under division (B)(1) of this section, the 10151
total benefit for a screening mammography shall not exceed one 10152
hundred thirty per cent of the medicare reimbursement rate in 10153
this state for screening mammography. If there is more than one 10154
medicare reimbursement rate in this state for screening 10155
mammography or a component of a screening mammography, the 10156
reimbursement limit shall be one hundred thirty per cent of the 10157
lowest medicare reimbursement rate in this state. 10158

(3) The benefit paid in accordance with division (D)(1) of 10159
this section shall constitute full payment. No provider, 10160
hospital, or other health care facility shall seek or receive 10161
compensation in excess of the payment made in accordance with 10162
division (D)(1) of this section, except for approved deductibles 10163
and copayments. 10164

(E) The benefits provided under division (B)(1) of this 10165
section shall be provided only for screening mammographies that 10166
are performed in a facility or mobile mammography screening unit 10167
that is accredited under the American college of radiology 10168
mammography accreditation program or in a hospital as defined in 10169
section 3727.01 of the Revised Code. 10170

(F) The benefits provided under division (B)(2) of this 10171
section shall be provided only for cytologic screenings that are 10172
processed and interpreted in a laboratory certified by the 10173
college of American pathologists or in a hospital as defined in 10174
section 3727.01 of the Revised Code. 10175

(G) This section does not apply to any policy that 10176

provides coverage for specific diseases or accidents only, or to 10177
any hospital indemnity, medicare supplement, or other policy 10178
that offers only supplemental benefits. 10179

Sec. 3923.53. (A) Every public employee benefit plan that 10180
is established or modified in this state shall provide benefits 10181
for the expenses of both of the following: 10182

(1) Screening mammography to detect the presence of breast 10183
cancer in adult women; 10184

(2) Cytologic screening for the presence of cervical 10185
cancer. 10186

(B) The benefits provided under division (A) (1) of this 10187
section shall cover expenses in accordance with all of the 10188
following: 10189

(1) If a woman is at least thirty-five years of age but 10190
under forty years of age, one screening mammography; 10191

(2) If a woman is at least forty years of age but under 10192
fifty years of age, either of the following: 10193

(a) One screening mammography every two years; 10194

(b) If a licensed physician or a certified nurse-midwife, 10195
clinical nurse specialist, or certified nurse practitioner has 10196
determined that the woman has risk factors to breast cancer, one 10197
screening mammography every year. 10198

(3) If a woman is at least fifty years of age but under 10199
sixty-five years of age, one screening mammography every year. 10200

(C) As used in this division, "medicare reimbursement 10201
rate" means the reimbursement rate paid in this state under the 10202
medicare program for screening mammography that does not include 10203

digitization or computer-aided detection, regardless of whether 10204
the actual benefit includes digitization or computer-aided 10205
detection. 10206

(1) Subject to divisions (C) (2) and (3) of this section, 10207
if a provider, hospital, or other health care facility provides 10208
a service that is a component of the screening mammography 10209
benefit in division (A) (1) of this section and submits a 10210
separate claim for that component, a separate payment shall be 10211
made to the provider, hospital, or other health care facility in 10212
an amount that corresponds to the ratio paid by medicare in this 10213
state for that component. 10214

(2) Regardless of whether separate payments are made for 10215
the benefit provided under division (A) (1) of this section, the 10216
total benefit for a screening mammography shall not exceed one 10217
hundred thirty per cent of the medicare reimbursement rate in 10218
this state for screening mammography. If there is more than one 10219
medicare reimbursement rate in this state for screening 10220
mammography or a component of a screening mammography, the 10221
reimbursement limit shall be one hundred thirty per cent of the 10222
lowest medicare reimbursement rate in this state. 10223

(3) The benefit paid in accordance with division (C) (1) of 10224
this section shall constitute full payment. No provider, 10225
hospital, or other health care facility shall seek or receive 10226
compensation in excess of the payment made in accordance with 10227
division (C) (1) of this section, except for approved deductibles 10228
and copayments. 10229

(D) The benefits provided under division (A) (1) of this 10230
section shall be provided only for screening mammographies that 10231
are performed in a facility or mobile mammography screening unit 10232
that is accredited under the American college of radiology 10233

mammography accreditation program or in a hospital as defined in 10234
section 3727.01 of the Revised Code. 10235

(E) The benefits provided under division (A)(2) of this 10236
section shall be provided only for cytologic screenings that are 10237
processed and interpreted in a laboratory certified by the 10238
college of American pathologists or in a hospital as defined in 10239
section 3727.01 of the Revised Code. 10240

Sec. 3923.54. (A) As used in this section, "screening 10241
mammography" means a radiologic examination utilized to detect 10242
unsuspected breast cancer at an early stage in asymptomatic 10243
women and includes the x-ray examination of the breast using 10244
equipment that is dedicated specifically for mammography 10245
including, but not limited to, the x-ray tube, filter, 10246
compression device, screens, film, and cassettes, and that has 10247
an average radiation exposure delivery of less than one rad mid- 10248
breast. "Screening mammography" includes two views for each 10249
breast. The term also includes the professional interpretation 10250
of the film. 10251

"Screening mammography" does not include diagnostic 10252
mammography. 10253

(B) Each employer in this state that provides, in whole or 10254
in part, health care benefits for its employees under a policy 10255
of sickness and accident insurance issued in accordance with 10256
Chapter 3923. of the Revised Code shall also provide to its 10257
employees benefits for the expenses of both of the following: 10258

(1) Screening mammography to detect the presence of breast 10259
cancer in adult women; 10260

(2) Cytologic screening for the presence of cervical 10261
cancer. 10262

(C) An employer may comply with division (B) of this section in any of the following ways:	10263 10264
(1) By providing the benefits under a health insuring corporation contract issued in accordance with Chapter 1751. of the Revised Code or a policy of sickness and accident insurance issued in accordance with Chapter 3923. of the Revised Code;	10265 10266 10267 10268
(2) By reimbursing the employee for the direct health care provider charges associated with receipt of the covered service;	10269 10270
(3) By making any other arrangement that provides the benefits described in division (B) of this section.	10271 10272
(D) The benefits provided under division (B)(1) of this section shall cover expenses in accordance with all of the following:	10273 10274 10275
(1) If a woman is at least thirty-five years of age but under forty years of age, one screening mammography;	10276 10277
(2) If a woman is at least forty years of age but under fifty years of age, either of the following:	10278 10279
(a) One screening mammography every two years;	10280
(b) If a licensed physician <u>or a certified nurse-midwife, clinical nurse specialist, or certified nurse practitioner</u> has determined that the woman has risk factors to breast cancer, one screening mammography every year.	10281 10282 10283 10284
(3) If a woman is at least fifty years of age but under sixty-five years of age, one screening mammography every year.	10285 10286
(E) As used in this division, "medicare reimbursement rate" means the reimbursement rate paid in this state under the medicare program for screening mammography that does not include	10287 10288 10289

digitization or computer-aided detection, regardless of whether 10290
the actual benefit includes digitization or computer-aided 10291
detection. 10292

(1) Subject to divisions (E) (2) and (3) of this section, 10293
if a provider, hospital, or other health care facility provides 10294
a service that is a component of the screening mammography 10295
benefit in division (B) (1) of this section and submits a 10296
separate claim for that component, a separate payment shall be 10297
made to the provider, hospital, or other health care facility in 10298
an amount that corresponds to the ratio paid by medicare in this 10299
state for that component. 10300

(2) Regardless of whether separate payments are made for 10301
the benefit provided under division (B) (1) of this section, the 10302
total benefit for a screening mammography need not exceed one 10303
hundred thirty per cent of the medicare reimbursement rate in 10304
this state for screening mammography. If there is more than one 10305
medicare reimbursement rate in this state for screening 10306
mammography or a component of a screening mammography, the 10307
reimbursement limit shall be one hundred thirty per cent of the 10308
lowest medicare reimbursement rate in this state. 10309

(3) The benefit paid in accordance with division (E) (1) of 10310
this section shall constitute full payment. No provider, 10311
hospital, or other health care facility shall seek or receive 10312
compensation in excess of the payment made in accordance with 10313
division (E) (1) of this section, except for approved deductibles 10314
and copayments. 10315

(F) The benefits provided under division (B) (1) of this 10316
section shall be provided only for screening mammographies that 10317
are performed in a facility or mobile mammography screening unit 10318
that is accredited under the American college of radiology 10319

mammography accreditation program or in a hospital as defined in 10320
section 3727.01 of the Revised Code. 10321

(G) The benefits provided under division (B)(2) of this 10322
section shall be provided only for cytologic screenings that are 10323
processed and interpreted in a laboratory certified by the 10324
college of American pathologists or in a hospital as defined in 10325
section 3727.01 of the Revised Code. 10326

Sec. 3923.55. (A) As used in this section and section 10327
3923.56 of the Revised Code: 10328

(1) "Child health supervision services" means periodic 10329
review of a child's physical and emotional status performed by a 10330
physician, certified nurse-midwife, clinical nurse specialist, 10331
or certified nurse practitioner, by a health care professional 10332
under the supervision of a physician, certified nurse-midwife, 10333
clinical nurse specialist, or certified nurse practitioner, or, 10334
in the case of hearing screening, by an individual acting in 10335
accordance with section 3701.505 of the Revised Code. 10336

(2) "Periodic review" means a review performed in 10337
accordance with the recommendations of the American academy of 10338
pediatrics and includes a history, complete physical 10339
examination, developmental assessment, anticipatory guidance, 10340
appropriate immunizations, and laboratory tests. 10341

(3) "Physician" means a person authorized under Chapter 10342
4731. of the Revised Code to practice medicine and surgery or 10343
osteopathic medicine and surgery. 10344

(B) Notwithstanding section 3901.71 of the Revised Code, 10345
each policy of individual or group sickness and accident 10346
insurance delivered, issued for delivery, or renewed in this 10347
state on or after ~~the effective date of this amendment~~ November 10348

24, 1995, that provides coverage for family members of the 10349
insured shall provide, with respect to that coverage, that any 10350
benefits applicable for children shall include benefits for 10351
child health supervision services from the moment of birth until 10352
age nine. 10353

(C) A policy that provides the benefits described in 10354
division (B) of this section may limit the benefits to cover 10355
only the expenses of child health supervision services that are 10356
performed during the course of any one visit by one physician 10357
~~or, certified nurse-midwife, clinical nurse specialist, or~~ 10358
certified nurse practitioner or by a health care professional 10359
under the supervision of one physician ~~during the course of any~~ 10360
~~one visit, certified nurse-midwife, clinical nurse specialist,~~ 10361
or certified nurse practitioner. 10362

(D) Copayments and deductibles shall be reasonable and 10363
shall not be a barrier to the necessary utilization of child 10364
health supervision services by covered persons. 10365

(E) Benefits for child health supervision services that 10366
are provided to a child during the period from birth to age one 10367
shall not exceed a maximum limit of five hundred dollars, 10368
including benefits for the hearing screening required by the 10369
program established under section 3701.504 of the Revised Code. 10370
The benefits for the hearing screening shall not exceed a 10371
maximum limit of seventy-five dollars. Benefits for child health 10372
supervision services that are provided to a child during any 10373
year thereafter shall not exceed a maximum limit of one hundred 10374
fifty dollars per year. 10375

(F) This section does not apply to any policy that 10376
provides coverage for specific diseases or accidents only, or to 10377
any hospital indemnity, medicare supplement, or other policy 10378

that offers only supplemental benefits. 10379

Sec. 3923.56. (A) Notwithstanding section 3901.71 of the 10380
Revised Code, each employee benefit plan established or 10381
maintained in this state on or after ~~the effective date of this~~ 10382
~~amendment~~ November 24, 1995, that provides coverage for family 10383
members of the employee shall provide, with respect to that 10384
coverage, that any benefits applicable for children shall 10385
include benefits for child health supervision services from the 10386
moment of birth until age nine. 10387

(B) A plan that provides the benefits described in 10388
division (A) of this section may limit the benefits to cover 10389
only the expenses of child health supervision services that are 10390
performed during the course of any one visit by one physician 10391
~~or, certified nurse-midwife, clinical nurse specialist, or~~ 10392
certified nurse practitioner or by a health care professional 10393
under the supervision of one physician ~~during the course of any~~ 10394
~~one visit, certified nurse-midwife, clinical nurse specialist,~~ 10395
or certified nurse practitioner. 10396

(C) Copayments and deductibles shall be reasonable and 10397
shall not be a barrier to the necessary utilization of child 10398
health supervision services by covered persons. 10399

(D) Benefits for child health supervision services that 10400
are provided to a child during the period from birth to age one 10401
shall not exceed a maximum limit of five hundred dollars, 10402
including benefits for the hearing screening required by the 10403
program established under section 3701.504 of the Revised Code. 10404
The benefits for the hearing screening shall not exceed a 10405
maximum limit of seventy-five dollars. Benefits for child health 10406
supervision services that are provided to a child during any 10407
year thereafter shall not exceed a maximum limit of one hundred 10408

fifty dollars per year. 10409

Sec. 3923.84. (A) Notwithstanding section 3901.71 of the 10410
Revised Code, each individual and group sickness and accident 10411
insurance policy that is delivered, issued for delivery, or 10412
renewed in this state shall provide coverage for the screening, 10413
diagnosis, and treatment of autism spectrum disorder. A sickness 10414
and accident insurer shall not terminate an individual's 10415
coverage, or refuse to deliver, execute, issue, amend, adjust, 10416
or renew coverage to an individual solely because the individual 10417
is diagnosed with or has received treatment for an autism 10418
spectrum disorder. Nothing in this section shall be applied to 10419
nongrandfathered plans in the individual and small group markets 10420
or to medicare supplement, accident-only, specified disease, 10421
hospital indemnity, disability income, long-term care, or other 10422
limited benefit hospital insurance policies. Except as otherwise 10423
provided in division (B) of this section, coverage under this 10424
section shall not be subject to dollar limits, deductibles, or 10425
coinsurance provisions that are less favorable to an insured 10426
than the dollar limits, deductibles, or coinsurance provisions 10427
that apply to substantially all medical and surgical benefits 10428
under the policy. 10429

(B) Benefits provided under this section shall cover, at 10430
minimum, all of the following: 10431

(1) For speech and language therapy or occupational 10432
therapy for an insured under the age of fourteen that is 10433
performed by a licensed therapist, twenty visits per year for 10434
each service; 10435

(2) For clinical therapeutic intervention for an insured 10436
under the age of fourteen that is provided by or under the 10437
supervision of a professional who is licensed, certified, or 10438

registered by an appropriate agency of this state to perform 10439
such services in accordance with a health treatment plan, twenty 10440
hours per week; 10441

(3) For mental or behavioral health outpatient services 10442
for an insured under the age of fourteen that are performed by a- 10443
~~licensed psychologist, psychiatrist, or physician~~ any of the 10444
following providing consultation, assessment, development, or 10445
oversight of treatment plans, thirty visits per year: a licensed 10446
psychologist, psychiatrist or other physician, clinical nurse 10447
specialist or certified nurse practitioner certified as a 10448
psychiatric-mental health CNS or psychiatric-mental health NP by 10449
the American nurses credentialing center, or certified nurse 10450
practitioner specializing in pediatric or family health. 10451

(C) (1) Except as provided in division (C) (2) of this 10452
section, this section shall not be construed as limiting 10453
benefits that are otherwise available to an insured under a 10454
policy. 10455

(2) A policy of sickness and accident insurance shall 10456
stipulate that coverage provided under this section be 10457
contingent upon both of the following: 10458

(a) The covered individual receiving prior authorization 10459
for the services in question; 10460

(b) The services in question being prescribed or ordered 10461
by ~~either a developmental pediatrician or a psychologist trained~~ 10462
in autism, a developmental pediatrician, or a certified nurse 10463
practitioner specializing in pediatric health. 10464

(D) (1) Except for inpatient services, if an insured is 10465
receiving treatment for an autism spectrum disorder, a sickness 10466
and accident insurer may review the treatment plan annually, 10467

unless the insurer and the insured's treating physician, clinical nurse specialist, certified nurse practitioner, or psychologist agree that a more frequent review is necessary.

(2) Any such agreement as described in division (D)(1) of this section shall apply only to a particular insured being treated for an autism spectrum disorder and shall not apply to all individuals being treated for autism spectrum disorder by a physician, clinical nurse specialist, certified nurse practitioner, or psychologist.

(3) The insurer shall cover the cost of obtaining any review or treatment plan.

(E) This section shall not be construed as affecting any obligation to provide services to an insured under an individualized family service plan, an individualized education program, or an individualized service plan.

(F) As used in this section:

(1) "Applied behavior analysis" means the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior.

(2) "Autism spectrum disorder" means any of the pervasive developmental disorders or autism spectrum disorder as defined by the most recent edition of the diagnostic and statistical manual of mental disorders published by the American psychiatric association available at the time an individual is first evaluated for suspected developmental delay.

(3) "Clinical therapeutic intervention" means therapies

supported by empirical evidence, which include, but are not 10497
limited to, applied behavioral analysis, that satisfy both of 10498
the following: 10499

(a) Are necessary to develop, maintain, or restore, to the 10500
maximum extent practicable, the function of an individual; 10501

(b) Are provided by or under the supervision of any of the 10502
following: 10503

(i) A certified Ohio behavior analyst as defined in 10504
section 4783.01 of the Revised Code; 10505

(ii) An individual licensed under Chapter 4732. of the 10506
Revised Code to practice psychology; 10507

(iii) An individual licensed under Chapter 4757. of the 10508
Revised Code to practice professional counseling, social work, 10509
or marriage and family therapy. 10510

(4) "Diagnosis of autism spectrum disorder" means 10511
medically necessary assessment, evaluations, or tests to 10512
diagnose whether an individual has an autism spectrum disorder. 10513

(5) "Pharmacy care" means medications prescribed by a 10514
licensed physician and any health-related services considered 10515
medically necessary to determine the need or effectiveness of 10516
the medications. 10517

(6) "Psychiatric care" means direct or consultative 10518
services provided by a psychiatrist or clinical nurse specialist 10519
or certified nurse practitioner certified as a psychiatric- 10520
mental health CNS or psychiatric-mental health NP by the 10521
American nurses credentialing center who is licensed in the 10522
state in which the psychiatrist or nurse practices. 10523

(7) "Psychological care" means direct or consultative 10524

services provided by a psychologist licensed in the state in 10525
which the psychologist practices. 10526

(8) "Therapeutic care" means services provided by a speech 10527
therapist, occupational therapist, or physical therapist 10528
licensed or certified in the state in which the person 10529
practices. 10530

(9) "Treatment for autism spectrum disorder" means 10531
evidence-based care and related equipment prescribed or ordered 10532
for an individual diagnosed with an autism spectrum disorder by 10533
a licensed physician who is a developmental pediatrician ~~or a~~ 10534
licensed psychologist trained in autism, or certified nurse 10535
practitioner specializing in pediatric health who determines the 10536
care to be medically necessary, including any of the following: 10537

(a) Clinical therapeutic intervention; 10538

(b) Pharmacy care; 10539

(c) Psychiatric care; 10540

(d) Psychological care; 10541

(e) Therapeutic care. 10542

(G) If any provision of this section or the application 10543
thereof to any person or circumstances is for any reason held to 10544
be invalid, the remainder of the section and the application of 10545
such remainder to other persons or circumstances shall not be 10546
affected thereby. 10547

Sec. 3929.62. As used in sections 3929.62 to 3929.70 of 10548
the Revised Code and any rules adopted pursuant to those 10549
sections: 10550

(A) "Applicant" means any licensed physician, podiatrist, 10551

or hospital, as those terms are defined in section 2305.113 of 10552
the Revised Code, or any certified nurse-midwife, clinical nurse 10553
specialist, or certified nurse practitioner. 10554

(B) "Medical liability underwriting association" means a 10555
nonprofit unincorporated underwriting association for medical 10556
liability insurance established under section 3929.63 of the 10557
Revised Code. 10558

(C) "Medical liability insurance" means insurance coverage 10559
against the legal liability of the insured and against loss, 10560
damage, or expense incident to a claim arising out of the death, 10561
disease, or injury of any person as the result of negligence or 10562
malpractice in rendering professional service or related to the 10563
credentialing or accreditation of any medical professional or 10564
hospital by any licensed physician, podiatrist, or hospital, as 10565
those terms are defined in section 2305.113 of the Revised Code, 10566
any certified nurse-midwife, clinical nurse specialist, or 10567
certified nurse practitioner, or any employee or agent acting 10568
within the scope of their duties for a physician, podiatrist, 10569
certified nurse-midwife, clinical nurse specialist, certified 10570
nurse practitioner, or hospital. 10571

Sec. 3929.63. (A) A medical liability underwriting 10572
association for medical liability insurance may be created for 10573
one or more classes of insurance by rule of the superintendent 10574
of insurance pursuant to Chapter 119. of the Revised Code upon a 10575
finding by the superintendent that both of the following 10576
circumstances exist: 10577

(1) A substantial number of applicants for such class or 10578
classes of medical liability insurance have not been placed with 10579
insurers authorized to write medical liability insurance in this 10580
state, and are insurable risks. For purposes of this section, 10581

"insurable risk" means that the physician, podiatrist, certified nurse-midwife, clinical nurse specialist, certified nurse practitioner, or hospital is licensed, certified, or accredited as required by law. 10582
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(2) The lack of such class or classes of medical liability insurance threatens the availability of health care for any group of individuals in this state. 10586
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(B) The medical liability underwriting association may: 10589

(1) Issue or cause to be issued policies of insurance to applicants, including incidental coverages, subject to terms, conditions, exclusions, and limits, established by the medical liability underwriting association's board of governors subject to the superintendent's approval. Coverages under such policies may be made available as primary or excess protection, provided limits of primary protection under one policy shall not exceed one million dollars for each claim and three million dollars in any year unless otherwise provided for in the plan of operation. 10590
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(2) Underwrite the insurance and adjust and pay losses with respect thereto, or appoint service companies or associations to perform those functions; 10599
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(3) Assume reinsurance; 10602

(4) Cede reinsurance. 10603

Sec. 3929.64. (A) (1) A board of governors consisting of nine members shall govern the medical liability underwriting association. The members shall be appointed by the governor with the advice of the superintendent of insurance. Five shall be selected from insurers licensed to write and writing liability insurance in this state, at least two of which insurers must write medical liability insurance in this state. One shall be a 10604
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licensed physician, certified nurse-midwife, clinical nurse 10611
specialist, or certified nurse practitioner and one shall be 10612
from a hospital operating in this state. One shall be an 10613
insurance agent licensed and writing medical liability insurance 10614
in this state. One shall represent the interests of consumers 10615
and shall neither be a member of, or associated with, a health 10616
insuring corporation holding a certificate of authority under 10617
Chapter 1751. of the Revised Code or an insurance company. The 10618
members of the board of governors shall serve without 10619
compensation but shall be reimbursed for their actual and 10620
necessary expenses incurred in the discharge of their official 10621
duties. The directors of the stabilization reserve fund shall 10622
serve as ex officio members of the medical liability 10623
underwriting association's board of governors. 10624

(2) Of the initial member appointments made under division 10625
(A) (1) of this section, three shall be for terms of one year, 10626
three shall be for terms of two years, and three shall be for 10627
terms of three years, with the members' terms determined from 10628
the date the medical liability underwriting association is 10629
created under section 3929.63 of the Revised Code. Thereafter, 10630
terms of office for appointed members shall be for three years, 10631
each term ending on the same day of the same month of the year 10632
as did the term it succeeds. A vacancy shall be filled in the 10633
same manner as the original appointment. Members may be 10634
reappointed to the board of governors. 10635

(B) The board of governors may employ, compensate, and 10636
prescribe the duties and powers of as many employees and 10637
consultants as are necessary to carry out the purposes of 10638
sections 3929.62 to 3929.70 of the Revised Code. 10639

Sec. 3929.67. (A) A medical liability insurance policy 10640

that insures a physician~~or~~, podiatrist, certified nurse- 10641
midwife, clinical nurse specialist, or certified nurse 10642
practitioner, written by or on behalf of the medical liability 10643
underwriting association pursuant to sections 3929.62 to 3929.70 10644
of the Revised Code, may ~~only~~ be cancelled only during the term 10645
of the policy for one of the following reasons: 10646

(1) Nonpayment of premiums; 10647

(2) The license of the insured to practice medicine and 10648
surgery, osteopathic medicine and surgery, ~~or~~ podiatric medicine 10649
and surgery, or advanced practice registered nursing has been 10650
suspended or revoked; 10651

(3) The insured's failure to meet minimum eligibility and 10652
underwriting standards; 10653

(4) The occurrence of a change in the individual risk that 10654
substantially increases any hazard insured against after the 10655
coverage has been issued or renewed, except to the extent that 10656
the medical liability underwriting association reasonably should 10657
have foreseen the change or contemplated the risk in writing the 10658
policy; 10659

(5) Discovery of fraud or material misrepresentation in 10660
the procurement of insurance or with respect to any claim 10661
submitted thereunder. 10662

(B) A medical liability insurance policy that insures a 10663
hospital, written by or on behalf of the medical liability 10664
underwriting association pursuant to sections 3929.62 to 3929.70 10665
of the Revised Code, may only be cancelled during the term of 10666
the policy for one of the following reasons: 10667

(1) Nonpayment of premiums; 10668

(2) The hospital is not certified or accredited in accordance with Chapter 3727. of the Revised Code;	10669 10670
(3) An injunction against the hospital has been granted under section 3727.05 of the Revised Code;	10671 10672
(4) The insured's failure to meet minimum eligibility and underwriting standards;	10673 10674
(5) The occurrence of a change in the individual risk that substantially increases any hazard insured against after the coverage has been issued or renewed, except to the extent that the medical liability underwriting association reasonably should have foreseen the change or contemplated the risk in writing the policy;	10675 10676 10677 10678 10679 10680
(6) Discovery of fraud or material misrepresentation in the procurement of insurance or with respect to any claim submitted thereunder.	10681 10682 10683
Sec. 4113.23. (A) No employer or physician, <u>certified nurse-midwife, clinical nurse specialist, or certified nurse practitioner,</u> other health care professional, hospital, or laboratory that contracts with the employer to provide medical information pertaining to employees shall refuse upon written request of an employee to furnish to the employee or former employee or their designated representative a copy of any medical report pertaining to the employee. The requirements of this section extend to any medical report arising out of any physical examination by a physician, <u>certified nurse-midwife, clinical nurse specialist, certified nurse practitioner,</u> or other health care professional and any hospital or laboratory tests which examinations or tests are required by the employer as a condition of employment or arising out of any injury or	10684 10685 10686 10687 10688 10689 10690 10691 10692 10693 10694 10695 10696 10697

disease related to the employee's employment. However, if a 10698
physician, certified nurse-midwife, clinical nurse specialist, 10699
or certified nurse practitioner concludes that presentation of 10700
all or any part of an employee's medical record directly to the 10701
employee will result in serious medical harm to the employee, ~~he~~ 10702
the physician or nurse shall so indicate on the medical record, 10703
in which case a copy thereof shall be given to a physician, 10704
certified nurse-midwife, clinical nurse specialist, or certified 10705
nurse practitioner designated in writing by the employee. 10706

(B) The employer may require the employee to pay the cost 10707
of furnishing copies of the medical reports described in 10708
division (A) of this section but in no case shall the employer 10709
charge more than twenty-five cents for each page of a report. 10710

(C) As used in this section, "employer" has the same 10711
meaning as contained in the definition of that term found in 10712
section 4123.01 of the Revised Code. 10713

(D) Any employer who refuses to furnish the reports to 10714
which an employee is entitled is guilty of a minor misdemeanor 10715
for each violation. The bureau of workers' compensation shall 10716
enforce this section. 10717

Sec. 4123.511. (A) Within seven days after receipt of any 10718
claim under this chapter, the bureau of workers' compensation 10719
shall notify the claimant and the employer of the claimant of 10720
the receipt of the claim and of the facts alleged therein. If 10721
the bureau receives from a person other than the claimant 10722
written or facsimile information or information communicated 10723
verbally over the telephone indicating that an injury or 10724
occupational disease has occurred or been contracted which may 10725
be compensable under this chapter, the bureau shall notify the 10726
employee and the employer of the information. If the information 10727

is provided verbally over the telephone, the person providing 10728
the information shall provide written verification of the 10729
information to the bureau according to division (E) of section 10730
4123.84 of the Revised Code. The receipt of the information in 10731
writing or facsimile, or if initially by telephone, the 10732
subsequent written verification, and the notice by the bureau 10733
shall be considered an application for compensation under 10734
section 4123.84 or 4123.85 of the Revised Code, provided that 10735
the conditions of division (E) of section 4123.84 of the Revised 10736
Code apply to information provided verbally over the telephone. 10737
Upon receipt of a claim, the bureau shall advise the claimant of 10738
the claim number assigned and the claimant's right to 10739
representation in the processing of a claim or to elect no 10740
representation. If the bureau determines that a claim is 10741
determined to be a compensable lost-time claim, the bureau shall 10742
notify the claimant and the employer of the availability of 10743
rehabilitation services. No bureau or industrial commission 10744
employee shall directly or indirectly convey any information in 10745
derogation of this right. This section shall in no way abrogate 10746
the bureau's responsibility to aid and assist a claimant in the 10747
filing of a claim and to advise the claimant of the claimant's 10748
rights under the law. 10749

The administrator of workers' compensation shall assign 10750
all claims and investigations to the bureau service office from 10751
which investigation and determination may be made most 10752
expeditiously. 10753

The bureau shall investigate the facts concerning an 10754
injury or occupational disease and ascertain such facts in 10755
whatever manner is most appropriate and may obtain statements ~~of~~ 10756
in whatever manner is most appropriate from any of the 10757
following: employee; employer; attending physician, certified 10758

nurse-midwife, clinical nurse specialist, or certified nurse 10759
practitioner; and witnesses ~~in whatever manner is most~~ 10760
~~appropriate.~~ 10761

The administrator, with the advice and consent of the 10762
bureau of workers' compensation board of directors, may adopt 10763
rules that identify specified medical conditions that have a 10764
historical record of being allowed whenever included in a claim. 10765
The administrator may grant immediate allowance of any medical 10766
condition identified in those rules upon the filing of a claim 10767
involving that medical condition and may make immediate payment 10768
of medical bills for any medical condition identified in those 10769
rules that is included in a claim. If an employer contests the 10770
allowance of a claim involving any medical condition identified 10771
in those rules, and the claim is disallowed, payment for the 10772
medical condition included in that claim shall be charged to and 10773
paid from the surplus fund created under section 4123.34 of the 10774
Revised Code. 10775

(B) (1) Except as provided in division (B) (2) of this 10776
section, in claims other than those in which the employer is a 10777
self-insuring employer, if the administrator determines under 10778
division (A) of this section that a claimant is or is not 10779
entitled to an award of compensation or benefits, the 10780
administrator shall issue an order no later than twenty-eight 10781
days after the sending of the notice under division (A) of this 10782
section, granting or denying the payment of the compensation or 10783
benefits, or both as is appropriate to the claimant. 10784
Notwithstanding the time limitation specified in this division 10785
for the issuance of an order, if a medical examination of the 10786
claimant is required by statute, the administrator promptly 10787
shall schedule the claimant for that examination and shall issue 10788
an order no later than twenty-eight days after receipt of the 10789

report of the examination. The administrator shall notify the 10790
claimant and the employer of the claimant and their respective 10791
representatives in writing of the nature of the order and the 10792
amounts of compensation and benefit payments involved. The 10793
employer or claimant may appeal the order pursuant to division 10794
(C) of this section within fourteen days after the date of the 10795
receipt of the order. The employer and claimant may waive, in 10796
writing, their rights to an appeal under this division. 10797

(2) Notwithstanding the time limitation specified in 10798
division (B) (1) of this section for the issuance of an order, if 10799
the employer certifies a claim for payment of compensation or 10800
benefits, or both, to a claimant, and the administrator has 10801
completed the investigation of the claim, the payment of 10802
benefits or compensation, or both, as is appropriate, shall 10803
commence upon the later of the date of the certification or 10804
completion of the investigation and issuance of the order by the 10805
administrator, provided that the administrator shall issue the 10806
order no later than the time limitation specified in division 10807
(B) (1) of this section. 10808

(3) If an appeal is made under division (B) (1) or (2) of 10809
this section, the administrator shall forward the claim file to 10810
the appropriate district hearing officer within seven days of 10811
the appeal. In contested claims other than state fund claims, 10812
the administrator shall forward the claim within seven days of 10813
the administrator's receipt of the claim to the industrial 10814
commission, which shall refer the claim to an appropriate 10815
district hearing officer for a hearing in accordance with 10816
division (C) of this section. 10817

(C) If an employer or claimant timely appeals the order of 10818
the administrator issued under division (B) of this section or 10819

in the case of other contested claims other than state fund 10820
claims, the commission shall refer the claim to an appropriate 10821
district hearing officer according to rules the commission 10822
adopts under section 4121.36 of the Revised Code. The district 10823
hearing officer shall notify the parties and their respective 10824
representatives of the time and place of the hearing. 10825

The district hearing officer shall hold a hearing on a 10826
disputed issue or claim within forty-five days after the filing 10827
of the appeal under this division and issue a decision within 10828
seven days after holding the hearing. The district hearing 10829
officer shall notify the parties and their respective 10830
representatives in writing of the order. Any party may appeal an 10831
order issued under this division pursuant to division (D) of 10832
this section within fourteen days after receipt of the order 10833
under this division. 10834

(D) Upon the timely filing of an appeal of the order of 10835
the district hearing officer issued under division (C) of this 10836
section, the commission shall refer the claim file to an 10837
appropriate staff hearing officer according to its rules adopted 10838
under section 4121.36 of the Revised Code. The staff hearing 10839
officer shall hold a hearing within forty-five days after the 10840
filing of an appeal under this division and issue a decision 10841
within seven days after holding the hearing under this division. 10842
The staff hearing officer shall notify the parties and their 10843
respective representatives in writing of the staff hearing 10844
officer's order. Any party may appeal an order issued under this 10845
division pursuant to division (E) of this section within 10846
fourteen days after receipt of the order under this division. 10847

(E) Upon the filing of a timely appeal of the order of the 10848
staff hearing officer issued under division (D) of this section, 10849

the commission or a designated staff hearing officer, on behalf 10850
of the commission, shall determine whether the commission will 10851
hear the appeal. If the commission or the designated staff 10852
hearing officer decides to hear the appeal, the commission or 10853
the designated staff hearing officer shall notify the parties 10854
and their respective representatives in writing of the time and 10855
place of the hearing. The commission shall hold the hearing 10856
within forty-five days after the filing of the notice of appeal 10857
and, within seven days after the conclusion of the hearing, the 10858
commission shall issue its order affirming, modifying, or 10859
reversing the order issued under division (D) of this section. 10860
The commission shall notify the parties and their respective 10861
representatives in writing of the order. If the commission or 10862
the designated staff hearing officer determines not to hear the 10863
appeal, within fourteen days after the expiration of the period 10864
in which an appeal of the order of the staff hearing officer may 10865
be filed as provided in division (D) of this section, the 10866
commission or the designated staff hearing officer shall issue 10867
an order to that effect and notify the parties and their 10868
respective representatives in writing of that order. 10869

Except as otherwise provided in this chapter and Chapters 10870
4121., 4127., and 4131. of the Revised Code, any party may 10871
appeal an order issued under this division to the court pursuant 10872
to section 4123.512 of the Revised Code within sixty days after 10873
receipt of the order, subject to the limitations contained in 10874
that section. 10875

(F) Every notice of an appeal from an order issued under 10876
divisions (B), (C), (D), and (E) of this section shall state the 10877
names of the claimant and employer, the number of the claim, the 10878
date of the decision appealed from, and the fact that the 10879
appellant appeals therefrom. 10880

(G) All of the following apply to the proceedings under 10881
divisions (C), (D), and (E) of this section: 10882

(1) The parties shall proceed promptly and without 10883
continuances except for good cause; 10884

(2) The parties, in good faith, shall engage in the free 10885
exchange of information relevant to the claim prior to the 10886
conduct of a hearing according to the rules the commission 10887
adopts under section 4121.36 of the Revised Code; 10888

(3) The administrator is a party and may appear and 10889
participate at all administrative proceedings on behalf of the 10890
state insurance fund. However, in cases in which the employer is 10891
represented, the administrator shall neither present arguments 10892
nor introduce testimony that is cumulative to that presented or 10893
introduced by the employer or the employer's representative. The 10894
administrator may file an appeal under this section on behalf of 10895
the state insurance fund; however, except in cases arising under 10896
section 4123.343 of the Revised Code, the administrator only may 10897
appeal questions of law or issues of fraud when the employer 10898
appears in person or by representative. 10899

(H) Except as provided in section 4121.63 of the Revised 10900
Code and division (K) of this section, payments of compensation 10901
to a claimant or on behalf of a claimant as a result of any 10902
order issued under this chapter shall commence upon the earlier 10903
of the following: 10904

(1) Fourteen days after the date the administrator issues 10905
an order under division (B) of this section, unless that order 10906
is appealed; 10907

(2) The date when the employer has waived the right to 10908
appeal a decision issued under division (B) of this section; 10909

(3) If no appeal of an order has been filed under this section or to a court under section 4123.512 of the Revised Code, the expiration of the time limitations for the filing of an appeal of an order;

(4) The date of receipt by the employer of an order of a district hearing officer, a staff hearing officer, or the industrial commission issued under division (C), (D), or (E) of this section.

(I) Except as otherwise provided in division (B) of section 4123.66 of the Revised Code, payments of medical benefits payable under this chapter or Chapter 4121., 4127., or 4131. of the Revised Code shall commence upon the earlier of the following:

(1) The date of the issuance of the staff hearing officer's order under division (D) of this section;

(2) The date of the final administrative or judicial determination.

(J) The administrator shall charge the compensation payments made in accordance with division (H) of this section or medical benefits payments made in accordance with division (I) of this section to an employer's experience immediately after the employer has exhausted the employer's administrative appeals as provided in this section or has waived the employer's right to an administrative appeal under division (B) of this section, subject to the adjustment specified in division (H) of section 4123.512 of the Revised Code.

(K) Upon the final administrative or judicial determination under this section or section 4123.512 of the Revised Code of an appeal of an order to pay compensation, if a

claimant is found to have received compensation pursuant to a 10939
prior order which is reversed upon subsequent appeal, the 10940
claimant's employer, if a self-insuring employer, or the bureau, 10941
shall withhold from any amount to which the claimant becomes 10942
entitled pursuant to any claim, past, present, or future, under 10943
Chapter 4121., 4123., 4127., or 4131. of the Revised Code, the 10944
amount of previously paid compensation to the claimant which, 10945
due to reversal upon appeal, the claimant is not entitled, 10946
pursuant to the following criteria: 10947

(1) No withholding for the first twelve weeks of temporary 10948
total disability compensation pursuant to section 4123.56 of the 10949
Revised Code shall be made; 10950

(2) Forty per cent of all awards of compensation paid 10951
pursuant to sections 4123.56 and 4123.57 of the Revised Code, 10952
until the amount overpaid is refunded; 10953

(3) Twenty-five per cent of any compensation paid pursuant 10954
to section 4123.58 of the Revised Code until the amount overpaid 10955
is refunded; 10956

(4) If, pursuant to an appeal under section 4123.512 of 10957
the Revised Code, the court of appeals or the supreme court 10958
reverses the allowance of the claim, then no amount of any 10959
compensation will be withheld. 10960

The administrator and self-insuring employers, as 10961
appropriate, are subject to the repayment schedule of this 10962
division only with respect to an order to pay compensation that 10963
was properly paid under a previous order, but which is 10964
subsequently reversed upon an administrative or judicial appeal. 10965
The administrator and self-insuring employers are not subject 10966
to, but may utilize, the repayment schedule of this division, or 10967

any other lawful means, to collect payment of compensation made 10968
to a person who was not entitled to the compensation due to 10969
fraud as determined by the administrator or the industrial 10970
commission. 10971

(L) If a staff hearing officer or the commission fails to 10972
issue a decision or the commission fails to refuse to hear an 10973
appeal within the time periods required by this section, 10974
payments to a claimant shall cease until the staff hearing 10975
officer or commission issues a decision or hears the appeal, 10976
unless the failure was due to the fault or neglect of the 10977
employer or the employer agrees that the payments should 10978
continue for a longer period of time. 10979

(M) Except as otherwise provided in this section or 10980
section 4123.522 of the Revised Code, no appeal is timely filed 10981
under this section unless the appeal is filed with the time 10982
limits set forth in this section. 10983

(N) No person who is not an employee of the bureau or 10984
commission or who is not by law given access to the contents of 10985
a claims file shall have a file in the person's possession. 10986

(O) Upon application of a party who resides in an area in 10987
which an emergency or disaster is declared, the industrial 10988
commission and hearing officers of the commission may waive the 10989
time frame within which claims and appeals of claims set forth 10990
in this section must be filed upon a finding that the applicant 10991
was unable to comply with a filing deadline due to an emergency 10992
or a disaster. 10993

As used in this division: 10994

(1) "Emergency" means any occasion or instance for which 10995
the governor of Ohio or the president of the United States 10996

publicly declares an emergency and orders state or federal 10997
assistance to save lives and protect property, the public health 10998
and safety, or to lessen or avert the threat of a catastrophe. 10999

(2) "Disaster" means any natural catastrophe or fire, 11000
flood, or explosion, regardless of the cause, that causes damage 11001
of sufficient magnitude that the governor of Ohio or the 11002
president of the United States, through a public declaration, 11003
orders state or federal assistance to alleviate damage, loss, 11004
hardship, or suffering that results from the occurrence. 11005

Sec. 4123.512. (A) The claimant or the employer may appeal 11006
an order of the industrial commission made under division (E) of 11007
section 4123.511 of the Revised Code in any injury or 11008
occupational disease case, other than a decision as to the 11009
extent of disability to the court of common pleas of the county 11010
in which the injury was inflicted or in which the contract of 11011
employment was made if the injury occurred outside the state, or 11012
in which the contract of employment was made if the exposure 11013
occurred outside the state. If no common pleas court has 11014
jurisdiction for the purposes of an appeal by the use of the 11015
jurisdictional requirements described in this division, the 11016
appellant may use the venue provisions in the Rules of Civil 11017
Procedure to vest jurisdiction in a court. If the claim is for 11018
an occupational disease, the appeal shall be to the court of 11019
common pleas of the county in which the exposure which caused 11020
the disease occurred. Like appeal may be taken from an order of 11021
a staff hearing officer made under division (D) of section 11022
4123.511 of the Revised Code from which the commission has 11023
refused to hear an appeal. Except as otherwise provided in this 11024
division, the appellant shall file the notice of appeal with a 11025
court of common pleas within sixty days after the date of the 11026
receipt of the order appealed from or the date of receipt of the 11027

order of the commission refusing to hear an appeal of a staff 11028
hearing officer's decision under division (D) of section 11029
4123.511 of the Revised Code. Either the claimant or the 11030
employer may file a notice of an intent to settle the claim 11031
within thirty days after the date of the receipt of the order 11032
appealed from or of the order of the commission refusing to hear 11033
an appeal of a staff hearing officer's decision. The claimant or 11034
employer shall file notice of intent to settle with the 11035
administrator of workers' compensation, and the notice shall be 11036
served on the opposing party and the party's representative. The 11037
filing of the notice of intent to settle extends the time to 11038
file an appeal to one hundred fifty days, unless the opposing 11039
party files an objection to the notice of intent to settle 11040
within fourteen days after the date of the receipt of the notice 11041
of intent to settle. The party shall file the objection with the 11042
administrator, and the objection shall be served on the party 11043
that filed the notice of intent to settle and the party's 11044
representative. The filing of the notice of the appeal with the 11045
court is the only act required to perfect the appeal. 11046

If an action has been commenced in a court of a county 11047
other than a court of a county having jurisdiction over the 11048
action, the court, upon notice by any party or upon its own 11049
motion, shall transfer the action to a court of a county having 11050
jurisdiction. 11051

Notwithstanding anything to the contrary in this section, 11052
if the commission determines under section 4123.522 of the 11053
Revised Code that an employee, employer, or their respective 11054
representatives have not received written notice of an order or 11055
decision which is appealable to a court under this section and 11056
which grants relief pursuant to section 4123.522 of the Revised 11057
Code, the party granted the relief has sixty days from receipt 11058

of the order under section 4123.522 of the Revised Code to file 11059
a notice of appeal under this section. 11060

(B) The notice of appeal shall state the names of the 11061
administrator of workers' compensation, the claimant, and the 11062
employer; the number of the claim; the date of the order 11063
appealed from; and the fact that the appellant appeals 11064
therefrom. 11065

The administrator, the claimant, and the employer shall be 11066
parties to the appeal and the court, upon the application of the 11067
commission, shall make the commission a party. The party filing 11068
the appeal shall serve a copy of the notice of appeal on the 11069
administrator at the central office of the bureau of workers' 11070
compensation in Columbus. The administrator shall notify the 11071
employer that if the employer fails to become an active party to 11072
the appeal, then the administrator may act on behalf of the 11073
employer and the results of the appeal could have an adverse 11074
effect upon the employer's premium rates or may result in a 11075
recovery from the employer if the employer is determined to be a 11076
noncomplying employer under section 4123.75 of the Revised Code. 11077

(C) The attorney general or one or more of the attorney 11078
general's assistants or special counsel designated by the 11079
attorney general shall represent the administrator and the 11080
commission. In the event the attorney general or the attorney 11081
general's designated assistants or special counsel are absent, 11082
the administrator or the commission shall select one or more of 11083
the attorneys in the employ of the administrator or the 11084
commission as the administrator's attorney or the commission's 11085
attorney in the appeal. Any attorney so employed shall continue 11086
the representation during the entire period of the appeal and in 11087
all hearings thereof except where the continued representation 11088

becomes impractical. 11089

(D) Upon receipt of notice of appeal, the clerk of courts 11090
shall provide notice to all parties who are appellees and to the 11091
commission. 11092

The claimant shall, within thirty days after the filing of 11093
the notice of appeal, file a petition containing a statement of 11094
facts in ordinary and concise language showing a cause of action 11095
to participate or to continue to participate in the fund and 11096
setting forth the basis for the jurisdiction of the court over 11097
the action. Further pleadings shall be had in accordance with 11098
the Rules of Civil Procedure, provided that service of summons 11099
on such petition shall not be required and provided that the 11100
claimant may not dismiss the complaint without the employer's 11101
consent if the employer is the party that filed the notice of 11102
appeal to court pursuant to this section. The clerk of the court 11103
shall, upon receipt thereof, transmit by certified mail a copy 11104
thereof to each party named in the notice of appeal other than 11105
the claimant. Any party may file with the clerk prior to the 11106
trial of the action a deposition of any physician, certified 11107
nurse-midwife, clinical nurse specialist, or certified nurse 11108
practitioner taken in accordance with the provisions of the 11109
Revised Code, which deposition may be read in the trial of the 11110
action even though the physician or nurse is a resident of or 11111
subject to service in the county in which the trial is had. The 11112
bureau of workers' compensation shall pay the cost of the 11113
stenographic deposition filed in court and of copies of the 11114
stenographic deposition for each party from the surplus fund and 11115
charge the costs thereof against the unsuccessful party if the 11116
claimant's right to participate or continue to participate is 11117
finally sustained or established in the appeal. In the event the 11118
deposition is taken and filed, the physician or nurse whose 11119

deposition is taken is not required to respond to any subpoena 11120
issued in the trial of the action. The court, or the jury under 11121
the instructions of the court, if a jury is demanded, shall 11122
determine the right of the claimant to participate or to 11123
continue to participate in the fund upon the evidence adduced at 11124
the hearing of the action. 11125

(E) The court shall certify its decision to the commission 11126
and the certificate shall be entered in the records of the 11127
court. Appeals from the judgment are governed by the law 11128
applicable to the appeal of civil actions. 11129

(F) The cost of any legal proceedings authorized by this 11130
section, including an attorney's fee to the claimant's attorney 11131
to be fixed by the trial judge, based upon the effort expended, 11132
in the event the claimant's right to participate or to continue 11133
to participate in the fund is established upon the final 11134
determination of an appeal, shall be taxed against the employer 11135
or the commission if the commission or the administrator rather 11136
than the employer contested the right of the claimant to 11137
participate in the fund. The attorney's fee shall not exceed 11138
five thousand dollars. 11139

(G) If the finding of the court or the verdict of the jury 11140
is in favor of the claimant's right to participate in the fund, 11141
the commission and the administrator shall thereafter proceed in 11142
the matter of the claim as if the judgment were the decision of 11143
the commission, subject to the power of modification provided by 11144
section 4123.52 of the Revised Code. 11145

(H) (1) An appeal from an order issued under division (E) 11146
of section 4123.511 of the Revised Code or any action filed in 11147
court in a case in which an award of compensation or medical 11148
benefits has been made shall not stay the payment of 11149

compensation or medical benefits under the award, or payment for 11150
subsequent periods of total disability or medical benefits 11151
during the pendency of the appeal. If, in a final administrative 11152
or judicial action, it is determined that payments of 11153
compensation or benefits, or both, made to or on behalf of a 11154
claimant should not have been made, the amount thereof shall be 11155
charged to the surplus fund account under division (B) of 11156
section 4123.34 of the Revised Code. In the event the employer 11157
is a state risk, the amount shall not be charged to the 11158
employer's experience, and the administrator shall adjust the 11159
employer's account accordingly. In the event the employer is a 11160
self-insuring employer, the self-insuring employer shall deduct 11161
the amount from the paid compensation the self-insuring employer 11162
reports to the administrator under division (L) of section 11163
4123.35 of the Revised Code. If an employer is a state risk and 11164
has paid an assessment for a violation of a specific safety 11165
requirement, and, in a final administrative or judicial action, 11166
it is determined that the employer did not violate the specific 11167
safety requirement, the administrator shall reimburse the 11168
employer from the surplus fund account under division (B) of 11169
section 4123.34 of the Revised Code for the amount of the 11170
assessment the employer paid for the violation. 11171

(2) (a) Notwithstanding a final determination that payments 11172
of benefits made to or on behalf of a claimant should not have 11173
been made, the administrator or self-insuring employer shall 11174
award payment of medical or vocational rehabilitation services 11175
submitted for payment after the date of the final determination 11176
if all of the following apply: 11177

(i) The services were approved and were rendered by the 11178
provider in good faith prior to the date of the final 11179
determination. 11180

(ii) The services were payable under division (I) of 11181
section 4123.511 of the Revised Code prior to the date of the 11182
final determination. 11183

(iii) The request for payment is submitted within the time 11184
limit set forth in section 4123.52 of the Revised Code. 11185

(b) Payments made under division (H) (1) of this section 11186
shall be charged to the surplus fund account under division (B) 11187
of section 4123.34 of the Revised Code. If the employer of the 11188
employee who is the subject of a claim described in division (H) 11189
(2) (a) of this section is a state fund employer, the payments 11190
made under that division shall not be charged to the employer's 11191
experience. If that employer is a self-insuring employer, the 11192
self-insuring employer shall deduct the amount from the paid 11193
compensation the self-insuring employer reports to the 11194
administrator under division (L) of section 4123.35 of the 11195
Revised Code. 11196

(c) Division (H) (2) of this section shall apply only to a 11197
claim under this chapter or Chapter 4121., 4127., or 4131. of 11198
the Revised Code arising on or after July 29, 2011. 11199

(3) A self-insuring employer may elect to pay compensation 11200
and benefits under this section directly to an employee or an 11201
employee's dependents by filing an application with the bureau 11202
of workers' compensation not more than one hundred eighty days 11203
and not less than ninety days before the first day of the 11204
employer's next six-month coverage period. If the self-insuring 11205
employer timely files the application, the application is 11206
effective on the first day of the employer's next six-month 11207
coverage period, provided that the administrator shall compute 11208
the employer's assessment for the surplus fund account due with 11209
respect to the period during which that application was filed 11210

without regard to the filing of the application. On and after 11211
the effective date of the employer's election, the self-insuring 11212
employer shall pay directly to an employee or to an employee's 11213
dependents compensation and benefits under this section 11214
regardless of the date of the injury or occupational disease, 11215
and the employer shall receive no money or credits from the 11216
surplus fund account on account of those payments and shall not 11217
be required to pay any amounts into the surplus fund account on 11218
account of this section. The election made under this division 11219
is irrevocable. 11220

(I) All actions and proceedings under this section which 11221
are the subject of an appeal to the court of common pleas or the 11222
court of appeals shall be preferred over all other civil actions 11223
except election causes, irrespective of position on the 11224
calendar. 11225

This section applies to all decisions of the commission or 11226
the administrator on November 2, 1959, and all claims filed 11227
thereafter are governed by sections 4123.511 and 4123.512 of the 11228
Revised Code. 11229

Any action pending in common pleas court or any other 11230
court on January 1, 1986, under this section is governed by 11231
former sections 4123.514, 4123.515, 4123.516, and 4123.519 and 11232
section 4123.522 of the Revised Code. 11233

Sec. 4123.54. (A) Except as otherwise provided in this 11234
division or divisions (I) and (K) of this section, every 11235
employee, who is injured or who contracts an occupational 11236
disease, and the dependents of each employee who is killed, or 11237
dies as the result of an occupational disease contracted in the 11238
course of employment, wherever the injury has occurred or 11239
occupational disease has been contracted, is entitled to receive 11240

the compensation for loss sustained on account of the injury, 11241
occupational disease, or death, and the medical, nurse, and 11242
hospital services and medicines, and the amount of funeral 11243
expenses in case of death, as are provided by this chapter. The 11244
compensation and benefits shall be provided, as applicable, 11245
directly from the employee's self-insuring employer as provided 11246
in section 4123.35 of the Revised Code or from the state 11247
insurance fund. An employee or dependent is not entitled to 11248
receive compensation or benefits under this division if the 11249
employee's injury or occupational disease is either of the 11250
following: 11251

(1) Purposely self-inflicted; 11252

(2) Caused by the employee being intoxicated, under the 11253
influence of a controlled substance not prescribed by a 11254
physician, certified nurse-midwife, clinical nurse specialist, 11255
or certified nurse practitioner, or under the influence of 11256
marihuana if being intoxicated, under the influence of a 11257
controlled substance not prescribed by a physician, certified 11258
nurse-midwife, clinical nurse specialist, or certified nurse 11259
practitioner, or under the influence of marihuana was the 11260
proximate cause of the injury. 11261

(B) For the purpose of this section, provided that an 11262
employer has posted written notice to employees that the results 11263
of, or the employee's refusal to submit to, any chemical test 11264
described under this division may affect the employee's 11265
eligibility for compensation and benefits pursuant to this 11266
chapter and Chapter 4121. of the Revised Code, there is a 11267
rebuttable presumption that an employee is intoxicated, under 11268
the influence of a controlled substance not prescribed by the 11269
employee's physician, certified nurse-midwife, clinical nurse 11270

specialist, or certified nurse practitioner, or under the 11271
influence of marihuana and that being intoxicated, under the 11272
influence of a controlled substance not prescribed by the 11273
employee's physician, certified nurse-midwife, clinical nurse 11274
specialist, or certified nurse practitioner, or under the 11275
influence of marihuana is the proximate cause of an injury under 11276
either of the following conditions: 11277

(1) When any one or more of the following is true: 11278

(a) The employee, through a qualifying chemical test 11279
administered within eight hours of an injury, is determined to 11280
have an alcohol concentration level equal to or in excess of the 11281
levels established in divisions (A) (1) (b) to (i) of section 11282
4511.19 of the Revised Code. 11283

(b) The employee, through a qualifying chemical test 11284
administered within thirty-two hours of an injury, is determined 11285
to have a controlled substance not prescribed by the employee's 11286
physician, certified nurse-midwife, clinical nurse specialist, 11287
or certified nurse practitioner or marihuana in the employee's 11288
system at a level equal to or in excess of the cutoff 11289
concentration level for the particular substance as provided in 11290
section 40.87 of Title 49 of the Code of Federal Regulations, 49 11291
C.F.R. 40.87, as amended. 11292

(c) The employee, through a qualifying chemical test 11293
administered within thirty-two hours of an injury, is determined 11294
to have barbiturates, benzodiazepines, or methadone in the 11295
employee's system that tests above levels established by 11296
laboratories certified by the United States department of health 11297
and human services. 11298

(2) When the employee refuses to submit to a requested 11299

chemical test, on the condition that that employee is or was 11300
given notice that the refusal to submit to any chemical test 11301
described in division (B) (1) of this section may affect the 11302
employee's eligibility for compensation and benefits under this 11303
chapter and Chapter 4121. of the Revised Code. 11304

(C) (1) For purposes of division (B) of this section, a 11305
chemical test is a qualifying chemical test if it is 11306
administered to an employee after an injury under at least one 11307
of the following conditions: 11308

(a) When the employee's employer had reasonable cause to 11309
suspect that the employee may be intoxicated, under the 11310
influence of a controlled substance not prescribed by the 11311
employee's physician, certified nurse-midwife, clinical nurse 11312
specialist, or certified nurse practitioner, or under the 11313
influence of marihuana; 11314

(b) At the request of a police officer pursuant to section 11315
4511.191 of the Revised Code, and not at the request of the 11316
employee's employer; 11317

(c) At the request of a licensed physician, certified 11318
nurse-midwife, clinical nurse specialist, or certified nurse 11319
practitioner who is not employed by the employee's employer, and 11320
not at the request of the employee's employer. 11321

(2) As used in division (C) (1) (a) of this section, 11322
"reasonable cause" means, but is not limited to, evidence that 11323
an employee is or was using alcohol, a controlled substance, or 11324
marihuana drawn from specific, objective facts and reasonable 11325
inferences drawn from these facts in light of experience and 11326
training. These facts and inferences may be based on, but are 11327
not limited to, any of the following: 11328

(a) Observable phenomena, such as direct observation of use, possession, or distribution of alcohol, a controlled substance, or marihuana, or of the physical symptoms of being under the influence of alcohol, a controlled substance, or marihuana, such as but not limited to slurred speech; dilated pupils; odor of alcohol, a controlled substance, or marihuana; changes in affect; or dynamic mood swings;

(b) A pattern of abnormal conduct, erratic or aberrant behavior, or deteriorating work performance such as frequent absenteeism, excessive tardiness, or recurrent accidents, that appears to be related to the use of alcohol, a controlled substance, or marihuana, and does not appear to be attributable to other factors;

(c) The identification of an employee as the focus of a criminal investigation into unauthorized possession, use, or trafficking of a controlled substance or marihuana;

(d) A report of use of alcohol, a controlled substance, or marihuana provided by a reliable and credible source;

(e) Repeated or flagrant violations of the safety or work rules of the employee's employer, that are determined by the employee's supervisor to pose a substantial risk of physical injury or property damage and that appear to be related to the use of alcohol, a controlled substance, or marihuana and that do not appear attributable to other factors.

(D) Nothing in this section shall be construed to affect the rights of an employer to test employees for alcohol or controlled substance abuse.

(E) For the purpose of this section, laboratories certified by the United States department of health and human

services or laboratories that meet or exceed the standards of 11358
that department for laboratory certification shall be used for 11359
processing the test results of a qualifying chemical test. 11360

(F) The written notice required by division (B) of this 11361
section shall be the same size or larger than the proof of 11362
workers' compensation coverage furnished by the bureau of 11363
workers' compensation and shall be posted by the employer in the 11364
same location as the proof of workers' compensation coverage or 11365
the certificate of self-insurance. 11366

(G) If a condition that pre-existed an injury is 11367
substantially aggravated by the injury, and that substantial 11368
aggravation is documented by objective diagnostic findings, 11369
objective clinical findings, or objective test results, no 11370
compensation or benefits are payable because of the pre-existing 11371
condition once that condition has returned to a level that would 11372
have existed without the injury. 11373

(H) (1) Whenever, with respect to an employee of an 11374
employer who is subject to and has complied with this chapter, 11375
there is possibility of conflict with respect to the application 11376
of workers' compensation laws because the contract of employment 11377
is entered into and all or some portion of the work is or is to 11378
be performed in a state or states other than Ohio, the employer 11379
and the employee may agree to be bound by the laws of this state 11380
or by the laws of some other state in which all or some portion 11381
of the work of the employee is to be performed. The agreement 11382
shall be in writing and shall be filed with the bureau of 11383
workers' compensation within ten days after it is executed and 11384
shall remain in force until terminated or modified by agreement 11385
of the parties similarly filed. If the agreement is to be bound 11386
by the laws of this state and the employer has complied with 11387

this chapter, then the employee is entitled to compensation and 11388
benefits regardless of where the injury occurs or the disease is 11389
contracted and the rights of the employee and the employee's 11390
dependents under the laws of this state are the exclusive remedy 11391
against the employer on account of injury, disease, or death in 11392
the course of and arising out of the employee's employment. If 11393
the agreement is to be bound by the laws of another state and 11394
the employer has complied with the laws of that state, the 11395
rights of the employee and the employee's dependents under the 11396
laws of that state are the exclusive remedy against the employer 11397
on account of injury, disease, or death in the course of and 11398
arising out of the employee's employment without regard to the 11399
place where the injury was sustained or the disease contracted. 11400
If an employer and an employee enter into an agreement under 11401
this division, the fact that the employer and the employee 11402
entered into that agreement shall not be construed to change the 11403
status of an employee whose continued employment is subject to 11404
the will of the employer or the employee, unless the agreement 11405
contains a provision that expressly changes that status. 11406

(2) If an employee or the employee's dependents receive an 11407
award of compensation or benefits under this chapter or Chapter 11408
4121., 4127., or 4131. of the Revised Code for the same injury, 11409
occupational disease, or death for which the employee or the 11410
employee's dependents previously pursued or otherwise elected to 11411
accept workers' compensation benefits and received a decision on 11412
the merits as defined in section 4123.542 of the Revised Code 11413
under the laws of another state or recovered damages under the 11414
laws of another state, the claim shall be disallowed and the 11415
administrator or any self-insuring employer, by any lawful 11416
means, may collect from the employee or the employee's 11417
dependents any of the following: 11418

(a) The amount of compensation or benefits paid to or on behalf of the employee or the employee's dependents by the administrator or a self-insuring employer pursuant to this chapter or Chapter 4121., 4127., or 4131. of the Revised Code for that award;

(b) Any interest, attorney's fees, and costs the administrator or the self-insuring employer incurs in collecting that payment.

(3) If an employee or the employee's dependents receive an award of compensation or benefits under this chapter or Chapter 4121., 4127., or 4131. of the Revised Code and subsequently pursue or otherwise elect to accept workers' compensation benefits or damages under the laws of another state for the same injury, occupational disease, or death the claim under this chapter or Chapter 4121., 4127., or 4131. of the Revised Code shall be disallowed. The administrator or a self-insuring employer, by any lawful means, may collect from the employee or the employee's dependents or other-states' insurer any of the following:

(a) The amount of compensation or benefits paid to or on behalf of the employee or the employee's dependents by the administrator or the self-insuring employer pursuant to this chapter or Chapter 4121., 4127., or 4131. of the Revised Code for that award;

(b) Any interest, costs, and attorney's fees the administrator or the self-insuring employer incurs in collecting that payment;

(c) Any costs incurred by an employer in contesting or responding to any claim filed by the employee or the employee's

dependents for the same injury, occupational disease, or death 11448
that was filed after the original claim for which the employee 11449
or the employee's dependents received a decision on the merits 11450
as described in section 4123.542 of the Revised Code. 11451

(4) If the employee's employer pays premiums into the 11452
state insurance fund, the administrator shall not charge the 11453
amount of compensation or benefits the administrator collects 11454
pursuant to division (H) (2) or (3) of this section to the 11455
employer's experience. If the administrator collects any costs 11456
incurred by an employer in contesting or responding to any claim 11457
pursuant to division (H) (2) or (3) of this section, the 11458
administrator shall forward the amount collected to that 11459
employer. If the employee's employer is a self-insuring 11460
employer, the self-insuring employer shall deduct the amount of 11461
compensation or benefits the self-insuring employer collects 11462
pursuant to this division from the paid compensation the self- 11463
insuring employer reports to the administrator under division 11464
(L) of section 4123.35 of the Revised Code. 11465

(5) If an employee is a resident of a state other than 11466
this state and is insured under the workers' compensation law or 11467
similar laws of a state other than this state, the employee and 11468
the employee's dependents are not entitled to receive 11469
compensation or benefits under this chapter, on account of 11470
injury, disease, or death arising out of or in the course of 11471
employment while temporarily within this state, and the rights 11472
of the employee and the employee's dependents under the laws of 11473
the other state are the exclusive remedy against the employer on 11474
account of the injury, disease, or death. 11475

(6) An employee, or the dependent of an employee, who 11476
elects to receive compensation and benefits under this chapter 11477

or Chapter 4121., 4127., or 4131. of the Revised Code for a 11478
claim may not receive compensation and benefits under the 11479
workers' compensation laws of any state other than this state 11480
for that same claim. For each claim submitted by or on behalf of 11481
an employee, the administrator or, if the employee is employed 11482
by a self-insuring employer, the self-insuring employer, shall 11483
request the employee or the employee's dependent to sign an 11484
election that affirms the employee's or employee's dependent's 11485
acceptance of electing to receive compensation and benefits 11486
under this chapter or Chapter 4121., 4127., or 4131. of the 11487
Revised Code for that claim that also affirmatively waives and 11488
releases the employee's or the employee's dependent's right to 11489
file for and receive compensation and benefits under the laws of 11490
any state other than this state for that claim. The employee or 11491
employee's dependent shall sign the election form within twenty- 11492
eight days after the administrator or self-insuring employer 11493
submits the request or the administrator or self-insuring 11494
employer shall dismiss that claim. 11495

In the event a workers' compensation claim has been filed 11496
in another jurisdiction on behalf of an employee or the 11497
dependents of an employee, and the employee or dependents 11498
subsequently elect to receive compensation, benefits, or both 11499
under this chapter or Chapter 4121., 4127., or 4131. of the 11500
Revised Code, the employee or dependent shall withdraw or refuse 11501
acceptance of the workers' compensation claim filed in the other 11502
jurisdiction in order to pursue compensation or benefits under 11503
the laws of this state. If the employee or dependents were 11504
awarded workers' compensation benefits or had recovered damages 11505
under the laws of the other state, any compensation and benefits 11506
awarded under this chapter or Chapter 4121., 4127., or 4131. of 11507
the Revised Code shall be paid only to the extent to which those 11508

payments exceed the amounts paid under the laws of the other 11509
state. If the employee or dependent fails to withdraw or to 11510
refuse acceptance of the workers' compensation claim in the 11511
other jurisdiction within twenty-eight days after a request made 11512
by the administrator or a self-insuring employer, the 11513
administrator or self-insuring employer shall dismiss the 11514
employee's or employee's dependents' claim made in this state. 11515

(I) If an employee who is covered under the federal 11516
"Longshore and Harbor Workers' Compensation Act," 98 Stat. 1639, 11517
33 U.S.C. 901 et seq., is injured or contracts an occupational 11518
disease or dies as a result of an injury or occupational 11519
disease, and if that employee's or that employee's dependents' 11520
claim for compensation or benefits for that injury, occupational 11521
disease, or death is subject to the jurisdiction of that act, 11522
the employee or the employee's dependents are not entitled to 11523
apply for and shall not receive compensation or benefits under 11524
this chapter and Chapter 4121. of the Revised Code. The rights 11525
of such an employee and the employee's dependents under the 11526
federal "Longshore and Harbor Workers' Compensation Act," 98 11527
Stat. 1639, 33 U.S.C. 901 et seq., are the exclusive remedy 11528
against the employer for that injury, occupational disease, or 11529
death. 11530

(J) Compensation or benefits are not payable to a claimant 11531
or a dependent during the period of confinement of the claimant 11532
or dependent in any state or federal correctional institution, 11533
or in any county jail in lieu of incarceration in a state or 11534
federal correctional institution, whether in this or any other 11535
state for conviction of violation of any state or federal 11536
criminal law. 11537

(K) An employer, upon the approval of the administrator, 11538

may provide for workers' compensation coverage for the 11539
employer's employees who are professional athletes and coaches 11540
by submitting to the administrator proof of coverage under a 11541
league policy issued under the laws of another state under 11542
either of the following circumstances: 11543

(1) The employer administers the payroll and workers' 11544
compensation insurance for a professional sports team subject to 11545
a collective bargaining agreement, and the collective bargaining 11546
agreement provides for the uniform administration of workers' 11547
compensation benefits and compensation for professional 11548
athletes. 11549

(2) The employer is a professional sports league, or is a 11550
member team of a professional sports league, and all of the 11551
following apply: 11552

(a) The professional sports league operates as a single 11553
entity, whereby all of the players and coaches of the sports 11554
league are employees of the sports league and not of the 11555
individual member teams. 11556

(b) The professional sports league at all times maintains 11557
workers' compensation insurance that provides coverage for the 11558
players and coaches of the sports league. 11559

(c) Each individual member team of the professional sports 11560
league, pursuant to the organizational or operating documents of 11561
the sports league, is obligated to the sports league to pay to 11562
the sports league any workers' compensation claims that are not 11563
covered by the workers' compensation insurance maintained by the 11564
sports league. 11565

If the administrator approves the employer's proof of 11566
coverage submitted under division (K) of this section, a 11567

professional athlete or coach who is an employee of the employer 11568
and the dependents of the professional athlete or coach are not 11569
entitled to apply for and shall not receive compensation or 11570
benefits under this chapter and Chapter 4121. of the Revised 11571
Code. The rights of such an athlete or coach and the dependents 11572
of such an athlete or coach under the laws of the state where 11573
the policy was issued are the exclusive remedy against the 11574
employer for the athlete or coach if the athlete or coach 11575
suffers an injury or contracts an occupational disease in the 11576
course of employment, or for the dependents of the athlete or 11577
the coach if the athlete or coach is killed as a result of an 11578
injury or dies as a result of an occupational disease, 11579
regardless of the location where the injury was suffered or the 11580
occupational disease was contracted. 11581

Sec. 4123.56. (A) Except as provided in division (D) of 11582
this section, in the case of temporary disability, an employee 11583
shall receive sixty-six and two-thirds per cent of the 11584
employee's average weekly wage so long as such disability is 11585
total, not to exceed a maximum amount of weekly compensation 11586
which is equal to the statewide average weekly wage as defined 11587
in division (C) of section 4123.62 of the Revised Code, and not 11588
less than a minimum amount of compensation which is equal to 11589
thirty-three and one-third per cent of the statewide average 11590
weekly wage as defined in division (C) of section 4123.62 of the 11591
Revised Code unless the employee's wage is less than thirty- 11592
three and one-third per cent of the minimum statewide average 11593
weekly wage, in which event the employee shall receive 11594
compensation equal to the employee's full wages; provided that 11595
for the first twelve weeks of total disability the employee 11596
shall receive seventy-two per cent of the employee's full weekly 11597
wage, but not to exceed a maximum amount of weekly compensation 11598

which is equal to the lesser of the statewide average weekly 11599
wage as defined in division (C) of section 4123.62 of the 11600
Revised Code or one hundred per cent of the employee's net take- 11601
home weekly wage. In the case of a self-insuring employer, 11602
payments shall be for a duration based upon the medical reports 11603
of the attending physician, certified nurse-midwife, clinical 11604
nurse specialist, or certified nurse practitioner. If the 11605
employer disputes the attending physician's or nurse's report, 11606
payments may be terminated only upon application and hearing by 11607
a district hearing officer pursuant to division (C) of section 11608
4123.511 of the Revised Code. Payments shall continue pending 11609
the determination of the matter, however payment shall not be 11610
made for the period when any employee has returned to work, when 11611
an employee's treating physician, certified nurse-midwife, 11612
clinical nurse specialist, or certified nurse practitioner has 11613
made a written statement that the employee is capable of 11614
returning to the employee's former position of employment, when 11615
work within the physical capabilities of the employee is made 11616
available by the employer or another employer, or when the 11617
employee has reached the maximum medical improvement. Where the 11618
employee is capable of work activity, but the employee's 11619
employer is unable to offer the employee any employment, the 11620
employee shall register with the director of job and family 11621
services, who shall assist the employee in finding suitable 11622
employment. The termination of temporary total disability, 11623
whether by order or otherwise, does not preclude the 11624
commencement of temporary total disability at another point in 11625
time if the employee again becomes temporarily totally disabled. 11626

After two hundred weeks of temporary total disability 11627
benefits, the medical section of the bureau of workers' 11628
compensation shall schedule the claimant for an examination for 11629

an evaluation to determine whether or not the temporary 11630
disability has become permanent. A self-insuring employer shall 11631
notify the bureau immediately after payment of two hundred weeks 11632
of temporary total disability and request that the bureau 11633
schedule the claimant for such an examination. 11634

When the employee is awarded compensation for temporary 11635
total disability for a period for which the employee has 11636
received benefits under Chapter 4141. of the Revised Code, the 11637
bureau shall pay an amount equal to the amount received from the 11638
award to the director of job and family services and the 11639
director shall credit the amount to the accounts of the 11640
employers to whose accounts the payment of benefits was charged 11641
or is chargeable to the extent it was charged or is chargeable. 11642

If any compensation under this section has been paid for 11643
the same period or periods for which temporary nonoccupational 11644
accident and sickness insurance is or has been paid pursuant to 11645
an insurance policy or program to which the employer has made 11646
the entire contribution or payment for providing insurance or 11647
under a nonoccupational accident and sickness program fully 11648
funded by the employer, except as otherwise provided in this 11649
division compensation paid under this section for the period or 11650
periods shall be paid only to the extent by which the payment or 11651
payments exceeds the amount of the nonoccupational insurance or 11652
program paid or payable. Offset of the compensation shall be 11653
made only upon the prior order of the bureau or industrial 11654
commission or agreement of the claimant. If an employer provides 11655
supplemental sick leave benefits in addition to temporary total 11656
disability compensation paid under this section, and if the 11657
employer and an employee agree in writing to the payment of the 11658
supplemental sick leave benefits, temporary total disability 11659
benefits may be paid without an offset for those supplemental 11660

sick leave benefits. 11661

As used in this division, "net take-home weekly wage" 11662
means the amount obtained by dividing an employee's total 11663
remuneration, as defined in section 4141.01 of the Revised Code, 11664
paid to or earned by the employee during the first four of the 11665
last five completed calendar quarters which immediately precede 11666
the first day of the employee's entitlement to benefits under 11667
this division, by the number of weeks during which the employee 11668
was paid or earned remuneration during those four quarters, less 11669
the amount of local, state, and federal income taxes deducted 11670
for each such week. 11671

(B) (1) If an employee in a claim allowed under this 11672
chapter suffers a wage loss as a result of returning to 11673
employment other than the employee's former position of 11674
employment due to an injury or occupational disease, the 11675
employee shall receive compensation at sixty-six and two-thirds 11676
per cent of the difference between the employee's average weekly 11677
wage and the employee's present earnings not to exceed the 11678
statewide average weekly wage. The payments may continue for up 11679
to a maximum of two hundred weeks, but the payments shall be 11680
reduced by the corresponding number of weeks in which the 11681
employee receives payments pursuant to division (A) (2) of 11682
section 4121.67 of the Revised Code. 11683

(2) If an employee in a claim allowed under this chapter 11684
suffers a wage loss as a result of being unable to find 11685
employment consistent with the employee's disability resulting 11686
from the employee's injury or occupational disease, the employee 11687
shall receive compensation at sixty-six and two-thirds per cent 11688
of the difference between the employee's average weekly wage and 11689
the employee's present earnings, not to exceed the statewide 11690

average weekly wage. The payments may continue for up to a 11691
maximum of fifty-two weeks. The first twenty-six weeks of 11692
payments under division (B) (2) of this section shall be in 11693
addition to the maximum of two hundred weeks of payments allowed 11694
under division (B) (1) of this section. If an employee in a claim 11695
allowed under this chapter receives compensation under division 11696
(B) (2) of this section in excess of twenty-six weeks, the number 11697
of weeks of compensation allowable under division (B) (1) of this 11698
section shall be reduced by the corresponding number of weeks in 11699
excess of twenty-six, and up to fifty-two, that is allowable 11700
under division (B) (1) of this section. 11701

(3) The number of weeks of wage loss payable to an 11702
employee under divisions (B) (1) and (2) of this section shall 11703
not exceed two hundred and twenty-six weeks in the aggregate. 11704

(C) In the event an employee of a professional sports 11705
franchise domiciled in this state is disabled as the result of 11706
an injury or occupational disease, the total amount of payments 11707
made under a contract of hire or collective bargaining agreement 11708
to the employee during a period of disability is deemed an 11709
advanced payment of compensation payable under sections 4123.56 11710
to 4123.58 of the Revised Code. The employer shall be reimbursed 11711
the total amount of the advanced payments out of any award of 11712
compensation made pursuant to sections 4123.56 to 4123.58 of the 11713
Revised Code. 11714

(D) If an employee receives temporary total disability 11715
benefits pursuant to division (A) of this section and social 11716
security retirement benefits pursuant to the "Social Security 11717
Act," the weekly benefit amount under division (A) of this 11718
section shall not exceed sixty-six and two-thirds per cent of 11719
the statewide average weekly wage as defined in division (C) of 11720

section 4123.62 of the Revised Code. 11721

(E) If an employee is eligible for compensation under 11722
division (A) of this section, but the employee's full weekly 11723
wage has not been determined at the time payments are to 11724
commence under division (H) of section 4123.511 of the Revised 11725
Code, the employee shall receive thirty-three and one-third per 11726
cent of the statewide average weekly wage as defined in division 11727
(C) of section 4123.62 of the Revised Code. On determination of 11728
the employee's full weekly wage, the compensation an employee 11729
receives shall be adjusted pursuant to division (A) of this 11730
section. 11731

If the amount of compensation an employee receives under 11732
this division is greater than the adjusted amount the employee 11733
receives under division (A) of this section that is based on the 11734
employee's full weekly wage, the excess amount shall be 11735
recovered in the manner provided in division (K) of section 11736
4123.511 of the Revised Code. If the amount of compensation an 11737
employee receives under this division is less than the adjusted 11738
amount the employee receives under that division that is based 11739
on the employee's full weekly wage, the employee shall receive 11740
the difference between those two amounts. 11741

(F) If an employee is unable to work or suffers a wage 11742
loss as the direct result of an impairment arising from an 11743
injury or occupational disease, the employee is entitled to 11744
receive compensation under this section, provided the employee 11745
is otherwise qualified. If an employee is not working or has 11746
suffered a wage loss as the direct result of reasons unrelated 11747
to the allowed injury or occupational disease, the employee is 11748
not eligible to receive compensation under this section. It is 11749
the intent of the general assembly to supersede any previous 11750

judicial decision that applied the doctrine of voluntary 11751
abandonment to a claim brought under this section. 11752

Sec. 4123.57. Partial disability compensation shall be 11753
paid as follows. 11754

Except as provided in this section, not earlier than 11755
twenty-six weeks after the date of termination of the latest 11756
period of payments under section 4123.56 of the Revised Code or 11757
twenty-six weeks after the termination of wages in lieu of those 11758
payments, or not earlier than twenty-six weeks after the date of 11759
the injury or contraction of an occupational disease in the 11760
absence of payments under section 4123.56 of the Revised Code or 11761
wages in lieu of those payments, the employee may file an 11762
application with the bureau of workers' compensation for the 11763
determination of the percentage of the employee's permanent 11764
partial disability resulting from an injury or occupational 11765
disease. 11766

Whenever the application is filed, the bureau shall send a 11767
copy of the application to the employee's employer or the 11768
employer's representative and shall schedule the employee for a 11769
medical examination by the bureau medical section. The bureau 11770
shall send a copy of the report of the medical examination to 11771
the employee, the employer, and their representatives. 11772
Thereafter, the administrator of workers' compensation shall 11773
review the employee's claim file and make a tentative order as 11774
the evidence before the administrator at the time of the making 11775
of the order warrants. If the administrator determines that 11776
there is a conflict of evidence, the administrator shall send 11777
the application, along with the claimant's file, to the district 11778
hearing officer who shall set the application for a hearing. 11779

If an employee fails to respond to an attempt to schedule 11780

a medical examination by the bureau medical section, or fails to attend a medical examination scheduled under this section without notice or explanation, the employee's application for a finding shall be dismissed without prejudice. The employee may refile the application. A dismissed application does not toll the continuing jurisdiction of the industrial commission under section 4123.52 of the Revised Code. The administrator shall adopt rules addressing the manner in which an employee will be notified of a possible dismissal and how an employee may refile an application for a determination.

The administrator shall notify the employee, the employer, and their representatives, in writing, of the tentative order and of the parties' right to request a hearing. Unless the employee, the employer, or their representative notifies the administrator, in writing, of an objection to the tentative order within twenty days after receipt of the notice thereof, the tentative order shall go into effect and the employee shall receive the compensation provided in the order. In no event shall there be a reconsideration of a tentative order issued under this division.

If the employee, the employer, or their representatives timely notify the administrator of an objection to the tentative order, the matter shall be referred to a district hearing officer who shall set the application for hearing with written notices to all interested persons. Upon referral to a district hearing officer, the employer may obtain a medical examination of the employee, pursuant to rules of the industrial commission.

(A) The district hearing officer, upon the application, shall determine the percentage of the employee's permanent disability, except as is subject to division (B) of this

section, based upon that condition of the employee resulting 11811
from the injury or occupational disease and causing permanent 11812
impairment evidenced by medical or clinical findings reasonably 11813
demonstrable. The employee shall receive sixty-six and two- 11814
thirds per cent of the employee's average weekly wage, but not 11815
more than a maximum of thirty-three and one-third per cent of 11816
the statewide average weekly wage as defined in division (C) of 11817
section 4123.62 of the Revised Code, per week regardless of the 11818
average weekly wage, for the number of weeks which equals the 11819
percentage of two hundred weeks. Except on application for 11820
reconsideration, review, or modification, which is filed within 11821
ten days after the date of receipt of the decision of the 11822
district hearing officer, in no instance shall the former award 11823
be modified unless it is found from medical or clinical findings 11824
that the condition of the claimant resulting from the injury has 11825
so progressed as to have increased the percentage of permanent 11826
partial disability. A staff hearing officer shall hear an 11827
application for reconsideration filed and the staff hearing 11828
officer's decision is final. An employee may file an application 11829
for a subsequent determination of the percentage of the 11830
employee's permanent disability. If such an application is 11831
filed, the bureau shall send a copy of the application to the 11832
employer or the employer's representative. No sooner than sixty 11833
days from the date of the mailing of the application to the 11834
employer or the employer's representative, the administrator 11835
shall review the application. The administrator may require a 11836
medical examination or medical review of the employee. The 11837
administrator shall issue a tentative order based upon the 11838
evidence before the administrator, provided that if the 11839
administrator requires a medical examination or medical review, 11840
the administrator shall not issue the tentative order until the 11841
completion of the examination or review. 11842

The employer may obtain a medical examination of the 11843
employee and may submit medical evidence at any stage of the 11844
process up to a hearing before the district hearing officer, 11845
pursuant to rules of the commission. The administrator shall 11846
notify the employee, the employer, and their representatives, in 11847
writing, of the nature and amount of any tentative order issued 11848
on an application requesting a subsequent determination of the 11849
percentage of an employee's permanent disability. An employee, 11850
employer, or their representatives may object to the tentative 11851
order within twenty days after the receipt of the notice 11852
thereof. If no timely objection is made, the tentative order 11853
shall go into effect. In no event shall there be a 11854
reconsideration of a tentative order issued under this division. 11855
If an objection is timely made, the application for a subsequent 11856
determination shall be referred to a district hearing officer 11857
who shall set the application for a hearing with written notice 11858
to all interested persons. No application for subsequent 11859
percentage determinations on the same claim for injury or 11860
occupational disease shall be accepted for review by the 11861
district hearing officer unless supported by substantial 11862
evidence of new and changed circumstances developing since the 11863
time of the hearing on the original or last determination. 11864

No award shall be made under this division based upon a 11865
percentage of disability which, when taken with all other 11866
percentages of permanent disability, exceeds one hundred per 11867
cent. If the percentage of the permanent disability of the 11868
employee equals or exceeds ninety per cent, compensation for 11869
permanent partial disability shall be paid for two hundred 11870
weeks. 11871

Compensation payable under this division accrues and is 11872
payable to the employee from the date of last payment of 11873

compensation, or, in cases where no previous compensation has 11874
been paid, from the date of the injury or the date of the 11875
diagnosis of the occupational disease. 11876

When an award under this division has been made prior to 11877
the death of an employee, all unpaid installments accrued or to 11878
accrue under the provisions of the award are payable to the 11879
surviving spouse, or if there is no surviving spouse, to the 11880
dependent children of the employee, and if there are no children 11881
surviving, then to other dependents as the administrator 11882
determines. 11883

(B) For purposes of this division, "payable per week" 11884
means the seven-consecutive-day period in which compensation is 11885
paid in installments according to the schedule associated with 11886
the applicable injury as set forth in this division. 11887

Compensation paid in weekly installments according to the 11888
schedule described in this division may only be commuted to one 11889
or more lump sum payments pursuant to the procedure set forth in 11890
section 4123.64 of the Revised Code. 11891

In cases included in the following schedule the 11892
compensation payable per week to the employee is the statewide 11893
average weekly wage as defined in division (C) of section 11894
4123.62 of the Revised Code per week and shall be paid in 11895
installments according to the following schedule: 11896

For the loss of a first finger, commonly known as a thumb, 11897
sixty weeks. 11898

For the loss of a second finger, commonly called index 11899
finger, thirty-five weeks. 11900

For the loss of a third finger, thirty weeks. 11901

For the loss of a fourth finger, twenty weeks.	11902
For the loss of a fifth finger, commonly known as the little finger, fifteen weeks.	11903 11904
The loss of a second, or distal, phalange of the thumb is considered equal to the loss of one half of such thumb; the loss of more than one half of such thumb is considered equal to the loss of the whole thumb.	11905 11906 11907 11908
The loss of the third, or distal, phalange of any finger is considered equal to the loss of one-third of the finger.	11909 11910
The loss of the middle, or second, phalange of any finger is considered equal to the loss of two-thirds of the finger.	11911 11912
The loss of more than the middle and distal phalanges of any finger is considered equal to the loss of the whole finger. In no case shall the amount received for more than one finger exceed the amount provided in this schedule for the loss of a hand.	11913 11914 11915 11916 11917
For the loss of the metacarpal bone (bones of the palm) for the corresponding thumb, or fingers, add ten weeks to the number of weeks under this division.	11918 11919 11920
For ankylosis (total stiffness of) or contractures (due to scars or injuries) which makes any of the fingers, thumbs, or parts of either useless, the same number of weeks apply to the members or parts thereof as given for the loss thereof.	11921 11922 11923 11924
If the claimant has suffered the loss of two or more fingers by amputation or ankylosis and the nature of the claimant's employment in the course of which the claimant was working at the time of the injury or occupational disease is such that the handicap or disability resulting from the loss of	11925 11926 11927 11928 11929

fingers, or loss of use of fingers, exceeds the normal handicap 11930
or disability resulting from the loss of fingers, or loss of use 11931
of fingers, the administrator may take that fact into 11932
consideration and increase the award of compensation 11933
accordingly, but the award made shall not exceed the amount of 11934
compensation for loss of a hand. 11935

For the loss of a hand, one hundred seventy-five weeks. 11936

For the loss of an arm, two hundred twenty-five weeks. 11937

For the loss of a great toe, thirty weeks. 11938

For the loss of one of the toes other than the great toe, 11939
ten weeks. 11940

The loss of more than two-thirds of any toe is considered 11941
equal to the loss of the whole toe. 11942

The loss of less than two-thirds of any toe is considered 11943
no loss, except as to the great toe; the loss of the great toe 11944
up to the interphalangeal joint is co-equal to the loss of one- 11945
half of the great toe; the loss of the great toe beyond the 11946
interphalangeal joint is considered equal to the loss of the 11947
whole great toe. 11948

For the loss of a foot, one hundred fifty weeks. 11949

For the loss of a leg, two hundred weeks. 11950

For the loss of the sight of an eye, one hundred twenty- 11951
five weeks. 11952

For the permanent partial loss of sight of an eye, the 11953
portion of one hundred twenty-five weeks as the administrator in 11954
each case determines, based upon the percentage of vision 11955
actually lost as a result of the injury or occupational disease, 11956

but, in no case shall an award of compensation be made for less 11957
than twenty-five per cent loss of uncorrected vision. "Loss of 11958
uncorrected vision" means the percentage of vision actually lost 11959
as the result of the injury or occupational disease. 11960

For the permanent and total loss of hearing of one ear, 11961
twenty-five weeks; but in no case shall an award of compensation 11962
be made for less than permanent and total loss of hearing of one 11963
ear. 11964

For the permanent and total loss of hearing, one hundred 11965
twenty-five weeks; but, except pursuant to the next preceding 11966
paragraph, in no case shall an award of compensation be made for 11967
less than permanent and total loss of hearing. 11968

In case an injury or occupational disease results in 11969
serious facial or head disfigurement which either impairs or may 11970
in the future impair the opportunities to secure or retain 11971
employment, the administrator shall make an award of 11972
compensation as it deems proper and equitable, in view of the 11973
nature of the disfigurement, and not to exceed the sum of ten 11974
thousand dollars. For the purpose of making the award, it is not 11975
material whether the employee is gainfully employed in any 11976
occupation or trade at the time of the administrator's 11977
determination. 11978

When an award under this division has been made prior to 11979
the death of an employee all unpaid installments accrued or to 11980
accrue under the provisions of the award shall be payable to the 11981
surviving spouse, or if there is no surviving spouse, to the 11982
dependent children of the employee and if there are no such 11983
children, then to such dependents as the administrator 11984
determines. 11985

When an employee has sustained the loss of a member by
severance, but no award has been made on account thereof prior
to the employee's death, the administrator shall make an award
in accordance with this division for the loss which shall be
payable to the surviving spouse, or if there is no surviving
spouse, to the dependent children of the employee and if there
are no such children, then to such dependents as the
administrator determines.

(C) Compensation for partial impairment under divisions
(A) and (B) of this section is in addition to the compensation
paid the employee pursuant to section 4123.56 of the Revised
Code. A claimant may receive compensation under divisions (A)
and (B) of this section.

In all cases arising under division (B) of this section,
if it is determined by any one of the following: (1) the amputee
clinic at University hospital, Ohio state university; (2) the
opportunities for Ohioans with disabilities agency; (3) an
amputee clinic or prescribing physician, clinical nurse
specialist, or certified nurse practitioner approved by the
administrator or the administrator's designee, that an injured
or disabled employee is in need of an artificial appliance, or
in need of a repair thereof, regardless of whether the appliance
or its repair will be serviceable in the vocational
rehabilitation of the injured employee, and regardless of
whether the employee has returned to or can ever again return to
any gainful employment, the bureau shall pay the cost of the
artificial appliance or its repair out of the surplus created by
division (B) of section 4123.34 of the Revised Code.

In those cases where an opportunities for Ohioans with
disabilities agency's recommendation that an injured or disabled

employee is in need of an artificial appliance would conflict 12016
with their state plan, adopted pursuant to the "Rehabilitation 12017
Act of 1973," 87 Stat. 355, 29 U.S.C.A. 701, the administrator 12018
or the administrator's designee or the bureau may obtain a 12019
recommendation from an amputee clinic or prescribing physician, 12020
clinical nurse specialist, or certified nurse practitioner that 12021
they determine appropriate. 12022

(D) If an employee of a state fund employer makes 12023
application for a finding and the administrator finds that the 12024
employee has contracted silicosis as defined in division (Y), or 12025
coal miners' pneumoconiosis as defined in division (Z), or 12026
asbestosis as defined in division (BB) of section 4123.68 of the 12027
Revised Code, and that a change of such employee's occupation is 12028
medically advisable in order to decrease substantially further 12029
exposure to silica dust, asbestos, or coal dust and if the 12030
employee, after the finding, has changed or shall change the 12031
employee's occupation to an occupation in which the exposure to 12032
silica dust, asbestos, or coal dust is substantially decreased, 12033
the administrator shall allow to the employee an amount equal to 12034
fifty per cent of the statewide average weekly wage per week for 12035
a period of thirty weeks, commencing as of the date of the 12036
discontinuance or change, and for a period of one hundred weeks 12037
immediately following the expiration of the period of thirty 12038
weeks, the employee shall receive sixty-six and two-thirds per 12039
cent of the loss of wages resulting directly and solely from the 12040
change of occupation but not to exceed a maximum of an amount 12041
equal to fifty per cent of the statewide average weekly wage per 12042
week. No such employee is entitled to receive more than one 12043
allowance on account of discontinuance of employment or change 12044
of occupation and benefits shall cease for any period during 12045
which the employee is employed in an occupation in which the 12046

exposure to silica dust, asbestos, or coal dust is not 12047
substantially less than the exposure in the occupation in which 12048
the employee was formerly employed or for any period during 12049
which the employee may be entitled to receive compensation or 12050
benefits under section 4123.68 of the Revised Code on account of 12051
disability from silicosis, asbestosis, or coal miners' 12052
pneumoconiosis. An award for change of occupation for a coal 12053
miner who has contracted coal miners' pneumoconiosis may be 12054
granted under this division even though the coal miner continues 12055
employment with the same employer, so long as the coal miner's 12056
employment subsequent to the change is such that the coal 12057
miner's exposure to coal dust is substantially decreased and a 12058
change of occupation is certified by the claimant as permanent. 12059
The administrator may accord to the employee medical and other 12060
benefits in accordance with section 4123.66 of the Revised Code. 12061

(E) If a firefighter or police officer makes application 12062
for a finding and the administrator finds that the firefighter 12063
or police officer has contracted a cardiovascular and pulmonary 12064
disease as defined in division (W) of section 4123.68 of the 12065
Revised Code, and that a change of the firefighter's or police 12066
officer's occupation is medically advisable in order to decrease 12067
substantially further exposure to smoke, toxic gases, chemical 12068
fumes, and other toxic vapors, and if the firefighter, or police 12069
officer, after the finding, has changed or changes occupation to 12070
an occupation in which the exposure to smoke, toxic gases, 12071
chemical fumes, and other toxic vapors is substantially 12072
decreased, the administrator shall allow to the firefighter or 12073
police officer an amount equal to fifty per cent of the 12074
statewide average weekly wage per week for a period of thirty 12075
weeks, commencing as of the date of the discontinuance or 12076
change, and for a period of seventy-five weeks immediately 12077

following the expiration of the period of thirty weeks the 12078
administrator shall allow the firefighter or police officer 12079
sixty-six and two-thirds per cent of the loss of wages resulting 12080
directly and solely from the change of occupation but not to 12081
exceed a maximum of an amount equal to fifty per cent of the 12082
statewide average weekly wage per week. No such firefighter or 12083
police officer is entitled to receive more than one allowance on 12084
account of discontinuance of employment or change of occupation 12085
and benefits shall cease for any period during which the 12086
firefighter or police officer is employed in an occupation in 12087
which the exposure to smoke, toxic gases, chemical fumes, and 12088
other toxic vapors is not substantially less than the exposure 12089
in the occupation in which the firefighter or police officer was 12090
formerly employed or for any period during which the firefighter 12091
or police officer may be entitled to receive compensation or 12092
benefits under section 4123.68 of the Revised Code on account of 12093
disability from a cardiovascular and pulmonary disease. The 12094
administrator may accord to the firefighter or police officer 12095
medical and other benefits in accordance with section 4123.66 of 12096
the Revised Code. 12097

(F) An order issued under this section is appealable 12098
pursuant to section 4123.511 of the Revised Code but is not 12099
appealable to court under section 4123.512 of the Revised Code. 12100

Sec. 4123.651. (A) The employer of a claimant who is 12101
injured or disabled in the course of ~~his~~ the claimant's 12102
employment may require, without the approval of the 12103
administrator or the industrial commission, that the claimant be 12104
examined by a physician, clinical nurse specialist, or certified 12105
nurse practitioner of the employer's choice one time upon any 12106
issue asserted by the employee or a physician, clinical nurse 12107
specialist, or certified nurse practitioner of the employee's 12108

choice or which is to be considered by the commission. Any 12109
further requests for medical examinations shall be made to the 12110
commission which shall consider and rule on the request. The 12111
employer shall pay the cost of any examinations initiated by the 12112
employer. 12113

(B) The bureau of workers' compensation shall prepare a 12114
form for the release of medical information, records, and 12115
reports relative to the issues necessary for the administration 12116
of a claim under this chapter. The claimant promptly shall 12117
provide a current signed release of the information, records, 12118
and reports when requested by the employer. The employer 12119
promptly shall provide copies of all medical information, 12120
records, and reports to the bureau and to the claimant or ~~his~~ 12121
the claimant's representative upon request. 12122

(C) If, without good cause, an employee refuses to submit 12123
to any examination scheduled under this section or refuses to 12124
release or execute a release for any medical information, 12125
record, or report that is required to be released under this 12126
section and involves an issue pertinent to the condition alleged 12127
in the claim, ~~his~~ the employee's right to have ~~his~~ the 12128
employee's claim for compensation or benefits considered, if ~~his~~ 12129
the employee's claim is pending before the administrator, 12130
commission, or a district or staff hearing officer, or to 12131
receive any payment for compensation or benefits previously 12132
granted, is suspended during the period of refusal. 12133

(D) No bureau or commission employee shall alter any 12134
medical report obtained from a health care provider the bureau 12135
or commission has selected or cause or request the health care 12136
provider to alter or change a report. The bureau and commission 12137
shall make any request for clarification of a health care 12138

provider's report in writing and shall provide a copy of the 12139
request to the affected parties and their representatives at the 12140
time of making the request. 12141

Sec. 4123.71. Every physician, certified nurse-midwife, 12142
clinical nurse specialist, or certified nurse practitioner in 12143
this state attending on or called in to visit a patient whom the 12144
physician or nurse believes to be suffering from an occupational 12145
disease as defined in section 4123.68 of the Revised Code shall, 12146
within forty-eight hours from the time of making such diagnosis, 12147
send to the bureau of workers' compensation a report stating: 12148

(A) Name, address, and occupation of patient; 12149

(B) Name and address of business in which employed; 12150

(C) Nature of disease; 12151

(D) Name and address of employer of patient; 12152

(E) Such other information as is reasonably required by 12153
the bureau. 12154

The reports shall be made on blanks to be furnished by the 12155
bureau. A physician or nurse who sends the report within the 12156
time stated to the bureau is in compliance with this section. 12157

Reports made under this section shall not be evidence of 12158
the facts therein stated in any action arising out of a disease 12159
therein reported. 12160

The bureau shall, within twenty-four hours after the 12161
receipt of the report, send a copy thereof to the employer of 12162
the patient named in the report. 12163

Sec. 4123.84. (A) In all cases of injury or death, claims 12164
for compensation or benefits for the specific part or parts of 12165

the body injured shall be forever barred unless, within one year 12166
after the injury or death: 12167

(1) Written or facsimile notice of the specific part or 12168
parts of the body claimed to have been injured has been made to 12169
the industrial commission or the bureau of workers' 12170
compensation; 12171

(2) The employer, with knowledge of a claimed compensable 12172
injury or occupational disease, has paid wages in lieu of 12173
compensation for total disability; 12174

(3) In the event the employer is a self-insuring employer, 12175
one of the following has occurred: 12176

(a) Written or facsimile notice of the specific part or 12177
parts of the body claimed to have been injured has been given to 12178
the commission or bureau or the employer has furnished treatment 12179
by a licensed physician, clinical nurse specialist, or certified 12180
nurse practitioner in the employ of an employer, provided, 12181
however, that the furnishing of such treatment shall not 12182
constitute a recognition of a claim as compensable, but shall do 12183
no more than satisfy the requirements of this section; 12184

(b) Compensation or benefits have been paid or furnished 12185
equal to or greater than is provided for in sections 4123.52, 12186
4123.55 to 4123.62, and 4123.64 to 4123.67 of the Revised Code. 12187

(4) Written or facsimile notice of death has been given to 12188
the commission or bureau. 12189

(B) The bureau shall provide printed notices quoting in 12190
full division (A) of this section, and every self-insuring 12191
employer shall post and maintain at all times one or more of the 12192
notices in conspicuous places in the workshop or places of 12193
employment. 12194

(C) The commission has continuing jurisdiction as set 12195
forth in section 4123.52 of the Revised Code over a claim which 12196
meets the requirement of this section, including jurisdiction to 12197
award compensation or benefits for loss or impairment of bodily 12198
functions developing in a part or parts of the body not 12199
specified pursuant to division (A) (1) of this section, if the 12200
commission finds that the loss or impairment of bodily functions 12201
was due to and a result of or a residual of the injury to one of 12202
the parts of the body set forth in the written notice filed 12203
pursuant to division (A) (1) of this section. 12204

(D) Any claim pending before the administrator, the 12205
commission, or a court on December 11, 1967, in which the remedy 12206
is affected by this section is governed by this section. 12207

(E) Notwithstanding the requirement that the notice 12208
required to be given to the bureau, commission, or employer 12209
under this section is to be in writing or facsimile, the bureau 12210
may accept, assign a claim number, and process a claim when 12211
notice is provided verbally over the telephone. Immediately upon 12212
receipt of notice provided verbally over the telephone, the 12213
bureau shall send a written or facsimile notice to the employer 12214
of the bureau's receipt of the verbal notice. Within fifteen 12215
days after receipt of the bureau's written or facsimile notice, 12216
the employer may in writing or facsimile either verify or not 12217
verify the verbal notice. If the bureau does not receive the 12218
written or facsimile notification from the employer or receives 12219
a written or facsimile notification verifying the verbal notice 12220
within such time period, the claim is validly filed and such 12221
verbal notice tolls the statute of limitations in regard to the 12222
claim filed and is considered to meet the requirements of 12223
written or facsimile notice required by this section. 12224

(F) As used in division (A) (3) (b) of this section, 12225
"benefits" means payments by a self-insuring employer to, or on 12226
behalf of, an employee for any of the following: a hospital 12227
bill; a medical bill to a licensed physician, clinical nurse 12228
specialist, certified nurse practitioner, or hospital; or an 12229
orthopedic or prosthetic device. 12230

Sec. 4123.85. In all cases of occupational disease, or 12231
death resulting from occupational disease, claims for 12232
compensation or benefits are forever barred unless, within one 12233
year after the disability due to the disease began, or within 12234
such longer period as does not exceed six months after diagnosis 12235
of the occupational disease by a licensed physician, certified 12236
nurse-midwife, clinical nurse specialist, or certified nurse 12237
practitioner or within one year after death occurs, application 12238
is made to the industrial commission or the bureau of workers' 12239
compensation or to the employer if the employer is a self- 12240
insuring employer. 12241

Sec. 4303.21. Permit G may be issued to the owner of a 12242
pharmacy in charge of a licensed pharmacist to be named in the 12243
permit for the sale at retail of alcohol for medicinal purposes 12244
in quantities at each sale of not more than one gallon upon the 12245
written prescription of a physician, certified nurse-midwife, 12246
clinical nurse specialist, certified nurse practitioner, or 12247
dentist who is lawfully and regularly engaged in the practice of 12248
the physician's, nurse's, or dentist's profession in this state, 12249
and for the sale of industrial alcohol for mechanical, chemical, 12250
or scientific purposes to a person known by the seller to be 12251
engaged in mechanical, chemical, or scientific pursuits; all 12252
subject to section 4303.34 of the Revised Code. The fee for this 12253
permit is one hundred dollars. 12254

Sec. 4503.066. (A) (1) To obtain a tax reduction under 12255
section 4503.065 of the Revised Code, the owner of the home 12256
shall file an application with the county auditor of the county 12257
in which the home is located. An application for reduction in 12258
taxes based upon a physical disability shall be accompanied by a 12259
certificate signed by a physician, clinical nurse specialist, or 12260
certified nurse practitioner, and an application for reduction 12261
in taxes based upon a mental disability shall be accompanied by 12262
a certificate signed by one of the following licensed to 12263
practice in this state: a physician, a clinical nurse specialist 12264
or certified nurse practitioner who is certified as a 12265
psychiatric-mental health CNS or psychiatric-mental health NP by 12266
the American nurses credentialing center, or psychologist 12267
~~licensed to practice in this state.~~ The certificate shall attest 12268
to the fact that the applicant is permanently and totally 12269
disabled, shall be in a form that the department of taxation 12270
requires, and shall include the definition of totally and 12271
permanently disabled as set forth in section 4503.064 of the 12272
Revised Code. An application for reduction in taxes based upon a 12273
disability certified as permanent and total by a state or 12274
federal agency having the function of so classifying persons 12275
shall be accompanied by a certificate from that agency. 12276

An application by a disabled veteran for the reduction 12277
under division (B) of section 4503.065 of the Revised Code shall 12278
be accompanied by a letter or other written confirmation from 12279
the United States department of veterans affairs, or its 12280
predecessor or successor agency, showing that the veteran 12281
qualifies as a disabled veteran. 12282

An application by the surviving spouse of a public service 12283
officer killed in the line of duty for the reduction under 12284
division (C) of section 4503.065 of the Revised Code shall be 12285

accompanied by a letter or other written confirmation from an 12286
officer or employee of the board of trustees of a retirement or 12287
pension fund in this state or another state or from the chief or 12288
other chief executive of the department, agency, or other 12289
employer for which the public service officer served when killed 12290
in the line of duty affirming that the public service officer 12291
was killed in the line of duty. 12292

(2) Each application shall constitute a continuing 12293
application for a reduction in taxes for each year in which the 12294
manufactured or mobile home is occupied by the applicant. 12295
Failure to receive a new application or notification under 12296
division (B) of this section after an application for reduction 12297
has been approved is prima-facie evidence that the original 12298
applicant is entitled to the reduction calculated on the basis 12299
of the information contained in the original application. The 12300
original application and any subsequent application shall be in 12301
the form of a signed statement and shall be filed on or before 12302
the thirty-first day of December of the year preceding the year 12303
for which the reduction is sought. The statement shall be on a 12304
form, devised and supplied by the tax commissioner, that shall 12305
require no more information than is necessary to establish the 12306
applicant's eligibility for the reduction in taxes and the 12307
amount of the reduction to which the applicant is entitled. The 12308
form shall contain a statement that signing such application 12309
constitutes a delegation of authority by the applicant to the 12310
tax commissioner or the county auditor, individually or in 12311
consultation with each other, to examine any tax or financial 12312
records that relate to the income of the applicant as stated on 12313
the application for the purpose of determining eligibility 12314
under, or possible violation of, division (C) or (D) of this 12315
section. The form also shall contain a statement that conviction 12316

of willfully falsifying information to obtain a reduction in 12317
taxes or failing to comply with division (B) of this section 12318
shall result in the revocation of the right to the reduction for 12319
a period of three years. 12320

(3) A late application for a reduction in taxes for the 12321
year preceding the year for which an original application is 12322
filed may be filed with an original application. If the auditor 12323
determines that the information contained in the late 12324
application is correct, the auditor shall determine both the 12325
amount of the reduction in taxes to which the applicant would 12326
have been entitled for the current tax year had the application 12327
been timely filed and approved in the preceding year, and the 12328
amount the taxes levied under section 4503.06 of the Revised 12329
Code for the current year would have been reduced as a result of 12330
the reduction. When an applicant is permanently and totally 12331
disabled on the first day of January of the year in which the 12332
applicant files a late application, the auditor, in making the 12333
determination of the amounts of the reduction in taxes under 12334
division (A) (3) of this section, is not required to determine 12335
that the applicant was permanently and totally disabled on the 12336
first day of January of the preceding year. 12337

The amount of the reduction in taxes pursuant to a late 12338
application shall be treated as an overpayment of taxes by the 12339
applicant. The auditor shall credit the amount of the 12340
overpayment against the amount of the taxes or penalties then 12341
due from the applicant, and, at the next succeeding settlement, 12342
the amount of the credit shall be deducted from the amount of 12343
any taxes or penalties distributable to the county or any taxing 12344
unit in the county that has received the benefit of the taxes or 12345
penalties previously overpaid, in proportion to the benefits 12346
previously received. If, after the credit has been made, there 12347

remains a balance of the overpayment, or if there are no taxes 12348
or penalties due from the applicant, the auditor shall refund 12349
that balance to the applicant by a warrant drawn on the county 12350
treasurer in favor of the applicant. The treasurer shall pay the 12351
warrant from the general fund of the county. If there is 12352
insufficient money in the general fund to make the payment, the 12353
treasurer shall pay the warrant out of any undivided 12354
manufactured or mobile home taxes subsequently received by the 12355
treasurer for distribution to the county or taxing district in 12356
the county that received the benefit of the overpaid taxes, in 12357
proportion to the benefits previously received, and the amount 12358
paid from the undivided funds shall be deducted from the money 12359
otherwise distributable to the county or taxing district in the 12360
county at the next or any succeeding distribution. At the next 12361
or any succeeding distribution after making the refund, the 12362
treasurer shall reimburse the general fund for any payment made 12363
from that fund by deducting the amount of that payment from the 12364
money distributable to the county or other taxing unit in the 12365
county that has received the benefit of the taxes, in proportion 12366
to the benefits previously received. On the second Monday in 12367
September of each year, the county auditor shall certify the 12368
total amount of the reductions in taxes made in the current year 12369
under division (A) (3) of this section to the tax commissioner 12370
who shall treat that amount as a reduction in taxes for the 12371
current tax year and shall make reimbursement to the county of 12372
that amount in the manner prescribed in section 4503.068 of the 12373
Revised Code, from moneys appropriated for that purpose. 12374

(B) (1) If in any year for which an application for 12375
reduction in taxes has been approved the owner no longer 12376
qualifies for the reduction, the owner shall notify the county 12377
auditor that the owner is not qualified for a reduction in 12378

taxes. 12379

(2) If the county auditor or county treasurer discovers 12380
that an owner not entitled to the reduction in manufactured home 12381
taxes under section 4503.065 of the Revised Code failed to 12382
notify the county auditor as required by division (B) (1) of this 12383
section, a charge shall be imposed against the manufactured or 12384
mobile home in the amount by which taxes were reduced under that 12385
section for each tax year the county auditor ascertains that the 12386
manufactured or mobile home was not entitled to the reduction 12387
and was owned by the current owner. Interest shall accrue in the 12388
manner prescribed by division (G) (2) of section 4503.06 of the 12389
Revised Code on the amount by which taxes were reduced for each 12390
such tax year as if the reduction became delinquent taxes at the 12391
close of the last day the second installment of taxes for that 12392
tax year could be paid without penalty. The county auditor shall 12393
notify the owner, by ordinary mail, of the charge, of the 12394
owner's right to appeal the charge, and of the manner in which 12395
the owner may appeal. The owner may appeal the imposition of the 12396
charge and interest by filing an appeal with the county board of 12397
revision not later than the last day prescribed for payment of 12398
manufactured home taxes under section 4503.06 of the Revised 12399
Code following receipt of the notice and occurring at least 12400
ninety days after receipt of the notice. The appeal shall be 12401
treated in the same manner as a complaint relating to the 12402
valuation or assessment of manufactured or mobile homes under 12403
section 5715.19 of the Revised Code. The charge and any interest 12404
shall be collected as other delinquent taxes. 12405

(3) During January of each year, the county auditor shall 12406
furnish each person whose application for reduction has been 12407
approved, by ordinary mail, a form on which to report any 12408
changes in total income, ownership, occupancy, disability, and 12409

other information earlier furnished the auditor relative to the 12410
application. The form shall be completed and returned to the 12411
auditor not later than the thirty-first day of December if the 12412
changes would affect the person's eligibility for the reduction. 12413

(C) No person shall knowingly make a false statement for 12414
the purpose of obtaining a reduction in taxes under section 12415
4503.065 of the Revised Code. 12416

(D) No person shall knowingly fail to notify the county 12417
auditor of any change required by division (B) of this section 12418
that has the effect of maintaining or securing a reduction in 12419
taxes under section 4503.065 of the Revised Code. 12420

(E) No person shall knowingly make a false statement or 12421
certification attesting to any person's physical or mental 12422
condition for purposes of qualifying such person for tax relief 12423
pursuant to sections 4503.064 to 4503.069 of the Revised Code. 12424

(F) Whoever violates division (C), (D), or (E) of this 12425
section is guilty of a misdemeanor of the fourth degree. 12426

Sec. 4506.07. (A) An applicant for a commercial driver's 12427
license, restricted commercial driver's license, or a commercial 12428
driver's license temporary instruction permit, or a duplicate of 12429
such a license or permit, shall submit an application upon a 12430
form approved and furnished by the registrar of motor vehicles. 12431
Except as provided in section 4506.24 of the Revised Code in 12432
regard to a restricted commercial driver's license, the 12433
applicant shall sign the application which shall contain the 12434
following information: 12435

(1) The applicant's name, date of birth, social security 12436
account number, sex, general description including height, 12437
weight, and color of hair and eyes, current residence, duration 12438

of residence in this state, state of domicile, country of 12439
citizenship, and occupation; 12440

(2) Whether the applicant previously has been licensed to 12441
operate a commercial motor vehicle or any other type of motor 12442
vehicle in another state or a foreign jurisdiction and, if so, 12443
when, by what state, and whether the license or driving 12444
privileges currently are suspended or revoked in any 12445
jurisdiction, or the applicant otherwise has been disqualified 12446
from operating a commercial motor vehicle, or is subject to an 12447
out-of-service order issued under this chapter or any similar 12448
law of another state or a foreign jurisdiction and, if so, the 12449
date of, locations involved, and reason for the suspension, 12450
revocation, disqualification, or out-of-service order; 12451

(3) Whether the applicant is afflicted with or suffering 12452
from any physical or mental disability or disease that prevents 12453
the applicant from exercising reasonable and ordinary control 12454
over a motor vehicle while operating it upon a highway or is or 12455
has been subject to any condition resulting in episodic 12456
impairment of consciousness or loss of muscular control and, if 12457
so, the nature and extent of the disability, disease, or 12458
condition, and the names and addresses of the physicians, 12459
certified nurse-midwives, clinical nurse specialists, or 12460
certified nurse practitioners attending the applicant; 12461

(4) Whether the applicant has obtained a medical 12462
examiner's certificate as required by this chapter and, 12463
beginning January 30, 2012, the applicant, prior to or at the 12464
time of applying, has self-certified to the registrar the 12465
applicable status of the applicant under division (A) (1) of 12466
section 4506.10 of the Revised Code; 12467

(5) Whether the applicant has pending a citation for 12468

violation of any motor vehicle law or ordinance except a parking 12469
violation and, if so, a description of the citation, the court 12470
having jurisdiction of the offense, and the date when the 12471
offense occurred; 12472

(6) If an applicant has not certified the applicant's 12473
willingness to make an anatomical gift under section 2108.05 of 12474
the Revised Code, whether the applicant wishes to certify 12475
willingness to make such an anatomical gift, which shall be 12476
given no consideration in the issuance of a license; 12477

(7) Whether the applicant has executed a valid durable 12478
power of attorney for health care pursuant to sections 1337.11 12479
to 1337.17 of the Revised Code or has executed a declaration 12480
governing the use or continuation, or the withholding or 12481
withdrawal, of life-sustaining treatment pursuant to sections 12482
2133.01 to 2133.15 of the Revised Code and, if the applicant has 12483
executed either type of instrument, whether the applicant wishes 12484
the license issued to indicate that the applicant has executed 12485
the instrument; 12486

(8) Whether the applicant is a veteran, active duty, or 12487
reservist of the armed forces of the United States and, if the 12488
applicant is such, whether the applicant wishes the license 12489
issued to indicate that the applicant is a veteran, active duty, 12490
or reservist of the armed forces of the United States by a 12491
military designation on the license. 12492

(B) Every applicant shall certify, on a form approved and 12493
furnished by the registrar, all of the following: 12494

(1) That the motor vehicle in which the applicant intends 12495
to take the driving skills test is representative of the type of 12496
motor vehicle that the applicant expects to operate as a driver; 12497

(2) That the applicant is not subject to any 12498
disqualification or out-of-service order, or license suspension, 12499
revocation, or cancellation, under the laws of this state, of 12500
another state, or of a foreign jurisdiction and does not have 12501
more than one driver's license issued by this or another state 12502
or a foreign jurisdiction; 12503

(3) Any additional information, certification, or evidence 12504
that the registrar requires by rule in order to ensure that the 12505
issuance of a commercial driver's license or commercial driver's 12506
license temporary instruction permit to the applicant is in 12507
compliance with the law of this state and with federal law. 12508

(C) Every applicant shall execute a form, approved and 12509
furnished by the registrar, under which the applicant consents 12510
to the release by the registrar of information from the 12511
applicant's driving record. 12512

(D) The registrar or a deputy registrar, in accordance 12513
with section 3503.11 of the Revised Code, shall register as an 12514
elector any applicant for a commercial driver's license or for a 12515
renewal or duplicate of such a license under this chapter, if 12516
the applicant is eligible and wishes to be registered as an 12517
elector. The decision of an applicant whether to register as an 12518
elector shall be given no consideration in the decision of 12519
whether to issue the applicant a license or a renewal or 12520
duplicate. 12521

(E) The registrar or a deputy registrar, in accordance 12522
with section 3503.11 of the Revised Code, shall offer the 12523
opportunity of completing a notice of change of residence or 12524
change of name to any applicant for a commercial driver's 12525
license or for a renewal or duplicate of such a license who is a 12526
resident of this state, if the applicant is a registered elector 12527

who has changed the applicant's residence or name and has not 12528
filed such a notice. 12529

(F) In considering any application submitted pursuant to 12530
this section, the bureau of motor vehicles may conduct any 12531
inquiries necessary to ensure that issuance or renewal of a 12532
commercial driver's license would not violate any provision of 12533
the Revised Code or federal law. 12534

(G) In addition to any other information it contains, the 12535
form approved and furnished by the registrar of motor vehicles 12536
for an application for a commercial driver's license, restricted 12537
commercial driver's license, or a commercial driver's license 12538
temporary instruction permit or an application for a duplicate 12539
of such a license or permit shall inform applicants that the 12540
applicant must present a copy of the applicant's DD-214 or an 12541
equivalent document in order to qualify to have the license, or 12542
permit, or duplicate indicate that the applicant is a veteran, 12543
active duty, or reservist of the armed forces of the United 12544
States based on a request made pursuant to division (A) (8) of 12545
this section. 12546

Sec. 4507.06. (A) (1) Every application for a driver's 12547
license, motorcycle operator's license or endorsement, or motor- 12548
driven cycle or motor scooter license or endorsement, or 12549
duplicate of any such license or endorsement, shall be made upon 12550
the approved form furnished by the registrar of motor vehicles 12551
and shall be signed by the applicant. 12552

Every application shall state the following: 12553

(a) The applicant's name, date of birth, social security 12554
number if such has been assigned, sex, general description, 12555
including height, weight, color of hair, and eyes, residence 12556

address, including county of residence, duration of residence in 12557
this state, and country of citizenship; 12558

(b) Whether the applicant previously has been licensed as 12559
an operator, chauffeur, driver, commercial driver, or motorcycle 12560
operator and, if so, when, by what state, and whether such 12561
license is suspended or canceled at the present time and, if so, 12562
the date of and reason for the suspension or cancellation; 12563

(c) Whether the applicant is now or ever has been 12564
afflicted with epilepsy, or whether the applicant now is 12565
suffering from any physical or mental disability or disease and, 12566
if so, the nature and extent of the disability or disease, 12567
giving the names and addresses of physicians, certified nurse- 12568
midwives, clinical nurse specialists, or certified nurse 12569
practitioners then or previously in attendance upon the 12570
applicant; 12571

(d) Whether an applicant for a duplicate driver's license, 12572
duplicate license containing a motorcycle operator endorsement, 12573
or duplicate license containing a motor-driven cycle or motor 12574
scooter endorsement has pending a citation for violation of any 12575
motor vehicle law or ordinance, a description of any such 12576
citation pending, and the date of the citation; 12577

(e) If an applicant has not certified the applicant's 12578
willingness to make an anatomical gift under section 2108.05 of 12579
the Revised Code, whether the applicant wishes to certify 12580
willingness to make such an anatomical gift, which shall be 12581
given no consideration in the issuance of a license or 12582
endorsement; 12583

(f) Whether the applicant has executed a valid durable 12584
power of attorney for health care pursuant to sections 1337.11 12585

to 1337.17 of the Revised Code or has executed a declaration 12586
governing the use or continuation, or the withholding or 12587
withdrawal, of life-sustaining treatment pursuant to sections 12588
2133.01 to 2133.15 of the Revised Code and, if the applicant has 12589
executed either type of instrument, whether the applicant wishes 12590
the applicant's license to indicate that the applicant has 12591
executed the instrument; 12592

(g) Whether the applicant is a veteran, active duty, or 12593
reservist of the armed forces of the United States and, if the 12594
applicant is such, whether the applicant wishes the applicant's 12595
license to indicate that the applicant is a veteran, active 12596
duty, or reservist of the armed forces of the United States by a 12597
military designation on the license. 12598

(2) Every applicant for a driver's license applying in 12599
person at a deputy registrar office shall be photographed in 12600
color at the time the application for the license is made. The 12601
application shall state any additional information that the 12602
registrar requires. 12603

(B) The registrar or a deputy registrar, in accordance 12604
with section 3503.11 of the Revised Code, shall register as an 12605
elector any person who applies for a license or endorsement 12606
under division (A) of this section, or for a renewal or 12607
duplicate of the license or endorsement, if the applicant is 12608
eligible and wishes to be registered as an elector. The decision 12609
of an applicant whether to register as an elector shall be given 12610
no consideration in the decision of whether to issue the 12611
applicant a license or endorsement, or a renewal or duplicate. 12612

(C) The registrar or a deputy registrar, in accordance 12613
with section 3503.11 of the Revised Code, shall offer the 12614
opportunity of completing a notice of change of residence or 12615

change of name to any applicant for a driver's license or 12616
endorsement under division (A) of this section, or for a renewal 12617
or duplicate of the license or endorsement, if the applicant is 12618
a registered elector who has changed the applicant's residence 12619
or name and has not filed such a notice. 12620

(D) In addition to any other information it contains, the 12621
approved form furnished by the registrar of motor vehicles for 12622
an application for a license or endorsement or an application 12623
for a duplicate of any such license or endorsement shall inform 12624
applicants that the applicant must present a copy of the 12625
applicant's DD-214 or an equivalent document in order to qualify 12626
to have the license or duplicate indicate that the applicant is 12627
a veteran, active duty, or reservist of the armed forces of the 12628
United States based on a request made pursuant to division (A) 12629
(1)(g) of this section. 12630

Sec. 4507.08. (A) No probationary license shall be issued 12631
to any person under the age of eighteen who has been adjudicated 12632
an unruly or delinquent child or a juvenile traffic offender for 12633
having committed any act that if committed by an adult would be 12634
a drug abuse offense, as defined in section 2925.01 of the 12635
Revised Code, a violation of division (B) of section 2917.11, or 12636
a violation of division (A) of section 4511.19 of the Revised 12637
Code, unless the person has been required by the court to attend 12638
a drug abuse or alcohol abuse education, intervention, or 12639
treatment program specified by the court and has satisfactorily 12640
completed the program. 12641

(B) No temporary instruction permit or driver's license 12642
shall be issued to any person whose license has been suspended, 12643
during the period for which the license was suspended, nor to 12644
any person whose license has been canceled, under Chapter 4510. 12645

or any other provision of the Revised Code. 12646

(C) No temporary instruction permit or driver's license 12647
shall be issued to any person whose commercial driver's license 12648
is suspended under Chapter 4510. or any other provision of the 12649
Revised Code during the period of the suspension. 12650

No temporary instruction permit or driver's license shall 12651
be issued to any person when issuance is prohibited by division 12652
(A) of section 4507.091 of the Revised Code. 12653

(D) No temporary instruction permit or driver's license 12654
shall be issued to, or retained by, any of the following 12655
persons: 12656

(1) Any person who is an alcoholic, or is addicted to the 12657
use of controlled substances to the extent that the use 12658
constitutes an impairment to the person's ability to operate a 12659
motor vehicle with the required degree of safety; 12660

(2) Any person who is under the age of eighteen and has 12661
been adjudicated an unruly or delinquent child or a juvenile 12662
traffic offender for having committed any act that if committed 12663
by an adult would be a drug abuse offense, as defined in section 12664
2925.01 of the Revised Code, a violation of division (B) of 12665
section 2917.11, or a violation of division (A) of section 12666
4511.19 of the Revised Code, unless the person has been required 12667
by the court to attend a drug abuse or alcohol abuse education, 12668
intervention, or treatment program specified by the court and 12669
has satisfactorily completed the program; 12670

(3) Any person who, in the opinion of the registrar, is 12671
afflicted with or suffering from a physical or mental disability 12672
or disease that prevents the person from exercising reasonable 12673
and ordinary control over a motor vehicle while operating the 12674

vehicle upon the highways, except that a restricted license 12675
effective for six months may be issued to any person otherwise 12676
qualified who is or has been subject to any condition resulting 12677
in episodic impairment of consciousness or loss of muscular 12678
control and whose condition, in the opinion of the registrar, is 12679
dormant or is sufficiently under medical control that the person 12680
is capable of exercising reasonable and ordinary control over a 12681
motor vehicle. A restricted license effective for six months 12682
shall be issued to any person who otherwise is qualified and who 12683
is subject to any condition that causes episodic impairment of 12684
consciousness or a loss of muscular control if the person 12685
presents a statement from a licensed physician, certified nurse- 12686
midwife, clinical nurse specialist, or certified nurse 12687
practitioner that the person's condition is under effective 12688
medical control and the period of time for which the control has 12689
been continuously maintained, unless, thereafter, a medical 12690
examination is ordered and, pursuant thereto, cause for denial 12691
is found. 12692

A person to whom a six-month restricted license has been 12693
issued shall give notice of the person's medical condition to 12694
the registrar on forms provided by the registrar and signed by 12695
the licensee's physician, certified nurse-midwife, clinical 12696
nurse specialist, or certified nurse practitioner. The notice 12697
shall be sent to the registrar six months after the issuance of 12698
the license. Subsequent restricted licenses issued to the same 12699
individual shall be effective for six months. 12700

(4) Any person who is unable to understand highway 12701
warnings or traffic signs or directions given in the English 12702
language; 12703

(5) Any person making an application whose driver's 12704

license or driving privileges are under cancellation, 12705
revocation, or suspension in the jurisdiction where issued or 12706
any other jurisdiction, until the expiration of one year after 12707
the license was canceled or revoked or until the period of 12708
suspension ends. Any person whose application is denied under 12709
this division may file a petition in the municipal court or 12710
county court in whose jurisdiction the person resides agreeing 12711
to pay the cost of the proceedings and alleging that the conduct 12712
involved in the offense that resulted in suspension, 12713
cancellation, or revocation in the foreign jurisdiction would 12714
not have resulted in a suspension, cancellation, or revocation 12715
had the offense occurred in this state. If the petition is 12716
granted, the petitioner shall notify the registrar by a 12717
certified copy of the court's findings and a license shall not 12718
be denied under this division. 12719

(6) Any person who is under a class one or two suspension 12720
imposed for a violation of section 2903.01, 2903.02, 2903.04, 12721
2903.06, 2903.08, 2903.11, 2921.331, or 2923.02 of the Revised 12722
Code or whose driver's or commercial driver's license or permit 12723
was permanently revoked prior to January 1, 2004, for a 12724
substantially equivalent violation pursuant to section 4507.16 12725
of the Revised Code; 12726

(7) Any person who is not a resident or temporary resident 12727
of this state. 12728

(E) No person whose driver's license or permit has been 12729
suspended under Chapter 4510. of the Revised Code or any other 12730
provision of the Revised Code shall have driving privileges 12731
reinstated if the registrar determines that a warrant has been 12732
issued in this state or any other state for the person's arrest 12733
and that warrant is an active warrant. 12734

Sec. 4507.081. (A) Upon the expiration of a restricted 12735
license issued under division (D) (3) of section 4507.08 of the 12736
Revised Code and submission of a statement as provided in 12737
division (C) of this section, the registrar of motor vehicles 12738
may issue a driver's license to the person to whom the 12739
restricted license was issued. A driver's license issued under 12740
this section, unless otherwise suspended or canceled, shall be 12741
effective for one year. 12742

(B) A driver's license issued under this section may be 12743
renewed annually, for no more than three consecutive years, 12744
whenever the person to whom the license has been issued submits 12745
to the registrar, by certified mail and no sooner than thirty 12746
days prior to the expiration date of the license or renewal 12747
thereof, a statement as provided in division (C) of this 12748
section. A renewal of a driver's license, unless the license is 12749
otherwise suspended or canceled, shall be effective for one year 12750
following the expiration date of the license or renewal thereof, 12751
and shall be evidenced by a validation sticker. The renewal 12752
validation sticker shall be in a form prescribed by the 12753
registrar and shall be affixed to the license. 12754

(C) No person may be issued a driver's license under this 12755
section, and no such driver's license may be renewed, unless the 12756
person presents a signed statement from a licensed physician, 12757
certified nurse-midwife, clinical nurse specialist, or certified 12758
nurse practitioner that the person's condition either is dormant 12759
or is under effective medical control, that the control has been 12760
maintained continuously for at least one year prior to the date 12761
on which application for the license is made, and that, if 12762
continued medication is prescribed to control the condition, the 12763
person may be depended upon to take the medication. 12764

The statement shall be made on a form provided by the registrar, shall be in not less than duplicate, and shall contain any other information the registrar considers necessary. The duplicate copy of the statement may be retained by the person requesting the license renewal and, when in the person's immediate possession and used in conjunction with the original license, shall entitle the person to operate a motor vehicle during a period of no more than thirty days following the date of submission of the statement to the registrar, except when the registrar denies the request for the license renewal and so notifies the person.

(D) Whenever the registrar receives a statement indicating that the condition of a person to whom a driver's license has been issued under this section no longer is dormant or under effective medical control, the registrar shall cancel the person's driver's license.

(E) Nothing in this section shall require a person submitting a signed statement from a licensed physician, certified nurse-midwife, clinical nurse specialist, or certified nurse practitioner to obtain a medical examination prior to the submission of the statement.

(F) Any person whose driver's license has been canceled under this section may apply for a subsequent restricted license according to the provisions of section 4507.08 of the Revised Code.

Sec. 4507.141. (A) Any hearing-impaired person may apply to the registrar of motor vehicles for an identification card identifying the person as hearing-impaired. The application for a hearing-impaired identification card shall be accompanied by a signed statement from the applicant's personal physician,

certified nurse-midwife, clinical nurse specialist, or certified 12795
nurse practitioner certifying that the applicant is hearing- 12796
impaired. Upon receipt of the application for the identification 12797
card and the signed statement from the applicant's personal 12798
physician, certified nurse-midwife, clinical nurse specialist, 12799
or certified nurse practitioner, and upon presentation by the 12800
applicant of the applicant's driver's or commercial driver's 12801
license or motorcycle operator's license, the registrar shall 12802
issue the applicant an identification card. A hearing-impaired 12803
person may also apply for a hearing-impaired identification card 12804
at the time the person applies for a driver's or commercial 12805
driver's license or motorcycle operator's license or 12806
endorsement. Every hearing-impaired identification card shall 12807
expire on the same date that the cardholder's driver's or 12808
commercial driver's license or motorcycle operator's license 12809
expires. 12810

(B) The hearing-impaired identification card shall be 12811
rectangular in shape, approximately the same size as an average 12812
motor vehicle sun visor, as determined by the registrar, to 12813
enable the identification card to be attached to a sun visor in 12814
a motor vehicle. The identification card shall contain the 12815
heading "Identification Card for the Hearing-impaired Driver" in 12816
boldface type, the name and signature of the hearing-impaired 12817
person to whom it is issued, an identifying number, and 12818
instructions on the actions the hearing-impaired person should 12819
take and the actions the person should refrain from taking in 12820
the event the person is stopped by a law enforcement officer 12821
while operating the motor vehicle. The registrar shall determine 12822
the preferred manner in which a hearing-impaired motorcycle 12823
operator should carry or display the hearing-impaired 12824
identification card, and the color and composition of, and any 12825

other information to be included on, the identification card. 12826

(C) As used in this section, "hearing-impaired" means a 12827
hearing loss of forty decibels or more in one or both ears. 12828

Sec. 4507.30. No person shall do any of the following: 12829

(A) Display, or cause or permit to be displayed, or 12830
possess any identification card, driver's or commercial driver's 12831
license, temporary instruction permit, or commercial driver's 12832
license temporary instruction permit knowing the same to be 12833
fictitious, or to have been canceled, suspended, or altered; 12834

(B) Lend to a person not entitled thereto, or knowingly 12835
permit a person not entitled thereto to use any identification 12836
card, driver's or commercial driver's license, temporary 12837
instruction permit, or commercial driver's license temporary 12838
instruction permit issued to the person so lending or permitting 12839
the use thereof; 12840

(C) Display, or represent as one's own, any identification 12841
card, driver's or commercial driver's license, temporary 12842
instruction permit, or commercial driver's license temporary 12843
instruction permit not issued to the person so displaying the 12844
same; 12845

(D) Fail to surrender to the registrar of motor vehicles, 12846
upon the registrar's demand, any identification card, driver's 12847
or commercial driver's license, temporary instruction permit, or 12848
commercial driver's license temporary instruction permit that 12849
has been suspended or canceled; 12850

(E) In any application for an identification card, 12851
driver's or commercial driver's license, temporary instruction 12852
permit, or commercial driver's license temporary instruction 12853
permit, or any renewal, reprint, or duplicate thereof, knowingly 12854

conceal a material fact, or present any physician's, certified 12855
nurse-midwife's, clinical nurse specialist's, or certified nurse 12856
practitioner's statement required under section 4507.08 or 12857
4507.081 of the Revised Code when knowing the same to be false 12858
or fictitious. 12859

(F) Whoever violates any division of this section is 12860
guilty of a misdemeanor of the first degree. 12861

Sec. 4511.81. (A) When any child who is in either or both 12862
of the following categories is being transported in a motor 12863
vehicle, other than a taxicab or public safety vehicle as 12864
defined in section 4511.01 of the Revised Code, that is required 12865
by the United States department of transportation to be equipped 12866
with seat belts at the time of manufacture or assembly, the 12867
operator of the motor vehicle shall have the child properly 12868
secured in accordance with the manufacturer's instructions in a 12869
child restraint system that meets federal motor vehicle safety 12870
standards: 12871

(1) A child who is less than four years of age; 12872

(2) A child who weighs less than forty pounds. 12873

(B) When any child who is in either or both of the 12874
following categories is being transported in a motor vehicle, 12875
other than a taxicab, that is owned, leased, or otherwise under 12876
the control of a nursery school or day-care center, the operator 12877
of the motor vehicle shall have the child properly secured in 12878
accordance with the manufacturer's instructions in a child 12879
restraint system that meets federal motor vehicle safety 12880
standards: 12881

(1) A child who is less than four years of age; 12882

(2) A child who weighs less than forty pounds. 12883

(C) When any child who is less than eight years of age and 12884
less than four feet nine inches in height, who is not required 12885
by division (A) or (B) of this section to be secured in a child 12886
restraint system, is being transported in a motor vehicle, other 12887
than a taxicab or public safety vehicle as defined in section 12888
4511.01 of the Revised Code or a vehicle that is regulated under 12889
section 5104.015 of the Revised Code, that is required by the 12890
United States department of transportation to be equipped with 12891
seat belts at the time of manufacture or assembly, the operator 12892
of the motor vehicle shall have the child properly secured in 12893
accordance with the manufacturer's instructions on a booster 12894
seat that meets federal motor vehicle safety standards. 12895

(D) When any child who is at least eight years of age but 12896
not older than fifteen years of age, and who is not otherwise 12897
required by division (A), (B), or (C) of this section to be 12898
secured in a child restraint system or booster seat, is being 12899
transported in a motor vehicle, other than a taxicab or public 12900
safety vehicle as defined in section 4511.01 of the Revised 12901
Code, that is required by the United States department of 12902
transportation to be equipped with seat belts at the time of 12903
manufacture or assembly, the operator of the motor vehicle shall 12904
have the child properly restrained either in accordance with the 12905
manufacturer's instructions in a child restraint system that 12906
meets federal motor vehicle safety standards or in an occupant 12907
restraining device as defined in section 4513.263 of the Revised 12908
Code. 12909

(E) Notwithstanding any provision of law to the contrary, 12910
no law enforcement officer shall cause an operator of a motor 12911
vehicle being operated on any street or highway to stop the 12912
motor vehicle for the sole purpose of determining whether a 12913
violation of division (C) or (D) of this section has been or is 12914

being committed or for the sole purpose of issuing a ticket, 12915
citation, or summons for a violation of division (C) or (D) of 12916
this section or causing the arrest of or commencing a 12917
prosecution of a person for a violation of division (C) or (D) 12918
of this section, and absent another violation of law, a law 12919
enforcement officer's view of the interior or visual inspection 12920
of a motor vehicle being operated on any street or highway may 12921
not be used for the purpose of determining whether a violation 12922
of division (C) or (D) of this section has been or is being 12923
committed. 12924

(F) The director of public safety shall adopt such rules 12925
as are necessary to carry out this section. 12926

(G) The failure of an operator of a motor vehicle to 12927
secure a child in a child restraint system, a booster seat, or 12928
an occupant restraining device as required by this section is 12929
not negligence imputable to the child, is not admissible as 12930
evidence in any civil action involving the rights of the child 12931
against any other person allegedly liable for injuries to the 12932
child, is not to be used as a basis for a criminal prosecution 12933
of the operator of the motor vehicle other than a prosecution 12934
for a violation of this section, and is not admissible as 12935
evidence in any criminal action involving the operator of the 12936
motor vehicle other than a prosecution for a violation of this 12937
section. 12938

(H) This section does not apply when an emergency exists 12939
that threatens the life of any person operating or occupying a 12940
motor vehicle that is being used to transport a child who 12941
otherwise would be required to be restrained under this section. 12942
This section does not apply to a person operating a motor 12943
vehicle who has an affidavit signed by a physician licensed to 12944

practice in this state under Chapter 4731. of the Revised Code, 12945
a clinical nurse specialist or certified nurse practitioner 12946
licensed to practice in this state under Chapter 4723. of the 12947
Revised Code, or a chiropractor licensed to practice in this 12948
state under Chapter 4734. of the Revised Code that states that 12949
the child who otherwise would be required to be restrained under 12950
this section has a physical impairment that makes use of a child 12951
restraint system, booster seat, or an occupant restraining 12952
device impossible or impractical, provided that the person 12953
operating the vehicle has safely and appropriately restrained 12954
the child in accordance with any recommendations of the 12955
physician, nurse, or chiropractor as noted on the affidavit. 12956

(I) There is hereby created in the state treasury the 12957
child highway safety fund, consisting of fines imposed pursuant 12958
to division ~~(K)(1)~~ (L)(1) of this section for violations of 12959
divisions (A), (B), (C), and (D) of this section. The money in 12960
the fund shall be used by the department of health only to 12961
defray the cost of designating hospitals as pediatric trauma 12962
centers under section 3727.081 of the Revised Code and to 12963
establish and administer a child highway safety program. The 12964
purpose of the program shall be to educate the public about 12965
child restraint systems and booster seats and the importance of 12966
their proper use. The program also shall include a process for 12967
providing child restraint systems and booster seats to persons 12968
who meet the eligibility criteria established by the department, 12969
and a toll-free telephone number the public may utilize to 12970
obtain information about child restraint systems and booster 12971
seats, and their proper use. 12972

(J) The director of health, in accordance with Chapter 12973
119. of the Revised Code, shall adopt any rules necessary to 12974
carry out this section, including rules establishing the 12975

criteria a person must meet in order to receive a child 12976
restraint system or booster seat under the department's child 12977
highway safety program; provided that rules relating to the 12978
verification of pediatric trauma centers shall not be adopted 12979
under this section. 12980

(K) Nothing in this section shall be construed to require 12981
any person to carry with the person the birth certificate of a 12982
child to prove the age of the child, but the production of a 12983
valid birth certificate for a child showing that the child was 12984
not of an age to which this section applies is a defense against 12985
any ticket, citation, or summons issued for violating this 12986
section. 12987

(L) (1) Whoever violates division (A), (B), (C), or (D) of 12988
this section shall be punished as follows, provided that the 12989
failure of an operator of a motor vehicle to secure more than 12990
one child in a child restraint system, booster seat, or occupant 12991
restraining device as required by this section that occurred at 12992
the same time, on the same day, and at the same location is 12993
deemed to be a single violation of this section: 12994

(a) Except as otherwise provided in division (L) (1) (b) of 12995
this section, the offender is guilty of a minor misdemeanor and 12996
shall be fined not less than twenty-five dollars nor more than 12997
seventy-five dollars. 12998

(b) If the offender previously has been convicted of or 12999
pleaded guilty to a violation of division (A), (B), (C), or (D) 13000
of this section or of a municipal ordinance that is 13001
substantially similar to any of those divisions, the offender is 13002
guilty of a misdemeanor of the fourth degree. 13003

(2) All fines imposed pursuant to division (L) (1) of this 13004

section shall be forwarded to the treasurer of state for deposit 13005
in the child highway safety fund created by division (I) of this 13006
section. 13007

Sec. 4723.36. (A) A certified nurse-midwife, certified 13008
nurse practitioner, or clinical nurse specialist may determine 13009
and pronounce an individual's death, ~~but only if the~~ 13010
~~individual's respiratory and circulatory functions are not being~~ 13011
~~artificially sustained and, at the time the determination and~~ 13012
~~pronouncement of death is made, either or both of the following~~ 13013
~~apply:~~ 13014

~~(1) The individual was receiving care in one of the~~ 13015
~~following:~~ 13016

~~(a) A nursing home licensed under section 3721.02 of the~~ 13017
~~Revised Code or by a political subdivision under section 3721.09~~ 13018
~~of the Revised Code;~~ 13019

~~(b) A residential care facility or home for the aging~~ 13020
~~licensed under Chapter 3721. of the Revised Code;~~ 13021

~~(c) A county home or district home operated pursuant to~~ 13022
~~Chapter 5155. of the Revised Code;~~ 13023

~~(d) A residential facility licensed under section 5123.19~~ 13024
~~of the Revised Code.~~ 13025

~~(2) The certified nurse practitioner or clinical nurse~~ 13026
~~specialist is providing or supervising the individual's care~~ 13027
~~through a hospice care program licensed under Chapter 3712. of~~ 13028
~~the Revised Code or any other entity that provides palliative~~ 13029
~~care.~~ 13030

~~(B)~~ (B) (1) A registered nurse who is not described in 13031
division (A) of this section may determine and pronounce an 13032

individual's death, but only if the individual's respiratory and 13033
circulatory functions are not being artificially sustained and, 13034
at the time the determination and pronouncement of death is 13035
made, the registered nurse is providing or supervising the 13036
individual's care through a hospice care program licensed under 13037
Chapter 3712. of the Revised Code or any other entity that 13038
provides palliative care. 13039

~~(C) If a certified nurse practitioner, clinical nurse~~ 13040
~~specialist, or (2) A registered nurse who determines and~~ 13041
pronounces an individual's death, the nurse under division (B) 13042
(1) of this section shall comply with both of the following: 13043

~~(1)(a)~~ The nurse shall not complete any portion of the 13044
individual's death certificate. 13045

~~(2)(b)~~ The nurse shall notify the individual's attending 13046
physician, certified nurse-midwife, certified nurse 13047
practitioner, or clinical nurse specialist of the determination 13048
and pronouncement of death in order for the physician, certified 13049
nurse-midwife, certified nurse practitioner, or clinical nurse 13050
specialist to fulfill the physician's, certified nurse- 13051
midwife's, certified nurse practitioner's, or clinical nurse 13052
specialist's duties under section 3705.16 of the Revised Code. 13053
The nurse shall provide the notification within a period of time 13054
that is reasonable but not later than twenty-four hours 13055
following the determination and pronouncement of the 13056
individual's death. 13057

Sec. 4723.436. (A) As used in this section, "fetal death" 13058
has the same meaning as in section 3705.01 of the Revised Code, 13059
except that it does not include either of the following: 13060

(1) The product of human conception of at least twenty 13061

weeks of gestation; 13062

(2) The purposeful termination of a pregnancy, as 13063
described in section 2919.11 of the Revised Code. 13064

(B) If a woman who is in the process of experiencing a 13065
fetal death or who is with the product of human conception as a 13066
result of a fetal death presents herself to a certified nurse- 13067
midwife, clinical nurse specialist, or certified nurse 13068
practitioner and is not referred to a hospital, the nurse shall 13069
provide the woman with all of the following: 13070

(1) A written statement, not longer than one page in 13071
length, that confirms that the woman was pregnant and that she 13072
subsequently suffered a miscarriage that resulted in a fetal 13073
death; 13074

(2) Notice of the right of the woman to apply for a fetal 13075
death certificate pursuant to section 3705.20 of the Revised 13076
Code; 13077

(3) A short, general description of the nurse's procedures 13078
for disposing of the product of a fetal death. 13079

The nurse may present the notice and description required 13080
by divisions (B) (2) and (3) of this section through oral or 13081
written means. The nurse shall document in the woman's medical 13082
record that all of the items required by this division were 13083
provided to the woman and shall place in the record a copy of 13084
the statement required by division (B) (1) of this section. 13085

(C) A certified nurse-midwife, clinical nurse specialist, 13086
or certified nurse practitioner is immune from civil or criminal 13087
liability or professional disciplinary action with regard to any 13088
action taken in good faith compliance with this section. 13089

Sec. 4723.4812. (A) A clinical nurse specialist or 13090
certified nurse practitioner who has established a protocol that 13091
meets the requirements of section 4729.284 of the Revised Code 13092
and the rules adopted under that section may authorize one or 13093
more pharmacists to use the protocol for the purpose of 13094
dispensing nicotine replacement therapy under section 4729.284 13095
of the Revised Code. 13096

(B) A clinical nurse specialist or certified nurse 13097
practitioner may authorize one or more pharmacists and any of 13098
the pharmacy interns supervised by the pharmacist or pharmacists 13099
to use the protocol developed pursuant to rules adopted under 13100
section 4729.44 of the Revised Code for the purpose of 13101
dispensing naloxone under section 4729.44 of the Revised Code. 13102

(C) The board of nursing shall adopt rules establishing 13103
standards and procedures to be followed by a certified nurse- 13104
midwife, clinical nurse specialist, or certified nurse 13105
practitioner when prescribing a drug that may be administered by 13106
a pharmacist pursuant to section 4729.45 of the Revised Code. 13107
The rules shall be adopted in accordance with Chapter 119. of 13108
the Revised Code and in consultation with the state board of 13109
pharmacy. 13110

(D) A certified nurse-midwife, clinical nurse specialist 13111
or certified nurse practitioner who has established a protocol 13112
that meets the requirements specified by the state board of 13113
pharmacy in rules adopted under section 4729.47 of the Revised 13114
Code may authorize one or more pharmacists and any of the 13115
pharmacy interns supervised by the pharmacist or pharmacists to 13116
use the protocol for the purpose of dispensing epinephrine under 13117
section 4729.47 of the Revised Code. 13118

Sec. 4725.14. (A) The following apply to an optometrist 13119

licensed on or before May 19, 1992, who is seeking a therapeutic 13120
pharmaceutical agents certificate under division (A) (3) of 13121
section 4725.13 of the Revised Code: 13122

(1) If the optometrist does not hold a valid topical 13123
ocular pharmaceutical agents certificate, the optometrist shall 13124
complete the course of study in general and ocular pharmacology 13125
prescribed by the board under division (B) (1) of this section, a 13126
three clock-hour course in cardiopulmonary resuscitation, and 13127
pass the portion of the optometry licensing examination accepted 13128
by the board under section 4725.11 of the Revised Code that 13129
pertains to the treatment and management of ocular disease. 13130

(2) If the optometrist holds a valid topical ocular 13131
pharmaceutical agents certificate, the optometrist shall 13132
complete the course of study in general and ocular pharmacology 13133
prescribed under division (B) (2) of this section and pass the 13134
portion of the optometry licensing examination accepted by the 13135
board under section 4725.11 of the Revised Code that pertains to 13136
the treatment and management of ocular disease. 13137

(B) The board shall prescribe by rule the following 13138
courses of study: 13139

(1) An eighty-seven clock-hour course of study to be 13140
completed at an institution accredited by a post-secondary 13141
education accrediting organization recognized by the board. The 13142
course of study shall include instruction in at least the 13143
following: 13144

(a) General and ocular pharmacology, including the nature 13145
of adverse reactions caused by pharmaceutical agents and 13146
emergency steps to be taken in such cases; 13147

(b) Signs, symptoms, and treatment of ocular disease, 13148

injury, or abnormality;	13149
(c) Ocular signs and symptoms of systemic disease;	13150
(d) Appropriate criteria for referrals to physicians, <u>clinical nurse specialists, or certified nurse practitioners.</u>	13151 13152
(2) A thirty clock-hour course of study that emphasizes the treatment of ocular disease to be completed at an institution accredited by a post-secondary education accreditation organization that is recognized by the board.	13153 13154 13155 13156
Sec. 4729.284. (A) As used in this section, "nicotine replacement therapy" means a drug, including a dangerous drug, that delivers small doses of nicotine to an individual for the purpose of aiding in tobacco cessation or smoking cessation.	13157 13158 13159 13160
(B) Subject to division (C) of this section, if use of a protocol that has been developed under this section has been authorized under section <u>4723.4812 or 4731.90</u> of the Revised Code, a pharmacist may dispense nicotine replacement therapy in accordance with that protocol to individuals who are eighteen years old or older and seeking to quit using tobacco-containing products.	13161 13162 13163 13164 13165 13166 13167
(C) For a pharmacist to be authorized to dispense nicotine replacement therapy under this section, the pharmacist shall do both of the following:	13168 13169 13170
(1) Successfully complete a course on nicotine replacement therapy that is taught by a provider that is accredited by the accreditation council for pharmacy education, or another provider approved by the state board of pharmacy, and that meets requirements established in rules adopted under this section;	13171 13172 13173 13174 13175
(2) Practice in accordance with a protocol that meets the	13176

requirements of division (D) of this section. 13177

(D) All of the following apply with respect to the 13178
protocol required by this section: 13179

(1) The protocol shall be established by a physician 13180
authorized under Chapter 4731. of the Revised Code to practice 13181
medicine and surgery or osteopathic medicine and surgery or a 13182
clinical nurse specialist or certified nurse practitioner 13183
licensed under Chapter 4723. of the Revised Code. 13184

(2) The protocol shall specify a definitive set of 13185
treatment guidelines and the locations at which a pharmacist may 13186
dispense nicotine replacement therapy under this section. 13187

(3) The protocol shall include provisions for 13188
implementation of the following requirements: 13189

(a) Use by the pharmacist of a screening procedure, 13190
recommended by the United States centers for disease control and 13191
prevention or another organization approved by the board, to 13192
determine if an individual is a good candidate to receive 13193
nicotine replacement therapy dispensed as authorized by this 13194
section; 13195

(b) A requirement that the pharmacist refer high-risk 13196
individuals or individuals with contraindications to a primary 13197
care provider or, as appropriate, to another type of provider; 13198

(c) A requirement that the pharmacist develop and 13199
implement a follow-up care plan in accordance with guidelines 13200
specified in rules adopted under this section, including a 13201
recommendation by the pharmacist that the individual seek 13202
additional assistance with behavior change, including assistance 13203
from the Ohio tobacco quit line made available by the department 13204
of health. 13205

(4) The protocol shall satisfy any additional requirements 13206
established in rules adopted under this section. 13207

(E) (1) Documentation related to screening, dispensing, and 13208
follow-up care plans shall be maintained in the records of the 13209
pharmacy where the pharmacist practices for at least three 13210
years. Dispensing of nicotine replacement therapy may be 13211
documented on a prescription form, and the form may be assigned 13212
a number for recordkeeping purposes. 13213

(2) Not later than seventy-two hours after a screening is 13214
conducted under this section, the pharmacist shall provide 13215
notice to the individual's primary care provider, if known, or 13216
to the individual if the primary care provider is unknown. The 13217
notice shall include results of the screening, and if 13218
applicable, the dispensing record and follow-up care plan. 13219

A copy of the documentation identified in division (E) (1) 13220
of this section shall also be provided to the individual or the 13221
individual's primary care provider on request. 13222

(F) This section does not affect the authority of a 13223
pharmacist to do any of the following: 13224

(1) Fill or refill prescriptions for nicotine replacement 13225
therapy; 13226

(2) Sell nicotine replacement therapy that does not 13227
require a prescription. 13228

(G) No pharmacist shall do either of the following: 13229

(1) Dispense nicotine replacement therapy in accordance 13230
with a protocol unless the requirements of division (C) of this 13231
section have been met; 13232

(2) Delegate to any person the pharmacist's authority to 13233

engage in or supervise the dispensing of nicotine replacement therapy. 13234
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(H) (1) The board shall adopt rules to implement this section. The rules shall be adopted in accordance with Chapter 119. of the Revised Code and shall include all of the following: 13236
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(a) Provisions specifying the nicotine replacement therapy that may be dispensed in accordance with a protocol; 13239
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(b) Requirements for courses on nicotine replacement therapy including requirements that are consistent with any standards established for such courses by the United States centers for disease control and prevention; 13241
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13243
13244

(c) Requirements for protocols to be followed by pharmacists in dispensing nicotine replacement therapy; 13245
13246

(d) Guidelines for follow-up care plans. 13247

(2) Prior to adopting rules regarding requirements for protocols to be followed by pharmacists in dispensing of nicotine replacement therapy, the state board of pharmacy shall consult with the state medical board, board of nursing, and ~~the~~ department of health. 13248
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(I) A physician, clinical nurse specialist, or certified nurse practitioner who in good faith authorizes a pharmacist to dispense nicotine replacement therapy in accordance with a protocol developed pursuant to rules adopted under division (H) of this section is not liable for or subject to any of the following for any action or omission of the individual to whom the nicotine replacement therapy is dispensed: damages in any civil action, prosecution in any criminal proceeding, or professional disciplinary action. 13253
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Sec. 4729.41. (A) (1) A pharmacist licensed under this	13262
chapter who meets the requirements of division (B) of this	13263
section, and a pharmacy intern licensed under this chapter who	13264
meets the requirements of division (B) of this section and is	13265
working under the direct supervision of a pharmacist who meets	13266
the requirements of that division, may do any of the following:	13267
(a) In the case of an individual who is seven years of age	13268
or older but not more than thirteen years of age, administer to	13269
the individual an immunization for any of the following:	13270
(i) Influenza;	13271
(ii) COVID-19;	13272
(iii) Any other disease, but only pursuant to a	13273
prescription.	13274
(b) In the case of an individual who is thirteen years of	13275
age or older, administer to the individual an immunization for	13276
any disease, including an immunization for influenza or COVID-	13277
19.	13278
(2) As part of engaging in the administration of	13279
immunizations or supervising a pharmacy intern's administration	13280
of immunizations, a pharmacist may administer epinephrine or	13281
diphenhydramine, or both, to individuals in emergency situations	13282
resulting from adverse reactions to the immunizations	13283
administered by the pharmacist or pharmacy intern.	13284
(B) For a pharmacist or pharmacy intern to be authorized	13285
to engage in the administration of immunizations, the pharmacist	13286
or pharmacy intern shall do all of the following:	13287
(1) Successfully complete a course in the administration	13288
of immunizations that meets the requirements established in	13289

rules adopted under this section for such courses;	13290
(2) Receive and maintain certification to perform basic life-support procedures by successfully completing a basic life-support training course that is certified by the American red cross or American heart association or approved by the state board of pharmacy;	13291 13292 13293 13294 13295
(3) Practice in accordance with a protocol that meets the requirements of division (C) of this section.	13296 13297
(C) All of the following apply with respect to the protocol required by division (B) (3) of this section:	13298 13299
(1) The protocol shall be established by a physician authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery <u>or a clinical nurse specialist or certified nurse practitioner licensed under Chapter 4723. of the Revised Code.</u>	13300 13301 13302 13303 13304
(2) The protocol shall specify a definitive set of treatment guidelines and the locations at which a pharmacist or pharmacy intern may engage in the administration of immunizations.	13305 13306 13307 13308
(3) The protocol shall satisfy the requirements established in rules adopted under this section for protocols.	13309 13310
(4) The protocol shall include provisions for implementation of the following requirements:	13311 13312
(a) The pharmacist or pharmacy intern who administers an immunization shall observe the individual who receives the immunization to determine whether the individual has an adverse reaction to the immunization. The length of time and location of the observation shall comply with the rules adopted under this	13313 13314 13315 13316 13317

section establishing requirements for protocols. The protocol 13318
shall specify procedures to be followed by a pharmacist when 13319
administering epinephrine, diphenhydramine, or both, to an 13320
individual who has an adverse reaction to an immunization 13321
administered by the pharmacist or a pharmacy intern. 13322

(b) For each immunization administered to an individual by 13323
a pharmacist or pharmacy intern, other than an immunization for 13324
influenza administered to an individual eighteen years of age or 13325
older, the pharmacist or pharmacy intern shall notify the 13326
individual's primary care provider or, if the individual has no 13327
primary care provider, the board of health of the health 13328
district in which the individual resides or the authority having 13329
the duties of a board of health for that district under section 13330
3709.05 of the Revised Code. The notice shall be given not later 13331
than thirty days after the immunization is administered. 13332

(c) For each immunization administered by a pharmacist or 13333
pharmacy intern to an individual younger than eighteen years of 13334
age, the pharmacist or a pharmacy intern shall obtain permission 13335
from the individual's parent or legal guardian in accordance 13336
with the procedures specified in rules adopted under this 13337
section. 13338

(D) (1) No pharmacist shall do either of the following: 13339

(a) Engage in the administration of immunizations unless 13340
the requirements of division (B) of this section have been met; 13341

(b) Delegate to any person the pharmacist's authority to 13342
engage in or supervise the administration of immunizations. 13343

(2) No pharmacy intern shall engage in the administration 13344
of immunizations unless the requirements of division (B) of this 13345
section have been met. 13346

(E) (1) The state board of pharmacy shall adopt rules to 13347
implement this section. The rules shall be adopted in accordance 13348
with Chapter 119. of the Revised Code and shall include the 13349
following: 13350

(a) Requirements for courses in administration of 13351
immunizations, including requirements that are consistent with 13352
any standards established for such courses by the centers for 13353
disease control and prevention; 13354

(b) Requirements for protocols to be followed by 13355
pharmacists and pharmacy interns in engaging in the 13356
administration of immunizations; 13357

(c) Procedures to be followed by pharmacists and pharmacy 13358
interns in obtaining from the individual's parent or legal 13359
guardian permission to administer immunizations to an individual 13360
younger than eighteen years of age. 13361

(2) Prior to adopting rules regarding requirements for 13362
protocols to be followed by pharmacists and pharmacy interns in 13363
engaging in the administration of immunizations, the state board 13364
of pharmacy shall consult with the state medical board and the 13365
board of nursing. 13366

Sec. 4729.44. (A) As used in this section: 13367

(1) "Board of health" means a board of health of a city or 13368
general health district or an authority having the duties of a 13369
board of health under section 3709.05 of the Revised Code. 13370

(2) "Physician" means an individual authorized under 13371
Chapter 4731. of the Revised Code to practice medicine and 13372
surgery, osteopathic medicine and surgery, or podiatric medicine 13373
and surgery. 13374

(B) If use of the protocol developed pursuant to rules 13375
adopted under division (G) of this section has been authorized 13376
under section 3707.56, 4723.4812, or 4731.942 of the Revised 13377
Code, a pharmacist or pharmacy intern may dispense naloxone 13378
without a prescription to either of the following in accordance 13379
with that protocol: 13380

(1) An individual who there is reason to believe is 13381
experiencing or at risk of experiencing an opioid-related 13382
overdose; 13383

(2) A family member, friend, or other individual in a 13384
position to assist an individual who there is reason to believe 13385
is at risk of experiencing an opioid-related overdose. 13386

(C) A pharmacist or pharmacy intern who dispenses naloxone 13387
under this section shall instruct the individual to whom 13388
naloxone is dispensed to summon emergency services as soon as 13389
practicable either before or after administering naloxone. 13390

(D) A pharmacist may document on a prescription form the 13391
dispensing of naloxone by the pharmacist or a pharmacy intern 13392
supervised by the pharmacist. The form may be assigned a number 13393
for record-keeping purposes. 13394

(E) This section does not affect the authority of a 13395
pharmacist or pharmacy intern to fill or refill a prescription 13396
for naloxone. 13397

(F) A board of health that in good faith authorizes a 13398
pharmacist or pharmacy intern to dispense naloxone without a 13399
prescription in accordance with a protocol developed pursuant to 13400
rules adopted under division (G) of this section is not liable 13401
for or subject to any of the following for any action or 13402
omission of the individual to whom the naloxone is dispensed: 13403

damages in any civil action, prosecution in any criminal 13404
proceeding, or professional disciplinary action. 13405

A physician, clinical nurse specialist, or certified nurse 13406
practitioner who in good faith authorizes a pharmacist or 13407
pharmacy intern to dispense naloxone without a prescription in 13408
accordance with a protocol developed pursuant to rules adopted 13409
under division (G) of this section is not liable for or subject 13410
to any of the following for any action or omission of the 13411
individual to whom the naloxone is dispensed: damages in any 13412
civil action, prosecution in any criminal proceeding, or 13413
professional disciplinary action. 13414

A pharmacist or pharmacy intern authorized under this 13415
section to dispense naloxone without a prescription who does so 13416
in good faith is not liable for or subject to any of the 13417
following for any action or omission of the individual to whom 13418
the naloxone is dispensed: damages in any civil action, 13419
prosecution in any criminal proceeding, or professional 13420
disciplinary action. 13421

(G) The state board of pharmacy shall, after consulting 13422
with the department of health ~~and~~, state medical board, and 13423
board of nursing, adopt rules to implement this section. The 13424
rules shall specify a protocol under which pharmacists or 13425
pharmacy interns may dispense naloxone without a prescription. 13426

All rules adopted under this section shall be adopted in 13427
accordance with Chapter 119. of the Revised Code. 13428

(H) (1) The state board of pharmacy shall develop a program 13429
to educate all of the following about the authority of a 13430
pharmacist or pharmacy intern to dispense naloxone without a 13431
prescription: 13432

(a) Holders of licenses issued under this chapter that 13433
engage in the sale or dispensing of naloxone pursuant to this 13434
section; 13435

(b) Registered pharmacy technicians, certified pharmacy 13436
technicians, and pharmacy technician trainees registered under 13437
this chapter who engage in the sale of naloxone pursuant to this 13438
section; 13439

(c) Individuals who are not licensed or registered under 13440
this chapter but are employed by license holders described in 13441
division (H) (1) (a) of this section. 13442

(2) As part of the program, the board also shall educate 13443
the license holders, pharmacy technicians, and employees 13444
described in division (H) (1) of this section about maintaining 13445
an adequate supply of naloxone and methods for determining a 13446
pharmacy's stock of the drug. 13447

(3) The board may use its web site to share information 13448
under the program. 13449

Sec. 4729.45. (A) As used in this section, "physician" 13450
means an individual authorized under Chapter 4731. of the 13451
Revised Code to practice medicine and surgery or osteopathic 13452
medicine and surgery. 13453

(B) (1) Subject to division (C) of this section, a 13454
pharmacist licensed under this chapter may administer by 13455
injection any of the following drugs as long as the drug that is 13456
to be administered has been prescribed by a physician, certified 13457
nurse-midwife, clinical nurse specialist, or certified nurse 13458
practitioner and the individual to whom the drug was prescribed 13459
has an ongoing physician-patient or nurse-patient relationship 13460
with the physician or nurse: 13461

(a) An addiction treatment drug administered in a long-acting or extended-release form;	13462 13463
(b) An antipsychotic drug administered in a long-acting or extended-release form;	13464 13465
(c) Hydroxyprogesterone caproate;	13466
(d) Medroxyprogesterone acetate;	13467
(e) Cobalamin.	13468
(2) As part of engaging in the administration of drugs by injection pursuant to this section, a pharmacist may administer epinephrine or diphenhydramine, or both, to an individual in an emergency situation resulting from an adverse reaction to a drug administered by the pharmacist.	13469 13470 13471 13472 13473
(C) To be authorized to administer drugs pursuant to this section, a pharmacist must do all of the following:	13474 13475
(1) Successfully complete a course in the administration of drugs that satisfies the requirements established by the state board of pharmacy in rules adopted under division (H) (1) (a) of this section;	13476 13477 13478 13479
(2) Receive and maintain certification to perform basic life-support procedures by successfully completing a basic life-support training course that is certified by the American red cross or American heart association or approved by the state board of pharmacy;	13480 13481 13482 13483 13484
(3) Practice in accordance with a protocol that meets the requirements of division (F) of this section.	13485 13486
(D) Each time a pharmacist administers a drug pursuant to this section, the pharmacist shall do all of the following:	13487 13488

(1) Obtain permission in accordance with the procedures 13489
specified in rules adopted under division (H) of this section 13490
and comply with the following requirements: 13491

(a) Except as provided in division (D)(1)(c) of this 13492
section, for each drug administered by a pharmacist to an 13493
individual who is eighteen years of age or older, the pharmacist 13494
shall obtain permission from the individual. 13495

(b) For each drug administered by a pharmacist to an 13496
individual who is under eighteen years of age, the pharmacist 13497
shall obtain permission from the individual's parent or other 13498
person having care or charge of the individual. 13499

(c) For each drug administered by a pharmacist to an 13500
individual who lacks the capacity to make informed health care 13501
decisions, the pharmacist shall obtain permission from the 13502
person authorized to make such decisions on the individual's 13503
behalf. 13504

(2) In the case of an addiction treatment drug described 13505
in division (B)(1)(a) of this section, obtain in accordance with 13506
division (E) of this section test results indicating that it is 13507
appropriate to administer the drug to the individual if either 13508
of the following is to be administered: 13509

(a) The initial dose of the drug; 13510

(b) Any subsequent dose, if the administration occurs more 13511
than thirty days after the previous dose of the drug was 13512
administered. 13513

(3) Observe the individual to whom the drug is 13514
administered to determine whether the individual has an adverse 13515
reaction to the drug; 13516

(4) Notify the physician, certified nurse-midwife, 13517
clinical nurse specialist, or certified nurse practitioner who 13518
prescribed the drug that the drug has been administered to the 13519
individual. 13520

(E) A pharmacist may obtain the test results described in 13521
division (D) (2) of this section in either of the following ways: 13522

(1) From the physician, certified nurse-midwife, clinical 13523
nurse specialist, or certified nurse practitioner; 13524

(2) By ordering blood and urine tests for the individual 13525
to whom the drug is to be administered. 13526

If a pharmacist orders blood and urine tests, the 13527
pharmacist shall evaluate the results of the tests to determine 13528
whether they indicate that it is appropriate to administer the 13529
drug. A pharmacist's authority to evaluate test results under 13530
this division does not authorize the pharmacist to make a 13531
diagnosis. 13532

(F) All of the following apply with respect to the 13533
protocol required by division (C) (3) of this section: 13534

(1) The protocol must be established by a physician, 13535
certified nurse-midwife, clinical nurse specialist, or certified 13536
nurse practitioner who has a scope of practice that includes 13537
treatment of the condition for which the individual has been 13538
prescribed the drug to be administered. 13539

(2) The protocol must satisfy the requirements established 13540
in rules adopted under division (H) (1) (b) of this section. 13541

(3) The protocol must do all of the following: 13542

(a) Specify a definitive set of treatment guidelines; 13543

(b) Specify the locations at which a pharmacist may engage
in the administration of drugs pursuant to this section; 13544
13545

(c) Include provisions for implementing the requirements 13546
of division (D) of this section, including for purposes of 13547
division (D) (3) of this section provisions specifying the length 13548
of time and location at which a pharmacist must observe an 13549
individual who receives a drug to determine whether the 13550
individual has an adverse reaction to the drug; 13551

(d) Specify procedures to be followed by a pharmacist when 13552
administering epinephrine, diphenhydramine, or both, to an 13553
individual who has an adverse reaction to a drug administered by 13554
the pharmacist. 13555

(G) A pharmacist shall not do either of the following: 13556

(1) Engage in the administration of drugs pursuant to this 13557
section unless the requirements of division (C) of this section 13558
have been met; 13559

(2) Delegate to any person the pharmacist's authority to 13560
engage in the administration of drugs pursuant to this section. 13561

(H) (1) The state board of pharmacy shall adopt rules to 13562
implement this section. The rules shall be adopted in accordance 13563
with Chapter 119. of the Revised Code and include all of the 13564
following: 13565

(a) Requirements for courses in administration of drugs; 13566

(b) Requirements for protocols to be followed by 13567
pharmacists in administering drugs pursuant to this section; 13568

(c) Procedures to be followed by a pharmacist in obtaining 13569
permission to administer a drug to an individual. 13570

(2) The board shall consult with the state medical board 13571
and board of nursing before adopting rules regarding 13572
requirements for protocols under this section. 13573

Sec. 4729.47. (A) As used in this section: 13574

(1) "Board of health" means a board of health of a city or 13575
general health district or an authority having the duties of a 13576
board of health under section 3709.05 of the Revised Code. 13577

(2) "Physician" means an individual authorized under 13578
Chapter 4731. of the Revised Code to practice medicine and 13579
surgery, osteopathic medicine and surgery, or podiatric medicine 13580
and surgery. 13581

(B) If use of a protocol that has been developed pursuant 13582
to rules adopted under division (G) of this section has been 13583
authorized under section 3707.60, 4723.4812, or 4731.961 of the 13584
Revised Code, a pharmacist or pharmacy intern may dispense 13585
epinephrine without a prescription in accordance with that 13586
protocol to either of the following individuals so long as the 13587
individual is at least eighteen years of age: 13588

(1) An individual who there is reason to believe is 13589
experiencing or at risk of experiencing anaphylaxis if the 13590
pharmacy affiliated with the pharmacist or intern has a record 13591
of previously dispensing epinephrine to the individual in 13592
accordance with a prescription issued by a licensed health 13593
professional authorized to prescribe drugs; 13594

(2) An individual acting on behalf of a qualified entity, 13595
as defined in section 3728.01 of the Revised Code. 13596

(C) (1) A pharmacist or pharmacy intern who dispenses 13597
epinephrine under this section shall instruct the individual to 13598
whom epinephrine is dispensed to summon emergency services as 13599

soon as practicable either before or after administering 13600
epinephrine. 13601

(2) A pharmacist or pharmacy intern who dispenses 13602
epinephrine to an individual identified in division (B) (1) (a) of 13603
this section shall provide notice of the dispensing to the 13604
individual's primary care provider, if known, or to the 13605
prescriber who issued the individual the initial prescription 13606
for epinephrine. 13607

(D) A pharmacist may document the dispensing of 13608
epinephrine by the pharmacist or a pharmacy intern supervised by 13609
the pharmacist on a prescription form. The form may be assigned 13610
a number for record-keeping purposes. 13611

(E) This section does not affect the authority of a 13612
pharmacist or pharmacy intern to fill or refill a prescription 13613
for epinephrine. 13614

(F) A board of health that in good faith authorizes a 13615
pharmacist or pharmacy intern to dispense epinephrine without a 13616
prescription in accordance with a protocol developed pursuant to 13617
rules adopted under division (G) of this section is not liable 13618
for or subject to any of the following for any action or 13619
omission of the individual to whom the epinephrine is dispensed: 13620
damages in any civil action, prosecution in any criminal 13621
proceeding, or professional disciplinary action. 13622

A physician, certified nurse-midwife, clinical nurse 13623
specialist, or certified nurse practitioner who in good faith 13624
authorizes a pharmacist or pharmacy intern to dispense 13625
epinephrine without a prescription in accordance with a protocol 13626
developed pursuant to rules adopted under division (G) of this 13627
section is not liable for or subject to any of the following for 13628

any action or omission of the individual to whom the epinephrine 13629
is dispensed: damages in any civil action, prosecution in any 13630
criminal proceeding, or professional disciplinary action. 13631

A pharmacist or pharmacy intern authorized under this 13632
section to dispense epinephrine without a prescription who does 13633
so in good faith is not liable for or subject to any of the 13634
following for any action or omission of the individual to whom 13635
the epinephrine is dispensed: damages in any civil action, 13636
prosecution in any criminal proceeding, or professional 13637
disciplinary action. 13638

(G) Not later than ninety days after ~~the effective date of~~ 13639
~~this section~~ April 8, 2019, the state board of pharmacy shall, 13640
after consulting with the state medical board and board of 13641
nursing, adopt rules to implement this section. The rules shall 13642
specify minimum requirements for protocols established by 13643
physicians, certified nurse-midwives, clinical nurse 13644
specialists, or certified nurse practitioners under which 13645
pharmacists or pharmacy interns may dispense epinephrine without 13646
a prescription. 13647

All rules adopted under this section shall be adopted in 13648
accordance with Chapter 119. of the Revised Code. 13649

Sec. 5119.93. (A) A person may initiate proceedings for 13650
treatment for an individual suffering from alcohol and other 13651
drug abuse by filing a verified petition in the probate court. 13652
The petition and all subsequent court documents shall be 13653
entitled: "In the interest of (name of respondent)." A spouse, 13654
relative, or guardian of the individual concerning whom the 13655
petition is filed shall file the petition. A petition filed 13656
under this division shall be kept confidential and shall not be 13657
disclosed by any person, except as needed for purposes of this 13658

section or when disclosure is ordered by a court. 13659

(B) A petition filed under division (A) of this section 13660
shall set forth all of the following: 13661

(1) The petitioner's relationship to the respondent; 13662

(2) The respondent's name, residence address, and current 13663
location, if known; 13664

(3) The name and residence of the respondent's parents, if 13665
living and if known, or of the respondent's legal guardian, if 13666
any and if known; 13667

(4) The name and residence of the respondent's spouse, if 13668
any and if known; 13669

(5) The name and residence of the person having custody of 13670
the respondent, if any, or if no such person is known, the name 13671
and residence of a near relative or a statement that the person 13672
is unknown; 13673

(6) The petitioner's belief, including the factual basis 13674
for the belief, that the respondent is suffering from alcohol 13675
and other drug abuse and presents an imminent danger or imminent 13676
threat of danger to self, family, or others if not treated for 13677
alcohol or other drug abuse; 13678

(7) If the petitioner's belief specified in division (B) 13679
(6) of this section is that the respondent is suffering from 13680
opioid or opiate abuse, the information provided in the petition 13681
under that division also shall include any evidence that the 13682
respondent has overdosed and been revived one or more times by 13683
an opioid antagonist, overdosed in a vehicle, or overdosed in 13684
the presence of a minor. 13685

(C) (1) Any petition filed pursuant to divisions (A) and 13686

(B) of this section shall be accompanied by a certificate ~~of a~~ 13687
~~physician signed by one of the following~~ who has examined the 13688
respondent within two days prior to the day that the petition is 13689
filed in the probate court: a physician, a clinical nurse 13690
specialist certified as a psychiatric-mental health CNS by the 13691
American nurses credentialing center, or a certified nurse 13692
practitioner certified as a psychiatric-mental health NP by the 13693
American nurses credentialing center. The signing physician 13694
shall be authorized to practice medicine and surgery or 13695
osteopathic medicine and surgery under Chapter 4731. of the 13696
Revised Code. The signing clinical nurse specialist or certified 13697
nurse practitioner shall hold a current, valid license issued 13698
under Chapter 4723. of the Revised Code that authorizes the 13699
practice of nursing as an advanced practice registered nurse. A 13700
physician, clinical nurse specialist, or certified nurse 13701
practitioner who is responsible for admitting persons into 13702
treatment, if that physician or nurse examines the respondent, 13703
may be the physician or nurse who ~~completes~~ signs the 13704
certificate. ~~The~~ 13705

The physician's, clinical nurse specialist's, or certified 13706
nurse practitioner's certificate shall set forth the physician's 13707
or nurse's findings in support of the need to treat the 13708
respondent for alcohol or other drug abuse. The certificate 13709
shall indicate if the respondent presents an imminent danger or 13710
imminent threat of danger to self, family, or others if not 13711
treated. Further, the certificate shall indicate the type and 13712
length of treatment required and if the respondent can 13713
reasonably benefit from treatment. If the ~~physician's~~ 13714
certificate indicates that inpatient treatment is required, the 13715
certificate shall identify any inpatient facilities known to the 13716
physician or nurse who signs the certificate that are able and 13717

willing to provide the recommended inpatient treatment. 13718

If the respondent refuses to undergo an examination with a 13719
physician or a clinical nurse specialist or certified nurse 13720
practitioner certified as a psychiatric-mental health CNS or 13721
psychiatric-mental health NP by the American nurses 13722
credentialing center concerning the respondent's possible need 13723
for treatment for alcohol or other drug abuse, the petition 13724
shall state that the respondent has refused all requests made by 13725
the petitioner to undergo ~~a physician's~~ such an examination. In 13726
that case, the petitioner shall not be required to provide a 13727
physician's, clinical nurse specialist's, or certified nurse 13728
practitioner's certificate with the petition. 13729

(2) Any petition filed pursuant to divisions (A) and (B) 13730
of this section shall contain a statement that the petitioner 13731
has arranged for treatment of the respondent. Further, the 13732
petition shall be accompanied by a statement from the person or 13733
facility who has agreed to provide the treatment that verifies 13734
that the person or facility has agreed to provide the treatment 13735
and the estimated cost of the treatment. 13736

(D) Any petition filed pursuant to divisions (A) and (B) 13737
of this section shall be accompanied by both of the following: 13738

(1) One of the following: 13739

(a) A security deposit to be deposited with the clerk of 13740
the probate court that will cover half of the estimated cost of 13741
treatment of the respondent; 13742

(b) Documentation establishing that insurance coverage of 13743
the petitioner or respondent will cover at least half of the 13744
estimated cost of treatment of the respondent; 13745

(c) Other evidence to the satisfaction of the court 13746

establishing that the petitioner or respondent will be able to 13747
cover some of the estimated cost of treatment of the respondent. 13748

(2) One of the following: 13749

(a) A guarantee, signed by the petitioner or another 13750
person authorized to file the petition, obligating the guarantor 13751
to pay the costs of the examinations of the respondent conducted 13752
~~by the physician and qualified health professional under~~ 13753
~~division (B) (5) of this section or~~ section 5119.94 of the 13754
Revised Code by a physician, clinical nurse specialist, 13755
certified nurse practitioner, or qualified health professional, 13756
the costs of the respondent that are associated with a hearing 13757
conducted in accordance with section 5119.94 of the Revised Code 13758
and that the court determines to be appropriate, and the costs 13759
of any treatment ordered by the court; 13760

(b) Documentation establishing that insurance coverage of 13761
the petitioner or respondent will cover the costs described in 13762
division (D) (2) (a) of this section; 13763

(c) Documentation establishing that, consistent with the 13764
evidence described in division (D) (1) (c) of this section, the 13765
petitioner or respondent will cover some of the costs described 13766
in division (D) (2) (a) of this section. 13767

Sec. 5119.94. (A) Upon receipt of a petition filed under 13768
section 5119.93 of the Revised Code, the probate court shall 13769
examine the petitioner under oath as to the contents of the 13770
petition. 13771

(B) If, after reviewing the allegations contained in the 13772
petition and examining the petitioner under oath, it appears to 13773
the probate court that there is probable cause to believe the 13774
respondent may reasonably benefit from treatment, the court 13775

shall do all of the following: 13776

(1) Schedule a hearing to be held within seven days to 13777
determine if there is clear and convincing evidence that the 13778
respondent may reasonably benefit from treatment for alcohol and 13779
other drug abuse; 13780

(2) Notify the respondent, the legal guardian, if any and 13781
if known, and the spouse, parents, or nearest relative or friend 13782
of the respondent concerning the allegations and contents of the 13783
petition and of the date and purpose of the hearing; 13784

(3) Notify the respondent that the respondent may retain 13785
counsel and, if the person is unable to obtain an attorney, that 13786
the respondent may be represented by court-appointed counsel at 13787
public expense if the person is indigent. Upon the appointment 13788
of an attorney to represent an indigent respondent, the court 13789
shall notify the respondent of the name, address, and telephone 13790
number of the attorney appointed to represent the respondent. 13791

(4) Notify the respondent that the court shall cause the 13792
respondent to be examined not later than twenty-four hours 13793
before the hearing date by a physician, clinical nurse 13794
specialist, or certified nurse practitioner for the purpose of a 13795
physical examination and by a qualified health professional for 13796
the purpose of a drug and alcohol addiction assessment and 13797
diagnosis. In addition, the court shall notify the respondent 13798
that the respondent may have an independent expert evaluation of 13799
the person's physical and mental condition conducted at the 13800
respondent's own expense. 13801

(5) Cause the respondent to be examined not later than 13802
twenty-four hours before the hearing date by a qualified health 13803
professional for the purpose of a drug and alcohol addiction 13804

assessment and diagnosis; 13805

(6) Conduct the hearing. 13806

(C) The qualified health professional who examines the 13807
respondent pursuant to division (B)(5) of this section or who is 13808
obtained by the respondent at the respondent's own expense shall 13809
certify the professional's findings to the court within twenty- 13810
four hours of the examination. The findings of each qualified 13811
health professional shall include a recommendation for treatment 13812
if the qualified health professional determines that treatment 13813
is necessary. 13814

(D) (1) If upon completion of the hearing held under this 13815
section the probate court finds by clear and convincing evidence 13816
that the respondent may reasonably benefit from treatment, the 13817
court shall order the treatment after considering the qualified 13818
health professionals' recommendations for treatment that have 13819
been submitted to the court under division (C) of this section. 13820
Evidence that the respondent has overdosed and been revived one 13821
or more times by an opioid antagonist, overdosed in a vehicle, 13822
or overdosed in the presence of a minor is sufficient to satisfy 13823
this evidentiary requirement. If the court orders the treatment 13824
under this division, the order shall specify the type of 13825
treatment to be provided, the type of required aftercare, and 13826
the duration of the required aftercare which shall be at least 13827
three months and shall not exceed six months, and the court 13828
shall order the treatment to be provided through a community 13829
addiction services provider or by an individual licensed or 13830
certified by the state medical board under Chapter 4731. of the 13831
Revised Code, the chemical dependency professionals board under 13832
Chapter 4758. of the Revised Code, the counselor, social worker, 13833
and marriage and family therapist board under Chapter 4757. of 13834

the Revised Code, or a similar board of another state authorized 13835
to provide substance abuse treatment. In addition, the court 13836
also may order that the respondent submit to periodic 13837
examinations by a qualified mental health professional to 13838
determine if the treatment remains necessary. 13839

(2) (a) Failure of a respondent to undergo and complete any 13840
treatment ordered pursuant to this division is contempt of 13841
court. Any community addiction services provider or person 13842
providing treatment under this division shall notify the probate 13843
court of a respondent's failure to undergo or complete the 13844
ordered treatment. 13845

(b) In addition to and separate from the sanction 13846
specified in division (D) (2) (a) of this section, if a respondent 13847
fails to undergo and complete any treatment ordered pursuant to 13848
this section, the court may issue a summons. The summons shall 13849
be directed to the respondent and shall command the respondent 13850
to appear at a time and place specified in the summons. If a 13851
respondent who has been summoned under this division fails to 13852
appear at the specified time and place, the court may order a 13853
peace officer, as defined in section 2935.01 of the Revised 13854
Code, to transport the respondent to a place described in 13855
division (D) (1) of this section for treatment. The peace 13856
officer, with the approval of the officer's agency, may provide 13857
for the transportation of the respondent by a private entity. 13858
The transportation costs of the peace officer or the private 13859
entity shall be included within the costs of treatment. 13860

(E) If, at any time after a petition is filed under 13861
section 5119.93 of the Revised Code, the probate court finds 13862
that there is not probable cause to continue treatment or if the 13863
petitioner withdraws the petition, then the court shall dismiss 13864

the proceedings against the respondent. 13865

Sec. 5120.17. (A) As used in this section: 13866

(1) "Mental illness" means a substantial disorder of 13867
thought, mood, perception, orientation, or memory that grossly 13868
impairs judgment, behavior, capacity to recognize reality, or 13869
ability to meet the ordinary demands of life. 13870

(2) "Mentally ill person subject to hospitalization" means 13871
a mentally ill person to whom any of the following applies 13872
because of the person's mental illness: 13873

(a) The person represents a substantial risk of physical 13874
harm to the person as manifested by evidence of threats of, or 13875
attempts at, suicide or serious self-inflicted bodily harm. 13876

(b) The person represents a substantial risk of physical 13877
harm to others as manifested by evidence of recent homicidal or 13878
other violent behavior, evidence of recent threats that place 13879
another in reasonable fear of violent behavior and serious 13880
physical harm, or other evidence of present dangerousness. 13881

(c) The person represents a substantial and immediate risk 13882
of serious physical impairment or injury to the person as 13883
manifested by evidence that the person is unable to provide for 13884
and is not providing for the person's basic physical needs 13885
because of the person's mental illness and that appropriate 13886
provision for those needs cannot be made immediately available 13887
in the correctional institution in which the inmate is currently 13888
housed. 13889

(d) The person would benefit from treatment in a hospital 13890
for the person's mental illness and is in need of treatment in a 13891
hospital as manifested by evidence of behavior that creates a 13892
grave and imminent risk to substantial rights of others or the 13893

person. 13894

(3) "Psychiatric hospital" means all or part of a facility 13895
that is operated and managed by the department of mental health 13896
and addiction services to provide psychiatric hospitalization 13897
services in accordance with the requirements of this section 13898
pursuant to an agreement between the directors of rehabilitation 13899
and correction and mental health and addiction services or, is 13900
licensed by the department of mental health and addiction 13901
services pursuant to section 5119.33 of the Revised Code as a 13902
psychiatric hospital and is accredited by a health care 13903
accrediting organization approved by the department of mental 13904
health and addiction services and the psychiatric hospital is 13905
any of the following: 13906

(a) Operated and managed by the department of 13907
rehabilitation and correction within a facility that is operated 13908
by the department of rehabilitation and correction; 13909

(b) Operated and managed by a contractor for the 13910
department of rehabilitation and correction within a facility 13911
that is operated by the department of rehabilitation and 13912
correction; 13913

(c) Operated and managed in the community by an entity 13914
that has contracted with the department of rehabilitation and 13915
correction to provide psychiatric hospitalization services in 13916
accordance with the requirements of this section. 13917

(4) "Inmate patient" means an inmate who is admitted to a 13918
psychiatric hospital. 13919

(5) "Admitted" to a psychiatric hospital means being 13920
accepted for and staying at least one night at the psychiatric 13921
hospital. 13922

(6) "Treatment plan" means a written statement of 13923
reasonable objectives and goals for an inmate patient that is 13924
based on the needs of the inmate patient and that is established 13925
by the treatment team, with the active participation of the 13926
inmate patient and with documentation of that participation. 13927
"Treatment plan" includes all of the following: 13928

(a) The specific criteria to be used in evaluating 13929
progress toward achieving the objectives and goals; 13930

(b) The services to be provided to the inmate patient 13931
during the inmate patient's hospitalization; 13932

(c) The services to be provided to the inmate patient 13933
after discharge from the hospital, including, but not limited 13934
to, housing and mental health services provided at the state 13935
correctional institution to which the inmate patient returns 13936
after discharge or community mental health services. 13937

(7) "Emergency transfer" means the transfer of a mentally 13938
ill inmate to a psychiatric hospital when the inmate presents an 13939
immediate danger to self or others and requires hospital-level 13940
care. 13941

(8) "Uncontested transfer" means the transfer of a 13942
mentally ill inmate to a psychiatric hospital when the inmate 13943
has the mental capacity to, and has waived, the hearing required 13944
by division (B) of this section. 13945

(9) (a) "Independent decision-maker" means a person who is 13946
employed or retained by the department of rehabilitation and 13947
correction and is appointed by the chief or chief clinical 13948
officer of mental health services as a hospitalization hearing 13949
officer to conduct due process hearings. 13950

(b) An independent decision-maker who presides over any 13951

hearing or issues any order pursuant to this section shall be a 13952
psychiatrist, psychiatric-mental health advanced practice 13953
registered nurse, psychologist, or attorney, shall not be 13954
specifically associated with the institution in which the inmate 13955
who is the subject of the hearing or order resides at the time 13956
of the hearing or order, and previously shall not have had any 13957
treatment relationship with nor have represented in any legal 13958
proceeding the inmate who is the subject of the order. 13959

(10) "Psychiatric-mental health advanced practice 13960
registered nurse" means an advanced practice registered nurse, 13961
as defined in section 4723.01 of the Revised Code, who is either 13962
of the following: 13963

(a) A clinical nurse specialist who is certified as a 13964
psychiatric-mental health CNS by the American nurses 13965
credentialing center; 13966

(b) A certified nurse practitioner who is certified as a 13967
psychiatric-mental health NP by the American nurses 13968
credentialing center. 13969

(B) (1) Except as provided in division (C) of this section, 13970
if the warden of a state correctional institution or the 13971
warden's designee believes that an inmate should be transferred 13972
from the institution to a psychiatric hospital, the department 13973
shall hold a hearing to determine whether the inmate is a 13974
mentally ill person subject to hospitalization. The department 13975
shall conduct the hearing at the state correctional institution 13976
in which the inmate is confined, and the department shall 13977
provide qualified independent assistance to the inmate for the 13978
hearing. An independent decision-maker provided by the 13979
department shall preside at the hearing and determine whether 13980
the inmate is a mentally ill person subject to hospitalization. 13981

(2) Except as provided in division (C) of this section, 13982
prior to the hearing held pursuant to division (B)(1) of this 13983
section, the warden or the warden's designee shall give written 13984
notice to the inmate that the department is considering 13985
transferring the inmate to a psychiatric hospital, that it will 13986
hold a hearing on the proposed transfer at which the inmate may 13987
be present, that at the hearing the inmate has the rights 13988
described in division (B)(3) of this section, and that the 13989
department will provide qualified independent assistance to the 13990
inmate with respect to the hearing. The department shall not 13991
hold the hearing until the inmate has received written notice of 13992
the proposed transfer and has had sufficient time to consult 13993
with the person appointed by the department to provide 13994
assistance to the inmate and to prepare for a presentation at 13995
the hearing. 13996

(3) At the hearing held pursuant to division (B)(1) of 13997
this section, the department shall disclose to the inmate the 13998
evidence that it relies upon for the transfer and shall give the 13999
inmate an opportunity to be heard. Unless the independent 14000
decision-maker finds good cause for not permitting it, the 14001
inmate may present documentary evidence and the testimony of 14002
witnesses at the hearing and may confront and cross-examine 14003
witnesses called by the department. 14004

(4) If the independent decision-maker does not find clear 14005
and convincing evidence that the inmate is a mentally ill person 14006
subject to hospitalization, the department shall not transfer 14007
the inmate to a psychiatric hospital but shall continue to 14008
confine the inmate in the same state correctional institution or 14009
in another state correctional institution that the department 14010
considers appropriate. If the independent decision-maker finds 14011
clear and convincing evidence that the inmate is a mentally ill 14012

person subject to hospitalization, the decision-maker shall 14013
order that the inmate be transported to a psychiatric hospital 14014
for observation and treatment for a period of not longer than 14015
thirty days. After the hearing, the independent decision-maker 14016
shall submit to the department a written decision that states 14017
one of the findings described in division (B)(4) of this 14018
section, the evidence that the decision-maker relied on in 14019
reaching that conclusion, and, if the decision is that the 14020
inmate should be transferred, the reasons for the transfer. 14021

(C)(1) The department may transfer an inmate to a 14022
psychiatric hospital under an emergency transfer order if the 14023
chief clinical officer of mental health services of the 14024
department or that officer's designee and either a psychiatrist 14025
or psychiatric-mental health advanced practice registered nurse 14026
employed or retained by the department or, in the absence of a 14027
psychiatrist or psychiatric-mental health advanced practice 14028
registered nurse, a psychologist employed or retained by the 14029
department determines that the inmate is mentally ill, presents 14030
an immediate danger to self or others, and requires hospital- 14031
level care. 14032

(2) The department may transfer an inmate to a psychiatric 14033
hospital under an uncontested transfer order if both of the 14034
following apply: 14035

(a) A psychiatrist or psychiatric-mental health advanced 14036
practice registered nurse employed or retained by the department 14037
determines all of the following apply: 14038

(i) The inmate has a mental illness or is a mentally ill 14039
person subject to hospitalization. 14040

(ii) The inmate requires hospital care to address the 14041

mental illness. 14042

(iii) The inmate has the mental capacity to make a 14043
reasoned choice regarding the inmate's transfer to a hospital. 14044

(b) The inmate agrees to a transfer to a hospital. 14045

(3) The written notice and the hearing required under 14046
divisions (B) (1) and (2) of this section are not required for an 14047
emergency transfer or uncontested transfer under division (C) (1) 14048
or (2) of this section. 14049

(4) After an emergency transfer under division (C) (1) of 14050
this section, the department shall hold a hearing for continued 14051
hospitalization within five working days after admission of the 14052
transferred inmate to the psychiatric hospital. The department 14053
shall hold subsequent hearings pursuant to division (F) of this 14054
section at the same intervals as required for inmate patients 14055
who are transported to a psychiatric hospital under division (B) 14056
(4) of this section. 14057

(5) After an uncontested transfer under division (C) (2) of 14058
this section, the inmate may withdraw consent to the transfer in 14059
writing at any time. Upon the inmate's withdrawal of consent, 14060
the hospital shall discharge the inmate, or, within five working 14061
days, the department shall hold a hearing for continued 14062
hospitalization. The department shall hold subsequent hearings 14063
pursuant to division (F) of this section at the same time 14064
intervals as required for inmate patients who are transported to 14065
a psychiatric hospital under division (B) (4) of this section. 14066

(D) (1) If an independent decision-maker, pursuant to 14067
division (B) (4) of this section, orders an inmate transported to 14068
a psychiatric hospital or if an inmate is transferred pursuant 14069
to division (C) (1) or (2) of this section, the staff of the 14070

psychiatric hospital shall examine the inmate patient when 14071
admitted to the psychiatric hospital as soon as practicable 14072
after the inmate patient arrives at the hospital and no later 14073
than twenty-four hours after the time of arrival. The attending 14074
physician, certified nurse-midwife, clinical nurse specialist, 14075
or certified nurse practitioner responsible for the inmate 14076
patient's care shall give the inmate patient all information 14077
necessary to enable the patient to give a fully informed, 14078
intelligent, and knowing consent to the treatment the inmate 14079
patient will receive in the hospital. ~~The attending~~ That 14080
physician or nurse shall tell the inmate patient the expected 14081
physical and medical consequences of any proposed treatment and 14082
shall give the inmate patient the opportunity to consult with 14083
another psychiatrist or psychiatric-mental health advanced 14084
practice registered nurse at the hospital and with the inmate 14085
advisor. 14086

(2) No inmate patient who is transported or transferred 14087
pursuant to division (B) (4) or (C) (1) or (2) of this section to 14088
a psychiatric hospital within a facility that is operated by the 14089
department of rehabilitation and correction shall be subjected 14090
to any of the following procedures: 14091

- (a) Convulsive therapy; 14092
- (b) Major aversive interventions; 14093
- (c) Any unusually hazardous treatment procedures; 14094
- (d) Psychosurgery. 14095

(E) The department of rehabilitation and correction shall 14096
ensure that an inmate patient hospitalized pursuant to this 14097
section receives or has all of the following: 14098

- (1) Receives sufficient professional care within twenty 14099

days of admission to ensure that an evaluation of the inmate	14100
patient's current status, differential diagnosis, probable	14101
prognosis, and description of the current treatment plan have	14102
been formulated and are stated on the inmate patient's official	14103
chart;	14104
(2) Has a written treatment plan consistent with the	14105
evaluation, diagnosis, prognosis, and goals of treatment;	14106
(3) Receives treatment consistent with the treatment plan;	14107
(4) Receives periodic reevaluations of the treatment plan	14108
by the professional staff at intervals not to exceed thirty	14109
days;	14110
(5) Is provided with adequate medical treatment for	14111
physical disease or injury;	14112
(6) Receives humane care and treatment, including, without	14113
being limited to, the following:	14114
(a) Access to the facilities and personnel required by the	14115
treatment plan;	14116
(b) A humane psychological and physical environment;	14117
(c) The right to obtain current information concerning the	14118
treatment program, the expected outcomes of treatment, and the	14119
expectations for the inmate patient's participation in the	14120
treatment program in terms that the inmate patient reasonably	14121
can understand;	14122
(d) Opportunity for participation in programs designed to	14123
help the inmate patient acquire the skills needed to work toward	14124
discharge from the psychiatric hospital;	14125
(e) The right to be free from unnecessary or excessive	14126

medication and from unnecessary restraints or isolation; 14127

(f) All other rights afforded inmates in the custody of 14128
the department consistent with rules, policy, and procedure of 14129
the department. 14130

(F) The department shall hold a hearing for the continued 14131
hospitalization of an inmate patient who is transported or 14132
transferred to a psychiatric hospital pursuant to division (B) 14133
(4) or (C) (1) of this section prior to the expiration of the 14134
initial thirty-day period of hospitalization. The department 14135
shall hold any subsequent hearings, if necessary, not later than 14136
ninety days after the first thirty-day hearing and then not 14137
later than each one hundred and eighty days after the 14138
immediately prior hearing. An independent decision-maker shall 14139
conduct the hearings at the psychiatric hospital in which the 14140
inmate patient is confined. The inmate patient shall be afforded 14141
all of the rights set forth in this section for the hearing 14142
prior to transfer to the psychiatric hospital. The department 14143
may not waive a hearing for continued commitment. A hearing for 14144
continued commitment is mandatory for an inmate patient 14145
transported or transferred to a psychiatric hospital pursuant to 14146
division (B) (4) or (C) (1) of this section unless the inmate 14147
patient has the capacity to make a reasoned choice to execute a 14148
waiver and waives the hearing in writing. An inmate patient who 14149
is transferred to a psychiatric hospital pursuant to an 14150
uncontested transfer under division (C) (2) of this section and 14151
who has scheduled hearings after withdrawal of consent for 14152
hospitalization may waive any of the scheduled hearings if the 14153
inmate has the capacity to make a reasoned choice and executes a 14154
written waiver of the hearing. 14155

If upon completion of the hearing the independent 14156

decision-maker does not find by clear and convincing evidence 14157
that the inmate patient is a mentally ill person subject to 14158
hospitalization, the independent decision-maker shall order the 14159
inmate patient's discharge from the psychiatric hospital. If the 14160
independent decision-maker finds by clear and convincing 14161
evidence that the inmate patient is a mentally ill person 14162
subject to hospitalization, the independent decision-maker shall 14163
order that the inmate patient remain at the psychiatric hospital 14164
for continued hospitalization until the next required hearing. 14165

If at any time prior to the next required hearing for 14166
continued hospitalization, the medical director of the hospital 14167
or the attending physician, certified nurse-midwife, clinical 14168
nurse specialist, or certified nurse practitioner determines 14169
that the treatment needs of the inmate patient could be met 14170
equally well in an available and appropriate less restrictive 14171
state correctional institution or unit, the medical director or 14172
attending physician or nurse may discharge the inmate to that 14173
facility. 14174

(G) An inmate patient is entitled to the credits toward 14175
the reduction of the inmate patient's stated prison term 14176
pursuant to Chapters 2967. and 5120. of the Revised Code under 14177
the same terms and conditions as if the inmate patient were in 14178
any other institution of the department of rehabilitation and 14179
correction. 14180

(H) The adult parole authority may place an inmate patient 14181
on parole or under post-release control directly from a 14182
psychiatric hospital. 14183

(I) If an inmate patient who is a mentally ill person 14184
subject to hospitalization is to be released from a psychiatric 14185
hospital because of the expiration of the inmate patient's 14186

stated prison term, the director of rehabilitation and 14187
correction or the director's designee, at least fourteen days 14188
before the expiration date, may file an affidavit under section 14189
5122.11 or 5123.71 of the Revised Code with the probate court in 14190
the county where the psychiatric hospital is located or the 14191
probate court in the county where the inmate will reside, 14192
alleging that the inmate patient is a mentally ill person 14193
subject to court order, as defined in section 5122.01 of the 14194
Revised Code, or a person with an intellectual disability 14195
subject to institutionalization by court order, as defined in 14196
section 5123.01 of the Revised Code, whichever is applicable. 14197
The proceedings in the probate court shall be conducted pursuant 14198
to Chapter 5122. or 5123. of the Revised Code except as modified 14199
by this division. 14200

Upon the request of the inmate patient, the probate court 14201
shall grant the inmate patient an initial hearing under section 14202
5122.141 of the Revised Code or a probable cause hearing under 14203
section 5123.75 of the Revised Code before the expiration of the 14204
stated prison term. After holding a full hearing, the probate 14205
court shall make a disposition authorized by section 5122.15 or 14206
5123.76 of the Revised Code before the date of the expiration of 14207
the stated prison term. No inmate patient shall be held in the 14208
custody of the department of rehabilitation and correction past 14209
the date of the expiration of the inmate patient's stated prison 14210
term. 14211

(J) The department of rehabilitation and correction shall 14212
set standards for treatment provided to inmate patients. 14213

(K) A certificate, application, record, or report that is 14214
made in compliance with this section and that directly or 14215
indirectly identifies an inmate or former inmate whose 14216

hospitalization has been sought under this section is 14217
confidential. No person shall disclose the contents of any 14218
certificate, application, record, or report of that nature or 14219
any other psychiatric or medical record or report regarding a 14220
mentally ill inmate unless one of the following applies: 14221

(1) The person identified, or the person's legal guardian, 14222
if any, consents to disclosure, and the chief clinical officer 14223
or designee of mental health services of the department of 14224
rehabilitation and correction determines that disclosure is in 14225
the best interests of the person. 14226

(2) Disclosure is required by a court order signed by a 14227
judge. 14228

(3) An inmate patient seeks access to the inmate patient's 14229
own psychiatric and medical records, unless access is 14230
specifically restricted in the treatment plan for clear 14231
treatment reasons. 14232

(4) Hospitals and other institutions and facilities within 14233
the department of rehabilitation and correction may exchange 14234
psychiatric records and other pertinent information with other 14235
hospitals, institutions, and facilities of the department, but 14236
the information that may be released about an inmate patient is 14237
limited to medication history, physical health status and 14238
history, summary of course of treatment in the hospital, summary 14239
of treatment needs, and a discharge summary, if any. 14240

(5) An inmate patient's family member who is involved in 14241
planning, providing, and monitoring services to the inmate 14242
patient may receive medication information, a summary of the 14243
inmate patient's diagnosis and prognosis, and a list of the 14244
services and personnel available to assist the inmate patient 14245

and family if the attending physician, certified nurse-midwife, 14246
clinical nurse specialist, or certified nurse practitioner 14247
determines that disclosure would be in the best interest of the 14248
inmate patient. No disclosure shall be made under this division 14249
unless the inmate patient is notified of the possible 14250
disclosure, receives the information to be disclosed, and does 14251
not object to the disclosure. 14252

(6) The department of rehabilitation and correction may 14253
exchange psychiatric hospitalization records, other mental 14254
health treatment records, and other pertinent information with 14255
county sheriffs' offices, hospitals, institutions, and 14256
facilities of the department of mental health and addiction 14257
services and with community mental health services providers and 14258
boards of alcohol, drug addiction, and mental health services 14259
with which the department of mental health and addiction 14260
services has a current agreement for patient care or services to 14261
ensure continuity of care. Disclosure under this division is 14262
limited to records regarding a mentally ill inmate's medication 14263
history, physical health status and history, summary of course 14264
of treatment, summary of treatment needs, and a discharge 14265
summary, if any. No office, department, agency, provider, or 14266
board shall disclose the records and other information unless 14267
one of the following applies: 14268

(a) The mentally ill inmate is notified of the possible 14269
disclosure and consents to the disclosure. 14270

(b) The mentally ill inmate is notified of the possible 14271
disclosure, an attempt to gain the consent of the inmate is 14272
made, and the office, department, agency, or board documents the 14273
attempt to gain consent, the inmate's objections, if any, and 14274
the reasons for disclosure in spite of the inmate's objections. 14275

(7) Information may be disclosed to staff members 14276
designated by the director of rehabilitation and correction for 14277
the purpose of evaluating the quality, effectiveness, and 14278
efficiency of services and determining if the services meet 14279
minimum standards. 14280

The name of an inmate patient shall not be retained with 14281
the information obtained during the evaluations. 14282

(L) The director of rehabilitation and correction may 14283
adopt rules setting forth guidelines for the procedures required 14284
under divisions (B), (C) (1), and (C) (2) of this section. 14285

Sec. 5120.21. (A) The department of rehabilitation and 14286
correction shall keep in its office, accessible only to its 14287
employees, except by the consent of the department or the order 14288
of the judge of a court of record, and except as provided in 14289
division (C) of this section, a record showing the name, 14290
residence, sex, age, nativity, occupation, condition, and date 14291
of entrance or commitment of every inmate in the several 14292
institutions governed by it. The record also shall include the 14293
date, cause, and terms of discharge and the condition of such 14294
person at the time of leaving, a record of all transfers from 14295
one institution to another, and, if such inmate is dead, the 14296
date and cause of death. These and other facts that the 14297
department requires shall be furnished by the managing officer 14298
of each institution within ten days after the commitment, 14299
entrance, death, or discharge of an inmate. 14300

(B) In case of an accident or injury or peculiar death of 14301
an inmate, the managing officer shall make a special report to 14302
the department within twenty-four hours thereafter, giving the 14303
circumstances as fully as possible. 14304

(C) (1) As used in this division, "medical record" means 14305
any document or combination of documents that pertains to the 14306
medical history, diagnosis, prognosis, or medical condition of a 14307
patient and that is generated and maintained in the process of 14308
medical treatment. 14309

(2) A separate medical record of every inmate in an 14310
institution governed by the department shall be compiled, 14311
maintained, and kept apart from and independently of any other 14312
record pertaining to the inmate. Upon the signed written request 14313
of the inmate to whom the record pertains together with the 14314
written request of a person the inmate designates who is either 14315
a licensed attorney at law or a licensed physician ~~designated by~~ 14316
~~the inmate, certified nurse-midwife, clinical nurse specialist,~~ 14317
or certified nurse practitioner, the department shall make the 14318
inmate's medical record available to the designated attorney ~~or,~~ 14319
physician, or nurse. The record may be inspected or copied by 14320
the inmate's designated attorney ~~or,~~ physician, or nurse. The 14321
department may establish a reasonable fee for the copying of any 14322
medical record. If a physician, certified nurse-midwife, 14323
clinical nurse specialist, or certified nurse practitioner 14324
concludes that presentation of all or any part of the medical 14325
record directly to the inmate will result in serious medical 14326
harm to the inmate, the physician or nurse shall so indicate on 14327
the medical record. An inmate's medical record shall be made 14328
available to a physician ~~or to an,~~ certified nurse-midwife, 14329
clinical nurse specialist, certified nurse practitioner, or 14330
attorney designated in writing by the inmate not more than once 14331
every twelve months. 14332

(D) Except as otherwise provided by a law of this state or 14333
the United States, the department and the officers of its 14334
institutions shall keep confidential and accessible only to its 14335

employees, except by the consent of the department or the order of a judge of a court of record, all of the following: 14336
14337

(1) Architectural, engineering, or construction diagrams, drawings, or plans of a correctional institution; 14338
14339

(2) Plans for hostage negotiation, for disturbance control, for the control and location of keys, and for dealing with escapes; 14340
14341
14342

(3) Statements made by inmate informants; 14343

(4) Records that are maintained by the department of youth services, that pertain to children in its custody, and that are released to the department of rehabilitation and correction by the department of youth services pursuant to section 5139.05 of the Revised Code; 14344
14345
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14347
14348

(5) Victim impact statements and information provided by victims of crimes that the department considers when determining the security level assignment, program participation, and release eligibility of inmates; 14349
14350
14351
14352

(6) Information and data of any kind or medium pertaining to groups that pose a security threat; 14353
14354

(7) Conversations recorded from the monitored inmate telephones that involve nonprivileged communications. 14355
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(E) Except as otherwise provided by a law of this state or the United States, the department of rehabilitation and correction may release inmate records to the department of youth services or a court of record, and the department of youth services or the court of record may use those records for the limited purpose of carrying out the duties of the department of youth services or the court of record. Inmate records released 14357
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by the department of rehabilitation and correction to the 14364
department of youth services or a court of record shall remain 14365
confidential and shall not be considered public records as 14366
defined in section 149.43 of the Revised Code. 14367

(F) Except as otherwise provided in division (C) of this 14368
section, records of inmates committed to the department of 14369
rehabilitation and correction as well as records of persons 14370
under the supervision of the adult parole authority shall not be 14371
considered public records as defined in section 149.43 of the 14372
Revised Code. 14373

Sec. 5122.01. As used in this chapter and Chapter 5119. of 14374
the Revised Code: 14375

(A) "Mental illness" means a substantial disorder of 14376
thought, mood, perception, orientation, or memory that grossly 14377
impairs judgment, behavior, capacity to recognize reality, or 14378
ability to meet the ordinary demands of life. 14379

(B) "Mentally ill person subject to court order" means a 14380
mentally ill person who, because of the person's illness: 14381

(1) Represents a substantial risk of physical harm to self 14382
as manifested by evidence of threats of, or attempts at, suicide 14383
or serious self-inflicted bodily harm; 14384

(2) Represents a substantial risk of physical harm to 14385
others as manifested by evidence of recent homicidal or other 14386
violent behavior, evidence of recent threats that place another 14387
in reasonable fear of violent behavior and serious physical 14388
harm, or other evidence of present dangerousness; 14389

(3) Represents a substantial and immediate risk of serious 14390
physical impairment or injury to self as manifested by evidence 14391
that the person is unable to provide for and is not providing 14392

for the person's basic physical needs because of the person's 14393
mental illness and that appropriate provision for those needs 14394
cannot be made immediately available in the community; 14395

(4) Would benefit from treatment for the person's mental 14396
illness and is in need of such treatment as manifested by 14397
evidence of behavior that creates a grave and imminent risk to 14398
substantial rights of others or the person; 14399

(5) (a) Would benefit from treatment as manifested by 14400
evidence of behavior that indicates all of the following: 14401

(i) The person is unlikely to survive safely in the 14402
community without supervision, based on a clinical 14403
determination. 14404

(ii) The person has a history of lack of compliance with 14405
treatment for mental illness and one of the following applies: 14406

(I) At least twice within the thirty-six months prior to 14407
the filing of an affidavit seeking court-ordered treatment of 14408
the person under section 5122.111 of the Revised Code, the lack 14409
of compliance has been a significant factor in necessitating 14410
hospitalization in a hospital or receipt of services in a 14411
forensic or other mental health unit of a correctional facility, 14412
provided that the thirty-six-month period shall be extended by 14413
the length of any hospitalization or incarceration of the person 14414
that occurred within the thirty-six-month period. 14415

(II) Within the forty-eight months prior to the filing of 14416
an affidavit seeking court-ordered treatment of the person under 14417
section 5122.111 of the Revised Code, the lack of compliance 14418
resulted in one or more acts of serious violent behavior toward 14419
self or others or threats of, or attempts at, serious physical 14420
harm to self or others, provided that the forty-eight-month 14421

period shall be extended by the length of any hospitalization or 14422
incarceration of the person that occurred within the forty- 14423
eight-month period. 14424

(iii) The person, as a result of the person's mental 14425
illness, is unlikely to voluntarily participate in necessary 14426
treatment. 14427

(iv) In view of the person's treatment history and current 14428
behavior, the person is in need of treatment in order to prevent 14429
a relapse or deterioration that would be likely to result in 14430
substantial risk of serious harm to the person or others. 14431

(b) An individual who meets only the criteria described in 14432
division (B) (5) (a) of this section is not subject to 14433
hospitalization. 14434

(C) (1) "Patient" means, subject to division (C) (2) of this 14435
section, a person who is admitted either voluntarily or 14436
involuntarily to a hospital or other place under section 14437
2945.39, 2945.40, 2945.401, or 2945.402 of the Revised Code 14438
subsequent to a finding of not guilty by reason of insanity or 14439
incompetence to stand trial or under this chapter, who is under 14440
observation or receiving treatment in such place. 14441

(2) "Patient" does not include a person admitted to a 14442
hospital or other place under section 2945.39, 2945.40, 14443
2945.401, or 2945.402 of the Revised Code to the extent that the 14444
reference in this chapter to patient, or the context in which 14445
the reference occurs, is in conflict with any provision of 14446
sections 2945.37 to 2945.402 of the Revised Code. 14447

(D) "Licensed physician" means a person licensed under the 14448
laws of this state to practice medicine or a medical officer of 14449
the government of the United States while in this state in the 14450

performance of the person's official duties. 14451

(E) "Psychiatrist" means a licensed physician who has 14452
satisfactorily completed a residency training program in 14453
psychiatry, as approved by the residency review committee of the 14454
American medical association, the committee on post-graduate 14455
education of the American osteopathic association, or the 14456
American osteopathic board of neurology and psychiatry, or who 14457
on July 1, 1989, has been recognized as a psychiatrist by the 14458
Ohio state medical association or the Ohio osteopathic 14459
association on the basis of formal training and five or more 14460
years of medical practice limited to psychiatry. 14461

(F) "Hospital" means a hospital or inpatient unit licensed 14462
by the department of mental health and addiction services under 14463
section 5119.33 of the Revised Code, and any institution, 14464
hospital, or other place established, controlled, or supervised 14465
by the department under Chapter 5119. of the Revised Code. 14466

(G) "Public hospital" means a facility that is tax- 14467
supported and under the jurisdiction of the department of mental 14468
health and addiction services. 14469

(H) "Community mental health services provider" means an 14470
agency, association, corporation, individual, or program that 14471
provides community mental health services that are certified by 14472
the director of mental health and addiction services under 14473
section 5119.36 of the Revised Code. 14474

(I) "Licensed clinical psychologist" means a person who 14475
holds a current, valid psychologist license issued under section 14476
4732.12 of the Revised Code, and in addition, meets the 14477
educational requirements set forth in division (B) of section 14478
4732.10 of the Revised Code and has a minimum of two years' 14479

full-time professional experience, or the equivalent as 14480
determined by rule of the state board of psychology, at least 14481
one year of which shall be a predoctoral internship, in clinical 14482
psychological work in a public or private hospital or clinic or 14483
in private practice, diagnosing and treating problems of mental 14484
illness or intellectual disability under the supervision of a 14485
psychologist who is licensed or who holds a diploma issued by 14486
the American board of professional psychology, or whose 14487
qualifications are substantially similar to those required for 14488
licensure by the state board of psychology when the supervision 14489
has occurred prior to enactment of laws governing the practice 14490
of psychology. 14491

(J) "Health officer" means any public health physician; 14492
public health nurse; or other person authorized or designated by 14493
a city or general health district or a board of alcohol, drug 14494
addiction, and mental health services to perform the duties of a 14495
health officer under this chapter. 14496

(K) "Chief clinical officer" means the medical director of 14497
a hospital, community mental health services provider, or board 14498
of alcohol, drug addiction, and mental health services, or, if 14499
there is no medical director, the licensed physician responsible 14500
for the treatment provided by a hospital or community mental 14501
health services provider. The chief clinical officer may 14502
delegate to the attending physician responsible for a patient's 14503
care the duties imposed on the chief clinical officer by this 14504
chapter. In the case of a community mental health services 14505
provider, the chief clinical officer shall be designated by the 14506
governing body of the services provider and shall be a licensed 14507
physician or licensed clinical psychologist who supervises 14508
diagnostic and treatment services. A licensed physician or 14509
licensed clinical psychologist designated by the chief clinical 14510

officer may perform the duties and accept the responsibilities 14511
of the chief clinical officer in the chief clinical officer's 14512
absence. 14513

(L) "Working day" or "court day" means Monday, Tuesday, 14514
Wednesday, Thursday, and Friday, except when such day is a 14515
holiday. 14516

(M) "Indigent" means unable without deprivation of 14517
satisfaction of basic needs to provide for the payment of an 14518
attorney and other necessary expenses of legal representation, 14519
including expert testimony. 14520

(N) "Respondent" means the person whose detention, 14521
commitment, hospitalization, continued hospitalization or 14522
commitment, or discharge is being sought in any proceeding under 14523
this chapter. 14524

(O) "Ohio protection and advocacy system" has the same 14525
meaning as in section 5123.60 of the Revised Code. 14526

(P) "Independent expert evaluation" means an evaluation 14527
conducted by a licensed clinical psychologist, psychiatrist, or 14528
licensed physician who has been selected by the respondent or 14529
the respondent's counsel and who consents to conducting the 14530
evaluation. 14531

(Q) "Court" means the probate division of the court of 14532
common pleas. 14533

(R) "Expunge" means: 14534

(1) The removal and destruction of court files and 14535
records, originals and copies, and the deletion of all index 14536
references; 14537

(2) The reporting to the person of the nature and extent 14538

of any information about the person transmitted to any other person by the court;

(3) Otherwise insuring that any examination of court files and records in question shall show no record whatever with respect to the person;

(4) That all rights and privileges are restored, and that the person, the court, and any other person may properly reply that no such record exists, as to any matter expunged.

(S) "Residence" means a person's physical presence in a county with intent to remain there, except that:

(1) If a person is receiving a mental health service at a facility that includes nighttime sleeping accommodations, residence means that county in which the person maintained the person's primary place of residence at the time the person entered the facility;

(2) If a person is committed pursuant to section 2945.38, 2945.39, 2945.40, 2945.401, or 2945.402 of the Revised Code, residence means the county where the criminal charges were filed.

When the residence of a person is disputed, the matter of residence shall be referred to the department of mental health and addiction services for investigation and determination. Residence shall not be a basis for a board of alcohol, drug addiction, and mental health services to deny services to any person present in the board's service district, and the board shall provide services for a person whose residence is in dispute while residence is being determined and for a person in an emergency situation.

(T) "Admission" to a hospital or other place means that a

patient is accepted for and stays at least one night at the 14568
hospital or other place. 14569

(U) "Prosecutor" means the prosecuting attorney, village 14570
solicitor, city director of law, or similar chief legal officer 14571
who prosecuted a criminal case in which a person was found not 14572
guilty by reason of insanity, who would have had the authority 14573
to prosecute a criminal case against a person if the person had 14574
not been found incompetent to stand trial, or who prosecuted a 14575
case in which a person was found guilty. 14576

(V) (1) "Treatment plan" means a written statement of 14577
reasonable objectives and goals for an individual established by 14578
the treatment team, with specific criteria to evaluate progress 14579
towards achieving those objectives. 14580

(2) The active participation of the patient in 14581
establishing the objectives and goals shall be documented. The 14582
treatment plan shall be based on patient needs and include 14583
services to be provided to the patient while the patient is 14584
hospitalized, after the patient is discharged, or in an 14585
outpatient setting. The treatment plan shall address services to 14586
be provided. In the establishment of the treatment plan, 14587
consideration should be given to the availability of services, 14588
which may include but are not limited to all of the following: 14589

(a) Community psychiatric supportive treatment; 14590

(b) Assertive community treatment; 14591

(c) Medications; 14592

(d) Individual or group therapy; 14593

(e) Peer support services; 14594

(f) Financial services; 14595

(g) Housing or supervised living services;	14596
(h) Alcohol or substance abuse treatment;	14597
(i) Any other services prescribed to treat the patient's mental illness and to either assist the patient in living and functioning in the community or to help prevent a relapse or a deterioration of the patient's current condition.	14598 14599 14600 14601
(3) If the person subject to the treatment plan has executed an advance directive for mental health treatment, the treatment team shall consider any directions included in such advance directive in developing the treatment plan.	14602 14603 14604 14605
(W) "Community control sanction" has the same meaning as in section 2929.01 of the Revised Code.	14606 14607
(X) "Post-release control sanction" has the same meaning as in section 2967.01 of the Revised Code.	14608 14609
(Y) "Local correctional facility" has the same meaning as in section 2903.13 of the Revised Code.	14610 14611
(Z) <u>"Clinical-Licensed psychiatric-mental health advanced practice registered nurse" means an advanced practice registered nurse, as defined in section 4723.01 of the Revised Code, who is either of the following:</u>	14612 14613 14614 14615
<u>(1) A clinical nurse specialist" and "certified as a psychiatric-mental health CNS by the American nurses credentialing center;</u>	14616 14617 14618
<u>(2) A certified nurse practitioner" have the same meanings as in section 4723.01 of the Revised Code certified as a psychiatric-mental health NP by the American nurses credentialing center.</u>	14619 14620 14621 14622

Sec. 5122.10. (A) (1) Any of the following who has reason 14623
to believe that a person is a mentally ill person subject to 14624
court order and represents a substantial risk of physical harm 14625
to self or others if allowed to remain at liberty pending 14626
examination may take the person into custody and may immediately 14627
transport the person to a hospital or, notwithstanding section 14628
5119.33 of the Revised Code, to a general hospital not licensed 14629
by the department of mental health and addiction services where 14630
the person may be held for the period prescribed in this 14631
section: 14632

(a) A psychiatrist; 14633

(b) A licensed physician; 14634

(c) A licensed clinical psychologist; 14635

(d) ~~A clinical nurse specialist who is certified as a~~ 14636
~~psychiatric mental health CNS by the American nurses~~ 14637
~~credentialing center;~~ 14638

~~(e) A certified nurse practitioner who is certified as a~~ 14639
~~psychiatric mental health NP by the American nurses~~ 14640
~~credentialing center~~licensed psychiatric-mental health advanced 14641
practice registered nurse; 14642

~~(f)~~(e) A health officer; 14643

~~(g)~~(f) A parole officer; 14644

~~(h)~~(g) A police officer; 14645

~~(i)~~(h) A sheriff. 14646

(2) If the chief of the adult parole authority or a parole 14647
or probation officer with the approval of the chief of the 14648
authority has reason to believe that a parolee, an offender 14649

under a community control sanction or post-release control 14650
sanction, or an offender under transitional control is a 14651
mentally ill person subject to court order and represents a 14652
substantial risk of physical harm to self or others if allowed 14653
to remain at liberty pending examination, the chief or officer 14654
may take the parolee or offender into custody and may 14655
immediately transport the parolee or offender to a hospital or, 14656
notwithstanding section 5119.33 of the Revised Code, to a 14657
general hospital not licensed by the department of mental health 14658
and addiction services where the parolee or offender may be held 14659
for the period prescribed in this section. 14660

(B) A written statement shall be given to the hospital by 14661
the individual authorized under division (A) (1) or (2) of this 14662
section to transport the person. The statement shall specify the 14663
circumstances under which such person was taken into custody and 14664
the reasons for the belief that the person is a mentally ill 14665
person subject to court order and represents a substantial risk 14666
of physical harm to self or others if allowed to remain at 14667
liberty pending examination. This statement shall be made 14668
available to the respondent or the respondent's attorney upon 14669
request of either. 14670

(C) Every reasonable and appropriate effort shall be made 14671
to take persons into custody in the least conspicuous manner 14672
possible. A person taking the respondent into custody pursuant 14673
to this section shall explain to the respondent: the name and 14674
professional designation and affiliation of the person taking 14675
the respondent into custody; that the custody-taking is not a 14676
criminal arrest; and that the person is being taken for 14677
examination by mental health professionals at a specified mental 14678
health facility identified by name. 14679

(D) If a person taken into custody under this section is 14680
transported to a general hospital, the general hospital may 14681
admit the person, or provide care and treatment for the person, 14682
or both, notwithstanding section 5119.33 of the Revised Code, 14683
but by the end of twenty-four hours after arrival at the general 14684
hospital, the person shall be transferred to a hospital as 14685
defined in section 5122.01 of the Revised Code. 14686

(E) A person transported or transferred to a hospital or 14687
community mental health services provider under this section 14688
shall be examined by the staff of the hospital or services 14689
provider within twenty-four hours after arrival at the hospital 14690
or services provider. If to conduct the examination requires 14691
that the person remain overnight, the hospital or services 14692
provider shall admit the person in an unclassified status until 14693
making a disposition under this section. After the examination, 14694
if the chief clinical officer of the hospital or services 14695
provider believes that the person is not a mentally ill person 14696
subject to court order, the chief clinical officer shall release 14697
or discharge the person immediately unless a court has issued a 14698
temporary order of detention applicable to the person under 14699
section 5122.11 of the Revised Code. After the examination, if 14700
the chief clinical officer believes that the person is a 14701
mentally ill person subject to court order, the chief clinical 14702
officer may detain the person for not more than three court days 14703
following the day of the examination and during such period 14704
admit the person as a voluntary patient under section 5122.02 of 14705
the Revised Code or file an affidavit under section 5122.11 of 14706
the Revised Code. If neither action is taken and a court has not 14707
otherwise issued a temporary order of detention applicable to 14708
the person under section 5122.11 of the Revised Code, the chief 14709
clinical officer shall discharge the person at the end of the 14710

three-day period unless the person has been sentenced to the 14711
department of rehabilitation and correction and has not been 14712
released from the person's sentence, in which case the person 14713
shall be returned to that department. 14714

Sec. 5122.11. Proceedings for a mentally ill person 14715
subject to court order pursuant to sections 5122.11 to 5122.15 14716
of the Revised Code shall be commenced by the filing of an 14717
affidavit in the manner prescribed by the department of mental 14718
health and addiction services and in a form prescribed in 14719
section 5122.111 of the Revised Code, by any person or persons 14720
with the probate court, either on reliable information or actual 14721
knowledge, whichever is determined to be proper by the court. 14722
This section does not apply to the hospitalization of a person 14723
pursuant to section 2945.39, 2945.40, 2945.401, or 2945.402 of 14724
the Revised Code. 14725

The affidavit shall contain an allegation setting forth 14726
the specific category or categories under division (B) of 14727
section 5122.01 of the Revised Code upon which the jurisdiction 14728
of the court is based and a statement of alleged facts 14729
sufficient to indicate probable cause to believe that the person 14730
is a mentally ill person subject to court order. ~~The~~ In 14731
addition, the affidavit is subject to either of the following: 14732

(A) The affidavit may be accompanied by, or the court may 14733
require that the affidavit be accompanied by, ~~by~~ a certificate 14734
~~of a psychiatrist, or a certificate signed by a licensed~~ 14735
~~clinical psychologist and a certificate signed by a licensed~~ 14736
~~physician~~ stating that the person who issued the certificate has 14737
examined the person and is of the opinion that the person is a 14738
mentally ill person subject to court order, ~~or.~~ The examination 14739
may be conducted by any of the following and the certificate 14740

shall be issued accordingly: 14741

(1) A psychiatrist; 14742

(2) A licensed psychiatric-mental health advanced practice
registered nurse; 14743
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(3) A licensed clinical psychologist in conjunction with a
licensed physician or licensed psychiatric-mental health
advanced practice registered nurse, in which case the
psychologist shall issue a certificate and the physician or
nurse shall issue a certificate. 14745
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(B) The affidavit shall be accompanied by a written
statement by the applicant, under oath, that the person has
refused to submit to an examination by ~~a psychiatrist, or by a
licensed clinical psychologist and licensed physician~~ any of the
persons described in divisions (A) (1) to (3) of this section. 14750
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 With regard to a defendant described in division (B) (1) (a)
(v) (I) of section 2945.38 of the Revised Code for whom criminal
charges were dismissed, the affidavit shall contain a space for
the trial court or prosecutor filing the affidavit to indicate
that the person named in the affidavit is such a defendant. 14755
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 Upon receipt of the affidavit, if a judge of the court or
a referee who is an attorney at law appointed by the court has
probable cause to believe that the person named in the affidavit
is a mentally ill person subject to court order, the judge or
referee may issue a temporary order of detention ordering any
health or police officer or sheriff to take into custody and
transport the person to a hospital or other place designated in
section 5122.17 of the Revised Code, or may set the matter for
further hearing. If a temporary order of detention is issued and
the person is transported to a hospital or other designated 14760
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place, the court that issued the order shall retain jurisdiction 14770
over the case as it relates to the person's outpatient 14771
treatment, notwithstanding that the hospital or other designated 14772
place to which the person is transported is outside the 14773
territorial jurisdiction of the court. 14774

The person may be observed and treated until the hearing 14775
provided for in section 5122.141 of the Revised Code. If no such 14776
hearing is held, the person may be observed and treated until 14777
the hearing provided for in section 5122.15 of the Revised Code. 14778

Sec. 5122.111. To initiate proceedings for court-ordered 14779
treatment of a person under section 5122.11 of the Revised Code, 14780
a person or persons shall file an affidavit with the probate 14781
court that is identical in form and content to the following: 14782

AFFIDAVIT OF MENTAL ILLNESS 14783

The State of Ohio 14784

_____ County, ss. 14785

_____ Court 14786

_____ 14787

the undersigned, residing at 14788

_____ 14789

says, that he/she has information to believe or has actual 14790

knowledge that 14791

_____ 14792

(Please specify specific category(ies) below with an X.) 14793

[] Represents a substantial risk of physical harm to self as 14794

manifested by evidence of threats of, or attempts at, suicide or 14795

serious self-inflicted bodily harm; 14796

[] Represents a substantial risk of physical harm to others as manifested by evidence of recent homicidal or other violent behavior or evidence of recent threats that place another in reasonable fear of violent behavior and serious physical harm or other evidence of present dangerousness; 14797
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[] Represents a substantial and immediate risk of serious physical impairment or injury to self as manifested by evidence of being unable to provide for and of not providing for basic physical needs because of mental illness and that appropriate provision for such needs cannot be made immediately available in the community; 14802
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[] Would benefit from treatment for mental illness and is in need of such treatment as manifested by evidence of behavior that creates a grave and imminent risk to substantial rights of others or the person; or 14808
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[] Would benefit from treatment as manifested by evidence of behavior that indicates all of the following: 14812
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(a) The person is unlikely to survive safely in the community without supervision, based on a clinical determination. 14814
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(b) The person has a history of lack of compliance with treatment for mental illness and one of the following applies: 14816
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(i) At least twice within the thirty-six months prior to the filing of an affidavit seeking court-ordered treatment of the person under section 5122.111 of the Revised Code, the lack of compliance has been a significant factor in necessitating hospitalization in a hospital or receipt of services in a forensic or other mental health unit of a correctional facility, provided that the thirty-six-month period shall be extended by the length of any hospitalization or incarceration of the person 14818
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that occurred within the thirty-six-month period. 14826

(ii) Within the forty-eight months prior to the filing of an 14827
affidavit seeking court-ordered treatment of the person under 14828
section 5122.111 of the Revised Code, the lack of compliance 14829
resulted in one or more acts of serious violent behavior toward 14830
self or others or threats of, or attempts at, serious physical 14831
harm to self or others, provided that the forty-eight-month 14832
period shall be extended by the length of any hospitalization or 14833
incarceration of the person that occurred within the forty- 14834
eight-month period. 14835

(c) The person, as a result of mental illness, is unlikely to 14836
voluntarily participate in necessary treatment. 14837

(d) In view of the person's treatment history and current 14838
behavior, the person is in need of treatment in order to prevent 14839
a relapse or deterioration that would be likely to result in 14840
substantial risk of serious harm to the person or others. 14841

_____ 14842

(Name of the party filing the affidavit) further says that the 14843
facts supporting this belief are as follows: 14844

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_____ 14846
_____ 14847
_____ 14848
_____ 14849
_____ 14850

These facts being sufficient to indicate probable cause that the 14851
above said person is a mentally ill person subject to court 14852
order. 14853

The undersigned represents a trial court or a prosecutor who, as 14854

described in division (B) (1) (a) (v) (I) of section 2945.38 of the Revised Code, is alleging that the above said person is a mentally ill person subject to court order: [] Yes [] No (please specify answer with an X). If Yes, please specify the name and address of the trial court or prosecutor:

Name of Patient's Last Physician, Licensed Psychiatric-Mental Health Advanced Practice Registered Nurse, or Licensed Clinical Psychologist

Address of Patient's Last Physician, Licensed Psychiatric-Mental Health Advanced Practice Registered Nurse, or Licensed Clinical Psychologist

The name and address of respondent's legal guardian, spouse, and adult next of kin are:

Name	Kinship	Address	_____	Legal Guardian	_____
_____	_____	_____	_____	Spouse	_____
_____	_____	_____	_____	Adult Next of	_____
Kin	_____	_____	_____	Adult Next of	_____
Kin	_____	_____	_____		_____

The following constitutes additional information that may be necessary for the purpose of determining residence:

_____	14883
_____	14884
Dated this _____ day of _____, 20__	14885
_____	14886
Signature of the party filing the affidavit	14887 14888
Sworn to before me and signed in my presence on the day and year above dated.	14889 14890
_____	14891
Signature of Probate Judge, Deputy Clerk, or Notary Public	14892 14893 14894
WAIVER	14895
I, the undersigned party filing the affidavit hereby waive the issuing and service of notice of the hearing on said affidavit, and voluntarily enter my appearance herein.	14896 14897 14898
Dated this _____ day of _____, 20__	14899
_____	14900
Signature of the party filing the affidavit	14901 14902
Sec. 5122.14. (A)(1) Immediately after acceptance of an affidavit required under section 5122.11 of the Revised Code, the court may appoint a psychiatrist, <u>a licensed psychiatric-</u> <u>mental health advanced practice registered nurse</u> , or a licensed clinical psychologist and in conjunction with a licensed physician <u>or licensed psychiatric-mental health advanced</u> <u>practice registered nurse</u> to examine the respondent, and at . At	14903 14904 14905 14906 14907 14908 14909

the first hearing held pursuant to section 5122.141 of the 14910
Revised Code, ~~such psychiatrist, or licensed clinical~~ 14911
~~psychologist and licensed physician,~~ the one or more persons 14912
appointed to conduct the examination shall report to the court 14913
~~his~~ the findings of the examination as to the mental condition 14914
of ~~the~~ respondent, and ~~his~~ the respondent's need for custody, 14915
care, or treatment in a mental hospital. ~~The~~ 14916

(2) In lieu of appointing persons under division (A) (1) of 14917
this section to examine the respondent, the court may accept as 14918
evidence ~~the a~~ written report of a psychiatrist, or the written 14919
~~report of a licensed clinical psychologist and a licensed~~ 14920
~~physician~~ that has been prepared by any of the following 14921
persons, designated by ~~the a~~ board of alcohol, drug addiction, 14922
and mental health services, as if that written report were the 14923
report and findings referred to in division (A) (1) of this 14924
section: a psychiatrist, a licensed psychiatric-mental health 14925
advanced practice registered nurse, or a licensed clinical 14926
psychologist in conjunction with a licensed physician or 14927
licensed psychiatric-mental health advanced practice registered 14928
nurse. 14929

(B) The examination, if possible, shall be held at a 14930
hospital or other medical facility, at the home of the 14931
respondent, or at any other suitable place least likely to have 14932
a harmful effect on the respondent's health. 14933

(C) The court shall prior to a hearing under section 14934
5122.141 or 5122.15 of the Revised Code release a copy of the 14935
report to the respondent's counsel. 14936

Sec. 5145.22. (A) ~~The chief~~ A physician, clinical nurse 14937
specialist, or certified nurse practitioner who is designated by 14938
the department of rehabilitation and correction shall keep a 14939

correct record of vital statistics of the penitentiary, 14940
containing the name, nationality or race, weight, stature, 14941
former occupation, and family history of each prisoner, a 14942
statement of the condition of the heart, lungs, and other 14943
leading organs, rate of the pulse and respiration, measurement 14944
of the chest and abdomen, condition of the inguinal canal, and 14945
the arch of the foot, and any existing disease, deformity, or 14946
other disability, acquired or inherited. The ~~chief physician or~~ 14947
nurse designated by the department shall perform such other 14948
duties in the line of ~~his~~ the physician's or nurse's profession 14949
as the department ~~of rehabilitation and correction~~ requires. 14950

(B) The ~~chief physician or nurse designated under division~~ 14951
(A) of this section shall keep a separate medical record of each 14952
prisoner as provided in division (C) of section 5120.21 of the 14953
Revised Code. 14954

Sec. 5164.08. (A) As used in this section, "screening 14955
mammography" means a radiologic examination utilized to detect 14956
 unsuspected breast cancer at an early stage in asymptomatic 14957
women and includes the x-ray examination of the breast using 14958
equipment that is dedicated specifically for mammography, 14959
including the x-ray tube, filter, compression device, screens, 14960
film, and cassettes, and that has an average radiation exposure 14961
delivery of less than one rad mid-breast. "Screening 14962
mammography" includes two views for each breast. The term also 14963
includes the professional interpretation of the film. 14964

"Screening mammography" does not include diagnostic 14965
mammography. 14966

(B) The medicaid program shall cover both of the 14967
following: 14968

(1) Screening mammography to detect the presence of breast cancer in adult women;	14969 14970
(2) Cytologic screening for the presence of cervical cancer.	14971 14972
(C) The medicaid program's coverage of screening mammography <u>mammographies</u> pursuant to division (B) (1) of this section shall be provided in accordance with all of the following:	14973 14974 14975 14976
(1) If a woman is at least thirty-five years of age but under forty years of age, one screening mammography;	14977 14978
(2) If a woman is at least forty years of age but under fifty years of age, either of the following:	14979 14980
(a) One screening mammography every two years;	14981
(b) If a licensed physician, <u>certified nurse-midwife,</u> <u>clinical nurse specialist,</u> or <u>certified nurse practitioner</u> has determined that the woman has risk factors to breast cancer, one screening mammography every year.	14982 14983 14984 14985
(3) If a woman is at least fifty years of age but under sixty-five years of age, one screening mammography every year.	14986 14987
(D) The medicaid program's coverage of screening mammographies pursuant to division (B) (1) of this section shall be provided only for screening mammographies that are performed in a facility or mobile mammography screening unit that is accredited under the American college of radiology mammography accreditation program or in a hospital as defined in section 3727.01 of the Revised Code.	14988 14989 14990 14991 14992 14993 14994
(E) The medicaid program's coverage of cytologic screenings pursuant to division (B) (2) of this section shall be	14995 14996

provided only for cytologic screenings that are processed and 14997
interpreted in a laboratory certified by the college of American 14998
pathologists or in a hospital as defined in section 3727.01 of 14999
the Revised Code. 15000

Sec. 5502.522. (A) There is hereby created the statewide 15001
emergency alert program to aid in the identification and 15002
location of any individual who has a mental impairment or is 15003
sixty-five years of age or older, who is or is believed to be a 15004
temporary or permanent resident of this state, is at a location 15005
that cannot be determined by an individual familiar with the 15006
missing individual, and is incapable of returning to the missing 15007
individual's residence without assistance, and whose 15008
disappearance, as determined by a law enforcement agency, poses 15009
a credible threat of immediate danger of serious bodily harm or 15010
death to the missing individual. The program shall be a 15011
coordinated effort among the governor's office, the department 15012
of public safety, the attorney general, law enforcement 15013
agencies, the state's public and commercial television and radio 15014
broadcasters, and others as determined necessary by the 15015
governor. No name shall be given to the program created under 15016
this division that conflicts with any alert code standards that 15017
are required by federal law and that govern the naming of 15018
emergency alert programs. 15019

(B) The statewide emergency alert program shall not be 15020
implemented unless all of the following activation criteria are 15021
met: 15022

(1) The local investigating law enforcement agency 15023
confirms that the individual is missing. 15024

(2) The individual is sixty-five years of age or older or 15025
has a mental impairment. 15026

(3) The disappearance of the individual poses a credible threat of immediate danger of serious bodily harm or death to the individual. 15027
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(4) There is sufficient descriptive information about the individual and the circumstances surrounding the individual's disappearance to indicate that activation of the alert will help locate the individual. 15030
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(C) Nothing in division (B) of this section prevents the activation of a local or regional emergency alert program that may impose different criteria for the activation of a local or regional plan. 15034
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(D) Any radio broadcast station, television broadcast station, or cable system participating in the statewide emergency alert program or in any local or regional emergency alert program, and any director, officer, employee, or agent of any station or system participating in either type of alert program, shall not be liable to any person for damages for any loss allegedly caused by or resulting from the station's or system's broadcast or cablecast of, or failure to broadcast or cablecast, any information pursuant to the statewide emergency alert program or the local or regional emergency alert program. 15038
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(E) A local investigating law enforcement agency shall not be required to notify the statewide emergency alert program that the law enforcement agency has received information that meets the activation criteria set forth in division (B) of this section during the first twenty-four hours after the law enforcement agency receives the information. 15048
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(F) Nothing in this section shall be construed to authorize the use of the federal emergency alert system unless 15054
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otherwise authorized by federal law. 15056

(G) As used in this section: 15057

(1) "Cable system" has the same meaning as in section 15058
2913.04 of the Revised Code. 15059

(2) "Law enforcement agency" includes, but is not limited 15060
to, a county sheriff's office, the office of a village marshal, 15061
a police department of a municipal corporation, a police force 15062
of a regional transit authority, a police force of a 15063
metropolitan housing authority, the state highway patrol, a 15064
state university law enforcement agency, the office of a 15065
township police constable, and the police department of a 15066
township or joint police district. 15067

(3) "Mental impairment" means a substantial disorder of 15068
thought, mood, perception, orientation, or memory that grossly 15069
impairs judgment, behavior, or ability to live independently or 15070
provide self-care as certified by one of the following: a 15071
licensed physician, including a physician who is a 15072
psychiatrist; a clinical nurse specialist or certified nurse 15073
practitioner who is certified as a psychiatric-mental health CNS 15074
or psychiatric-mental health NP by the American nurses 15075
credentialing center; or a licensed psychologist. 15076

Sec. 5739.01. As used in this chapter: 15077

(A) "Person" includes individuals, receivers, assignees, 15078
trustees in bankruptcy, estates, firms, partnerships, 15079
associations, joint-stock companies, joint ventures, clubs, 15080
societies, corporations, the state and its political 15081
subdivisions, and combinations of individuals of any form. 15082

(B) "Sale" and "selling" include all of the following 15083
transactions for a consideration in any manner, whether 15084

absolutely or conditionally, whether for a price or rental, in	15085
money or by exchange, and by any means whatsoever:	15086
(1) All transactions by which title or possession, or	15087
both, of tangible personal property, is or is to be transferred,	15088
or a license to use or consume tangible personal property is or	15089
is to be granted;	15090
(2) All transactions by which lodging by a hotel is or is	15091
to be furnished to transient guests;	15092
(3) All transactions by which:	15093
(a) An item of tangible personal property is or is to be	15094
repaired, except property, the purchase of which would not be	15095
subject to the tax imposed by section 5739.02 of the Revised	15096
Code;	15097
(b) An item of tangible personal property is or is to be	15098
installed, except property, the purchase of which would not be	15099
subject to the tax imposed by section 5739.02 of the Revised	15100
Code or property that is or is to be incorporated into and will	15101
become a part of a production, transmission, transportation, or	15102
distribution system for the delivery of a public utility	15103
service;	15104
(c) The service of washing, cleaning, waxing, polishing,	15105
or painting a motor vehicle is or is to be furnished;	15106
(d) Laundry and dry cleaning services are or are to be	15107
provided;	15108
(e) Automatic data processing, computer services, or	15109
electronic information services are or are to be provided for	15110
use in business when the true object of the transaction is the	15111
receipt by the consumer of automatic data processing, computer	15112

services, or electronic information services rather than the receipt of personal or professional services to which automatic data processing, computer services, or electronic information services are incidental or supplemental. Notwithstanding any other provision of this chapter, such transactions that occur between members of an affiliated group are not sales. An "affiliated group" means two or more persons related in such a way that one person owns or controls the business operation of another member of the group. In the case of corporations with stock, one corporation owns or controls another if it owns more than fifty per cent of the other corporation's common stock with voting rights.

(f) Telecommunications service, including prepaid calling service, prepaid wireless calling service, or ancillary service, is or is to be provided, but not including coin-operated telephone service;

(g) Landscaping and lawn care service is or is to be provided;

(h) Private investigation and security service is or is to be provided;

(i) Information services or tangible personal property is provided or ordered by means of a nine hundred telephone call;

(j) Building maintenance and janitorial service is or is to be provided;

(k) Exterminating service is or is to be provided;

(l) Physical fitness facility service is or is to be provided;

(m) Recreation and sports club service is or is to be

provided; 15141

(n) Satellite broadcasting service is or is to be 15142
provided; 15143

(o) Personal care service is or is to be provided to an 15144
individual. As used in this division, "personal care service" 15145
includes skin care, the application of cosmetics, manicuring, 15146
pedicuring, hair removal, tattooing, body piercing, tanning, 15147
massage, and other similar services. "Personal care service" 15148
does not include a service provided by or on the order of a 15149
licensed physician ~~or licensed, certified nurse-midwife,~~ 15150
clinical nurse specialist, certified nurse practitioner, or 15151
chiropractor, or the cutting, coloring, or styling of an 15152
individual's hair. 15153

(p) The transportation of persons by motor vehicle or 15154
aircraft is or is to be provided, when the transportation is 15155
entirely within this state, except for transportation provided 15156
by an ambulance service, by a transit bus, as defined in section 15157
5735.01 of the Revised Code, and transportation provided by a 15158
citizen of the United States holding a certificate of public 15159
convenience and necessity issued under 49 U.S.C. 41102; 15160

(q) Motor vehicle towing service is or is to be provided. 15161
As used in this division, "motor vehicle towing service" means 15162
the towing or conveyance of a wrecked, disabled, or illegally 15163
parked motor vehicle. 15164

(r) Snow removal service is or is to be provided. As used 15165
in this division, "snow removal service" means the removal of 15166
snow by any mechanized means, but does not include the providing 15167
of such service by a person that has less than five thousand 15168
dollars in sales of such service during the calendar year. 15169

(s) Electronic publishing service is or is to be provided 15170
to a consumer for use in business, except that such transactions 15171
occurring between members of an affiliated group, as defined in 15172
division (B) (3) (e) of this section, are not sales. 15173

(4) All transactions by which printed, imprinted, 15174
overprinted, lithographic, multilithic, blueprinted, 15175
photostatic, or other productions or reproductions of written or 15176
graphic matter are or are to be furnished or transferred; 15177

(5) The production or fabrication of tangible personal 15178
property for a consideration for consumers who furnish either 15179
directly or indirectly the materials used in the production of 15180
fabrication work; and include the furnishing, preparing, or 15181
serving for a consideration of any tangible personal property 15182
consumed on the premises of the person furnishing, preparing, or 15183
serving such tangible personal property. Except as provided in 15184
section 5739.03 of the Revised Code, a construction contract 15185
pursuant to which tangible personal property is or is to be 15186
incorporated into a structure or improvement on and becoming a 15187
part of real property is not a sale of such tangible personal 15188
property. The construction contractor is the consumer of such 15189
tangible personal property, provided that the sale and 15190
installation of carpeting, the sale and installation of 15191
agricultural land tile, the sale and erection or installation of 15192
portable grain bins, or the provision of landscaping and lawn 15193
care service and the transfer of property as part of such 15194
service is never a construction contract. 15195

As used in division (B) (5) of this section: 15196

(a) "Agricultural land tile" means fired clay or concrete 15197
tile, or flexible or rigid perforated plastic pipe or tubing, 15198
incorporated or to be incorporated into a subsurface drainage 15199

system appurtenant to land used or to be used primarily in 15200
production by farming, agriculture, horticulture, or 15201
floriculture. The term does not include such materials when they 15202
are or are to be incorporated into a drainage system appurtenant 15203
to a building or structure even if the building or structure is 15204
used or to be used in such production. 15205

(b) "Portable grain bin" means a structure that is used or 15206
to be used by a person engaged in farming or agriculture to 15207
shelter the person's grain and that is designed to be 15208
disassembled without significant damage to its component parts. 15209

(6) All transactions in which all of the shares of stock 15210
of a closely held corporation are transferred, or an ownership 15211
interest in a pass-through entity, as defined in section 5733.04 15212
of the Revised Code, is transferred, if the corporation or pass- 15213
through entity is not engaging in business and its entire assets 15214
consist of boats, planes, motor vehicles, or other tangible 15215
personal property operated primarily for the use and enjoyment 15216
of the shareholders or owners; 15217

(7) All transactions in which a warranty, maintenance or 15218
service contract, or similar agreement by which the vendor of 15219
the warranty, contract, or agreement agrees to repair or 15220
maintain the tangible personal property of the consumer is or is 15221
to be provided; 15222

(8) The transfer of copyrighted motion picture films used 15223
solely for advertising purposes, except that the transfer of 15224
such films for exhibition purposes is not a sale; 15225

(9) All transactions by which tangible personal property 15226
is or is to be stored, except such property that the consumer of 15227
the storage holds for sale in the regular course of business; 15228

(10) All transactions in which "guaranteed auto protection" is provided whereby a person promises to pay to the consumer the difference between the amount the consumer receives from motor vehicle insurance and the amount the consumer owes to a person holding title to or a lien on the consumer's motor vehicle in the event the consumer's motor vehicle suffers a total loss under the terms of the motor vehicle insurance policy or is stolen and not recovered, if the protection and its price are included in the purchase or lease agreement;

(11) (a) Except as provided in division (B) (11) (b) of this section, all transactions by which health care services are paid for, reimbursed, provided, delivered, arranged for, or otherwise made available by a medicaid health insuring corporation pursuant to the corporation's contract with the state.

(b) If the centers for medicare and medicaid services of the United States department of health and human services determines that the taxation of transactions described in division (B) (11) (a) of this section constitutes an impermissible health care-related tax under the "Social Security Act," section 1903(w), 42 U.S.C. 1396b(w), and regulations adopted thereunder, the medicaid director shall notify the tax commissioner of that determination. Beginning with the first day of the month following that notification, the transactions described in division (B) (11) (a) of this section are not sales for the purposes of this chapter or Chapter 5741. of the Revised Code. The tax commissioner shall order that the collection of taxes under sections 5739.02, 5739.021, 5739.023, 5739.026, 5741.02, 5741.021, 5741.022, and 5741.023 of the Revised Code shall cease for transactions occurring on or after that date.

(12) All transactions by which a specified digital product

is provided for permanent use or less than permanent use, 15259
regardless of whether continued payment is required. 15260

Except as provided in this section, "sale" and "selling" 15261
do not include transfers of interest in leased property where 15262
the original lessee and the terms of the original lease 15263
agreement remain unchanged, or professional, insurance, or 15264
personal service transactions that involve the transfer of 15265
tangible personal property as an inconsequential element, for 15266
which no separate charges are made. 15267

(C) "Vendor" means the person providing the service or by 15268
whom the transfer effected or license given by a sale is or is 15269
to be made or given and, for sales described in division (B) (3) 15270
(i) of this section, the telecommunications service vendor that 15271
provides the nine hundred telephone service; if two or more 15272
persons are engaged in business at the same place of business 15273
under a single trade name in which all collections on account of 15274
sales by each are made, such persons shall constitute a single 15275
vendor. 15276

Physicians, certified nurse-midwives, clinical nurse 15277
specialists, certified nurse practitioners, dentists, hospitals, 15278
and veterinarians who are engaged in selling tangible personal 15279
property as received from others, such as eyeglasses, 15280
mouthwashes, dentifrices, or similar articles, are vendors. 15281
Veterinarians who are engaged in transferring to others for a 15282
consideration drugs, the dispensing of which does not require an 15283
order of a licensed veterinarian ~~or~~, physician, certified nurse- 15284
midwife, clinical nurse specialist, or certified nurse 15285
practitioner under federal law, are vendors. 15286

The operator of any peer-to-peer car sharing program shall 15287
be considered to be the vendor. 15288

(D) (1) "Consumer" means the person for whom the service is provided, to whom the transfer effected or license given by a sale is or is to be made or given, to whom the service described in division (B) (3) (f) or (i) of this section is charged, or to whom the admission is granted.

(2) Physicians, certified nurse-midwives, clinical nurse specialists, certified nurse practitioners, dentists, hospitals, and blood banks operated by nonprofit institutions and persons licensed to practice veterinary medicine, surgery, and dentistry are consumers of all tangible personal property and services purchased by them in connection with the practice of medicine, dentistry, the rendition of hospital or blood bank service, or the practice of veterinary medicine, surgery, and dentistry. In addition to being consumers of drugs administered by them or by their assistants according to their direction, veterinarians also are consumers of drugs that under federal law may be dispensed only by or upon the order of a licensed veterinarian ~~or~~, physician, certified nurse-midwife, clinical nurse specialist, or certified nurse practitioner, when transferred by them to others for a consideration to provide treatment to animals as directed by the veterinarian.

(3) A person who performs a facility management, or similar service contract for a contractee is a consumer of all tangible personal property and services purchased for use in connection with the performance of such contract, regardless of whether title to any such property vests in the contractee. The purchase of such property and services is not subject to the exception for resale under division (E) of this section.

(4) (a) In the case of a person who purchases printed matter for the purpose of distributing it or having it

distributed to the public or to a designated segment of the public, free of charge, that person is the consumer of that printed matter, and the purchase of that printed matter for that purpose is a sale.

(b) In the case of a person who produces, rather than purchases, printed matter for the purpose of distributing it or having it distributed to the public or to a designated segment of the public, free of charge, that person is the consumer of all tangible personal property and services purchased for use or consumption in the production of that printed matter. That person is not entitled to claim exemption under division (B) (42) (f) of section 5739.02 of the Revised Code for any material incorporated into the printed matter or any equipment, supplies, or services primarily used to produce the printed matter.

(c) The distribution of printed matter to the public or to a designated segment of the public, free of charge, is not a sale to the members of the public to whom the printed matter is distributed or to any persons who purchase space in the printed matter for advertising or other purposes.

(5) A person who makes sales of any of the services listed in division (B) (3) of this section is the consumer of any tangible personal property used in performing the service. The purchase of that property is not subject to the resale exception under division (E) of this section.

(6) A person who engages in highway transportation for hire is the consumer of all packaging materials purchased by that person and used in performing the service, except for packaging materials sold by such person in a transaction separate from the service.

(7) In the case of a transaction for health care services under division (B) (11) of this section, a medicaid health insuring corporation is the consumer of such services. The purchase of such services by a medicaid health insuring corporation is not subject to the exception for resale under division (E) of this section or to the exemptions provided under divisions (B) (12), (18), (19), and (22) of section 5739.02 of the Revised Code.

(E) "Retail sale" and "sales at retail" include all sales, except those in which the purpose of the consumer is to resell the thing transferred or benefit of the service provided, by a person engaging in business, in the form in which the same is, or is to be, received by the person.

(F) "Business" includes any activity engaged in by any person with the object of gain, benefit, or advantage, either direct or indirect. "Business" does not include the activity of a person in managing and investing the person's own funds.

(G) "Engaging in business" means commencing, conducting, or continuing in business, and liquidating a business when the liquidator thereof holds itself out to the public as conducting such business. Making a casual sale is not engaging in business.

(H) (1) (a) "Price," except as provided in divisions (H) (2), (3), and (4) of this section, means the total amount of consideration, including cash, credit, property, and services, for which tangible personal property or services are sold, leased, or rented, valued in money, whether received in money or otherwise, without any deduction for any of the following:

(i) The vendor's cost of the property sold;

(ii) The cost of materials used, labor or service costs,

interest, losses, all costs of transportation to the vendor, all 15377
taxes imposed on the vendor, including the tax imposed under 15378
Chapter 5751. of the Revised Code, and any other expense of the 15379
vendor; 15380

(iii) Charges by the vendor for any services necessary to 15381
complete the sale; 15382

(iv) Delivery charges. As used in this division, "delivery 15383
charges" means charges by the vendor for preparation and 15384
delivery to a location designated by the consumer of tangible 15385
personal property or a service, including transportation, 15386
shipping, postage, handling, crating, and packing. 15387

(v) Installation charges; 15388

(vi) Credit for any trade-in. 15389

(b) "Price" includes consideration received by the vendor 15390
from a third party, if the vendor actually receives the 15391
consideration from a party other than the consumer, and the 15392
consideration is directly related to a price reduction or 15393
discount on the sale; the vendor has an obligation to pass the 15394
price reduction or discount through to the consumer; the amount 15395
of the consideration attributable to the sale is fixed and 15396
determinable by the vendor at the time of the sale of the item 15397
to the consumer; and one of the following criteria is met: 15398

(i) The consumer presents a coupon, certificate, or other 15399
document to the vendor to claim a price reduction or discount 15400
where the coupon, certificate, or document is authorized, 15401
distributed, or granted by a third party with the understanding 15402
that the third party will reimburse any vendor to whom the 15403
coupon, certificate, or document is presented; 15404

(ii) The consumer identifies the consumer's self to the 15405

seller as a member of a group or organization entitled to a 15406
price reduction or discount. A preferred customer card that is 15407
available to any patron does not constitute membership in such a 15408
group or organization. 15409

(iii) The price reduction or discount is identified as a 15410
third party price reduction or discount on the invoice received 15411
by the consumer, or on a coupon, certificate, or other document 15412
presented by the consumer. 15413

(c) "Price" does not include any of the following: 15414

(i) Discounts, including cash, term, or coupons that are 15415
not reimbursed by a third party that are allowed by a vendor and 15416
taken by a consumer on a sale; 15417

(ii) Interest, financing, and carrying charges from credit 15418
extended on the sale of tangible personal property or services, 15419
if the amount is separately stated on the invoice, bill of sale, 15420
or similar document given to the purchaser; 15421

(iii) Any taxes legally imposed directly on the consumer 15422
that are separately stated on the invoice, bill of sale, or 15423
similar document given to the consumer. For the purpose of this 15424
division, the tax imposed under Chapter 5751. of the Revised 15425
Code is not a tax directly on the consumer, even if the tax or a 15426
portion thereof is separately stated. 15427

(iv) Notwithstanding divisions (H) (1) (b) (i) to (iii) of 15428
this section, any discount allowed by an automobile manufacturer 15429
to its employee, or to the employee of a supplier, on the 15430
purchase of a new motor vehicle from a new motor vehicle dealer 15431
in this state. 15432

(v) The dollar value of a gift card that is not sold by a 15433
vendor or purchased by a consumer and that is redeemed by the 15434

consumer in purchasing tangible personal property or services if 15435
the vendor is not reimbursed and does not receive compensation 15436
from a third party to cover all or part of the gift card value. 15437
For the purposes of this division, a gift card is not sold by a 15438
vendor or purchased by a consumer if it is distributed pursuant 15439
to an awards, loyalty, or promotional program. Past and present 15440
purchases of tangible personal property or services by the 15441
consumer shall not be treated as consideration exchanged for a 15442
gift card. 15443

(2) In the case of a sale of any new motor vehicle by a 15444
new motor vehicle dealer, as defined in section 4517.01 of the 15445
Revised Code, in which another motor vehicle is accepted by the 15446
dealer as part of the consideration received, "price" has the 15447
same meaning as in division (H) (1) of this section, reduced by 15448
the credit afforded the consumer by the dealer for the motor 15449
vehicle received in trade. 15450

(3) In the case of a sale of any watercraft or outboard 15451
motor by a watercraft dealer licensed in accordance with section 15452
1547.543 of the Revised Code, in which another watercraft, 15453
watercraft and trailer, or outboard motor is accepted by the 15454
dealer as part of the consideration received, "price" has the 15455
same meaning as in division (H) (1) of this section, reduced by 15456
the credit afforded the consumer by the dealer for the 15457
watercraft, watercraft and trailer, or outboard motor received 15458
in trade. As used in this division, "watercraft" includes an 15459
outdrive unit attached to the watercraft. 15460

(4) In the case of transactions for health care services 15461
under division (B) (11) of this section, "price" means the amount 15462
of managed care premiums received each month by a medicaid 15463
health insuring corporation. 15464

(I) "Receipts" means the total amount of the prices of the sales of vendors, provided that the dollar value of gift cards distributed pursuant to an awards, loyalty, or promotional program, and cash discounts allowed and taken on sales at the time they are consummated are not included, minus any amount deducted as a bad debt pursuant to section 5739.121 of the Revised Code. "Receipts" does not include the sale price of property returned or services rejected by consumers when the full sale price and tax are refunded either in cash or by credit.

(J) "Place of business" means any location at which a person engages in business.

(K) "Premises" includes any real property or portion thereof upon which any person engages in selling tangible personal property at retail or making retail sales and also includes any real property or portion thereof designated for, or devoted to, use in conjunction with the business engaged in by such person.

(L) "Casual sale" means a sale of an item of tangible personal property that was obtained by the person making the sale, through purchase or otherwise, for the person's own use and was previously subject to any state's taxing jurisdiction on its sale or use, and includes such items acquired for the seller's use that are sold by an auctioneer employed directly by the person for such purpose, provided the location of such sales is not the auctioneer's permanent place of business. As used in this division, "permanent place of business" includes any location where such auctioneer has conducted more than two auctions during the year.

(M) "Hotel" means every establishment kept, used,

maintained, advertised, or held out to the public to be a place 15495
where sleeping accommodations are offered to guests, in which 15496
five or more rooms are used for the accommodation of such 15497
guests, whether the rooms are in one or several structures, 15498
except as otherwise provided in section 5739.091 of the Revised 15499
Code. 15500

(N) "Transient guests" means persons occupying a room or 15501
rooms for sleeping accommodations for less than thirty 15502
consecutive days. 15503

(O) "Making retail sales" means the effecting of 15504
transactions wherein one party is obligated to pay the price and 15505
the other party is obligated to provide a service or to transfer 15506
title to or possession of the item sold. "Making retail sales" 15507
does not include the preliminary acts of promoting or soliciting 15508
the retail sales, other than the distribution of printed matter 15509
which displays or describes and prices the item offered for 15510
sale, nor does it include delivery of a predetermined quantity 15511
of tangible personal property or transportation of property or 15512
personnel to or from a place where a service is performed. 15513

(P) "Used directly in the rendition of a public utility 15514
service" means that property that is to be incorporated into and 15515
will become a part of the consumer's production, transmission, 15516
transportation, or distribution system and that retains its 15517
classification as tangible personal property after such 15518
incorporation; fuel or power used in the production, 15519
transmission, transportation, or distribution system; and 15520
tangible personal property used in the repair and maintenance of 15521
the production, transmission, transportation, or distribution 15522
system, including only such motor vehicles as are specially 15523
designed and equipped for such use. Tangible personal property 15524

and services used primarily in providing highway transportation 15525
for hire are not used directly in the rendition of a public 15526
utility service. In this definition, "public utility" includes a 15527
citizen of the United States holding, and required to hold, a 15528
certificate of public convenience and necessity issued under 49 15529
U.S.C. 41102. 15530

(Q) "Refining" means removing or separating a desirable 15531
product from raw or contaminated materials by distillation or 15532
physical, mechanical, or chemical processes. 15533

(R) "Assembly" and "assembling" mean attaching or fitting 15534
together parts to form a product, but do not include packaging a 15535
product. 15536

(S) "Manufacturing operation" means a process in which 15537
materials are changed, converted, or transformed into a 15538
different state or form from which they previously existed and 15539
includes refining materials, assembling parts, and preparing raw 15540
materials and parts by mixing, measuring, blending, or otherwise 15541
committing such materials or parts to the manufacturing process. 15542
"Manufacturing operation" does not include packaging. 15543

(T) "Fiscal officer" means, with respect to a regional 15544
transit authority, the secretary-treasurer thereof, and with 15545
respect to a county that is a transit authority, the fiscal 15546
officer of the county transit board if one is appointed pursuant 15547
to section 306.03 of the Revised Code or the county auditor if 15548
the board of county commissioners operates the county transit 15549
system. 15550

(U) "Transit authority" means a regional transit authority 15551
created pursuant to section 306.31 of the Revised Code or a 15552
county in which a county transit system is created pursuant to 15553

section 306.01 of the Revised Code. For the purposes of this 15554
chapter, a transit authority must extend to at least the entire 15555
area of a single county. A transit authority that includes 15556
territory in more than one county must include all the area of 15557
the most populous county that is a part of such transit 15558
authority. County population shall be measured by the most 15559
recent census taken by the United States census bureau. 15560

(V) "Legislative authority" means, with respect to a 15561
regional transit authority, the board of trustees thereof, and 15562
with respect to a county that is a transit authority, the board 15563
of county commissioners. 15564

(W) "Territory of the transit authority" means all of the 15565
area included within the territorial boundaries of a transit 15566
authority as they from time to time exist. Such territorial 15567
boundaries must at all times include all the area of a single 15568
county or all the area of the most populous county that is a 15569
part of such transit authority. County population shall be 15570
measured by the most recent census taken by the United States 15571
census bureau. 15572

(X) "Providing a service" means providing or furnishing 15573
anything described in division (B) (3) of this section for 15574
consideration. 15575

(Y) (1) (a) "Automatic data processing" means processing of 15576
others' data, including keypunching or similar data entry 15577
services together with verification thereof, or providing access 15578
to computer equipment for the purpose of processing data. 15579

(b) "Computer services" means providing services 15580
consisting of specifying computer hardware configurations and 15581
evaluating technical processing characteristics, computer 15582

programming, and training of computer programmers and operators, 15583
provided in conjunction with and to support the sale, lease, or 15584
operation of taxable computer equipment or systems. 15585

(c) "Electronic information services" means providing 15586
access to computer equipment by means of telecommunications 15587
equipment for the purpose of either of the following: 15588

(i) Examining or acquiring data stored in or accessible to 15589
the computer equipment; 15590

(ii) Placing data into the computer equipment to be 15591
retrieved by designated recipients with access to the computer 15592
equipment. 15593

"Electronic information services" does not include 15594
electronic publishing. 15595

(d) "Automatic data processing, computer services, or 15596
electronic information services" shall not include personal or 15597
professional services. 15598

(2) As used in divisions (B) (3) (e) and (Y) (1) of this 15599
section, "personal and professional services" means all services 15600
other than automatic data processing, computer services, or 15601
electronic information services, including but not limited to: 15602

(a) Accounting and legal services such as advice on tax 15603
matters, asset management, budgetary matters, quality control, 15604
information security, and auditing and any other situation where 15605
the service provider receives data or information and studies, 15606
alters, analyzes, interprets, or adjusts such material; 15607

(b) Analyzing business policies and procedures; 15608

(c) Identifying management information needs; 15609

(d) Feasibility studies, including economic and technical analysis of existing or potential computer hardware or software needs and alternatives;

(e) Designing policies, procedures, and custom software for collecting business information, and determining how data should be summarized, sequenced, formatted, processed, controlled, and reported so that it will be meaningful to management;

(f) Developing policies and procedures that document how business events and transactions are to be authorized, executed, and controlled;

(g) Testing of business procedures;

(h) Training personnel in business procedure applications;

(i) Providing credit information to users of such information by a consumer reporting agency, as defined in the "Fair Credit Reporting Act," 84 Stat. 1114, 1129 (1970), 15 U.S.C. 1681a(f), or as hereafter amended, including but not limited to gathering, organizing, analyzing, recording, and furnishing such information by any oral, written, graphic, or electronic medium;

(j) Providing debt collection services by any oral, written, graphic, or electronic means;

(k) Providing digital advertising services.

The services listed in divisions (Y) (2) (a) to (k) of this section are not automatic data processing or computer services.

(Z) "Highway transportation for hire" means the transportation of personal property belonging to others for consideration by any of the following:

(1) The holder of a permit or certificate issued by this state or the United States authorizing the holder to engage in transportation of personal property belonging to others for consideration over or on highways, roadways, streets, or any similar public thoroughfare;

(2) A person who engages in the transportation of personal property belonging to others for consideration over or on highways, roadways, streets, or any similar public thoroughfare but who could not have engaged in such transportation on December 11, 1985, unless the person was the holder of a permit or certificate of the types described in division (Z) (1) of this section;

(3) A person who leases a motor vehicle to and operates it for a person described by division (Z) (1) or (2) of this section.

(AA) (1) "Telecommunications service" means the electronic transmission, conveyance, or routing of voice, data, audio, video, or any other information or signals to a point, or between or among points. "Telecommunications service" includes such transmission, conveyance, or routing in which computer processing applications are used to act on the form, code, or protocol of the content for purposes of transmission, conveyance, or routing without regard to whether the service is referred to as voice-over internet protocol service or is classified by the federal communications commission as enhanced or value-added. "Telecommunications service" does not include any of the following:

(a) Data processing and information services that allow data to be generated, acquired, stored, processed, or retrieved and delivered by an electronic transmission to a consumer where

the consumer's primary purpose for the underlying transaction is	15668
the processed data or information;	15669
(b) Installation or maintenance of wiring or equipment on	15670
a customer's premises;	15671
(c) Tangible personal property;	15672
(d) Advertising, including directory advertising;	15673
(e) Billing and collection services provided to third	15674
parties;	15675
(f) Internet access service;	15676
(g) Radio and television audio and video programming	15677
services, regardless of the medium, including the furnishing of	15678
transmission, conveyance, and routing of such services by the	15679
programming service provider. Radio and television audio and	15680
video programming services include, but are not limited to,	15681
cable service, as defined in 47 U.S.C. 522(6), and audio and	15682
video programming services delivered by commercial mobile radio	15683
service providers, as defined in 47 C.F.R. 20.3;	15684
(h) Ancillary service;	15685
(i) Digital products delivered electronically, including	15686
software, music, video, reading materials, or ring tones.	15687
(2) "Ancillary service" means a service that is associated	15688
with or incidental to the provision of telecommunications	15689
service, including conference bridging service, detailed	15690
telecommunications billing service, directory assistance,	15691
vertical service, and voice mail service. As used in this	15692
division:	15693
(a) "Conference bridging service" means an ancillary	15694

service that links two or more participants of an audio or video conference call, including providing a telephone number. 15695
15696
"Conference bridging service" does not include 15697
telecommunications services used to reach the conference bridge. 15698

(b) "Detailed telecommunications billing service" means an ancillary service of separately stating information pertaining to individual calls on a customer's billing statement. 15699
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(c) "Directory assistance" means an ancillary service of providing telephone number or address information. 15702
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(d) "Vertical service" means an ancillary service that is offered in connection with one or more telecommunications services, which offers advanced calling features that allow customers to identify callers and manage multiple calls and call connections, including conference bridging service. 15704
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(e) "Voice mail service" means an ancillary service that enables the customer to store, send, or receive recorded messages. "Voice mail service" does not include any vertical services that the customer may be required to have in order to utilize the voice mail service. 15709
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(3) "900 service" means an inbound toll telecommunications service purchased by a subscriber that allows the subscriber's customers to call in to the subscriber's prerecorded announcement or live service, and which is typically marketed under the name "900 service" and any subsequent numbers designated by the federal communications commission. "900 service" does not include the charge for collection services provided by the seller of the telecommunications service to the subscriber, or services or products sold by the subscriber to the subscriber's customer. 15714
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(4) "Prepaid calling service" means the right to access 15724
exclusively telecommunications services, which must be paid for 15725
in advance and which enables the origination of calls using an 15726
access number or authorization code, whether manually or 15727
electronically dialed, and that is sold in predetermined units 15728
or dollars of which the number declines with use in a known 15729
amount. 15730

(5) "Prepaid wireless calling service" means a 15731
telecommunications service that provides the right to utilize 15732
mobile telecommunications service as well as other non- 15733
telecommunications services, including the download of digital 15734
products delivered electronically, and content and ancillary 15735
services, that must be paid for in advance and that is sold in 15736
predetermined units or dollars of which the number declines with 15737
use in a known amount. 15738

(6) "Value-added non-voice data service" means a 15739
telecommunications service in which computer processing 15740
applications are used to act on the form, content, code, or 15741
protocol of the information or data primarily for a purpose 15742
other than transmission, conveyance, or routing. 15743

(7) "Coin-operated telephone service" means a 15744
telecommunications service paid for by inserting money into a 15745
telephone accepting direct deposits of money to operate. 15746

(8) "Customer" has the same meaning as in section 5739.034 15747
of the Revised Code. 15748

(BB) "Laundry and dry cleaning services" means removing 15749
soil or dirt from towels, linens, articles of clothing, or other 15750
fabric items that belong to others and supplying towels, linens, 15751
articles of clothing, or other fabric items. "Laundry and dry 15752

cleaning services" does not include the provision of self- 15753
service facilities for use by consumers to remove soil or dirt 15754
from towels, linens, articles of clothing, or other fabric 15755
items. 15756

(CC) "Magazines distributed as controlled circulation 15757
publications" means magazines containing at least twenty-four 15758
pages, at least twenty-five per cent editorial content, issued 15759
at regular intervals four or more times a year, and circulated 15760
without charge to the recipient, provided that such magazines 15761
are not owned or controlled by individuals or business concerns 15762
which conduct such publications as an auxiliary to, and 15763
essentially for the advancement of the main business or calling 15764
of, those who own or control them. 15765

(DD) "Landscaping and lawn care service" means the 15766
services of planting, seeding, sodding, removing, cutting, 15767
trimming, pruning, mulching, aerating, applying chemicals, 15768
watering, fertilizing, and providing similar services to 15769
establish, promote, or control the growth of trees, shrubs, 15770
flowers, grass, ground cover, and other flora, or otherwise 15771
maintaining a lawn or landscape grown or maintained by the owner 15772
for ornamentation or other nonagricultural purpose. However, 15773
"landscaping and lawn care service" does not include the 15774
providing of such services by a person who has less than five 15775
thousand dollars in sales of such services during the calendar 15776
year. 15777

(EE) "Private investigation and security service" means 15778
the performance of any activity for which the provider of such 15779
service is required to be licensed pursuant to Chapter 4749. of 15780
the Revised Code, or would be required to be so licensed in 15781
performing such services in this state, and also includes the 15782

services of conducting polygraph examinations and of monitoring 15783
or overseeing the activities on or in, or the condition of, the 15784
consumer's home, business, or other facility by means of 15785
electronic or similar monitoring devices. "Private investigation 15786
and security service" does not include special duty services 15787
provided by off-duty police officers, deputy sheriffs, and other 15788
peace officers regularly employed by the state or a political 15789
subdivision. 15790

(FF) "Information services" means providing conversation, 15791
giving consultation or advice, playing or making a voice or 15792
other recording, making or keeping a record of the number of 15793
callers, and any other service provided to a consumer by means 15794
of a nine hundred telephone call, except when the nine hundred 15795
telephone call is the means by which the consumer makes a 15796
contribution to a recognized charity. 15797

(GG) "Research and development" means designing, creating, 15798
or formulating new or enhanced products, equipment, or 15799
manufacturing processes, and also means conducting scientific or 15800
technological inquiry and experimentation in the physical 15801
sciences with the goal of increasing scientific knowledge which 15802
may reveal the bases for new or enhanced products, equipment, or 15803
manufacturing processes. 15804

(HH) "Qualified research and development equipment" means 15805
capitalized tangible personal property, and leased personal 15806
property that would be capitalized if purchased, used by a 15807
person primarily to perform research and development. Tangible 15808
personal property primarily used in testing, as defined in 15809
division (A)(4) of section 5739.011 of the Revised Code, or used 15810
for recording or storing test results, is not qualified research 15811
and development equipment unless such property is primarily used 15812

by the consumer in testing the product, equipment, or 15813
manufacturing process being created, designed, or formulated by 15814
the consumer in the research and development activity or in 15815
recording or storing such test results. 15816

(II) "Building maintenance and janitorial service" means 15817
cleaning the interior or exterior of a building and any tangible 15818
personal property located therein or thereon, including any 15819
services incidental to such cleaning for which no separate 15820
charge is made. However, "building maintenance and janitorial 15821
service" does not include the providing of such service by a 15822
person who has less than five thousand dollars in sales of such 15823
service during the calendar year. As used in this division, 15824
"cleaning" does not include sanitation services necessary for an 15825
establishment described in 21 U.S.C. 608 to comply with rules 15826
and regulations adopted pursuant to that section. 15827

(JJ) "Exterminating service" means eradicating or 15828
attempting to eradicate vermin infestations from a building or 15829
structure, or the area surrounding a building or structure, and 15830
includes activities to inspect, detect, or prevent vermin 15831
infestation of a building or structure. 15832

(KK) "Physical fitness facility service" means all 15833
transactions by which a membership is granted, maintained, or 15834
renewed, including initiation fees, membership dues, renewal 15835
fees, monthly minimum fees, and other similar fees and dues, by 15836
a physical fitness facility such as an athletic club, health 15837
spa, or gymnasium, which entitles the member to use the facility 15838
for physical exercise. 15839

(LL) "Recreation and sports club service" means all 15840
transactions by which a membership is granted, maintained, or 15841
renewed, including initiation fees, membership dues, renewal 15842

fees, monthly minimum fees, and other similar fees and dues, by 15843
a recreation and sports club, which entitles the member to use 15844
the facilities of the organization. "Recreation and sports club" 15845
means an organization that has ownership of, or controls or 15846
leases on a continuing, long-term basis, the facilities used by 15847
its members and includes an aviation club, gun or shooting club, 15848
yacht club, card club, swimming club, tennis club, golf club, 15849
country club, riding club, amateur sports club, or similar 15850
organization. 15851

(MM) "Livestock" means farm animals commonly raised for 15852
food, food production, or other agricultural purposes, 15853
including, but not limited to, cattle, sheep, goats, swine, 15854
poultry, and captive deer. "Livestock" does not include 15855
invertebrates, amphibians, reptiles, domestic pets, animals for 15856
use in laboratories or for exhibition, or other animals not 15857
commonly raised for food or food production. 15858

(NN) "Livestock structure" means a building or structure 15859
used exclusively for the housing, raising, feeding, or 15860
sheltering of livestock, and includes feed storage or handling 15861
structures and structures for livestock waste handling. 15862

(OO) "Horticulture" means the growing, cultivation, and 15863
production of flowers, fruits, herbs, vegetables, sod, 15864
mushrooms, and nursery stock. As used in this division, "nursery 15865
stock" has the same meaning as in section 927.51 of the Revised 15866
Code. 15867

(PP) "Horticulture structure" means a building or 15868
structure used exclusively for the commercial growing, raising, 15869
or overwintering of horticultural products, and includes the 15870
area used for stocking, storing, and packing horticultural 15871
products when done in conjunction with the production of those 15872

products. 15873

(QQ) "Newspaper" means an unbound publication bearing a 15874
title or name that is regularly published, at least as 15875
frequently as biweekly, and distributed from a fixed place of 15876
business to the public in a specific geographic area, and that 15877
contains a substantial amount of news matter of international, 15878
national, or local events of interest to the general public. 15879

(RR) (1) "Feminine hygiene products" means tampons, panty 15880
liners, menstrual cups, sanitary napkins, and other similar 15881
tangible personal property designed for feminine hygiene in 15882
connection with the human menstrual cycle, but does not include 15883
grooming and hygiene products. 15884

(2) "Grooming and hygiene products" means soaps and 15885
cleaning solutions, shampoo, toothpaste, mouthwash, 15886
antiperspirants, and sun tan lotions and screens, regardless of 15887
whether any of these products are over-the-counter drugs. 15888

(3) "Over-the-counter drugs" means a drug that contains a 15889
label that identifies the product as a drug as required by 21 15890
C.F.R. 201.66, which label includes a drug facts panel or a 15891
statement of the active ingredients with a list of those 15892
ingredients contained in the compound, substance, or 15893
preparation. 15894

(SS) (1) "Lease" or "rental" means any transfer of the 15895
possession or control of tangible personal property for a fixed 15896
or indefinite term, for consideration. "Lease" or "rental" 15897
includes future options to purchase or extend, and agreements 15898
described in 26 U.S.C. 7701(h) (1) covering motor vehicles and 15899
trailers where the amount of consideration may be increased or 15900
decreased by reference to the amount realized upon the sale or 15901

disposition of the property. "Lease" or "rental" does not
include:

(a) A transfer of possession or control of tangible
personal property under a security agreement or a deferred
payment plan that requires the transfer of title upon completion
of the required payments;

(b) A transfer of possession or control of tangible
personal property under an agreement that requires the transfer
of title upon completion of required payments and payment of an
option price that does not exceed the greater of one hundred
dollars or one per cent of the total required payments;

(c) Providing tangible personal property along with an
operator for a fixed or indefinite period of time, if the
operator is necessary for the property to perform as designed.
For purposes of this division, the operator must do more than
maintain, inspect, or set up the tangible personal property.

(2) "Lease" and "rental," as defined in division (SS) of
this section, shall not apply to leases or rentals that exist
before June 26, 2003.

(3) "Lease" and "rental" have the same meaning as in
division (SS) (1) of this section regardless of whether a
transaction is characterized as a lease or rental under
generally accepted accounting principles, the Internal Revenue
Code, Title XIII of the Revised Code, or other federal, state,
or local laws.

(TT) "Mobile telecommunications service" has the same
meaning as in the "Mobile Telecommunications Sourcing Act," Pub.
L. No. 106-252, 114 Stat. 631 (2000), 4 U.S.C.A. 124(7), as
amended, and, on and after August 1, 2003, includes related fees

and ancillary services, including universal service fees, 15931
detailed billing service, directory assistance, service 15932
initiation, voice mail service, and vertical services, such as 15933
caller ID and three-way calling. 15934

(UU) "Certified service provider" has the same meaning as 15935
in section 5740.01 of the Revised Code. 15936

(VV) "Satellite broadcasting service" means the 15937
distribution or broadcasting of programming or services by 15938
satellite directly to the subscriber's receiving equipment 15939
without the use of ground receiving or distribution equipment, 15940
except the subscriber's receiving equipment or equipment used in 15941
the uplink process to the satellite, and includes all service 15942
and rental charges, premium channels or other special services, 15943
installation and repair service charges, and any other charges 15944
having any connection with the provision of the satellite 15945
broadcasting service. 15946

(WW) "Tangible personal property" means personal property 15947
that can be seen, weighed, measured, felt, or touched, or that 15948
is in any other manner perceptible to the senses. For purposes 15949
of this chapter and Chapter 5741. of the Revised Code, "tangible 15950
personal property" includes motor vehicles, electricity, water, 15951
gas, steam, and prewritten computer software. 15952

(XX) "Municipal gas utility" means a municipal corporation 15953
that owns or operates a system for the distribution of natural 15954
gas. 15955

(YY) "Computer" means an electronic device that accepts 15956
information in digital or similar form and manipulates it for a 15957
result based on a sequence of instructions. 15958

(ZZ) "Computer software" means a set of coded instructions 15959

designed to cause a computer or automatic data processing 15960
equipment to perform a task. 15961

(AAA) "Delivered electronically" means delivery of 15962
computer software from the seller to the purchaser by means 15963
other than tangible storage media. 15964

(BBB) "Prewritten computer software" means computer 15965
software, including prewritten upgrades, that is not designed 15966
and developed by the author or other creator to the 15967
specifications of a specific purchaser. The combining of two or 15968
more prewritten computer software programs or prewritten 15969
portions thereof does not cause the combination to be other than 15970
prewritten computer software. "Prewritten computer software" 15971
includes software designed and developed by the author or other 15972
creator to the specifications of a specific purchaser when it is 15973
sold to a person other than the purchaser. If a person modifies 15974
or enhances computer software of which the person is not the 15975
author or creator, the person shall be deemed to be the author 15976
or creator only of such person's modifications or enhancements. 15977
Prewritten computer software or a prewritten portion thereof 15978
that is modified or enhanced to any degree, where such 15979
modification or enhancement is designed and developed to the 15980
specifications of a specific purchaser, remains prewritten 15981
computer software; provided, however, that where there is a 15982
reasonable, separately stated charge or an invoice or other 15983
statement of the price given to the purchaser for the 15984
modification or enhancement, the modification or enhancement 15985
shall not constitute prewritten computer software. 15986

(CCC) (1) "Food" means substances, whether in liquid, 15987
concentrated, solid, frozen, dried, or dehydrated form, that are 15988
sold for ingestion or chewing by humans and are consumed for 15989

their taste or nutritional value. "Food" does not include 15990
alcoholic beverages, dietary supplements, soft drinks, or 15991
tobacco. 15992

(2) As used in division (CCC) (1) of this section: 15993

(a) "Alcoholic beverages" means beverages that are 15994
suitable for human consumption and contain one-half of one per 15995
cent or more of alcohol by volume. 15996

(b) "Dietary supplements" means any product, other than 15997
tobacco, that is intended to supplement the diet and that is 15998
intended for ingestion in tablet, capsule, powder, softgel, 15999
gelcap, or liquid form, or, if not intended for ingestion in 16000
such a form, is not represented as conventional food for use as 16001
a sole item of a meal or of the diet; that is required to be 16002
labeled as a dietary supplement, identifiable by the "supplement 16003
facts" box found on the label, as required by 21 C.F.R. 101.36; 16004
and that contains one or more of the following dietary 16005
ingredients: 16006

(i) A vitamin; 16007

(ii) A mineral; 16008

(iii) An herb or other botanical; 16009

(iv) An amino acid; 16010

(v) A dietary substance for use by humans to supplement 16011
the diet by increasing the total dietary intake; 16012

(vi) A concentrate, metabolite, constituent, extract, or 16013
combination of any ingredient described in divisions (CCC) (2) (b) 16014
(i) to (v) of this section. 16015

(c) "Soft drinks" means nonalcoholic beverages that 16016

contain natural or artificial sweeteners. "Soft drinks" does not
include beverages that contain milk or milk products, soy, rice,
or similar milk substitutes, or that contains greater than fifty
per cent vegetable or fruit juice by volume.

(d) "Tobacco" means cigarettes, cigars, chewing or pipe
tobacco, or any other item that contains tobacco.

(DDD) "Drug" means a compound, substance, or preparation,
and any component of a compound, substance, or preparation,
other than food, dietary supplements, or alcoholic beverages
that is recognized in the official United States pharmacopoeia,
official homeopathic pharmacopoeia of the United States, or
official national formulary, and supplements to them; is
intended for use in the diagnosis, cure, mitigation, treatment,
or prevention of disease; or is intended to affect the structure
or any function of the body.

(EEE) "Prescription" means an order, formula, or recipe
issued in any form of oral, written, electronic, or other means
of transmission by a duly licensed practitioner authorized by
the laws of this state to issue a prescription.

(FFF) "Durable medical equipment" means equipment,
including repair and replacement parts for such equipment, that
can withstand repeated use, is primarily and customarily used to
serve a medical purpose, generally is not useful to a person in
the absence of illness or injury, and is not worn in or on the
body. "Durable medical equipment" does not include mobility
enhancing equipment.

(GGG) "Mobility enhancing equipment" means equipment,
including repair and replacement parts for such equipment, that
is primarily and customarily used to provide or increase the

ability to move from one place to another and is appropriate for 16046
use either in a home or a motor vehicle, that is not generally 16047
used by persons with normal mobility, and that does not include 16048
any motor vehicle or equipment on a motor vehicle normally 16049
provided by a motor vehicle manufacturer. "Mobility enhancing 16050
equipment" does not include durable medical equipment. 16051

(HHH) "Prosthetic device" means a replacement, corrective, 16052
or supportive device, including repair and replacement parts for 16053
the device, worn on or in the human body to artificially replace 16054
a missing portion of the body, prevent or correct physical 16055
deformity or malfunction, or support a weak or deformed portion 16056
of the body. As used in this division, before July 1, 2019, 16057
"prosthetic device" does not include corrective eyeglasses, 16058
contact lenses, or dental prosthesis. On or after July 1, 2019, 16059
"prosthetic device" does not include dental prosthesis but does 16060
include corrective eyeglasses or contact lenses. 16061

(III) (1) "Fractional aircraft ownership program" means a 16062
program in which persons within an affiliated group sell and 16063
manage fractional ownership program aircraft, provided that at 16064
least one hundred airworthy aircraft are operated in the program 16065
and the program meets all of the following criteria: 16066

(a) Management services are provided by at least one 16067
program manager within an affiliated group on behalf of the 16068
fractional owners. 16069

(b) Each program aircraft is owned or possessed by at 16070
least one fractional owner. 16071

(c) Each fractional owner owns or possesses at least a 16072
one-sixteenth interest in at least one fixed-wing program 16073
aircraft. 16074

(d) A dry-lease aircraft interchange arrangement is in effect among all of the fractional owners. 16075
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(e) Multi-year program agreements are in effect regarding the fractional ownership, management services, and dry-lease aircraft interchange arrangement aspects of the program. 16077
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(2) As used in division (III)(1) of this section: 16080

(a) "Affiliated group" has the same meaning as in division (B)(3)(e) of this section. 16081
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(b) "Fractional owner" means a person that owns or possesses at least a one-sixteenth interest in a program aircraft and has entered into the agreements described in division (III)(1)(e) of this section. 16083
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(c) "Fractional ownership program aircraft" or "program aircraft" means a turbojet aircraft that is owned or possessed by a fractional owner and that has been included in a dry-lease aircraft interchange arrangement and agreement under divisions (III)(1)(d) and (e) of this section, or an aircraft a program manager owns or possesses primarily for use in a fractional aircraft ownership program. 16087
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(d) "Management services" means administrative and aviation support services furnished under a fractional aircraft ownership program in accordance with a management services agreement under division (III)(1)(e) of this section, and offered by the program manager to the fractional owners, including, at a minimum, the establishment and implementation of safety guidelines; the coordination of the scheduling of the program aircraft and crews; program aircraft maintenance; program aircraft insurance; crew training for crews employed, furnished, or contracted by the program manager or the 16094
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fractional owner; the satisfaction of record-keeping 16104
requirements; and the development and use of an operations 16105
manual and a maintenance manual for the fractional aircraft 16106
ownership program. 16107

(e) "Program manager" means the person that offers 16108
management services to fractional owners pursuant to a 16109
management services agreement under division (III)(1)(e) of this 16110
section. 16111

(JJJ) "Electronic publishing" means providing access to 16112
one or more of the following primarily for business customers, 16113
including the federal government or a state government or a 16114
political subdivision thereof, to conduct research: news; 16115
business, financial, legal, consumer, or credit materials; 16116
editorials, columns, reader commentary, or features; photos or 16117
images; archival or research material; legal notices, identity 16118
verification, or public records; scientific, educational, 16119
instructional, technical, professional, trade, or other literary 16120
materials; or other similar information which has been gathered 16121
and made available by the provider to the consumer in an 16122
electronic format. Providing electronic publishing includes the 16123
functions necessary for the acquisition, formatting, editing, 16124
storage, and dissemination of data or information that is the 16125
subject of a sale. 16126

(KKK) "Medicaid health insuring corporation" means a 16127
health insuring corporation that holds a certificate of 16128
authority under Chapter 1751. of the Revised Code and is under 16129
contract with the department of medicaid pursuant to section 16130
5167.10 of the Revised Code. 16131

(LLL) "Managed care premium" means any premium, 16132
capitation, or other payment a medicaid health insuring 16133

corporation receives for providing or arranging for the 16134
provision of health care services to its members or enrollees 16135
residing in this state. 16136

(MMM) "Captive deer" means deer and other cervidae that 16137
have been legally acquired, or their offspring, that are 16138
privately owned for agricultural or farming purposes. 16139

(NNN) "Gift card" means a document, card, certificate, or 16140
other record, whether tangible or intangible, that may be 16141
redeemed by a consumer for a dollar value when making a purchase 16142
of tangible personal property or services. 16143

(OOO) "Specified digital product" means an electronically 16144
transferred digital audiovisual work, digital audio work, or 16145
digital book. 16146

As used in division (OOO) of this section: 16147

(1) "Digital audiovisual work" means a series of related 16148
images that, when shown in succession, impart an impression of 16149
motion, together with accompanying sounds, if any. 16150

(2) "Digital audio work" means a work that results from 16151
the fixation of a series of musical, spoken, or other sounds, 16152
including digitized sound files that are downloaded onto a 16153
device and that may be used to alert the customer with respect 16154
to a communication. 16155

(3) "Digital book" means a work that is generally 16156
recognized in the ordinary and usual sense as a book. 16157

(4) "Electronically transferred" means obtained by the 16158
purchaser by means other than tangible storage media. 16159

(PPP) "Digital advertising services" means providing 16160
access, by means of telecommunications equipment, to computer 16161

equipment that is used to enter, upload, download, review, 16162
manipulate, store, add, or delete data for the purpose of 16163
electronically displaying, delivering, placing, or transferring 16164
promotional advertisements to potential customers about products 16165
or services or about industry or business brands. 16166

(QQQ) "Peer-to-peer car sharing program" has the same 16167
meaning as in section 4516.01 of the Revised Code. 16168

Sec. 5901.28. Upon the death of an inmate of any home for 16169
indigent parents, spouses, or surviving spouses of veterans, the 16170
manager of the home may, upon a certificate signed by the 16171
attending physician, certified nurse-midwife, clinical nurse 16172
specialist, or certified nurse practitioner of the home, certify 16173
as to the death of the inmate to the board of county 16174
commissioners of the county from which the parent, spouse, or 16175
surviving spouse was admitted to the home, and the board shall 16176
proceed as provided in section 5901.32 of the Revised Code. 16177

Section 2. That existing sections 1.64, 109.921, 124.38, 16178
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4123.56, 4123.57, 4123.651, 4123.71, 4123.84, 4123.85, 4303.21, 16199
4503.066, 4506.07, 4507.06, 4507.08, 4507.081, 4507.141, 16200
4507.30, 4511.81, 4723.36, 4725.14, 4729.284, 4729.41, 4729.44, 16201
4729.45, 4729.47, 5119.93, 5119.94, 5120.17, 5120.21, 5122.01, 16202
5122.10, 5122.11, 5122.111, 5122.14, 5145.22, 5164.08, 5502.522, 16203
5739.01, and 5901.28 of the Revised Code are hereby repealed. 16204

Section 3. That the versions of sections 3701.5010, 16205
3705.30, and 3929.67 of the Revised Code that are scheduled to 16206
take effect September 30, 2024, be amended to read as follows: 16207

Sec. 3701.5010. (A) As used in this section: 16208

(1) "Critical congenital heart defects screening" means 16209
the identification of a newborn that may have a critical 16210
congenital heart defect, through the use of a physiologic test. 16211

(2) "Freestanding birthing center" has the same meaning as 16212
in section 3701.503 of the Revised Code. 16213

(3) "Hospital," "maternity unit," "newborn," and 16214
"physician" have the same meanings as in section 3701.503 of the 16215
Revised Code. 16216

(4) "Pulse oximetry" means a noninvasive test that 16217
estimates the percentage of hemoglobin in blood that is 16218
saturated with oxygen. 16219

(B) Except as provided in division (C) of this section, 16220

each hospital and each freestanding birthing center shall 16221
conduct a critical congenital heart defects screening on each 16222
newborn born in the hospital or center, unless the newborn is 16223
being transferred to another hospital. The screening shall be 16224
performed before discharge. If the newborn is transferred to 16225
another hospital, that hospital shall conduct the screening when 16226
determined to be medically appropriate. The hospital or center 16227
shall promptly notify the newborn's parent, guardian, or 16228
custodian and attending physician, certified nurse-midwife, 16229
clinical nurse specialist, or certified nurse practitioner of 16230
the screening results. 16231

(C) A hospital or freestanding birthing center shall not 16232
conduct a critical congenital heart defects screening if the 16233
newborn's parent objects on the grounds that the screening 16234
conflicts with the parent's religious tenets and practices. 16235

(D) (1) The director of health shall adopt rules in 16236
accordance with Chapter 119. of the Revised Code establishing 16237
standards and procedures for the screening required by this 16238
section, including all of the following: 16239

(a) Designating the person or persons responsible for 16240
causing the screening to be performed; 16241

(b) Specifying screening equipment and methods; 16242

(c) Identifying when the screening should be performed; 16243

(d) Providing notice of the required screening to the 16244
newborn's parent, guardian, or custodian; 16245

(e) Communicating screening results to the newborn's 16246
parent, guardian, or custodian and attending physician, 16247
certified nurse-midwife, clinical nurse specialist, or certified 16248
nurse practitioner; 16249

(f) Reporting screening results to the department of health;	16250 16251
(g) Referring newborns that receive abnormal screening results to providers of follow-up services.	16252 16253
(2) In adopting rules under division (D) (1) (b) of this section, the director shall specify screening equipment and methods that include the use of pulse oximetry or other screening equipment and methods that detect critical congenital heart defects at least as accurately as pulse oximetry. The screening equipment and methods specified shall be consistent with recommendations issued by nationally recognized organizations that advocate on behalf of medical professionals or individuals with cardiovascular conditions.	16254 16255 16256 16257 16258 16259 16260 16261 16262
Sec. 3705.30. (A) As used in this section:	16263
(1) "Freestanding birthing center" has the same meaning as in section 3701.503 of the Revised Code.	16264 16265
(2) "Hospital" has the same meaning as in section 3722.01 of the Revised Code.	16266 16267
(3) "Physician" means an individual authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery.	16268 16269 16270
(B) The director of health shall establish and, if funds for this purpose are available, implement a statewide birth defects information system for the collection of information concerning congenital anomalies, stillbirths, and abnormal conditions of newborns.	16271 16272 16273 16274 16275
(C) If the system is implemented under division (B) of this section, all of the following apply:	16276 16277

(1) The director may require each physician, certified nurse-midwife, clinical nurse specialist, certified nurse practitioner, hospital, and freestanding birthing center to report to the system information concerning all patients under five years of age with a primary diagnosis of a congenital anomaly or abnormal condition. The director shall not require a hospital, freestanding birthing center, ~~or physician,~~ certified nurse-midwife, clinical nurse specialist, or certified nurse practitioner to report to the system any information that is reported to the director or department of health under another provision of the Revised Code or Administrative Code.

(2) On request, each physician, certified nurse-midwife, clinical nurse specialist, certified nurse practitioner, hospital, and freestanding birthing center shall give the director or authorized employees of the department of health access to the medical records of any patient described in division (C)(1) of this section. The department shall pay the costs of copying any medical records pursuant to this division.

(3) The director may review vital statistics records and shall consider expanding the list of congenital anomalies and abnormal conditions of newborns reported on birth certificates pursuant to section 3705.08 of the Revised Code.

(D) A physician, certified nurse-midwife, clinical nurse specialist, certified nurse practitioner, hospital, or freestanding birthing center that provides information to the system under division (C) of this section shall not be subject to criminal or civil liability for providing the information.

Sec. 3929.67. (A) A medical liability insurance policy that insures a physician ~~or,~~ podiatrist, certified nurse-midwife, clinical nurse specialist, or certified nurse

practitioner, written by or on behalf of the medical liability 16308
underwriting association pursuant to sections 3929.62 to 3929.70 16309
of the Revised Code, may ~~only~~ be cancelled only during the term 16310
of the policy for one of the following reasons: 16311

(1) Nonpayment of premiums; 16312

(2) The license of the insured to practice medicine and 16313
surgery, osteopathic medicine and surgery, ~~or~~ podiatric medicine 16314
and surgery, or advanced practice registered nursing has been 16315
suspended or revoked; 16316

(3) The insured's failure to meet minimum eligibility and 16317
underwriting standards; 16318

(4) The occurrence of a change in the individual risk that 16319
substantially increases any hazard insured against after the 16320
coverage has been issued or renewed, except to the extent that 16321
the medical liability underwriting association reasonably should 16322
have foreseen the change or contemplated the risk in writing the 16323
policy; 16324

(5) Discovery of fraud or material misrepresentation in 16325
the procurement of insurance or with respect to any claim 16326
submitted thereunder. 16327

(B) A medical liability insurance policy that insures a 16328
hospital, written by or on behalf of the medical liability 16329
underwriting association pursuant to sections 3929.62 to 3929.70 16330
of the Revised Code, may only be cancelled during the term of 16331
the policy for one of the following reasons: 16332

(1) Nonpayment of premiums; 16333

(2) The hospital is not licensed under Chapter 3722. of 16334
the Revised Code; 16335

(3) An injunction against the hospital has been granted 16336
under section 3722.08 of the Revised Code; 16337

(4) The insured's failure to meet minimum eligibility and 16338
underwriting standards; 16339

(5) The occurrence of a change in the individual risk that 16340
substantially increases any hazard insured against after the 16341
coverage has been issued or renewed, except to the extent that 16342
the medical liability underwriting association reasonably should 16343
have foreseen the change or contemplated the risk in writing the 16344
policy; 16345

(6) Discovery of fraud or material misrepresentation in 16346
the procurement of insurance or with respect to any claim 16347
submitted thereunder. 16348

Section 4. That the existing versions of sections 16349
3701.5010, 3705.30, and 3929.67 of the Revised Code that are 16350
scheduled to take effect September 30, 2024, are hereby 16351
repealed. 16352

Section 5. Sections 3 and 4 of this act take effect 16353
September 30, 2024. 16354

Section 6. The General Assembly, applying the principle 16355
stated in division (B) of section 1.52 of the Revised Code that 16356
amendments are to be harmonized if reasonably capable of 16357
simultaneous operation, finds that the following sections, 16358
presented in this act as composites of the sections as amended 16359
by the acts indicated, are the resulting versions of the 16360
sections in effect prior to the effective date of the sections 16361
as presented in this act: 16362

Section 2151.421 of the Revised Code as amended by both 16363
H.B. 92 and H.B. 110 of the 134th General Assembly. 16364

Section 3701.74 of the Revised Code as amended by both	16365
H.B. 232 and H.B. 483 of the 130th General Assembly.	16366