

As Introduced

**135th General Assembly
Regular Session
2023-2024**

S. B. No. 196

Senator Roegner

A BILL

To amend sections 173.521, 173.542, 940.09, 1
1347.08, 1561.12, 1571.012, 1751.84, 3304.23, 2
3309.22, 3313.716, 3319.141, 3501.382, 3701.046, 3
3701.144, 3701.162, 3701.262, 3701.47, 3701.48, 4
3701.50, 3701.59, 3701.74, 3705.30, 3705.33, 5
3705.35, 3707.08, 3710.07, 3721.01, 3721.011, 6
3721.041, 3727.19, 3742.03, 3742.04, 3742.07, 7
3901.56, 3923.25, 3923.84, 4113.23, 4506.07, 8
4507.06, 4507.08, 4507.081, 4507.141, 4507.30, 9
4511.81, 4729.284, 4729.41, 4729.45, 4729.47, 10
5120.17, 5120.21, 5145.22, and 5739.01 and to 11
enact sections 4723.436 and 4723.4812 of the 12
Revised Code regarding the authority of advanced 13
practice registered nurses, and to amend the 14
version of section 3705.30 of the Revised Code 15
that is scheduled to take effect on September 16
30, 2024, to continue the changes to that 17
section on and after that date. 18

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

Section 1. That sections 173.521, 173.542, 940.09, 19
1347.08, 1561.12, 1571.012, 1751.84, 3304.23, 3309.22, 3313.716, 20

3319.141, 3501.382, 3701.046, 3701.144, 3701.162, 3701.262, 21
3701.47, 3701.48, 3701.50, 3701.59, 3701.74, 3705.30, 3705.33, 22
3705.35, 3707.08, 3710.07, 3721.01, 3721.011, 3721.041, 3727.19, 23
3742.03, 3742.04, 3742.07, 3901.56, 3923.25, 3923.84, 4113.23, 24
4506.07, 4507.06, 4507.08, 4507.081, 4507.141, 4507.30, 4511.81, 25
4729.284, 4729.41, 4729.45, 4729.47, 5120.17, 5120.21, 5145.22, 26
and 5739.01 be amended and sections 4723.436 and 4723.4812 of 27
the Revised Code be enacted to read as follows: 28

Sec. 173.521. (A) The department of aging shall establish 29
a home first component of the PASSPORT program under which 30
eligible individuals may be enrolled in the medicaid-funded 31
component of the PASSPORT program in accordance with this 32
section. An individual is eligible for the PASSPORT program's 33
home first component if both of the following apply: 34

(1) The individual has been determined to be eligible for 35
the medicaid-funded component of the PASSPORT program. 36

(2) At least one of the following applies: 37

(a) The individual has been admitted to a nursing 38
facility. 39

(b) A physician, certified nurse-midwife if authorized as 40
described in section 4723.436 of the Revised Code, clinical 41
nurse specialist, or certified nurse practitioner has determined 42
and documented in writing that the individual has a medical 43
condition that, unless the individual is enrolled in home and 44
community-based services such as the PASSPORT program, will 45
require the individual to be admitted to a nursing facility 46
within thirty days of the physician's or nurse's determination. 47

(c) The individual has been hospitalized and a physician, 48
certified nurse-midwife if authorized as described in section 49

4723.436 of the Revised Code, clinical nurse specialist, or 50
certified nurse practitioner has determined and documented in 51
writing that, unless the individual is enrolled in home and 52
community-based services such as the PASSPORT program, the 53
individual is to be transported directly from the hospital to a 54
nursing facility and admitted. 55

(d) Both of the following apply: 56

(i) The individual is the subject of a report made under 57
section 5101.63 of the Revised Code regarding abuse, neglect, or 58
exploitation or such a report referred to a county department of 59
job and family services under section 5126.31 of the Revised 60
Code or has made a request to a county department for protective 61
services as defined in section 5101.60 of the Revised Code. 62

(ii) A county department of job and family services and an 63
area agency on aging have jointly documented in writing that, 64
unless the individual is enrolled in home and community-based 65
services such as the PASSPORT program, the individual should be 66
admitted to a nursing facility. 67

(B) Each month, each area agency on aging shall identify 68
individuals residing in the area that the agency serves who are 69
eligible for the home first component of the PASSPORT program. 70
When an area agency on aging identifies such an individual, the 71
agency shall notify the long-term care consultation program 72
administrator serving the area in which the individual resides. 73
The administrator shall determine whether the PASSPORT program 74
is appropriate for the individual and whether the individual 75
would rather participate in the PASSPORT program than continue 76
or begin to reside in a nursing facility. If the administrator 77
determines that the PASSPORT program is appropriate for the 78
individual and the individual would rather participate in the 79

PASSPORT program than continue or begin to reside in a nursing 80
facility, the administrator shall so notify the department of 81
aging. On receipt of the notice from the administrator, the 82
department shall approve the individual's enrollment in the 83
medicaid-funded component of the PASSPORT program regardless of 84
the unified waiting list established under section 173.55 of the 85
Revised Code, unless the enrollment would cause the component to 86
exceed any limit on the number of individuals who may be 87
enrolled in the component as set by the United States secretary 88
of health and human services in the PASSPORT waiver. 89

Sec. 173.542. (A) The department of aging shall establish 90
a home first component of the assisted living program under 91
which eligible individuals may be enrolled in the medicaid- 92
funded component of the assisted living program in accordance 93
with this section. An individual is eligible for the assisted 94
living program's home first component if both of the following 95
apply: 96

(1) The individual has been determined to be eligible for 97
the medicaid-funded component of the assisted living program. 98

(2) At least one of the following applies: 99

(a) The individual has been admitted to a nursing 100
facility. 101

(b) A physician, certified nurse-midwife if authorized as 102
described in section 4723.436 of the Revised Code, clinical 103
nurse specialist, or certified nurse practitioner has determined 104
and documented in writing that the individual has a medical 105
condition that, unless the individual is enrolled in home and 106
community-based services such as the assisted living program, 107
will require the individual to be admitted to a nursing facility 108

within thirty days of the physician's or nurse's determination. 109

(c) The individual has been hospitalized and a physician, certified nurse-midwife if authorized as described in section 4723.436 of the Revised Code, clinical nurse specialist, or certified nurse practitioner 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. 110
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(d) Both of the following apply: 118

(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. 119
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(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 assisted living program, the individual should be admitted to a nursing facility. 125
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(B) Each month, each area agency on aging shall identify individuals residing in the area that the area agency on aging serves who are eligible for the home first component of the assisted living program. When an area agency on aging identifies such an individual and determines that there is a vacancy in a residential care facility participating in the medicaid-funded component of the assisted living program that is acceptable to the individual, the agency shall notify the long-term care 130
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consultation program administrator serving the area in which the individual resides. The administrator shall determine whether the assisted living program is appropriate for the individual and whether the individual would rather participate in the assisted living program than continue or begin to reside in a nursing facility. If the administrator determines that the assisted living program is appropriate for the individual and the individual would rather participate in the assisted living program than continue or begin to reside in a nursing facility, the administrator shall so notify the department of aging. On receipt of the notice from the administrator, the department shall approve the individual's enrollment in the medicaid-funded component of the assisted living program regardless of the unified waiting list established under section 173.55 of the Revised Code, unless the enrollment would cause the component to exceed any limit on the number of individuals who may participate in the component as set by the United States secretary of health and human services in the assisted living waiver.

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

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

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

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

(4) "Full-time employee" means an employee of a soil and

water conservation district whose regular hours of service for 167
the district total forty hours per week or who renders any other 168
standard of service accepted as full-time by the district. 169

(5) "Full-time limited hours employee" means an employee 170
of a soil and water conservation district whose regular hours of 171
service for the district total twenty-five to thirty-nine hours 172
per week or who renders any other standard of service accepted 173
as full-time limited hours by the district. 174

(B) (1) An employee of a soil and water conservation 175
district is eligible to become a receiving employee if the 176
employee is a full-time employee, or a full-time limited hours 177
employee, who has completed the prescribed probationary period, 178
has used up all accrued paid leave, and has been placed on an 179
approved, unpaid, medical-related leave of absence for a period 180
of at least thirty consecutive working days because of the 181
employee's own serious illness or because of a serious illness 182
of a member of the employee's immediate family. 183

(2) An employee who desires to become a receiving employee 184
shall submit to the board of supervisors of the employing soil 185
and water conservation district, along with a satisfactory 186
~~physician's certification by a physician, certified nurse-~~ 187
midwife, clinical nurse specialist, or certified nurse 188
practitioner, a written request for donated sick leave. The 189
board of supervisors shall determine whether the employee is 190
eligible to become a receiving employee and shall approve the 191
request if it determines the employee is eligible. 192

(C) (1) A board of supervisors that approves a request for 193
an employee to become a receiving employee shall forward the 194
approved application to a committee that the Ohio association of 195
soil and water conservation district employees shall appoint to 196

act as a clearinghouse for the donation of sick leave under this 197
section. The committee shall post notice for not less than ten 198
days informing all employees of soil and water conservation 199
districts throughout the state that it has received an approved 200
application to become a receiving employee. 201

(2) A soil and water conservation district employee 202
desiring to become a donating employee shall complete and submit 203
a sick leave donation form to the employee's immediate 204
supervisor within twenty days after the date of the initial 205
posting of the notice described in division (C) (1) of this 206
section. If the board of supervisors of the employing district 207
of an employee desiring to become a donating employee approves 208
the sick leave donation, the board shall forward to the 209
committee, together with a check equal to the total value of the 210
sick leave donation, a copy of the sick leave donation form, and 211
the board shall notify the receiving employee regarding the 212
donation. 213

(D) If the committee described in division (C) (1) of this 214
section receives a sick leave donation form and a check from a 215
board of supervisors, the committee shall deposit the check into 216
an account that it shall establish to be used to dispense funds 217
to the employing district of a receiving employee. The committee 218
shall notify the board of supervisors of the employing district 219
of a receiving employee of the amount of sick leave donated. The 220
board of supervisors shall bill the committee during each pay 221
period for the receiving employee's gross hourly wages in an 222
amount that does not exceed the amount donated to the receiving 223
employee. The board of supervisors, with the approval of the 224
county auditor, shall provide for the deposit into its 225
appropriate payroll account of any payments it receives for the 226
benefit of a receiving employee. 227

(E) The donation and receipt of sick leave under this section is subject to all of the following:	228 229
(1) All donations of sick leave shall be voluntary.	230
(2) A donating employee is eligible to donate not less than eight hours and not more than eighty hours of sick leave during the same calendar year.	231 232 233
(3) The value of an hour of sick leave donated is the value of the donating employee's gross hourly wage. The number of hours received by a receiving employee from a donating employee shall be a number that, when multiplied by the receiving employee's gross hourly wage, equals the amount resulting when the donating employee's gross hourly wage is multiplied by the number of hours of sick leave donated.	234 235 236 237 238 239 240
(4) No paid leave shall accrue to a receiving employee for any compensation received through donated sick leave, and the receipt of donated sick leave does not affect the date on which a receiving employee first qualifies for continuation of health insurance coverage.	241 242 243 244 245
(5) If a receiving employee does not use all donated sick leave during the period of the employee's leave of absence, the unused balance shall remain in the account that the committee described in division (C) (1) of this section established under division (D) of this section and shall be used to dispense funds in the future to the employing district of a receiving employee.	246 247 248 249 250 251
Sec. 1347.08. (A) Every state or local agency that maintains a personal information system, upon the request and the proper identification of any person who is the subject of personal information in the system, shall:	252 253 254 255
(1) Inform the person of the existence of any personal	256

information in the system of which the person is the subject; 257

(2) Except as provided in divisions (C) and (E) (2) of this 258
section, permit the person, the person's legal guardian, or an 259
attorney who presents a signed written authorization made by the 260
person, to inspect all personal information in the system of 261
which the person is the subject; 262

(3) Inform the person about the types of uses made of the 263
personal information, including the identity of any users 264
usually granted access to the system. 265

(B) Any person who wishes to exercise a right provided by 266
this section may be accompanied by another individual of the 267
person's choice. 268

(C) (1) A state or local agency, upon request, shall 269
disclose medical, psychiatric, or psychological information to a 270
person who is the subject of the information or to the person's 271
legal guardian, unless ~~a physician, psychiatrist, or~~ 272
~~psychologist~~ one of the following determines for the agency that 273
the disclosure of the information is likely to have an adverse 274
effect on the person, ~~in which case:~~ a physician, including such 275
a person who specializes as a psychiatrist; an advanced practice 276
registered nurse, including such a person who specializes as a 277
psychiatric-mental health nurse practitioner or psychiatric 278
clinical nurse specialist; or a psychologist. If such a 279
determination is made, the information shall be released to a- 280
~~physician, psychiatrist, or psychologist~~ one of the following 281
who is designated by the person or by the person's legal 282
guardian: a physician, including such a person who specializes 283
as a psychiatrist; an advanced practice registered nurse, 284
including such a person who specializes as a psychiatric-mental 285
health nurse practitioner or psychiatric clinical nurse 286

specialist; or a psychologist. 287

(2) Upon the signed written request of ~~either~~ a licensed 288
attorney at law ~~or,~~ a licensed physician, or an advanced 289
practice registered nurse designated by the inmate, together 290
with the signed written request of an inmate of a correctional 291
institution under the administration of the department of 292
rehabilitation and correction, the department shall disclose 293
medical information to the designated attorney ~~or,~~ physician, or 294
advanced practice registered nurse as provided in division (C) 295
of section 5120.21 of the Revised Code. 296

(D) If an individual who is authorized to inspect personal 297
information that is maintained in a personal information system 298
requests the state or local agency that maintains the system to 299
provide a copy of any personal information that the individual 300
is authorized to inspect, the agency shall provide a copy of the 301
personal information to the individual. Each state and local 302
agency may establish reasonable fees for the service of copying, 303
upon request, personal information that is maintained by the 304
agency. 305

(E) (1) This section regulates access to personal 306
information that is maintained in a personal information system 307
by persons who are the subject of the information, but does not 308
limit the authority of any person, including a person who is the 309
subject of personal information maintained in a personal 310
information system, to inspect or have copied, pursuant to 311
section 149.43 of the Revised Code, a public record as defined 312
in that section. 313

(2) This section does not provide a person who is the 314
subject of personal information maintained in a personal 315
information system, the person's legal guardian, or an attorney 316

authorized by the person, with a right to inspect or have 317
copied, or require an agency that maintains a personal 318
information system to permit the inspection of or to copy, a 319
confidential law enforcement investigatory record or trial 320
preparation record, as defined in divisions (A) (2) and (4) of 321
section 149.43 of the Revised Code. 322

(F) This section does not apply to any of the following: 323

(1) The contents of an adoption file maintained by the 324
department of health under sections 3705.12 to 3705.124 of the 325
Revised Code; 326

(2) Information contained in the putative father registry 327
established by section 3107.062 of the Revised Code, regardless 328
of whether the information is held by the department of job and 329
family services or, pursuant to section 3111.69 of the Revised 330
Code, the office of child support in the department or a child 331
support enforcement agency; 332

(3) Papers, records, and books that pertain to an adoption 333
and that are subject to inspection in accordance with section 334
3107.17 of the Revised Code; 335

(4) Records specified in division (A) of section 3107.52 336
of the Revised Code; 337

(5) Records that identify an individual described in 338
division (A) (1) of section 3721.031 of the Revised Code, or that 339
would tend to identify such an individual; 340

(6) Files and records that have been expunged under 341
division (D) (1) or (2) of section 3721.23 of the Revised Code; 342

(7) Records that identify an individual described in 343
division (A) (1) of section 3721.25 of the Revised Code, or that 344

would tend to identify such an individual; 345

(8) Records that identify an individual described in 346
division (A)(1) of section 5165.88 of the Revised Code, or that 347
would tend to identify such an individual; 348

(9) Test materials, examinations, or evaluation tools used 349
in an examination for licensure as a nursing home administrator 350
that the board of executives of long-term services and supports 351
administers under section 4751.15 of the Revised Code or 352
contracts under that section with a private or government entity 353
to administer; 354

(10) Information contained in a database established and 355
maintained pursuant to section 5101.13 of the Revised Code; 356

(11) Information contained in a database established and 357
maintained pursuant to section 5101.631 of the Revised Code. 358

Sec. 1561.12. An applicant for any examination or 359
certificate under this section shall, before being examined, 360
register the applicant's name with the chief of the division of 361
mineral resources management and file with the chief an 362
affidavit as to all matters of fact establishing the applicant's 363
right to receive the examination and a certificate from a 364
reputable and disinterested physician, clinical nurse 365
specialist, or certified nurse practitioner as to the physical 366
condition of the applicant showing that the applicant is 367
physically capable of performing the duties of the office or 368
position. 369

Each applicant for examination for any of the following 370
positions shall present evidence satisfactory to the chief that 371
the applicant has been a resident and citizen of this state for 372
two years next preceding the date of application: 373

(A) An applicant for the position of deputy mine inspector 374
of underground mines shall have had actual practical experience 375
of not less than six years in underground mines. In lieu of two 376
of the six years of actual practical experience required in 377
underground mines, the chief may accept as the equivalent 378
thereof a certificate evidencing graduation from an accredited 379
school of mines or mining, after a four-year course of study. 380

The applicant shall pass an examination as to the 381
applicant's practical and technological knowledge of mine 382
surveying, mining machinery, and appliances; the proper 383
development and operation of mines; the best methods of working 384
and ventilating mines; the nature, properties, and powers of 385
noxious, poisonous, and explosive gases, particularly methane; 386
the best means and methods of detecting, preventing, and 387
removing the accumulation of such gases; the use and operation 388
of gas detecting devices and appliances; first aid to the 389
injured; and the uses and dangers of electricity as applied and 390
used in, at, and around mines. The applicant shall also hold a 391
certificate for foreperson of gaseous mines issued by the chief. 392

(B) An applicant for the position of deputy mine inspector 393
of surface mines shall have had actual practical mining 394
experience of not less than six years in surface mines. In lieu 395
of two of the six years of actual practical experience required, 396
the chief may accept as the equivalent thereof a certificate 397
evidencing graduation from an accredited school of mines or 398
mining, after a four-year course of study. The applicant shall 399
pass an examination as to the applicant's practical and 400
technological knowledge of surface mine surveying, machinery, 401
and appliances; the proper development and operations of surface 402
mines; first aid to the injured; and the use and dangers of 403
explosives and electricity as applied and used in, at, and 404

around surface mines. The applicant shall also hold a surface 405
mine foreperson certificate issued by the chief. 406

(C) An applicant for the position of electrical inspector 407
shall have had at least five years' practical experience in the 408
installation and maintenance of electrical circuits and 409
equipment in mines, and the applicant shall be thoroughly 410
familiar with the principles underlying the safety features of 411
permissible and approved equipment as authorized and used in 412
mines. 413

The applicant shall be required to pass the examination 414
required for deputy mine inspectors and an examination testing 415
and determining the applicant's qualification and ability to 416
competently inspect and administer the mining law that relates 417
to electricity used in and around mines and mining in this 418
state. 419

(D) An applicant for the position of superintendent or 420
assistant superintendent of rescue stations shall possess the 421
same qualifications as those required for a deputy mine 422
inspector. In addition, the applicant shall present evidence 423
satisfactory to the chief that the applicant is sufficiently 424
qualified and trained to organize, supervise, and conduct group 425
training classes in first aid, safety, and rescue work. 426

The applicant shall pass the examination required for 427
deputy mine inspectors and shall be tested as to the applicant's 428
practical and technological experience and training in first 429
aid, safety, and mine rescue work. 430

(E) An applicant for the position of mine chemist shall 431
have such educational training as is represented by the degree 432
MS in chemistry from a university of recognized standing, and at 433

least five years of actual practical experience in research work 434
in chemistry or as an assistant chemist. The chief may provide 435
that an equivalent combination of education and experience 436
together with a wide knowledge of the methods of and skill in 437
chemical analysis and research may be accepted in lieu of the 438
above qualifications. It is preferred that the chemist shall 439
have had actual experience in mineralogy and metallurgy. 440

Sec. 1571.012. An applicant for the position of gas 441
storage well inspector shall register the applicant's name with 442
the chief of the division of oil and gas resources management 443
and file with the chief an affidavit as to all matters of fact 444
establishing the applicant's right to take the examination for 445
that position and a certificate from a reputable and 446
disinterested physician, clinical nurse specialist, or certified 447
nurse practitioner as to the physical condition of the applicant 448
showing that the applicant is physically capable of performing 449
the duties of the position. The applicant also shall present 450
evidence satisfactory to the chief that the applicant has been a 451
resident and citizen of this state for at least two years next 452
preceding the date of application. 453

An applicant shall possess the same qualifications as an 454
applicant for the position of deputy mine inspector established 455
in section 1561.12 of the Revised Code. In addition, the 456
applicant shall have practical knowledge and experience of and 457
in the operation, location, drilling, maintenance, and 458
abandonment of oil and gas wells, especially in coal or mineral 459
bearing townships, and shall have a thorough knowledge of the 460
latest and best method of plugging and sealing abandoned oil and 461
gas wells. 462

An applicant for gas storage well inspector shall pass an 463

examination conducted by the chief to determine the applicant's 464
fitness to act as gas storage well inspector before being 465
eligible for appointment. 466

Sec. 1751.84. (A) Notwithstanding section 3901.71 of the 467
Revised Code, each individual and group health insuring 468
corporation policy, contract, or agreement providing basic 469
health care services that is delivered, issued for delivery, or 470
renewed in this state shall provide coverage for the screening, 471
diagnosis, and treatment of autism spectrum disorder. A health 472
insuring corporation shall not terminate an individual's 473
coverage, or refuse to deliver, execute, issue, amend, adjust, 474
or renew coverage to an individual solely because the individual 475
is diagnosed with or has received treatment for an autism 476
spectrum disorder. Nothing in this section shall be applied to 477
nongrandfathered plans in the individual and small group markets 478
or to medicare supplement, accident-only, specified disease, 479
hospital indemnity, disability income, long-term care, or other 480
limited benefit hospital insurance policies. Except as otherwise 481
provided in division (B) of this section, coverage under this 482
section shall not be subject to dollar limits, deductibles, or 483
coinsurance provisions that are less favorable to an enrollee 484
than the dollar limits, deductibles, or coinsurance provisions 485
that apply to substantially all medical and surgical benefits 486
under the policy, contract, or agreement. 487

(B) Benefits provided under this section shall cover, at 488
minimum, all of the following: 489

(1) For speech and language therapy or occupational 490
therapy for an enrollee under the age of fourteen that is 491
performed by a licensed therapist, twenty visits per year for 492
each service; 493

(2) For clinical therapeutic intervention for an enrollee 494
under the age of fourteen that is provided by or under the 495
supervision of a professional who is licensed, certified, or 496
registered by an appropriate agency of this state to perform 497
such services in accordance with a health treatment plan, twenty 498
hours per week; 499

(3) For mental or behavioral health outpatient services 500
for an enrollee under the age of fourteen that are performed by 501
~~a licensed psychologist, psychiatrist, or physician~~ any of the 502
following providing consultation, assessment, development, or 503
oversight of treatment plans, thirty visits per year: 504

(a) A licensed psychologist; 505

(b) A licensed physician, including a psychiatrist; 506

(c) A clinical nurse specialist or certified nurse 507
practitioner, including a psychiatric-mental health advanced 508
practice registered nurse or a clinical nurse specialist or 509
certified nurse practitioner specializing in pediatric or family 510
health. 511

(C) (1) Except as provided in division (C) (2) of this 512
section, this section shall not be construed as limiting 513
benefits that are otherwise available to an individual under a 514
policy, contract, or agreement. 515

(2) A policy, contract, or agreement shall stipulate that 516
coverage provided under this section be contingent upon both of 517
the following: 518

(a) The covered individual receiving prior authorization 519
for the services in question; 520

(b) The services in question being prescribed or ordered 521

by ~~either a developmental pediatrician or a~~ psychologist trained 522
in autism, a developmental pediatrician, or a clinical nurse 523
specialist or certified nurse practitioner specializing in 524
pediatric health. 525

(D) (1) Except for inpatient services, if an enrollee is 526
receiving treatment for an autism spectrum disorder, a health 527
insuring corporation may review the treatment plan annually, 528
unless the health insuring corporation and the enrollee's 529
treating physician, clinical nurse specialist, certified nurse 530
practitioner, or psychologist agree that a more frequent review 531
is necessary. 532

(2) Any such agreement as described in division (D) (1) of 533
this section shall apply only to a particular enrollee being 534
treated for an autism spectrum disorder and shall not apply to 535
all individuals being treated for autism spectrum disorder by a 536
physician, clinical nurse specialist, certified nurse 537
practitioner, or psychologist. 538

(3) The health insuring corporation shall cover the cost 539
of obtaining any review or treatment plan. 540

(E) This section shall not be construed as affecting any 541
obligation to provide services to an enrollee under an 542
individualized family service plan, an individualized education 543
program, or an individualized service plan. 544

(F) As used in this section: 545

(1) "Applied behavior analysis" means the design, 546
implementation, and evaluation of environmental modifications, 547
using behavioral stimuli and consequences, to produce socially 548
significant improvement in human behavior, including the use of 549
direct observation, measurement, and functional analysis of the 550

relationship between environment and behavior.	551
(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.	552 553 554 555 556 557
(3) "Clinical therapeutic intervention" means therapies supported by empirical evidence, which include, but are not limited to, applied behavioral analysis, that satisfy both of the following:	558 559 560 561
(a) Are necessary to develop, maintain, or restore, to the maximum extent practicable, the function of an individual;	562 563
(b) Are provided by or under the supervision of any of the following:	564 565
(i) A certified Ohio behavior analyst as defined in section 4783.01 of the Revised Code;	566 567
(ii) An individual licensed under Chapter 4732. of the Revised Code to practice psychology;	568 569
(iii) An individual licensed under Chapter 4757. of the Revised Code to practice professional counseling, social work, or marriage and family therapy.	570 571 572
(4) "Diagnosis of autism spectrum disorder" means medically necessary assessments, evaluations, or tests to diagnose whether an individual has an autism spectrum disorder.	573 574 575
(5) "Pharmacy care" means <u>prescribed</u> medications prescribed by a licensed physician and any health-related services considered medically necessary to determine the need or	576 577 578

effectiveness of the medications. 579

(6) "Psychiatric care" means direct or consultative 580
services provided by a psychiatrist or psychiatric-mental health 581
advanced practice registered nurse who is licensed in the state 582
in which the psychiatrist or nurse practices. 583

(7) "Psychiatric-mental health advanced practice 584
registered nurse" means an advanced practice registered nurse 585
who is either of the following: 586

(a) A clinical nurse specialist who is certified as a 587
psychiatric-mental health CNS by the American nurses 588
credentialing center; 589

(b) A certified nurse practitioner who is certified as a 590
psychiatric-mental health NP by the American nurses 591
credentialing center. 592

(8) "Psychological care" means direct or consultative 593
services provided by a psychologist licensed in the state in 594
which the psychologist practices. 595

~~(8)~~ (9) "Therapeutic care" means services provided by a 596
speech therapist, occupational therapist, or physical therapist 597
licensed or certified in the state in which the person 598
practices. 599

~~(9)~~ (10) "Treatment for autism spectrum disorder" means 600
evidence-based care and related equipment prescribed or ordered 601
for an individual diagnosed with an autism spectrum disorder, by 602
a licensed physician who is a developmental pediatrician ~~or a~~, 603
licensed psychologist trained in autism, clinical nurse 604
specialist or certified nurse practitioner specializing in 605
pediatric health, or clinical nurse specialist or certified 606
nurse practitioner trained in autism who determines the care and 607

related equipment to be medically necessary, including any of 608
the following: 609

(a) Clinical therapeutic intervention; 610

(b) Pharmacy care; 611

(c) Psychiatric care; 612

(d) Psychological care; 613

(e) Therapeutic care. 614

(G) If any provision of this section or the application 615
thereof to any person or circumstances is for any reason held to 616
be invalid, the remainder of the section and the application of 617
such remainder to other persons or circumstances shall not be 618
affected thereby. 619

Sec. 3304.23. (A) As used in this section: 620

(1) "Clinical nurse specialist" and "certified nurse 621
practitioner" have the same meanings as in section 4723.01 of 622
the Revised Code. 623

(2) "Communication disability" means a human condition 624
involving an impairment in the human's ability to receive, send, 625
process, or comprehend concepts or verbal, nonverbal, or graphic 626
symbol systems that may result in a primary disability or may be 627
secondary to other disabilities. 628

~~(2)~~(3) "Disability that can impair communication" means a 629
human condition with symptoms that can impair the human's 630
ability to receive, send, process, or comprehend concepts or 631
verbal, nonverbal, or graphic symbol systems. 632

~~(3)~~(4) "Guardian" has the same meaning as in section 633
2111.01 of the Revised Code. 634

~~(4)~~(5) "Physician" means a person licensed to practice 635
medicine or surgery or osteopathic medicine and surgery under 636
Chapter 4731. of the Revised Code. 637

~~(5)~~(6) "Psychiatrist" has the same meaning as in section 638
5122.01 of the Revised Code. 639

~~(6)~~(7) "Psychologist" has the same meaning as in section 640
4732.01 of the Revised Code. 641

(B) The opportunities for Ohioans with disabilities agency 642
shall develop a verification form for a person diagnosed with a 643
communication disability or a disability that can impair 644
communication to be submitted voluntarily to the department of 645
public safety so that the person may be included in the database 646
established under section 5502.08 of the Revised Code. The same 647
form shall be used to indicate that the person wishes to be 648
removed from the database in accordance with division (F) of 649
section 5502.08 of the Revised Code. 650

(C) The form shall include the following information: 651

(1) The name of the person diagnosed with a communication 652
disability or a disability that can impair communication; 653

(2) The name of the person completing the form on behalf 654
of the person diagnosed with a communication disability or a 655
disability that can impair communication, if applicable; 656

(3) The relationship between the person completing the 657
form and the person diagnosed with a communication disability or 658
a disability that can impair communication, if applicable; 659

(4) The driver's license number or state identification 660
card number issued to the person diagnosed with a communication 661
disability or a disability that can impair communication, if 662

that person has such a number; 663

(5) The license plate number of each vehicle owned, 664
operated, or regularly occupied by the person diagnosed with a 665
communication disability or a disability that can impair 666
communication or registered in that person's name; 667

(6) A ~~physician, psychiatrist, or psychologist's signed~~ 668
certification that the person has been diagnosed with a 669
communication disability or a disability that can impair 670
communication, signed by a psychiatrist or other physician, a 671
psychologist, a clinical nurse specialist, or a certified nurse 672
practitioner; 673

(7) The name, business address, business telephone number, 674
and ~~medical professional license~~ number of the ~~physician,~~ 675
~~psychiatrist, or psychologist professional~~ making the 676
certification described in division (C)(6) of this section; 677

(8) The signature of the person diagnosed with a 678
communication disability or a disability that can impair 679
communication or the signature of the person completing the form 680
on behalf of such a person; 681

(9) A place where the person diagnosed with a 682
communication disability or a disability that can impair 683
communication or the person completing the form on behalf of 684
such a person may indicate the desire to be removed from the 685
database. 686

(D) Any of the following persons may complete the 687
verification form: 688

(1) Any person diagnosed with a communication disability 689
or a disability that can impair communication who is eighteen 690
years of age or older; 691

(2) The parent or parents of a minor child diagnosed with a communication disability or a disability that can impair communication;

(3) The guardian of a person diagnosed with a communication disability or a disability that can impair communication, regardless of the age of the person.

(E) The opportunities for Ohioans with disabilities agency and the department of public safety shall make the verification form electronically available on each of their respective web sites.

Sec. 3309.22. (A) (1) As used in this division, "personal history record" means information maintained in any format by the board on an individual who is a member, former member, contributor, former contributor, retirant, or beneficiary that includes the address, electronic mail address, telephone number, social security number, record of contributions, correspondence with the system, and other information the board determines to be confidential.

(2) The records of the board shall be open to public inspection and may be made available in printed or electronic format, except for the following, which shall be excluded, except with the written authorization of the individual concerned:

(a) The individual's statement of previous service and other information as provided for in section 3309.28 of the Revised Code;

(b) Any information identifying by name and address the amount of a monthly allowance or benefit paid to the individual;

(c) The individual's personal history record.

(B) All medical reports and recommendations required by 721
the system are privileged except as follows: 722

(1) Copies of medical reports or recommendations shall be 723
made available to the following: 724

(a) The individual concerned, on written request; 725

(b) The personal physician, certified nurse-midwife, 726
clinical nurse specialist, certified nurse practitioner, 727
attorney, or authorized agent of the individual concerned on 728
written release received from the individual or the individual's 729
agent; 730

(c) The board assigned physician, certified nurse-midwife, 731
clinical nurse specialist, or certified nurse practitioner. 732

(2) Documentation required by section 2929.193 of the 733
Revised Code shall be provided to a court holding a hearing 734
under that section. 735

(C) Any person who is a contributor of the system shall be 736
furnished, on written request, with a statement of the amount to 737
the credit of the person's account. The board need not answer 738
more than one such request of a person in any one year. 739

(D) Notwithstanding the exceptions to public inspection in 740
division (A) (2) of this section, the board may furnish the 741
following information: 742

(1) If a member, former member, contributor, former 743
contributor, or retirant is subject to an order issued under 744
section 2907.15 of the Revised Code or an order issued under 745
division (A) or (B) of section 2929.192 of the Revised Code or 746
is convicted of or pleads guilty to a violation of section 747
2921.41 of the Revised Code, on written request of a prosecutor 748

as defined in section 2935.01 of the Revised Code, the board 749
shall furnish to the prosecutor the information requested from 750
the individual's personal history record. 751

(2) Pursuant to a court or administrative order issued 752
under section 3119.80, 3119.81, 3121.02, 3121.03, or 3123.06 of 753
the Revised Code, the board shall furnish to a court or child 754
support enforcement agency the information required under that 755
section. 756

(3) At the written request of any person, the board shall 757
provide to the person a list of the names and addresses of 758
members, former members, retirants, contributors, former 759
contributors, or beneficiaries. The costs of compiling, copying, 760
and mailing the list shall be paid by such person. 761

(4) Within fourteen days after receiving from the director 762
of job and family services a list of the names and social 763
security numbers of recipients of public assistance pursuant to 764
section 5101.181 of the Revised Code, the board shall inform the 765
auditor of state of the name, current or most recent employer 766
address, and social security number of each contributor whose 767
name and social security number are the same as that of a person 768
whose name or social security number was submitted by the 769
director. The board and its employees shall, except for purposes 770
of furnishing the auditor of state with information required by 771
this section, preserve the confidentiality of recipients of 772
public assistance in compliance with section 5101.181 of the 773
Revised Code. 774

(5) The system shall comply with orders issued under 775
section 3105.87 of the Revised Code. 776

On the written request of an alternate payee, as defined 777

in section 3105.80 of the Revised Code, the system shall furnish 778
to the alternate payee information on the amount and status of 779
any amounts payable to the alternate payee under an order issued 780
under section 3105.171 or 3105.65 of the Revised Code. 781

(6) At the request of any person, the board shall make 782
available to the person copies of all documents, including 783
resumes, in the board's possession regarding filling a vacancy 784
of an employee member or retirant member of the board. The 785
person who made the request shall pay the cost of compiling, 786
copying, and mailing the documents. The information described in 787
this division is a public record. 788

(7) The system shall provide the notice required by 789
section 3309.673 of the Revised Code to the prosecutor assigned 790
to the case. 791

(8) The system may provide information requested by the 792
United States social security administration, United States 793
centers for medicare and medicaid services, Ohio public 794
employees deferred compensation program, Ohio police and fire 795
pension fund, state teachers retirement system, public employees 796
retirement system, state highway patrol retirement system, 797
Cincinnati retirement system, or a third party that the school 798
employees retirement board has contracted with for the purpose 799
of administering any part of this chapter. 800

(E) A statement that contains information obtained from 801
the system's records that is signed by an officer of the 802
retirement system and to which the system's official seal is 803
affixed, or copies of the system's records to which the 804
signature and seal are attached, shall be received as true 805
copies of the system's records in any court or before any 806
officer of this state. 807

Sec. 3313.716. (A) Notwithstanding section 3313.713 of the Revised Code or any policy adopted under that section, a student of a school operated by a city, local, exempted village, or joint vocational school district or a student of a chartered nonpublic school may possess and use a metered dose inhaler or a dry powder inhaler to alleviate asthmatic symptoms, or before exercise to prevent the onset of asthmatic symptoms, if both of the following conditions are satisfied:

(1) The student has the written approval of the student's physician, clinical nurse specialist, or certified nurse practitioner and, if the student is a minor, the written approval of the parent, guardian, or other person having care or charge of the student. The physician's or nurse's written approval shall include at least all of the following information:

(a) The student's name and address;

(b) The names and dose of the medication contained in the inhaler;

(c) The date the administration of the medication is to begin;

(d) The date, if known, that the administration of the medication is to cease;

(e) Written instructions that outline procedures school personnel should follow in the event that the asthma medication does not produce the expected relief from the student's asthma attack;

(f) Any severe adverse reactions that may occur to the child using the inhaler and that should be reported to the physician or nurse;

(g) Any severe adverse reactions that may occur to another 837
child, for whom the inhaler is not prescribed, should such a 838
child receive a dose of the medication; 839

(h) At least one emergency telephone number for contacting 840
the physician or nurse in an emergency; 841

(i) At least one emergency telephone number for contacting 842
the parent, guardian, or other person having care or charge of 843
the student in an emergency; 844

(j) Any other special instructions from the physician or 845
nurse. 846

(2) The school principal and, if a school nurse is 847
assigned to the student's school building, the school nurse has 848
received copies of the written approvals required by division 849
(A) (1) of this section. 850

If these conditions are satisfied, the student may possess 851
and use the inhaler at school or at any activity, event, or 852
program sponsored by or in which the student's school is a 853
participant. 854

(B) (1) A school district, member of a school district 855
board of education, or school district employee is not liable in 856
damages in a civil action for injury, death, or loss to person 857
or property allegedly arising from a district employee's 858
prohibiting a student from using an inhaler because of the 859
employee's good faith belief that the conditions of divisions 860
(A) (1) and (2) of this section had not been satisfied. A school 861
district, member of a school district board of education, or 862
school district employee is not liable in damages in a civil 863
action for injury, death, or loss to person or property 864
allegedly arising from a district employee's permitting a 865

student to use an inhaler because of the employee's good faith 866
belief that the conditions of divisions (A) (1) and (2) of this 867
section had been satisfied. Furthermore, when a school district 868
is required by this section to permit a student to possess and 869
use an inhaler because the conditions of divisions (A) (1) and 870
(2) of this section have been satisfied, the school district, 871
any member of the school district board of education, or any 872
school district employee is not liable in damages in a civil 873
action for injury, death, or loss to person or property 874
allegedly arising from the use of the inhaler by a student for 875
whom it was not prescribed. 876

This section does not eliminate, limit, or reduce any 877
other immunity or defense that a school district, member of a 878
school district board of education, or school district employee 879
may be entitled to under Chapter 2744. or any other provision of 880
the Revised Code or under the common law of this state. 881

(2) A chartered nonpublic school or any officer, director, 882
or employee of the school is not liable in damages in a civil 883
action for injury, death, or loss to person or property 884
allegedly arising from a school employee's prohibiting a student 885
from using an inhaler because of the employee's good faith 886
belief that the conditions of divisions (A) (1) and (2) of this 887
section had not been satisfied. A chartered nonpublic school or 888
any officer, director, or employee of the school is not liable 889
in damages in a civil action for injury, death, or loss to 890
person or property allegedly arising from a school employee's 891
permitting a student to use an inhaler because of the employee's 892
good faith belief that the conditions of divisions (A) (1) and 893
(2) of this section had been satisfied. Furthermore, when a 894
chartered nonpublic school is required by this section to permit 895
a student to possess and use an inhaler because the conditions 896

of divisions (A) (1) and (2) of this section have been satisfied, 897
the chartered nonpublic school or any officer, director, or 898
employee of the school is not liable in damages in a civil 899
action for injury, death, or loss to person or property 900
allegedly arising from the use of the inhaler by a student for 901
whom it was not prescribed. 902

Sec. 3319.141. Each person who is employed by any board of 903
education in this state, except for substitutes, adult education 904
instructors who are scheduled to work the full-time equivalent 905
of less than one hundred twenty days per school year, or persons 906
who are employed on an as-needed, seasonal, or intermittent 907
basis, shall be entitled to fifteen days sick leave with pay, 908
for each year under contract, which shall be credited at the 909
rate of one and one-fourth days per month. Teachers and regular 910
nonteaching school employees, upon approval of the responsible 911
administrative officer of the school district, may use sick 912
leave for absence due to personal illness, pregnancy, injury, 913
exposure to contagious disease which could be communicated to 914
others, and for absence due to illness, injury, or death in the 915
employee's immediate family. Unused sick leave shall be 916
cumulative up to one hundred twenty work days, unless more than 917
one hundred twenty days are approved by the employing board of 918
education. The previously accumulated sick leave of a person who 919
has been separated from public service, whether accumulated 920
pursuant to section 124.38 of the Revised Code or pursuant to 921
this section, shall be placed to the person's credit upon re- 922
employment in the public service, provided that such re- 923
employment takes place within ten years of the date of the last 924
termination from public service. A teacher or nonteaching school 925
employee who transfers from one public agency to another shall 926
be credited with the unused balance of the teacher's or 927

nonteaching employee's accumulated sick leave up to the maximum 928
of the sick leave accumulation permitted in the public agency to 929
which the employee transfers. Teachers and nonteaching school 930
employees who render regular part-time, per diem, or hourly 931
service shall be entitled to sick leave for the time actually 932
worked at the same rate as that granted like full-time 933
employees, calculated in the same manner as the ratio of sick 934
leave granted to hours of service established by section 124.38 935
of the Revised Code. Each board of education may establish 936
regulations for the entitlement, crediting and use of sick leave 937
by those substitute teachers employed by such board pursuant to 938
section 3319.10 of the Revised Code who are not otherwise 939
entitled to sick leave pursuant to such section. A board of 940
education shall require a teacher or nonteaching school employee 941
to furnish a written, signed statement on forms prescribed by 942
such board to justify the use of sick leave. If medical 943
attention is required, the employee's statement shall list the 944
name and address of the attending physician, certified nurse- 945
midwife, clinical nurse specialist, or certified nurse 946
practitioner and the dates when the physician or nurse was 947
consulted. Nothing in this section shall be construed to waive 948
the physician-patient or advanced practice registered nurse- 949
patient privilege provided by section 2317.02 of the Revised 950
Code. Falsification of a statement is grounds for suspension or 951
termination of employment under sections 3311.82, 3319.081, and 952
3319.16 of the Revised Code. No sick leave shall be granted or 953
credited to a teacher after the teacher's retirement or 954
termination of employment. 955

Except to the extent used as sick leave, leave granted 956
under regulations adopted by a board of education pursuant to 957
section 3311.77 or 3319.08 of the Revised Code shall not be 958

charged against sick leave earned or earnable under this 959
section. Nothing in this section shall be construed to affect in 960
any other way the granting of leave pursuant to section 3311.77 961
or 3319.08 of the Revised Code and any granting of sick leave 962
pursuant to such section shall be charged against sick leave 963
accumulated pursuant to this section. 964

This section shall not be construed to interfere with any 965
unused sick leave credit in any agency of government where 966
attendance records are maintained and credit has been given for 967
unused sick leave. Unused sick leave accumulated by teachers and 968
nonteaching school employees under section 124.38 of the Revised 969
Code shall continue to be credited toward the maximum 970
accumulation permitted in accordance with this section. Each 971
newly hired regular nonteaching and each regular nonteaching 972
employee of any board of education who has exhausted the 973
employee's accumulated sick leave shall be entitled to an 974
advancement of not less than five days of sick leave each year, 975
as authorized by rules which each board shall adopt, to be 976
charged against the sick leave the employee subsequently 977
accumulates under this section. 978

This section shall be uniformly administered. 979

Sec. 3501.382. (A) (1) A registered voter who, by reason of 980
disability, is unable to physically sign the voter's name as a 981
candidate, signer, or circulator on a declaration of candidacy 982
and petition, nominating petition, other petition, or other 983
document under Title XXXV of the Revised Code may authorize a 984
legally competent resident of this state who is eighteen years 985
of age or older as an attorney in fact to sign that voter's name 986
to the petition or other election document, at the voter's 987
direction and in the voter's presence, in accordance with either 988

of the following procedures:	989
(a) The voter may file with the board of elections of the voter's county of residence a notarized form that includes or has attached all of the following:	990 991 992
(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;	993 994 995 996
(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;	997 998 999 1000 1001
(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.	1002 1003 1004 1005 1006 1007 1008
(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.	1009 1010 1011 1012
(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:	1013 1014 1015 1016
(i) The name of the voter who is authorizing an attorney	1017

in fact to sign petitions or other election documents on that 1018
voter's behalf, at the voter's direction and in the voter's 1019
presence; 1020

(ii) An attestation of the voter that the voter, by reason 1021
of disability, is physically unable to sign petitions or other 1022
election documents and that the voter desires the attorney in 1023
fact to sign them on the voter's behalf, at the direction of the 1024
voter and in the voter's presence; 1025

(iii) An attestation from a licensed physician, clinical 1026
nurse specialist, or certified nurse practitioner that the voter 1027
is disabled and, by reason of that disability, is physically 1028
unable to sign petitions or other election documents; 1029

(iv) The name, residence address, date of birth, and, if 1030
applicable, Ohio supreme court registration number of the 1031
attorney in fact authorized to sign on the voter's behalf, at 1032
the voter's direction and in the voter's presence. A photocopy 1033
of the attorney in fact's driver's license or state 1034
identification card issued under section 4507.50 of the Revised 1035
Code shall be attached to the notarized form. 1036

(v) The form of the signature that the attorney in fact 1037
will use in signing petitions or other election documents on the 1038
voter's behalf, at the voter's direction and in the voter's 1039
presence. 1040

(2) In addition to performing customary notarial acts with 1041
respect to the power of attorney form described in division (A) 1042
(1) (a) of this section, the notary public shall acknowledge that 1043
the voter in question affirmed in the presence of the notary 1044
public the information listed in divisions (A) (1) (a) (i), (ii), 1045
and (iii) of this section. A notary public shall not perform any 1046

notarial acts with respect to such a power of attorney form 1047
unless the voter first gives such an affirmation. Only a notary 1048
public satisfying the requirements of section 147.01 of the 1049
Revised Code may perform notarial acts with respect to such a 1050
power of attorney form. 1051

(B) A board of elections that receives a form under 1052
division (A)(1) of this section from a voter shall do both of 1053
the following: 1054

(1) Use the signature provided in accordance with division 1055
(A)(1)(a)(iv) or (A)(1)(b)(v) of this section for the purpose of 1056
verifying the voter's signature on all declarations of candidacy 1057
and petitions, nominating petitions, other petitions, or other 1058
documents signed by that voter under Title XXXV of the Revised 1059
Code; 1060

(2) Cause the poll list or signature pollbook for the 1061
relevant precinct to identify the voter in question as having 1062
authorized an attorney in fact to sign petitions or other 1063
election documents on the voter's behalf, at the voter's 1064
direction and in the voter's presence. 1065

(C) Notwithstanding division (D) of section 3501.38 or any 1066
other provision of the Revised Code to the contrary, an attorney 1067
in fact authorized to sign petitions or other election documents 1068
on a disabled voter's behalf, at the direction of and in the 1069
presence of that voter, in accordance with division (A) of this 1070
section may sign that voter's name to any petition or other 1071
election document under Title XXXV of the Revised Code after the 1072
power of attorney has been filed with the board of elections in 1073
accordance with division (A)(1) of this section. The signature 1074
shall be deemed to be that of the disabled voter, and the voter 1075
shall be deemed to be the signer. 1076

(D) (1) Notwithstanding division (F) of section 3501.38 or 1077
any other provision of the Revised Code to the contrary, the 1078
circulator of a petition may knowingly permit an attorney in 1079
fact to sign the petition on a disabled voter's behalf, at the 1080
direction of and in the presence of that voter, in accordance 1081
with division (A) (1) of this section. 1082

(2) Notwithstanding division (F) of section 3501.38 or any 1083
other provision of the Revised Code to the contrary, no petition 1084
paper shall be invalidated on the ground that the circulator 1085
knowingly permitted an attorney in fact to write a name other 1086
than the attorney in fact's own name on a petition paper, if 1087
that attorney in fact signed the petition on a disabled voter's 1088
behalf, at the direction of and in the presence of that voter, 1089
in accordance with division (C) of this section. 1090

(E) The secretary of state shall prescribe the form and 1091
content of the form for the power of attorney prescribed under 1092
division (A) (1) of this section and also shall prescribe the 1093
form and content of a distinct form to revoke such a power of 1094
attorney. 1095

(F) As used in this section, "unable to physically sign" 1096
means that the person with a disability cannot comply with the 1097
provisions of section 3501.011 of the Revised Code. A person is 1098
not "unable to physically sign" if the person is able to comply 1099
with section 3501.011 through reasonable accommodation, 1100
including the use of assistive technology or augmentative 1101
devices. 1102

Sec. 3701.046. The director of health is authorized to 1103
make grants for women's health services from funds appropriated 1104
for that purpose by the general assembly. 1105

None of the funds received through grants for women's health services shall be used to provide abortion services. None of the funds received through these grants shall be used for counseling for or referrals for abortion, except in the case of a medical emergency. These funds shall be distributed by the director to programs that the department of health determines will provide services that are physically and financially separate from abortion-providing and abortion-promoting activities, and that do not include counseling for or referrals for abortion, other than in the case of medical emergency.

These women's health services include and are limited to the following: pelvic examinations and laboratory testing; breast examinations and patient education on breast cancer; screening for cervical cancer; screening and treatment for sexually transmitted diseases and HIV screening; voluntary choice of contraception, including abstinence and natural family planning; patient education and pre-pregnancy counseling on the dangers of smoking, alcohol, and drug use during pregnancy; education on sexual coercion and violence in relationships; and prenatal care or referral for prenatal care. These health care services shall be provided in a medical clinic setting by persons authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery; authorized under Chapter 4730. of the Revised Code to practice as a physician assistant; licensed under Chapter 4723. of the Revised Code as a registered nurse, including an advanced practice registered nurse, or as a licensed practical nurse; or licensed under Chapter 4757. of the Revised Code as a social worker, independent social worker, licensed professional clinical counselor, or licensed professional counselor.

The director shall adopt rules under Chapter 119. of the

Revised Code specifying reasonable eligibility standards that 1137
must be met to receive the state funding and provide reasonable 1138
methods by which a grantee wishing to be eligible for federal 1139
funding may comply with these requirements for state funding 1140
without losing its eligibility for federal funding. 1141

Each applicant for these funds shall provide sufficient 1142
assurance to the director of all of the following: 1143

(A) The program shall not discriminate in the provision of 1144
services based on an individual's religion, race, national 1145
origin, disability, age, sex, number of pregnancies, or marital 1146
status; 1147

(B) The program shall provide services without subjecting 1148
individuals to any coercion to accept services or to employ any 1149
particular methods of family planning; 1150

(C) Acceptance of services shall be solely on a voluntary 1151
basis and may not be made a prerequisite to eligibility for, or 1152
receipt of, any other service, assistance from, or participation 1153
in, any other program of the service provider; 1154

(D) Any charges for services provided by the program shall 1155
be based on the patient's ability to pay and priority in the 1156
provision of services shall be given to persons from low-income 1157
families. 1158

In distributing these grant funds, the director shall give 1159
priority to grant requests from local departments of health for 1160
women's health services to be provided directly by personnel of 1161
the local department of health. The director shall issue a 1162
single request for proposals for all grants for women's health 1163
services. The director shall send a notification of this request 1164
for proposals to every local department of health in this state 1165

and shall place a notification on the department's web site. The 1166
director shall allow at least thirty days after issuing this 1167
notification before closing the period to receive applications. 1168

After the closing date for receiving grant applications, 1169
the director shall first consider grant applications from local 1170
departments of health that apply for grants for women's health 1171
services to be provided directly by personnel of the local 1172
department of health. Local departments of health that apply for 1173
grants for women's health services to be provided directly by 1174
personnel of the local department of health need not provide all 1175
the listed women's health services in order to qualify for a 1176
grant. However, in prioritizing awards among local departments 1177
of health that qualify for funding under this paragraph, the 1178
director may consider, among other reasonable factors, the 1179
comprehensiveness of the women's health services to be offered, 1180
provided that no local department of health shall be 1181
discriminated against in the process of awarding these grant 1182
funds because the applicant does not provide contraception. 1183

If funds remain after awarding grants to all local 1184
departments of health that qualify for the priority, the 1185
director may make grants to other applicants. Awards to other 1186
applicants may be made to those applicants that will offer all 1187
eight of the listed women's health services or that will offer 1188
all of the services except contraception. No applicant shall be 1189
discriminated against in the process of awarding these grant 1190
funds because the applicant does not provide contraception. 1191

Sec. 3701.144. (A) As used in this section, "cost sharing" 1192
has the same meaning as in section 3923.85 of the Revised Code. 1193

(B) The department of health shall administer the state's 1194
participation in the national breast and cervical cancer early 1195

detection program (NBCCEDP), which shall be known as the Ohio 1196
breast and cervical cancer project. The project shall be 1197
administered in accordance with Title XV of the "Public Health 1198
Service Act," 42 U.S.C. 300k et seq., and the department's 1199
NBCCEDP grant agreement with the United States centers for 1200
disease control and prevention. 1201

(C) In administering the project, the department shall set 1202
eligibility requirements for services provided through the 1203
project as follows: 1204

(1) The woman must have countable family income not 1205
exceeding three hundred per cent of the federal poverty line. 1206

(2) One of the following must be the case: 1207

(a) The woman is not covered by health insurance. 1208

(b) The woman is covered by health insurance that does not 1209
include the screening or diagnostic services the woman seeks 1210
through the project. 1211

(c) The woman is covered by health insurance that imposes 1212
cost sharing for the screening or diagnostic services the woman 1213
seeks through the project that exceeds the limit specified ~~by~~ 1214
~~the director of health~~ in rules adopted under division (D) of 1215
this section. 1216

(3) In the case of a woman seeking cervical cancer 1217
screening and diagnostic services through the project, the woman 1218
must be at least twenty-one and less than sixty-five years of 1219
age. 1220

(4) In the case of a woman seeking breast cancer screening 1221
and diagnostic services through the project, either of the 1222
following must be the case: 1223

(a) The woman is at least forty years of age. 1224

(b) The woman is at least twenty-one and less than forty 1225
years of age and has been determined by a physician, certified 1226
nurse-midwife, clinical nurse specialist, or certified nurse 1227
practitioner to need breast cancer screening and diagnostic 1228
services due to the results of a clinical breast examination, 1229
the woman's family history, or other factors. 1230

(D) The director of health shall adopt rules for purposes 1231
of division (C) (2) (c) of this section specifying the cost 1232
sharing limit for each screening and diagnostic service that may 1233
be obtained through the project. The director may adopt other 1234
rules as necessary to implement this section. The rules shall be 1235
adopted in accordance with Chapter 119. of the Revised Code. 1236

Sec. 3701.162. Any licensed physician, certified nurse- 1237
midwife if authorized as described in section 4723.436 of the 1238
Revised Code, clinical nurse specialist, or certified nurse 1239
practitioner practicing in this state, or the superintendent of 1240
any state or county institution, may receive without charge the 1241
quantities of antitoxin as the physician, nurse, or 1242
superintendent requires for the treatment or prevention of 1243
diphtheria in indigent persons, provided such antitoxin shall be 1244
used only for persons residing in the state, and that a 1245
sufficient supply is available for distribution. 1246

Sec. 3701.262. (A) As used in this section: 1247

(1) "Physician" means a person authorized under Chapter 1248
4731. of the Revised Code to practice medicine and surgery or 1249
osteopathic medicine and surgery. 1250

(2) "Dentist" means a person who is licensed under Chapter 1251
4715. of the Revised Code to practice dentistry. 1252

(3) "Hospital" has the same meaning as in section 3727.01 of the Revised Code.	1253 1254
(4) "Cancer" includes those diseases specified by rule of the director of health under division (B)(2) of this section.	1255 1256
<u>(5) "Certified nurse-midwife," "clinical nurse specialist," and "certified nurse practitioner" have the same meanings as in section 4723.01 of the Revised Code.</u>	1257 1258 1259
(B) The director of health shall adopt rules in accordance with Chapter 119. of the Revised Code to do all of the following:	1260 1261 1262
(1) Establish the Ohio cancer incidence surveillance system required by section 3701.261 of the Revised Code;	1263 1264
(2) Specify the types of cancer and other tumorous and precancerous diseases to be reported to the department of health under division (D) of this section;	1265 1266 1267
(3) Establish reporting requirements for information concerning diagnosed cancer cases as the director considers necessary to conduct epidemiologic surveys of cancer in this state;	1268 1269 1270 1271
(4) Establish standards that must be met by research projects to be eligible to receive information concerning individual cancer patients from the department of health.	1272 1273 1274
(C) The department of health shall record in the registry all reports of cancer received by it. In the development and administration of the cancer registry the department may use information compiled by public or private cancer registries and may contract for the collection and analysis of, and research related to, the information recorded under this section.	1275 1276 1277 1278 1279 1280

(D) (1) Each physician, certified nurse-midwife, clinical 1281
nurse specialist, certified nurse practitioner, dentist, 1282
hospital, or person providing diagnostic or treatment services 1283
to patients with cancer shall report each case of cancer to the 1284
department. Any person required to report pursuant to this 1285
section may elect to report to the department through an 1286
existing cancer registry if the registry meets the reporting 1287
standards established by the director and reports to the 1288
department. 1289

(2) No person shall fail to make the cancer reports 1290
required by division (D) (1) of this section. 1291

(E) All physicians, certified nurse-midwives, clinical 1292
nurse specialists, certified nurse practitioners, dentists, 1293
hospitals, or persons providing diagnostic or treatment services 1294
to patients with cancer shall grant to the department or its 1295
authorized representative access to all records that identify 1296
cases of cancer or establish characteristics of cancer, the 1297
treatment of cancer, or the medical status of any identified 1298
cancer patient. 1299

(F) The Arthur G. James cancer hospital and Richard J. 1300
Solove research institute of the Ohio state university, shall 1301
analyze and evaluate the cancer reports collected pursuant to 1302
this section. The department shall publish and make available to 1303
the public reports summarizing the information collected. 1304
Reports shall be made on a calendar year basis and published not 1305
later than ninety days after the end of each calendar year. 1306

(G) Furnishing information, including records, reports, 1307
statements, notes, memoranda, or other information, to the 1308
department of health, either voluntarily or as required by this 1309
section, or to a person or governmental entity designated as a 1310

medical research project by the department, does not subject a 1311
physician, certified nurse-midwife, clinical nurse specialist, 1312
certified nurse practitioner, dentist, hospital, or person 1313
providing diagnostic or treatment services to patients with 1314
cancer to liability in an action for damages or other relief for 1315
furnishing the information. 1316

(H) This section does not affect the authority of any 1317
person or facility providing diagnostic or treatment services to 1318
patients with cancer to maintain facility-based tumor 1319
registries, in addition to complying with the reporting 1320
requirements of this section. 1321

Sec. 3701.47. As used in sections 3701.46 to 3701.50 of 1322
the Revised Code, the standard tests for syphilis and gonorrhea 1323
are tests approved by the department of health, and shall be 1324
made at a laboratory approved to make such tests by the 1325
department. Such tests as are required shall, on request of the 1326
physician, certified nurse-midwife, clinical nurse specialist, 1327
or certified nurse practitioner submitting the specimens, be 1328
made without charge by the department. 1329

Sec. 3701.48. The approved laboratory making the standard 1330
tests for syphilis and gonorrhea shall make a report to the 1331
physician, certified nurse-midwife, clinical nurse specialist, 1332
certified nurse practitioner, or health commissioner submitting 1333
the specimens. Such laboratory shall forthwith report any 1334
reactive syphilis test or positive gonorrhea test to the 1335
department of health on forms prescribed and furnished by the 1336
director of health. 1337

Sec. 3701.50. Every physician, certified nurse-midwife, 1338
clinical nurse specialist, or certified nurse practitioner who 1339
attends any pregnant woman for conditions relating to pregnancy 1340

during the period of gestation shall take specimens of such 1341
woman at the time of first examination or within ten days 1342
thereof, and shall submit such specimens to an approved 1343
laboratory for standard syphilis and gonorrhoea tests. If, in the 1344
opinion of the physician or nurse attending such woman, her 1345
condition does not permit the taking of specimens for submission 1346
to an approved laboratory, then no specimens shall be taken 1347
prior to delivery. If no specimens are taken prior to delivery 1348
because of the woman's condition, then such specimens shall be 1349
taken as soon after delivery as the physician or nurse deems it 1350
advisable. 1351

The health commissioner of the city or general health 1352
district, wherein any person required to be tested for syphilis 1353
and gonorrhoea under this section or section 3701.49 of the 1354
Revised Code resides, may waive the requirements of such 1355
sections if the commissioner is satisfied by written affidavit 1356
or other written proof that the tests required are contrary to 1357
the tenets or practices of the religious creed of which the 1358
person is an adherent, and that the public health and welfare 1359
would not be injuriously affected by such waiver. 1360

Sec. 3701.59. (A) As used in this section: 1361

(1) "Addiction services" and "alcohol and drug addiction 1362
services" have the same meanings as in section 5119.01 of the 1363
Revised Code. 1364

(2) "Controlled substance" has the same meaning as in 1365
section 3719.01 of the Revised Code. 1366

(B) Any of the following health care professionals who 1367
attends a pregnant woman for conditions relating to pregnancy 1368
before the end of the twentieth week of pregnancy and who has 1369

reason to believe that the woman is using or has used a 1370
controlled substance in a manner that may place the woman's 1371
fetus in jeopardy shall encourage the woman to enroll in a drug 1372
treatment program offered by a provider of addiction services or 1373
alcohol and drug addiction services: 1374

(1) Physicians authorized under Chapter 4731. of the 1375
Revised Code to practice medicine and surgery or osteopathic 1376
medicine and surgery; 1377

(2) Registered nurses licensed under Chapter 4723. of the 1378
Revised Code, including certified nurse-midwives, clinical nurse 1379
specialists, and certified nurse practitioners, and licensed 1380
practical nurses licensed under ~~Chapter 4723. of the Revised~~ 1381
~~Code that chapter;~~ 1382

(3) Physician assistants licensed under Chapter 4730. of 1383
the Revised Code. 1384

(C) A health care professional is immune from civil 1385
liability and is not subject to criminal prosecution with regard 1386
to both of the following: 1387

(1) Failure to recognize that a pregnant woman has used or 1388
is using a controlled substance in a manner that may place the 1389
woman's fetus in jeopardy; 1390

(2) Any action taken in good faith compliance with this 1391
section. 1392

Sec. 3701.74. (A) As used in this section and section 1393
3701.741 of the Revised Code: 1394

(1) "Ambulatory care facility" means a facility that 1395
provides medical, diagnostic, or surgical treatment to patients 1396
who do not require hospitalization, including a dialysis center, 1397

ambulatory surgical facility, cardiac catheterization facility, 1398
diagnostic imaging center, extracorporeal shock wave lithotripsy 1399
center, home health agency, inpatient hospice, birthing center, 1400
radiation therapy center, emergency facility, and an urgent care 1401
center. "Ambulatory care facility" does not include the private 1402
office of a physician, advanced practice registered nurse, or 1403
dentist, whether the office is for an individual or group 1404
practice. 1405

(2) "Chiropractor" means an individual licensed under 1406
Chapter 4734. of the Revised Code to practice chiropractic. 1407

(3) "Emergency facility" means a hospital emergency 1408
department or any other facility that provides emergency medical 1409
services. 1410

(4) "Health care practitioner" means all of the following: 1411

(a) A dentist or dental hygienist licensed under Chapter 1412
4715. of the Revised Code; 1413

(b) A registered nurse, including an advanced practice 1414
registered nurse, or licensed practical nurse licensed under 1415
Chapter 4723. of the Revised Code; 1416

(c) An optometrist licensed under Chapter 4725. of the 1417
Revised Code; 1418

(d) A dispensing optician, spectacle dispensing optician, 1419
or spectacle-contact lens dispensing optician licensed under 1420
Chapter 4725. of the Revised Code; 1421

(e) A pharmacist licensed under Chapter 4729. of the 1422
Revised Code; 1423

(f) A physician; 1424

(g) A physician assistant authorized under Chapter 4730.	1425
of the Revised Code to practice as a physician assistant;	1426
(h) A practitioner of a limited branch of medicine issued	1427
a <u>license or certificate</u> under Chapter 4731. of the Revised	1428
Code;	1429
(i) A psychologist licensed under Chapter 4732. of the	1430
Revised Code;	1431
(j) A chiropractor;	1432
(k) A hearing aid dealer or fitter licensed under Chapter	1433
4747. of the Revised Code;	1434
(l) A speech-language pathologist or audiologist licensed	1435
under Chapter 4753. of the Revised Code;	1436
(m) An occupational therapist or occupational therapy	1437
assistant licensed under Chapter 4755. of the Revised Code;	1438
(n) A physical therapist or physical therapy assistant	1439
licensed under Chapter 4755. of the Revised Code;	1440
(o) A licensed professional clinical counselor, licensed	1441
professional counselor, social worker, independent social	1442
worker, independent marriage and family therapist, or marriage	1443
and family therapist licensed, or a social work assistant	1444
registered, under Chapter 4757. of the Revised Code;	1445
(p) A dietitian licensed under Chapter 4759. of the	1446
Revised Code;	1447
(q) A respiratory care professional licensed under Chapter	1448
4761. of the Revised Code;	1449
(r) An emergency medical technician-basic, emergency	1450
medical technician-intermediate, or emergency medical	1451

technician-paramedic certified under Chapter 4765. of the 1452
Revised Code. 1453

(5) "Health care provider" means a hospital, ambulatory 1454
care facility, long-term care facility, pharmacy, emergency 1455
facility, or health care practitioner. 1456

(6) "Hospital" has the same meaning as in section 3727.01 1457
of the Revised Code. 1458

(7) "Long-term care facility" means a nursing home, 1459
residential care facility, or home for the aging, as those terms 1460
are defined in section 3721.01 of the Revised Code; a 1461
residential facility licensed under section 5119.34 of the 1462
Revised Code that provides accommodations, supervision, and 1463
personal care services for three to sixteen unrelated adults; a 1464
nursing facility, as defined in section 5165.01 of the Revised 1465
Code; a skilled nursing facility, as defined in section 5165.01 1466
of the Revised Code; and an intermediate care facility for 1467
individuals with intellectual disabilities, as defined in 1468
section 5124.01 of the Revised Code. 1469

(8) "Medical record" means data in any form that pertains 1470
to a patient's medical history, diagnosis, prognosis, or medical 1471
condition and that is generated and maintained by a health care 1472
provider in the process of the patient's health care treatment. 1473

(9) "Medical records company" means a person who stores, 1474
locates, or copies medical records for a health care provider, 1475
or is compensated for doing so by a health care provider, and 1476
charges a fee for providing medical records to a patient or 1477
patient's representative. 1478

(10) "Patient" means either of the following: 1479

(a) An individual who received health care treatment from 1480

a health care provider; 1481

(b) A guardian, as defined in section 1337.11 of the 1482
Revised Code, of an individual described in division (A)(10)(a) 1483
of this section. 1484

(11) "Patient's personal representative" means a minor 1485
patient's parent or other person acting in loco parentis, a 1486
court-appointed guardian, or a person with durable power of 1487
attorney for health care for a patient, the executor or 1488
administrator of the patient's estate, or the person responsible 1489
for the patient's estate if it is not to be probated. "Patient's 1490
personal representative" does not include an insurer authorized 1491
under Title XXXIX of the Revised Code to do the business of 1492
sickness and accident insurance in this state, a health insuring 1493
corporation holding a certificate of authority under Chapter 1494
1751. of the Revised Code, or any other person not named in this 1495
division. 1496

(12) "Pharmacy" has the same meaning as in section 4729.01 1497
of the Revised Code. 1498

(13) "Physician" means a person authorized under Chapter 1499
4731. of the Revised Code to practice medicine and surgery, 1500
osteopathic medicine and surgery, or podiatric medicine and 1501
surgery. 1502

(14) "Authorized person" means a person to whom a patient 1503
has given written authorization to act on the patient's behalf 1504
regarding the patient's medical record. 1505

(15) "Advanced practice registered nurse" has the same 1506
meaning as in section 4723.01 of the Revised Code. 1507

(B) A patient, a patient's personal representative, or an 1508
authorized person who wishes to examine or obtain a copy of part 1509

or all of a medical record shall submit to the health care 1510
provider a written request signed by the patient, personal 1511
representative, or authorized person dated not more than one 1512
year before the date on which it is submitted. The request shall 1513
indicate whether the copy is to be sent to the requestor, sent 1514
to a physician, advanced practice registered nurse, or 1515
chiropractor, or held for the requestor at the office of the 1516
health care provider. Within a reasonable time after receiving a 1517
request that meets the requirements of this division and 1518
includes sufficient information to identify the record 1519
requested, a health care provider that has the patient's medical 1520
records shall permit the patient to examine the record during 1521
regular business hours without charge or, on request, shall 1522
provide a copy of the record in accordance with section 3701.741 1523
of the Revised Code, except that if a physician, advanced 1524
practice registered nurse, psychologist, licensed professional 1525
clinical counselor, licensed professional counselor, independent 1526
social worker, social worker, independent marriage and family 1527
therapist, marriage and family therapist, or chiropractor who 1528
has treated the patient determines for clearly stated treatment 1529
reasons that disclosure of the requested record is likely to 1530
have an adverse effect on the patient, the health care provider 1531
shall provide the record to a physician, advanced practice 1532
registered nurse, psychologist, licensed professional clinical 1533
counselor, licensed professional counselor, independent social 1534
worker, social worker, independent marriage and family 1535
therapist, marriage and family therapist, or chiropractor 1536
designated by the patient. The health care provider shall take 1537
reasonable steps to establish the identity of the person making 1538
the request to examine or obtain a copy of the patient's record. 1539

(C) If a health care provider fails to furnish a medical 1540

record as required by division (B) of this section, the patient, 1541
personal representative, or authorized person who requested the 1542
record may bring a civil action to enforce the patient's right 1543
of access to the record. 1544

(D) (1) This section does not apply to medical records 1545
whose release is covered by section 173.20 or 3721.13 of the 1546
Revised Code, by Chapter 1347., 5119., or 5122. of the Revised 1547
Code, by 42 C.F.R. part 2, "Confidentiality of Alcohol and Drug 1548
Abuse Patient Records," or by 42 C.F.R. 483.10. 1549

(2) Nothing in this section is intended to supersede the 1550
confidentiality provisions of sections 2305.24, 2305.25, 1551
2305.251, and 2305.252 of the Revised Code. 1552

Sec. 3705.30. (A) As used in this section and in sections 1553
3705.31 to 3705.36 of the Revised Code: 1554

(1) "Certified nurse-midwife," "clinical nurse 1555
specialist," and "certified nurse practitioner" have the same 1556
meanings as in section 4723.01 of the Revised Code. 1557

(2) "Freestanding birthing center" has the same meaning as 1558
in section 3702.141 of the Revised Code. 1559

~~(2)~~(3) "Hospital" means a hospital classified under 1560
section 3701.07 of the Revised Code as a general hospital or 1561
children's hospital. 1562

~~(3)~~(4) "Physician" means an individual authorized under 1563
Chapter 4731. of the Revised Code to practice medicine and 1564
surgery or osteopathic medicine and surgery. 1565

(B) The director of health shall establish and, if funds 1566
for this purpose are available, implement a statewide birth 1567
defects information system for the collection of information 1568

concerning congenital anomalies, stillbirths, and abnormal 1569
conditions of newborns. 1570

(C) If the system is implemented under division (B) of 1571
this section, all of the following apply: 1572

(1) The director may require each physician, certified 1573
nurse-midwife, clinical nurse specialist, certified nurse 1574
practitioner, hospital, and freestanding birthing center to 1575
report to the system information concerning all patients under 1576
five years of age with a primary diagnosis of a congenital 1577
anomaly or abnormal condition. The director shall not require a 1578
hospital, freestanding birthing center, ~~or physician, certified~~ 1579
nurse-midwife, clinical nurse specialist, or certified nurse 1580
practitioner to report to the system any information that is 1581
reported to the director or department of health under another 1582
provision of the Revised Code or Administrative Code. 1583

(2) On request, each physician, certified nurse-midwife, 1584
clinical nurse specialist, certified nurse practitioner, 1585
hospital, and freestanding birthing center shall give the 1586
director or authorized employees of the department of health 1587
access to the medical records of any patient described in 1588
division (C)(1) of this section. The department shall pay the 1589
costs of copying any medical records pursuant to this division. 1590

(3) The director may review vital statistics records and 1591
shall consider expanding the list of congenital anomalies and 1592
abnormal conditions of newborns reported on birth certificates 1593
pursuant to section 3705.08 of the Revised Code. 1594

(D) A physician, certified nurse-midwife, clinical nurse 1595
specialist, certified nurse practitioner, hospital, or 1596
freestanding birthing center that provides information to the 1597

system under division (C) of this section shall not be subject 1598
to criminal or civil liability for providing the information. 1599

Sec. 3705.33. As used in this section, "local health 1600
department" means a health department operated by the board of 1601
health of a city or general health district or the authority 1602
having the duties of a board of health under section 3709.05 of 1603
the Revised Code. 1604

A child's parent or legal guardian who wants information 1605
concerning the child removed from the birth defects information 1606
system shall request from the local health department or the 1607
child's physician, certified nurse-midwife, clinical nurse 1608
specialist, or certified nurse practitioner a form prepared by 1609
the director of health. On request, a local health department 1610
~~or~~, physician, certified nurse-midwife, clinical nurse 1611
specialist, or certified nurse practitioner shall provide the 1612
form to the child's parent or legal guardian. The individual 1613
providing the form shall discuss with the child's parent or 1614
legal guardian the information contained in the system. If the 1615
child's parent or legal guardian signs the form, the department 1616
~~or~~, physician, or nurse shall forward it to the director. On 1617
receipt of the signed form, the director shall remove from the 1618
system any information that identifies the child. 1619

Sec. 3705.35. Not later than one hundred eighty days after 1620
October 5, 2000, the director of health shall adopt rules in 1621
accordance with Chapter 119. of the Revised Code to do all of 1622
the following: 1623

(A) Implement the birth defects information system; 1624

(B) Specify the types of congenital anomalies and abnormal 1625
conditions of newborns to be reported to the system under 1626

section 3705.30 of the Revised Code; 1627

(C) Establish reporting requirements for information 1628
concerning diagnosed congenital anomalies and abnormal 1629
conditions of newborns; 1630

(D) Establish standards that must be met by persons or 1631
government entities that seek access to the system; 1632

(E) Establish a form for use by parents or legal guardians 1633
who seek to have information regarding their children removed 1634
from the system and a method of distributing the form to local 1635
health departments, as defined in section 3705.33 of the Revised 1636
Code, and to physicians, certified nurse-midwives, clinical 1637
nurse specialists, and certified nurse practitioners. The method 1638
of distribution must include making the form available on the 1639
internet. 1640

Sec. 3707.08. When a person known to have been exposed to 1641
a communicable disease declared quarantinable by the board of 1642
health of a city or general health district or the department of 1643
health is reported within its jurisdiction, the board shall at 1644
once restrict such person to ~~his~~ the person's place of residence 1645
or other suitable place, prohibit entrance to or exit from such 1646
place without the board's written permission in such manner as 1647
to prevent effective contact with individuals not so exposed, 1648
and enforce such restrictive measures as are prescribed by the 1649
department. 1650

When a person has, or is suspected of having, a 1651
communicable disease for which isolation is required by the 1652
board or the department, the board shall at once cause such 1653
person to be separated from susceptible persons in such places 1654
and under such circumstances as will prevent the conveyance of 1655

the infectious agents to susceptible persons, prohibit entrance 1656
to or exit from such places without the board's written 1657
permission, and enforce such restrictive measures as are 1658
prescribed by the department. 1659

When persons have, or are exposed to, a communicable 1660
disease for which placarding of premises is required by the 1661
board or the department, the board shall at once place in a 1662
conspicuous position on the premises where such a person is 1663
isolated or quarantined a placard having printed on it, in large 1664
letters, the name of the disease. No person shall remove, mar, 1665
deface, or destroy such placard, which shall remain in place 1666
until after the persons restricted have been released from 1667
isolation or quarantine. 1668

Physicians, certified nurse-midwives, clinical nurse 1669
specialists, and certified nurse practitioners attending a 1670
person affected with a communicable disease shall use such 1671
precautionary measures to prevent its spread as are required by 1672
the board or the department. 1673

No person isolated or quarantined by a board shall leave 1674
the premises to which ~~he~~ the person has been restricted without 1675
the written permission of such board until released from 1676
isolation or quarantine by it in ~~accordance~~ accordance with the 1677
rules and regulations of the department. 1678

Sec. 3710.07. (A) Prior to engaging in any asbestos hazard 1679
abatement project, an asbestos hazard abatement contractor shall 1680
do all of the following: 1681

(1) Prepare a written respiratory protection program as 1682
defined by the director of environmental protection pursuant to 1683
rule, and make the program available to the environmental 1684

protection agency, and workers at the job site if the contractor 1685
is a public entity or prepare a written respiratory protection 1686
program, consistent with 29 C.F.R. 1910.134 and make the program 1687
available to the agency, and workers at the job site if the 1688
contractor is a business entity; 1689

(2) Ensure that each worker who will be involved in any 1690
asbestos hazard abatement project has been examined within the 1691
preceding year and has been declared by a physician, clinical 1692
nurse specialist, or certified nurse practitioner to be 1693
physically capable of working while wearing a respirator; 1694

(3) Ensure that each of the contractor's employees or 1695
agents who will come in contact with asbestos-containing 1696
materials or will be responsible for an asbestos hazard 1697
abatement project receives the appropriate certification or 1698
licensure required by this chapter and the following training: 1699

(a) An initial course approved by the agency pursuant to 1700
section 3710.10 of the Revised Code, completed before engaging 1701
in any asbestos hazard abatement activity; and 1702

(b) An annual review course approved by the agency 1703
pursuant to section 3710.10 of the Revised Code. 1704

(B) After obtaining or renewing a license, an asbestos 1705
hazard abatement contractor shall notify the agency, on a form 1706
approved by the director, at least ten working days before 1707
beginning each asbestos hazard abatement project conducted 1708
during the term of the contractor's license. 1709

(C) In addition to any other fee imposed under this 1710
chapter, an asbestos hazard abatement contractor shall pay, at 1711
the time of providing notice under division (B) of this section, 1712
the agency a fee of sixty-five dollars for each asbestos hazard 1713

abatement project conducted. 1714

Sec. 3721.01. (A) As used in sections 3721.01 to 3721.09 1715
and 3721.99 of the Revised Code: 1716

(1) (a) "Home" means an institution, residence, or facility 1717
that provides, for a period of more than twenty-four hours, 1718
whether for a consideration or not, accommodations to three or 1719
more unrelated individuals who are dependent upon the services 1720
of others, including a nursing home, residential care facility, 1721
home for the aging, and a veterans' home operated under Chapter 1722
5907. of the Revised Code. 1723

(b) "Home" also means both of the following: 1724

(i) Any facility that a person, as defined in section 1725
3702.51 of the Revised Code, proposes for certification as a 1726
skilled nursing facility or nursing facility under Title XVIII 1727
or XIX of the "Social Security Act," 49 Stat. 620 (1935), 42 1728
U.S.C.A. 301, as amended, and for which a certificate of need, 1729
other than a certificate to recategorize hospital beds as 1730
described in section 3702.521 of the Revised Code or division 1731
(R) (7) (d) of the version of section 3702.51 of the Revised Code 1732
in effect immediately prior to April 20, 1995, has been granted 1733
to the person under sections 3702.51 to 3702.62 of the Revised 1734
Code after August 5, 1989; 1735

(ii) A county home or district home that is or has been 1736
licensed as a residential care facility. 1737

(c) "Home" does not mean any of the following: 1738

(i) Except as provided in division (A) (1) (b) of this 1739
section, a public hospital or hospital as defined in section 1740
3701.01 or 5122.01 of the Revised Code; 1741

(ii) A residential facility as defined in section 5119.34	1742
of the Revised Code;	1743
(iii) A residential facility as defined in section 5123.19	1744
of the Revised Code;	1745
(iv) A community addiction services provider as defined in	1746
section 5119.01 of the Revised Code;	1747
(v) A facility licensed under section 5119.37 of the	1748
Revised Code to operate an opioid treatment program;	1749
(vi) A facility providing services under contract with the	1750
department of developmental disabilities under section 5123.18	1751
of the Revised Code;	1752
(vii) A facility operated by a hospice care program	1753
licensed under section 3712.04 of the Revised Code that is used	1754
exclusively for care of hospice patients;	1755
(viii) A facility operated by a pediatric respite care	1756
program licensed under section 3712.041 of the Revised Code that	1757
is used exclusively for the care of pediatric respite care	1758
patients or a location operated by a pediatric transition care	1759
program registered under section 3712.042 of the Revised Code	1760
that is used exclusively for the care of pediatric transition	1761
care patients;	1762
(ix) A facility, infirmary, or other entity that is	1763
operated by a religious order, provides care exclusively to	1764
members of religious orders who take vows of celibacy and live	1765
by virtue of their vows within the orders as if related, and	1766
does not participate in the medicare program or the medicaid	1767
program if on January 1, 1994, the facility, infirmary, or	1768
entity was providing care exclusively to members of the	1769
religious order;	1770

- (x) A county home or district home that has never been licensed as a residential care facility. 1771
1772
- (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. 1773
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- (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. 1778
1779
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- (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: 1781
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- (a) Irrigations, catheterizations, application of dressings, and supervision of special diets; 1787
1788
- (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; 1789
1790
1791
1792
- (c) Special procedures contributing to rehabilitation; 1793
- (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; 1794
1795
1796
1797
- (e) Carrying out other treatments prescribed by the 1798

physician that involve a similar level of complexity and skill 1799
in administration. 1800

(5) (a) "Personal care services" means services including, 1801
but not limited to, the following: 1802

(i) Assisting residents with activities of daily living; 1803

(ii) Assisting residents with self-administration of 1804
medication, in accordance with rules adopted under section 1805
3721.04 of the Revised Code; 1806

(iii) Preparing special diets, other than complex 1807
therapeutic diets, for residents pursuant to the instructions of 1808
a physician, certified nurse-midwife if authorized as described 1809
in section 4723.436 of the Revised Code, clinical nurse 1810
specialist, certified nurse practitioner, or a-licensed 1811
dietitian, in accordance with rules adopted under section 1812
3721.04 of the Revised Code. 1813

(b) "Personal care services" does not include "skilled 1814
nursing care" as defined in division (A) (4) of this section. A 1815
facility need not provide more than one of the services listed 1816
in division (A) (5) (a) of this section to be considered to be 1817
providing personal care services. 1818

(6) "Nursing home" means a home used for the reception and 1819
care of individuals who by reason of illness or physical or 1820
mental impairment require skilled nursing care and of 1821
individuals who require personal care services but not skilled 1822
nursing care. A nursing home is licensed to provide personal 1823
care services and skilled nursing care. 1824

(7) "Residential care facility" means a home that provides 1825
either of the following: 1826

(a) Accommodations for seventeen or more unrelated 1827
individuals and supervision and personal care services for three 1828
or more of those individuals who are dependent on the services 1829
of others by reason of age or physical or mental impairment; 1830

(b) Accommodations for three or more unrelated 1831
individuals, supervision and personal care services for at least 1832
three of those individuals who are dependent on the services of 1833
others by reason of age or physical or mental impairment, and, 1834
to at least one of those individuals, any of the skilled nursing 1835
care authorized by section 3721.011 of the Revised Code. 1836

(8) "Home for the aging" means a home that provides 1837
services as a residential care facility and a nursing home, 1838
except that the home provides its services only to individuals 1839
who are dependent on the services of others by reason of both 1840
age and physical or mental impairment. 1841

The part or unit of a home for the aging that provides 1842
services only as a residential care facility is licensed as a 1843
residential care facility. The part or unit that may provide 1844
skilled nursing care beyond the extent authorized by section 1845
3721.011 of the Revised Code is licensed as a nursing home. 1846

(9) "County home" and "district home" mean a county home 1847
or district home operated under Chapter 5155. of the Revised 1848
Code. 1849

(10) "Change of operator" has the same meaning as in 1850
section 5165.01 of the Revised Code. 1851

(11) "Related party" has the same meaning as in section 1852
5165.01 of the Revised Code. 1853

(12) "SFF list" means the list of nursing facilities 1854
created by the United States department of health and human 1855

services under the special focus facility program. 1856

(13) "Special focus facility program" means the program 1857
conducted by the United States secretary of health and human 1858
services pursuant to section 1919(f)(10) of the "Social Security 1859
Act," 42 U.S.C. 1396r(f)(10). 1860

(14) "Real and present danger" means immediate danger of 1861
serious physical or life-threatening harm to one or more 1862
occupants of a home. 1863

(B) The director of health may further classify homes. For 1864
the purposes of this chapter, any residence, institution, hotel, 1865
congregate housing project, or similar facility that meets the 1866
definition of a home under this section is such a home 1867
regardless of how the facility holds itself out to the public. 1868

(C) For purposes of this chapter, personal care services 1869
or skilled nursing care shall be considered to be provided by a 1870
facility if they are provided by a person employed by or 1871
associated with the facility or by another person pursuant to an 1872
agreement to which neither the resident who receives the 1873
services nor the resident's sponsor is a party. 1874

(D) Nothing in division (A)(4) of this section shall be 1875
construed to permit skilled nursing care to be imposed on an 1876
individual who does not require skilled nursing care. 1877

Nothing in division (A)(5) of this section shall be 1878
construed to permit personal care services to be imposed on an 1879
individual who is capable of performing the activity in question 1880
without assistance. 1881

(E) Division (A)(1)(c)(ix) of this section does not 1882
prohibit a facility, infirmary, or other entity described in 1883
that division from seeking licensure under sections 3721.01 to 1884

3721.09 of the Revised Code or certification under Title XVIII 1885
or XIX of the "Social Security Act." However, such a facility, 1886
infirmary, or entity that applies for licensure or certification 1887
must meet the requirements of those sections or titles and the 1888
rules adopted under them and obtain a certificate of need from 1889
the director of health under section 3702.52 of the Revised 1890
Code. 1891

(F) Nothing in this chapter, or rules adopted pursuant to 1892
it, shall be construed as authorizing the supervision, 1893
regulation, or control of the spiritual care or treatment of 1894
residents or patients in any home who rely upon treatment by 1895
prayer or spiritual means in accordance with the creed or tenets 1896
of any recognized church or religious denomination. 1897

Sec. 3721.011. (A) In addition to providing 1898
accommodations, supervision, and personal care services to its 1899
residents, a residential care facility may do the following: 1900

(1) Provide the following skilled nursing care to its 1901
residents: 1902

(a) Supervision of special diets; 1903

(b) Application of dressings, in accordance with rules 1904
adopted under section 3721.04 of the Revised Code; 1905

(c) Subject to division (B)(1) of this section, 1906
administration of medication. 1907

(2) Subject to division (C) of this section, provide other 1908
skilled nursing care on a part-time, intermittent basis for not 1909
more than a total of one hundred twenty days in a twelve-month 1910
period; 1911

(3) Provide skilled nursing care for more than one hundred 1912

twenty days in a twelve-month period to a resident when the 1913
requirements of division (D) of this section are met. 1914

A residential care facility may not admit or retain an 1915
individual requiring skilled nursing care that is not authorized 1916
by this section. A residential care facility may not provide 1917
skilled nursing care beyond the limits established by this 1918
section. 1919

(B)(1) A residential care facility may admit or retain an 1920
individual requiring medication, including biologicals, only if 1921
the individual's personal physician, certified nurse-midwife if 1922
authorized as described in section 4723.436 of the Revised Code, 1923
clinical nurse specialist, or certified nurse practitioner has 1924
determined in writing that the individual is capable of self- 1925
administering the medication or the facility provides for the 1926
medication to be administered to the individual by a home health 1927
agency certified under Title XVIII of the "Social Security Act," 1928
79 Stat. 620 (1965), 42 U.S.C. 1395, as amended; a hospice care 1929
program licensed under Chapter 3712. of the Revised Code; or a 1930
member of the staff of the residential care facility who is 1931
qualified to perform medication administration. Medication may 1932
be administered in a residential care facility only by the 1933
following persons authorized by law to administer medication: 1934

(a) A registered nurse licensed under Chapter 4723. of the 1935
Revised Code, including a certified nurse-midwife, clinical 1936
nurse specialist, or certified nurse practitioner; 1937

(b) A licensed practical nurse licensed under Chapter 1938
4723. of the Revised Code who holds proof of successful 1939
completion of a course in medication administration approved by 1940
the board of nursing and who administers the medication only at 1941
the direction of a registered nurse or a physician authorized 1942

under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery;	1943 1944
(c) A medication aide certified under Chapter 4723. of the Revised Code;	1945 1946
(d) A physician authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery.	1947 1948 1949
(2) In assisting a resident with self-administration of medication, any member of the staff of a residential care facility may do the following:	1950 1951 1952
(a) Remind a resident when to take medication and watch to ensure that the resident follows the directions on the container;	1953 1954 1955
(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.	1956 1957 1958 1959 1960 1961
(c) Assist a resident who is physically impaired but mentally alert, 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.	1962 1963 1964 1965 1966 1967 1968 1969 1970
(C) Except as provided in division (D) of this section, a	1971

residential care facility may admit or retain individuals who 1972
require skilled nursing care beyond the supervision of special 1973
diets, application of dressings, or administration of 1974
medication, only if the care will be provided on a part-time, 1975
intermittent basis for not more than a total of one hundred 1976
twenty days in any twelve-month period. In accordance with 1977
Chapter 119. of the Revised Code, the director of health shall 1978
adopt rules specifying what constitutes the need for skilled 1979
nursing care on a part-time, intermittent basis. The director 1980
shall adopt rules that are consistent with rules pertaining to 1981
home health care adopted by the medicaid director for the 1982
medicaid program. Skilled nursing care provided pursuant to this 1983
division may be provided by a home health agency certified for 1984
participation in the medicare program, a hospice care program 1985
licensed under Chapter 3712. of the Revised Code, or a member of 1986
the staff of a residential care facility who is qualified to 1987
perform skilled nursing care. 1988

A residential care facility that provides skilled nursing 1989
care pursuant to this division shall do both of the following: 1990

(1) Evaluate each resident receiving the skilled nursing 1991
care at least once every seven days to determine whether the 1992
resident should be transferred to a nursing home; 1993

(2) Meet the skilled nursing care needs of each resident 1994
receiving the care. 1995

(D) (1) A residential care facility may admit or retain an 1996
individual who requires skilled nursing care for more than one 1997
hundred twenty days in any twelve-month period only if the 1998
facility has entered into a written agreement with each of the 1999
following: 2000

(a) The individual or individual's sponsor;	2001
(b) The individual's personal physician, <u>certified nurse-</u> <u>midwife if authorized as described in section 4723.436 of the</u> <u>Revised Code, clinical nurse specialist, or certified nurse</u> <u>practitioner;</u>	2002 2003 2004 2005
(c) Unless the individual's personal physician, <u>certified</u> <u>nurse-midwife, clinical nurse specialist, or certified nurse</u> <u>practitioner</u> oversees the skilled nursing care, the provider of the skilled nursing care;	2006 2007 2008 2009
(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.	2010 2011 2012
(2) The agreement required by division (D)(1) of this section shall include all of the following provisions:	2013 2014
(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;	2015 2016 2017
(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;	2018 2019 2020
(c) That the redeterminations will be made according to a schedule specified in the agreement;	2021 2022
(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;	2023 2024 2025
(e) Unless the individual is a hospice patient, that the individual's personal physician, <u>certified nurse-midwife,</u> <u>clinical nurse specialist, or certified nurse practitioner</u> has	2026 2027 2028

determined that the skilled nursing care the individual needs is 2029
routine. 2030

(E) Notwithstanding any other provision of this chapter, a 2031
residential care facility in which residents receive skilled 2032
nursing care pursuant to this section is not a nursing home. 2033

Sec. 3721.041. (A) As used in this section: 2034

(1) "Advisory committee" means the advisory committee on 2035
immunization practices of the United States centers for disease 2036
control and prevention or a successor committee or agency. 2037

(2) ~~"Home" has the same meaning as in section 3721.01~~ 2038
"Certified nurse-midwife," "clinical nurse specialist," and 2039
"certified nurse practitioner" have the same meanings as in 2040
section 4723.01 of the Revised Code. 2041

(3) "Physician" means an individual authorized under 2042
Chapter 4731. of the Revised Code to practice medicine and 2043
surgery or osteopathic medicine and surgery. 2044

(B) (1) Each home shall, on an annual basis, offer to each 2045
resident, in accordance with guidelines issued by the advisory 2046
committee, vaccination against influenza, unless a physician, 2047
certified nurse-midwife if authorized as described in section 2048
4723.436 of the Revised Code, clinical nurse specialist, or 2049
certified nurse practitioner has determined that vaccination of 2050
the resident is medically inappropriate. The vaccine shall be of 2051
a form approved by the advisory committee for that calendar 2052
year. A resident may refuse vaccination. 2053

(2) Each home shall obtain the influenza vaccine 2054
information sheet described in section 3701.138 of the Revised 2055
Code and post the sheet in a conspicuous location that is 2056
accessible to all residents, employees, and visitors. Not later 2057

than the first day of August each year, the home shall determine 2058
whether the information sheet it has posted is the most recent 2059
version available. If it is not, the home shall replace the 2060
information sheet with the updated version. Nothing in this 2061
division requires an older adult to be vaccinated against 2062
influenza. 2063

Failure to comply with the requirement to post the 2064
information sheet shall not be taken into account when any 2065
survey or inspection of the home is conducted and shall not be 2066
used as the basis for imposing any penalty against the home. 2067

(C) Each home shall offer to each resident, in accordance 2068
with guidelines issued by the advisory committee, vaccination 2069
against pneumococcal pneumonia, unless the resident has already 2070
received such vaccination or a physician, certified nurse- 2071
midwife if authorized as described in section 4723.436 of the 2072
Revised Code, clinical nurse specialist, or certified nurse 2073
practitioner has determined that vaccination of the resident is 2074
medically inappropriate. Each vaccine shall be of a form 2075
approved by the advisory committee for that calendar year. A 2076
resident may refuse vaccination. 2077

(D) The director of health may adopt rules under Chapter 2078
119. of the Revised Code as the director considers appropriate 2079
to implement this section. 2080

Sec. 3727.19. (A) As used in this section: 2081

(1) "Advisory committee" means the advisory committee on 2082
immunization practices of the United States centers for disease 2083
control and prevention or its successor agency. 2084

(2) "Certified nurse-midwife," "clinical nurse 2085
specialist," and "certified nurse practitioner" have the same 2086

meanings as in section 4723.01 of the Revised Code. 2087

(3) "Physician" means an individual authorized under 2088
Chapter 4731. of the Revised Code to practice medicine and 2089
surgery or osteopathic medicine and surgery. 2090

(B) Each hospital shall offer to each patient who is 2091
admitted to the hospital, in accordance with guidelines issued 2092
by the advisory committee, vaccination against influenza, unless 2093
a physician, certified nurse-midwife if authorized as described 2094
in section 4723.436 of the Revised Code, clinical nurse 2095
specialist, or certified nurse practitioner has determined that 2096
vaccination of the patient is medically inappropriate. The 2097
vaccine shall be of a form approved by the advisory committee 2098
for that calendar year. A patient may refuse vaccination. 2099

(C) Each hospital shall offer to each patient who is 2100
admitted to the hospital, in accordance with guidelines issued 2101
by the advisory committee, vaccination against pneumococcal 2102
pneumonia, unless a physician, certified nurse-midwife if 2103
authorized as described in section 4723.436 of the Revised Code, 2104
clinical nurse specialist, or certified nurse practitioner has 2105
determined that vaccination of the patient is medically 2106
inappropriate. Each vaccine shall be of a form approved by the 2107
advisory committee for that calendar year. A patient may refuse 2108
vaccination. 2109

(D) The director of health may adopt rules under Chapter 2110
119. of the Revised Code as the director considers appropriate 2111
to implement this section. 2112

Sec. 3742.03. The director of health shall adopt rules in 2113
accordance with Chapter 119. of the Revised Code for the 2114
administration and enforcement of sections 3742.01 to 3742.19 2115

and 3742.99 of the Revised Code. The rules shall specify all of 2116
the following: 2117

(A) Procedures to be followed by a lead abatement 2118
contractor, lead abatement project designer, lead abatement 2119
worker, lead inspector, or lead risk assessor licensed under 2120
section 3742.05 of the Revised Code for undertaking lead 2121
abatement activities and procedures to be followed by a 2122
clearance technician, lead inspector, or lead risk assessor in 2123
performing a clearance examination; 2124

(B) (1) Requirements for training and licensure, in 2125
addition to those established under section 3742.08 of the 2126
Revised Code, to include levels of training and periodic 2127
refresher training for each class of worker, and to be used for 2128
licensure under section 3742.05 of the Revised Code. Except in 2129
the case of clearance technicians, these requirements shall 2130
include at least twenty-four classroom hours of training based 2131
on the Occupational Safety and Health Act training program for 2132
lead set forth in 29 C.F.R. 1926.62. For clearance technicians, 2133
the training requirements to obtain an initial license shall not 2134
exceed six hours and the requirements for refresher training 2135
shall not exceed two hours every four years. In establishing the 2136
training and licensure requirements, the director shall consider 2137
the core of information that is needed by all licensed persons, 2138
and establish the training requirements so that persons who 2139
would seek licenses in more than one area would not have to take 2140
duplicative course work. 2141

(2) Persons certified by the American board of industrial 2142
hygiene as a certified industrial hygienist or as an industrial 2143
hygienist-in-training, and persons registered as ~~a~~an 2144
environmental health specialist or environmental health 2145

specialist in training under Chapter 3776. of the Revised Code, 2146
shall be exempt from any training requirements for initial 2147
licensure established under this chapter, but shall be required 2148
to take any examinations for licensure required under section 2149
3742.05 of the Revised Code. 2150

(C) Fees for licenses issued under section 3742.05 of the 2151
Revised Code and for their renewal; 2152

(D) Procedures to be followed by lead inspectors, lead 2153
abatement contractors, environmental lead analytical 2154
laboratories, lead risk assessors, lead abatement project 2155
designers, and lead abatement workers to prevent public exposure 2156
to lead hazards and ensure worker protection during lead 2157
abatement projects; 2158

(E) (1) Record-keeping and reporting requirements for 2159
clinical laboratories, environmental lead analytical 2160
laboratories, lead inspectors, lead abatement contractors, lead 2161
risk assessors, lead abatement project designers, and lead 2162
abatement workers for lead abatement projects and record-keeping 2163
and reporting requirements for clinical laboratories, 2164
environmental lead analytical laboratories, and clearance 2165
technicians for clearance examinations; 2166

(2) Record-keeping and reporting requirements regarding 2167
lead poisoning ~~for~~ to be followed by physicians, certified 2168
nurse-midwives if authorized as described in section 4723.436 of 2169
the Revised Code, clinical nurse specialists, and certified 2170
nurse practitioners; 2171

(3) Information that is required to be reported under 2172
rules based on divisions (E) (1) and (2) of this section and that 2173
is a medical record is not a public record under section 149.43 2174

of the Revised Code and shall not be released, except in 2175
aggregate statistical form. 2176

(F) Environmental sampling techniques for use in 2177
collecting samples of air, water, dust, paint, and other 2178
materials; 2179

(G) Requirements for a respiratory protection plan 2180
prepared in accordance with section 3742.07 of the Revised Code; 2181

(H) Requirements under which a manufacturer of 2182
encapsulants must demonstrate evidence of the safety and 2183
durability of its encapsulants by providing results of testing 2184
from an independent laboratory indicating that the encapsulants 2185
meet the standards developed by the "E06.23.30 task group on 2186
encapsulants," which is the task group of the lead hazards 2187
associated with buildings subcommittee of the performance of 2188
buildings committee of the American society for testing and 2189
materials. 2190

Sec. 3742.04. (A) The director of health shall do all of 2191
the following: 2192

(1) Administer and enforce the requirements of sections 2193
3742.01 to 3742.19 and 3742.99 of the Revised Code and the rules 2194
adopted pursuant to those sections; 2195

(2) Examine records and reports submitted by lead 2196
inspectors, lead abatement contractors, lead risk assessors, 2197
lead abatement project designers, lead abatement workers, and 2198
clearance technicians in accordance with section 3742.05 of the 2199
Revised Code to determine whether the requirements of this 2200
chapter are being met; 2201

(3) Examine records and reports submitted by physicians, 2202
certified nurse-midwives if authorized as described in section 2203

4723.436 of the Revised Code, clinical nurse specialists, and 2204
certified nurse practitioners pursuant to rules adopted under 2205
section 3742.03 of the Revised Code and by clinical laboratories 2206
and environmental lead analytical laboratories under section 2207
3742.09 of the Revised Code; 2208

(4) Issue approval to manufacturers of encapsulants that 2209
have done all of the following: 2210

(a) Submitted an application for approval to the director 2211
on a form prescribed by the director; 2212

(b) Paid the application fee established by the director; 2213

(c) Submitted results from an independent laboratory 2214
indicating that the manufacturer's encapsulants satisfy the 2215
requirements established in rules adopted under division (H) of 2216
section 3742.03 of the Revised Code; 2217

(d) Complied with rules adopted by the director regarding 2218
durability and safety to workers and residents. 2219

(5) Establish liaisons and cooperate with the directors or 2220
agencies in states having lead abatement, licensing, 2221
accreditation, certification, and approval programs to promote 2222
consistency between the requirements of this chapter and those 2223
of other states in order to facilitate reciprocity of the 2224
programs among states; 2225

(6) Establish a program to monitor and audit the quality 2226
of work of lead inspectors, lead risk assessors, lead abatement 2227
project designers, lead abatement contractors, lead abatement 2228
workers, and clearance technicians. The director may refer 2229
improper work discovered through the program to the attorney 2230
general for appropriate action. 2231

(B) In addition to any other authority granted by this chapter, the director of health may do any of the following:	2232 2233
(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.	2234 2235 2236 2237 2238
(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;	2239 2240 2241 2242 2243
(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.	2244 2245 2246 2247 2248
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:	2249 2250 2251 2252
(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;	2253 2254 2255 2256 2257
(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 within the preceding calendar year <u>by a</u>	2258 2259 2260

physician, certified nurse-midwife if authorized as described in 2261
section 4723.436 of the Revised Code, clinical nurse specialist, 2262
or certified nurse practitioner and has been declared by the 2263
physician or nurse to be physically capable of working while 2264
wearing a respirator; 2265

(3) Ensure that each employee or agent who will come in 2266
contact with lead hazards or will be responsible for a lead 2267
abatement project receives a license and appropriate training as 2268
required by this chapter before engaging in a lead abatement 2269
project; 2270

(4) At least ten days prior to the commencement of a 2271
project, notify the department of health, on a form prescribed 2272
by the director of health, of the date a lead abatement project 2273
will commence. 2274

(B) During each lead abatement project, the lead abatement 2275
contractor primarily responsible for the project shall ensure 2276
that all persons involved in the project follow the worker 2277
protection standards established under 29 C.F.R. 1926.62 by the 2278
United States occupational safety and health administration. 2279

Sec. 3901.56. An insurer may offer a wellness or health 2280
improvement program that provides rewards or incentives, 2281
including merchandise; gift cards; debit cards; premium 2282
discounts or rebates; contributions to a health savings account; 2283
modifications to copayment, deductible, or coinsurance amounts; 2284
or any combination of these incentives, to encourage 2285
participation or to reward participation in the program. 2286

A wellness or health improvement program offered by an 2287
insurer under this section shall not be construed to violate 2288
division (E) of section 1751.31 or division (G) of section 2289

3901.21 of the Revised Code if the program is disclosed in the 2290
policy or plan. 2291

The insured may be required to provide verification, such 2292
as a statement from ~~their~~ the individual's physician, certified 2293
nurse-midwife, clinical nurse specialist, or certified nurse 2294
practitioner, that a medical condition makes it unreasonably 2295
difficult or medically inadvisable for the individual to 2296
participate in the wellness or health improvement program. 2297

Nothing in this section shall prohibit an insurer from 2298
offering incentives or rewards to members for adherence to 2299
wellness or health improvement programs if otherwise allowed by 2300
federal law. 2301

Nothing under division (C) (1) of section 3923.571 or 2302
section 3924.25 of the Revised Code shall be construed as 2303
prohibiting an insurer from offering a wellness or health 2304
improvement program or restricting the amount an employee is 2305
charged for coverage under a group policy after the application 2306
of any premium discounts or rebates, or modifying otherwise 2307
applicable copayments or deductibles for adherence to wellness 2308
or health improvement programs. 2309

For purposes of this section, "insurer" means a life 2310
insurance company, sickness and accident insurer, multiple 2311
employer welfare arrangement, public employee benefit plan, or 2312
health insuring corporation. 2313

Sec. 3923.25. Every certificate furnished by an insurer in 2314
connection with, or pursuant to any provision of any group 2315
sickness and accident insurance policy delivered, issued for 2316
delivery, renewed, or used in this state, provided such policy 2317
was delivered, issued for delivery, or renewed on or after July 2318

1, 1972, and every policy of sickness and accident insurance 2319
delivered, issued for delivery, renewed, or used in this state, 2320
provided such policy was delivered, issued for delivery, or 2321
renewed on or after July 1, 1972, which provides for kidney 2322
dialysis benefits, shall be deemed to include such benefits on 2323
an equal basis if the dialysis is performed on an out-patient 2324
basis. For purposes of this section, "out-patient basis" 2325
includes care rendered at any location whether or not at a 2326
hospital, upon approval by the attending physician, certified 2327
nurse-midwife if authorized as described in section 4723.436 of 2328
the Revised Code, clinical nurse specialist, or certified nurse 2329
practitioner. 2330

Sec. 3923.84. (A) Notwithstanding section 3901.71 of the 2331
Revised Code, each individual and group sickness and accident 2332
insurance policy that is delivered, issued for delivery, or 2333
renewed in this state shall provide coverage for the screening, 2334
diagnosis, and treatment of autism spectrum disorder. A sickness 2335
and accident insurer shall not terminate an individual's 2336
coverage, or refuse to deliver, execute, issue, amend, adjust, 2337
or renew coverage to an individual solely because the individual 2338
is diagnosed with or has received treatment for an autism 2339
spectrum disorder. Nothing in this section shall be applied to 2340
nongrandfathered plans in the individual and small group markets 2341
or to medicare supplement, accident-only, specified disease, 2342
hospital indemnity, disability income, long-term care, or other 2343
limited benefit hospital insurance policies. Except as otherwise 2344
provided in division (B) of this section, coverage under this 2345
section shall not be subject to dollar limits, deductibles, or 2346
coinsurance provisions that are less favorable to an insured 2347
than the dollar limits, deductibles, or coinsurance provisions 2348
that apply to substantially all medical and surgical benefits 2349

under the policy. 2350

(B) Benefits provided under this section shall cover, at 2351
minimum, all of the following: 2352

(1) For speech and language therapy or occupational 2353
therapy for an insured under the age of fourteen that is 2354
performed by a licensed therapist, twenty visits per year for 2355
each service; 2356

(2) For clinical therapeutic intervention for an insured 2357
under the age of fourteen that is provided by or under the 2358
supervision of a professional who is licensed, certified, or 2359
registered by an appropriate agency of this state to perform 2360
such services in accordance with a health treatment plan, twenty 2361
hours per week; 2362

(3) For mental or behavioral health outpatient services 2363
for an insured under the age of fourteen that are performed by a- 2364
~~licensed psychologist, psychiatrist, or physician any of the~~ 2365
following providing consultation, assessment, development, or 2366
oversight of treatment plans, thirty visits per year: 2367

(a) A licensed psychologist; 2368

(b) A licensed physician, including a psychiatrist; 2369

(c) A clinical nurse specialist or certified nurse 2370
practitioner, including a psychiatric-mental health advanced 2371
practice registered nurse or a clinical nurse specialist or 2372
certified nurse practitioner specializing in pediatric or family 2373
health. 2374

(C) (1) Except as provided in division (C) (2) of this 2375
section, this section shall not be construed as limiting 2376
benefits that are otherwise available to an insured under a 2377

policy. 2378

(2) A policy of sickness and accident insurance shall 2379
stipulate that coverage provided under this section be 2380
contingent upon both of the following: 2381

(a) The covered individual receiving prior authorization 2382
for the services in question; 2383

(b) The services in question being prescribed or ordered 2384
by ~~either a developmental pediatrician or a psychologist trained~~ 2385
in autism, a developmental pediatrician, or a clinical nurse 2386
specialist or certified nurse practitioner specializing in 2387
pediatric health. 2388

(D) (1) Except for inpatient services, if an insured is 2389
receiving treatment for an autism spectrum disorder, a sickness 2390
and accident insurer may review the treatment plan annually, 2391
unless the insurer and the insured's treating physician, 2392
clinical nurse specialist, certified nurse practitioner, or 2393
psychologist agree that a more frequent review is necessary. 2394

(2) Any such agreement as described in division (D) (1) of 2395
this section shall apply only to a particular insured being 2396
treated for an autism spectrum disorder and shall not apply to 2397
all individuals being treated for autism spectrum disorder by a 2398
physician, clinical nurse specialist, certified nurse 2399
practitioner, or psychologist. 2400

(3) The insurer shall cover the cost of obtaining any 2401
review or treatment plan. 2402

(E) This section shall not be construed as affecting any 2403
obligation to provide services to an insured under an 2404
individualized family service plan, an individualized education 2405
program, or an individualized service plan. 2406

(F) As used in this section:	2407
(1) "Applied behavior analysis" means the design,	2408
implementation, and evaluation of environmental modifications,	2409
using behavioral stimuli and consequences, to produce socially	2410
significant improvement in human behavior, including the use of	2411
direct observation, measurement, and functional analysis of the	2412
relationship between environment and behavior.	2413
(2) "Autism spectrum disorder" means any of the pervasive	2414
developmental disorders or autism spectrum disorder as defined	2415
by the most recent edition of the diagnostic and statistical	2416
manual of mental disorders published by the American psychiatric	2417
association available at the time an individual is first	2418
evaluated for suspected developmental delay.	2419
(3) "Clinical therapeutic intervention" means therapies	2420
supported by empirical evidence, which include, but are not	2421
limited to, applied behavioral analysis, that satisfy both of	2422
the following:	2423
(a) Are necessary to develop, maintain, or restore, to the	2424
maximum extent practicable, the function of an individual;	2425
(b) Are provided by or under the supervision of any of the	2426
following:	2427
(i) A certified Ohio behavior analyst as defined in	2428
section 4783.01 of the Revised Code;	2429
(ii) An individual licensed under Chapter 4732. of the	2430
Revised Code to practice psychology;	2431
(iii) An individual licensed under Chapter 4757. of the	2432
Revised Code to practice professional counseling, social work,	2433
or marriage and family therapy.	2434

(4) "Diagnosis of autism spectrum disorder" means 2435
medically necessary assessment, evaluations, or tests to 2436
diagnose whether an individual has an autism spectrum disorder. 2437

(5) "Pharmacy care" means prescribed medications 2438
~~prescribed by a licensed physician~~ and any health-related 2439
services considered medically necessary to determine the need or 2440
effectiveness of the medications. 2441

(6) "Psychiatric care" means direct or consultative 2442
services provided by a psychiatrist or psychiatric-mental health 2443
advanced practice registered nurse who is licensed in the state 2444
in which the psychiatrist or nurse practices. 2445

(7) "Psychiatric-mental health advanced practice 2446
registered nurse" means an advanced practice registered nurse 2447
who is either of the following: 2448

(a) A clinical nurse specialist who is certified as a 2449
psychiatric-mental health CNS by the American nurses 2450
credentialing center; 2451

(b) A certified nurse practitioner who is certified as a 2452
psychiatric-mental health NP by the American nurses 2453
credentialing center. 2454

(8) "Psychological care" means direct or consultative 2455
services provided by a psychologist licensed in the state in 2456
which the psychologist practices. 2457

~~(8)~~ (9) "Therapeutic care" means services provided by a 2458
speech therapist, occupational therapist, or physical therapist 2459
licensed or certified in the state in which the person 2460
practices. 2461

~~(9)~~ (10) "Treatment for autism spectrum disorder" means 2462

evidence-based care and related equipment prescribed or ordered 2463
for an individual diagnosed with an autism spectrum disorder, by 2464
a licensed physician who is a developmental pediatrician ~~or a,~~ 2465
licensed psychologist trained in autism, clinical nurse 2466
specialist or certified nurse practitioner specializing in 2467
pediatric health, or clinical nurse specialist or certified 2468
nurse practitioner trained in autism who determines the care and 2469
related equipment to be medically necessary, including any of 2470
the following: 2471

- (a) Clinical therapeutic intervention; 2472
- (b) Pharmacy care; 2473
- (c) Psychiatric care; 2474
- (d) Psychological care; 2475
- (e) Therapeutic care. 2476

(G) If any provision of this section or the application 2477
thereof to any person or circumstances is for any reason held to 2478
be invalid, the remainder of the section and the application of 2479
such remainder to other persons or circumstances shall not be 2480
affected thereby. 2481

Sec. 4113.23. (A) No employer ~~or,~~ and no physician, 2482
certified nurse-midwife, clinical nurse specialist, or certified 2483
nurse practitioner, other health care professional, hospital, or 2484
laboratory that contracts with the employer to provide medical 2485
information pertaining to employees, shall refuse upon written 2486
request of an employee, including a former employee, to furnish 2487
to the employee ~~or former employee or their~~ the employee's 2488
designated representative a copy of any medical report 2489
pertaining to the employee. The requirements of this section 2490
extend to any medical report arising out of any physical 2491

examination by a physician, certified nurse-midwife, clinical 2492
nurse specialist, certified nurse practitioner, or other health 2493
care professional and any hospital or laboratory tests which 2494
examinations or tests are required by the employer as a 2495
condition of employment or arising out of any injury or disease 2496
related to the employee's employment. However, if a physician, 2497
certified nurse-midwife, clinical nurse specialist, or certified 2498
nurse practitioner concludes that presentation of all or any 2499
part of an employee's medical record directly to the employee 2500
will result in serious medical harm to the employee, ~~he~~ the 2501
physician or nurse shall so indicate on the medical record, in 2502
which case a copy thereof shall be given to a physician, 2503
certified nurse-midwife, clinical nurse specialist, or certified 2504
nurse practitioner designated in writing by the employee. 2505

(B) The employer may require the employee to pay the cost 2506
of furnishing copies of the medical reports described in 2507
division (A) of this section but in no case shall the employer 2508
charge more than twenty-five cents for each page of a report. 2509

(C) As used in this section, "employer" has the same 2510
meaning as contained in the definition of that term found in 2511
section 4123.01 of the Revised Code. 2512

(D) Any employer who refuses to furnish the reports to 2513
which an employee is entitled is guilty of a minor misdemeanor 2514
for each violation. The bureau of workers' compensation shall 2515
enforce this section. 2516

Sec. 4506.07. (A) An applicant for a commercial driver's 2517
license, restricted commercial driver's license, or a commercial 2518
driver's license temporary instruction permit, or a duplicate of 2519
such a license or permit, shall submit an application upon a 2520
form approved and furnished by the registrar of motor vehicles. 2521

Except as provided in section 4506.24 of the Revised Code in 2522
regard to a restricted commercial driver's license, the 2523
applicant shall sign the application which shall contain the 2524
following information: 2525

(1) The applicant's name, date of birth, social security 2526
account number, sex, general description including height, 2527
weight, and color of hair and eyes, current residence, duration 2528
of residence in this state, state of domicile, country of 2529
citizenship, and occupation; 2530

(2) Whether the applicant previously has been licensed to 2531
operate a commercial motor vehicle or any other type of motor 2532
vehicle in another state or a foreign jurisdiction and, if so, 2533
when, by what state, and whether the license or driving 2534
privileges currently are suspended or revoked in any 2535
jurisdiction, or the applicant otherwise has been disqualified 2536
from operating a commercial motor vehicle, or is subject to an 2537
out-of-service order issued under this chapter or any similar 2538
law of another state or a foreign jurisdiction and, if so, the 2539
date of, locations involved, and reason for the suspension, 2540
revocation, disqualification, or out-of-service order; 2541

(3) Whether the applicant has any physical or mental 2542
disability or disease that prevents the applicant from 2543
exercising reasonable and ordinary control over a motor vehicle 2544
while operating it upon a highway or is or has been subject to 2545
any condition resulting in episodic impairment of consciousness 2546
or loss of muscular control and, if so, the nature and extent of 2547
the disability, disease, or condition, and the names and 2548
addresses of the physicians, certified nurse-midwives if 2549
authorized as described in section 4723.436 of the Revised Code, 2550
clinical nurse specialists, or certified nurse practitioners 2551

attending the applicant; 2552

(4) Whether the applicant has obtained a medical 2553
examiner's certificate as required by this chapter and, 2554
beginning January 30, 2012, the applicant, prior to or at the 2555
time of applying, has self-certified to the registrar the 2556
applicable status of the applicant under division (A) (1) of 2557
section 4506.10 of the Revised Code; 2558

(5) Whether the applicant has pending a citation for 2559
violation of any motor vehicle law or ordinance except a parking 2560
violation and, if so, a description of the citation, the court 2561
having jurisdiction of the offense, and the date when the 2562
offense occurred; 2563

(6) If an applicant has not certified the applicant's 2564
willingness to make an anatomical gift under section 2108.05 of 2565
the Revised Code, whether the applicant wishes to certify 2566
willingness to make such an anatomical gift, which shall be 2567
given no consideration in the issuance of a license; 2568

(7) Whether the applicant has executed a valid durable 2569
power of attorney for health care pursuant to sections 1337.11 2570
to 1337.17 of the Revised Code or has executed a declaration 2571
governing the use or continuation, or the withholding or 2572
withdrawal, of life-sustaining treatment pursuant to sections 2573
2133.01 to 2133.15 of the Revised Code and, if the applicant has 2574
executed either type of instrument, whether the applicant wishes 2575
the license issued to indicate that the applicant has executed 2576
the instrument; 2577

(8) Whether the applicant is a veteran, active duty, or 2578
reservist of the armed forces of the United States and, if the 2579
applicant is such, whether the applicant wishes the license 2580

issued to indicate that the applicant is a veteran, active duty, 2581
or reservist of the armed forces of the United States by a 2582
military designation on the license. 2583

(B) Every applicant shall certify, on a form approved and 2584
furnished by the registrar, all of the following: 2585

(1) That the motor vehicle in which the applicant intends 2586
to take the driving skills test is representative of the type of 2587
motor vehicle that the applicant expects to operate as a driver; 2588

(2) That the applicant is not subject to any 2589
disqualification or out-of-service order, or license suspension, 2590
revocation, or cancellation, under the laws of this state, of 2591
another state, or of a foreign jurisdiction and does not have 2592
more than one driver's license issued by this or another state 2593
or a foreign jurisdiction; 2594

(3) Any additional information, certification, or evidence 2595
that the registrar requires by rule in order to ensure that the 2596
issuance of a commercial driver's license or commercial driver's 2597
license temporary instruction permit to the applicant is in 2598
compliance with the law of this state and with federal law. 2599

(C) Every applicant shall execute a form, approved and 2600
furnished by the registrar, under which the applicant consents 2601
to the release by the registrar of information from the 2602
applicant's driving record. 2603

(D) The registrar or a deputy registrar, in accordance 2604
with section 3503.11 of the Revised Code, shall register as an 2605
elector any applicant for a commercial driver's license or for a 2606
renewal or duplicate of such a license under this chapter, if 2607
the applicant is eligible and wishes to be registered as an 2608
elector. The decision of an applicant whether to register as an 2609

elector shall be given no consideration in the decision of 2610
whether to issue the applicant a license or a renewal or 2611
duplicate. 2612

(E) The registrar or a deputy registrar, in accordance 2613
with section 3503.11 of the Revised Code, shall offer the 2614
opportunity of completing a notice of change of residence or 2615
change of name to any applicant for a commercial driver's 2616
license or for a renewal or duplicate of such a license who is a 2617
resident of this state, if the applicant is a registered elector 2618
who has changed the applicant's residence or name and has not 2619
filed such a notice. 2620

(F) In considering any application submitted pursuant to 2621
this section, the bureau of motor vehicles may conduct any 2622
inquiries necessary to ensure that issuance or renewal of a 2623
commercial driver's license would not violate any provision of 2624
the Revised Code or federal law. 2625

(G) In addition to any other information it contains, the 2626
form approved and furnished by the registrar of motor vehicles 2627
for an application for a commercial driver's license, restricted 2628
commercial driver's license, or a commercial driver's license 2629
temporary instruction permit or an application for a duplicate 2630
of such a license or permit shall inform applicants that the 2631
applicant must present a copy of the applicant's DD-214 or an 2632
equivalent document in order to qualify to have the license, or 2633
permit, or duplicate indicate that the applicant is a veteran, 2634
active duty, or reservist of the armed forces of the United 2635
States based on a request made pursuant to division (A) (8) of 2636
this section. 2637

Sec. 4507.06. (A) (1) Every application for a driver's 2638
license, motorcycle operator's license or endorsement, or motor- 2639

driven cycle or motor scooter license or endorsement, or 2640
duplicate of any such license or endorsement, shall be made upon 2641
the approved form furnished by the registrar of motor vehicles 2642
and shall be signed by the applicant. 2643

Every application shall state the following: 2644

(a) The applicant's name, date of birth, social security 2645
number if such has been assigned, sex, general description, 2646
including height, weight, color of hair, and eyes, residence 2647
address, including county of residence, duration of residence in 2648
this state, and country of citizenship; 2649

(b) Whether the applicant previously has been licensed as 2650
an operator, chauffeur, driver, commercial driver, or motorcycle 2651
operator and, if so, when, by what state, and whether such 2652
license is suspended or canceled at the present time and, if so, 2653
the date of and reason for the suspension or cancellation; 2654

(c) Whether the applicant is now or ever has been 2655
afflicted with epilepsy, or whether the applicant now has any 2656
physical or mental disability or disease and, if so, the nature 2657
and extent of the disability or disease, giving the names and 2658
addresses of physicians, certified nurse-midwives if authorized 2659
as described in section 4723.436 of the Revised Code, clinical 2660
nurse specialists, or certified nurse practitioners then or 2661
previously in attendance upon the applicant; 2662

(d) Whether an applicant for a duplicate driver's license, 2663
duplicate license containing a motorcycle operator endorsement, 2664
or duplicate license containing a motor-driven cycle or motor 2665
scooter endorsement has pending a citation for violation of any 2666
motor vehicle law or ordinance, a description of any such 2667
citation pending, and the date of the citation; 2668

(e) If an applicant has not certified the applicant's 2669
willingness to make an anatomical gift under section 2108.05 of 2670
the Revised Code, whether the applicant wishes to certify 2671
willingness to make such an anatomical gift, which shall be 2672
given no consideration in the issuance of a license or 2673
endorsement; 2674

(f) Whether the applicant has executed a valid durable 2675
power of attorney for health care pursuant to sections 1337.11 2676
to 1337.17 of the Revised Code or has executed a declaration 2677
governing the use or continuation, or the withholding or 2678
withdrawal, of life-sustaining treatment pursuant to sections 2679
2133.01 to 2133.15 of the Revised Code and, if the applicant has 2680
executed either type of instrument, whether the applicant wishes 2681
the applicant's license to indicate that the applicant has 2682
executed the instrument; 2683

(g) Whether the applicant is a veteran, active duty, or 2684
reservist of the armed forces of the United States and, if the 2685
applicant is such, whether the applicant wishes the applicant's 2686
license to indicate that the applicant is a veteran, active 2687
duty, or reservist of the armed forces of the United States by a 2688
military designation on the license. 2689

(2) Every applicant for a driver's license applying in 2690
person at a deputy registrar office shall be photographed at the 2691
time the application for the license is made. The application 2692
shall state any additional information that the registrar 2693
requires. 2694

(B) The registrar or a deputy registrar, in accordance 2695
with section 3503.11 of the Revised Code, shall register as an 2696
elector any person who applies for a license or endorsement 2697
under division (A) of this section, or for a renewal or 2698

duplicate of the license or endorsement, if the applicant is 2699
eligible and wishes to be registered as an elector. The decision 2700
of an applicant whether to register as an elector shall be given 2701
no consideration in the decision of whether to issue the 2702
applicant a license or endorsement, or a renewal or duplicate. 2703

(C) The registrar or a deputy registrar, in accordance 2704
with section 3503.11 of the Revised Code, shall offer the 2705
opportunity of completing a notice of change of residence or 2706
change of name to any applicant for a driver's license or 2707
endorsement under division (A) of this section, or for a renewal 2708
or duplicate of the license or endorsement, if the applicant is 2709
a registered elector who has changed the applicant's residence 2710
or name and has not filed such a notice. 2711

(D) In addition to any other information it contains, the 2712
approved form furnished by the registrar of motor vehicles for 2713
an application for a license or endorsement or an application 2714
for a duplicate of any such license or endorsement shall inform 2715
applicants that the applicant must present a copy of the 2716
applicant's DD-214 or an equivalent document in order to qualify 2717
to have the license or duplicate indicate that the applicant is 2718
a veteran, active duty, or reservist of the armed forces of the 2719
United States based on a request made pursuant to division (A) 2720
(1)(g) of this section. 2721

Sec. 4507.08. (A) No probationary license shall be issued 2722
to any person under the age of eighteen who has been adjudicated 2723
an unruly or delinquent child or a juvenile traffic offender for 2724
having committed any act that if committed by an adult would be 2725
a drug abuse offense, as defined in section 2925.01 of the 2726
Revised Code, a violation of division (B) of section 2917.11, or 2727
a violation of division (A) of section 4511.19 of the Revised 2728

Code, unless the person has been required by the court to attend 2729
a drug abuse or alcohol abuse education, intervention, or 2730
treatment program specified by the court and has satisfactorily 2731
completed the program. 2732

(B) No temporary instruction permit or driver's license 2733
shall be issued to any person whose license has been suspended, 2734
during the period for which the license was suspended, nor to 2735
any person whose license has been canceled, under Chapter 4510. 2736
or any other provision of the Revised Code. 2737

(C) No temporary instruction permit or driver's license 2738
shall be issued to any person whose commercial driver's license 2739
is suspended under Chapter 4510. or any other provision of the 2740
Revised Code during the period of the suspension. 2741

No temporary instruction permit or driver's license shall 2742
be issued to any person when issuance is prohibited by division 2743
(A) of section 4507.091 of the Revised Code. 2744

(D) No temporary instruction permit or driver's license 2745
shall be issued to, or retained by, any of the following 2746
persons: 2747

(1) Any person who has alcoholism, or is addicted to the 2748
use of controlled substances to the extent that the use 2749
constitutes an impairment to the person's ability to operate a 2750
motor vehicle with the required degree of safety; 2751

(2) Any person who is under the age of eighteen and has 2752
been adjudicated an unruly or delinquent child or a juvenile 2753
traffic offender for having committed any act that if committed 2754
by an adult would be a drug abuse offense, as defined in section 2755
2925.01 of the Revised Code, a violation of division (B) of 2756
section 2917.11, or a violation of division (A) of section 2757

4511.19 of the Revised Code, unless the person has been required 2758
by the court to attend a drug abuse or alcohol abuse education, 2759
intervention, or treatment program specified by the court and 2760
has satisfactorily completed the program; 2761

(3) Any person who, in the opinion of the registrar, has a 2762
physical or mental disability or disease that prevents the 2763
person from exercising reasonable and ordinary control over a 2764
motor vehicle while operating the vehicle upon the highways, 2765
except that a restricted license effective for six months may be 2766
issued to any person otherwise qualified who is or has been 2767
subject to any condition resulting in episodic impairment of 2768
consciousness or loss of muscular control and whose condition, 2769
in the opinion of the registrar, is dormant or is sufficiently 2770
under medical control that the person is capable of exercising 2771
reasonable and ordinary control over a motor vehicle. A 2772
restricted license effective for six months shall be issued to 2773
any person who otherwise is qualified and who is subject to any 2774
condition that causes episodic impairment of consciousness or a 2775
loss of muscular control if the person presents a statement from 2776
a licensed physician, certified nurse-midwife if authorized as 2777
described in section 4723.436 of the Revised Code, clinical 2778
nurse specialist, or certified nurse practitioner that the 2779
person's condition is under effective medical control and the 2780
period of time for which the control has been continuously 2781
maintained, unless, thereafter, a medical examination is ordered 2782
and, pursuant thereto, cause for denial is found. 2783

A person to whom a six-month restricted license has been 2784
issued shall give notice of the person's medical condition to 2785
the registrar on forms provided by the registrar and signed by 2786
the licensee's physician, certified nurse-midwife, clinical 2787
nurse specialist, or certified nurse practitioner. The notice 2788

shall be sent to the registrar six months after the issuance of 2789
the license. Subsequent restricted licenses issued to the same 2790
individual shall be effective for six months. 2791

(4) Any person who is unable to understand highway 2792
warnings or traffic signs or directions given in the English 2793
language; 2794

(5) Any person making an application whose driver's 2795
license or driving privileges are under cancellation, 2796
revocation, or suspension in the jurisdiction where issued or 2797
any other jurisdiction, until the expiration of one year after 2798
the license was canceled or revoked or until the period of 2799
suspension ends. Any person whose application is denied under 2800
this division may file a petition in the municipal court or 2801
county court in whose jurisdiction the person resides agreeing 2802
to pay the cost of the proceedings and alleging that the conduct 2803
involved in the offense that resulted in suspension, 2804
cancellation, or revocation in the foreign jurisdiction would 2805
not have resulted in a suspension, cancellation, or revocation 2806
had the offense occurred in this state. If the petition is 2807
granted, the petitioner shall notify the registrar by a 2808
certified copy of the court's findings and a license shall not 2809
be denied under this division. 2810

(6) Any person who is under a class one or two suspension 2811
imposed for a violation of section 2903.01, 2903.02, 2903.04, 2812
2903.06, 2903.08, 2903.11, 2921.331, or 2923.02 of the Revised 2813
Code or whose driver's or commercial driver's license or permit 2814
was permanently revoked prior to January 1, 2004, for a 2815
substantially equivalent violation pursuant to section 4507.16 2816
of the Revised Code; 2817

(7) Any person who is not a resident or temporary resident 2818

of this state. 2819

(E) No person whose driver's license or permit has been 2820
suspended under Chapter 4510. of the Revised Code or any other 2821
provision of the Revised Code shall have driving privileges 2822
reinstated if the registrar determines that a warrant has been 2823
issued in this state or any other state for the person's arrest 2824
and that warrant is an active warrant. 2825

Sec. 4507.081. (A) Upon the expiration of a restricted 2826
license issued under division (D) (3) of section 4507.08 of the 2827
Revised Code and submission of a statement as provided in 2828
division (C) of this section, the registrar of motor vehicles 2829
may issue a driver's license to the person to whom the 2830
restricted license was issued. A driver's license issued under 2831
this section, unless otherwise suspended or canceled, shall be 2832
effective for one year. 2833

(B) A driver's license issued under this section may be 2834
renewed annually, for no more than three consecutive years, 2835
whenever the person to whom the license has been issued submits 2836
to the registrar no sooner than thirty days prior to the 2837
expiration date of the license or renewal thereof, a statement 2838
as provided in division (C) of this section. A renewal of a 2839
driver's license, unless the license is otherwise suspended or 2840
canceled, shall be effective for one year following the 2841
expiration date of the license or renewal thereof. 2842

(C) No person may be issued a driver's license under this 2843
section, and no such driver's license may be renewed, unless the 2844
person presents a signed statement from a licensed physician, 2845
certified nurse-midwife if authorized as described in section 2846
4723.436 of the Revised Code, clinical nurse specialist, or 2847
certified nurse practitioner that the person's condition either 2848

is dormant or is under effective medical control, that the 2849
control has been maintained continuously for at least one year 2850
prior to the date on which application for the license is made, 2851
and that, if continued medication is prescribed to control the 2852
condition, the person may be depended upon to take the 2853
medication. 2854

The statement shall be made on a form provided by the 2855
registrar and shall contain any other information the registrar 2856
considers necessary. 2857

(D) Whenever the registrar receives a statement indicating 2858
that the condition of a person to whom a driver's license has 2859
been issued under this section no longer is dormant or under 2860
effective medical control, the registrar shall cancel the 2861
person's driver's license. 2862

(E) Nothing in this section shall require a person 2863
submitting a signed statement from a licensed physician, 2864
certified nurse-midwife, clinical nurse specialist, or certified 2865
nurse practitioner to obtain a medical examination prior to the 2866
submission of the statement. 2867

(F) Any person whose driver's license has been canceled 2868
under this section may apply for a subsequent restricted license 2869
according to the provisions of section 4507.08 of the Revised 2870
Code. 2871

Sec. 4507.141. (A) Any hearing-impaired person may apply 2872
to the registrar of motor vehicles for an identification card 2873
identifying the person as hearing-impaired. The application for 2874
a hearing-impaired identification card shall be accompanied by a 2875
statement, signed ~~statement from~~ by the applicant's personal 2876
physician, certified nurse-midwife if authorized as described in 2877

section 4723.436 of the Revised Code, clinical nurse specialist, 2878
or certified nurse practitioner, certifying that the applicant 2879
is hearing-impaired. Upon receipt of the application ~~for the~~ 2880
~~identification card and the signed statement from the~~ 2881
~~applicant's personal physician,~~ and upon presentation by the 2882
applicant of the applicant's driver's or commercial driver's 2883
license or motorcycle operator's license, the registrar shall 2884
issue the applicant an identification card. A hearing-impaired 2885
person may also apply for a hearing-impaired identification card 2886
at the time the person applies for a driver's or commercial 2887
driver's license or motorcycle operator's license or 2888
endorsement. Every hearing-impaired identification card shall 2889
expire on the same date that the cardholder's driver's or 2890
commercial driver's license or motorcycle operator's license 2891
expires. 2892

(B) The hearing-impaired identification card shall be 2893
rectangular in shape, approximately the same size as an average 2894
motor vehicle sun visor, as determined by the registrar, to 2895
enable the identification card to be attached to a sun visor in 2896
a motor vehicle. The identification card shall contain the 2897
heading "Identification Card for the Hearing-impaired Driver" in 2898
boldface type, the name and signature of the hearing-impaired 2899
person to whom it is issued, an identifying number, and 2900
instructions on the actions the hearing-impaired person should 2901
take and the actions the person should refrain from taking in 2902
the event the person is stopped by a law enforcement officer 2903
while operating the motor vehicle. The registrar shall determine 2904
the preferred manner in which a hearing-impaired motorcycle 2905
operator should carry or display the hearing-impaired 2906
identification card, and the color and composition of, and any 2907
other information to be included on, the identification card. 2908

(C) As used in this section, "hearing-impaired" means a hearing loss of forty decibels or more in one or both ears.

Sec. 4507.30. No person shall do any of the following:

(A) Display, or cause or permit to be displayed, or possess any identification card, driver's or commercial driver's license, temporary instruction permit, or commercial driver's license temporary instruction permit knowing the same to be fictitious, or to have been canceled, suspended, or altered;

(B) Lend to a person not entitled thereto, or knowingly permit a person not entitled thereto to use any identification card, driver's or commercial driver's license, temporary instruction permit, or commercial driver's license temporary instruction permit issued to the person so lending or permitting the use thereof;

(C) Display, or represent as one's own, any identification card, driver's or commercial driver's license, temporary instruction permit, or commercial driver's license temporary instruction permit not issued to the person so displaying the same;

(D) Fail to surrender to the registrar of motor vehicles, upon the registrar's demand, any identification card, driver's or commercial driver's license, temporary instruction permit, or commercial driver's license temporary instruction permit that has been suspended or canceled;

(E) In any application for an identification card, driver's or commercial driver's license, temporary instruction permit, or commercial driver's license temporary instruction permit, or any renewal, reprint, or duplicate thereof, knowingly conceal a material fact, or present any ~~physician's~~ statement

required under section 4507.08 or 4507.081 of the Revised Code 2938
when knowing the same to be false or fictitious. 2939

(F) Whoever violates any division of this section is 2940
guilty of a misdemeanor of the first degree. 2941

Sec. 4511.81. (A) When any child who is in either or both 2942
of the following categories is being transported in a motor 2943
vehicle, other than a taxicab or public safety vehicle as 2944
defined in section 4511.01 of the Revised Code, that is required 2945
by the United States department of transportation to be equipped 2946
with seat belts at the time of manufacture or assembly, the 2947
operator of the motor vehicle shall have the child properly 2948
secured in accordance with the manufacturer's instructions in a 2949
child restraint system that meets federal motor vehicle safety 2950
standards: 2951

(1) A child who is less than four years of age; 2952

(2) A child who weighs less than forty pounds. 2953

(B) When any child who is in either or both of the 2954
following categories is being transported in a motor vehicle, 2955
other than a taxicab, that is owned, leased, or otherwise under 2956
the control of a nursery school or child care center, the 2957
operator of the motor vehicle shall have the child properly 2958
secured in accordance with the manufacturer's instructions in a 2959
child restraint system that meets federal motor vehicle safety 2960
standards: 2961

(1) A child who is less than four years of age; 2962

(2) A child who weighs less than forty pounds. 2963

(C) When any child who is less than eight years of age and 2964
less than four feet nine inches in height, who is not required 2965

by division (A) or (B) of this section to be secured in a child 2966
restraint system, is being transported in a motor vehicle, other 2967
than a taxicab or public safety vehicle as defined in section 2968
4511.01 of the Revised Code or a vehicle that is regulated under 2969
section 5104.015 of the Revised Code, that is required by the 2970
United States department of transportation to be equipped with 2971
seat belts at the time of manufacture or assembly, the operator 2972
of the motor vehicle shall have the child properly secured in 2973
accordance with the manufacturer's instructions on a booster 2974
seat that meets federal motor vehicle safety standards. 2975

(D) When any child who is at least eight years of age but 2976
not older than fifteen years of age, and who is not otherwise 2977
required by division (A), (B), or (C) of this section to be 2978
secured in a child restraint system or booster seat, is being 2979
transported in a motor vehicle, other than a taxicab or public 2980
safety vehicle as defined in section 4511.01 of the Revised 2981
Code, that is required by the United States department of 2982
transportation to be equipped with seat belts at the time of 2983
manufacture or assembly, the operator of the motor vehicle shall 2984
have the child properly restrained either in accordance with the 2985
manufacturer's instructions in a child restraint system that 2986
meets federal motor vehicle safety standards or in an occupant 2987
restraining device as defined in section 4513.263 of the Revised 2988
Code. 2989

(E) Notwithstanding any provision of law to the contrary, 2990
no law enforcement officer shall cause an operator of a motor 2991
vehicle being operated on any street or highway to stop the 2992
motor vehicle for the sole purpose of determining whether a 2993
violation of division (C) or (D) of this section has been or is 2994
being committed or for the sole purpose of issuing a ticket, 2995
citation, or summons for a violation of division (C) or (D) of 2996

this section or causing the arrest of or commencing a 2997
prosecution of a person for a violation of division (C) or (D) 2998
of this section, and absent another violation of law, a law 2999
enforcement officer's view of the interior or visual inspection 3000
of a motor vehicle being operated on any street or highway may 3001
not be used for the purpose of determining whether a violation 3002
of division (C) or (D) of this section has been or is being 3003
committed. 3004

(F) The director of public safety shall adopt such rules 3005
as are necessary to carry out this section. 3006

(G) The failure of an operator of a motor vehicle to 3007
secure a child in a child restraint system, a booster seat, or 3008
an occupant restraining device as required by this section is 3009
not negligence imputable to the child, is not admissible as 3010
evidence in any civil action involving the rights of the child 3011
against any other person allegedly liable for injuries to the 3012
child, is not to be used as a basis for a criminal prosecution 3013
of the operator of the motor vehicle other than a prosecution 3014
for a violation of this section, and is not admissible as 3015
evidence in any criminal action involving the operator of the 3016
motor vehicle other than a prosecution for a violation of this 3017
section. 3018

(H) This section does not apply when an emergency exists 3019
that threatens the life of any person operating or occupying a 3020
motor vehicle that is being used to transport a child who 3021
otherwise would be required to be restrained under this section. 3022
This section does not apply to a person operating a motor 3023
vehicle who has an affidavit signed by a physician licensed to 3024
practice in this state under Chapter 4731. of the Revised Code, 3025
a clinical nurse specialist or certified nurse practitioner 3026

licensed to practice in this state under Chapter 4723. of the 3027
Revised Code, or a chiropractor licensed to practice in this 3028
state under Chapter 4734. of the Revised Code that states that 3029
the child who otherwise would be required to be restrained under 3030
this section has a physical impairment that makes use of a child 3031
restraint system, booster seat, or an occupant restraining 3032
device impossible or impractical, provided that the person 3033
operating the vehicle has safely and appropriately restrained 3034
the child in accordance with any recommendations of the 3035
physician, nurse, or chiropractor as noted on the affidavit. 3036

(I) There is hereby created in the state treasury the 3037
child highway safety fund, consisting of fines imposed pursuant 3038
to division (L)(1) of this section for violations of divisions 3039
(A), (B), (C), and (D) of this section. The money in the fund 3040
shall be used by the department of health only to defray the 3041
cost of designating hospitals as pediatric trauma centers under 3042
section 3727.081 of the Revised Code and to establish and 3043
administer a child highway safety program. The purpose of the 3044
program shall be to educate the public about child restraint 3045
systems and booster seats and the importance of their proper 3046
use. The program also shall include a process for providing 3047
child restraint systems and booster seats to persons who meet 3048
the eligibility criteria established by the department, and a 3049
toll-free telephone number the public may utilize to obtain 3050
information about child restraint systems and booster seats, and 3051
their proper use. 3052

(J) The director of health, in accordance with Chapter 3053
119. of the Revised Code, shall adopt any rules necessary to 3054
carry out this section, including rules establishing the 3055
criteria a person must meet in order to receive a child 3056
restraint system or booster seat under the department's child 3057

highway safety program; provided that rules relating to the 3058
verification of pediatric trauma centers shall not be adopted 3059
under this section. 3060

(K) Nothing in this section shall be construed to require 3061
any person to carry with the person the birth certificate of a 3062
child to prove the age of the child, but the production of a 3063
valid birth certificate for a child showing that the child was 3064
not of an age to which this section applies is a defense against 3065
any ticket, citation, or summons issued for violating this 3066
section. 3067

(L) (1) Whoever violates division (A), (B), (C), or (D) of 3068
this section shall be punished as follows, provided that the 3069
failure of an operator of a motor vehicle to secure more than 3070
one child in a child restraint system, booster seat, or occupant 3071
restraining device as required by this section that occurred at 3072
the same time, on the same day, and at the same location is 3073
deemed to be a single violation of this section: 3074

(a) Except as otherwise provided in division (L) (1) (b) of 3075
this section, the offender is guilty of a minor misdemeanor and 3076
shall be fined not less than twenty-five dollars nor more than 3077
seventy-five dollars. 3078

(b) If the offender previously has been convicted of or 3079
pleaded guilty to a violation of division (A), (B), (C), or (D) 3080
of this section or of a municipal ordinance that is 3081
substantially similar to any of those divisions, the offender is 3082
guilty of a misdemeanor of the fourth degree. 3083

(2) All fines imposed pursuant to division (L) (1) of this 3084
section shall be forwarded to the treasurer of state for deposit 3085
in the child highway safety fund created by division (I) of this 3086

section. 3087

Sec. 4723.436. For purposes of sections 173.521, 173.542, 3088
3701.162, 3721.01, 3721.011, 3721.041, 3727.19, 3742.03, 3089
3742.04, 3742.07, 3923.25, 4506.07, 4507.06, 4507.08, 4507.081, 3090
4507.141, and 4507.30 of the Revised Code, a certified nurse- 3091
midwife may sign documents or take related actions under those 3092
sections only if the nurse's scope of practice, as determined in 3093
accordance with section 4723.43 of the Revised Code and 3094
standards established by the board of nursing, authorizes the 3095
nurse to practice in the manner described in those sections. 3096

Sec. 4723.4812. (A) A certified nurse-midwife, clinical 3097
nurse specialist, or certified nurse practitioner who has 3098
established a protocol that meets the requirements of section 3099
4729.284 of the Revised Code and the rules adopted under that 3100
section may authorize one or more pharmacists to use the 3101
protocol for the purpose of dispensing nicotine replacement 3102
therapy under section 4729.284 of the Revised Code. 3103

(B) The board of nursing shall adopt rules establishing 3104
standards and procedures to be followed by a certified nurse- 3105
midwife, clinical nurse specialist, or certified nurse 3106
practitioner when prescribing a drug that may be administered by 3107
a pharmacist pursuant to section 4729.45 of the Revised Code. 3108
The rules shall be adopted in accordance with Chapter 119. of 3109
the Revised Code and in consultation with the state board of 3110
pharmacy. 3111

(C) A certified nurse-midwife, clinical nurse specialist 3112
or certified nurse practitioner who has established a protocol 3113
that meets the requirements specified by the state board of 3114
pharmacy in rules adopted under section 4729.47 of the Revised 3115
Code may authorize one or more pharmacists and any of the 3116

pharmacy interns supervised by the pharmacist or pharmacists to 3117
use the protocol for the purpose of dispensing epinephrine under 3118
section 4729.47 of the Revised Code. 3119

Sec. 4729.284. (A) As used in this section, "nicotine 3120
replacement therapy" means a drug, including a dangerous drug, 3121
that delivers small doses of nicotine to an individual for the 3122
purpose of aiding in tobacco cessation or smoking cessation. 3123

(B) Subject to division (C) of this section, if use of a 3124
protocol that has been developed under this section has been 3125
authorized under section 4723.4812 or 4731.90 of the Revised 3126
Code, a pharmacist may dispense nicotine replacement therapy in 3127
accordance with that protocol to individuals who are eighteen 3128
years old or older and seeking to quit using tobacco-containing 3129
products. 3130

(C) For a pharmacist to be authorized to dispense nicotine 3131
replacement therapy under this section, the pharmacist shall do 3132
both of the following: 3133

(1) Successfully complete a course on nicotine replacement 3134
therapy that is taught by a provider that is accredited by the 3135
accreditation council for pharmacy education, or another 3136
provider approved by the state board of pharmacy, and that meets 3137
requirements established in rules adopted under this section; 3138

(2) Practice in accordance with a protocol that meets the 3139
requirements of division (D) of this section. 3140

(D) All of the following apply with respect to the 3141
protocol required by this section: 3142

(1) The protocol shall be established by a physician 3143
authorized under Chapter 4731. of the Revised Code to practice 3144
medicine and surgery or osteopathic medicine and surgery or a 3145

certified nurse-midwife, clinical nurse specialist, or certified 3146
nurse practitioner licensed under Chapter 4723. of the Revised 3147
Code. 3148

(2) The protocol shall specify a definitive set of 3149
treatment guidelines and the locations at which a pharmacist may 3150
dispense nicotine replacement therapy under this section. 3151

(3) The protocol shall include provisions for 3152
implementation of the following requirements: 3153

(a) Use by the pharmacist of a screening procedure, 3154
recommended by the United States centers for disease control and 3155
prevention or another organization approved by the board, to 3156
determine if an individual is a good candidate to receive 3157
nicotine replacement therapy dispensed as authorized by this 3158
section; 3159

(b) A requirement that the pharmacist refer high-risk 3160
individuals or individuals with contraindications to a primary 3161
care provider or, as appropriate, to another type of provider; 3162

(c) A requirement that the pharmacist develop and 3163
implement a follow-up care plan in accordance with guidelines 3164
specified in rules adopted under this section, including a 3165
recommendation by the pharmacist that the individual seek 3166
additional assistance with behavior change, including assistance 3167
from the Ohio tobacco quit line made available by the department 3168
of health. 3169

(4) The protocol shall satisfy any additional requirements 3170
established in rules adopted under this section. 3171

(E) (1) Documentation related to screening, dispensing, and 3172
follow-up care plans shall be maintained in the records of the 3173
pharmacy where the pharmacist practices for at least three 3174

years. Dispensing of nicotine replacement therapy may be 3175
documented on a prescription form, and the form may be assigned 3176
a number for recordkeeping purposes. 3177

(2) Not later than seventy-two hours after a screening is 3178
conducted under this section, the pharmacist shall provide 3179
notice to the individual's primary care provider, if known, or 3180
to the individual if the primary care provider is unknown. The 3181
notice shall include results of the screening, and if 3182
applicable, the dispensing record and follow-up care plan. 3183

A copy of the documentation identified in division (E) (1) 3184
of this section shall also be provided to the individual or the 3185
individual's primary care provider on request. 3186

(F) This section does not affect the authority of a 3187
pharmacist to do any of the following: 3188

(1) Fill or refill prescriptions for nicotine replacement 3189
therapy; 3190

(2) Sell nicotine replacement therapy that does not 3191
require a prescription. 3192

(G) No pharmacist shall do either of the following: 3193

(1) Dispense nicotine replacement therapy in accordance 3194
with a protocol unless the requirements of division (C) of this 3195
section have been met; 3196

(2) Delegate to any person the pharmacist's authority to 3197
engage in or supervise the dispensing of nicotine replacement 3198
therapy. 3199

(H) (1) The board shall adopt rules to implement this 3200
section. The rules shall be adopted in accordance with Chapter 3201
119. of the Revised Code and shall include all of the following: 3202

(a) Provisions specifying the nicotine replacement therapy that may be dispensed in accordance with a protocol;	3203 3204
(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;	3205 3206 3207 3208
(c) Requirements for protocols to be followed by pharmacists in dispensing nicotine replacement therapy;	3209 3210
(d) Guidelines for follow-up care plans.	3211
(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, <u>board of nursing</u> , and the department of health.	3212 3213 3214 3215 3216
(I) A physician, <u>certified nurse-midwife, clinical nurse specialist, or certified nurse practitioner</u> 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.	3217 3218 3219 3220 3221 3222 3223 3224 3225
Sec. 4729.41. (A) (1) A pharmacist licensed under this chapter who meets the requirements of division (B) of this section, and a pharmacy intern licensed under this chapter who meets the requirements of division (B) of this section and is working under the direct supervision of a pharmacist who meets the requirements of that division, may do any of the following:	3226 3227 3228 3229 3230 3231

(a) In the case of an individual who is seven years of age 3232
or older but not more than thirteen years of age, administer to 3233
the individual an immunization for any of the following: 3234

(i) Influenza; 3235

(ii) COVID-19; 3236

(iii) Any other disease, but only pursuant to a 3237
prescription. 3238

(b) In the case of an individual who is thirteen years of 3239
age or older, administer to the individual an immunization for 3240
any disease, including an immunization for influenza or COVID- 3241
19. 3242

(2) As part of engaging in the administration of 3243
immunizations or supervising a pharmacy intern's administration 3244
of immunizations, a pharmacist may administer epinephrine or 3245
diphenhydramine, or both, to individuals in emergency situations 3246
resulting from adverse reactions to the immunizations 3247
administered by the pharmacist or pharmacy intern. 3248

(B) For a pharmacist or pharmacy intern to be authorized 3249
to engage in the administration of immunizations, the pharmacist 3250
or pharmacy intern shall do all of the following: 3251

(1) Successfully complete a course in the administration 3252
of immunizations that meets the requirements established in 3253
rules adopted under this section for such courses; 3254

(2) Receive and maintain certification to perform basic 3255
life-support procedures by successfully completing a basic life- 3256
support training course that is certified by the American red 3257
cross or American heart association or approved by the state 3258
board of pharmacy; 3259

(3) Practice in accordance with a protocol that meets the requirements of division (C) of this section. 3260
3261

(C) All of the following apply with respect to the protocol required by division (B) (3) of this section: 3262
3263

(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 or a certified nurse-midwife, clinical nurse specialist, or certified nurse practitioner licensed under Chapter 4723. of the Revised Code. 3264
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(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. 3270
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(3) The protocol shall satisfy the requirements established in rules adopted under this section for protocols. 3274
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(4) The protocol shall include provisions for implementation of the following requirements: 3276
3277

(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 section establishing requirements for protocols. The protocol shall specify procedures to be followed by a pharmacist when administering epinephrine, or diphenhydramine, or both, to an individual who has an adverse reaction to an immunization administered by the pharmacist or a pharmacy intern. 3278
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(b) For each immunization administered to an individual by 3288

a pharmacist or pharmacy intern, other than an immunization for 3289
influenza administered to an individual eighteen years of age or 3290
older, the pharmacist or pharmacy intern shall notify the 3291
individual's primary care provider or, if the individual has no 3292
primary care provider, the board of health of the health 3293
district in which the individual resides or the authority having 3294
the duties of a board of health for that district under section 3295
3709.05 of the Revised Code. The notice shall be given not later 3296
than thirty days after the immunization is administered. 3297

(c) For each immunization administered by a pharmacist or 3298
pharmacy intern to an individual younger than eighteen years of 3299
age, the pharmacist or a pharmacy intern shall obtain permission 3300
from the individual's parent or legal guardian in accordance 3301
with the procedures specified in rules adopted under this 3302
section. 3303

(D) (1) No pharmacist shall do either of the following: 3304

(a) Engage in the administration of immunizations unless 3305
the requirements of division (B) of this section have been met; 3306

(b) Delegate to any person the pharmacist's authority to 3307
engage in or supervise the administration of immunizations. 3308

(2) No pharmacy intern shall engage in the administration 3309
of immunizations unless the requirements of division (B) of this 3310
section have been met. 3311

(E) (1) The state board of pharmacy shall adopt rules to 3312
implement this section. The rules shall be adopted in accordance 3313
with Chapter 119. of the Revised Code and shall include the 3314
following: 3315

(a) Requirements for courses in administration of 3316
immunizations, including requirements that are consistent with 3317

any standards established for such courses by the centers for 3318
disease control and prevention; 3319

(b) Requirements for protocols to be followed by 3320
pharmacists and pharmacy interns in engaging in the 3321
administration of immunizations; 3322

(c) Procedures to be followed by pharmacists and pharmacy 3323
interns in obtaining from the individual's parent or legal 3324
guardian permission to administer immunizations to an individual 3325
younger than eighteen years of age. 3326

(2) Prior to adopting rules regarding requirements for 3327
protocols to be followed by pharmacists and pharmacy interns in 3328
engaging in the administration of immunizations, the state board 3329
of pharmacy shall consult with the state medical board and the 3330
board of nursing. 3331

Sec. 4729.45. (A) As used in this section, ~~"physician"~~: 3332

(1) "Certified nurse-midwife," "clinical nurse 3333
specialist," and "certified nurse practitioner" have the same 3334
meanings as in section 4723.01 of the Revised Code. 3335

(2) "Physician" means an individual authorized under 3336
Chapter 4731. of the Revised Code to practice medicine and 3337
surgery or osteopathic medicine and surgery. 3338

(B) (1) Subject to division (C) of this section, a 3339
pharmacist licensed under this chapter may administer by 3340
injection any of the following drugs as long as the drug that is 3341
to be administered has been prescribed by a physician, certified 3342
nurse-midwife, clinical nurse specialist, or certified nurse 3343
practitioner and the individual to whom the drug was prescribed 3344
has an ongoing physician-patient or nurse-patient relationship 3345
with the physician or nurse: 3346

(a) An addiction treatment drug administered in a long-acting or extended-release form;	3347 3348
(b) An antipsychotic drug administered in a long-acting or extended-release form;	3349 3350
(c) Hydroxyprogesterone caproate;	3351
(d) Medroxyprogesterone acetate;	3352
(e) Cobalamin.	3353
(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.	3354 3355 3356 3357 3358
(C) To be authorized to administer drugs pursuant to this section, a pharmacist must do all of the following:	3359 3360
(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;	3361 3362 3363 3364
(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;	3365 3366 3367 3368 3369
(3) Practice in accordance with a protocol that meets the requirements of division (F) of this section.	3370 3371
(D) Each time a pharmacist administers a drug pursuant to this section, the pharmacist shall do all of the following:	3372 3373

(1) Obtain permission in accordance with the procedures 3374
specified in rules adopted under division (H) of this section 3375
and comply with the following requirements: 3376

(a) Except as provided in division (D)(1)(c) of this 3377
section, for each drug administered by a pharmacist to an 3378
individual who is eighteen years of age or older, the pharmacist 3379
shall obtain permission from the individual. 3380

(b) For each drug administered by a pharmacist to an 3381
individual who is under eighteen years of age, the pharmacist 3382
shall obtain permission from the individual's parent or other 3383
person having care or charge of the individual. 3384

(c) For each drug administered by a pharmacist to an 3385
individual who lacks the capacity to make informed health care 3386
decisions, the pharmacist shall obtain permission from the 3387
person authorized to make such decisions on the individual's 3388
behalf. 3389

(2) In the case of an addiction treatment drug described 3390
in division (B)(1)(a) of this section, obtain in accordance with 3391
division (E) of this section test results indicating that it is 3392
appropriate to administer the drug to the individual if either 3393
of the following is to be administered: 3394

(a) The initial dose of the drug; 3395

(b) Any subsequent dose, if the administration occurs more 3396
than thirty days after the previous dose of the drug was 3397
administered. 3398

(3) Observe the individual to whom the drug is 3399
administered to determine whether the individual has an adverse 3400
reaction to the drug; 3401

(4) Notify the physician, certified nurse-midwife, 3402
clinical nurse specialist, or certified nurse practitioner who 3403
prescribed the drug that the drug has been administered to the 3404
individual. 3405

(E) A pharmacist may obtain the test results described in 3406
division (D) (2) of this section in either of the following ways: 3407

(1) From the physician, certified nurse-midwife, clinical 3408
nurse specialist, or certified nurse practitioner; 3409

(2) By ordering blood and urine tests for the individual 3410
to whom the drug is to be administered. 3411

If a pharmacist orders blood and urine tests, the 3412
pharmacist shall evaluate the results of the tests to determine 3413
whether they indicate that it is appropriate to administer the 3414
drug. A pharmacist's authority to evaluate test results under 3415
this division does not authorize the pharmacist to make a 3416
diagnosis. 3417

(F) All of the following apply with respect to the 3418
protocol required by division (C) (3) of this section: 3419

(1) The protocol must be established by a physician, 3420
certified nurse-midwife, clinical nurse specialist, or certified 3421
nurse practitioner who has a scope of practice that includes 3422
treatment of the condition for which the individual has been 3423
prescribed the drug to be administered. 3424

(2) The protocol must satisfy the requirements established 3425
in rules adopted under division (H) (1) (b) of this section. 3426

(3) The protocol must do all of the following: 3427

(a) Specify a definitive set of treatment guidelines; 3428

(b) Specify the locations at which a pharmacist may engage in the administration of drugs pursuant to this section;	3429 3430
(c) Include provisions for implementing the requirements of division (D) of this section, including for purposes of division (D)(3) of this section provisions specifying the length of time and location at which a pharmacist must observe an individual who receives a drug to determine whether the individual has an adverse reaction to the drug;	3431 3432 3433 3434 3435 3436
(d) Specify procedures to be followed by a pharmacist when administering epinephrine, diphenhydramine, or both, to an individual who has an adverse reaction to a drug administered by the pharmacist.	3437 3438 3439 3440
(G) A pharmacist shall not do either of the following:	3441
(1) Engage in the administration of drugs pursuant to this section unless the requirements of division (C) of this section have been met;	3442 3443 3444
(2) Delegate to any person the pharmacist's authority to engage in the administration of drugs pursuant to this section.	3445 3446
(H) (1) The state board of pharmacy shall adopt rules to implement this section. The rules shall be adopted in accordance with Chapter 119. of the Revised Code and include all of the following:	3447 3448 3449 3450
(a) Requirements for courses in administration of drugs;	3451
(b) Requirements for protocols to be followed by pharmacists in administering drugs pursuant to this section;	3452 3453
(c) Procedures to be followed by a pharmacist in obtaining permission to administer a drug to an individual.	3454 3455

(2) The board shall consult with the state medical board 3456
and board of nursing before adopting rules regarding 3457
requirements for protocols under this section. 3458

Sec. 4729.47. (A) As used in this section: 3459

(1) "Board of health" means a board of health of a city or 3460
general health district or an authority having the duties of a 3461
board of health under section 3709.05 of the Revised Code. 3462

(2) "Physician" means an individual authorized under 3463
Chapter 4731. of the Revised Code to practice medicine and 3464
surgery, osteopathic medicine and surgery, or podiatric medicine 3465
and surgery. 3466

(B) If use of a protocol that has been developed pursuant 3467
to rules adopted under division (G) of this section has been 3468
authorized under section 3707.60, 4723.4812, or 4731.961 of the 3469
Revised Code, a pharmacist or pharmacy intern may dispense 3470
epinephrine without a prescription in accordance with that 3471
protocol to either of the following individuals so long as the 3472
individual is at least eighteen years of age: 3473

(1) An individual who there is reason to believe is 3474
experiencing or at risk of experiencing anaphylaxis if the 3475
pharmacy affiliated with the pharmacist or intern has a record 3476
of previously dispensing epinephrine to the individual in 3477
accordance with a prescription issued by a licensed health 3478
professional authorized to prescribe drugs; 3479

(2) An individual acting on behalf of a qualified entity, 3480
as defined in section 3728.01 of the Revised Code. 3481

(C) (1) A pharmacist or pharmacy intern who dispenses 3482
epinephrine under this section shall instruct the individual to 3483
whom epinephrine is dispensed to summon emergency services as 3484

soon as practicable either before or after administering 3485
epinephrine. 3486

(2) A pharmacist or pharmacy intern who dispenses 3487
epinephrine to an individual identified in division (B) (1) (a) of 3488
this section shall provide notice of the dispensing to the 3489
individual's primary care provider, if known, or to the 3490
prescriber who issued the individual the initial prescription 3491
for epinephrine. 3492

(D) A pharmacist may document the dispensing of 3493
epinephrine by the pharmacist or a pharmacy intern supervised by 3494
the pharmacist on a prescription form. The form may be assigned 3495
a number for record-keeping purposes. 3496

(E) This section does not affect the authority of a 3497
pharmacist or pharmacy intern to fill or refill a prescription 3498
for epinephrine. 3499

(F) A board of health that in good faith authorizes a 3500
pharmacist or pharmacy intern to dispense epinephrine without a 3501
prescription in accordance with a protocol developed pursuant to 3502
rules adopted under division (G) of this section is not liable 3503
for or subject to any of the following for any action or 3504
omission of the individual to whom the epinephrine is dispensed: 3505
damages in any civil action, prosecution in any criminal 3506
proceeding, or professional disciplinary action. 3507

A physician, certified nurse-midwife, clinical nurse 3508
specialist, or certified nurse practitioner who in good faith 3509
authorizes a pharmacist or pharmacy intern to dispense 3510
epinephrine without a prescription in accordance with a protocol 3511
developed pursuant to rules adopted under division (G) of this 3512
section is not liable for or subject to any of the following for 3513

any action or omission of the individual to whom the epinephrine 3514
is dispensed: damages in any civil action, prosecution in any 3515
criminal proceeding, or professional disciplinary action. 3516

A pharmacist or pharmacy intern authorized under this 3517
section to dispense epinephrine without a prescription who does 3518
so in good faith is not liable for or subject to any of the 3519
following for any action or omission of the individual to whom 3520
the epinephrine is dispensed: damages in any civil action, 3521
prosecution in any criminal proceeding, or professional 3522
disciplinary action. 3523

(G) Not later than ninety days after ~~the effective date of~~ 3524
~~this section~~ April 8, 2019, the state board of pharmacy shall, 3525
after consulting with the state medical board and board of 3526
nursing, adopt rules to implement this section. The rules shall 3527
specify minimum requirements for protocols established by 3528
physicians, certified nurse-midwives, clinical nurse 3529
specialists, or certified nurse practitioners under which 3530
pharmacists or pharmacy interns may dispense epinephrine without 3531
a prescription. 3532

All rules adopted under this section shall be adopted in 3533
accordance with Chapter 119. of the Revised Code. 3534

Sec. 5120.17. (A) As used in this section: 3535

(1) "Mental illness" means a substantial disorder of 3536
thought, mood, perception, orientation, or memory that grossly 3537
impairs judgment, behavior, capacity to recognize reality, or 3538
ability to meet the ordinary demands of life. 3539

(2) "Person with a mental illness subject to 3540
hospitalization" means a person with a mental illness to whom 3541
any of the following applies because of the person's mental 3542

illness: 3543

(a) The person represents a substantial risk of physical 3544
harm to the person as manifested by evidence of threats of, or 3545
attempts at, suicide or serious self-inflicted bodily harm. 3546

(b) The person represents a substantial risk of physical 3547
harm to others as manifested by evidence of recent homicidal or 3548
other violent behavior, evidence of recent threats that place 3549
another in reasonable fear of violent behavior and serious 3550
physical harm, or other evidence of present dangerousness. 3551

(c) The person represents a substantial and immediate risk 3552
of serious physical impairment or injury to the person as 3553
manifested by evidence that the person is unable to provide for 3554
and is not providing for the person's basic physical needs 3555
because of the person's mental illness and that appropriate 3556
provision for those needs cannot be made immediately available 3557
in the correctional institution in which the inmate is currently 3558
housed. 3559

(d) The person would benefit from treatment in a hospital 3560
for the person's mental illness and is in need of treatment in a 3561
hospital as manifested by evidence of behavior that creates a 3562
grave and imminent risk to substantial rights of others or the 3563
person. 3564

(3) "Psychiatric hospital" means all or part of a facility 3565
that is operated and managed by the department of mental health 3566
and addiction services to provide psychiatric hospitalization 3567
services in accordance with the requirements of this section 3568
pursuant to an agreement between the directors of rehabilitation 3569
and correction and mental health and addiction services or, is 3570
licensed by the department of mental health and addiction 3571

services pursuant to section 5119.33 of the Revised Code as a 3572
psychiatric hospital and is accredited by a health care 3573
accrediting organization approved by the department of mental 3574
health and addiction services and the psychiatric hospital is 3575
any of the following: 3576

(a) Operated and managed by the department of 3577
rehabilitation and correction within a facility that is operated 3578
by the department of rehabilitation and correction; 3579

(b) Operated and managed by a contractor for the 3580
department of rehabilitation and correction within a facility 3581
that is operated by the department of rehabilitation and 3582
correction; 3583

(c) Operated and managed in the community by an entity 3584
that has contracted with the department of rehabilitation and 3585
correction to provide psychiatric hospitalization services in 3586
accordance with the requirements of this section. 3587

(4) "Inmate patient" means an inmate who is admitted to a 3588
psychiatric hospital. 3589

(5) "Admitted" to a psychiatric hospital means being 3590
accepted for and staying at least one night at the psychiatric 3591
hospital. 3592

(6) "Treatment plan" means a written statement of 3593
reasonable objectives and goals for an inmate patient that is 3594
based on the needs of the inmate patient and that is established 3595
by the treatment team, with the active participation of the 3596
inmate patient and with documentation of that participation. 3597
"Treatment plan" includes all of the following: 3598

(a) The specific criteria to be used in evaluating 3599
progress toward achieving the objectives and goals; 3600

(b) The services to be provided to the inmate patient 3601
during the inmate patient's hospitalization; 3602

(c) The services to be provided to the inmate patient 3603
after discharge from the hospital, including, but not limited 3604
to, housing and mental health services provided at the state 3605
correctional institution to which the inmate patient returns 3606
after discharge or community mental health services. 3607

(7) "Emergency transfer" means the transfer of an inmate 3608
with a mental illness to a psychiatric hospital when the inmate 3609
presents an immediate danger to self or others and requires 3610
hospital-level care. 3611

(8) "Uncontested transfer" means the transfer of an inmate 3612
with a mental illness to a psychiatric hospital when the inmate 3613
has the mental capacity to, and has waived, the hearing required 3614
by division (B) of this section. 3615

(9) (a) "Independent decision-maker" means a person who is 3616
employed or retained by the department of rehabilitation and 3617
correction and is appointed by the chief or chief clinical 3618
officer of mental health services as a hospitalization hearing 3619
officer to conduct due process hearings. 3620

(b) An independent decision-maker who presides over any 3621
hearing or issues any order pursuant to this section shall be a 3622
psychiatrist, psychiatric-mental health advanced practice 3623
registered nurse, psychologist, or attorney, shall not be 3624
specifically associated with the institution in which the inmate 3625
who is the subject of the hearing or order resides at the time 3626
of the hearing or order, and previously shall not have had any 3627
treatment relationship with nor have represented in any legal 3628
proceeding the inmate who is the subject of the order. 3629

(10) "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: 3630
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(a) A clinical nurse specialist who is certified as a psychiatric-mental health CNS by the American nurses credentialing center; 3634
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(b) A certified nurse practitioner who is certified as a psychiatric-mental health NP by the American nurses credentialing center. 3637
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(B) (1) Except as provided in division (C) of this section, 3640
if the warden of a state correctional institution or the 3641
warden's designee believes that an inmate should be transferred 3642
from the institution to a psychiatric hospital, the department 3643
shall hold a hearing to determine whether the inmate is a person 3644
with a mental illness subject to hospitalization. The department 3645
shall conduct the hearing at the state correctional institution 3646
in which the inmate is confined, and the department shall 3647
provide qualified independent assistance to the inmate for the 3648
hearing. An independent decision-maker provided by the 3649
department shall preside at the hearing and determine whether 3650
the inmate is a person with a mental illness subject to 3651
hospitalization. 3652

(2) Except as provided in division (C) of this section, 3653
prior to the hearing held pursuant to division (B) (1) of this 3654
section, the warden or the warden's designee shall give written 3655
notice to the inmate that the department is considering 3656
transferring the inmate to a psychiatric hospital, that it will 3657
hold a hearing on the proposed transfer at which the inmate may 3658
be present, that at the hearing the inmate has the rights 3659

described in division (B) (3) of this section, and that the 3660
department will provide qualified independent assistance to the 3661
inmate with respect to the hearing. The department shall not 3662
hold the hearing until the inmate has received written notice of 3663
the proposed transfer and has had sufficient time to consult 3664
with the person appointed by the department to provide 3665
assistance to the inmate and to prepare for a presentation at 3666
the hearing. 3667

(3) At the hearing held pursuant to division (B) (1) of 3668
this section, the department shall disclose to the inmate the 3669
evidence that it relies upon for the transfer and shall give the 3670
inmate an opportunity to be heard. Unless the independent 3671
decision-maker finds good cause for not permitting it, the 3672
inmate may present documentary evidence and the testimony of 3673
witnesses at the hearing and may confront and cross-examine 3674
witnesses called by the department. 3675

(4) If the independent decision-maker does not find clear 3676
and convincing evidence that the inmate is a person with a 3677
mental illness subject to hospitalization, the department shall 3678
not transfer the inmate to a psychiatric hospital but shall 3679
continue to confine the inmate in the same state correctional 3680
institution or in another state correctional institution that 3681
the department considers appropriate. If the independent 3682
decision-maker finds clear and convincing evidence that the 3683
inmate is a person with a mental illness subject to 3684
hospitalization, the decision-maker shall order that the inmate 3685
be transported to a psychiatric hospital for observation and 3686
treatment for a period of not longer than thirty days. After the 3687
hearing, the independent decision-maker shall submit to the 3688
department a written decision that states one of the findings 3689
described in division (B) (4) of this section, the evidence that 3690

the decision-maker relied on in reaching that conclusion, and, 3691
if the decision is that the inmate should be transferred, the 3692
reasons for the transfer. 3693

(C) (1) The department may transfer an inmate to a 3694
psychiatric hospital under an emergency transfer order if a 3695
determination is made that the inmate has a mental illness, 3696
presents an immediate danger to self or others, and requires 3697
hospital-level care. To qualify, the determination shall be made 3698
as follows: by the chief clinical officer of mental health 3699
services of the department or that officer's designee and either 3700
a psychiatrist or psychiatric-mental health advanced practice 3701
registered nurse employed or retained by the department or, in 3702
the absence of a psychiatrist or psychiatric-mental health 3703
advanced practice registered nurse, a psychologist employed or 3704
retained by the department ~~determines that the inmate has a~~ 3705
~~mental illness, presents an immediate danger to self or others,~~ 3706
~~and requires hospital-level care.~~ 3707

(2) The department may transfer an inmate to a psychiatric 3708
hospital under an uncontested transfer order if both of the 3709
following apply: 3710

(a) A psychiatrist or psychiatric-mental health advanced 3711
practice registered nurse employed or retained by the department 3712
determines all of the following apply: 3713

(i) The inmate has a mental illness or is a person with a 3714
mental illness subject to hospitalization. 3715

(ii) The inmate requires hospital care to address the 3716
mental illness. 3717

(iii) The inmate has the mental capacity to make a 3718
reasoned choice regarding the inmate's transfer to a hospital. 3719

(b) The inmate agrees to a transfer to a hospital.	3720
(3) The written notice and the hearing required under divisions (B) (1) and (2) of this section are not required for an emergency transfer or uncontested transfer under division (C) (1) or (2) of this section.	3721 3722 3723 3724
(4) After an emergency transfer under division (C) (1) of this section, the department shall hold a hearing for continued hospitalization within five working days after admission of the transferred inmate to the psychiatric hospital. The department shall hold subsequent hearings pursuant to division (F) of this section at the same intervals as required for inmate patients who are transported to a psychiatric hospital under division (B) (4) of this section.	3725 3726 3727 3728 3729 3730 3731 3732
(5) After an uncontested transfer under division (C) (2) of this section, the inmate may withdraw consent to the transfer in writing at any time. Upon the inmate's withdrawal of consent, the hospital shall discharge the inmate, or, within five working days, the department shall hold a hearing for continued hospitalization. The department shall hold subsequent hearings pursuant to division (F) of this section at the same time intervals as required for inmate patients who are transported to a psychiatric hospital under division (B) (4) of this section.	3733 3734 3735 3736 3737 3738 3739 3740 3741
(D) (1) If an independent decision-maker, pursuant to division (B) (4) of this section, orders an inmate transported to a psychiatric hospital or if an inmate is transferred pursuant to division (C) (1) or (2) of this section, the staff of the psychiatric hospital shall examine the inmate patient when admitted to the psychiatric hospital as soon as practicable after the inmate patient arrives at the hospital and no later than twenty-four hours after the time of arrival. The attending	3742 3743 3744 3745 3746 3747 3748 3749

physician, certified nurse-midwife, clinical nurse specialist, 3750
or certified nurse practitioner responsible for the inmate 3751
patient's care shall give the inmate patient all information 3752
necessary to enable the patient to give a fully informed, 3753
intelligent, and knowing consent to the treatment the inmate 3754
patient will receive in the hospital. The attending physician or 3755
attending nurse shall tell the inmate patient the expected 3756
physical and medical consequences of any proposed treatment and 3757
shall give the inmate patient the opportunity to consult with 3758
another psychiatrist or psychiatric-mental health advanced 3759
practice registered nurse at the hospital and with the inmate 3760
advisor. 3761

(2) No inmate patient who is transported or transferred 3762
pursuant to division (B) (4) or (C) (1) or (2) of this section to 3763
a psychiatric hospital within a facility that is operated by the 3764
department of rehabilitation and correction shall be subjected 3765
to any of the following procedures: 3766

- (a) Convulsive therapy; 3767
- (b) Major aversive interventions; 3768
- (c) Any unusually hazardous treatment procedures; 3769
- (d) Psychosurgery. 3770

(E) The department of rehabilitation and correction shall 3771
ensure that an inmate patient hospitalized pursuant to this 3772
section receives or has all of the following: 3773

(1) Receives sufficient professional care within twenty 3774
days of admission to ensure that an evaluation of the inmate 3775
patient's current status, differential diagnosis, probable 3776
prognosis, and description of the current treatment plan have 3777
been formulated and are stated on the inmate patient's official 3778

chart;	3779
(2) Has a written treatment plan consistent with the	3780
evaluation, diagnosis, prognosis, and goals of treatment;	3781
(3) Receives treatment consistent with the treatment plan;	3782
(4) Receives periodic reevaluations of the treatment plan	3783
by the professional staff at intervals not to exceed thirty	3784
days;	3785
(5) Is provided with adequate medical treatment for	3786
physical disease or injury;	3787
(6) Receives humane care and treatment, including, without	3788
being limited to, the following:	3789
(a) Access to the facilities and personnel required by the	3790
treatment plan;	3791
(b) A humane psychological and physical environment;	3792
(c) The right to obtain current information concerning the	3793
treatment program, the expected outcomes of treatment, and the	3794
expectations for the inmate patient's participation in the	3795
treatment program in terms that the inmate patient reasonably	3796
can understand;	3797
(d) Opportunity for participation in programs designed to	3798
help the inmate patient acquire the skills needed to work toward	3799
discharge from the psychiatric hospital;	3800
(e) The right to be free from unnecessary or excessive	3801
medication and from unnecessary restraints or isolation;	3802
(f) All other rights afforded inmates in the custody of	3803
the department consistent with rules, policy, and procedure of	3804
the department.	3805

(F) The department shall hold a hearing for the continued hospitalization of an inmate patient who is transported or transferred to a psychiatric hospital pursuant to division (B) (4) or (C) (1) of this section prior to the expiration of the initial thirty-day period of hospitalization. The department shall hold any subsequent hearings, if necessary, not later than ninety days after the first thirty-day hearing and then not later than each one hundred and eighty days after the immediately prior hearing. An independent decision-maker shall conduct the hearings at the psychiatric hospital in which the inmate patient is confined. The inmate patient shall be afforded all of the rights set forth in this section for the hearing prior to transfer to the psychiatric hospital. The department may not waive a hearing for continued commitment. A hearing for continued commitment is mandatory for an inmate patient transported or transferred to a psychiatric hospital pursuant to division (B) (4) or (C) (1) of this section unless the inmate patient has the capacity to make a reasoned choice to execute a waiver and waives the hearing in writing. An inmate patient who is transferred to a psychiatric hospital pursuant to an uncontested transfer under division (C) (2) of this section and who has scheduled hearings after withdrawal of consent for hospitalization may waive any of the scheduled hearings if the inmate has the capacity to make a reasoned choice and executes a written waiver of the hearing.

If upon completion of the hearing the independent decision-maker does not find by clear and convincing evidence that the inmate patient is a person with a mental illness subject to hospitalization, the independent decision-maker shall order the inmate patient's discharge from the psychiatric hospital. If the independent decision-maker finds by clear and

convincing evidence that the inmate patient is a person with a 3837
mental illness subject to hospitalization, the independent 3838
decision-maker shall order that the inmate patient remain at the 3839
psychiatric hospital for continued hospitalization until the 3840
next required hearing. 3841

If at any time prior to the next required hearing for 3842
continued hospitalization, the medical director of the hospital 3843
or the attending physician, certified nurse-midwife, clinical 3844
nurse specialist, or certified nurse practitioner determines 3845
that the treatment needs of the inmate patient could be met 3846
equally well in an available and appropriate less restrictive 3847
state correctional institution or unit, the medical director ~~or,~~ 3848
attending physician, or attending nurse may discharge the inmate 3849
to that facility. 3850

(G) An inmate patient is entitled to the credits toward 3851
the reduction of the inmate patient's stated prison term 3852
pursuant to Chapters 2967. and 5120. of the Revised Code under 3853
the same terms and conditions as if the inmate patient were in 3854
any other institution of the department of rehabilitation and 3855
correction. 3856

(H) The adult parole authority may place an inmate patient 3857
on parole or under post-release control directly from a 3858
psychiatric hospital. 3859

(I) If an inmate patient who is a person with a mental 3860
illness subject to hospitalization is to be released from a 3861
psychiatric hospital because of the expiration of the inmate 3862
patient's stated prison term, the director of rehabilitation and 3863
correction or the director's designee, at least fourteen days 3864
before the expiration date, may file an affidavit under section 3865
5122.11 or 5123.71 of the Revised Code with the probate court in 3866

the county where the psychiatric hospital is located or the 3867
probate court in the county where the inmate will reside, 3868
alleging that the inmate patient is a person with a mental 3869
illness subject to court order, as defined in section 5122.01 of 3870
the Revised Code, or a person with an intellectual disability 3871
subject to institutionalization by court order, as defined in 3872
section 5123.01 of the Revised Code, whichever is applicable. 3873
The proceedings in the probate court shall be conducted pursuant 3874
to Chapter 5122. or 5123. of the Revised Code except as modified 3875
by this division. 3876

Upon the request of the inmate patient, the probate court 3877
shall grant the inmate patient an initial hearing under section 3878
5122.141 of the Revised Code or a probable cause hearing under 3879
section 5123.75 of the Revised Code before the expiration of the 3880
stated prison term. After holding a full hearing, the probate 3881
court shall make a disposition authorized by section 5122.15 or 3882
5123.76 of the Revised Code before the date of the expiration of 3883
the stated prison term. No inmate patient shall be held in the 3884
custody of the department of rehabilitation and correction past 3885
the date of the expiration of the inmate patient's stated prison 3886
term. 3887

(J) The department of rehabilitation and correction shall 3888
set standards for treatment provided to inmate patients. 3889

(K) A certificate, application, record, or report that is 3890
made in compliance with this section and that directly or 3891
indirectly identifies an inmate or former inmate whose 3892
hospitalization has been sought under this section is 3893
confidential. No person shall disclose the contents of any 3894
certificate, application, record, or report of that nature or 3895
any other psychiatric or medical record or report regarding an 3896

inmate with a mental illness unless one of the following 3897
applies: 3898

(1) The person identified, or the person's legal guardian, 3899
if any, consents to disclosure, and the chief clinical officer 3900
or designee of mental health services of the department of 3901
rehabilitation and correction determines that disclosure is in 3902
the best interests of the person. 3903

(2) Disclosure is required by a court order signed by a 3904
judge. 3905

(3) An inmate patient seeks access to the inmate patient's 3906
own psychiatric and medical records, unless access is 3907
specifically restricted in the treatment plan for clear 3908
treatment reasons. 3909

(4) Hospitals and other institutions and facilities within 3910
the department of rehabilitation and correction may exchange 3911
psychiatric records and other pertinent information with other 3912
hospitals, institutions, and facilities of the department, but 3913
the information that may be released about an inmate patient is 3914
limited to medication history, physical health status and 3915
history, summary of course of treatment in the hospital, summary 3916
of treatment needs, and a discharge summary, if any. 3917

(5) An inmate patient's family member who is involved in 3918
planning, providing, and monitoring services to the inmate 3919
patient may receive medication information, a summary of the 3920
inmate patient's diagnosis and prognosis, and a list of the 3921
services and personnel available to assist the inmate patient 3922
and family if the attending physician, certified nurse-midwife, 3923
clinical nurse specialist, or certified nurse-practitioner 3924
determines that disclosure would be in the best interest of the 3925

inmate patient. No disclosure shall be made under this division 3926
unless the inmate patient is notified of the possible 3927
disclosure, receives the information to be disclosed, and does 3928
not object to the disclosure. 3929

(6) The department of rehabilitation and correction may 3930
exchange psychiatric hospitalization records, other mental 3931
health treatment records, and other pertinent information with 3932
county sheriffs' offices, hospitals, institutions, and 3933
facilities of the department of mental health and addiction 3934
services and with community mental health services providers and 3935
boards of alcohol, drug addiction, and mental health services 3936
with which the department of mental health and addiction 3937
services has a current agreement for patient care or services to 3938
ensure continuity of care. With respect to an inmate with a 3939
mental illness, disclosure under this division is limited to 3940
records regarding the inmate's medication history, physical 3941
health status and history, summary of course of treatment, 3942
summary of treatment needs, and a discharge summary, if any. No 3943
office, department, agency, provider, or board shall disclose 3944
the records and other information unless one of the following 3945
applies: 3946

(a) The inmate with a mental illness is notified of the 3947
possible disclosure and consents to the disclosure. 3948

(b) The inmate with a mental illness is notified of the 3949
possible disclosure, an attempt to gain the consent of the 3950
inmate is made, and the office, department, agency, or board 3951
documents the attempt to gain consent, the inmate's objections, 3952
if any, and the reasons for disclosure in spite of the inmate's 3953
objections. 3954

(7) Information may be disclosed to staff members 3955

designated by the director of rehabilitation and correction for 3956
the purpose of evaluating the quality, effectiveness, and 3957
efficiency of services and determining if the services meet 3958
minimum standards. 3959

The name of an inmate patient shall not be retained with 3960
the information obtained during the evaluations. 3961

(L) The director of rehabilitation and correction may 3962
adopt rules setting forth guidelines for the procedures required 3963
under divisions (B), (C) (1), and (C) (2) of this section. 3964

Sec. 5120.21. (A) The department of rehabilitation and 3965
correction shall keep in its office, accessible only to its 3966
employees, except by the consent of the department or the order 3967
of the judge of a court of record, and except as provided in 3968
division (C) of this section, a record showing the name, 3969
residence, sex, age, nativity, occupation, condition, and date 3970
of entrance or commitment of every inmate in the several 3971
institutions governed by it. The record also shall include the 3972
date, cause, and terms of discharge and the condition of such 3973
person at the time of leaving, a record of all transfers from 3974
one institution to another, and, if such inmate is dead, the 3975
date and cause of death. These and other facts that the 3976
department requires shall be furnished by the managing officer 3977
of each institution within ten days after the commitment, 3978
entrance, death, or discharge of an inmate. 3979

(B) In case of an accident or injury or peculiar death of 3980
an inmate, the managing officer shall make a special report to 3981
the department within twenty-four hours thereafter, giving the 3982
circumstances as fully as possible. 3983

(C) (1) As used in this division, "medical record" means 3984

any document or combination of documents that pertains to the 3985
medical history, diagnosis, prognosis, or medical condition of a 3986
patient and that is generated and maintained in the process of 3987
medical treatment. 3988

(2) A separate medical record of every inmate in an 3989
institution governed by the department shall be compiled, 3990
maintained, and kept apart from and independently of any other 3991
record pertaining to the inmate. Upon the signed written request 3992
of the inmate to whom the record pertains together with the 3993
written request of a person the inmate designates who is either 3994
a licensed attorney at law or a licensed physician ~~designated by~~ 3995
~~the inmate, certified nurse-midwife, clinical nurse specialist,~~ 3996
or certified nurse practitioner, the department shall make the 3997
inmate's medical record available to the designated attorney ~~or,~~ 3998
physician, or nurse. The record may be inspected or copied by 3999
the inmate's designated attorney ~~or,~~ physician, or nurse. The 4000
department may establish a reasonable fee for the copying of any 4001
medical record. If a physician, certified nurse-midwife, 4002
clinical nurse specialist, or certified nurse practitioner 4003
concludes that presentation of all or any part of the medical 4004
record directly to the inmate will result in serious medical 4005
harm to the inmate, the physician or nurse shall so indicate on 4006
the medical record. An inmate's medical record shall be made 4007
available to a physician ~~or to an,~~ certified nurse-midwife, 4008
clinical nurse specialist, certified nurse practitioner, or 4009
attorney designated in writing by the inmate not more than once 4010
every twelve months. 4011

(D) Except as otherwise provided by a law of this state or 4012
the United States, the department and the officers of its 4013
institutions shall keep confidential and accessible only to its 4014
employees, except by the consent of the department or the order 4015

of a judge of a court of record, all of the following: 4016

(1) Architectural, engineering, or construction diagrams, 4017
drawings, or plans of a correctional institution; 4018

(2) Plans for hostage negotiation, for disturbance 4019
control, for the control and location of keys, and for dealing 4020
with escapes; 4021

(3) Statements made by inmate informants; 4022

(4) Records that are maintained by the department of youth 4023
services, that pertain to children in its custody, and that are 4024
released to the department of rehabilitation and correction by 4025
the department of youth services pursuant to section 5139.05 of 4026
the Revised Code; 4027

(5) Victim impact statements and information provided by 4028
victims of crimes that the department considers when determining 4029
the security level assignment, program participation, and 4030
release eligibility of inmates; 4031

(6) Information and data of any kind or medium pertaining 4032
to groups that pose a security threat; 4033

(7) Conversations recorded from the monitored inmate 4034
telephones that involve nonprivileged communications. 4035

(E) Except as otherwise provided by a law of this state or 4036
the United States, the department of rehabilitation and 4037
correction may release inmate records to the department of youth 4038
services or a court of record, and the department of youth 4039
services or the court of record may use those records for the 4040
limited purpose of carrying out the duties of the department of 4041
youth services or the court of record. Inmate records released 4042
by the department of rehabilitation and correction to the 4043

department of youth services or a court of record shall remain 4044
confidential and shall not be considered public records as 4045
defined in section 149.43 of the Revised Code. 4046

(F) Except as otherwise provided in division (C) of this 4047
section, records of inmates committed to the department of 4048
rehabilitation and correction as well as records of persons 4049
under the supervision of the adult parole authority shall not be 4050
considered public records as defined in section 149.43 of the 4051
Revised Code. 4052

Sec. 5145.22. (A) ~~The chief~~ A physician, clinical nurse 4053
specialist, or certified nurse practitioner who is designated by 4054
the department of rehabilitation and correction shall keep a 4055
correct record of vital statistics of the penitentiary, 4056
containing the name, nationality or race, weight, stature, 4057
former occupation, and family history of each prisoner, a 4058
statement of the condition of the heart, lungs, and other 4059
leading organs, rate of the pulse and respiration, measurement 4060
of the chest and abdomen, condition of the inguinal canal, and 4061
the arch of the foot, and any existing disease, deformity, or 4062
other disability, acquired or inherited. The ~~chief~~ physician or 4063
nurse designated by the department shall perform such other 4064
duties in the line of ~~his~~ the physician's or nurse's profession 4065
as the department ~~of rehabilitation and correction~~ requires. 4066

(B) The ~~chief~~ physician or nurse designated under division 4067
(A) of this section shall keep a separate medical record of each 4068
prisoner as provided in division (C) of section 5120.21 of the 4069
Revised Code. 4070

Sec. 5739.01. As used in this chapter: 4071

(A) "Person" includes individuals, receivers, assignees, 4072

trustees in bankruptcy, estates, firms, partnerships, 4073
associations, joint-stock companies, joint ventures, clubs, 4074
societies, corporations, the state and its political 4075
subdivisions, and combinations of individuals of any form. 4076

(B) "Sale" and "selling" include all of the following 4077
transactions for a consideration in any manner, whether 4078
absolutely or conditionally, whether for a price or rental, in 4079
money or by exchange, and by any means whatsoever: 4080

(1) All transactions by which title or possession, or 4081
both, of tangible personal property, is or is to be transferred, 4082
or a license to use or consume tangible personal property is or 4083
is to be granted; 4084

(2) All transactions by which lodging by a hotel is or is 4085
to be furnished to transient guests; 4086

(3) All transactions by which: 4087

(a) An item of tangible personal property is or is to be 4088
repaired, except property, the purchase of which would not be 4089
subject to the tax imposed by section 5739.02 of the Revised 4090
Code; 4091

(b) An item of tangible personal property is or is to be 4092
installed, except property, the purchase of which would not be 4093
subject to the tax imposed by section 5739.02 of the Revised 4094
Code or property that is or is to be incorporated into and will 4095
become a part of a production, transmission, transportation, or 4096
distribution system for the delivery of a public utility 4097
service; 4098

(c) The service of washing, cleaning, waxing, polishing, 4099
or painting a motor vehicle is or is to be furnished; 4100

(d) Laundry and dry cleaning services are or are to be 4101
provided; 4102

(e) Automatic data processing, computer services, or 4103
electronic information services are or are to be provided for 4104
use in business when the true object of the transaction is the 4105
receipt by the consumer of automatic data processing, computer 4106
services, or electronic information services rather than the 4107
receipt of personal or professional services to which automatic 4108
data processing, computer services, or electronic information 4109
services are incidental or supplemental. Notwithstanding any 4110
other provision of this chapter, such transactions that occur 4111
between members of an affiliated group are not sales. An 4112
"affiliated group" means two or more persons related in such a 4113
way that one person owns or controls the business operation of 4114
another member of the group. In the case of corporations with 4115
stock, one corporation owns or controls another if it owns more 4116
than fifty per cent of the other corporation's common stock with 4117
voting rights. 4118

(f) Telecommunications service, including prepaid calling 4119
service, prepaid wireless calling service, or ancillary service, 4120
is or is to be provided, but not including coin-operated 4121
telephone service; 4122

(g) Landscaping and lawn care service is or is to be 4123
provided; 4124

(h) Private investigation and security service is or is to 4125
be provided; 4126

(i) Information services or tangible personal property is 4127
provided or ordered by means of a nine hundred telephone call; 4128

(j) Building maintenance and janitorial service is or is 4129

to be provided;	4130
(k) Exterminating service is or is to be provided;	4131
(l) Physical fitness facility service is or is to be provided;	4132 4133
(m) Recreation and sports club service is or is to be provided;	4134 4135
(n) Satellite broadcasting service is or is to be provided;	4136 4137
(o) Personal care service is or is to be provided to an individual. As used in this division, "personal care service" includes skin care, the application of cosmetics, manicuring, pedicuring, hair removal, tattooing, body piercing, tanning, massage, and other similar services. "Personal care service" does not include a service provided by or on the order of a licensed physician or licensed chiropractor, or the cutting, coloring, or styling of an individual's hair.	4138 4139 4140 4141 4142 4143 4144 4145
(p) The transportation of persons by motor vehicle or aircraft is or is to be provided, when the transportation is entirely within this state, except for transportation provided by an ambulance service, by a transit bus, as defined in section 5735.01 of the Revised Code, and transportation provided by a citizen of the United States holding a certificate of public convenience and necessity issued under 49 U.S.C. 41102;	4146 4147 4148 4149 4150 4151 4152
(q) Motor vehicle towing service is or is to be provided. As used in this division, "motor vehicle towing service" means the towing or conveyance of a wrecked, disabled, or illegally parked motor vehicle.	4153 4154 4155 4156
(r) Snow removal service is or is to be provided. As used	4157

in this division, "snow removal service" means the removal of 4158
snow by any mechanized means, but does not include the providing 4159
of such service by a person that has less than five thousand 4160
dollars in sales of such service during the calendar year. 4161

(s) Electronic publishing service is or is to be provided 4162
to a consumer for use in business, except that such transactions 4163
occurring between members of an affiliated group, as defined in 4164
division (B) (3) (e) of this section, are not sales. 4165

(4) All transactions by which printed, imprinted, 4166
overprinted, lithographic, multilithic, blueprinted, 4167
photostatic, or other productions or reproductions of written or 4168
graphic matter are or are to be furnished or transferred; 4169

(5) The production or fabrication of tangible personal 4170
property for a consideration for consumers who furnish either 4171
directly or indirectly the materials used in the production of 4172
fabrication work; and include the furnishing, preparing, or 4173
serving for a consideration of any tangible personal property 4174
consumed on the premises of the person furnishing, preparing, or 4175
serving such tangible personal property. Except as provided in 4176
section 5739.03 of the Revised Code, a construction contract 4177
pursuant to which tangible personal property is or is to be 4178
incorporated into a structure or improvement on and becoming a 4179
part of real property is not a sale of such tangible personal 4180
property. The construction contractor is the consumer of such 4181
tangible personal property, provided that the sale and 4182
installation of carpeting, the sale and installation of 4183
agricultural land tile, the sale and erection or installation of 4184
portable grain bins, or the provision of landscaping and lawn 4185
care service and the transfer of property as part of such 4186
service is never a construction contract. 4187

As used in division (B) (5) of this section:	4188
(a) "Agricultural land tile" means fired clay or concrete tile, or flexible or rigid perforated plastic pipe or tubing, incorporated or to be incorporated into a subsurface drainage system appurtenant to land used or to be used primarily in production by farming, agriculture, horticulture, or floriculture. The term does not include such materials when they are or are to be incorporated into a drainage system appurtenant to a building or structure even if the building or structure is used or to be used in such production.	4189 4190 4191 4192 4193 4194 4195 4196 4197
(b) "Portable grain bin" means a structure that is used or to be used by a person engaged in farming or agriculture to shelter the person's grain and that is designed to be disassembled without significant damage to its component parts.	4198 4199 4200 4201
(6) All transactions in which all of the shares of stock of a closely held corporation are transferred, or an ownership interest in a pass-through entity, as defined in section 5733.04 of the Revised Code, is transferred, if the corporation or pass-through entity is not engaging in business and its entire assets consist of boats, planes, motor vehicles, or other tangible personal property operated primarily for the use and enjoyment of the shareholders or owners;	4202 4203 4204 4205 4206 4207 4208 4209
(7) All transactions in which a warranty, maintenance or service contract, or similar agreement by which the vendor of the warranty, contract, or agreement agrees to repair or maintain the tangible personal property of the consumer is or is to be provided;	4210 4211 4212 4213 4214
(8) The transfer of copyrighted motion picture films used solely for advertising purposes, except that the transfer of	4215 4216

such films for exhibition purposes is not a sale; 4217

(9) All transactions by which tangible personal property 4218
is or is to be stored, except such property that the consumer of 4219
the storage holds for sale in the regular course of business; 4220

(10) All transactions in which "guaranteed auto 4221
protection" is provided whereby a person promises to pay to the 4222
consumer the difference between the amount the consumer receives 4223
from motor vehicle insurance and the amount the consumer owes to 4224
a person holding title to or a lien on the consumer's motor 4225
vehicle in the event the consumer's motor vehicle suffers a 4226
total loss under the terms of the motor vehicle insurance policy 4227
or is stolen and not recovered, if the protection and its price 4228
are included in the purchase or lease agreement; 4229

(11) (a) Except as provided in division (B) (11) (b) of this 4230
section, all transactions by which health care services are paid 4231
for, reimbursed, provided, delivered, arranged for, or otherwise 4232
made available by a medicaid health insuring corporation 4233
pursuant to the corporation's contract with the state. 4234

(b) If the centers for medicare and medicaid services of 4235
the United States department of health and human services 4236
determines that the taxation of transactions described in 4237
division (B) (11) (a) of this section constitutes an impermissible 4238
health care-related tax under the "Social Security Act," section 4239
1903(w), 42 U.S.C. 1396b(w), and regulations adopted thereunder, 4240
the medicaid director shall notify the tax commissioner of that 4241
determination. Beginning with the first day of the month 4242
following that notification, the transactions described in 4243
division (B) (11) (a) of this section are not sales for the 4244
purposes of this chapter or Chapter 5741. of the Revised Code. 4245
The tax commissioner shall order that the collection of taxes 4246

under sections 5739.02, 5739.021, 5739.023, 5739.026, 5741.02, 4247
5741.021, 5741.022, and 5741.023 of the Revised Code shall cease 4248
for transactions occurring on or after that date. 4249

(12) All transactions by which a specified digital product 4250
is provided for permanent use or less than permanent use, 4251
regardless of whether continued payment is required. 4252

Except as provided in this section, "sale" and "selling" 4253
do not include transfers of interest in leased property where 4254
the original lessee and the terms of the original lease 4255
agreement remain unchanged, or professional, insurance, or 4256
personal service transactions that involve the transfer of 4257
tangible personal property as an inconsequential element, for 4258
which no separate charges are made. 4259

(C) "Vendor" means the person providing the service or by 4260
whom the transfer effected or license given by a sale is or is 4261
to be made or given and, for sales described in division (B)(3) 4262
(i) of this section, the telecommunications service vendor that 4263
provides the nine hundred telephone service; if two or more 4264
persons are engaged in business at the same place of business 4265
under a single trade name in which all collections on account of 4266
sales by each are made, such persons shall constitute a single 4267
vendor. 4268

Physicians, certified nurse-midwives, clinical nurse 4269
specialists, certified nurse practitioners, dentists, hospitals, 4270
and veterinarians who are engaged in selling tangible personal 4271
property as received from others, such as eyeglasses, 4272
mouthwashes, dentifrices, or similar articles, are vendors. 4273
Veterinarians who are engaged in transferring to others for a 4274
consideration drugs, the dispensing of which does not require an 4275
order of a licensed veterinarian ~~or~~, physician, certified 4276

nurse-midwife, clinical nurse specialist, or certified nurse practitioner under federal law, are vendors. 4277
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The operator of any peer-to-peer car sharing program shall be considered to be the vendor. 4279
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(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. 4281
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(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. 4286
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(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 4302
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purchase of such property and services is not subject to the 4307
exception for resale under division (E) of this section. 4308

(4) (a) In the case of a person who purchases printed 4309
matter for the purpose of distributing it or having it 4310
distributed to the public or to a designated segment of the 4311
public, free of charge, that person is the consumer of that 4312
printed matter, and the purchase of that printed matter for that 4313
purpose is a sale. 4314

(b) In the case of a person who produces, rather than 4315
purchases, printed matter for the purpose of distributing it or 4316
having it distributed to the public or to a designated segment 4317
of the public, free of charge, that person is the consumer of 4318
all tangible personal property and services purchased for use or 4319
consumption in the production of that printed matter. That 4320
person is not entitled to claim exemption under division (B) (42) 4321
(f) of section 5739.02 of the Revised Code for any material 4322
incorporated into the printed matter or any equipment, supplies, 4323
or services primarily used to produce the printed matter. 4324

(c) The distribution of printed matter to the public or to 4325
a designated segment of the public, free of charge, is not a 4326
sale to the members of the public to whom the printed matter is 4327
distributed or to any persons who purchase space in the printed 4328
matter for advertising or other purposes. 4329

(5) A person who makes sales of any of the services listed 4330
in division (B) (3) of this section is the consumer of any 4331
tangible personal property used in performing the service. The 4332
purchase of that property is not subject to the resale exception 4333
under division (E) of this section. 4334

(6) A person who engages in highway transportation for 4335

hire is the consumer of all packaging materials purchased by 4336
that person and used in performing the service, except for 4337
packaging materials sold by such person in a transaction 4338
separate from the service. 4339

(7) In the case of a transaction for health care services 4340
under division (B)(11) of this section, a medicaid health 4341
insuring corporation is the consumer of such services. The 4342
purchase of such services by a medicaid health insuring 4343
corporation is not subject to the exception for resale under 4344
division (E) of this section or to the exemptions provided under 4345
divisions (B)(12), (18), (19), and (22) of section 5739.02 of 4346
the Revised Code. 4347

(E) "Retail sale" and "sales at retail" include all sales, 4348
except those in which the purpose of the consumer is to resell 4349
the thing transferred or benefit of the service provided, by a 4350
person engaging in business, in the form in which the same is, 4351
or is to be, received by the person. 4352

(F) "Business" includes any activity engaged in by any 4353
person with the object of gain, benefit, or advantage, either 4354
direct or indirect. "Business" does not include the activity of 4355
a person in managing and investing the person's own funds. 4356

(G) "Engaging in business" means commencing, conducting, 4357
or continuing in business, and liquidating a business when the 4358
liquidator thereof holds itself out to the public as conducting 4359
such business. Making a casual sale is not engaging in business. 4360

(H) (1) (a) "Price," except as provided in divisions (H) (2), 4361
(3), and (4) of this section, means the total amount of 4362
consideration, including cash, credit, property, and services, 4363
for which tangible personal property or services are sold, 4364

leased, or rented, valued in money, whether received in money or	4365
otherwise, without any deduction for any of the following:	4366
(i) The vendor's cost of the property sold;	4367
(ii) The cost of materials used, labor or service costs,	4368
interest, losses, all costs of transportation to the vendor, all	4369
taxes imposed on the vendor, including the tax imposed under	4370
Chapter 5751. of the Revised Code, and any other expense of the	4371
vendor;	4372
(iii) Charges by the vendor for any services necessary to	4373
complete the sale;	4374
(iv) Delivery charges. As used in this division, "delivery	4375
charges" means charges by the vendor for preparation and	4376
delivery to a location designated by the consumer of tangible	4377
personal property or a service, including transportation,	4378
shipping, postage, handling, crating, and packing.	4379
(v) Installation charges;	4380
(vi) Credit for any trade-in.	4381
(b) "Price" includes consideration received by the vendor	4382
from a third party, if the vendor actually receives the	4383
consideration from a party other than the consumer, and the	4384
consideration is directly related to a price reduction or	4385
discount on the sale; the vendor has an obligation to pass the	4386
price reduction or discount through to the consumer; the amount	4387
of the consideration attributable to the sale is fixed and	4388
determinable by the vendor at the time of the sale of the item	4389
to the consumer; and one of the following criteria is met:	4390
(i) The consumer presents a coupon, certificate, or other	4391
document to the vendor to claim a price reduction or discount	4392

where the coupon, certificate, or document is authorized, 4393
distributed, or granted by a third party with the understanding 4394
that the third party will reimburse any vendor to whom the 4395
coupon, certificate, or document is presented; 4396

(ii) The consumer identifies the consumer's self to the 4397
seller as a member of a group or organization entitled to a 4398
price reduction or discount. A preferred customer card that is 4399
available to any patron does not constitute membership in such a 4400
group or organization. 4401

(iii) The price reduction or discount is identified as a 4402
third party price reduction or discount on the invoice received 4403
by the consumer, or on a coupon, certificate, or other document 4404
presented by the consumer. 4405

(c) "Price" does not include any of the following: 4406

(i) Discounts, including cash, term, or coupons that are 4407
not reimbursed by a third party that are allowed by a vendor and 4408
taken by a consumer on a sale; 4409

(ii) Interest, financing, and carrying charges from credit 4410
extended on the sale of tangible personal property or services, 4411
if the amount is separately stated on the invoice, bill of sale, 4412
or similar document given to the purchaser; 4413

(iii) Any taxes legally imposed directly on the consumer 4414
that are separately stated on the invoice, bill of sale, or 4415
similar document given to the consumer. For the purpose of this 4416
division, the tax imposed under Chapter 5751. of the Revised 4417
Code is not a tax directly on the consumer, even if the tax or a 4418
portion thereof is separately stated. 4419

(iv) Notwithstanding divisions (H) (1) (b) (i) to (iii) of 4420
this section, any discount allowed by an automobile manufacturer 4421

to its employee, or to the employee of a supplier, on the 4422
purchase of a new motor vehicle from a new motor vehicle dealer 4423
in this state. 4424

(v) The dollar value of a gift card that is not sold by a 4425
vendor or purchased by a consumer and that is redeemed by the 4426
consumer in purchasing tangible personal property or services if 4427
the vendor is not reimbursed and does not receive compensation 4428
from a third party to cover all or part of the gift card value. 4429
For the purposes of this division, a gift card is not sold by a 4430
vendor or purchased by a consumer if it is distributed pursuant 4431
to an awards, loyalty, or promotional program. Past and present 4432
purchases of tangible personal property or services by the 4433
consumer shall not be treated as consideration exchanged for a 4434
gift card. 4435

(2) In the case of a sale of any new motor vehicle by a 4436
new motor vehicle dealer, as defined in section 4517.01 of the 4437
Revised Code, in which another motor vehicle is accepted by the 4438
dealer as part of the consideration received, "price" has the 4439
same meaning as in division (H)(1) of this section, reduced by 4440
the credit afforded the consumer by the dealer for the motor 4441
vehicle received in trade. 4442

(3) In the case of a sale of any watercraft or outboard 4443
motor by a watercraft dealer licensed in accordance with section 4444
1547.543 of the Revised Code, in which another watercraft, 4445
watercraft and trailer, or outboard motor is accepted by the 4446
dealer as part of the consideration received, "price" has the 4447
same meaning as in division (H)(1) of this section, reduced by 4448
the credit afforded the consumer by the dealer for the 4449
watercraft, watercraft and trailer, or outboard motor received 4450
in trade. As used in this division, "watercraft" includes an 4451

outdrive unit attached to the watercraft. 4452

(4) In the case of transactions for health care services 4453
under division (B) (11) of this section, "price" means the amount 4454
of managed care premiums received each month by a medicaid 4455
health insuring corporation. 4456

(I) "Receipts" means the total amount of the prices of the 4457
sales of vendors, provided that the dollar value of gift cards 4458
distributed pursuant to an awards, loyalty, or promotional 4459
program, and cash discounts allowed and taken on sales at the 4460
time they are consummated are not included, minus any amount 4461
deducted as a bad debt pursuant to section 5739.121 of the 4462
Revised Code. "Receipts" does not include the sale price of 4463
property returned or services rejected by consumers when the 4464
full sale price and tax are refunded either in cash or by 4465
credit. 4466

(J) "Place of business" means any location at which a 4467
person engages in business. 4468

(K) "Premises" includes any real property or portion 4469
thereof upon which any person engages in selling tangible 4470
personal property at retail or making retail sales and also 4471
includes any real property or portion thereof designated for, or 4472
devoted to, use in conjunction with the business engaged in by 4473
such person. 4474

(L) "Casual sale" means a sale of an item of tangible 4475
personal property that was obtained by the person making the 4476
sale, through purchase or otherwise, for the person's own use 4477
and was previously subject to any state's taxing jurisdiction on 4478
its sale or use, and includes such items acquired for the 4479
seller's use that are sold by an auctioneer employed directly by 4480

the person for such purpose, provided the location of such sales 4481
is not the auctioneer's permanent place of business. As used in 4482
this division, "permanent place of business" includes any 4483
location where such auctioneer has conducted more than two 4484
auctions during the year. 4485

(M) "Hotel" means every establishment kept, used, 4486
maintained, advertised, or held out to the public to be a place 4487
where sleeping accommodations are offered to guests, in which 4488
five or more rooms are used for the accommodation of such 4489
guests, whether the rooms are in one or several structures, 4490
except as otherwise provided in section 5739.091 of the Revised 4491
Code. 4492

(N) "Transient guests" means persons occupying a room or 4493
rooms for sleeping accommodations for less than thirty 4494
consecutive days. 4495

(O) "Making retail sales" means the effecting of 4496
transactions wherein one party is obligated to pay the price and 4497
the other party is obligated to provide a service or to transfer 4498
title to or possession of the item sold. "Making retail sales" 4499
does not include the preliminary acts of promoting or soliciting 4500
the retail sales, other than the distribution of printed matter 4501
which displays or describes and prices the item offered for 4502
sale, nor does it include delivery of a predetermined quantity 4503
of tangible personal property or transportation of property or 4504
personnel to or from a place where a service is performed. 4505

(P) "Used directly in the rendition of a public utility 4506
service" means that property that is to be incorporated into and 4507
will become a part of the consumer's production, transmission, 4508
transportation, or distribution system and that retains its 4509
classification as tangible personal property after such 4510

incorporation; fuel or power used in the production, 4511
transmission, transportation, or distribution system; and 4512
tangible personal property used in the repair and maintenance of 4513
the production, transmission, transportation, or distribution 4514
system, including only such motor vehicles as are specially 4515
designed and equipped for such use. Tangible personal property 4516
and services used primarily in providing highway transportation 4517
for hire are not used directly in the rendition of a public 4518
utility service. In this definition, "public utility" includes a 4519
citizen of the United States holding, and required to hold, a 4520
certificate of public convenience and necessity issued under 49 4521
U.S.C. 41102. 4522

(Q) "Refining" means removing or separating a desirable 4523
product from raw or contaminated materials by distillation or 4524
physical, mechanical, or chemical processes. 4525

(R) "Assembly" and "assembling" mean attaching or fitting 4526
together parts to form a product, but do not include packaging a 4527
product. 4528

(S) "Manufacturing operation" means a process in which 4529
materials are changed, converted, or transformed into a 4530
different state or form from which they previously existed and 4531
includes refining materials, assembling parts, and preparing raw 4532
materials and parts by mixing, measuring, blending, or otherwise 4533
committing such materials or parts to the manufacturing process. 4534
"Manufacturing operation" does not include packaging. 4535

(T) "Fiscal officer" means, with respect to a regional 4536
transit authority, the secretary-treasurer thereof, and with 4537
respect to a county that is a transit authority, the fiscal 4538
officer of the county transit board if one is appointed pursuant 4539
to section 306.03 of the Revised Code or the county auditor if 4540

the board of county commissioners operates the county transit system. 4541
4542

(U) "Transit authority" means a regional transit authority 4543
created pursuant to section 306.31 of the Revised Code or a 4544
county in which a county transit system is created pursuant to 4545
section 306.01 of the Revised Code. For the purposes of this 4546
chapter, a transit authority must extend to at least the entire 4547
area of a single county. A transit authority that includes 4548
territory in more than one county must include all the area of 4549
the most populous county that is a part of such transit 4550
authority. County population shall be measured by the most 4551
recent census taken by the United States census bureau. 4552

(V) "Legislative authority" means, with respect to a 4553
regional transit authority, the board of trustees thereof, and 4554
with respect to a county that is a transit authority, the board 4555
of county commissioners. 4556

(W) "Territory of the transit authority" means all of the 4557
area included within the territorial boundaries of a transit 4558
authority as they from time to time exist. Such territorial 4559
boundaries must at all times include all the area of a single 4560
county or all the area of the most populous county that is a 4561
part of such transit authority. County population shall be 4562
measured by the most recent census taken by the United States 4563
census bureau. 4564

(X) "Providing a service" means providing or furnishing 4565
anything described in division (B) (3) of this section for 4566
consideration. 4567

(Y) (1) (a) "Automatic data processing" means processing of 4568
others' data, including keypunching or similar data entry 4569

services together with verification thereof, or providing access 4570
to computer equipment for the purpose of processing data. 4571

(b) "Computer services" means providing services 4572
consisting of specifying computer hardware configurations and 4573
evaluating technical processing characteristics, computer 4574
programming, and training of computer programmers and operators, 4575
provided in conjunction with and to support the sale, lease, or 4576
operation of taxable computer equipment or systems. 4577

(c) "Electronic information services" means providing 4578
access to computer equipment by means of telecommunications 4579
equipment for the purpose of either of the following: 4580

(i) Examining or acquiring data stored in or accessible to 4581
the computer equipment; 4582

(ii) Placing data into the computer equipment to be 4583
retrieved by designated recipients with access to the computer 4584
equipment. 4585

"Electronic information services" does not include 4586
electronic publishing. 4587

(d) "Automatic data processing, computer services, or 4588
electronic information services" shall not include personal or 4589
professional services. 4590

(2) As used in divisions (B) (3) (e) and (Y) (1) of this 4591
section, "personal and professional services" means all services 4592
other than automatic data processing, computer services, or 4593
electronic information services, including but not limited to: 4594

(a) Accounting and legal services such as advice on tax 4595
matters, asset management, budgetary matters, quality control, 4596
information security, and auditing and any other situation where 4597

the service provider receives data or information and studies,	4598
alters, analyzes, interprets, or adjusts such material;	4599
(b) Analyzing business policies and procedures;	4600
(c) Identifying management information needs;	4601
(d) Feasibility studies, including economic and technical	4602
analysis of existing or potential computer hardware or software	4603
needs and alternatives;	4604
(e) Designing policies, procedures, and custom software	4605
for collecting business information, and determining how data	4606
should be summarized, sequenced, formatted, processed,	4607
controlled, and reported so that it will be meaningful to	4608
management;	4609
(f) Developing policies and procedures that document how	4610
business events and transactions are to be authorized, executed,	4611
and controlled;	4612
(g) Testing of business procedures;	4613
(h) Training personnel in business procedure applications;	4614
(i) Providing credit information to users of such	4615
information by a consumer reporting agency, as defined in the	4616
"Fair Credit Reporting Act," 84 Stat. 1114, 1129 (1970), 15	4617
U.S.C. 1681a(f), or as hereafter amended, including but not	4618
limited to gathering, organizing, analyzing, recording, and	4619
furnishing such information by any oral, written, graphic, or	4620
electronic medium;	4621
(j) Providing debt collection services by any oral,	4622
written, graphic, or electronic means;	4623
(k) Providing digital advertising services;	4624

(1) Providing services to electronically file any federal, state, or local individual income tax return, report, or other related document or schedule with a federal, state, or local government entity or to electronically remit a payment of any such individual income tax to such an entity. For the purpose of this division, "individual income tax" does not include federal, state, or local taxes withheld by an employer from an employee's compensation.

The services listed in divisions (Y) (2) (a) to (1) 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, 4654
video, or any other information or signals to a point, or 4655
between or among points. "Telecommunications service" includes 4656
such transmission, conveyance, or routing in which computer 4657
processing applications are used to act on the form, code, or 4658
protocol of the content for purposes of transmission, 4659
conveyance, or routing without regard to whether the service is 4660
referred to as voice-over internet protocol service or is 4661
classified by the federal communications commission as enhanced 4662
or value-added. "Telecommunications service" does not include 4663
any of the following: 4664

(a) Data processing and information services that allow 4665
data to be generated, acquired, stored, processed, or retrieved 4666
and delivered by an electronic transmission to a consumer where 4667
the consumer's primary purpose for the underlying transaction is 4668
the processed data or information; 4669

(b) Installation or maintenance of wiring or equipment on 4670
a customer's premises; 4671

(c) Tangible personal property; 4672

(d) Advertising, including directory advertising; 4673

(e) Billing and collection services provided to third 4674
parties; 4675

(f) Internet access service; 4676

(g) Radio and television audio and video programming 4677
services, regardless of the medium, including the furnishing of 4678
transmission, conveyance, and routing of such services by the 4679
programming service provider. Radio and television audio and 4680
video programming services include, but are not limited to, 4681
cable service, as defined in 47 U.S.C. 522(6), and audio and 4682

video programming services delivered by commercial mobile radio service providers, as defined in 47 C.F.R. 20.3; 4683
4684

(h) Ancillary service; 4685

(i) Digital products delivered electronically, including software, music, video, reading materials, or ring tones. 4686
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(2) "Ancillary service" means a service that is associated with or incidental to the provision of telecommunications service, including conference bridging service, detailed telecommunications billing service, directory assistance, vertical service, and voice mail service. As used in this division: 4688
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(a) "Conference bridging service" means an ancillary service that links two or more participants of an audio or video conference call, including providing a telephone number. 4694
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4696
"Conference bridging service" does not include 4697
telecommunications services used to reach the conference bridge. 4698

(b) "Detailed telecommunications billing service" means an ancillary service of separately stating information pertaining to individual calls on a customer's billing statement. 4699
4700
4701

(c) "Directory assistance" means an ancillary service of providing telephone number or address information. 4702
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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. 4704
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(e) "Voice mail service" means an ancillary service that enables the customer to store, send, or receive recorded 4709
4710

messages. "Voice mail service" does not include any vertical 4711
services that the customer may be required to have in order to 4712
utilize the voice mail service. 4713

(3) "900 service" means an inbound toll telecommunications 4714
service purchased by a subscriber that allows the subscriber's 4715
customers to call in to the subscriber's prerecorded 4716
announcement or live service, and which is typically marketed 4717
under the name "900 service" and any subsequent numbers 4718
designated by the federal communications commission. "900 4719
service" does not include the charge for collection services 4720
provided by the seller of the telecommunications service to the 4721
subscriber, or services or products sold by the subscriber to 4722
the subscriber's customer. 4723

(4) "Prepaid calling service" means the right to access 4724
exclusively telecommunications services, which must be paid for 4725
in advance and which enables the origination of calls using an 4726
access number or authorization code, whether manually or 4727
electronically dialed, and that is sold in predetermined units 4728
or dollars of which the number declines with use in a known 4729
amount. 4730

(5) "Prepaid wireless calling service" means a 4731
telecommunications service that provides the right to utilize 4732
mobile telecommunications service as well as other non- 4733
telecommunications services, including the download of digital 4734
products delivered electronically, and content and ancillary 4735
services, that must be paid for in advance and that is sold in 4736
predetermined units or dollars of which the number declines with 4737
use in a known amount. 4738

(6) "Value-added non-voice data service" means a 4739
telecommunications service in which computer processing 4740

applications are used to act on the form, content, code, or 4741
protocol of the information or data primarily for a purpose 4742
other than transmission, conveyance, or routing. 4743

(7) "Coin-operated telephone service" means a 4744
telecommunications service paid for by inserting money into a 4745
telephone accepting direct deposits of money to operate. 4746

(8) "Customer" has the same meaning as in section 5739.034 4747
of the Revised Code. 4748

(BB) "Laundry and dry cleaning services" means removing 4749
soil or dirt from towels, linens, articles of clothing, or other 4750
fabric items that belong to others and supplying towels, linens, 4751
articles of clothing, or other fabric items. "Laundry and dry 4752
cleaning services" does not include the provision of self- 4753
service facilities for use by consumers to remove soil or dirt 4754
from towels, linens, articles of clothing, or other fabric 4755
items. 4756

(CC) "Magazines distributed as controlled circulation 4757
publications" means magazines containing at least twenty-four 4758
pages, at least twenty-five per cent editorial content, issued 4759
at regular intervals four or more times a year, and circulated 4760
without charge to the recipient, provided that such magazines 4761
are not owned or controlled by individuals or business concerns 4762
which conduct such publications as an auxiliary to, and 4763
essentially for the advancement of the main business or calling 4764
of, those who own or control them. 4765

(DD) "Landscaping and lawn care service" means the 4766
services of planting, seeding, sodding, removing, cutting, 4767
trimming, pruning, mulching, aerating, applying chemicals, 4768
watering, fertilizing, and providing similar services to 4769

establish, promote, or control the growth of trees, shrubs, 4770
flowers, grass, ground cover, and other flora, or otherwise 4771
maintaining a lawn or landscape grown or maintained by the owner 4772
for ornamentation or other nonagricultural purpose. However, 4773
"landscaping and lawn care service" does not include the 4774
providing of such services by a person who has less than five 4775
thousand dollars in sales of such services during the calendar 4776
year. 4777

(EE) "Private investigation and security service" means 4778
the performance of any activity for which the provider of such 4779
service is required to be licensed pursuant to Chapter 4749. of 4780
the Revised Code, or would be required to be so licensed in 4781
performing such services in this state, and also includes the 4782
services of conducting polygraph examinations and of monitoring 4783
or overseeing the activities on or in, or the condition of, the 4784
consumer's home, business, or other facility by means of 4785
electronic or similar monitoring devices. "Private investigation 4786
and security service" does not include special duty services 4787
provided by off-duty police officers, deputy sheriffs, and other 4788
peace officers regularly employed by the state or a political 4789
subdivision. 4790

(FF) "Information services" means providing conversation, 4791
giving consultation or advice, playing or making a voice or 4792
other recording, making or keeping a record of the number of 4793
callers, and any other service provided to a consumer by means 4794
of a nine hundred telephone call, except when the nine hundred 4795
telephone call is the means by which the consumer makes a 4796
contribution to a recognized charity. 4797

(GG) "Research and development" means designing, creating, 4798
or formulating new or enhanced products, equipment, or 4799

manufacturing processes, and also means conducting scientific or 4800
technological inquiry and experimentation in the physical 4801
sciences with the goal of increasing scientific knowledge which 4802
may reveal the bases for new or enhanced products, equipment, or 4803
manufacturing processes. 4804

(HH) "Qualified research and development equipment" means 4805
either of the following: 4806

(1) Capitalized tangible personal property, and leased 4807
personal property that would be capitalized if purchased, used 4808
by a person primarily to perform research and development; 4809

(2) Any tangible personal property used by a megaproject 4810
operator primarily to perform research and development at the 4811
site of a megaproject that satisfies the criteria described in 4812
division (A) (11) (a) (ii) of section 122.17 of the Revised Code 4813
during the period that the megaproject operator has an agreement 4814
for such megaproject with the tax credit authority under 4815
division (D) of that section that remains in effect and has not 4816
expired or been terminated. 4817

"Qualified research and development equipment" does not 4818
include tangible personal property primarily used in testing, as 4819
defined in division (A) (4) of section 5739.011 of the Revised 4820
Code, or used for recording or storing test results, unless such 4821
property is primarily used by the consumer in testing the 4822
product, equipment, or manufacturing process being created, 4823
designed, or formulated by the consumer in the research and 4824
development activity or in recording or storing such test 4825
results. 4826

(II) "Building maintenance and janitorial service" means 4827
cleaning the interior or exterior of a building and any tangible 4828

personal property located therein or thereon, including any 4829
services incidental to such cleaning for which no separate 4830
charge is made. However, "building maintenance and janitorial 4831
service" does not include the providing of such service by a 4832
person who has less than five thousand dollars in sales of such 4833
service during the calendar year. As used in this division, 4834
"cleaning" does not include sanitation services necessary for an 4835
establishment described in 21 U.S.C. 608 to comply with rules 4836
and regulations adopted pursuant to that section. 4837

(JJ) "Exterminating service" means eradicating or 4838
attempting to eradicate vermin infestations from a building or 4839
structure, or the area surrounding a building or structure, and 4840
includes activities to inspect, detect, or prevent vermin 4841
infestation of a building or structure. 4842

(KK) "Physical fitness facility service" means all 4843
transactions by which a membership is granted, maintained, or 4844
renewed, including initiation fees, membership dues, renewal 4845
fees, monthly minimum fees, and other similar fees and dues, by 4846
a physical fitness facility such as an athletic club, health 4847
spa, or gymnasium, which entitles the member to use the facility 4848
for physical exercise. 4849

(LL) "Recreation and sports club service" means all 4850
transactions by which a membership is granted, maintained, or 4851
renewed, including initiation fees, membership dues, renewal 4852
fees, monthly minimum fees, and other similar fees and dues, by 4853
a recreation and sports club, which entitles the member to use 4854
the facilities of the organization. "Recreation and sports club" 4855
means an organization that has ownership of, or controls or 4856
leases on a continuing, long-term basis, the facilities used by 4857
its members and includes an aviation club, gun or shooting club, 4858

yacht club, card club, swimming club, tennis club, golf club, 4859
country club, riding club, amateur sports club, or similar 4860
organization. 4861

(MM) "Livestock" means farm animals commonly raised for 4862
food, food production, or other agricultural purposes, 4863
including, but not limited to, cattle, sheep, goats, swine, 4864
poultry, and captive deer. "Livestock" does not include 4865
invertebrates, amphibians, reptiles, domestic pets, animals for 4866
use in laboratories or for exhibition, or other animals not 4867
commonly raised for food or food production. 4868

(NN) "Livestock structure" means a building or structure 4869
used exclusively for the housing, raising, feeding, or 4870
sheltering of livestock, and includes feed storage or handling 4871
structures and structures for livestock waste handling. 4872

(OO) "Horticulture" means the growing, cultivation, and 4873
production of flowers, fruits, herbs, vegetables, sod, 4874
mushrooms, and nursery stock. As used in this division, "nursery 4875
stock" has the same meaning as in section 927.51 of the Revised 4876
Code. 4877

(PP) "Horticulture structure" means a building or 4878
structure used exclusively for the commercial growing, raising, 4879
or overwintering of horticultural products, and includes the 4880
area used for stocking, storing, and packing horticultural 4881
products when done in conjunction with the production of those 4882
products. 4883

(QQ) "Newspaper" means an unbound publication bearing a 4884
title or name that is regularly published, at least as 4885
frequently as biweekly, and distributed from a fixed place of 4886
business to the public in a specific geographic area, and that 4887

contains a substantial amount of news matter of international, 4888
national, or local events of interest to the general public. 4889

(RR) (1) "Feminine hygiene products" means tampons, panty 4890
liners, menstrual cups, sanitary napkins, and other similar 4891
tangible personal property designed for feminine hygiene in 4892
connection with the human menstrual cycle, but does not include 4893
grooming and hygiene products. 4894

(2) "Grooming and hygiene products" means soaps and 4895
cleaning solutions, shampoo, toothpaste, mouthwash, 4896
antiperspirants, and sun tan lotions and screens, regardless of 4897
whether any of these products are over-the-counter drugs. 4898

(3) "Over-the-counter drugs" means a drug that contains a 4899
label that identifies the product as a drug as required by 21 4900
C.F.R. 201.66, which label includes a drug facts panel or a 4901
statement of the active ingredients with a list of those 4902
ingredients contained in the compound, substance, or 4903
preparation. 4904

(SS) (1) "Lease" or "rental" means any transfer of the 4905
possession or control of tangible personal property for a fixed 4906
or indefinite term, for consideration. "Lease" or "rental" 4907
includes future options to purchase or extend, and agreements 4908
described in 26 U.S.C. 7701(h) (1) covering motor vehicles and 4909
trailers where the amount of consideration may be increased or 4910
decreased by reference to the amount realized upon the sale or 4911
disposition of the property. "Lease" or "rental" does not 4912
include: 4913

(a) A transfer of possession or control of tangible 4914
personal property under a security agreement or a deferred 4915
payment plan that requires the transfer of title upon completion 4916

of the required payments; 4917

(b) A transfer of possession or control of tangible 4918
personal property under an agreement that requires the transfer 4919
of title upon completion of required payments and payment of an 4920
option price that does not exceed the greater of one hundred 4921
dollars or one per cent of the total required payments; 4922

(c) Providing tangible personal property along with an 4923
operator for a fixed or indefinite period of time, if the 4924
operator is necessary for the property to perform as designed. 4925
For purposes of this division, the operator must do more than 4926
maintain, inspect, or set up the tangible personal property. 4927

(2) "Lease" and "rental," as defined in division (SS) of 4928
this section, shall not apply to leases or rentals that exist 4929
before June 26, 2003. 4930

(3) "Lease" and "rental" have the same meaning as in 4931
division (SS) (1) of this section regardless of whether a 4932
transaction is characterized as a lease or rental under 4933
generally accepted accounting principles, the Internal Revenue 4934
Code, Title XIII of the Revised Code, or other federal, state, 4935
or local laws. 4936

(TT) "Mobile telecommunications service" has the same 4937
meaning as in the "Mobile Telecommunications Sourcing Act," Pub. 4938
L. No. 106-252, 114 Stat. 631 (2000), 4 U.S.C.A. 124(7), as 4939
amended, and, on and after August 1, 2003, includes related fees 4940
and ancillary services, including universal service fees, 4941
detailed billing service, directory assistance, service 4942
initiation, voice mail service, and vertical services, such as 4943
caller ID and three-way calling. 4944

(UU) "Certified service provider" has the same meaning as 4945

in section 5740.01 of the Revised Code. 4946

(VV) "Satellite broadcasting service" means the 4947
distribution or broadcasting of programming or services by 4948
satellite directly to the subscriber's receiving equipment 4949
without the use of ground receiving or distribution equipment, 4950
except the subscriber's receiving equipment or equipment used in 4951
the uplink process to the satellite, and includes all service 4952
and rental charges, premium channels or other special services, 4953
installation and repair service charges, and any other charges 4954
having any connection with the provision of the satellite 4955
broadcasting service. 4956

(WW) "Tangible personal property" means personal property 4957
that can be seen, weighed, measured, felt, or touched, or that 4958
is in any other manner perceptible to the senses. For purposes 4959
of this chapter and Chapter 5741. of the Revised Code, "tangible 4960
personal property" includes motor vehicles, electricity, water, 4961
gas, steam, and prewritten computer software. 4962

(XX) "Municipal gas utility" means a municipal corporation 4963
that owns or operates a system for the distribution of natural 4964
gas. 4965

(YY) "Computer" means an electronic device that accepts 4966
information in digital or similar form and manipulates it for a 4967
result based on a sequence of instructions. 4968

(ZZ) "Computer software" means a set of coded instructions 4969
designed to cause a computer or automatic data processing 4970
equipment to perform a task. 4971

(AAA) "Delivered electronically" means delivery of 4972
computer software from the seller to the purchaser by means 4973
other than tangible storage media. 4974

(BBB) "Prewritten computer software" means computer 4975
software, including prewritten upgrades, that is not designed 4976
and developed by the author or other creator to the 4977
specifications of a specific purchaser. The combining of two or 4978
more prewritten computer software programs or prewritten 4979
portions thereof does not cause the combination to be other than 4980
prewritten computer software. "Prewritten computer software" 4981
includes software designed and developed by the author or other 4982
creator to the specifications of a specific purchaser when it is 4983
sold to a person other than the purchaser. If a person modifies 4984
or enhances computer software of which the person is not the 4985
author or creator, the person shall be deemed to be the author 4986
or creator only of such person's modifications or enhancements. 4987
Prewritten computer software or a prewritten portion thereof 4988
that is modified or enhanced to any degree, where such 4989
modification or enhancement is designed and developed to the 4990
specifications of a specific purchaser, remains prewritten 4991
computer software; provided, however, that where there is a 4992
reasonable, separately stated charge or an invoice or other 4993
statement of the price given to the purchaser for the 4994
modification or enhancement, the modification or enhancement 4995
shall not constitute prewritten computer software. 4996

(CCC) (1) "Food" means substances, whether in liquid, 4997
concentrated, solid, frozen, dried, or dehydrated form, that are 4998
sold for ingestion or chewing by humans and are consumed for 4999
their taste or nutritional value. "Food" does not include 5000
alcoholic beverages, dietary supplements, soft drinks, or 5001
tobacco. 5002

(2) As used in division (CCC) (1) of this section: 5003

(a) "Dietary supplements" means any product, other than 5004

tobacco, that is intended to supplement the diet and that is 5005
intended for ingestion in tablet, capsule, powder, softgel, 5006
gelcap, or liquid form, or, if not intended for ingestion in 5007
such a form, is not represented as conventional food for use as 5008
a sole item of a meal or of the diet; that is required to be 5009
labeled as a dietary supplement, identifiable by the "supplement 5010
facts" box found on the label, as required by 21 C.F.R. 101.36; 5011
and that contains one or more of the following dietary 5012
ingredients: 5013

- (i) A vitamin; 5014
- (ii) A mineral; 5015
- (iii) An herb or other botanical; 5016
- (iv) An amino acid; 5017
- (v) A dietary substance for use by humans to supplement 5018
the diet by increasing the total dietary intake; 5019
- (vi) A concentrate, metabolite, constituent, extract, or 5020
combination of any ingredient described in divisions (CCC) (2) (a) 5021
(i) to (v) of this section. 5022

(b) "Soft drinks" means nonalcoholic beverages that 5023
contain natural or artificial sweeteners. "Soft drinks" does not 5024
include beverages that contain milk or milk products, soy, rice, 5025
or similar milk substitutes, or that contains greater than fifty 5026
per cent vegetable or fruit juice by volume. 5027

(DDD) "Drug" means a compound, substance, or preparation, 5028
and any component of a compound, substance, or preparation, 5029
other than food, dietary supplements, or alcoholic beverages 5030
that is recognized in the official United States pharmacopoeia, 5031
official homeopathic pharmacopoeia of the United States, or 5032

official national formulary, and supplements to them; is 5033
intended for use in the diagnosis, cure, mitigation, treatment, 5034
or prevention of disease; or is intended to affect the structure 5035
or any function of the body. 5036

(EEE) "Prescription" means an order, formula, or recipe 5037
issued in any form of oral, written, electronic, or other means 5038
of transmission by a duly licensed practitioner authorized by 5039
the laws of this state to issue a prescription. 5040

(FFF) "Durable medical equipment" means equipment, 5041
including repair and replacement parts for such equipment, that 5042
can withstand repeated use, is primarily and customarily used to 5043
serve a medical purpose, generally is not useful to a person in 5044
the absence of illness or injury, and is not worn in or on the 5045
body. "Durable medical equipment" does not include mobility 5046
enhancing equipment. 5047

(GGG) "Mobility enhancing equipment" means equipment, 5048
including repair and replacement parts for such equipment, that 5049
is primarily and customarily used to provide or increase the 5050
ability to move from one place to another and is appropriate for 5051
use either in a home or a motor vehicle, that is not generally 5052
used by persons with normal mobility, and that does not include 5053
any motor vehicle or equipment on a motor vehicle normally 5054
provided by a motor vehicle manufacturer. "Mobility enhancing 5055
equipment" does not include durable medical equipment. 5056

(HHH) "Prosthetic device" means a replacement, corrective, 5057
or supportive device, including repair and replacement parts for 5058
the device, worn on or in the human body to artificially replace 5059
a missing portion of the body, prevent or correct physical 5060
deformity or malfunction, or support a weak or deformed portion 5061
of the body. As used in this division, before July 1, 2019, 5062

"prosthetic device" does not include corrective eyeglasses, 5063
contact lenses, or dental prosthesis. On or after July 1, 2019, 5064
"prosthetic device" does not include dental prosthesis but does 5065
include corrective eyeglasses or contact lenses. 5066

(III) (1) "Fractional aircraft ownership program" means a 5067
program in which persons within an affiliated group sell and 5068
manage fractional ownership program aircraft, provided that at 5069
least one hundred airworthy aircraft are operated in the program 5070
and the program meets all of the following criteria: 5071

(a) Management services are provided by at least one 5072
program manager within an affiliated group on behalf of the 5073
fractional owners. 5074

(b) Each program aircraft is owned or possessed by at 5075
least one fractional owner. 5076

(c) Each fractional owner owns or possesses at least a 5077
one-sixteenth interest in at least one fixed-wing program 5078
aircraft. 5079

(d) A dry-lease aircraft interchange arrangement is in 5080
effect among all of the fractional owners. 5081

(e) Multi-year program agreements are in effect regarding 5082
the fractional ownership, management services, and dry-lease 5083
aircraft interchange arrangement aspects of the program. 5084

(2) As used in division (III) (1) of this section: 5085

(a) "Affiliated group" has the same meaning as in division 5086
(B) (3) (e) of this section. 5087

(b) "Fractional owner" means a person that owns or 5088
possesses at least a one-sixteenth interest in a program 5089
aircraft and has entered into the agreements described in 5090

division (III)(1)(e) of this section. 5091

(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. 5092
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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 fractional owner; the satisfaction of record-keeping requirements; and the development and use of an operations manual and a maintenance manual for the fractional aircraft ownership program. 5099
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(e) "Program manager" means the person that offers management services to fractional owners pursuant to a management services agreement under division (III)(1)(e) of this section. 5113
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(JJJ) "Electronic publishing" means providing access to one or more of the following primarily for business customers, including the federal government or a state government or a political subdivision thereof, to conduct research: news; 5117
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business, financial, legal, consumer, or credit materials; 5121
editorials, columns, reader commentary, or features; photos or 5122
images; archival or research material; legal notices, identity 5123
verification, or public records; scientific, educational, 5124
instructional, technical, professional, trade, or other literary 5125
materials; or other similar information which has been gathered 5126
and made available by the provider to the consumer in an 5127
electronic format. Providing electronic publishing includes the 5128
functions necessary for the acquisition, formatting, editing, 5129
storage, and dissemination of data or information that is the 5130
subject of a sale. 5131

(KKK) "Medicaid health insuring corporation" means a 5132
health insuring corporation that holds a certificate of 5133
authority under Chapter 1751. of the Revised Code and is under 5134
contract with the department of medicaid pursuant to section 5135
5167.10 of the Revised Code. 5136

(LLL) "Managed care premium" means any premium, 5137
capitation, or other payment a medicaid health insuring 5138
corporation receives for providing or arranging for the 5139
provision of health care services to its members or enrollees 5140
residing in this state. 5141

(MMM) "Captive deer" means deer and other cervidae that 5142
have been legally acquired, or their offspring, that are 5143
privately owned for agricultural or farming purposes. 5144

(NNN) "Gift card" means a document, card, certificate, or 5145
other record, whether tangible or intangible, that may be 5146
redeemed by a consumer for a dollar value when making a purchase 5147
of tangible personal property or services. 5148

(OOO) "Specified digital product" means an electronically 5149

transferred digital audiovisual work, digital audio work, or 5150
digital book. 5151

As used in division (000) of this section: 5152

(1) "Digital audiovisual work" means a series of related 5153
images that, when shown in succession, impart an impression of 5154
motion, together with accompanying sounds, if any. 5155

(2) "Digital audio work" means a work that results from 5156
the fixation of a series of musical, spoken, or other sounds, 5157
including digitized sound files that are downloaded onto a 5158
device and that may be used to alert the customer with respect 5159
to a communication. 5160

(3) "Digital book" means a work that is generally 5161
recognized in the ordinary and usual sense as a book. 5162

(4) "Electronically transferred" means obtained by the 5163
purchaser by means other than tangible storage media. 5164

(PPP) "Digital advertising services" means providing 5165
access, by means of telecommunications equipment, to computer 5166
equipment that is used to enter, upload, download, review, 5167
manipulate, store, add, or delete data for the purpose of 5168
electronically displaying, delivering, placing, or transferring 5169
promotional advertisements to potential customers about products 5170
or services or about industry or business brands. 5171

(QQQ) "Peer-to-peer car sharing program" has the same 5172
meaning as in section 4516.01 of the Revised Code. 5173

(RRR) "Megaproject" and "megaproject operator" have the 5174
same meanings as in section 122.17 of the Revised Code. 5175

(SSS) (1) "Diaper" means an absorbent garment worn by 5176
humans who are incapable of, or have difficulty, controlling 5177

their bladder or bowel movements. 5178

(2) "Children's diaper" means a diaper marketed to be worn 5179
by children. 5180

(3) "Adult diaper" means a diaper other than a children's 5181
diaper. 5182

(TTT) "Sales tax holiday" means three or more dates on 5183
which sales of all eligible tangible personal property are 5184
exempt from the taxes levied under sections 5739.02, 5739.021, 5185
5739.023, 5739.026, 5741.02, 5741.021, 5741.022, and 5741.023 of 5186
the Revised Code. 5187

(UUU) "Eligible tangible personal property" means any item 5188
of tangible personal property that meets both of the following 5189
requirements: 5190

(1) The price of the item does not exceed five hundred 5191
dollars; 5192

(2) The item is not a watercraft or outboard motor 5193
required to be titled pursuant to Chapter 1548. of the Revised 5194
Code, a motor vehicle, an alcoholic beverage, tobacco, a vapor 5195
product as defined in section 5743.01 of the Revised Code, or an 5196
item that contains marijuana as defined in section 3796.01 of 5197
the Revised Code. 5198

(VVV) "Alcoholic beverages" means beverages that are 5199
suitable for human consumption and contain one-half of one per 5200
cent or more of alcohol by volume. 5201

(WWW) "Tobacco" means cigarettes, cigars, chewing or pipe 5202
tobacco, or any other item that contains tobacco. 5203

Section 2. That existing sections 173.521, 173.542, 5204
940.09, 1347.08, 1561.12, 1571.012, 1751.84, 3304.23, 3309.22, 5205

3313.716, 3319.141, 3501.382, 3701.046, 3701.144, 3701.162, 5206
3701.262, 3701.47, 3701.48, 3701.50, 3701.59, 3701.74, 3705.30, 5207
3705.33, 3705.35, 3707.08, 3710.07, 3721.01, 3721.011, 3721.041, 5208
3727.19, 3742.03, 3742.04, 3742.07, 3901.56, 3923.25, 3923.84, 5209
4113.23, 4506.07, 4507.06, 4507.08, 4507.081, 4507.141, 4507.30, 5210
4511.81, 4729.284, 4729.41, 4729.45, 4729.47, 5120.17, 5120.21, 5211
5145.22, and 5739.01 of the Revised Code are hereby repealed. 5212

Section 3. That the version of section 3705.30 of the 5213
Revised Code that is scheduled to take effect September 30, 5214
2024, be amended to read as follows: 5215

Sec. 3705.30. (A) As used in this section: 5216

(1) "Certified nurse-midwife," "clinical nurse 5217
specialist," and "certified nurse practitioner" have the same 5218
meanings as in section 4723.01 of the Revised Code. 5219

(2) "Freestanding birthing center" has the same meaning as 5220
in section 3701.503 of the Revised Code. 5221

~~(2)~~ (3) "Hospital" has the same meaning as in section 5222
3722.01 of the Revised Code. 5223

~~(3)~~ (4) "Physician" means an individual authorized under 5224
Chapter 4731. of the Revised Code to practice medicine and 5225
surgery or osteopathic medicine and surgery. 5226

(B) The director of health shall establish and, if funds 5227
for this purpose are available, implement a statewide birth 5228
defects information system for the collection of information 5229
concerning congenital anomalies, stillbirths, and abnormal 5230
conditions of newborns. 5231

(C) If the system is implemented under division (B) of 5232
this section, all of the following apply: 5233

(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.

Section 4. That the existing version of section 3705.30 of the Revised Code that is scheduled to take effect September 30, 2024, is hereby repealed.

Section 5. Sections 3 and 4 of this act take effect	5264
September 30, 2024.	5265