

As Introduced

136th General Assembly

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H. B. No. 224

Representatives McClain, Miller, M.

**Cosponsors: Representatives Newman, Gross, Creech, Fowler Arthur,
Klopfenstein**

To amend sections 3701.351, 3702.30, 4723.01,	1
4723.02, 4723.03, 4723.06, 4723.07, 4723.08,	2
4723.271, 4723.28, 4723.282, 4723.33, 4723.34,	3
4723.341, 4723.35, 4723.41, 4723.43, 4723.431,	4
4723.432, 4723.481, 4723.483, 4723.487,	5
4723.488, 4723.4810, 4723.4811, 4723.50,	6
4723.91, 4723.99, 4731.22, and 4731.27 and to	7
enact sections 5.2322, 4723.53, 4723.54,	8
4723.55, 4723.551, 4723.56, 4723.57, 4723.58,	9
4723.581, 4723.582, 4723.583, 4723.584, 4723.59,	10
4723.60, 4724.01, 4724.02, 4724.03, 4724.04,	11
4724.05, 4724.06, 4724.07, 4724.08, 4724.09,	12
4724.10, 4724.11, 4724.12, 4724.13, 4724.14, and	13
4724.99 of the Revised Code to regulate the	14
practice of certified nurse-midwives, certified	15
midwives, and licensed midwives and to designate	16
May 5th as the "Day of the Midwife."	17

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

Section 1. That sections 3701.351, 3702.30, 4723.01,	18
4723.02, 4723.03, 4723.06, 4723.07, 4723.08, 4723.271, 4723.28,	19

4723.282, 4723.33, 4723.34, 4723.341, 4723.35, 4723.41, 4723.43, 20
4723.431, 4723.432, 4723.481, 4723.483, 4723.487, 4723.488, 21
4723.4810, 4723.4811, 4723.50, 4723.91, 4723.99, 4731.22, and 22
4731.27 be amended and sections 5.2322, 4723.53, 4723.54, 23
4723.55, 4723.551, 4723.56, 4723.57, 4723.58, 4723.581, 24
4723.582, 4723.583, 4723.584, 4723.59, 4723.60, 4724.01, 25
4724.02, 4724.03, 4724.04, 4724.05, 4724.06, 4724.07, 4724.08, 26
4724.09, 4724.10, 4724.11, 4724.12, 4724.13, 4724.14, and 27
4724.99 of the Revised Code be enacted to read as follows: 28

Sec. 5.2322. The fifth day of May is designated as the 29
"Day of the Midwife." 30

Sec. 3701.351. (A) The governing body of every hospital 31
shall set standards and procedures to be applied by the hospital 32
and its medical staff in considering and acting upon 33
applications for staff membership or professional privileges. 34
These standards and procedures shall be available for public 35
inspection. 36

(B) The governing body of any hospital, in considering and 37
acting upon applications for staff membership or professional 38
privileges within the scope of the applicants' respective 39
licensures, shall not discriminate against a qualified person 40
solely on the basis of whether that person is licensed to 41
practice medicine, osteopathic medicine, or podiatry, is 42
licensed to practice dentistry or psychology, ~~or~~ is licensed to 43
practice nursing as an advanced practice registered nurse, or is 44
licensed to practice as a certified midwife or licensed midwife. 45
Staff membership or professional privileges shall be considered 46
and acted on in accordance with standards and procedures 47
established under division (A) of this section. This section 48
does not permit a psychologist to admit a patient to a hospital 49

in violation of section 3727.06 of the Revised Code. 50

(C) The governing body of any hospital that provides 51
maternity services, in considering and acting upon applications 52
for clinical privileges, shall not discriminate against a 53
qualified person solely on the basis that the person is 54
authorized to practice nurse-midwifery or midwifery. An 55
application from a certified nurse-midwife or certified midwife 56
who is not employed by the hospital shall contain the name of a 57
physician member of the hospital's medical staff who holds 58
clinical privileges in obstetrics at that hospital and who has 59
agreed to be the collaborating physician for the applicant in 60
accordance with section ~~4723.43~~ 4723.431 of the Revised Code. 61

(D) Any person may apply to the court of common pleas for 62
temporary or permanent injunctions restraining a violation of 63
division (A), (B), or (C) of this section. This action is an 64
additional remedy not dependent on the adequacy of the remedy at 65
law. 66

(E) (1) If a hospital does not provide or permit the 67
provision of any diagnostic or treatment service for mental or 68
emotional disorders or any other service that may be legally 69
performed by a psychologist licensed under Chapter 4732. of the 70
Revised Code, this section does not require the hospital to 71
provide or permit the provision of any such service and the 72
hospital shall be exempt from requirements of this section 73
pertaining to psychologists. 74

(2) This section does not impair the right of a hospital 75
to enter into an employment, personal service, or any other kind 76
of contract with a licensed psychologist, upon any such terms as 77
the parties may mutually agree, for the provision of any service 78
that may be legally performed by a licensed psychologist. 79

Sec. 3702.30. (A) As used in this section: 80

(1) "Ambulatory surgical facility" means a facility in 81
which surgical services are provided to patients who do not 82
require hospitalization for inpatient care, the duration of 83
services for any patient does not extend beyond twenty-four 84
hours after the patient's admission, and to which any of the 85
following apply: 86

(a) The surgical services are provided in a building that 87
is separate from another building in which inpatient care is 88
provided, regardless of whether the separate building is part of 89
the same organization as the building in which inpatient care is 90
provided. 91

(b) The surgical services are provided within a building 92
in which inpatient care is provided and the entity that operates 93
the portion of the building where the surgical services are 94
provided is not the entity that operates the remainder of the 95
building. 96

(c) The facility is held out to any person or government 97
entity as an ambulatory surgical facility or similar facility by 98
means of signage, advertising, or other promotional efforts. 99

"Ambulatory surgical facility" does not include a hospital 100
emergency department, hospital provider-based department that is 101
otherwise licensed under Chapter 3722. of the Revised Code, or 102
an office of a physician, podiatrist, or dentist. 103

(2) "Health care facility" means any of the following: 104

(a) An ambulatory surgical facility; 105

(b) A freestanding dialysis center; 106

(c) A freestanding inpatient rehabilitation facility; 107

(d) A freestanding birthing center;	108
(e) A freestanding radiation therapy center;	109
(f) A freestanding or mobile diagnostic imaging center.	110
(B) By rule adopted in accordance with sections 3702.12	111
and 3702.13 of the Revised Code, the director of health shall	112
establish quality standards for health care facilities. The	113
standards may incorporate accreditation standards or other	114
quality standards established by any entity recognized by the	115
director.	116
<u>(1) In the case of an ambulatory surgical facility, the</u>	117
standards shall require the ambulatory surgical facility to	118
maintain an infection control program. The purposes of the	119
program are to minimize infections and communicable diseases and	120
facilitate a functional and sanitary environment consistent with	121
standards of professional practice. To achieve these purposes,	122
ambulatory surgical facility staff managing the program shall	123
create and administer a plan designed to prevent, identify, and	124
manage infections and communicable diseases; ensure that the	125
program is directed by a qualified professional trained in	126
infection control; ensure that the program is an integral part	127
of the ambulatory surgical facility's quality assessment and	128
performance improvement program; and implement in an expeditious	129
manner corrective and preventive measures that result in	130
improvement.	131
<u>(2) In the case of a freestanding birthing center, the</u>	132
<u>standards shall require both of the following:</u>	133
<u>(a) At least one of the following to attend each birth:</u>	134
<u>(i) A physician licensed under Chapter 4731. of the</u>	135
<u>Revised Code to practice medicine and surgery or osteopathic</u>	136

<u>medicine and surgery;</u>	137
<u>(ii) A certified nurse-midwife licensed under Chapter</u>	138
<u>4723. of the Revised Code;</u>	139
<u>(iii) A certified midwife licensed under Chapter 4723. of</u>	140
<u>the Revised Code;</u>	141
<u>(iv) A licensed midwife licensed under Chapter 4724. of</u>	142
<u>the Revised Code.</u>	143
<u>(b) That each freestanding birthing center have a director</u>	144
<u>of patient services who is one of the following:</u>	145
<u>(i) A physician licensed under Chapter 4731. of the</u>	146
<u>Revised Code to practice medicine and surgery or osteopathic</u>	147
<u>medicine and surgery;</u>	148
<u>(ii) A certified nurse-midwife licensed under Chapter</u>	149
<u>4723. of the Revised Code who has contracted with a</u>	150
<u>collaborating physician;</u>	151
<u>(iii) A certified midwife licensed under Chapter 4723. of</u>	152
<u>the Revised Code who has contracted with a collaborating</u>	153
<u>physician.</u>	154
(C) Every ambulatory surgical facility shall require that	155
each physician who practices at the facility comply with all	156
relevant provisions in the Revised Code that relate to the	157
obtaining of informed consent from a patient.	158
(D) The director shall issue a license to each health care	159
facility that makes application for a license and demonstrates	160
to the director that it meets the quality standards established	161
by the rules adopted under division (B) of this section and	162
satisfies the informed consent compliance requirements specified	163
in division (C) of this section.	164

(E) (1) Except as provided in division (H) of this section 165
and in section 3702.301 of the Revised Code, no health care 166
facility shall operate without a license issued under this 167
section. 168

The general assembly does not intend for the provisions of 169
this section or section 3702.301 of the Revised Code that 170
establish health care facility licensing requirements or 171
exemptions to have an effect on any third-party payments that 172
may be available for the services provided by either a licensed 173
health care facility or an entity exempt from licensure. 174

(2) If the department of health finds that a physician who 175
practices at a health care facility is not complying with any 176
provision of the Revised Code related to the obtaining of 177
informed consent from a patient, the department shall report its 178
finding to the state medical board, the physician, and the 179
health care facility. 180

(3) Division (E) (2) of this section does not create, and 181
shall not be construed as creating, a new cause of action or 182
substantive legal right against a health care facility and in 183
favor of a patient who allegedly sustains harm as a result of 184
the failure of the patient's physician to obtain informed 185
consent from the patient prior to performing a procedure on or 186
otherwise caring for the patient in the health care facility. 187

(F) The rules adopted under division (B) of this section 188
shall include all of the following: 189

(1) Provisions governing application for, renewal, 190
suspension, and revocation of a license under this section; 191

(2) Provisions governing orders issued pursuant to section 192
3702.32 of the Revised Code for a health care facility to cease 193

its operations or to prohibit certain types of services provided 194
by a health care facility; 195

(3) Provisions governing the imposition under section 196
3702.32 of the Revised Code of civil penalties for violations of 197
this section or the rules adopted under this section, including 198
a scale for determining the amount of the penalties; 199

(4) Provisions specifying the form inspectors must use 200
when conducting inspections of ambulatory surgical facilities. 201

(G) An ambulatory surgical facility that performs or 202
induces abortions shall comply with section 3701.791 of the 203
Revised Code. 204

(H) The following entities are not required to obtain a 205
license as a freestanding diagnostic imaging center issued under 206
this section: 207

(1) A hospital registered under section 3701.07 of the 208
Revised Code that provides diagnostic imaging; 209

(2) An entity that is reviewed as part of a hospital 210
accreditation or certification program and that provides 211
diagnostic imaging; 212

(3) An ambulatory surgical facility that provides 213
diagnostic imaging in conjunction with or during any portion of 214
a surgical procedure. 215

Sec. 4723.01. As used in this chapter: 216

(A) "Registered nurse" means an individual who holds a 217
current, valid license issued under this chapter that authorizes 218
the practice of nursing as a registered nurse. 219

(B) "Practice of nursing as a registered nurse" means 220

providing to individuals and groups nursing care requiring 221
specialized knowledge, judgment, and skill derived from the 222
principles of biological, physical, behavioral, social, and 223
nursing sciences. Such nursing care includes: 224

(1) Identifying patterns of human responses to actual or 225
potential health problems amenable to a nursing regimen; 226

(2) Executing a nursing regimen through the selection, 227
performance, management, and evaluation of nursing actions; 228

(3) Assessing health status for the purpose of providing 229
nursing care; 230

(4) Providing health counseling and health teaching; 231

(5) Administering medications, treatments, and executing 232
regimens authorized by an individual who is authorized to 233
practice in this state and is acting within the course of the 234
individual's professional practice; 235

(6) Teaching, administering, supervising, delegating, and 236
evaluating nursing practice. 237

(C) "Nursing regimen" may include preventative, 238
restorative, and health-promotion activities. 239

(D) "Assessing health status" means the collection of data 240
through nursing assessment techniques, which may include 241
interviews, observation, and physical evaluations for the 242
purpose of providing nursing care. 243

(E) "Licensed practical nurse" means an individual who 244
holds a current, valid license issued under this chapter that 245
authorizes the practice of nursing as a licensed practical 246
nurse. 247

(F) "The practice of nursing as a licensed practical nurse" means providing to individuals and groups nursing care requiring the application of basic knowledge of the biological, physical, behavioral, social, and nursing sciences at the direction of a registered nurse or any of the following who is authorized to practice in this state: a physician, physician assistant, dentist, podiatrist, optometrist, or chiropractor. Such nursing care includes:

(1) Observation, patient teaching, and care in a diversity of health care settings;

(2) Contributions to the planning, implementation, and evaluation of nursing;

(3) Administration of medications and treatments authorized by an individual who is authorized to practice in this state and is acting within the course of the individual's professional practice;

(4) Administration to an adult of intravenous therapy authorized by an individual who is authorized to practice in this state and is acting within the course of the individual's professional practice, on the condition that the licensed practical nurse is authorized under section 4723.18 or 4723.181 of the Revised Code to perform intravenous therapy and performs intravenous therapy only in accordance with those sections;

(5) Delegation of nursing tasks as directed by a registered nurse;

(6) Teaching nursing tasks to licensed practical nurses and individuals to whom the licensed practical nurse is authorized to delegate nursing tasks as directed by a registered nurse.

(G) "Certified registered nurse anesthetist" means an 277
advanced practice registered nurse who holds a current, valid 278
license issued under this chapter and is designated as a 279
certified registered nurse anesthetist in accordance with 280
section 4723.42 of the Revised Code and rules adopted by the 281
board of nursing. 282

(H) "Clinical nurse specialist" means an advanced practice 283
registered nurse who holds a current, valid license issued under 284
this chapter and is designated as a clinical nurse specialist in 285
accordance with section 4723.42 of the Revised Code and rules 286
adopted by the board of nursing. 287

(I) "Certified nurse-midwife" means an advanced practice 288
registered nurse who holds a current, valid license issued under 289
this chapter and is designated as a certified nurse-midwife in 290
accordance with section 4723.42 of the Revised Code and rules 291
adopted by the board of nursing. A certified nurse-midwife does 292
not include a certified midwife, licensed midwife, or 293
traditional midwife. 294

(J) "Certified nurse practitioner" means an advanced 295
practice registered nurse who holds a current, valid license 296
issued under this chapter and is designated as a certified nurse 297
practitioner in accordance with section 4723.42 of the Revised 298
Code and rules adopted by the board of nursing. 299

(K) "Physician" means an individual authorized under 300
Chapter 4731. of the Revised Code to practice medicine and 301
surgery or osteopathic medicine and surgery. 302

(L) "Collaboration" or "collaborating" means the 303
following: 304

(1) In the case of a clinical nurse specialist or a 305

certified nurse practitioner, that one or more podiatrists 306
acting within the scope of practice of podiatry in accordance 307
with section 4731.51 of the Revised Code and with whom the nurse 308
has entered into a standard care arrangement or one or more 309
physicians with whom the nurse has entered into a standard care 310
arrangement are continuously available to communicate with the 311
clinical nurse specialist or certified nurse practitioner either 312
in person or by electronic communication; 313

(2) In the case of a certified nurse-midwife or certified 314
midwife, that one or more physicians with whom the certified 315
nurse-midwife or certified midwife has entered into a standard 316
care arrangement are continuously available to communicate with 317
the certified nurse-midwife or certified midwife either in 318
person or by electronic communication. 319

(M) "Supervision," as it pertains to a certified 320
registered nurse anesthetist, means that the certified 321
registered nurse anesthetist is under the direction of a 322
podiatrist acting within the podiatrist's scope of practice in 323
accordance with section 4731.51 of the Revised Code, a dentist 324
acting within the dentist's scope of practice in accordance with 325
Chapter 4715. of the Revised Code, or a physician, and, when 326
administering anesthesia, the certified registered nurse 327
anesthetist is in the immediate presence of the podiatrist, 328
dentist, or physician. 329

(N) "Standard care arrangement" means a written, formal 330
guide for planning and evaluating a patient's health care that 331
is developed by one or more collaborating physicians or 332
podiatrists and a clinical nurse specialist, certified nurse- 333
midwife, certified midwife, or certified nurse practitioner and 334
meets the requirements of section 4723.431 of the Revised Code. 335

(O) "Advanced practice registered nurse" means an 336
individual who holds a current, valid license issued under this 337
chapter that authorizes the practice of nursing as an advanced 338
practice registered nurse and is designated as any of the 339
following: 340

(1) A certified registered nurse anesthetist; 341

(2) A clinical nurse specialist; 342

(3) A certified nurse-midwife; 343

(4) A certified nurse practitioner. 344

(P) "Practice of nursing as an advanced practice 345
registered nurse" means providing to individuals and groups 346
nursing care that requires knowledge and skill obtained from 347
advanced formal education, training, and clinical experience. 348
Such nursing care includes the care described in section 4723.43 349
of the Revised Code. 350

(Q) "Dialysis care" means the care and procedures that a 351
dialysis technician or dialysis technician intern is authorized 352
to provide and perform, as specified in section 4723.72 of the 353
Revised Code. 354

(R) "Dialysis technician" means an individual who holds a 355
current, valid certificate to practice as a dialysis technician 356
issued under section 4723.75 of the Revised Code. 357

(S) "Dialysis technician intern" means an individual who 358
has not passed the dialysis technician certification examination 359
required by section 4723.751 of the Revised Code, but who has 360
successfully completed a dialysis training program approved by 361
the board of nursing under section 4723.74 of the Revised Code 362
within the previous eighteen months. 363

(T) "Certified community health worker" means an 364
individual who holds a current, valid certificate as a community 365
health worker issued under section 4723.85 of the Revised Code. 366

(U) "Medication aide" means an individual who holds a 367
current, valid certificate issued under this chapter that 368
authorizes the individual to administer medication in accordance 369
with section 4723.67 of the Revised Code; 370

(V) "Nursing specialty" means a specialty in practice as a 371
certified registered nurse anesthetist, clinical nurse 372
specialist, certified nurse-midwife, or certified nurse 373
practitioner. 374

(W) "Physician assistant" means an individual who is 375
licensed to practice as a physician assistant under Chapter 376
4730. of the Revised Code. 377

(X) "Certified midwife" means an individual who is 378
licensed under section 4723.56 of the Revised Code and engages 379
in one or more of the activities described in that section. A 380
certified midwife does not include a certified nurse-midwife, 381
licensed midwife, or traditional midwife. 382

(Y) "Licensed midwife" has the same meaning as in section 383
4724.01 of the Revised Code. A licensed midwife does not include 384
a certified nurse-midwife, certified midwife, or traditional 385
midwife. 386

(Z) "Traditional midwife" has the same meaning as in 387
section 4724.01 of the Revised Code. 388

Sec. 4723.02. The board of nursing shall assume and 389
exercise all the powers and perform all the duties conferred and 390
imposed on it by this chapter. 391

The board shall consist of ~~thirteen~~fifteen members who 392
shall be citizens of the United States and residents of Ohio. 393
Eight members shall be registered nurses, each of whom shall be 394
a graduate of an approved program of nursing education that 395
prepares persons for licensure as a registered nurse, shall hold 396
a currently active license issued under this chapter to practice 397
nursing as a registered nurse, and shall have been actively 398
engaged in the practice of nursing as a registered nurse for the 399
five years immediately preceding the member's initial 400
appointment to the board. Of the eight members who are 401
registered nurses, at least two shall hold a current, valid 402
license issued under this chapter that authorizes the practice 403
of nursing as an advanced practice registered nurse. Four 404
members shall be licensed practical nurses, each of whom shall 405
be a graduate of an approved program of nursing education that 406
prepares persons for licensure as a practical nurse, shall hold 407
a currently active license issued under this chapter to practice 408
nursing as a licensed practical nurse, and shall have been 409
actively engaged in the practice of nursing as a licensed 410
practical nurse for the five years immediately preceding the 411
member's initial appointment to the board. One member shall be a 412
certified nurse-midwife or a certified midwife practicing in an 413
urban setting. One member shall be a certified nurse-midwife or 414
a certified midwife practicing in a rural setting. One member 415
shall represent the interests of consumers of health care. 416
Neither this member nor any person in the member's immediate 417
family shall be a member of or associated with a health care 418
provider or profession or shall have a financial interest in the 419
delivery or financing of health care. Representation of nursing 420
service and nursing education and of the various geographical 421
areas of the state shall be considered in making appointments. 422

As the term of any member of the board expires, a 423
successor shall be appointed who has the qualifications the 424
vacancy requires. Terms of office shall be for four years, 425
commencing on the first day of January and ending on the thirty- 426
first day of December. 427

A current or former board member who has served not more 428
than one full term or one full term and not more than thirty 429
months of another term may be reappointed for one additional 430
term. 431

Each member shall hold office from the date of appointment 432
until the end of the term for which the member was appointed. 433
The term of a member shall expire if the member ceases to meet 434
any requirement of this section for the member's position on the 435
board. Any member appointed to fill a vacancy occurring prior to 436
the expiration of the term for which the member's predecessor 437
was appointed shall hold office for the remainder of such term. 438
Any member shall continue in office subsequent to the expiration 439
date of the member's term until the member's successor takes 440
office, or until a period of sixty days has elapsed, whichever 441
occurs first. 442

Nursing organizations of this state may each submit to the 443
governor the names of not more than five nominees for each 444
position to be filled on the board. From the names so submitted 445
or from others, at the governor's discretion, the governor with 446
the advice and consent of the senate shall make such 447
appointments. 448

Any member of the board may be removed by the governor for 449
neglect of any duty required by law or for incompetency or 450
unprofessional or dishonorable conduct, after a hearing as 451
provided in Chapter 119. of the Revised Code. 452

~~Seven~~Eight members of the board, including at least four 453
registered nurses and at least one licensed practical nurse, 454
shall at all times constitute a quorum. 455

Each member of the board shall receive an amount fixed 456
pursuant to division (J) of section 124.15 of the Revised Code 457
for each day in attendance at board meetings and in discharge of 458
official duties, and in addition thereto, necessary expense 459
incurred in the performance of such duties. 460

The board shall elect one of its nurse members as 461
president and one as vice-president. The board shall elect one 462
of its registered nurse members to serve as the supervising 463
member for disciplinary matters. 464

The board may establish advisory groups to serve in 465
consultation with the board or the executive director. Each 466
advisory group shall be given a specific charge in writing and 467
shall report to the board. Members of advisory groups shall 468
serve without compensation but shall receive their actual and 469
necessary expenses incurred in the performance of their official 470
duties. 471

Sec. 4723.03. (A) No person shall engage in the practice 472
of nursing as a registered nurse, represent the person as being 473
a registered nurse, or use the title "registered nurse," the 474
initials "R.N.," or any other title implying that the person is 475
a registered nurse, for a fee, salary, or other consideration, 476
or as a volunteer, without holding a current, valid license as a 477
registered nurse under this chapter. 478

(B) No person shall knowingly do any of the following 479
without holding a current, valid license to practice nursing as 480
an advanced practice registered nurse issued under this chapter: 481

(1) Engage in the practice of nursing as an advanced 482
practice registered nurse; 483

(2) Represent the person as being an advanced practice 484
registered nurse; 485

(3) Use the title "advanced practice registered nurse," 486
the initials "A.P.R.N.," or any other title implying that the 487
person is an advanced practice registered nurse, for a fee, 488
salary, or other consideration, or as a volunteer. 489

(C) No person who is not otherwise authorized to do so 490
shall knowingly prescribe or personally furnish drugs or 491
therapeutic devices without holding a current, valid license to 492
practice nursing as an advanced practice registered nurse issued 493
under this chapter and being designated as a clinical nurse 494
specialist, certified nurse-midwife, or certified nurse 495
practitioner under section 4723.42 of the Revised Code; 496

(D) No person shall engage in the practice of nursing as a 497
licensed practical nurse, represent the person as being a 498
licensed practical nurse, or use the title "licensed practical 499
nurse," the initials "L.P.N.," or any other title implying that 500
the person is a licensed practical nurse, for a fee, salary, or 501
other consideration, or as a volunteer, without holding a 502
current, valid license as a practical nurse under this chapter. 503

(E) No person shall use the titles or initials "graduate 504
nurse," "G.N.," "professional nurse," "P.N.," "graduate 505
practical nurse," "G.P.N.," "practical nurse," "P.N.," "trained 506
nurse," "T.N.," or any other statement, title, or initials that 507
would imply or represent to the public that the person is 508
authorized to practice nursing in this state, except as follows: 509

(1) A person licensed under this chapter to practice 510

nursing as a registered nurse may use that title and the 511
initials "R.N."; 512

(2) A person licensed under this chapter to practice 513
nursing as a licensed practical nurse may use that title and the 514
initials "L.P.N."; 515

(3) A person licensed under this chapter to practice 516
nursing as an advanced practice registered nurse and designated 517
as a certified registered nurse anesthetist may use that title 518
or the initials "A.P.R.N.-C.R.N.A."; 519

(4) A person licensed under this chapter to practice 520
nursing as an advanced practice registered nurse and designated 521
as a clinical nurse specialist may use that title or the 522
initials "A.P.R.N.-C.N.S."; 523

(5) A person licensed under this chapter to practice 524
nursing as an advanced practice registered nurse and designated 525
as a certified nurse-midwife may use that title or the initials 526
"A.P.R.N.-C.N.M."; 527

(6) A person licensed under this chapter to practice 528
nursing as an advanced practice registered nurse and designated 529
as a certified nurse practitioner may use that title or the 530
initials "A.P.R.N.-C.N.P."; 531

(7) A person licensed under this chapter to practice 532
nursing as an advanced practice registered nurse may use the 533
title "advanced practice registered nurse" or the initials 534
"A.P.R.N." 535

(F) No person shall employ a person not licensed as a 536
registered nurse under this chapter to engage in the practice of 537
nursing as a registered nurse. 538

No person shall knowingly employ a person not licensed as 539
an advanced practice registered nurse under this chapter to 540
engage in the practice of nursing as an advanced practice 541
registered nurse. 542

No person shall employ a person not licensed as a 543
practical nurse under this chapter to engage in the practice of 544
nursing as a licensed practical nurse. 545

(G) No person shall sell or fraudulently obtain or furnish 546
any nursing diploma, license, certificate, renewal, or record, 547
or aid or abet such acts. 548

(H) (1) No person shall knowingly use the title "certified 549
nurse-midwife," the initials "C.N.M.," or any other title 550
implying that the person is a certified nurse-midwife without 551
holding a current, valid license as a certified nurse-midwife 552
under this chapter. 553

(2) No person shall knowingly use the title "certified 554
midwife," the initials "C.M.," or any other title implying that 555
the person is a certified midwife without holding a current, 556
valid license as a certified midwife under this chapter. 557

Sec. 4723.06. (A) The board of nursing shall: 558

(1) Administer and enforce the provisions of this chapter, 559
including the taking of disciplinary action for violations of 560
section 4723.28 of the Revised Code, any other provisions of 561
this chapter, or rules adopted under this chapter; 562

(2) Develop criteria that an applicant must meet to be 563
eligible to sit for the examination for licensure to practice as 564
a registered nurse or as a licensed practical nurse; 565

(3) Issue and renew nursing licenses, certified midwife 566

licenses, dialysis technician certificates, medication aide 567
certificates, and community health worker certificates, as 568
provided in this chapter; 569

(4) Define the minimum educational standards for the 570
schools and programs of registered nursing and practical nursing 571
in this state; 572

(5) Survey, inspect, and grant full approval to 573
prelicensure nursing education programs in this state that meet 574
the standards established by rules adopted under section 4723.07 575
of the Revised Code. Prelicensure nursing education programs 576
include, but are not limited to, diploma, associate degree, 577
baccalaureate degree, master's degree, and doctor of nursing 578
programs leading to initial licensure to practice nursing as a 579
registered nurse and practical nurse programs leading to initial 580
licensure to practice nursing as a licensed practical nurse. 581

(6) Grant conditional approval, by a vote of a quorum of 582
the board, to a new prelicensure nursing education program or a 583
program that is being reestablished after having ceased to 584
operate, if the program meets and maintains the minimum 585
standards of the board established by rules adopted under 586
section 4723.07 of the Revised Code. If the board does not grant 587
conditional approval, it shall hold an adjudication under 588
Chapter 119. of the Revised Code to consider conditional 589
approval of the program. If the board grants conditional 590
approval, at the first meeting following completion of the 591
survey process required by division (A)(5) of this section, the 592
board shall determine whether to grant full approval to the 593
program. If the board does not grant full approval or if it 594
appears that the program has failed to meet and maintain 595
standards established by rules adopted under section 4723.07 of 596

the Revised Code, the board shall hold an adjudication under 597
Chapter 119. of the Revised Code to consider the program. Based 598
on results of the adjudication, the board may continue or 599
withdraw conditional approval, or grant full approval. 600

(7) Place on provisional approval, for a period of time 601
specified by the board, a prelicensure nursing education program 602
that has ceased to meet and maintain the minimum standards of 603
the board established by rules adopted under section 4723.07 of 604
the Revised Code. Prior to or at the end of the period, the 605
board shall reconsider whether the program meets the standards 606
and shall grant full approval if it does. If it does not, the 607
board may withdraw approval, pursuant to an adjudication under 608
Chapter 119. of the Revised Code. 609

(8) Approve continuing education programs and courses 610
under standards established in rules adopted under sections 611
4723.07, 4723.69, 4723.79, and 4723.88 of the Revised Code; 612

(9) Establish the safe haven program in accordance with 613
sections 4723.35 and 4723.351 of the Revised Code; 614

(10) Establish the practice intervention and improvement 615
program in accordance with section 4723.282 of the Revised Code; 616

(11) Grant approval to the course of study in advanced 617
pharmacology and related topics described in section 4723.482 or 618
4723.551 of the Revised Code; 619

(12) Make an annual edition of the exclusionary formulary 620
established in rules adopted under section 4723.50 of the 621
Revised Code available to the public by electronic means and, as 622
soon as possible after any revision of the formulary becomes 623
effective, make the revision available to the public by 624
electronic means; 625

(13) Approve under section 4723.46 of the Revised Code 626
national certifying organizations for examination and licensure 627
of advanced practice registered nurses, which may include 628
separate organizations for each nursing specialty; 629

(14) Provide guidance and make recommendations to the 630
general assembly, the governor, state agencies, and the federal 631
government with respect to the regulation of the practice of 632
nursing and the enforcement of this chapter; 633

(15) Make an annual report to the governor, which shall be 634
open for public inspection; 635

(16) Maintain and have open for public inspection the 636
following records: 637

(a) A record of all its meetings and proceedings; 638

(b) A record of all applicants for, and holders of, 639
licenses and certificates issued by the board under this chapter 640
or in accordance with rules adopted under this chapter. The 641
record shall be maintained in a format determined by the board. 642

(c) A list of education and training programs approved by 643
the board. 644

(17) Deny conditional approval to a new prelicensure 645
nursing education program or a program that is being 646
reestablished after having ceased to operate if the program or a 647
person acting on behalf of the program submits or causes to be 648
submitted to the board false, misleading, or deceptive 649
statements, information, or documentation in the process of 650
applying for approval of the program. If the board proposes to 651
deny approval of the program, it shall do so pursuant to an 652
adjudication conducted under Chapter 119. of the Revised Code. 653

(B) The board may fulfill the requirement of division (A) 654
(8) of this section by authorizing persons who meet the 655
standards established in rules adopted under section 4723.07 of 656
the Revised Code to approve continuing education programs and 657
courses. Persons so authorized shall approve continuing 658
education programs and courses in accordance with standards 659
established in rules adopted under section 4723.07 of the 660
Revised Code. 661

Persons seeking authorization to approve continuing 662
education programs and courses shall apply to the board and pay 663
the appropriate fee established under section 4723.08 of the 664
Revised Code. Authorizations to approve continuing education 665
programs and courses shall expire and may be renewed according 666
to the schedule established in rules adopted under section 667
4723.07 of the Revised Code. 668

In addition to approving continuing education programs 669
under division (A) (8) of this section, the board may sponsor 670
continuing education activities that are directly related to the 671
statutes and rules the board enforces. 672

(C) (1) The board may deny conditional approval to a new 673
prelicensure nursing education program or program that is being 674
reestablished after having ceased to operate if the program is 675
controlled by a person who controls or has controlled a program 676
that had its approval withdrawn, revoked, suspended, or 677
restricted by the board or a board of another jurisdiction that 678
is a member of the national council of state boards of nursing. 679
If the board proposes to deny approval, it shall do so pursuant 680
to an adjudication conducted under Chapter 119. of the Revised 681
Code. 682

(2) As used in this division, "control" means any of the 683

following: 684

(a) Holding fifty per cent or more of the outstanding 685
voting securities or membership interest of a prelicensure 686
nursing education program; 687

(b) In the case of an unincorporated prelicensure nursing 688
education program, having the right to fifty per cent or more of 689
the program's profits or in the event of a dissolution, fifty 690
per cent or more of the program's assets; 691

(c) In the case of a prelicensure nursing education 692
program that is a for-profit or not-for-profit corporation, 693
having the contractual authority presently to designate fifty 694
per cent or more of its directors; 695

(d) In the case of a prelicensure nursing education 696
program that is a trust, having the contractual authority 697
presently to designate fifty per cent or more of its trustees; 698

(e) Having the authority to direct the management, 699
policies, or investments of a prelicensure nursing education 700
program. 701

(D) (1) When an action taken by the board under division 702
(A) (6), (7), or (17) or (C) (1) of this section is required to be 703
taken pursuant to an adjudication conducted under Chapter 119. 704
of the Revised Code, the board may, in lieu of an adjudication 705
hearing, enter into a consent agreement to resolve the matter. A 706
consent agreement, when ratified by a vote of a quorum of the 707
board, constitutes the findings and order of the board with 708
respect to the matter addressed in the agreement. If the board 709
refuses to ratify a consent agreement, the admissions and 710
findings contained in the agreement are of no effect. 711

(2) In any instance in which the board is required under 712

Chapter 119. of the Revised Code to give notice to a person 713
seeking approval of a prelicensure nursing education program of 714
an opportunity for a hearing and the person does not make a 715
timely request for a hearing in accordance with section 119.07 716
of the Revised Code, the board is not required to hold a 717
hearing, but may adopt, by a vote of a quorum, a final order 718
that contains the board's findings. 719

(3) When the board denies or withdraws approval of a 720
prelicensure nursing education program, the board may specify 721
that its action is permanent. A program subject to a permanent 722
action taken by the board is forever ineligible for approval and 723
the board shall not accept an application for the program's 724
reinstatement or approval. 725

Sec. 4723.07. In accordance with Chapter 119. of the 726
Revised Code, the board of nursing shall adopt and may amend and 727
rescind rules that establish all of the following: 728

(A) Provisions for the board's government and control of 729
its actions and business affairs; 730

(B) Subject to section 4723.072 of the Revised Code, 731
minimum standards for nursing education programs that prepare 732
graduates to be licensed under this chapter and procedures for 733
granting, renewing, and withdrawing approval of those programs; 734

(C) Criteria that applicants for licensure must meet to be 735
eligible to take examinations for licensure; 736

(D) Standards and procedures for renewal of the licenses 737
and certificates issued by the board; 738

(E) Standards for approval of continuing nursing education 739
programs and courses for registered nurses, advanced practice 740
registered nurses, and licensed practical nurses. The standards 741

may provide for approval of continuing nursing education 742
programs and courses that have been approved by other state 743
boards of nursing or by national accreditation systems for 744
nursing, including, but not limited to, the American nurses' 745
credentialing center and the national association for practical 746
nurse education and service. 747

(F) Standards that persons must meet to be authorized by 748
the board to approve continuing education programs and courses 749
and a schedule by which that authorization expires and may be 750
renewed; 751

(G) Requirements, including continuing education 752
requirements, for reactivating inactive licenses or 753
certificates, and for reinstating licenses or certificates that 754
have lapsed; 755

(H) Conditions that may be imposed for reinstatement of a 756
license or certificate following action taken under section 757
3123.47, 4723.28, 4723.281, 4723.652, or 4723.86 of the Revised 758
Code resulting in a license or certificate suspension; 759

(I) Criteria for evaluating the qualifications of an 760
applicant for a license to practice nursing as a registered 761
nurse, a license to practice nursing as an advanced practice 762
registered nurse, or a license to practice nursing as a licensed 763
practical nurse for the purpose of issuing the license by the 764
board's endorsement of the applicant's authority to practice 765
issued by the licensing agency of another state; 766

(J) Universal and standard precautions that shall be used 767
by each licensee or certificate holder. The rules shall define 768
and establish requirements for universal and standard 769
precautions that include the following: 770

(1) Appropriate use of hand washing;	771
(2) Disinfection and sterilization of equipment;	772
(3) Handling and disposal of needles and other sharp instruments;	773 774
(4) Wearing and disposal of gloves and other protective garments and devices.	775 776
(K) Quality assurance standards for advanced practice registered nurses;	777 778
(L) Additional criteria for the standard care arrangement required by section 4723.431 of the Revised Code entered into by a <u>certified midwife</u> , clinical nurse specialist, certified nurse- midwife, or certified nurse practitioner and the nurse's collaborating physician or podiatrist;	779 780 781 782 783
(M) For purposes of division (B) (31) of section 4723.28 of the Revised Code, the actions, omissions, or other circumstances that constitute failure to establish and maintain professional boundaries with a patient;	784 785 786 787
(N) Standards and procedures for delegation under section 4723.48 of the Revised Code of the authority to administer drugs.	788 789 790
The board may adopt other rules necessary to carry out the provisions of this chapter. The rules shall be adopted in accordance with Chapter 119. of the Revised Code.	791 792 793
Sec. 4723.08. (A) The board of nursing may impose fees not to exceed the following limits:	794 795
(1) For application for licensure by examination or endorsement to practice nursing as a registered nurse or as a	796 797

licensed practical nurse submitted under division (A) or (B) of	798
section 4723.09 of the Revised Code, seventy-five dollars;	799
(2) For application for licensure to practice nursing as	800
an advanced practice registered nurse submitted under division	801
(A) or (B) (2) of section 4723.41 of the Revised Code, one	802
hundred fifty dollars;	803
(3) For application for a dialysis technician certificate,	804
the amount specified in rules adopted under section 4723.79 of	805
the Revised Code;	806
(4) For providing, pursuant to division (B) of section	807
4723.271 of the Revised Code, written verification of a nursing	808
license, dialysis technician certificate, medication aide	809
certificate, or community health worker certificate to another	810
jurisdiction, fifteen dollars;	811
(5) For providing, pursuant to division (A) of section	812
4723.271 of the Revised Code, a replacement copy of a wall	813
certificate suitable for framing as described in that division,	814
twenty-five dollars;	815
(6) For renewal of a license to practice as a registered	816
nurse or licensed practical nurse, sixty-five dollars;	817
(7) For renewal of a license to practice as an advanced	818
practice registered nurse, one hundred thirty-five dollars;	819
(8) For renewal of a dialysis technician certificate, the	820
amount specified in rules adopted under section 4723.79 of the	821
Revised Code;	822
(9) For processing a late application for renewal of a	823
nursing license or dialysis technician certificate, fifty	824
dollars;	825

(10) For application for authorization to approve	826
continuing education programs and courses from an applicant	827
accredited by a national accreditation system for nursing, five	828
hundred dollars;	829
(11) For application for authorization to approve	830
continuing education programs and courses from an applicant not	831
accredited by a national accreditation system for nursing, one	832
thousand dollars;	833
(12) For each year for which authorization to approve	834
continuing education programs and courses is renewed, one	835
hundred fifty dollars;	836
(13) For application for approval to operate a dialysis	837
training program, the amount specified in rules adopted under	838
section 4723.79 of the Revised Code;	839
(14) For reinstatement of a lapsed license or certificate	840
issued under this chapter, one hundred dollars except as	841
provided in section 5903.10 of the Revised Code;	842
(15) For processing a check returned to the board by a	843
financial institution, twenty-five dollars;	844
(16) The amounts specified in rules adopted under section	845
4723.88 of the Revised Code pertaining to the issuance of	846
certificates to community health workers, including fees for	847
application for a certificate, renewal of a certificate,	848
processing a late application for renewal of a certificate,	849
reinstatement of a lapsed certificate, application for approval	850
of a community health worker training program for community	851
health workers, and renewal of the approval of a training	852
program for community health workers;	853
<u>(17) For application for licensure to practice as a</u>	854

certified midwife, forty-five dollars; 855

(18) For renewal of a license to practice as a certified 856
midwife, twenty dollars. 857

(B) Each quarter, for purposes of transferring funds under 858
section 4743.05 of the Revised Code to the nurse education 859
assistance fund created in section 3333.28 of the Revised Code, 860
the board of nursing shall certify to the director of budget and 861
management the number of licenses renewed under this chapter 862
during the preceding quarter and the amount equal to that number 863
times five dollars. 864

(C) The board may charge a participant in a board- 865
sponsored continuing education activity an amount not exceeding 866
fifteen dollars for each activity. 867

(D) The board may contract for services pertaining to the 868
process of providing written verification of a license or 869
certificate when the verification is performed for purposes 870
other than providing verification to another jurisdiction. The 871
contract may include provisions pertaining to the collection of 872
the fee charged for providing the written verification. As part 873
of these provisions, the board may permit the contractor to 874
retain a portion of the fees as compensation, before any amounts 875
are deposited into the state treasury. 876

Sec. 4723.271. (A) Upon request of the holder of a nursing 877
license, certified midwife license, dialysis technician 878
certificate, medication aide certificate, or community health 879
worker certificate issued under this chapter, the presentment of 880
proper identification as prescribed in rules adopted by the 881
board of nursing, and payment of the fee authorized under 882
section 4723.08 of the Revised Code, the board of nursing shall 883

provide to the requestor a replacement copy of a wall 884
certificate suitable for framing. 885

(B) Upon request of the holder of a nursing license, 886
certified midwife license, volunteer's certificate, dialysis 887
technician certificate, medication aide certificate, or 888
community health worker certificate issued under this chapter 889
and payment of the fee authorized under section 4723.08 of the 890
Revised Code, the board shall verify to an agency of another 891
jurisdiction or foreign country the fact that the person holds 892
such nursing license, certified midwife license, volunteer's 893
certificate, dialysis technician certificate, medication aide 894
certificate, or community health worker certificate. 895

Sec. 4723.28. (A) The board of nursing, by a vote of a 896
quorum, may impose one or more of the following sanctions if it 897
finds that a person committed fraud in passing an examination 898
required to obtain a license or dialysis technician certificate 899
issued by the board or to have committed fraud, 900
misrepresentation, or deception in applying for or securing any 901
nursing license, certified midwife license, or dialysis 902
technician certificate issued by the board: deny, revoke, 903
suspend, or place restrictions on any nursing license, certified 904
midwife license, or dialysis technician certificate issued by 905
the board; reprimand or otherwise discipline a holder of a 906
nursing license, certified midwife license, or dialysis 907
technician certificate; or impose a fine of not more than five 908
hundred dollars per violation. 909

(B) Except as provided in section 4723.092 of the Revised 910
Code, the board of nursing, by a vote of a quorum, may impose 911
one or more of the following sanctions: deny, revoke, suspend, 912
or place restrictions on any nursing license, certified midwife 913

license, or dialysis technician certificate issued by the board; 914
reprimand or otherwise discipline a holder of a nursing license, 915
certified midwife license, or dialysis technician certificate; 916
or impose a fine of not more than five hundred dollars per 917
violation. The sanctions may be imposed for any of the 918
following: 919

(1) Denial, revocation, suspension, or restriction of 920
authority to engage in a licensed profession or practice a 921
health care occupation, including nursing or practice as a 922
certified midwife or dialysis technician, for any reason other 923
than a failure to renew, in Ohio or another state or 924
jurisdiction; 925

(2) Engaging in the practice of nursing or engaging in 926
practice as a certified midwife or dialysis technician, having 927
failed to renew a nursing license, certified midwife license, or 928
dialysis technician certificate issued under this chapter, or 929
while a nursing license, certified midwife license, or dialysis 930
technician certificate is under suspension; 931

(3) Conviction of, a plea of guilty to, a judicial finding 932
of guilt of, a judicial finding of guilt resulting from a plea 933
of no contest to, or a judicial finding of eligibility for a 934
pretrial diversion or similar program or for intervention in 935
lieu of conviction for, a misdemeanor committed in the course of 936
practice; 937

(4) Conviction of, a plea of guilty to, a judicial finding 938
of guilt of, a judicial finding of guilt resulting from a plea 939
of no contest to, or a judicial finding of eligibility for a 940
pretrial diversion or similar program or for intervention in 941
lieu of conviction for, any felony or of any crime involving 942
gross immorality or moral turpitude; 943

(5) Selling, giving away, or administering drugs or 944
therapeutic devices for other than legal and legitimate 945
therapeutic purposes; or conviction of, a plea of guilty to, a 946
judicial finding of guilt of, a judicial finding of guilt 947
resulting from a plea of no contest to, or a judicial finding of 948
eligibility for a pretrial diversion or similar program or for 949
intervention in lieu of conviction for, violating any municipal, 950
state, county, or federal drug law; 951

(6) Conviction of, a plea of guilty to, a judicial finding 952
of guilt of, a judicial finding of guilt resulting from a plea 953
of no contest to, or a judicial finding of eligibility for a 954
pretrial diversion or similar program or for intervention in 955
lieu of conviction for, an act in another jurisdiction that 956
would constitute a felony or a crime of moral turpitude in Ohio; 957

(7) Conviction of, a plea of guilty to, a judicial finding 958
of guilt of, a judicial finding of guilt resulting from a plea 959
of no contest to, or a judicial finding of eligibility for a 960
pretrial diversion or similar program or for intervention in 961
lieu of conviction for, an act in the course of practice in 962
another jurisdiction that would constitute a misdemeanor in 963
Ohio; 964

(8) Self-administering or otherwise taking into the body 965
any dangerous drug, as defined in section 4729.01 of the Revised 966
Code, in any way that is not in accordance with a legal, valid 967
prescription issued for that individual, or self-administering 968
or otherwise taking into the body any drug that is a schedule I 969
controlled substance; 970

(9) Habitual or excessive use of controlled substances, 971
other habit-forming drugs, or alcohol or other chemical 972
substances to an extent that impairs the individual's ability to 973

provide safe nursing care, safe care as a certified midwife, or 974
safe dialysis care; 975

(10) Impairment of the ability to practice according to 976
acceptable and prevailing standards of safe nursing care, safe 977
care as a certified midwife, or safe dialysis care because of 978
the use of drugs, alcohol, or other chemical substances; 979

(11) Impairment of the ability to practice according to 980
acceptable and prevailing standards of safe nursing care or safe 981
dialysis care because of a physical or mental disability; 982

(12) Assaulting or causing harm to a patient or depriving 983
a patient of the means to summon assistance; 984

(13) Misappropriation or attempted misappropriation of 985
money or anything of value in the course of practice; 986

(14) Adjudication by a probate court of being mentally ill 987
or mentally incompetent. The board may reinstate the person's 988
nursing license, certified midwife license, or dialysis 989
technician certificate upon adjudication by a probate court of 990
the person's restoration to competency or upon submission to the 991
board of other proof of competency. 992

(15) The suspension or termination of employment by the 993
United States department of defense or department of veterans 994
affairs for any act that violates or would violate this chapter; 995

(16) Violation of this chapter or any rules adopted under 996
it; 997

(17) Violation of any restrictions placed by the board on 998
a nursing license, certified midwife license, or dialysis 999
technician certificate; 1000

(18) Failure to use universal and standard precautions 1001

established by rules adopted under section 4723.07 of the Revised Code; 1002
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(19) Failure to practice in accordance with acceptable and prevailing standards of safe nursing care, safe care as a certified midwife, or safe dialysis care; 1004
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(20) In the case of a registered nurse, engaging in activities that exceed the practice of nursing as a registered nurse; 1007
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(21) In the case of a licensed practical nurse, engaging in activities that exceed the practice of nursing as a licensed practical nurse; 1010
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(22) In the case of a dialysis technician, engaging in activities that exceed those permitted under section 4723.72 of the Revised Code; 1013
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(23) Aiding and abetting a person in that person's practice of nursing or as a certified midwife without a license or practice as a dialysis technician without a certificate issued under this chapter; 1016
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(24) In the case of an advanced practice registered nurse, except as provided in division (M) of this section, either of the following: 1020
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(a) Waiving the payment of all or any part of a deductible or copayment that a patient, pursuant to a health insurance or health care policy, contract, or plan that covers such nursing services, would otherwise be required to pay if the waiver is used as an enticement to a patient or group of patients to receive health care services from that provider; 1023
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(b) Advertising that the nurse will waive the payment of 1029

all or any part of a deductible or copayment that a patient, 1030
pursuant to a health insurance or health care policy, contract, 1031
or plan that covers such nursing services, would otherwise be 1032
required to pay. 1033

(25) Failure to comply with the terms and conditions of 1034
participation in the safe haven program conducted under sections 1035
4723.35 and 4723.351 of the Revised Code; 1036

(26) Failure to comply with the terms and conditions 1037
required under the practice intervention and improvement program 1038
established under section 4723.282 of the Revised Code; 1039

(27) In the case of an advanced practice registered nurse: 1040

(a) Engaging in activities that exceed those permitted for 1041
the nurse's nursing specialty under section 4723.43 of the 1042
Revised Code; 1043

(b) Failure to meet the quality assurance standards 1044
established under section 4723.07 of the Revised Code. 1045

(28) In the case of an advanced practice registered nurse 1046
other than a certified registered nurse anesthetist, failure to 1047
maintain a standard care arrangement in accordance with section 1048
4723.431 of the Revised Code or to practice in accordance with 1049
the standard care arrangement; 1050

(29) In the case of an advanced practice registered nurse 1051
who is designated as a clinical nurse specialist, certified 1052
nurse-midwife, or certified nurse practitioner, failure to 1053
prescribe drugs and therapeutic devices in accordance with 1054
section 4723.481 of the Revised Code; 1055

(30) Prescribing any drug or device to perform or induce 1056
an abortion, or otherwise performing or inducing an abortion; 1057

(31) Failure to establish and maintain professional 1058
boundaries with a patient, as specified in rules adopted under 1059
section 4723.07 of the Revised Code; 1060

(32) Regardless of whether the contact or verbal behavior 1061
is consensual, engaging with a patient other than the spouse of 1062
the registered nurse, licensed practical nurse, certified 1063
midwife, or dialysis technician in any of the following: 1064

(a) Sexual contact, as defined in section 2907.01 of the 1065
Revised Code; 1066

(b) Verbal behavior that is sexually demeaning to the 1067
patient or may be reasonably interpreted by the patient as 1068
sexually demeaning. 1069

(33) Assisting suicide, as defined in section 3795.01 of 1070
the Revised Code; 1071

(34) Failure to comply with the requirements in section 1072
3719.061 of the Revised Code before issuing for a minor a 1073
prescription for an opioid analgesic, as defined in section 1074
3719.01 of the Revised Code; 1075

(35) Failure to comply with section 4723.487 of the 1076
Revised Code, unless the state board of pharmacy no longer 1077
maintains a drug database pursuant to section 4729.75 of the 1078
Revised Code; 1079

(36) The revocation, suspension, restriction, reduction, 1080
or termination of clinical privileges by the United States 1081
department of defense or department of veterans affairs or the 1082
termination or suspension of a certificate of registration to 1083
prescribe drugs by the drug enforcement administration of the 1084
United States department of justice; 1085

(37) In the case of an advanced practice registered nurse 1086
who is designated as a clinical nurse specialist, certified 1087
nurse-midwife, or certified nurse practitioner, failure to 1088
comply with the terms of a consult agreement entered into with a 1089
pharmacist pursuant to section 4729.39 of the Revised Code; 1090

(38) Violation of section 4723.93 of the Revised Code; 1091

(39) In the case of a certified midwife: 1092

(a) Engaging in activities that exceed those permitted 1093
under section 4723.57 of the Revised Code; 1094

(b) Failure to prescribe drugs and therapeutic devices in 1095
accordance with section 4723.481 of the Revised Code; 1096

(c) Failure to maintain a standard care arrangement in 1097
accordance with section 4723.431 of the Revised Code or to 1098
practice in accordance with the standard care arrangement. 1099

(C) Disciplinary actions taken by the board under 1100
divisions (A) and (B) of this section shall be taken pursuant to 1101
an adjudication conducted under Chapter 119. of the Revised 1102
Code, except that in lieu of a hearing, the board may enter into 1103
a consent agreement with an individual to resolve an allegation 1104
of a violation of this chapter or any rule adopted under it. A 1105
consent agreement, when ratified by a vote of a quorum, shall 1106
constitute the findings and order of the board with respect to 1107
the matter addressed in the agreement. If the board refuses to 1108
ratify a consent agreement, the admissions and findings 1109
contained in the agreement shall be of no effect. 1110

(D) The hearings of the board shall be conducted in 1111
accordance with Chapter 119. of the Revised Code, the board may 1112
appoint a hearing examiner, as provided in section 119.09 of the 1113
Revised Code, to conduct any hearing the board is authorized to 1114

hold under Chapter 119. of the Revised Code. 1115

In any instance in which the board is required under 1116
Chapter 119. of the Revised Code to give notice of an 1117
opportunity for a hearing and the applicant, licensee, or 1118
certificate holder does not make a timely request for a hearing 1119
in accordance with section 119.07 of the Revised Code, the board 1120
is not required to hold a hearing, but may adopt, by a vote of a 1121
quorum, a final order that contains the board's findings. In the 1122
final order, the board may order any of the sanctions listed in 1123
division (A) or (B) of this section. 1124

(E) If a criminal action is brought against a registered 1125
nurse, licensed practical nurse, certified midwife, or dialysis 1126
technician for an act or crime described in divisions (B) (3) to 1127
(7) of this section and the action is dismissed by the trial 1128
court other than on the merits, the board shall conduct an 1129
adjudication to determine whether the registered nurse, licensed 1130
practical nurse, certified midwife, or dialysis technician 1131
committed the act on which the action was based. If the board 1132
determines on the basis of the adjudication that the registered 1133
nurse, licensed practical nurse, certified midwife, or dialysis 1134
technician committed the act, or if the registered nurse, 1135
licensed practical nurse, certified midwife, or dialysis 1136
technician fails to participate in the adjudication, the board 1137
may take action as though the registered nurse, licensed 1138
practical nurse, certified midwife, or dialysis technician had 1139
been convicted of the act. 1140

If the board takes action on the basis of a conviction, 1141
plea, or a judicial finding as described in divisions (B) (3) to 1142
(7) of this section that is overturned on appeal, the registered 1143
nurse, licensed practical nurse, certified midwife, or dialysis 1144

technician may, on exhaustion of the appeal process, petition 1145
the board for reconsideration of its action. On receipt of the 1146
petition and supporting court documents, the board shall 1147
temporarily rescind its action. If the board determines that the 1148
decision on appeal was a decision on the merits, it shall 1149
permanently rescind its action. If the board determines that the 1150
decision on appeal was not a decision on the merits, it shall 1151
conduct an adjudication to determine whether the registered 1152
nurse, licensed practical nurse, certified midwife, or dialysis 1153
technician committed the act on which the original conviction, 1154
plea, or judicial finding was based. If the board determines on 1155
the basis of the adjudication that the registered nurse, 1156
licensed practical nurse, certified midwife, or dialysis 1157
technician committed such act, or if the registered nurse, 1158
licensed practical nurse, certified midwife, or dialysis 1159
technician does not request an adjudication, the board shall 1160
reinstate its action; otherwise, the board shall permanently 1161
rescind its action. 1162

Notwithstanding the provision of division (D) (2) of 1163
section 2953.32 or division (F) (1) of section 2953.39 of the 1164
Revised Code specifying that if records pertaining to a criminal 1165
case are sealed or expunged under that section the proceedings 1166
in the case shall be deemed not to have occurred, sealing or 1167
expungement of the following records on which the board has 1168
based an action under this section shall have no effect on the 1169
board's action or any sanction imposed by the board under this 1170
section: records of any conviction, guilty plea, judicial 1171
finding of guilt resulting from a plea of no contest, or a 1172
judicial finding of eligibility for a pretrial diversion program 1173
or intervention in lieu of conviction. 1174

The board shall not be required to seal, destroy, redact, 1175

or otherwise modify its records to reflect the court's sealing 1176
or expungement of conviction records. 1177

(F) The board may investigate an individual's criminal 1178
background in performing its duties under this section. As part 1179
of such investigation, the board may order the individual to 1180
submit, at the individual's expense, a request to the bureau of 1181
criminal identification and investigation for a criminal records 1182
check and check of federal bureau of investigation records in 1183
accordance with the procedure described in section 4723.091 of 1184
the Revised Code. 1185

(G) During the course of an investigation conducted under 1186
this section, the board may compel any registered nurse, 1187
licensed practical nurse, certified midwife, or dialysis 1188
technician or applicant under this chapter to submit to a mental 1189
or physical examination, or both, as required by the board and 1190
at the expense of the individual, if the board finds reason to 1191
believe that the individual under investigation may have a 1192
physical or mental impairment that may affect the individual's 1193
ability to provide safe nursing care. 1194

The board shall not compel an individual who has been 1195
referred to the safe haven program as described in sections 1196
4723.35 and 4723.351 of the Revised Code to submit to a mental 1197
or physical examination. 1198

Failure of any individual to submit to a mental or 1199
physical examination when directed constitutes an admission of 1200
the allegations, unless the failure is due to circumstances 1201
beyond the individual's control, and a default and final order 1202
may be entered without the taking of testimony or presentation 1203
of evidence. 1204

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

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

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

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

(1) Information received by the board pursuant to a complaint or an investigation is confidential and not subject to discovery in any civil action, except that the board may

disclose information to law enforcement officers and government 1235
entities for purposes of an investigation of either a licensed 1236
health care professional, including a registered nurse, licensed 1237
practical nurse, certified midwife, or dialysis technician, or a 1238
person who may have engaged in the unauthorized practice of 1239
nursing, certified midwifery, or dialysis care. No law 1240
enforcement officer or government entity with knowledge of any 1241
information disclosed by the board pursuant to this division 1242
shall divulge the information to any other person or government 1243
entity except for the purpose of a government investigation, a 1244
prosecution, or an adjudication by a court or government entity. 1245

(2) If an investigation requires a review of patient 1246
records, the investigation and proceeding shall be conducted in 1247
such a manner as to protect patient confidentiality. 1248

(3) All adjudications and investigations of the board 1249
shall be considered civil actions for the purposes of section 1250
2305.252 of the Revised Code. 1251

(4) Any board activity that involves continued monitoring 1252
of an individual as part of or following any disciplinary action 1253
taken under this section shall be conducted in a manner that 1254
maintains the individual's confidentiality. Information received 1255
or maintained by the board with respect to the board's 1256
monitoring activities is not subject to discovery in any civil 1257
action and is confidential, except that the board may disclose 1258
information to law enforcement officers and government entities 1259
for purposes of an investigation of a licensee or certificate 1260
holder. 1261

(J) Any action taken by the board under this section 1262
resulting in a suspension from practice shall be accompanied by 1263
a written statement of the conditions under which the person may 1264

be reinstated to practice. 1265

(K) When the board refuses to grant a license or 1266
certificate to an applicant, revokes a license or certificate, 1267
or refuses to reinstate a license or certificate, the board may 1268
specify that its action is permanent. An individual subject to 1269
permanent action taken by the board is forever ineligible to 1270
hold a license or certificate of the type that was refused or 1271
revoked and the board shall not accept from the individual an 1272
application for reinstatement of the license or certificate or 1273
for a new license or certificate. 1274

(L) No unilateral surrender of a nursing license, 1275
certified midwife license, or dialysis technician certificate 1276
issued under this chapter shall be effective unless accepted by 1277
majority vote of the board. No application for a nursing 1278
license, certified midwife license, or dialysis technician 1279
certificate issued under this chapter may be withdrawn without a 1280
majority vote of the board. The board's jurisdiction to take 1281
disciplinary action under this section is not removed or limited 1282
when an individual has a license or certificate classified as 1283
inactive or fails to renew a license or certificate. 1284

(M) Sanctions shall not be imposed under division (B) (24) 1285
of this section against any licensee who waives deductibles and 1286
copayments as follows: 1287

(1) In compliance with the health benefit plan that 1288
expressly allows such a practice. Waiver of the deductibles or 1289
copayments shall be made only with the full knowledge and 1290
consent of the plan purchaser, payer, and third-party 1291
administrator. Documentation of the consent shall be made 1292
available to the board upon request. 1293

(2) For professional services rendered to any other person 1294
licensed pursuant to this chapter to the extent allowed by this 1295
chapter and the rules of the board. 1296

Sec. 4723.282. (A) As used in this section, "practice 1297
deficiency" means any activity that does not meet acceptable and 1298
prevailing standards of safe and effective nursing care or 1299
dialysis care or safe and effective care as a certified midwife. 1300

(B) The board of nursing may abstain from taking 1301
disciplinary action under section 4723.28 of the Revised Code 1302
against the holder of a license or certificate issued under this 1303
chapter who has a practice deficiency that has been identified 1304
by the board through an investigation conducted under section 1305
4723.28 of the Revised Code. The board may abstain from taking 1306
action only if the board has reason to believe that the 1307
individual's practice deficiency can be corrected through 1308
remediation, and if the individual enters into an agreement with 1309
the board to seek remediation as prescribed by the board, 1310
complies with the terms and conditions of the remediation, and 1311
successfully completes the remediation. If an individual fails 1312
to complete the remediation or the board determines that 1313
remediation cannot correct the individual's practice deficiency, 1314
the board shall proceed with disciplinary action in accordance 1315
with section 4723.28 of the Revised Code. 1316

(C) To implement its authority under this section to 1317
abstain from taking disciplinary action, the board shall 1318
establish a practice intervention and improvement program. The 1319
board shall designate an administrator to operate the program 1320
and, in accordance with Chapter 119. of the Revised Code, adopt 1321
rules for the program that establish the following: 1322

(1) Criteria for use in identifying an individual's 1323

practice deficiency; 1324

(2) Requirements that an individual must meet to be 1325
eligible for remediation and the board's abstention from 1326
disciplinary action; 1327

(3) Standards and procedures for prescribing remediation 1328
that is appropriate for an individual's identified practice 1329
deficiency; 1330

(4) Terms and conditions that an individual must meet to 1331
be successful in completing the remediation prescribed; 1332

(5) Procedures for the board's monitoring of the 1333
individual's remediation; 1334

(6) Procedures for maintaining confidential records 1335
regarding individuals who participate in remediation; 1336

(7) Any other requirements or procedures necessary to 1337
develop and administer the program. 1338

(D) All records held by the board for purposes of the 1339
program shall be confidential, are not public records for 1340
purposes of section 149.43 of the Revised Code, and are not 1341
subject to discovery by subpoena or admissible as evidence in 1342
any judicial proceeding. The administrator of the program shall 1343
maintain all records in the board's office in accordance with 1344
the board's record retention schedule. 1345

(E) When an individual begins the remediation prescribed 1346
by the board, the individual shall sign a waiver permitting any 1347
entity that provides services related to the remediation to 1348
release to the board information regarding the individual's 1349
progress. An entity that provides services related to 1350
remediation shall report to the board if the individual fails to 1351

complete the remediation or does not make satisfactory progress 1352
in remediation. 1353

In the absence of fraud or bad faith, an entity that 1354
reports to the board regarding an individual's practice 1355
deficiency, or progress or lack of progress in remediation, is 1356
not liable in damages to any person as a result of making the 1357
report. 1358

(F) An individual participating in remediation prescribed 1359
under this section is responsible for all financial obligations 1360
that may arise from obtaining or completing the remediation. 1361

Sec. 4723.33. A registered nurse, licensed practical 1362
nurse, certified midwife, dialysis technician, community health 1363
worker, or medication aide who in good faith makes a report 1364
under this chapter or any other provision of the Revised Code 1365
regarding a violation of this chapter or any other provision of 1366
the Revised Code, or participates in any investigation, 1367
administrative proceeding, or judicial proceeding resulting from 1368
the report, has the full protection against retaliatory action 1369
provided by sections 4113.51 to 4113.53 of the Revised Code. 1370

Sec. 4723.34. (A) A person or governmental entity that 1371
employs, or contracts directly or through another person or 1372
governmental entity for the provision of services by, registered 1373
nurses, licensed practical nurses, nurses holding multistate 1374
licenses to practice registered or licensed practical nursing 1375
issued pursuant to section 4723.11 of the Revised Code, 1376
certified midwives, dialysis technicians, medication aides, or 1377
certified community health workers and that knows or has reason 1378
to believe that a current or former employee or person providing 1379
services under a contract who holds a license or certificate 1380
issued under this chapter engaged in conduct that would be 1381

grounds for disciplinary action by the board of nursing under 1382
this chapter or rules adopted under it shall report to the board 1383
of nursing the name of such current or former employee or person 1384
providing services under a contract. The report shall be made on 1385
the person's or governmental entity's behalf by an individual 1386
licensed by the board who the person or governmental entity has 1387
designated to make such reports. 1388

A prosecutor in a case described in divisions (B) (3) to 1389
(5) of section 4723.28 of the Revised Code, or in a case where 1390
the trial court issued an order of dismissal upon technical or 1391
procedural grounds of a charge of a misdemeanor committed in the 1392
course of practice, a felony charge, or a charge of gross 1393
immorality or moral turpitude, who knows or has reason to 1394
believe that the person charged is licensed under this chapter 1395
to practice nursing as a registered nurse or as a licensed 1396
practical nurse, is licensed under this chapter to practice as a 1397
certified midwife, or holds a certificate issued under this 1398
chapter to practice as a dialysis technician shall notify the 1399
board of nursing of the charge. With regard to certified 1400
community health workers and medication aides, the prosecutor in 1401
a case involving a charge of a misdemeanor committed in the 1402
course of employment, a felony charge, or a charge of gross 1403
immorality or moral turpitude, including a case dismissed on 1404
technical or procedural grounds, who knows or has reason to 1405
believe that the person charged holds a community health worker 1406
or medication aide certificate issued under this chapter shall 1407
notify the board of the charge. 1408

Each notification from a prosecutor shall be made on forms 1409
prescribed and provided by the board. The report shall include 1410
the name and address of the license or certificate holder, the 1411
charge, and the certified court documents recording the action. 1412

(B) If any person or governmental entity fails to provide 1413
a report required by this section, the board may seek an order 1414
from a court of competent jurisdiction compelling submission of 1415
the report. 1416

Sec. 4723.341. (A) As used in this section, "person" has 1417
the same meaning as in section 1.59 of the Revised Code and also 1418
includes the board of nursing and its members and employees; 1419
health care facilities, associations, and societies; insurers; 1420
and individuals. 1421

(B) In the absence of fraud or bad faith, no person 1422
reporting to the board of nursing or testifying in an 1423
adjudication conducted under Chapter 119. of the Revised Code 1424
with regard to alleged incidents of negligence or malpractice or 1425
matters subject to this chapter or sections 3123.41 to 3123.50 1426
of the Revised Code and any applicable rules adopted under 1427
section 3123.63 of the Revised Code shall be subject to either 1428
of the following based on making the report or testifying: 1429

(1) Liability in damages in a civil action for injury, 1430
death, or loss to person or property; 1431

(2) Discipline or dismissal by an employer. 1432

(C) An individual who is disciplined or dismissed in 1433
violation of division (B) (2) of this section has the same rights 1434
and duties accorded an employee under sections 4113.52 and 1435
4113.53 of the Revised Code. 1436

(D) In the absence of fraud or bad faith, no professional 1437
association of registered nurses, advanced practice registered 1438
nurses, licensed practical nurses, certified midwives, dialysis 1439
technicians, community health workers, or medication aides that 1440
sponsors a committee or program to provide peer assistance to 1441

individuals with substance abuse problems, no representative or 1442
agent of such a committee or program, and no member of the board 1443
of nursing shall be liable to any person for damages in a civil 1444
action by reason of actions taken to refer a nurse, certified 1445
midwife, dialysis technician, community health worker, or 1446
medication aide to a treatment provider or actions or omissions 1447
of the provider in treating a nurse, certified midwife, dialysis 1448
technician, community health worker, or medication aide. 1449

Sec. 4723.35. (A) As used in this section and section 1450
4723.351 of the Revised Code: 1451

(1) "Applicant" means an individual who has applied for a 1452
license or certificate to practice issued under this chapter. 1453
"Applicant" may include an individual who has been granted 1454
authority by the board of nursing to practice as one type of 1455
practitioner, but has applied for authority to practice as 1456
another type of practitioner. 1457

(2) "Impaired" or "impairment" means either or both of the 1458
following: 1459

(a) Impairment of the ability to practice as described in 1460
division (B)(10) of section 4723.28 of the Revised Code; 1461

(b) Impairment of the ability to practice as described in 1462
division (B)(11) of section 4723.28 of the Revised Code. 1463

(3) "Practitioner" means an individual authorized under 1464
this chapter to practice as a registered nurse, including as an 1465
advanced practice registered nurse, licensed practical nurse, 1466
certified midwife, dialysis technician, community health worker, 1467
or medication aide. 1468

(B) The board of nursing shall establish the safe haven 1469
program to monitor applicants and practitioners who are or may 1470

be impaired, but against whom the board has abstained from 1471
taking disciplinary action. The program is to be conducted by 1472
the monitoring organization under contract with the board as 1473
described in section 4723.351 of the Revised Code. 1474

(C) (1) On the establishment of the program, the board may 1475
transfer to the monitoring organization, in whole or in part, 1476
either or both of the following responsibilities: 1477

(a) The monitoring and oversight of licensees as part of 1478
the substance use disorder program as that program existed on or 1479
~~before the effective date of this section~~ September 20, 2024; 1480

(b) The monitoring and oversight of licensees under terms 1481
specified in a board adjudication order or consent agreement. 1482

(2) If the board transfers the responsibilities described 1483
in division (C) (1) of this section, both of the following apply: 1484

(a) The monitoring organization shall provide to the board 1485
quarterly reports regarding the compliance of transferred 1486
licensees. 1487

(b) The monitoring organization shall immediately report 1488
to the board any licensee who is not in compliance with the 1489
terms and conditions of monitoring. 1490

(D) The board shall refer to the monitoring organization 1491
any applicant or practitioner whose health and effectiveness 1492
show signs of impairment or potential impairment, but only if 1493
the applicant or practitioner meets the eligibility conditions 1494
of division (G) of this section. 1495

(E) Determinations regarding an applicant's or 1496
practitioner's eligibility for admission to, continued 1497
participation in, and successful completion of the safe haven 1498

program shall be made by the monitoring organization in 1499
accordance with rules adopted under section 4723.351 of the 1500
Revised Code. 1501

(F) The board shall abstain from taking disciplinary 1502
action under section 4723.28, 4723.652, or 4723.86 of the 1503
Revised Code against an individual whose health and 1504
effectiveness show signs of impairment or potential impairment, 1505
but who is not currently under the terms of a consent agreement 1506
with the board for impairment or an order issued by the board 1507
for impairment if the individual is participating in the safe 1508
haven program. 1509

An applicant's or practitioner's impairment neither 1510
excuses an applicant or practitioner who has committed other 1511
violations of this chapter nor precludes the board from 1512
investigating or taking disciplinary action against an applicant 1513
or practitioner for other violations of this chapter. 1514

(G) An applicant or practitioner is eligible to 1515
participate in the safe haven program if both of the following 1516
conditions are met: 1517

(1) The applicant or practitioner needs assistance with 1518
impairment or potential impairment. 1519

(2) The applicant or practitioner has an unencumbered 1520
license and is not currently under the terms of a consent 1521
agreement with the board for impairment or an order issued by 1522
the board for impairment. 1523

Sec. 4723.41. (A) Each person who desires to practice 1524
nursing as a certified nurse-midwife and has not been authorized 1525
to practice ~~midwifery~~ nurse-midwifery prior to December 1, 1967, 1526
and each person who desires to practice nursing as a certified 1527

registered nurse anesthetist, clinical nurse specialist, or 1528
certified nurse practitioner shall file with the board of 1529
nursing a written application for a license to practice nursing 1530
as an advanced practice registered nurse and designation in the 1531
desired specialty. The application must be filed, under oath, on 1532
a form prescribed by the board accompanied by the application 1533
fee required by section 4723.08 of the Revised Code. 1534

Except as provided in division (B), (C), or (D) of this 1535
section, at the time of making application, the applicant shall 1536
meet all of the following requirements: 1537

(1) Be a registered nurse; 1538

(2) Submit documentation satisfactory to the board that 1539
the applicant has earned a master's or doctoral degree with a 1540
major in a nursing specialty or in a related field that 1541
qualifies the applicant to sit for the certification examination 1542
of a national certifying organization approved by the board 1543
under section 4723.46 of the Revised Code; 1544

(3) Submit documentation satisfactory to the board of 1545
having passed the certification examination of a national 1546
certifying organization approved by the board under section 1547
4723.46 of the Revised Code to examine and certify, as 1548
applicable, nurse-midwives, registered nurse anesthetists, 1549
clinical nurse specialists, or nurse practitioners; 1550

(4) Submit an affidavit with the application that states 1551
all of the following: 1552

(a) That the applicant is the person named in the 1553
documents submitted under this section and is the lawful 1554
possessor thereof; 1555

(b) The applicant's age, residence, the school at which 1556

the applicant obtained education in the applicant's nursing 1557
specialty, and any other facts that the board requires; 1558

(c) The specialty in which the applicant seeks 1559
designation. 1560

(B) (1) A certified registered nurse anesthetist, clinical 1561
nurse specialist, certified nurse-midwife, or certified nurse 1562
practitioner who is practicing or has practiced as such in 1563
another jurisdiction other than another state may apply for a 1564
license by endorsement to practice nursing as an advanced 1565
practice registered nurse and designation as a certified 1566
registered nurse anesthetist, clinical nurse specialist, 1567
certified nurse-midwife, or certified nurse practitioner in this 1568
state if the nurse meets the requirements set forth in division 1569
(A) of this section or division (B) (2) of this section. 1570

(2) If an applicant who is practicing or has practiced in 1571
another jurisdiction other than another state applies for 1572
designation under division (B) (2) of this section, the 1573
application shall be submitted to the board in the form 1574
prescribed by rules of the board and be accompanied by the 1575
application fee required by section 4723.08 of the Revised Code. 1576
The application shall include evidence that the applicant meets 1577
the requirements of division (B) (2) of this section, holds 1578
authority to practice nursing and is in good standing in another 1579
jurisdiction other than another state granted after meeting 1580
requirements approved by the entity of that jurisdiction that 1581
regulates nurses, and other information required by rules of the 1582
board of nursing. 1583

With respect to the educational requirements and national 1584
certification requirements that an applicant under division (B) 1585
(2) of this section must meet, both of the following apply: 1586

(a) If the applicant is a certified registered nurse 1587
anesthetist, certified nurse-midwife, or certified nurse 1588
practitioner who, on or before December 31, 2000, obtained 1589
certification in the applicant's nursing specialty with a 1590
national certifying organization listed in division (A) (3) of 1591
section 4723.41 of the Revised Code as that division existed 1592
prior to March 20, 2013, or that was at that time approved by 1593
the board under section 4723.46 of the Revised Code, the 1594
applicant must have maintained the certification. The applicant 1595
is not required to have earned a master's or doctoral degree 1596
with a major in a nursing specialty or in a related field that 1597
qualifies the applicant to sit for the certification 1598
examination. 1599

(b) If the applicant is a clinical nurse specialist, one 1600
of the following must apply to the applicant: 1601

(i) On or before December 31, 2000, the applicant obtained 1602
a master's or doctoral degree with a major in a clinical area of 1603
nursing from an educational institution accredited by a national 1604
or regional accrediting organization. The applicant is not 1605
required to have passed a certification examination. 1606

(ii) On or before December 31, 2000, the applicant 1607
obtained a master's or doctoral degree in nursing or a related 1608
field and was certified as a clinical nurse specialist by the 1609
American nurses credentialing center or another national 1610
certifying organization that was at that time approved by the 1611
board under section 4723.46 of the Revised Code. 1612

(3) The board shall grant a license to practice nursing as 1613
an advanced practice registered nurse in accordance with Chapter 1614
4796. of the Revised Code to an applicant if either of the 1615
following applies: 1616

- (a) The applicant holds a license in another state. 1617
- (b) The applicant has satisfactory work experience, a 1618
government certification, or a private certification as 1619
described in that chapter as an advanced practice registered 1620
nurse in a state that does not issue that license. 1621
- (4) The board may grant a nonrenewable temporary permit to 1622
practice nursing as an advanced practice registered nurse to an 1623
applicant for licensure under division (B)(2) or (3) of this 1624
section if the board is satisfied by the evidence that the 1625
applicant holds a valid, unrestricted license in or equivalent 1626
authorization from another jurisdiction. Chapter 4796. of the 1627
Revised Code does not apply to a temporary permit issued under 1628
this division. The temporary permit shall expire at the earlier 1629
of one hundred eighty days after issuance or upon the issuance 1630
of a license under division (B)(2) or (3) of this section. 1631
- (C) An applicant who desires to practice nursing as a 1632
certified registered nurse anesthetist, certified nurse-midwife, 1633
or certified nurse practitioner is exempt from the educational 1634
requirements in division (A)(2) of this section if all of the 1635
following are the case: 1636
- (1) Before January 1, 2001, the board issued to the 1637
applicant a certificate of authority to practice as a certified 1638
registered nurse anesthetist, certified nurse-midwife, or 1639
certified nurse practitioner; 1640
- (2) The applicant submits documentation satisfactory to 1641
the board that the applicant obtained certification in the 1642
applicant's nursing specialty with a national certifying 1643
organization listed in division (A)(3) of section 4723.41 of the 1644
Revised Code as that division existed prior to March 20, 2013, 1645

or that was at that time approved by the board under section 1646
4723.46 of the Revised Code; 1647

(3) The applicant submits documentation satisfactory to 1648
the board that the applicant has maintained the certification 1649
described in division (C) (2) of this section. 1650

(D) An applicant who desires to practice as a clinical 1651
nurse specialist is exempt from the examination requirement in 1652
division (A) (3) of this section if both of the following are the 1653
case: 1654

(1) Before January 1, 2001, the board issued to the 1655
applicant a certificate of authority to practice as a clinical 1656
nurse specialist; 1657

(2) The applicant submits documentation satisfactory to 1658
the board that the applicant earned either of the following: 1659

(a) A master's or doctoral degree with a major in a 1660
clinical area of nursing from an educational institution 1661
accredited by a national or regional accrediting organization; 1662

(b) A master's or doctoral degree in nursing or a related 1663
field and was certified as a clinical nurse specialist by the 1664
American nurses credentialing center or another national 1665
certifying organization that was at that time approved by the 1666
board under section 4723.46 of the Revised Code. 1667

Sec. 4723.43. A certified registered nurse anesthetist, 1668
clinical nurse specialist, certified nurse-midwife, or certified 1669
nurse practitioner may provide to individuals and groups nursing 1670
care that requires knowledge and skill obtained from advanced 1671
formal education and clinical experience. In this capacity as an 1672
advanced practice registered nurse, a certified nurse-midwife is 1673
subject to division (A) of this section, a certified registered 1674

nurse anesthetist is subject to division (B) of this section, a 1675
certified nurse practitioner is subject to division (C) of this 1676
section, and a clinical nurse specialist is subject to division 1677
(D) of this section. 1678

(A) A-Subject to sections 4723.58 to 4723.584 of the 1679
Revised Code, a nurse authorized to practice as a certified 1680
nurse-midwife, in collaboration with one or more physicians, may 1681
provide the management of preventive services and those primary 1682
care services necessary to provide health care to women 1683
antepartally, intrapartally, postpartally, and gynecologically, 1684
consistent with the nurse's education and certification, and in 1685
accordance with rules adopted by the board of nursing. 1686

No certified nurse-midwife may perform version, ~~deliver~~ 1687
~~breech or face presentation,~~ use forceps, do any obstetric 1688
operation, or treat any other abnormal condition outside of the 1689
scope of practice for certified nurse-midwives established by 1690
the American college of nurse-midwives, except in emergencies. 1691
No certified nurse-midwife may deliver breech or face 1692
presentation except in an emergency or as provided in section 1693
4723.581 of the Revised Code. Division (A) of this section does 1694
not prohibit a certified nurse-midwife from performing 1695
episiotomies or normal vaginal deliveries, or repairing vaginal 1696
tears. A certified nurse-midwife may, in collaboration with one 1697
or more physicians, prescribe drugs and therapeutic devices in 1698
accordance with section 4723.481 of the Revised Code. A 1699
certified nurse-midwife may, in collaboration with one or more 1700
physicians, attend births in hospitals, homes, medical offices, 1701
and freestanding birthing centers and provide care for normal 1702
newborns during the period consistent with the scope of practice 1703
for certified nurse-midwives established by the American college 1704
of nurse-midwives. 1705

(B) A nurse authorized to practice as a certified 1706
registered nurse anesthetist, consistent with the nurse's 1707
education and certification and in accordance with rules adopted 1708
by the board, may do the following: 1709

(1) With supervision and in the immediate presence of a 1710
physician, podiatrist, or dentist, administer anesthesia and 1711
perform anesthesia induction, maintenance, and emergence; 1712

(2) With supervision, obtain informed consent for 1713
anesthesia care and perform preanesthetic preparation and 1714
evaluation, postanesthetic preparation and evaluation, 1715
postanesthesia care, and, subject to section 4723.433 of the 1716
Revised Code, clinical support functions; 1717

(3) With supervision and in accordance with section 1718
4723.434 of the Revised Code, engage in the activities described 1719
in division (A) of that section. 1720

The physician, podiatrist, or dentist supervising a 1721
certified registered nurse anesthetist must be actively engaged 1722
in practice in this state. When a certified registered nurse 1723
anesthetist is supervised by a podiatrist, the nurse's scope of 1724
practice is limited to the anesthesia procedures that the 1725
podiatrist has the authority under section 4731.51 of the 1726
Revised Code to perform. A certified registered nurse 1727
anesthetist may not administer general anesthesia under the 1728
supervision of a podiatrist in a podiatrist's office. When a 1729
certified registered nurse anesthetist is supervised by a 1730
dentist, the nurse's scope of practice is limited to the 1731
anesthesia procedures that the dentist has the authority under 1732
Chapter 4715. of the Revised Code to perform. 1733

(C) A nurse authorized to practice as a certified nurse 1734

practitioner, in collaboration with one or more physicians or 1735
podiatrists, may provide preventive and primary care services, 1736
provide services for acute illnesses, and evaluate and promote 1737
patient wellness within the nurse's nursing specialty, 1738
consistent with the nurse's education and certification, and in 1739
accordance with rules adopted by the board. A certified nurse 1740
practitioner may, in collaboration with one or more physicians 1741
or podiatrists, prescribe drugs and therapeutic devices in 1742
accordance with section 4723.481 of the Revised Code. 1743

When a certified nurse practitioner is collaborating with 1744
a podiatrist, the nurse's scope of practice is limited to the 1745
procedures that the podiatrist has the authority under section 1746
4731.51 of the Revised Code to perform. 1747

(D) A nurse authorized to practice as a clinical nurse 1748
specialist, in collaboration with one or more physicians or 1749
podiatrists, may provide and manage the care of individuals and 1750
groups with complex health problems and provide health care 1751
services that promote, improve, and manage health care within 1752
the nurse's nursing specialty, consistent with the nurse's 1753
education and in accordance with rules adopted by the board. A 1754
clinical nurse specialist may, in collaboration with one or more 1755
physicians or podiatrists, prescribe drugs and therapeutic 1756
devices in accordance with section 4723.481 of the Revised Code. 1757

When a clinical nurse specialist is collaborating with a 1758
podiatrist, the nurse's scope of practice is limited to the 1759
procedures that the podiatrist has the authority under section 1760
4731.51 of the Revised Code to perform. 1761

Sec. 4723.431. (A) (1) ~~An~~ A certified midwife or an 1762
advanced practice registered nurse who is designated as a 1763
clinical nurse specialist, certified nurse-midwife, or certified 1764

nurse practitioner may practice only in accordance with a 1765
standard care arrangement entered into with each physician or 1766
podiatrist with whom the certified midwife or nurse 1767
collaborates. A copy of the standard care arrangement shall be 1768
retained on file by the certified midwife's or nurse's employer. 1769
Prior approval of the standard care arrangement by the board of 1770
nursing is not required, but the board may periodically review 1771
it for compliance with this section. 1772

A certified midwife, clinical nurse specialist, certified 1773
nurse-midwife, or certified nurse practitioner may enter into a 1774
standard care arrangement with one or more collaborating 1775
physicians or podiatrists. If a collaborating physician or 1776
podiatrist enters into standard care arrangements with more than 1777
five certified midwives or nurses, the physician or podiatrist 1778
shall not collaborate at the same time with more than five 1779
certified midwives or nurses in the prescribing component of 1780
their practices. 1781

Not later than thirty days after first engaging in the 1782
practice of midwifery as a certified midwife or the practice of 1783
nursing as a clinical nurse specialist, certified nurse-midwife, 1784
or certified nurse practitioner, the certified midwife or nurse 1785
shall submit to the board the name and business address of each 1786
collaborating physician or podiatrist. Thereafter, the certified 1787
midwife or nurse shall notify the board of any additions or 1788
deletions to the midwife's or nurse's collaborating physicians 1789
or podiatrists. Except as provided in division (D) of this 1790
section, the notice must be provided not later than thirty days 1791
after the change takes effect. 1792

(2) All of the following conditions apply with respect to 1793
the practice of a collaborating physician or podiatrist with 1794

whom a certified midwife, clinical nurse specialist, certified 1795
nurse-midwife, or certified nurse practitioner may enter into a 1796
standard care arrangement: 1797

(a) The physician or podiatrist must be authorized to 1798
practice in this state. 1799

(b) Except as provided in division (A) (2) (c) of this 1800
section, the physician or podiatrist must be practicing in a 1801
specialty that is the same as or similar to the certified 1802
midwife's specialty or nurse's nursing specialty. 1803

(c) If the nurse is a clinical nurse specialist who is 1804
certified as a psychiatric-mental health CNS or the equivalent 1805
of such title by the American nurses credentialing center or a 1806
certified nurse practitioner who is certified as a psychiatric- 1807
mental health NP or the equivalent of such title by the American 1808
nurses credentialing center or American academy of nurse 1809
practitioners certification board, the nurse may enter into a 1810
standard care arrangement with a physician but not a podiatrist 1811
and the collaborating physician must be practicing in one of the 1812
following specialties: 1813

(i) Psychiatry; 1814

(ii) Pediatrics; 1815

(iii) Primary care or family practice. 1816

(B) A standard care arrangement shall be in writing and 1817
shall contain all of the following: 1818

(1) Criteria for referral of a patient by the certified 1819
midwife, clinical nurse specialist, certified nurse-midwife, or 1820
certified nurse practitioner to a collaborating physician or 1821
podiatrist or another physician or podiatrist; 1822

(2) A process for the certified midwife, clinical nurse 1823
specialist, certified nurse-midwife, or certified nurse 1824
practitioner to obtain a consultation with a collaborating 1825
physician or podiatrist or another physician or podiatrist; 1826

(3) A plan for coverage in instances of emergency or 1827
planned absences of either the certified midwife, clinical nurse 1828
specialist, certified nurse-midwife, or certified nurse 1829
practitioner or a collaborating physician or podiatrist that 1830
provides the means whereby a physician or podiatrist is 1831
available for emergency care; 1832

(4) The process for resolution of disagreements regarding 1833
matters of patient management between the certified midwife, 1834
clinical nurse specialist, certified nurse-midwife, or certified 1835
nurse practitioner and a collaborating physician or podiatrist; 1836

(5) An agreement that the collaborating physician shall 1837
complete and sign the medical certificate of death pursuant to 1838
section 3705.16 of the Revised Code; 1839

(6) Any other criteria required by rule of the board 1840
adopted pursuant to section 4723.07 or 4723.50 of the Revised 1841
Code. 1842

(C) A standard care arrangement entered into pursuant to 1843
this section may permit a clinical nurse specialist, certified 1844
nurse-midwife, or certified nurse practitioner to do any of the 1845
following: 1846

(1) Supervise services provided by a home health agency as 1847
defined in section 3740.01 of the Revised Code; 1848

(2) Admit a patient to a hospital in accordance with 1849
section 3727.06 of the Revised Code; 1850

(3) Sign any document relating to the admission, 1851
treatment, or discharge of an inpatient receiving psychiatric or 1852
other behavioral health care services, but only if the 1853
conditions of section 4723.436 of the Revised Code have been 1854
met. 1855

(D) (1) Except as provided in division (D) (2) of this 1856
section, if a physician or podiatrist terminates the 1857
collaboration between the physician or podiatrist and a 1858
certified midwife, certified nurse-midwife, certified nurse 1859
practitioner, or clinical nurse specialist before their standard 1860
care arrangement expires, all of the following apply: 1861

(a) The physician or podiatrist must give the certified 1862
midwife or nurse written or electronic notice of the 1863
termination. 1864

(b) Once the certified midwife or nurse receives the 1865
termination notice, the certified midwife or nurse must notify 1866
the board of nursing of the termination as soon as practicable 1867
by submitting to the board a copy of the physician's or 1868
podiatrist's termination notice. 1869

(c) Notwithstanding the ~~requirement~~ requirements of 1870
~~section~~ sections 4723.43 and 4723.57 of the Revised Code that 1871
the certified midwife or nurse practice in collaboration with a 1872
physician or podiatrist, the certified midwife or nurse may 1873
continue to practice under the existing standard care 1874
arrangement without a collaborating physician or podiatrist for 1875
not more than one hundred twenty days after submitting to the 1876
board a copy of the termination notice. 1877

(2) In the event that the collaboration between a 1878
physician or podiatrist and a certified midwife, certified 1879

nurse-midwife, certified nurse practitioner, or clinical nurse 1880
specialist terminates because of the physician's or podiatrist's 1881
death, the certified midwife or nurse must notify the board of 1882
the death as soon as practicable. The certified midwife or nurse 1883
may continue to practice under the existing standard care 1884
arrangement without a collaborating physician or podiatrist for 1885
not more than one hundred twenty days after notifying the board 1886
of the physician's or podiatrist's death. 1887

(E) (1) Nothing in this section prohibits a hospital from 1888
hiring a certified midwife, clinical nurse specialist, certified 1889
nurse-midwife, or certified nurse practitioner as an employee 1890
and negotiating standard care arrangements on behalf of the 1891
employee as necessary to meet the requirements of this section. 1892
A standard care arrangement between the hospital's employee and 1893
the employee's collaborating physician is subject to approval by 1894
the medical staff and governing body of the hospital prior to 1895
implementation of the arrangement at the hospital. 1896

(2) Nothing in this section prohibits a standard care 1897
arrangement from specifying actions that a clinical nurse 1898
specialist, certified nurse-midwife, or certified nurse 1899
practitioner is authorized to take, or is prohibited from 1900
taking, as part of the nurse's practice in collaboration with a 1901
physician or podiatrist. In specifying such actions, the 1902
standard care arrangement shall not authorize the nurse to take 1903
any action that is otherwise prohibited by the Revised Code or 1904
rule of the board. 1905

Sec. 4723.432. (A) ~~An~~ A certified midwife or an advanced 1906
practice registered nurse who is designated as a clinical nurse 1907
specialist, certified nurse-midwife, or certified nurse 1908
practitioner shall cooperate with the state medical board in any 1909

investigation the board conducts with respect to a physician or 1910
podiatrist who collaborates with the certified midwife or nurse. 1911
The certified midwife or nurse shall cooperate with the board in 1912
any investigation the board conducts with respect to the 1913
unauthorized practice of medicine by the certified midwife or 1914
nurse. 1915

(B) An advanced practice registered nurse who is 1916
designated as a certified registered nurse anesthetist shall 1917
cooperate with the state medical board or state dental board in 1918
any investigation either board conducts with respect to a 1919
physician, podiatrist, or dentist who permits the nurse to 1920
practice with the supervision of that physician, podiatrist, or 1921
dentist. The nurse shall cooperate with either board in any 1922
investigation it conducts with respect to the unauthorized 1923
practice of medicine or dentistry by the nurse. 1924

Sec. 4723.481. This section establishes standards and 1925
conditions regarding the authority of an advanced practice 1926
registered nurse who is designated as a clinical nurse 1927
specialist, certified nurse-midwife, or certified nurse 1928
practitioner to prescribe and personally furnish drugs and 1929
therapeutic devices under a license issued under section 4723.42 1930
of the Revised Code. 1931

This section also establishes standards and conditions 1932
regarding the authority of a certified midwife to prescribe and 1933
personally furnish drugs and therapeutic devices under a license 1934
issued under section 4723.56 of the Revised Code. 1935

(A) A clinical nurse specialist, certified nurse-midwife, 1936
~~or~~ certified nurse practitioner, or certified midwife shall not 1937
prescribe or furnish any drug or therapeutic device that is 1938
listed on the exclusionary formulary established in rules 1939

adopted under section 4723.50 of the Revised Code. 1940

(B) The prescriptive authority of a clinical nurse 1941
specialist, certified nurse-midwife, ~~or~~ certified nurse 1942
practitioner, or certified midwife shall not exceed the 1943
prescriptive authority of the collaborating physician or 1944
podiatrist, including the collaborating physician's authority to 1945
treat chronic pain with controlled substances and products 1946
containing tramadol as described in section 4731.052 of the 1947
Revised Code. 1948

(C) (1) Except as provided in division (C) (2) or (3) of 1949
this section, a clinical nurse specialist, certified nurse- 1950
midwife, ~~or~~ certified nurse practitioner, or certified midwife 1951
may prescribe to a patient a schedule II controlled substance 1952
only if all of the following are the case: 1953

(a) The patient has a terminal condition, as defined in 1954
section 2133.01 of the Revised Code. 1955

(b) A physician initially prescribed the substance for the 1956
patient. 1957

(c) The prescription is for an amount that does not exceed 1958
the amount necessary for the patient's use in a single, seventy- 1959
two-hour period. 1960

(2) The restrictions on prescriptive authority in division 1961
(C) (1) of this section do not apply if a clinical nurse 1962
specialist, certified nurse-midwife, ~~or~~ certified nurse 1963
practitioner, or certified midwife issues the prescription to 1964
the patient from any of the following entities: 1965

(a) A hospital as defined in section 3722.01 of the 1966
Revised Code; 1967

(b) An entity owned or controlled, in whole or in part, by	1968
a hospital or by an entity that owns or controls, in whole or in	1969
part, one or more hospitals;	1970
(c) A health care facility operated by the department of	1971
mental health and addiction services or the department of	1972
developmental disabilities;	1973
(d) A nursing home licensed under section 3721.02 of the	1974
Revised Code or by a political subdivision certified under	1975
section 3721.09 of the Revised Code;	1976
(e) A county home or district home operated under Chapter	1977
5155. of the Revised Code that is certified under the medicare	1978
or medicaid program;	1979
(f) A hospice care program, as defined in section 3712.01	1980
of the Revised Code;	1981
(g) A community mental health services provider, as	1982
defined in section 5122.01 of the Revised Code;	1983
(h) An ambulatory surgical facility, as defined in section	1984
3702.30 of the Revised Code;	1985
(i) A freestanding birthing center, as defined in section	1986
3701.503 of the Revised Code;	1987
(j) A federally qualified health center, as defined in	1988
section 3701.047 of the Revised Code;	1989
(k) A federally qualified health center look-alike, as	1990
defined in section 3701.047 of the Revised Code;	1991
(l) A health care office or facility operated by the board	1992
of health of a city or general health district or the authority	1993
having the duties of a board of health under section 3709.05 of	1994

the Revised Code; 1995

(m) A site where a medical practice is operated, but only 1996
if the practice is comprised of one or more physicians who also 1997
are owners of the practice; the practice is organized to provide 1998
direct patient care; and the clinical nurse specialist, 1999
certified nurse-midwife, ~~or~~ certified nurse practitioner, or 2000
certified midwife providing services at the site has a standard 2001
care arrangement and collaborates with at least one of the 2002
physician owners who practices primarily at that site; 2003

(n) A site where a behavioral health practice is operated 2004
that does not qualify as a location otherwise described in 2005
division (C) (2) of this section, but only if the practice is 2006
organized to provide outpatient services for the treatment of 2007
mental health conditions, substance use disorders, or both, and 2008
the clinical nurse specialist, certified nurse-midwife, ~~or~~ 2009
certified nurse practitioner, or certified midwife providing 2010
services at the site of the practice has a standard care 2011
arrangement and collaborates with at least one physician who is 2012
employed by that practice; 2013

(o) A residential care facility, as defined in section 2014
3721.01 of the Revised Code. 2015

(3) A clinical nurse specialist, certified nurse-midwife, 2016
~~or~~ certified nurse practitioner, or certified midwife shall not 2017
issue to a patient a prescription for a schedule II controlled 2018
substance from a convenience care clinic even if the clinic is 2019
owned or operated by an entity specified in division (C) (2) of 2020
this section. 2021

(D) A pharmacist who acts in good faith reliance on a 2022
prescription issued by a clinical nurse specialist, certified 2023

nurse-midwife, ~~or~~ certified nurse practitioner, or certified 2024
midwife under division (C) (2) of this section is not liable for 2025
or subject to any of the following for relying on the 2026
prescription: damages in any civil action, prosecution in any 2027
criminal proceeding, or professional disciplinary action by the 2028
state board of pharmacy under Chapter 4729. of the Revised Code. 2029

(E) A clinical nurse specialist, certified nurse-midwife, 2030
~~or~~ certified nurse practitioner, or certified midwife shall 2031
comply with section 3719.061 of the Revised Code if the nurse 2032
prescribes for a minor, as defined in that section, an opioid 2033
analgesic, as defined in section 3719.01 of the Revised Code. 2034

Sec. 4723.483. (A) (1) Subject to division (A) (2) of this 2035
section, and notwithstanding any provision of this chapter or 2036
rule adopted by the board of nursing, a clinical nurse 2037
specialist, certified nurse-midwife, ~~or~~ certified nurse 2038
~~practitioner who holds a certificate to prescribe issued under~~ 2039
~~section 4723.48 of the Revised Code, or certified midwife~~ may do 2040
either of the following without having examined an individual to 2041
whom epinephrine may be administered: 2042

(a) Personally furnish a supply of epinephrine 2043
autoinjectors for use in accordance with sections 3313.7110, 2044
3313.7111, 3314.143, 3326.28, 3328.29, 3728.03 to 3728.05, and 2045
5101.76 of the Revised Code; 2046

(b) Issue a prescription for epinephrine autoinjectors for 2047
use in accordance with sections 3313.7110, 3313.7111, 3314.143, 2048
3326.28, 3328.29, 3728.03 to 3728.05, and 5101.76 of the Revised 2049
Code. 2050

(2) An epinephrine autoinjector personally furnished or 2051
prescribed under division (A) (1) of this section must be 2052

furnished or prescribed in such a manner that it may be 2053
administered only in a manufactured dosage form. 2054

(B) A nurse or certified midwife who acts in good faith in 2055
accordance with this section is not liable for or subject to any 2056
of the following for any action or omission of an entity to 2057
which an epinephrine autoinjector is furnished or a prescription 2058
is issued: damages in any civil action, prosecution in any 2059
criminal proceeding, or professional disciplinary action. 2060

Sec. 4723.487. (A) As used in this section: 2061

(1) "Drug database" means the database established and 2062
maintained by the state board of pharmacy pursuant to section 2063
4729.75 of the Revised Code. 2064

(2) "Opioid analgesic" and "benzodiazepine" have the same 2065
meanings as in section 3719.01 of the Revised Code. 2066

(B) Except as provided in divisions (C) and (E) of this 2067
section, an advanced practice registered nurse who is designated 2068
as a clinical nurse specialist, certified nurse-midwife, or 2069
certified nurse practitioner or a certified midwife shall comply 2070
with all of the following as conditions of prescribing a drug 2071
that is either an opioid analgesic or a benzodiazepine as part 2072
of a patient's course of treatment for a particular condition: 2073

(1) Before initially prescribing the drug, the advanced 2074
practice registered nurse or certified midwife or the advanced 2075
practice registered nurse's or certified midwife's delegate 2076
shall request from the drug database a report of information 2077
related to the patient that covers at least the twelve months 2078
immediately preceding the date of the request. If the advanced 2079
practice registered nurse or certified midwife practices 2080
primarily in a county of this state that adjoins another state, 2081

the advanced practice registered nurse or certified midwife or 2082
delegate also shall request a report of any information 2083
available in the drug database that pertains to prescriptions 2084
issued or drugs furnished to the patient in the state adjoining 2085
that county. 2086

(2) If the patient's course of treatment for the condition 2087
continues for more than ninety days after the initial report is 2088
requested, the advanced practice registered nurse or certified 2089
midwife or delegate shall make periodic requests for reports of 2090
information from the drug database until the course of treatment 2091
has ended. The requests shall be made at intervals not exceeding 2092
ninety days, determined according to the date the initial 2093
request was made. The request shall be made in the same manner 2094
provided in division (B)(1) of this section for requesting the 2095
initial report of information from the drug database. 2096

(3) On receipt of a report under division (B)(1) or (2) of 2097
this section, the advanced practice registered nurse or 2098
certified midwife shall assess the information in the report. 2099
The advanced practice registered nurse or certified midwife 2100
shall document in the patient's record that the report was 2101
received and the information was assessed. 2102

(C) Division (B) of this section does not apply ~~if~~ in any 2103
of the following circumstances: 2104

(1) A drug database report regarding the patient is not 2105
available, in which case the advanced practice registered nurse 2106
or certified midwife shall document in the patient's record the 2107
reason that the report is not available. 2108

(2) The drug is prescribed in an amount indicated for a 2109
period not to exceed seven days. 2110

(3) The drug is prescribed for the treatment of cancer or 2111
another condition associated with cancer. 2112

(4) The drug is prescribed to a hospice patient in a 2113
hospice care program, as those terms are defined in section 2114
3712.01 of the Revised Code, or any other patient diagnosed as 2115
terminally ill. 2116

(5) The drug is prescribed for administration in a 2117
hospital, nursing home, or residential care facility. 2118

(D) The board of nursing may adopt rules, in accordance 2119
with Chapter 119. of the Revised Code, that establish standards 2120
and procedures to be followed by an advanced practice registered 2121
nurse or certified midwife regarding the review of patient 2122
information available through the drug database under division 2123
(A) (5) of section 4729.80 of the Revised Code. The rules shall 2124
be adopted in accordance with Chapter 119. of the Revised Code. 2125

(E) This section and any rules adopted under it do not 2126
apply if the state board of pharmacy no longer maintains the 2127
drug database. 2128

Sec. 4723.488. (A) Except as provided in division (B) of 2129
this section, in the case of a license holder who is seeking 2130
renewal of a license to practice nursing as an advanced practice 2131
registered nurse or a license to practice as a certified midwife 2132
and who prescribes opioid analgesics or benzodiazepines, as 2133
defined in section 3719.01 of the Revised Code, the holder shall 2134
certify to the board whether the holder has been granted access 2135
to the drug database established and maintained by the state 2136
board of pharmacy pursuant to section 4729.75 of the Revised 2137
Code. 2138

(B) The requirement in division (A) of this section does 2139

not apply if any of the following is the case: 2140

(1) The state board of pharmacy notifies the board of 2141
nursing pursuant to section 4729.861 of the Revised Code that 2142
the license holder has been restricted from obtaining further 2143
information from the drug database. 2144

(2) The state board of pharmacy no longer maintains the 2145
drug database. 2146

(3) The license holder does not practice ~~nursing as an~~ 2147
advanced practice registered nurse or certified midwife in this 2148
state. 2149

(C) If a license holder certifies to the board of nursing 2150
that the holder has been granted access to the drug database and 2151
the board finds through an audit or other means that the holder 2152
has not been granted access, the board may take action under 2153
section 4723.28 of the Revised Code. 2154

Sec. 4723.4810. (A) (1) Notwithstanding any conflicting 2155
provision of this chapter or rule adopted by the board of 2156
nursing, a clinical nurse specialist, certified nurse-midwife, 2157
~~or certified nurse practitioner, who holds a license to practice~~ 2158
~~nursing as an advanced practice registered nurse issued under~~ 2159
~~section 4723.42 of the Revised Code or certified midwife~~ may 2160
issue a prescription for or personally furnish a complete or 2161
partial supply of a drug to treat chlamydia, gonorrhea, or 2162
trichomoniasis, without having examined the individual for whom 2163
the drug is intended, if all of the following conditions are 2164
met: 2165

(a) The individual is a sexual partner of the nurse's or 2166
certified midwife's patient. 2167

(b) The patient has been diagnosed with chlamydia, 2168

gonorrhea, or trichomoniasis. 2169

(c) The patient reports to the nurse or certified midwife 2170
that the individual is unable or unlikely to be evaluated or 2171
treated by a health professional. 2172

(2) A prescription issued under this section shall include 2173
the individual's name and address, if known. If the nurse or 2174
certified midwife is unable to obtain the individual's name and 2175
address, the prescription shall include the patient's name and 2176
address and the words "expedited partner therapy" or the letters 2177
"EPT." 2178

(3) A nurse or certified midwife may prescribe or 2179
personally furnish a drug under this section for not more than a 2180
total of two individuals who are sexual partners of the nurse's_ 2181
or certified midwife's patient. 2182

(B) For each drug prescribed or personally furnished under 2183
this section, the nurse or certified midwife shall do all of the 2184
following: 2185

(1) Provide the patient with information concerning the 2186
drug for the purpose of sharing the information with the 2187
individual, including directions for use of the drug and any 2188
side effects, adverse reactions, or known contraindications 2189
associated with the drug; 2190

(2) Recommend to the patient that the individual seek 2191
treatment from a health professional; 2192

(3) Document all of the following in the patient's record: 2193

(a) The name of the drug prescribed or furnished and its 2194
dosage; 2195

(b) That information concerning the drug was provided to 2196

the patient for the purpose of sharing the information with the individual; (c) If known, any adverse reactions the individual experiences from treatment with the drug. (C) A nurse or certified midwife who prescribes or personally furnishes a drug under this section may contact the individual for whom the drug is intended. (1) If the nurse or certified midwife contacts the individual, the nurse or certified midwife shall do all of the following: (a) Inform the individual that the individual may have been exposed to chlamydia, gonorrhea, or trichomoniasis; (b) Encourage the individual to seek treatment from a health professional; (c) Explain the treatment options available to the individual, including treatment with a prescription drug, directions for use of the drug, and any side effects, adverse reactions, or known contraindications associated with the drug; (d) Document in the patient's record that the nurse or certified midwife contacted the individual. (2) If the nurse or certified midwife does not contact the individual, the nurse or certified midwife shall document that fact in the patient's record. (D) A nurse or certified midwife who in good faith prescribes or personally furnishes a drug under this section is not liable for or subject to any of the following: (1) Damages in any civil action;

(2) Prosecution in any criminal proceeding;	2224
(3) Professional disciplinary action.	2225
Sec. 4723.4811. (A) (1) Subject to division (A) (2) of this	2226
section, and notwithstanding any provision of this chapter or	2227
rule adopted by the board of nursing, a clinical nurse	2228
specialist, certified nurse-midwife, or certified nurse	2229
practitioner licensed as an advanced practice registered nurse	2230
under Chapter 4723. of the Revised Code , <u>or certified midwife</u>	2231
may do either of the following without having examined an	2232
individual to whom glucagon may be administered:	2233
(a) Personally furnish a supply of injectable or nasally	2234
administered glucagon for use in accordance with sections	2235
3313.7115, 3313.7116, 3314.147, 3326.60, 3328.38, and 5101.78 of	2236
the Revised Code;	2237
(b) Issue a prescription for injectable or nasally	2238
administered glucagon for use in accordance with sections	2239
3313.7115, 3313.7116, 3314.147, 3326.60, 3328.38, and 5101.78 of	2240
the Revised Code.	2241
(2) Injectable or nasally administered glucagon personally	2242
furnished or prescribed under division (A) (1) of this section	2243
must be furnished or prescribed in such a manner that it may be	2244
administered only in a manufactured dosage form.	2245
(B) A nurse <u>or certified midwife</u> who acts in good faith in	2246
accordance with this section is not liable for or subject to any	2247
of the following for any action or omission of an entity to	2248
which injectable or nasally administered glucagon is furnished	2249
or a prescription is issued: damages in any civil action,	2250
prosecution in any criminal proceeding, or professional	2251
disciplinary action.	2252

Sec. 4723.50. (A) As used in this section: 2253

(1) "Controlled substance" has the same meaning as in 2254
section 3719.01 of the Revised Code. 2255

(2) "Medication-assisted treatment" has the same meaning 2256
as in section 340.01 of the Revised Code. 2257

(B) In accordance with Chapter 119. of the Revised Code, 2258
the board of nursing shall adopt rules as necessary to implement 2259
the provisions of this chapter pertaining to the authority of 2260
~~advanced practice registered nurses who are designated as~~ 2261
clinical nurse specialists, certified nurse-midwives, ~~and~~ 2262
certified nurse practitioners, and certified midwives to 2263
prescribe and furnish drugs and therapeutic devices. 2264

The board shall adopt rules establishing an exclusionary 2265
formulary. The exclusionary formulary shall permit, in a manner 2266
consistent with section 4723.481 of the Revised Code, the 2267
prescribing of controlled substances, including drugs that 2268
contain buprenorphine used in medication-assisted treatment and 2269
both oral and long-acting opioid antagonists. The formulary 2270
shall not permit the prescribing or furnishing of any of the 2271
following: 2272

(1) A drug or device to perform or induce an abortion; 2273

(2) A drug or device prohibited by federal or state law. 2274

(C) In addition to the rules described in division (B) of 2275
this section, the board shall adopt rules under this section 2276
that do the following: 2277

(1) Establish standards for board approval of the course 2278
of study in advanced pharmacology and related topics required by 2279
~~section~~ sections 4723.482 and 4723.551 of the Revised Code; 2280

(2) Establish requirements for board approval of the two- 2281
hour course of instruction in the laws of this state as required 2282
under division (C) (1) of section 4723.482 of the Revised Code; 2283

(3) Establish criteria for the components of the standard 2284
care arrangements described in section 4723.431 of the Revised 2285
Code that apply to the authority to prescribe, including the 2286
components that apply to the authority to prescribe schedule II 2287
controlled substances. The rules shall be consistent with that 2288
section and include all of the following: 2289

(a) Quality assurance standards; 2290

(b) Standards for periodic review by a collaborating 2291
physician or podiatrist of the records of patients treated by 2292
the clinical nurse specialist, certified nurse-midwife, ~~or~~ 2293
certified nurse practitioner, or certified midwife; 2294

(c) Acceptable travel time between the location at which 2295
the clinical nurse specialist, certified nurse-midwife, ~~or~~ 2296
certified nurse practitioner, or certified midwife is engaging 2297
in the prescribing components of the nurse's practice and the 2298
location of the nurse's or certified midwife's collaborating 2299
physician or podiatrist. 2300

Sec. 4723.53. As used in sections 4723.43 and 4723.53 to 2301
4723.60 of the Revised Code: 2302

(A) "Accreditation commission for midwifery education" 2303
means the organization known by that name or its successor 2304
organization. 2305

(B) "American college of nurse-midwives" means the 2306
organization known by that name or its successor organization. 2307

(C) "American midwifery certification board" means the 2308

organization known by that name or its successor organization. 2309

Sec. 4723.54. (A) Except as provided in division (B) of 2310
this section, no individual shall knowingly practice as a 2311
certified midwife unless the individual holds a current, valid 2312
license to practice as a certified midwife issued under section 2313
4723.56 of the Revised Code. 2314

(B) Division (A) of this section does not apply to any of 2315
the following: 2316

(1) A physician authorized under Chapter 4731. of the 2317
Revised Code to practice medicine and surgery, osteopathic 2318
medicine and surgery, or podiatric medicine and surgery; 2319

(2) A physician assistant authorized under Chapter 4730. 2320
of the Revised Code to practice as a physician assistant; 2321

(3) A registered nurse, advanced practice registered 2322
nurse, or licensed practical nurse authorized under this chapter 2323
to practice nursing as a registered nurse, advanced practice 2324
registered nurse, or licensed practical nurse; 2325

(4) A licensed midwife; 2326

(5) A traditional midwife; 2327

(6) A student who is participating in a midwifery 2328
education program accredited by the accreditation commission for 2329
midwifery education and who provides midwifery services under 2330
the auspices of the program and under the supervision of a 2331
certified midwife serving for the program as a faculty member, 2332
instructor, teaching assistant, or preceptor. 2333

Sec. 4723.55. (A) An individual seeking a license to 2334
practice as a certified midwife shall file with the board of 2335
nursing an application in a manner prescribed by the board. The 2336

application shall include all the information the board 2337
considers necessary to process the application, including 2338
evidence satisfactory to the board that the applicant meets the 2339
requirements specified in division (B) of this section. 2340

(B) To be eligible to receive a license to practice as a 2341
certified midwife, an applicant shall demonstrate to the board 2342
that the applicant meets all of the following requirements: 2343

(1) Is at least eighteen years of age; 2344

(2) Has attained a master's degree or higher; 2345

(3) Has graduated from a midwifery education program 2346
accredited by the accreditation commission for midwifery 2347
education; 2348

(4) Is certified by the American midwifery certification 2349
board; 2350

(5) Is certified in neonatal and adult cardiopulmonary 2351
resuscitation; 2352

(6) Has successfully completed the course of study in 2353
advanced pharmacology required by section 4723.551 of the 2354
Revised Code. 2355

(C) The board shall review all applications received under 2356
this section. After receiving an application it considers 2357
complete, the board shall determine whether the applicant meets 2358
the requirements for a license to practice as a certified 2359
midwife. 2360

Sec. 4723.551. (A) An applicant for a license to practice 2361
as a certified midwife shall include with the application 2362
submitted under section 4723.55 of the Revised Code evidence of 2363
successfully completing the course of study in advanced 2364

pharmacology and related topics in accordance with the 2365
requirements specified in division (B) of this section. 2366

(B) With respect to the course of study in advanced 2367
pharmacology and related topics, all of the following 2368
requirements apply: 2369

(1) The course of study shall be completed not more than 2370
five years before the application is filed. 2371

(2) The course of study shall include at least forty-five 2372
contact hours. 2373

(3) The course of study shall meet the requirements to be 2374
approved by the board in accordance with standards established 2375
in rules adopted under section 4723.50 of the Revised Code. 2376

(4) The content of the course of study shall be specific 2377
to midwifery. 2378

(5) The instruction provided in the course of study shall 2379
include all of the following: 2380

(a) A minimum of thirty-six contact hours of instruction 2381
in advanced pharmacology that includes pharmacokinetic 2382
principles and clinical application and the use of drugs and 2383
therapeutic devices in the prevention of illness and maintenance 2384
of health; 2385

(b) Instruction in the fiscal and ethical implications of 2386
prescribing drugs and therapeutic devices; 2387

(c) Instruction in the state and federal laws that apply 2388
to the authority to prescribe; 2389

(d) Instruction that is specific to schedule II controlled 2390
substances, including instruction in all of the following: 2391

<u>(i) Indications for the use of schedule II controlled</u>	2392
<u>substances in drug therapies;</u>	2393
<u>(ii) The most recent guidelines for pain management</u>	2394
<u>therapies, as established by state and national organizations</u>	2395
<u>such as the Ohio pain initiative and the American pain society;</u>	2396
<u>(iii) Fiscal and ethical implications of prescribing</u>	2397
<u>schedule II controlled substances;</u>	2398
<u>(iv) State and federal laws that apply to the authority to</u>	2399
<u>prescribe schedule II controlled substances;</u>	2400
<u>(v) Prevention of abuse and diversion of schedule II</u>	2401
<u>controlled substances, including identification of the risk of</u>	2402
<u>abuse and diversion, recognition of abuse and diversion, types</u>	2403
<u>of assistance available for prevention of abuse and diversion,</u>	2404
<u>and methods of establishing safeguards against abuse and</u>	2405
<u>diversion.</u>	2406
<u>Sec. 4723.56.</u> (A) <u>If the board of nursing determines under</u>	2407
<u>section 4723.55 of the Revised Code that an applicant meets the</u>	2408
<u>requirements for a license to practice as a certified midwife,</u>	2409
<u>the secretary of the board shall issue the license to the</u>	2410
<u>applicant.</u>	2411
<u>(B) Each license shall be valid for a two-year period</u>	2412
<u>unless revoked or suspended, shall expire on the date that is</u>	2413
<u>two years after the date of issuance, and may be renewed for</u>	2414
<u>additional two-year periods in accordance with rules adopted</u>	2415
<u>under section 4723.59 of the Revised Code.</u>	2416
<u>(C) To renew a license to practice as a certified midwife,</u>	2417
<u>an applicant for renewal shall demonstrate both of the following</u>	2418
<u>to the board:</u>	2419

(1) That the applicant has maintained certification in 2420
neonatal and adult cardiopulmonary resuscitation; 2421

(2) That the applicant has satisfied the continuing 2422
education requirements of the American midwifery certification 2423
board. 2424

Sec. 4723.57. (A) An individual who holds a current, valid 2425
license to practice as a certified midwife may, in collaboration 2426
with one or more physicians, engage in one or more of the 2427
following activities: 2428

(1) Providing primary health care services for women from 2429
adolescence and beyond menopause, including the independent 2430
provision of gynecologic and family planning services, 2431
preconception care, and care during pregnancy, childbirth, and 2432
the postpartum period; 2433

(2) Attending births in hospitals, homes, medical offices, 2434
and freestanding birthing centers; 2435

(3) Providing care for normal newborns during the period 2436
consistent with the scope of practice for certified nurse- 2437
midwives established by the American college of nurse-midwives; 2438

(4) Providing initial and ongoing comprehensive 2439
assessment, diagnosis, and treatment; 2440

(5) Conducting physical examinations; 2441

(6) Ordering and interpreting laboratory and diagnostic 2442
tests; 2443

(7) Administering medications, treatments, and executing 2444
regimens authorized by an individual who is authorized to 2445
practice in this state and is acting within the course of the 2446
individual's professional practice; 2447

(8) Providing care that includes health promotion, disease 2448
prevention, and individualized wellness education and 2449
counseling. 2450

(B) When engaging in any of the activities permitted under 2451
this section, a certified midwife shall maintain appropriate 2452
medical records regarding patient history, treatment, and 2453
outcomes. 2454

Sec. 4723.58. (A) This section establishes the process by 2455
which a certified nurse-midwife or certified midwife obtains a 2456
patient's consent to treatment authorized by section 4723.43 or 2457
4723.57 of the Revised Code, but only when the certified nurse- 2458
midwife or certified midwife seeks to provide the treatment in a 2459
setting other than a hospital or facility. 2460

(B) The following information shall be exchanged in 2461
writing between a certified nurse-midwife or certified midwife 2462
and patient when obtaining consent to treatment as described in 2463
division (A) of this section: 2464

(1) The name and license number of the certified nurse- 2465
midwife or certified midwife; 2466

(2) The patient's name, address, telephone number, and 2467
primary care provider, if the patient has one; 2468

(3) A description of the certified nurse-midwife's or 2469
certified midwife's education, training, and experience in 2470
nurse-midwifery or midwifery; 2471

(4) The certified nurse-midwife's or certified midwife's 2472
practice philosophy; 2473

(5) A promise to provide the patient, upon request, with 2474
separate documents describing the rules governing the practice 2475

of a certified nurse-midwife or certified midwife, including a 2476
list of conditions indicating the need for consultation, 2477
referral, transfer, or mandatory transfer and the certified 2478
nurse-midwife's or certified midwife's personal written practice 2479
guidelines; 2480

(6) A written plan for medical consultation and transfer 2481
of care; 2482

(7) A description of any hospital care and procedures that 2483
may be necessary in the event of an emergency transfer or care; 2484

(8) A description of the services provided to the patient 2485
by the certified nurse-midwife or certified midwife; 2486

(9) That the certified nurse-midwife or certified midwife 2487
holds a current, valid license to practice issued under this 2488
chapter; 2489

(10) The availability of a grievance process; 2490

(11) Whether the certified nurse-midwife or certified 2491
midwife is covered by professional liability insurance; 2492

(12) Any other information required in rules adopted by 2493
the board. 2494

(C) Once the required information has been exchanged and 2495
if the patient consents to treatment, the patient and certified 2496
nurse-midwife or certified midwife shall sign a written document 2497
to indicate as such. The certified nurse-midwife or certified 2498
midwife shall retain a copy of the document for at least four 2499
years from the date on which the document was signed. 2500

Sec. 4723.581. (A) The board of nursing shall adopt rules 2501
establishing the circumstances in which a certified nurse- 2502
midwife or certified midwife shall be prohibited from attending 2503

a home birth, which may include a high-risk pregnancy. In 2504
adopting the rules, the board shall allow a certified nurse- 2505
midwife or certified midwife to attend any of the following as a 2506
home birth only if the conditions described in division (B) of 2507
this section are satisfied: a vaginal birth after cesarean, 2508
birth of twins, or breech birth. 2509

(B) In the event of a home birth described in division (A) 2510
of this section, a certified nurse-midwife or certified midwife 2511
may attend the birth only if all of the following conditions are 2512
satisfied: 2513

(1) In addition to the informed consent required under 2514
section 4723.58 of the Revised Code, the certified nurse-midwife 2515
or certified midwife obtains the patient's written informed 2516
consent for the vaginal birth after cesarean, birth of twins, or 2517
breech birth, including a description of risks associated with 2518
the procedure. 2519

(2) The certified nurse-midwife or certified midwife 2520
consults with a physician or other health care provider about 2521
the patient and together with the physician or provider 2522
determines whether referral is appropriate for the patient. 2523

If a referral is determined to be appropriate and the 2524
patient consents to the referral, the certified nurse-midwife or 2525
certified midwife shall refer the patient to the physician or 2526
provider. If the patient refuses the referral, the certified 2527
nurse-midwife or certified midwife shall document the refusal 2528
and may continue to provide care to the patient, including 2529
attending the vaginal birth after cesarean, birth of twins, or 2530
breech birth at home. 2531

(3) The certified nurse-midwife or certified midwife 2532

satisfies any other conditions required in rules adopted by the 2533
board of nursing. 2534

(C) In adopting rules under this section, the board of 2535
nursing shall do both of the following: 2536

(1) Consider any relevant peer-reviewed medical 2537
literature; 2538

(2) Specify the content and format of the document to be 2539
used when obtaining informed consent as described in this 2540
section. 2541

Sec. 4723.582. (A) As used in this section and section 2542
4723.583 of the Revised Code, "emergency medical service," 2543
"emergency medical service personnel," and "emergency medical 2544
service organization" have the same meanings as in section 2545
4765.01 of the Revised Code. 2546

(B) For any pregnancy or childbirth in which a certified 2547
nurse-midwife or certified midwife provides care and a home 2548
birth is planned, both of the following apply: 2549

(1) The certified nurse-midwife or certified midwife shall 2550
create an individualized transfer of care plan with each 2551
patient. 2552

(2) The certified nurse-midwife or certified midwife shall 2553
assess the status of the patient, fetus, and newborn throughout 2554
the maternity care cycle and shall determine when or if a 2555
transfer to a hospital or facility is necessary. 2556

(C) Each individualized transfer of care plan shall 2557
contain all of the following: 2558

(1) The name and location of geographically adjacent 2559
hospitals and other facilities that are appropriately equipped 2560

to provide emergency care, obstetrical care, and newborn care; 2561

(2) The approximate travel time to each hospital or 2562
facility; 2563

(3) A list of the modes of transport services available, 2564
including an emergency medical service organization available by 2565
calling 9-1-1; 2566

(4) The requirements for activating each mode of 2567
transportation; 2568

(5) The mechanism by which medical records and other 2569
information concerning the patient may be rapidly transmitted to 2570
each hospital or facility; 2571

(6) Confirmation that the certified nurse-midwife or 2572
certified midwife has recommended that the patient pre-register 2573
with the hospital closest to the patient's home that is 2574
appropriately equipped to provide emergency care, obstetrical 2575
care, and newborn care; 2576

(7) Contact information for either a health care provider 2577
or practice group who has agreed in advance to accept patients 2578
in transfer, or a hospital's or facility's preferred method of 2579
accessing care by the hospital's or facility's designated 2580
provider on call; 2581

(8) Any other information required in rules adopted by the 2582
board of nursing. 2583

(D) When it becomes necessary to transfer a patient, a 2584
certified nurse-midwife or certified midwife shall notify the 2585
receiving provider, hospital, or facility of all of the 2586
following: 2587

(1) The incoming transfer; 2588

<u>(2) The reason for the transfer;</u>	2589
<u>(3) A brief relevant clinical history;</u>	2590
<u>(4) The planned mode of transport;</u>	2591
<u>(5) The expected time of arrival;</u>	2592
<u>(6) Any other information required in rules adopted by the</u>	2593
<u>board.</u>	2594
<u>The certified nurse-midwife or certified midwife shall</u>	2595
<u>continue to provide routine or urgent care en route in</u>	2596
<u>coordination with any emergency medical services personnel or</u>	2597
<u>emergency medical service organization and shall address the</u>	2598
<u>psychosocial needs of the patient during the change of birth</u>	2599
<u>setting.</u>	2600
<u>(E) On arrival at the hospital or facility, the certified</u>	2601
<u>nurse-midwife or certified midwife shall do all of the</u>	2602
<u>following:</u>	2603
<u>(1) Provide a verbal report that includes details on the</u>	2604
<u>patient's current health status and the need for urgent care;</u>	2605
<u>(2) Provide a legible copy of relevant prenatal and labor</u>	2606
<u>medical records;</u>	2607
<u>(3) Transfer clinical responsibility to the receiving</u>	2608
<u>provider, hospital, or facility;</u>	2609
<u>(4) Satisfy any other requirement established in rules</u>	2610
<u>adopted by the board of nursing.</u>	2611
<u>If the patient chooses, the certified nurse-midwife or</u>	2612
<u>certified midwife may remain at the hospital or facility to</u>	2613
<u>provide continuous support. The certified nurse-midwife or</u>	2614
<u>certified midwife also may continue to provide midwifery</u>	2615

services, but only if the hospital or facility has granted the 2616
certified nurse-midwife or certified midwife clinical 2617
privileges. Whenever possible, the patient and her newborn shall 2618
be together during the transfer and after admission to the 2619
hospital or facility. 2620

Sec. 4723.583. Emergency medical service personnel or an 2621
emergency medical service organization, hospital, facility, 2622
physician, advanced practice registered nurse, or certified 2623
midwife that provides services or care following an adverse 2624
incident as defined in section 4723.584 of the Revised Code or 2625
during and after a transfer of care as described in section 2626
4723.582 of the Revised Code are not liable in damages in a tort 2627
or other civil action for injury or loss to person or property 2628
arising from the services or care, unless the services or care 2629
are provided in a manner that constitutes willful or wanton 2630
misconduct. 2631

Sec. 4723.584. (A) As used in this section, "adverse 2632
incident" means an incident over which a certified nurse-midwife 2633
or certified midwife could exercise control, that is associated 2634
with an attempted or completed birth in a setting or facility 2635
other than a hospital, and that results in one or more of the 2636
following injuries or conditions: 2637

(1) A maternal death that occurs during delivery or within 2638
forty-two days after delivery; 2639

(2) The transfer of a maternal patient to a hospital 2640
intensive care unit; 2641

(3) A maternal patient experiencing hemorrhagic shock or 2642
requiring a transfusion of more than two units of blood or blood 2643
products; 2644

- (4) A fetal or newborn death, including a stillbirth, 2645
associated with an obstetrical delivery; 2646
- (5) A transfer of a newborn to a neonatal intensive care 2647
unit due to a traumatic physical or neurological birth injury, 2648
including any degree of a brachial plexus injury; 2649
- (6) A transfer of a newborn to a neonatal intensive care 2650
unit within the first seventy-two hours after birth if the 2651
newborn remains in such unit for more than seventy-two hours; 2652
- (7) Any other condition as determined by the board of 2653
nursing in rules adopted under section 4723.07 or 4723.59 of the 2654
Revised Code. 2655
- (B) Beginning July 1, 2027, a certified nurse-midwife or 2656
certified midwife who attends a birth planned for a facility or 2657
setting other than a hospital must report any adverse incident, 2658
along with a medical summary of events, to both of the following 2659
within fifteen days after the adverse incident occurs: 2660
- (1) The department of health; 2661
- (2) The Ohio perinatal quality collaborative. 2662
- (C) Beginning July 1, 2027, each certified nurse-midwife 2663
or certified midwife shall report annually to the department of 2664
health the following information regarding cases in which the 2665
midwife provided services when the intended place of birth at 2666
the onset of care was in a facility or setting other than a 2667
hospital: 2668
- (1) The total number of patients provided nurse-midwifery 2669
or certified midwifery services at the onset of care; 2670
- (2) The number of live births attended; 2671

(3) The number of cases of fetal demise, newborn deaths, 2672
and maternal deaths attended as a certified nurse-midwife or 2673
certified midwife at the discovery of the demise or death; 2674

(4) The number, reason for, and outcome of each transport 2675
of a patient in the antepartum, intrapartum period, or immediate 2676
postpartum period; 2677

(5) A brief description of any complications resulting in 2678
the morbidity or mortality of a maternal patient or a newborn; 2679

(6) The planned delivery setting and the actual setting; 2680

(7) Any other information required in rules adopted by the 2681
department. 2682

(D) The department shall adopt rules to implement this 2683
section and shall develop a form to be used for the reporting 2684
required under divisions (B) and (C) of this section. 2685

Sec. 4723.59. (A) In addition to the rules described in 2686
section 4723.07 of the Revised Code, the board of nursing shall 2687
adopt rules establishing standards and procedures for the 2688
licensure and regulation of certified midwives, including those 2689
establishing license application and renewal procedures. The 2690
rules shall be adopted in accordance with Chapter 119. of the 2691
Revised Code. 2692

(B) The board also may adopt, in accordance with Chapter 2693
119. of the Revised Code, any other rules it considers necessary 2694
to implement and administer sections 4723.53 to 4723.60 of the 2695
Revised Code. The rules may require the completion of a criminal 2696
records check and, in the case of a license to practice as a 2697
certified midwife issued by another jurisdiction, may provide 2698
for licensure by endorsement. 2699

Sec. 4723.60. Sections 4723.53 to 4723.59 of the Revised Code do not abridge, change, or limit in any way the right of a parent to deliver the parent's baby where, when, how, and with whom the parent chooses, regardless of the licensure requirements established in those sections.

Sec. 4723.91. On receipt of a notice pursuant to section 3123.43 of the Revised Code, the board of nursing shall comply with sections 3123.41 to 3123.50 of the Revised Code and any applicable rules adopted under section 3123.63 of the Revised Code with respect to a nursing license, certified midwife license, medication aide certificate, dialysis technician certificate, or community health worker certificate issued pursuant to this chapter.

Sec. 4723.99. (A) Except as provided in division (B) or (C) of this section, whoever violates section 4723.03, 4723.44, 4723.54, 4723.653, or 4723.73 of the Revised Code is guilty of a felony of the fifth degree on a first offense and a felony of the fourth degree on each subsequent offense.

(B) Each of the following is guilty of a minor misdemeanor:

(1) A registered nurse, advanced practice registered nurse, or licensed practical nurse who violates division (A), (B), (C), or (D) of section 4723.03 of the Revised Code by reason of a license to practice nursing that has lapsed for failure to renew or by practicing nursing after a license has been classified as inactive;

(2) A medication aide who violates section 4723.653 of the Revised Code by reason of a medication aide certificate that has lapsed for failure to renew or by administering medication as a

medication aide after a certificate has been classified as 2729
inactive. 2730

(C) Whoever violates division (H) of section 4723.03 of 2731
the Revised Code is guilty of a misdemeanor of the first degree. 2732

Sec. 4724.01. As used in this chapter: 2733

(A) "Certified international midwife" means an individual 2734
who is certified by the international registry of midwives but 2735
is not a licensed midwife. 2736

(B) "Certified professional midwife" means an individual 2737
who is certified by the north American registry of midwives but 2738
is not a licensed midwife. 2739

(C) "International registry of midwives" means the 2740
organization known by that name or its successor organization. 2741

(D) "Licensed midwife" means an individual holding a 2742
license to practice issued under section 4724.04 of the Revised 2743
Code. 2744

(E) "Midwifery education accreditation council" means the 2745
organization known by that name or its successor organization. 2746

(F) "North American registry of midwives" means the 2747
organization known by that name or its successor organization. 2748

(G) "Traditional midwife" means an individual who has 2749
entered the midwifery profession through an apprenticeship 2750
program with an experienced practicing midwife, does not hold a 2751
license to practice as a licensed midwife issued under this 2752
chapter, does not hold a license to practice as a certified 2753
nurse-midwife or certified midwife issued under Chapter 4723. of 2754
the Revised Code, and, before providing midwifery services, 2755
discloses to each client in writing that the individual is not a 2756

certified nurse-midwife, certified midwife, or licensed midwife. 2757

Sec. 4724.02. (A) Except as provided in division (B) of 2758
this section, no individual shall knowingly practice as a 2759
licensed midwife unless the individual holds a current, valid 2760
license to practice issued under section 4724.04 of the Revised 2761
Code. 2762

(B) Division (A) of this section does not apply to any of 2763
the following: 2764

(1) A physician authorized under Chapter 4731. of the 2765
Revised Code to practice medicine and surgery, osteopathic 2766
medicine and surgery, or podiatric medicine and surgery; 2767

(2) A physician assistant authorized under Chapter 4730. 2768
of the Revised Code to practice as a physician assistant; 2769

(3) A registered nurse, advanced practice registered 2770
nurse, or licensed practical nurse authorized under Chapter 2771
4723. of the Revised Code to practice nursing as a registered 2772
nurse, advanced practice registered nurse, or licensed practical 2773
nurse; 2774

(4) A certified midwife authorized under Chapter 4723. of 2775
the Revised Code to practice as a certified midwife; 2776

(5) A student who is participating in a professional 2777
midwifery education program and who provides midwifery services 2778
under the auspices of the program and under the supervision of a 2779
licensed midwife serving for the program as a faculty member, 2780
instructor, teaching assistant, or preceptor; 2781

(6) An individual who is participating in a professional 2782
midwifery apprenticeship and who provides midwifery services as 2783
part of the apprenticeship program and under the supervision of 2784

a licensed midwife serving for the program as an instructor, 2785
teaching assistant, or preceptor; 2786

(7) An individual who provides midwifery services without 2787
a license while engaging in good faith in the practice of the 2788
religious tenets of any church or in any religious act; 2789

(8) An individual who is not engaged in the practice of 2790
the religious tenets of any church or in any religious act but 2791
who provides midwifery services without a license to others 2792
engaging in good faith in the practice of the religious tenets 2793
of any church or in any religious act; 2794

(9) An individual who is a member of a Native American 2795
community and provides midwifery services without a license to 2796
another member of the community; 2797

(10) A traditional midwife; 2798

(11) An individual who is participating in a midwifery 2799
apprenticeship under the supervision of a traditional midwife 2800
and who provides midwifery services as part of the 2801
apprenticeship program under the supervision of a traditional 2802
midwife; 2803

(12) A certified professional midwife or certified 2804
international midwife, but only if the certified professional 2805
midwife or certified international midwife does not, as a part 2806
of the midwife's practice, obtain or administer drugs or perform 2807
surgical suturing. 2808

(C) No individual shall knowingly use the title "licensed 2809
midwife" or any other title implying that the individual is a 2810
licensed midwife unless the individual holds a current, valid 2811
license to practice issued under section 4724.04 of the Revised 2812
Code. 2813

Sec. 4724.03. (A) An individual seeking a license to 2814
practice as a licensed midwife shall file with the department of 2815
commerce an application in a manner prescribed by the 2816
department. The application shall include all the information 2817
the department considers necessary to process the application, 2818
including evidence satisfactory to the department that the 2819
applicant meets the requirements specified in division (B)(1) or 2820
(2) of this section. 2821

(B)(1) To be eligible to receive a license to practice as 2822
a licensed midwife, an applicant shall demonstrate to the 2823
department that the applicant meets all of the following 2824
requirements: 2825

(a) Is at least eighteen years of age; 2826

(b) Has attained a high school degree or equivalent; 2827

(c) Is certified by the north American registry of 2828
midwives, international registry of midwives, or another 2829
certifying organization approved by the department in rules 2830
adopted under section 4724.11 of the Revised Code; 2831

(d) Is certified in neonatal and adult cardiopulmonary 2832
resuscitation; 2833

(e) Has successfully completed a course of study in breech 2834
births approved by the department in rules adopted under section 2835
4724.11 of the Revised Code; 2836

(f) Has successfully completed a course of study in 2837
pharmacology approved by the department in rules adopted under 2838
section 4724.11 of the Revised Code. 2839

(2) In lieu of meeting the requirements described in 2840
division (B)(1)(c) of this section, an applicant may demonstrate 2841

either of the following: 2842

(a) That the applicant holds a current, valid license to 2843
practice as a licensed midwife issued by another state and the 2844
department has determined that the other state's requirements 2845
for licensure are substantially similar to those described in 2846
division (B) (1) of this section; 2847

(b) That the applicant is certified by the north American 2848
registry of midwives and holds a midwifery bridge certificate. 2849

(C) The department shall review all applications received 2850
under this section. After receiving an application it considers 2851
complete, the department shall determine whether the applicant 2852
meets the requirements for a license to practice as a licensed 2853
midwife. 2854

Sec. 4724.04. (A) If the department of commerce determines 2855
under section 4724.03 of the Revised Code that an applicant 2856
meets the requirements for a license to practice as a licensed 2857
midwife, the department shall issue the license to the 2858
applicant. 2859

(B) Each license shall be valid for a two-year period 2860
unless revoked or suspended, shall expire on the date that is 2861
two years after the date of issuance, and may be renewed for 2862
additional two-year periods in accordance with rules adopted 2863
under section 4724.11 of the Revised Code. 2864

(C) To renew a license to practice as a licensed midwife, 2865
an applicant for renewal shall demonstrate both of the following 2866
to the department: 2867

(1) That the applicant has maintained certification in 2868
neonatal and adult cardiopulmonary resuscitation; 2869

(2) That the applicant has maintained certification with 2870
the north American registry of midwives, international registry 2871
of midwives, or another certifying organization approved by the 2872
department in rules adopted under section 4724.11 of the Revised 2873
Code. 2874

(D) In the event a license issued under this section is 2875
not renewed and is therefore expired or inactive, the department 2876
shall reinstate or restore the license if the individual seeking 2877
reinstatement or restoration satisfies the conditions specified 2878
in rules adopted under section 4724.11 of the Revised Code. 2879

Sec. 4724.05. (A) An individual who holds a current, valid 2880
license to practice as a licensed midwife may engage in one or 2881
more of the following activities during the antepartum, 2882
intrapartum, postpartum, and newborn period as part of the scope 2883
of practice for a licensed midwife: 2884

(1) Offering care, education, counseling, and support to 2885
women and their families during pregnancy, birth, and the 2886
postpartum period; 2887

(2) Attending births in hospitals, homes, medical offices, 2888
and freestanding birthing centers; 2889

(3) Providing ongoing care throughout pregnancy and hands 2890
on care during labor, birth, and the immediate postpartum 2891
period; 2892

(4) Providing maternal and newborn assessment for the six- 2893
to eight-week period following delivery; 2894

(5) Providing initial and ongoing comprehensive 2895
assessment, diagnosis, and treatment; 2896

(6) Recognizing abnormal or dangerous conditions requiring 2897

consultations with or referrals to other licensed health care 2898
professionals; 2899

(7) Conducting maternal and newborn physical examinations; 2900

(8) Ordering and interpreting laboratory and diagnostic 2901
tests without a physician's order. 2902

(B) An individual who holds a current, valid license to 2903
practice as a licensed midwife shall not engage in any of the 2904
following activities: 2905

(1) Administering cytotec or oxytocics, including pitocin 2906
and methergine, except when indicated during the postpartum 2907
period; 2908

(2) Using forceps or vacuum extraction to assist with 2909
birth; 2910

(3) Performing any operative procedures or surgical 2911
repairs other than the following: artificial rupture of 2912
membranes; episiotomies; first or second degree perineal, 2913
vaginal, or labial repairs; clamping or cutting the umbilical 2914
cord; or frenotomies. 2915

(C) For the purpose of engaging in one or more of the 2916
activities permitted under division (A) of this section, the 2917
scope of practice for a licensed midwife shall include the 2918
ability to purchase, obtain, possess, and administer the 2919
following: 2920

(1) Subject to division (B) of this section, an 2921
antihemorrhagic agent or device, including tranexamic acid, 2922
pitocin, oxytocin, misoprostol, and methergine; 2923

(2) Intravenous fluids to stabilize the laboring or 2924
postpartum patient or as necessary to administer another drug 2925

<u>authorized by this division;</u>	2926
<u>(3) Neonatal injectable vitamin K;</u>	2927
<u>(4) Newborn antibiotic eye prophylaxis;</u>	2928
<u>(5) Oxygen;</u>	2929
<u>(6) Intravenous antibiotics for group B streptococcal</u> <u>prophylaxis;</u>	2930 2931
<u>(7) Rho (D) immune globulin;</u>	2932
<u>(8) Local anesthesia;</u>	2933
<u>(9) Epinephrine, but only to address an adverse reaction</u> <u>to a medication;</u>	2934 2935
<u>(10) A drug prescribed for the patient by a prescriber.</u>	2936
<u>A licensed midwife also may obtain, without a physician's</u> <u>order, one or more supplies necessary to administer any of the</u> <u>drugs described in division (C) of this section.</u>	2937 2938 2939
<u>(D) This section does not authorize a licensed midwife to</u> <u>prescribe, personally furnish, obtain, or administer either of</u> <u>the following:</u>	2940 2941 2942
<u>(1) Any controlled substance as defined in section 3719.01</u> <u>of the Revised Code;</u>	2943 2944
<u>(2) A drug or device to perform or induce an abortion.</u>	2945
<u>(E) When engaging in any of the activities permitted under</u> <u>this section, a licensed midwife shall maintain appropriate</u> <u>medical records regarding patient history, treatment, and</u> <u>outcomes.</u>	2946 2947 2948 2949
<u>Sec. 4724.06. The department of commerce shall limit,</u> <u>revoke, or suspend an individual's license to practice as a</u>	2950 2951

licensed midwife, refuse to issue a license to an applicant, 2952
refuse to renew a license, refuse to reinstate or restore a 2953
license, or reprimand or place on probation the holder of a 2954
license for any of the reasons specified in rules adopted under 2955
section 4724.11 of the Revised Code. 2956

Sec. 4724.07. (A) This section establishes the process by 2957
which a licensed midwife obtains a patient's consent to 2958
treatment authorized by section 4724.05 of the Revised Code, 2959
including attending a home birth or providing care during a 2960
high-risk pregnancy. 2961

(B) The following information shall be exchanged in 2962
writing between a licensed midwife and patient when obtaining 2963
consent to treatment as described in division (A) of this 2964
section: 2965

(1) The name and license number of the licensed midwife; 2966

(2) The patient's name, address, telephone number, and 2967
primary care provider, if the patient has one; 2968

(3) A description of the licensed midwife's education, 2969
training, and experience in midwifery; 2970

(4) The licensed midwife's practice philosophy; 2971

(5) A promise to provide the patient, upon request, with 2972
separate documents describing the rules governing the practice 2973
of midwifery, including a list of conditions indicating the need 2974
for consultation, referral, transfer, or mandatory transfer and 2975
the licensed midwife's personal written practice guidelines; 2976

(6) A written plan for medical consultation and transfer 2977
of care; 2978

(7) A description of any hospital care and procedures that 2979

may be necessary in the event of an emergency transfer or care; 2980

(8) A description of the services provided to the patient 2981
by the licensed midwife; 2982

(9) That the licensed midwife holds a current, valid 2983
license to practice issued under this chapter; 2984

(10) The availability of a grievance process; 2985

(11) Whether the licensed midwife is covered by 2986
professional liability insurance; 2987

(12) Any other information required in rules adopted by 2988
the department. 2989

(C) Once the required information has been exchanged and 2990
if the patient consents to treatment, the patient and licensed 2991
midwife shall sign a written document to indicate as such. The 2992
licensed midwife shall retain a copy of the document for at 2993
least four years from the date on which the document was signed. 2994

Sec. 4724.08. (A) The department of commerce shall adopt 2995
rules establishing the circumstances in which a licensed midwife 2996
shall be prohibited from attending a home birth, which may 2997
include a high-risk pregnancy. In adopting the rules, the 2998
department shall allow a licensed midwife to attend a vaginal 2999
birth after cesarean, birth of twins, or breech birth as a home 3000
birth if the conditions described in division (B) of this 3001
section are satisfied. 3002

(B) In the event of a home birth described in division (A) 3003
of this section, a licensed midwife may attend the birth only if 3004
all of the following conditions are satisfied: 3005

(1) In addition to the informed consent required under 3006
section 4724.06 of the Revised Code, the licensed midwife 3007

obtains the patient's written informed consent for the vaginal 3008
birth after cesarean, birth of twins, or breech birth, including 3009
a description of risks associated with the procedure. 3010

(2) The licensed midwife consults with a physician or 3011
other health care provider about the patient and together with 3012
the physician or provider determines whether referral is 3013
appropriate for the patient. If a referral is determined to be 3014
appropriate and the patient consents to the referral, the 3015
licensed midwife shall refer the patient to the physician or 3016
provider. If the patient refuses the referral, the licensed 3017
midwife shall document the refusal and may continue to provide 3018
care to the patient, including attending the vaginal birth after 3019
cesarean, birth of twins, or breech birth. 3020

(3) The licensed midwife satisfies any other conditions 3021
required in rules adopted by the department. 3022

(C) In adopting rules under this section, the department 3023
shall do both of the following: 3024

(1) Adhere to the recommendations of the licensed 3025
midwifery advisory council and any relevant peer-reviewed 3026
medical literature; 3027

(2) Specify the content and format of the document to be 3028
used when obtaining informed consent as described in this 3029
section. 3030

Sec. 4724.09. (A) As used in this section and section 3031
4724.10 of the Revised Code, "emergency medical service," 3032
"emergency medical service personnel," and "emergency medical 3033
service organization" have the same meanings as in section 3034
4765.01 of the Revised Code. 3035

(B) For any pregnancy or childbirth in which a licensed 3036

midwife provides care and a home birth is planned, both of the 3037
following apply: 3038

(1) The licensed midwife shall create an individualized 3039
transfer of care plan with each patient. 3040

(2) The licensed midwife shall assess the status of the 3041
patient, fetus, and newborn throughout the maternity care cycle 3042
and shall determine when or if a transfer to a hospital or 3043
facility is necessary. 3044

(C) Each individualized transfer of care plan shall 3045
contain all of the following: 3046

(1) The name and location of geographically adjacent 3047
hospitals and other facilities that are appropriately equipped 3048
to provide emergency care, obstetrical care, and newborn care; 3049

(2) The approximate travel time to each hospital or 3050
facility; 3051

(3) A list of the modes of transport services available, 3052
including an emergency medical service organization available by 3053
calling 9-1-1; 3054

(4) The requirements for activating each mode of 3055
transportation; 3056

(5) The mechanism by which medical records and other 3057
information concerning the patient may be rapidly transmitted to 3058
each hospital or facility; 3059

(6) Confirmation that the licensed midwife has recommended 3060
that the patient pre-register with the hospital closest to the 3061
patient's home that is appropriately equipped to provide 3062
emergency care, obstetrical care, and newborn care; 3063

(7) Contact information for either a health care provider 3064
or practice group who has agreed in advance to accept patients 3065
in transfer, or a hospital's or facility's preferred method of 3066
accessing care by the hospital's or facility's designated 3067
provider on call; 3068

(8) Any other information required in rules adopted by the 3069
department of commerce. 3070

(D) When it becomes necessary to transfer a patient, a 3071
licensed midwife shall notify the receiving provider, hospital, 3072
or facility of all of the following: 3073

(1) The incoming transfer; 3074

(2) The reason for the transfer; 3075

(3) A brief relevant clinical history; 3076

(4) The planned mode of transport; 3077

(5) The expected time of arrival; 3078

(6) Any other information required in rules adopted by the 3079
department. 3080

The licensed midwife may continue to provide routine or 3081
urgent care en route in coordination with any emergency medical 3082
services personnel or emergency medical service organization 3083
and, if continued care is provided, the licensed midwife shall 3084
address the psychosocial needs of the patient during the change 3085
of birth setting. 3086

(E) On arrival at the hospital or facility, the licensed 3087
midwife shall do all of the following: 3088

(1) Provide a verbal report that includes details on the 3089
patient's current health status and the need for urgent care; 3090

(2) Provide a legible copy of relevant prenatal and labor 3091
medical records; 3092

(3) Transfer clinical responsibility to the receiving 3093
provider, hospital, or facility; 3094

(4) Satisfy any other requirement established in rules 3095
adopted by the department. 3096

If the patient chooses, the licensed midwife may remain at 3097
the hospital or facility to provide continuous support. The 3098
licensed midwife also may continue to provide midwifery 3099
services, but only if the hospital or facility has granted the 3100
licensed midwife clinical privileges. Whenever possible, the 3101
patient and her newborn shall be together during the transfer 3102
and after admission to the hospital or facility. 3103

Sec. 4724.10. (A) As used in this section, "adverse 3104
incident" means an incident over which a licensed midwife could 3105
exercise control, that is associated with an attempted or 3106
completed birth in a setting or facility other than a hospital, 3107
and that results in one or more of the following injuries or 3108
conditions: 3109

(1) A maternal death that occurs during delivery or within 3110
forty-two days after delivery; 3111

(2) The transfer of a maternal patient to a hospital 3112
intensive care unit; 3113

(3) A maternal patient experiencing hemorrhagic shock or 3114
requiring a transfusion of more than two units of blood or blood 3115
products; 3116

(4) A fetal or neonatal death, including a stillbirth; 3117

(5) A transfer of a newborn to a neonatal intensive care 3118

unit due to a traumatic physical or neurological birth injury, 3119
including any degree of a brachial plexus injury; 3120

(6) A transfer of a newborn to a neonatal intensive care 3121
unit within the first seventy-two hours after birth if the 3122
newborn remains in such unit for more than seventy-two hours; 3123

(7) Any other condition as determined by the department of 3124
commerce in rules adopted under section 4724.11 of the Revised 3125
Code. 3126

(B) Beginning July 1, 2027, a licensed midwife who attends 3127
a birth planned for a facility or setting other than a hospital 3128
must report any adverse incident, along with a medical summary 3129
of events, to both of the following within fifteen days after 3130
the adverse incident occurs: 3131

(1) The licensed midwifery advisory council; 3132

(2) The Ohio perinatal quality collaborative. 3133

(C) Beginning July 1, 2027, each licensed midwife shall 3134
report annually to the licensed midwifery advisory council the 3135
following information regarding cases in which the licensed 3136
midwife provided services when the intended place of birth at 3137
the onset of care was in a facility or setting other than a 3138
hospital: 3139

(1) The total number of patients provided licensed 3140
midwifery services at the onset of care; 3141

(2) The number of live births attended; 3142

(3) The number of cases of fetal demise, newborn deaths, 3143
and maternal deaths attended as a licensed midwife at the 3144
discovery of the demise or death; 3145

(4) The number, reason for, and outcome of each transport 3146
of a patient in the antepartum, intrapartum period, or immediate 3147
postpartum period; 3148

(5) A brief description of any complications resulting in 3149
the morbidity or mortality of a maternal patient or a newborn; 3150

(6) The planned delivery setting and the actual setting; 3151

(7) Any other information required in rules adopted by the 3152
department of commerce. 3153

(D) The department shall adopt rules to implement this 3154
section and shall develop a form to be used for the reporting 3155
required under divisions (B) and (C) of this section. 3156

Sec. 4724.11. (A) In accordance with Chapter 119. of the 3157
Revised Code, the department of commerce shall adopt rules that 3158
establish all of the following: 3159

(1) Standards and procedures for applying for, renewing, 3160
reinstating, or restoring a license to practice as a licensed 3161
midwife; 3162

(2) Application, renewal, reinstatement, and restoration 3163
fee amounts for a license to practice as a licensed midwife, 3164
with the amount of the application fee not to exceed forty-five 3165
dollars and the amount of the renewal fee not to exceed twenty 3166
dollars; 3167

(3) Standards and procedures for approving and 3168
successfully completing a course of study in breech births and a 3169
course of study in pharmacology, each as described in section 3170
4724.03 of the Revised Code; 3171

(4) Subject to division (C) of this section, standards and 3172
procedures for approving certifying organizations as described 3173

in section 4724.03 of the Revised Code; 3174

(5) Reasons for which the department may refuse to issue, 3175
or renew, suspend, or revoke a license or otherwise impose 3176
discipline on a licensed midwife; 3177

(6) Conditions to be satisfied before the department 3178
reinstates or restores an expired or inactive license; 3179

(7) Procedures for reporting to the department license 3180
holder misconduct; 3181

(8) Procedures by which the department conducts 3182
disciplinary investigations. 3183

(B) In adopting rules establishing standards and 3184
procedures for the approval of certifying organizations, the 3185
department shall approve an organization only if its 3186
certification requirements meet or exceed those of the north 3187
American registry of midwives or the international registry of 3188
midwives. 3189

(C) The department also may adopt, in accordance with 3190
Chapter 119. of the Revised Code, any other rules it considers 3191
necessary to implement and administer this chapter. The rules 3192
may require the completion of a criminal records check. 3193

Sec. 4724.12. This chapter does not abridge, change, or 3194
limit in any way the right of a parent to deliver the parent's 3195
baby where, when, how, and with whom the parent chooses, 3196
regardless of the licensure requirements established in this 3197
chapter. 3198

Sec. 4724.13. (A) There is hereby created within the 3199
department of commerce the licensed midwifery advisory council. 3200
The council shall consist of all of the following members: 3201

(1) One certified nurse-midwife and one certified midwife 3202
or certified nurse-midwife, preferably with experience attending 3203
a birth in a setting or facility other than a hospital; 3204

(2) Four licensed midwives, including one practicing in an 3205
urban setting and one serving a plain Amish or Mennonite 3206
community; 3207

(3) One physician who is board-certified in obstetrics and 3208
gynecology, as those designations are issued by a medical 3209
specialty certifying board recognized by the American board of 3210
medical specialties or American osteopathic association, and 3211
with experience consulting with midwives who provide midwifery 3212
services in locations other than hospitals; 3213

(4) One physician who is board-certified in neonatal 3214
medicine, as that designation is issued by a medical specialty 3215
certifying board recognized by the American board of medical 3216
specialties or American osteopathic association, and with 3217
experience consulting with midwives who provide midwifery 3218
services in locations other than hospitals; 3219

(5) One member of the public who has experience utilizing 3220
or receiving midwifery services in locations other than 3221
hospitals. 3222

Of the members who are licensed midwives, each shall 3223
obtain licensure as a licensed midwife under this chapter not 3224
later than January 1, 2028. 3225

(B) The department shall appoint the members described in 3226
division (A) of this section. The department may solicit 3227
nominations for initial appointments and for filling any 3228
vacancies from individuals or organizations with an interest in 3229
midwifery services. If the department does not receive any 3230

nominations or receives an insufficient number of nominations, 3231
the department shall appoint members and fill vacancies on its 3232
own advice. 3233

Of the physician members described in divisions (A) (3) and 3234
(4) of this section, if the department does not receive any 3235
nominations for physicians with experience consulting with 3236
midwives who provide midwifery services in locations other than 3237
hospitals, the department shall appoint physicians without such 3238
experience, but only if the department determines that each 3239
physician satisfies the other requirements of division (A) (3) or 3240
(4) of this section. 3241

Initial appointments to the council shall be made not 3242
later than ninety days after the effective date of this section. 3243
Of the initial appointments described in division (A) of this 3244
section, four shall be for terms of three years and five shall 3245
be for terms of four years. Thereafter, terms shall be for four 3246
years, with each term ending on the same day of the same month 3247
as did the term that it succeeds. Vacancies shall be filled in 3248
the same manner as appointments. 3249

When the term of any member expires, a successor shall be 3250
appointed in the same manner as the initial appointment. Any 3251
member appointed to fill a vacancy occurring prior to the 3252
expiration of the term for which the member's predecessor was 3253
appointed shall hold office for the remainder of that term. A 3254
member shall continue in office subsequent to the expiration 3255
date of the member's term until the member's successor takes 3256
office or until a period of sixty days has elapsed, whichever 3257
occurs first. A member may be reappointed. 3258

(C) The council shall organize by selecting a chairperson 3259
from among its members. The council may select a new chairperson 3260

at any time. Four members constitute a quorum for the 3261
transaction of official business. Members shall serve without 3262
compensation but shall receive payment for their actual and 3263
necessary expenses incurred in the performance of their official 3264
duties. The expenses shall be paid by the department. 3265

(D) The council shall advise and make recommendations to 3266
the department regarding the practice and regulation of licensed 3267
midwives. The department shall adhere to such advice and 3268
recommendations when adopting any rules governing the practice 3269
of licensed midwives, including rules to address the following: 3270

(1) Circumstances in which attending a home birth is 3271
prohibited, as described in section 4724.08 of the Revised Code; 3272

(2) Limitations on providing care during a high-risk 3273
pregnancy, including when a home birth is planned; 3274

(3) Adverse incident reporting and annual reporting, both 3275
required under section 4724.10 of the Revised Code; 3276

(4) Obtaining a patient's informed consent, as described 3277
in section 4724.07 of the Revised Code; 3278

(5) Creating an individualized transfer of care plan, as 3279
described in section 4724.09 of the Revised Code. 3280

(E) The council shall review each adverse incident report 3281
submitted to the council as described in section 4724.10 of the 3282
Revised Code. As soon as practicable after the required review, 3283
the council shall make a recommendation to the department 3284
regarding whether discipline should be imposed on the licensed 3285
midwife, and if so, the type of discipline to be imposed. 3286

The council shall develop a policy by which it addresses 3287
and considers adverse incident reports. 3288

Sec. 4724.14. Emergency medical service personnel or an 3289
emergency medical service organization, hospital, facility, 3290
physician, advanced practice registered nurse, licensed midwife, 3291
or traditional midwife that provides services or care following 3292
an adverse incident as defined in section 4724.10 of the Revised 3293
Code, or during and after a transfer of care as described in 3294
section 4724.09 of the Revised Code, are not liable in damages 3295
in a tort or other civil action for injury or loss to person or 3296
property arising from the services or care, unless the services 3297
or care are provided in a manner that constitutes willful or 3298
wanton misconduct. 3299

Sec. 4724.99. (A) Whoever violates division (A) of section 3300
4724.02 of the Revised Code is guilty of a felony of the fifth 3301
degree on a first offense and a felony of the fourth degree on 3302
each subsequent offense. 3303

(B) Whoever violates division (C) of section 4724.02 of 3304
the Revised Code is guilty of a misdemeanor of the first degree 3305
and is subject to a fine in the amount of one thousand dollars 3306
and a jail term of not more than one hundred eighty days. 3307

Sec. 4731.22. (A) The state medical board, by an 3308
affirmative vote of not fewer than six of its members, may 3309
limit, revoke, or suspend a license or certificate to practice 3310
or certificate to recommend, refuse to grant a license or 3311
certificate, refuse to renew a license or certificate, refuse to 3312
reinstate a license or certificate, or reprimand or place on 3313
probation the holder of a license or certificate if the 3314
individual applying for or holding the license or certificate is 3315
found by the board to have committed fraud during the 3316
administration of the examination for a license or certificate 3317
to practice or to have committed fraud, misrepresentation, or 3318

deception in applying for, renewing, or securing any license or 3319
certificate to practice or certificate to recommend issued by 3320
the board. 3321

(B) Except as provided in division (P) of this section, 3322
the board, by an affirmative vote of not fewer than six members, 3323
shall, to the extent permitted by law, limit, revoke, or suspend 3324
a license or certificate to practice or certificate to 3325
recommend, refuse to issue a license or certificate, refuse to 3326
renew a license or certificate, refuse to reinstate a license or 3327
certificate, or reprimand or place on probation the holder of a 3328
license or certificate for one or more of the following reasons: 3329

(1) Permitting one's name or one's license or certificate 3330
to practice to be used by a person, group, or corporation when 3331
the individual concerned is not actually directing the treatment 3332
given; 3333

(2) Failure to maintain minimal standards applicable to 3334
the selection or administration of drugs, or failure to employ 3335
acceptable scientific methods in the selection of drugs or other 3336
modalities for treatment of disease; 3337

(3) Except as provided in section 4731.97 of the Revised 3338
Code, selling, giving away, personally furnishing, prescribing, 3339
or administering drugs for other than legal and legitimate 3340
therapeutic purposes or a plea of guilty to, a judicial finding 3341
of guilt of, or a judicial finding of eligibility for 3342
intervention in lieu of conviction of, a violation of any 3343
federal or state law regulating the possession, distribution, or 3344
use of any drug; 3345

(4) Willfully betraying a professional confidence. 3346

For purposes of this division, "willfully betraying a 3347

professional confidence" does not include providing any 3348
information, documents, or reports under sections 307.621 to 3349
307.629 of the Revised Code to a child fatality review board; 3350
does not include providing any information, documents, or 3351
reports under sections 307.631 to 307.6410 of the Revised Code 3352
to a drug overdose fatality review committee, a suicide fatality 3353
review committee, or hybrid drug overdose fatality and suicide 3354
fatality review committee; does not include providing any 3355
information, documents, or reports under sections 307.651 to 3356
307.659 of the Revised Code to a domestic violence fatality 3357
review board; does not include providing any information, 3358
documents, or reports to the director of health pursuant to 3359
guidelines established under section 3701.70 of the Revised 3360
Code; does not include written notice to a mental health 3361
professional under section 4731.62 of the Revised Code; does not 3362
include making a report as described in division (F) of section 3363
2921.22 and section 4731.224 of the Revised Code; and does not 3364
include the making of a report of an employee's use of a drug of 3365
abuse, or a report of a condition of an employee other than one 3366
involving the use of a drug of abuse, to the employer of the 3367
employee as described in division (B) of section 2305.33 of the 3368
Revised Code. Nothing in this division affects the immunity from 3369
civil liability conferred by section 2305.33 or 4731.62 of the 3370
Revised Code upon a physician who makes a report in accordance 3371
with section 2305.33 or notifies a mental health professional in 3372
accordance with section 4731.62 of the Revised Code. As used in 3373
this division, "employee," "employer," and "physician" have the 3374
same meanings as in section 2305.33 of the Revised Code. 3375

(5) Making a false, fraudulent, deceptive, or misleading 3376
statement in the solicitation of or advertising for patients; in 3377
relation to the practice of medicine and surgery, osteopathic 3378

medicine and surgery, podiatric medicine and surgery, or a 3379
limited branch of medicine; or in securing or attempting to 3380
secure any license or certificate to practice issued by the 3381
board. 3382

As used in this division, "false, fraudulent, deceptive, 3383
or misleading statement" means a statement that includes a 3384
misrepresentation of fact, is likely to mislead or deceive 3385
because of a failure to disclose material facts, is intended or 3386
is likely to create false or unjustified expectations of 3387
favorable results, or includes representations or implications 3388
that in reasonable probability will cause an ordinarily prudent 3389
person to misunderstand or be deceived. 3390

(6) A departure from, or the failure to conform to, 3391
minimal standards of care of similar practitioners under the 3392
same or similar circumstances, whether or not actual injury to a 3393
patient is established; 3394

(7) Representing, with the purpose of obtaining 3395
compensation or other advantage as personal gain or for any 3396
other person, that an incurable disease or injury, or other 3397
incurable condition, can be permanently cured; 3398

(8) The obtaining of, or attempting to obtain, money or 3399
anything of value by fraudulent misrepresentations in the course 3400
of practice; 3401

(9) A plea of guilty to, a judicial finding of guilt of, 3402
or a judicial finding of eligibility for intervention in lieu of 3403
conviction for, a felony; 3404

(10) Commission of an act that constitutes a felony in 3405
this state, regardless of the jurisdiction in which the act was 3406
committed; 3407

(11) A plea of guilty to, a judicial finding of guilt of, 3408
or a judicial finding of eligibility for intervention in lieu of 3409
conviction for, a misdemeanor committed in the course of 3410
practice; 3411

(12) Commission of an act in the course of practice that 3412
constitutes a misdemeanor in this state, regardless of the 3413
jurisdiction in which the act was committed; 3414

(13) A plea of guilty to, a judicial finding of guilt of, 3415
or a judicial finding of eligibility for intervention in lieu of 3416
conviction for, a misdemeanor involving moral turpitude; 3417

(14) Commission of an act involving moral turpitude that 3418
constitutes a misdemeanor in this state, regardless of the 3419
jurisdiction in which the act was committed; 3420

(15) Violation of the conditions of limitation placed by 3421
the board upon a license or certificate to practice; 3422

(16) Failure to pay license renewal fees specified in this 3423
chapter; 3424

(17) Except as authorized in section 4731.31 of the 3425
Revised Code, engaging in the division of fees for referral of 3426
patients, or the receiving of a thing of value in return for a 3427
specific referral of a patient to utilize a particular service 3428
or business; 3429

(18) Subject to section 4731.226 of the Revised Code, 3430
violation of any provision of a code of ethics of the American 3431
medical association, the American osteopathic association, the 3432
American podiatric medical association, or any other national 3433
professional organizations that the board specifies by rule. The 3434
state medical board shall obtain and keep on file current copies 3435
of the codes of ethics of the various national professional 3436

organizations. The individual whose license or certificate is 3437
being suspended or revoked shall not be found to have violated 3438
any provision of a code of ethics of an organization not 3439
appropriate to the individual's profession. 3440

For purposes of this division, a "provision of a code of 3441
ethics of a national professional organization" does not include 3442
any provision that would preclude the making of a report by a 3443
physician of an employee's use of a drug of abuse, or of a 3444
condition of an employee other than one involving the use of a 3445
drug of abuse, to the employer of the employee as described in 3446
division (B) of section 2305.33 of the Revised Code. Nothing in 3447
this division affects the immunity from civil liability 3448
conferred by that section upon a physician who makes either type 3449
of report in accordance with division (B) of that section. As 3450
used in this division, "employee," "employer," and "physician" 3451
have the same meanings as in section 2305.33 of the Revised 3452
Code. 3453

(19) Inability to practice according to acceptable and 3454
prevailing standards of care by reason of mental illness or 3455
physical illness, including, but not limited to, physical 3456
deterioration that adversely affects cognitive, motor, or 3457
perceptive skills. 3458

In enforcing this division, the board, upon a showing of a 3459
possible violation, shall refer any individual who is authorized 3460
to practice by this chapter or who has submitted an application 3461
pursuant to this chapter to the monitoring organization that 3462
conducts the confidential monitoring program established under 3463
section 4731.25 of the Revised Code. The board also may compel 3464
the individual to submit to a mental examination, physical 3465
examination, including an HIV test, or both a mental and a 3466

physical examination. The expense of the examination is the 3467
responsibility of the individual compelled to be examined. 3468
Failure to submit to a mental or physical examination or consent 3469
to an HIV test ordered by the board constitutes an admission of 3470
the allegations against the individual unless the failure is due 3471
to circumstances beyond the individual's control, and a default 3472
and final order may be entered without the taking of testimony 3473
or presentation of evidence. If the board finds an individual 3474
unable to practice because of the reasons set forth in this 3475
division, the board shall require the individual to submit to 3476
care, counseling, or treatment by physicians approved or 3477
designated by the board, as a condition for initial, continued, 3478
reinstated, or renewed authority to practice. An individual 3479
affected under this division shall be afforded an opportunity to 3480
demonstrate to the board the ability to resume practice in 3481
compliance with acceptable and prevailing standards under the 3482
provisions of the individual's license or certificate. For the 3483
purpose of this division, any individual who applies for or 3484
receives a license or certificate to practice under this chapter 3485
accepts the privilege of practicing in this state and, by so 3486
doing, shall be deemed to have given consent to submit to a 3487
mental or physical examination when directed to do so in writing 3488
by the board, and to have waived all objections to the 3489
admissibility of testimony or examination reports that 3490
constitute a privileged communication. 3491

(20) Except as provided in division (F) (1) (b) of section 3492
4731.282 of the Revised Code or when civil penalties are imposed 3493
under section 4731.225 of the Revised Code, and subject to 3494
section 4731.226 of the Revised Code, violating or attempting to 3495
violate, directly or indirectly, or assisting in or abetting the 3496
violation of, or conspiring to violate, any provisions of this 3497

chapter or any rule promulgated by the board. 3498

This division does not apply to a violation or attempted 3499
violation of, assisting in or abetting the violation of, or a 3500
conspiracy to violate, any provision of this chapter or any rule 3501
adopted by the board that would preclude the making of a report 3502
by a physician of an employee's use of a drug of abuse, or of a 3503
condition of an employee other than one involving the use of a 3504
drug of abuse, to the employer of the employee as described in 3505
division (B) of section 2305.33 of the Revised Code. Nothing in 3506
this division affects the immunity from civil liability 3507
conferred by that section upon a physician who makes either type 3508
of report in accordance with division (B) of that section. As 3509
used in this division, "employee," "employer," and "physician" 3510
have the same meanings as in section 2305.33 of the Revised 3511
Code. 3512

(21) The violation of section 3701.79 of the Revised Code 3513
or of any abortion rule adopted by the director of health 3514
pursuant to section 3701.341 of the Revised Code; 3515

(22) Any of the following actions taken by an agency 3516
responsible for authorizing, certifying, or regulating an 3517
individual to practice a health care occupation or provide 3518
health care services in this state or another jurisdiction, for 3519
any reason other than the nonpayment of fees: the limitation, 3520
revocation, or suspension of an individual's license to 3521
practice; acceptance of an individual's license surrender; 3522
denial of a license; refusal to renew or reinstate a license; 3523
imposition of probation; or issuance of an order of censure or 3524
other reprimand; 3525

(23) The violation of section 2919.12 of the Revised Code 3526
or the performance or inducement of an abortion upon a pregnant 3527

woman with actual knowledge that the conditions specified in 3528
division (B) of section 2317.56 of the Revised Code have not 3529
been satisfied or with a heedless indifference as to whether 3530
those conditions have been satisfied, unless an affirmative 3531
defense as specified in division (H) (2) of that section would 3532
apply in a civil action authorized by division (H) (1) of that 3533
section; 3534

(24) The revocation, suspension, restriction, reduction, 3535
or termination of clinical privileges by the United States 3536
department of defense or department of veterans affairs or the 3537
termination or suspension of a certificate of registration to 3538
prescribe drugs by the drug enforcement administration of the 3539
United States department of justice; 3540

(25) Termination or suspension from participation in the 3541
medicare or medicaid programs by the department of health and 3542
human services or other responsible agency; 3543

(26) Impairment of ability to practice according to 3544
acceptable and prevailing standards of care because of substance 3545
use disorder or excessive use or abuse of drugs, alcohol, or 3546
other substances that may impair ability to practice. 3547

For the purposes of this division, any individual 3548
authorized to practice by this chapter accepts the privilege of 3549
practicing in this state subject to supervision by the board. By 3550
filing an application for or holding a license or certificate to 3551
practice under this chapter, an individual shall be deemed to 3552
have given consent to submit to a mental or physical examination 3553
when ordered to do so by the board in writing, and to have 3554
waived all objections to the admissibility of testimony or 3555
examination reports that constitute privileged communications. 3556

If it has reason to believe that any individual authorized 3557
to practice by this chapter or any applicant for licensure or 3558
certification to practice suffers such impairment, the board 3559
shall refer the individual to the monitoring organization that 3560
conducts the confidential monitoring program established under 3561
section 4731.25 of the Revised Code. The board also may compel 3562
the individual to submit to a mental or physical examination, or 3563
both. The expense of the examination is the responsibility of 3564
the individual compelled to be examined. Any mental or physical 3565
examination required under this division shall be undertaken by 3566
a treatment provider or physician who is qualified to conduct 3567
the examination and who is approved under section 4731.251 of 3568
the Revised Code. 3569

Failure to submit to a mental or physical examination 3570
ordered by the board constitutes an admission of the allegations 3571
against the individual unless the failure is due to 3572
circumstances beyond the individual's control, and a default and 3573
final order may be entered without the taking of testimony or 3574
presentation of evidence. If the board determines that the 3575
individual's ability to practice is impaired, the board shall 3576
suspend the individual's license or certificate or deny the 3577
individual's application and shall require the individual, as a 3578
condition for initial, continued, reinstated, or renewed 3579
licensure or certification to practice, to submit to treatment. 3580

Before being eligible to apply for reinstatement of a 3581
license or certificate suspended under this division, the 3582
impaired practitioner shall demonstrate to the board the ability 3583
to resume practice in compliance with acceptable and prevailing 3584
standards of care under the provisions of the practitioner's 3585
license or certificate. The demonstration shall include, but 3586
shall not be limited to, the following: 3587

(a) Certification from a treatment provider approved under 3588
section 4731.251 of the Revised Code that the individual has 3589
successfully completed any required inpatient treatment; 3590

(b) Evidence of continuing full compliance with an 3591
aftercare contract or consent agreement; 3592

(c) Two written reports indicating that the individual's 3593
ability to practice has been assessed and that the individual 3594
has been found capable of practicing according to acceptable and 3595
prevailing standards of care. The reports shall be made by 3596
individuals or providers approved by the board for making the 3597
assessments and shall describe the basis for their 3598
determination. 3599

The board may reinstate a license or certificate suspended 3600
under this division after that demonstration and after the 3601
individual has entered into a written consent agreement. 3602

When the impaired practitioner resumes practice, the board 3603
shall require continued monitoring of the individual. The 3604
monitoring shall include, but not be limited to, compliance with 3605
the written consent agreement entered into before reinstatement 3606
or with conditions imposed by board order after a hearing, and, 3607
upon termination of the consent agreement, submission to the 3608
board for at least two years of annual written progress reports 3609
made under penalty of perjury stating whether the individual has 3610
maintained sobriety. 3611

(27) A second or subsequent violation of section 4731.66 3612
or 4731.69 of the Revised Code; 3613

(28) Except as provided in division (N) of this section: 3614

(a) Waiving the payment of all or any part of a deductible 3615
or copayment that a patient, pursuant to a health insurance or 3616

health care policy, contract, or plan that covers the 3617
individual's services, otherwise would be required to pay if the 3618
waiver is used as an enticement to a patient or group of 3619
patients to receive health care services from that individual; 3620

(b) Advertising that the individual will waive the payment 3621
of all or any part of a deductible or copayment that a patient, 3622
pursuant to a health insurance or health care policy, contract, 3623
or plan that covers the individual's services, otherwise would 3624
be required to pay. 3625

(29) Failure to use universal blood and body fluid 3626
precautions established by rules adopted under section 4731.051 3627
of the Revised Code; 3628

(30) Failure to provide notice to, and receive 3629
acknowledgment of the notice from, a patient when required by 3630
section 4731.143 of the Revised Code prior to providing 3631
nonemergency professional services, or failure to maintain that 3632
notice in the patient's medical record; 3633

(31) Failure of a physician supervising a physician 3634
assistant to maintain supervision in accordance with the 3635
requirements of Chapter 4730. of the Revised Code and the rules 3636
adopted under that chapter; 3637

(32) Failure of a physician or podiatrist to enter into a 3638
standard care arrangement with a certified midwife, clinical 3639
nurse specialist, certified nurse-midwife, or certified nurse 3640
practitioner with whom the physician or podiatrist is in 3641
collaboration pursuant to section 4731.27 of the Revised Code or 3642
failure to fulfill the responsibilities of collaboration after 3643
entering into a standard care arrangement; 3644

(33) Failure to comply with the terms of a consult 3645

agreement entered into with a pharmacist pursuant to section 3646
4729.39 of the Revised Code; 3647

(34) Failure to cooperate in an investigation conducted by 3648
the board under division (F) of this section, including failure 3649
to comply with a subpoena or order issued by the board or 3650
failure to answer truthfully a question presented by the board 3651
in an investigative interview, an investigative office 3652
conference, at a deposition, or in written interrogatories, 3653
except that failure to cooperate with an investigation shall not 3654
constitute grounds for discipline under this section if a court 3655
of competent jurisdiction has issued an order that either 3656
quashes a subpoena or permits the individual to withhold the 3657
testimony or evidence in issue; 3658

(35) Failure to supervise an anesthesiologist assistant in 3659
accordance with Chapter 4760. of the Revised Code and the 3660
board's rules for supervision of an anesthesiologist assistant; 3661

(36) Assisting suicide, as defined in section 3795.01 of 3662
the Revised Code; 3663

(37) Failure to comply with the requirements of section 3664
2317.561 of the Revised Code; 3665

(38) Failure to supervise a radiologist assistant in 3666
accordance with Chapter 4774. of the Revised Code and the 3667
board's rules for supervision of radiologist assistants; 3668

(39) Performing or inducing an abortion at an office or 3669
facility with knowledge that the office or facility fails to 3670
post the notice required under section 3701.791 of the Revised 3671
Code; 3672

(40) Failure to comply with the standards and procedures 3673
established in rules under section 4731.054 of the Revised Code 3674

for the operation of or the provision of care at a pain 3675
management clinic; 3676

(41) Failure to comply with the standards and procedures 3677
established in rules under section 4731.054 of the Revised Code 3678
for providing supervision, direction, and control of individuals 3679
at a pain management clinic; 3680

(42) Failure to comply with the requirements of section 3681
4729.79 or 4731.055 of the Revised Code, unless the state board 3682
of pharmacy no longer maintains a drug database pursuant to 3683
section 4729.75 of the Revised Code; 3684

(43) Failure to comply with the requirements of section 3685
2919.171, 2919.202, or 2919.203 of the Revised Code or failure 3686
to submit to the department of health in accordance with a court 3687
order a complete report as described in section 2919.171 or 3688
2919.202 of the Revised Code; 3689

(44) Practicing at a facility that is subject to licensure 3690
as a category III terminal distributor of dangerous drugs with a 3691
pain management clinic classification unless the person 3692
operating the facility has obtained and maintains the license 3693
with the classification; 3694

(45) Owning a facility that is subject to licensure as a 3695
category III terminal distributor of dangerous drugs with a pain 3696
management clinic classification unless the facility is licensed 3697
with the classification; 3698

(46) Failure to comply with any of the requirements 3699
regarding making or maintaining medical records or documents 3700
described in division (A) of section 2919.192, division (C) of 3701
section 2919.193, division (B) of section 2919.195, or division 3702
(A) of section 2919.196 of the Revised Code; 3703

(47) Failure to comply with the requirements in section 3704
3719.061 of the Revised Code before issuing for a minor a 3705
prescription for an opioid analgesic, as defined in section 3706
3719.01 of the Revised Code; 3707

(48) Failure to comply with the requirements of section 3708
4731.30 of the Revised Code or rules adopted under section 3709
4731.301 of the Revised Code when recommending treatment with 3710
medical marijuana; 3711

(49) A pattern of continuous or repeated violations of 3712
division (E) (2) or (3) of section 3963.02 of the Revised Code; 3713

(50) Failure to fulfill the responsibilities of a 3714
collaboration agreement entered into with an athletic trainer as 3715
described in section 4755.621 of the Revised Code; 3716

(51) Failure to take the steps specified in section 3717
4731.911 of the Revised Code following an abortion or attempted 3718
abortion in an ambulatory surgical facility or other location 3719
that is not a hospital when a child is born alive; 3720

(52) Violation of section 4731.77 of the Revised Code; 3721

(53) Failure of a physician supervising a certified mental 3722
health assistant to maintain supervision in accordance with the 3723
requirements of Chapter 4772. of the Revised Code and the rules 3724
adopted under that chapter. 3725

(C) Disciplinary actions taken by the board under 3726
divisions (A) and (B) of this section shall be taken pursuant to 3727
an adjudication under Chapter 119. of the Revised Code, except 3728
that in lieu of an adjudication, the board may enter into a 3729
consent agreement with an individual to resolve an allegation of 3730
a violation of this chapter or any rule adopted under it. A 3731
consent agreement, when ratified by an affirmative vote of not 3732

fewer than six members of the board, shall constitute the 3733
findings and order of the board with respect to the matter 3734
addressed in the agreement. If the board refuses to ratify a 3735
consent agreement, the admissions and findings contained in the 3736
consent agreement shall be of no force or effect. 3737

A telephone conference call may be utilized for 3738
ratification of a consent agreement that revokes or suspends an 3739
individual's license or certificate to practice or certificate 3740
to recommend. The telephone conference call shall be considered 3741
a special meeting under division (F) of section 121.22 of the 3742
Revised Code. 3743

If the board takes disciplinary action against an 3744
individual under division (B) of this section for a second or 3745
subsequent plea of guilty to, or judicial finding of guilt of, a 3746
violation of section 2919.123 or 2919.124 of the Revised Code, 3747
the disciplinary action shall consist of a suspension of the 3748
individual's license or certificate to practice for a period of 3749
at least one year or, if determined appropriate by the board, a 3750
more serious sanction involving the individual's license or 3751
certificate to practice. Any consent agreement entered into 3752
under this division with an individual that pertains to a second 3753
or subsequent plea of guilty to, or judicial finding of guilt 3754
of, a violation of that section shall provide for a suspension 3755
of the individual's license or certificate to practice for a 3756
period of at least one year or, if determined appropriate by the 3757
board, a more serious sanction involving the individual's 3758
license or certificate to practice. 3759

(D) For purposes of divisions (B) (10), (12), and (14) of 3760
this section, the commission of the act may be established by a 3761
finding by the board, pursuant to an adjudication under Chapter 3762

119. of the Revised Code, that the individual committed the act. 3763
The board does not have jurisdiction under those divisions if 3764
the trial court renders a final judgment in the individual's 3765
favor and that judgment is based upon an adjudication on the 3766
merits. The board has jurisdiction under those divisions if the 3767
trial court issues an order of dismissal upon technical or 3768
procedural grounds. 3769

(E) The sealing or expungement of conviction records by 3770
any court shall have no effect upon a prior board order entered 3771
under this section or upon the board's jurisdiction to take 3772
action under this section if, based upon a plea of guilty, a 3773
judicial finding of guilt, or a judicial finding of eligibility 3774
for intervention in lieu of conviction, the board issued a 3775
notice of opportunity for a hearing prior to the court's order 3776
to seal or expunge the records. The board shall not be required 3777
to seal, expunge, destroy, redact, or otherwise modify its 3778
records to reflect the court's sealing of conviction records. 3779

(F) (1) The board shall investigate evidence that appears 3780
to show that a person has violated any provision of this chapter 3781
or any rule adopted under it. Any person may report to the board 3782
in a signed writing any information that the person may have 3783
that appears to show a violation of any provision of this 3784
chapter or any rule adopted under it. In the absence of bad 3785
faith, any person who reports information of that nature or who 3786
testifies before the board in any adjudication conducted under 3787
Chapter 119. of the Revised Code shall not be liable in damages 3788
in a civil action as a result of the report or testimony. Each 3789
complaint or allegation of a violation received by the board 3790
shall be assigned a case number and shall be recorded by the 3791
board. 3792

(2) Investigations of alleged violations of this chapter 3793
or any rule adopted under it shall be supervised by the 3794
supervising member elected by the board in accordance with 3795
section 4731.02 of the Revised Code and by the secretary as 3796
provided in section 4731.39 of the Revised Code. The president 3797
may designate another member of the board to supervise the 3798
investigation in place of the supervising member. Upon a vote of 3799
the majority of the board to authorize the addition of a 3800
consumer member in the supervision of any part of any 3801
investigation, the president shall designate a consumer member 3802
for supervision of investigations as determined by the 3803
president. The authorization of consumer member participation in 3804
investigation supervision may be rescinded by a majority vote of 3805
the board. No member of the board who supervises the 3806
investigation of a case shall participate in further 3807
adjudication of the case. 3808

(3) In investigating a possible violation of this chapter 3809
or any rule adopted under this chapter, or in conducting an 3810
inspection under division (E) of section 4731.054 of the Revised 3811
Code, the board may question witnesses, conduct interviews, 3812
administer oaths, order the taking of depositions, inspect and 3813
copy any books, accounts, papers, records, or documents, issue 3814
subpoenas, and compel the attendance of witnesses and production 3815
of books, accounts, papers, records, documents, and testimony, 3816
except that a subpoena for patient record information shall not 3817
be issued without consultation with the attorney general's 3818
office and approval of the secretary of the board. 3819

(a) Before issuance of a subpoena for patient record 3820
information, the secretary shall determine whether there is 3821
probable cause to believe that the complaint filed alleges a 3822
violation of this chapter or any rule adopted under it and that 3823

the records sought are relevant to the alleged violation and 3824
material to the investigation. The subpoena may apply only to 3825
records that cover a reasonable period of time surrounding the 3826
alleged violation. 3827

(b) On failure to comply with any subpoena issued by the 3828
board and after reasonable notice to the person being 3829
subpoenaed, the board may move for an order compelling the 3830
production of persons or records pursuant to the Rules of Civil 3831
Procedure. 3832

(c) A subpoena issued by the board may be served by a 3833
sheriff, the sheriff's deputy, or a board employee or agent 3834
designated by the board. Service of a subpoena issued by the 3835
board may be made by delivering a copy of the subpoena to the 3836
person named therein, reading it to the person, or leaving it at 3837
the person's usual place of residence, usual place of business, 3838
or address on file with the board. When serving a subpoena to an 3839
applicant for or the holder of a license or certificate issued 3840
under this chapter, service of the subpoena may be made by 3841
certified mail, return receipt requested, and the subpoena shall 3842
be deemed served on the date delivery is made or the date the 3843
person refuses to accept delivery. If the person being served 3844
refuses to accept the subpoena or is not located, service may be 3845
made to an attorney who notifies the board that the attorney is 3846
representing the person. 3847

(d) A sheriff's deputy who serves a subpoena shall receive 3848
the same fees as a sheriff. Each witness who appears before the 3849
board in obedience to a subpoena shall receive the fees and 3850
mileage provided for under section 119.094 of the Revised Code. 3851

(4) All hearings, investigations, and inspections of the 3852
board shall be considered civil actions for the purposes of 3853

section 2305.252 of the Revised Code. 3854

(5) A report required to be submitted to the board under 3855
this chapter, a complaint, or information received by the board 3856
pursuant to an investigation or pursuant to an inspection under 3857
division (E) of section 4731.054 of the Revised Code is 3858
confidential and not subject to discovery in any civil action. 3859

The board shall conduct all investigations or inspections 3860
and proceedings in a manner that protects the confidentiality of 3861
patients and persons who file complaints with the board. The 3862
board shall not make public the names or any other identifying 3863
information about patients or complainants unless proper consent 3864
is given or, in the case of a patient, a waiver of the patient 3865
privilege exists under division (B) of section 2317.02 of the 3866
Revised Code, except that consent or a waiver of that nature is 3867
not required if the board possesses reliable and substantial 3868
evidence that no bona fide physician-patient relationship 3869
exists. 3870

The board may share any information it receives pursuant 3871
to an investigation or inspection, including patient records and 3872
patient record information, with law enforcement agencies, other 3873
licensing boards, and other governmental agencies that are 3874
prosecuting, adjudicating, or investigating alleged violations 3875
of statutes or administrative rules. An agency or board that 3876
receives the information shall comply with the same requirements 3877
regarding confidentiality as those with which the state medical 3878
board must comply, notwithstanding any conflicting provision of 3879
the Revised Code or procedure of the agency or board that 3880
applies when it is dealing with other information in its 3881
possession. In a judicial proceeding, the information may be 3882
admitted into evidence only in accordance with the Rules of 3883

Evidence, but the court shall require that appropriate measures 3884
are taken to ensure that confidentiality is maintained with 3885
respect to any part of the information that contains names or 3886
other identifying information about patients or complainants 3887
whose confidentiality was protected by the state medical board 3888
when the information was in the board's possession. Measures to 3889
ensure confidentiality that may be taken by the court include 3890
sealing its records or deleting specific information from its 3891
records. 3892

No person shall knowingly access, use, or disclose 3893
confidential investigatory information in a manner prohibited by 3894
law. 3895

(6) On a quarterly basis, the board shall prepare a report 3896
that documents the disposition of all cases during the preceding 3897
three months. The report shall contain the following information 3898
for each case with which the board has completed its activities: 3899

(a) The case number assigned to the complaint or alleged 3900
violation; 3901

(b) The type of license or certificate to practice, if 3902
any, held by the individual against whom the complaint is 3903
directed; 3904

(c) A description of the allegations contained in the 3905
complaint; 3906

(d) Whether witnesses were interviewed; 3907

(e) Whether the individual against whom the complaint is 3908
directed is the subject of any pending complaints; 3909

(f) The disposition of the case. 3910

The report shall state how many cases are still pending 3911

and shall be prepared in a manner that protects the identity of 3912
each person involved in each case. The report shall be a public 3913
record under section 149.43 of the Revised Code. 3914

(7) The board may provide a status update regarding an 3915
investigation to a complainant on request if the board verifies 3916
the complainant's identity. 3917

(G) (1) If either of the following circumstances occur, the 3918
secretary and supervising member may recommend that the board 3919
suspend an individual's license or certificate to practice or 3920
certificate to recommend without a prior hearing: 3921

(a) The secretary and supervising member determine both of 3922
the following: 3923

(i) That there is clear and convincing evidence that an 3924
individual has violated division (B) of this section; 3925

(ii) That the individual's continued practice presents a 3926
danger of immediate and serious harm to the public. 3927

(b) The board receives verifiable information that a 3928
licensee has been charged in any state or federal court with a 3929
crime classified as a felony under the charging court's law and 3930
the conduct constitutes a violation of division (B) of this 3931
section. 3932

(2) If a recommendation is made to suspend without a prior 3933
hearing pursuant to division (G) (1) of this section, written 3934
allegations shall be prepared for consideration by the board. 3935
The board, upon review of those allegations and by an 3936
affirmative vote of not fewer than six of its members, excluding 3937
the secretary and supervising member, may suspend a license or 3938
certificate without a prior hearing. A telephone conference call 3939
may be utilized for reviewing the allegations and taking the 3940

vote on the summary suspension. 3941

The board shall serve a written order of suspension in 3942
accordance with sections 119.05 and 119.07 of the Revised Code. 3943
The order shall not be subject to suspension by the court during 3944
pendency of any appeal filed under section 119.12 of the Revised 3945
Code. If the individual subject to the summary suspension 3946
requests an adjudicatory hearing by the board, the date set for 3947
the hearing shall be within fifteen days, but not earlier than 3948
seven days, after the individual requests the hearing, unless 3949
otherwise agreed to by both the board and the individual. 3950

(3) Any summary suspension imposed under this division 3951
shall remain in effect, unless reversed on appeal, until a final 3952
adjudicative order issued by the board pursuant to this section 3953
and Chapter 119. of the Revised Code becomes effective. The 3954
board shall issue its final adjudicative order within seventy- 3955
five days after completion of its hearing. A failure to issue 3956
the order within seventy-five days shall result in dissolution 3957
of the summary suspension order but shall not invalidate any 3958
subsequent, final adjudicative order. 3959

(H) If the board takes action under division (B) (9), (11), 3960
or (13) of this section and the judicial finding of guilt, 3961
guilty plea, or judicial finding of eligibility for intervention 3962
in lieu of conviction is overturned on appeal, upon exhaustion 3963
of the criminal appeal, a petition for reconsideration of the 3964
order may be filed with the board along with appropriate court 3965
documents. Upon receipt of a petition of that nature and 3966
supporting court documents, the board shall reinstate the 3967
individual's license or certificate to practice. The board may 3968
then hold an adjudication under Chapter 119. of the Revised Code 3969
to determine whether the individual committed the act in 3970

question. Notice of an opportunity for a hearing shall be given 3971
in accordance with Chapter 119. of the Revised Code. If the 3972
board finds, pursuant to an adjudication held under this 3973
division, that the individual committed the act or if no hearing 3974
is requested, the board may order any of the sanctions 3975
identified under division (B) of this section. 3976

(I) The license or certificate to practice issued to an 3977
individual under this chapter and the individual's practice in 3978
this state are automatically suspended as of the date of the 3979
individual's second or subsequent plea of guilty to, or judicial 3980
finding of guilt of, a violation of section 2919.123 or 2919.124 3981
of the Revised Code. In addition, the license or certificate to 3982
practice or certificate to recommend issued to an individual 3983
under this chapter and the individual's practice in this state 3984
are automatically suspended as of the date the individual pleads 3985
guilty to, is found by a judge or jury to be guilty of, or is 3986
subject to a judicial finding of eligibility for intervention in 3987
lieu of conviction in this state or treatment or intervention in 3988
lieu of conviction in another jurisdiction for any of the 3989
following criminal offenses in this state or a substantially 3990
equivalent criminal offense in another jurisdiction: aggravated 3991
murder, murder, voluntary manslaughter, felonious assault, 3992
trafficking in persons, kidnapping, rape, sexual battery, gross 3993
sexual imposition, aggravated arson, aggravated robbery, or 3994
aggravated burglary. Continued practice after suspension shall 3995
be considered practicing without a license or certificate. 3996

The board shall notify the individual subject to the 3997
suspension in accordance with sections 119.05 and 119.07 of the 3998
Revised Code. If an individual whose license or certificate is 3999
automatically suspended under this division fails to make a 4000
timely request for an adjudication under Chapter 119. of the 4001

Revised Code, the board shall do whichever of the following is applicable:

(1) If the automatic suspension under this division is for a second or subsequent plea of guilty to, or judicial finding of guilt of, a violation of section 2919.123 or 2919.124 of the Revised Code, the board shall enter an order suspending the individual's license or certificate to practice for a period of at least one year or, if determined appropriate by the board, imposing a more serious sanction involving the individual's license or certificate to practice.

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

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

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

the board. 4032

(L) When the board refuses to grant or issue a license or 4033
certificate to practice to an applicant, revokes an individual's 4034
license or certificate to practice, refuses to renew an 4035
individual's license or certificate to practice, or refuses to 4036
reinstate an individual's license or certificate to practice, 4037
the board may specify that its action is permanent. An 4038
individual subject to a permanent action taken by the board is 4039
forever thereafter ineligible to hold a license or certificate 4040
to practice and the board shall not accept an application for 4041
reinstatement of the license or certificate or for issuance of a 4042
new license or certificate. 4043

(M) Notwithstanding any other provision of the Revised 4044
Code, all of the following apply: 4045

(1) The surrender of a license or certificate issued under 4046
this chapter shall not be effective unless or until accepted by 4047
the board. A telephone conference call may be utilized for 4048
acceptance of the surrender of an individual's license or 4049
certificate to practice. The telephone conference call shall be 4050
considered a special meeting under division (F) of section 4051
121.22 of the Revised Code. Reinstatement of a license or 4052
certificate surrendered to the board requires an affirmative 4053
vote of not fewer than six members of the board. 4054

(2) An application for a license or certificate made under 4055
the provisions of this chapter may not be withdrawn without 4056
approval of the board. 4057

(3) Failure by an individual to renew a license or 4058
certificate to practice in accordance with this chapter or a 4059
certificate to recommend in accordance with rules adopted under 4060

section 4731.301 of the Revised Code does not remove or limit 4061
the board's jurisdiction to take any disciplinary action under 4062
this section against the individual. 4063

(4) The placement of an individual's license on retired 4064
status, as described in section 4731.283 of the Revised Code, 4065
does not remove or limit the board's jurisdiction to take any 4066
disciplinary action against the individual with regard to the 4067
license as it existed before being placed on retired status. 4068

(5) At the request of the board, a license or certificate 4069
holder shall immediately surrender to the board a license or 4070
certificate that the board has suspended, revoked, or 4071
permanently revoked. 4072

(N) Sanctions shall not be imposed under division (B) (28) 4073
of this section against any person who waives deductibles and 4074
copayments as follows: 4075

(1) In compliance with the health benefit plan that 4076
expressly allows such a practice. Waiver of the deductibles or 4077
copayments shall be made only with the full knowledge and 4078
consent of the plan purchaser, payer, and third-party 4079
administrator. Documentation of the consent shall be made 4080
available to the board upon request. 4081

(2) For professional services rendered to any other person 4082
authorized to practice pursuant to this chapter, to the extent 4083
allowed by this chapter and rules adopted by the board. 4084

(O) Under the board's investigative duties described in 4085
this section and subject to division (F) of this section, the 4086
board shall develop and implement a quality intervention program 4087
designed to improve through remedial education the clinical and 4088
communication skills of individuals authorized under this 4089

chapter to practice medicine and surgery, osteopathic medicine 4090
and surgery, and podiatric medicine and surgery. In developing 4091
and implementing the quality intervention program, the board may 4092
do all of the following: 4093

(1) Offer in appropriate cases as determined by the board 4094
an educational and assessment program pursuant to an 4095
investigation the board conducts under this section; 4096

(2) Select providers of educational and assessment 4097
services, including a quality intervention program panel of case 4098
reviewers; 4099

(3) Make referrals to educational and assessment service 4100
providers and approve individual educational programs 4101
recommended by those providers. The board shall monitor the 4102
progress of each individual undertaking a recommended individual 4103
educational program. 4104

(4) Determine what constitutes successful completion of an 4105
individual educational program and require further monitoring of 4106
the individual who completed the program or other action that 4107
the board determines to be appropriate; 4108

(5) Adopt rules in accordance with Chapter 119. of the 4109
Revised Code to further implement the quality intervention 4110
program. 4111

An individual who participates in an individual 4112
educational program pursuant to this division shall pay the 4113
financial obligations arising from that educational program. 4114

(P) The board shall not refuse to issue a license to an 4115
applicant because of a conviction, plea of guilty, judicial 4116
finding of guilt, judicial finding of eligibility for 4117
intervention in lieu of conviction, or the commission of an act 4118

that constitutes a criminal offense, unless the refusal is in 4119
accordance with section 9.79 of the Revised Code. 4120

(Q) A license or certificate to practice or certificate to 4121
recommend issued to an individual under this chapter and an 4122
individual's practice under this chapter in this state are 4123
automatically suspended if the individual's license or 4124
certificate to practice a health care occupation or provide 4125
health care services is suspended, revoked, or surrendered or 4126
relinquished in lieu of discipline by an agency responsible for 4127
authorizing, certifying, or regulating an individual to practice 4128
a health care occupation or provide health care services in this 4129
state or another jurisdiction. The automatic suspension begins 4130
immediately upon entry of the order by the agency and lasts for 4131
ninety days to permit the board to investigate the basis for the 4132
action under this chapter. Continued practice during the 4133
automatic suspension shall be considered practicing without a 4134
license or certificate. 4135

The board shall notify the individual subject to the 4136
automatic suspension by certified mail or in person in 4137
accordance with section 119.07 of the Revised Code. If an 4138
individual subject to an automatic suspension under this 4139
division fails to make a timely request for an adjudication 4140
under Chapter 119. of the Revised Code, the board is not 4141
required to hold a hearing, but may adopt, by an affirmative 4142
vote of not fewer than six of its members, a final order that 4143
contains the board's findings. In that final order, the board 4144
may order any of the sanctions identified under division (A) or 4145
(B) of this section. 4146

Sec. 4731.27. (A) As used in this section, 4147
"collaboration," "physician," "standard care arrangement," and 4148

"supervision" have the same meanings as in section 4723.01 of 4149
the Revised Code. 4150

(B) A physician or podiatrist shall enter into a standard 4151
care arrangement with each certified midwife, clinical nurse 4152
specialist, certified nurse-midwife, or certified nurse 4153
practitioner with whom the physician or podiatrist is in 4154
collaboration. 4155

The collaborating physician or podiatrist shall fulfill 4156
the responsibilities of collaboration, as specified in the 4157
arrangement and in accordance with division (A) of section 4158
4723.431 of the Revised Code. A copy of the standard care 4159
arrangement shall be retained on file by the certified midwife's 4160
or nurse's employer. Prior approval of the standard care 4161
arrangement by the state medical board is not required, but the 4162
board may periodically review it. 4163

A physician or podiatrist who terminates collaboration 4164
with a certified midwife, certified nurse-midwife, certified 4165
nurse practitioner, or clinical nurse specialist before their 4166
standard care arrangement expires shall give the certified 4167
midwife or nurse the written or electronic notice of termination 4168
required by division (D) (1) of section 4723.431 of the Revised 4169
Code. 4170

Nothing in this division prohibits a hospital from hiring 4171
a certified midwife, clinical nurse specialist, certified nurse- 4172
midwife, or certified nurse practitioner as an employee and 4173
negotiating standard care arrangements on behalf of the employee 4174
as necessary to meet the requirements of this section. A 4175
standard care arrangement between the hospital's employee and 4176
the employee's collaborating physician is subject to approval by 4177
the medical staff and governing body of the hospital prior to 4178

implementation of the arrangement at the hospital. 4179

(C) A physician or podiatrist shall cooperate with the 4180
board of nursing in any investigation the board conducts with 4181
respect to a certified midwife, clinical nurse specialist, 4182
certified nurse-midwife, or certified nurse practitioner who 4183
collaborates with the physician or podiatrist or with respect to 4184
a certified registered nurse anesthetist who practices with the 4185
supervision of the physician or podiatrist. 4186

Section 2. That existing sections 3701.351, 3702.30, 4187
4723.01, 4723.02, 4723.03, 4723.06, 4723.07, 4723.08, 4723.271, 4188
4723.28, 4723.282, 4723.33, 4723.34, 4723.341, 4723.35, 4723.41, 4189
4723.43, 4723.431, 4723.432, 4723.481, 4723.483, 4723.487, 4190
4723.488, 4723.4810, 4723.4811, 4723.50, 4723.91, 4723.99, 4191
4731.22, and 4731.27 of the Revised Code are hereby repealed. 4192

Section 3. Sections 4723.54 and 4724.02 of the Revised 4193
Code, as enacted by this act, take effect January 1, 2028. 4194

Section 4. The General Assembly, applying the principle 4195
stated in division (B) of section 1.52 of the Revised Code that 4196
amendments are to be harmonized if reasonably capable of 4197
simultaneous operation, finds that the following sections, 4198
presented in this act as composites of the sections as amended 4199
by the acts indicated, are the resulting versions of the 4200
sections in effect prior to the effective date of the sections 4201
as presented in this act: 4202

Section 4723.08 of the Revised Code as amended by both 4203
H.B. 509 and S.B. 131 of the 134th General Assembly. 4204

Section 4723.431 of the Revised Code as amended by both 4205
H.B. 497 and S.B. 196 of the 135th General Assembly. 4206

Section 4723.481 of the Revised Code as amended by H.B. 33 4207

of the 135th General Assembly and by H.B. 110 and H.B. 509 of	4208
the 134th General Assembly.	4209
Section 4731.22 of the Revised Code as amended by both	4210
S.B. 95 and S.B. 109 of the 135th General Assembly.	4211