

As Introduced

136th General Assembly

Regular Session

2025-2026

H. B. No. 353

Representatives Lampton, Manning

To amend sections 1.64, 124.32, 124.41, 124.42,	1
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737.16, 737.22, 742.38, 911.11, 1337.11,	3
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5104.0110, 5104.037, 5119.185, 5119.363, 34
5123.47, 5164.072, 5164.301, 5164.95, and 35
5503.08 and to enact section 4730.011 of the 36
Revised Code to change the professional title 37
used by physician assistants to "physician 38
associate." 39

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

Section 1. That sections 1.64, 124.32, 124.41, 124.42, 40
124.50, 503.45, 503.47, 505.38, 709.012, 737.15, 737.16, 737.22, 41
742.38, 911.11, 1337.11, 1349.05, 1561.26, 1751.01, 1785.01, 42
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4765.01, 4765.35, 4765.36, 4765.37, 4765.38, 4765.39, 4765.49, 63
4765.51, 4769.01, 4933.122, 5101.19, 5103.0327, 5104.0110, 64
5104.037, 5119.185, 5119.363, 5123.47, 5164.072, 5164.301, 65
5164.95, and 5503.08 be amended and section 4730.011 of the 66
Revised Code be enacted to read as follows: 67

Sec. 1.64. As used in the Revised Code: 68

(A) "Certified nurse-midwife" means an advanced practice 69
registered nurse who holds a current, valid license issued under 70
Chapter 4723. of the Revised Code and is designated as a 71
certified nurse-midwife in accordance with section 4723.42 of 72
the Revised Code and rules adopted by the board of nursing. 73

(B) "Certified nurse practitioner" means an advanced 74
practice registered nurse who holds a current, valid license 75
issued under Chapter 4723. of the Revised Code and is designated 76
as a certified nurse practitioner in accordance with section 77
4723.42 of the Revised Code and rules adopted by the board of 78
nursing. 79

(C) "Clinical nurse specialist" means an advanced practice 80
registered nurse who holds a current, valid license issued under 81
Chapter 4723. of the Revised Code and is designated as a 82
clinical nurse specialist in accordance with section 4723.42 of 83

the Revised Code and rules adopted by the board of nursing. 84

(D) "Physician ~~assistant~~associate" means an individual who 85
is licensed under Chapter 4730. of the Revised Code to provide 86
services as a physician ~~assistant~~associate to patients under 87
the supervision, control, and direction of one or more 88
physicians. 89

Sec. 124.32. (A) A person holding an office or position in 90
the classified service may be transferred to a similar position 91
in another office, department, or institution having the same 92
pay and similar duties, but no transfer shall be made as 93
follows: 94

(1) From an office or position in one class to an office 95
or position in another class; 96

(2) To an office or position for original entrance to 97
which there is required by sections 124.01 to 124.64 of the 98
Revised Code, or the rules adopted pursuant to those sections, 99
an examination involving essential tests or qualifications or 100
carrying a salary different from or higher than those required 101
for original entrance to an office or position held by the 102
person proposed to be transferred. 103

No person in the classified civil service of the state may 104
be transferred without the consent of the director of 105
administrative services. 106

(B) Any person holding an office or position in the 107
classified service who has been separated from the service 108
without delinquency or misconduct on the person's part may be 109
reinstated within one year from the date of that separation to a 110
vacancy in the same office or in a similar position in the same 111
department, except that a person in the classified service of 112

the state only may be reinstated with the consent of the 113
director of administrative services. But, if that separation is 114
due to injury or physical or psychiatric disability, the person 115
shall be reinstated in the same office held or in a similar 116
position to that held at the time of separation, within sixty 117
days after written application for reinstatement, if the person 118
passes a physical or psychiatric examination made by a licensed 119
physician, a physician ~~assistant~~associate, a clinical nurse 120
specialist, a certified nurse practitioner, or a certified 121
nurse-midwife showing that the person has recovered from the 122
injury or physical or psychiatric disability, if the application 123
for reinstatement is filed within two years from the date of 124
separation, and if the application is not filed after the date 125
of service eligibility retirement. The physician, physician 126
~~assistant~~associate, clinical nurse specialist, certified nurse 127
practitioner, or certified nurse-midwife shall be designated by 128
the appointing authority and shall complete any written 129
documentation of the physical or psychiatric examination. 130

Sec. 124.41. No person shall be eligible to receive an 131
original appointment to a police department, as a police 132
officer, subject to the civil service laws of this state, unless 133
the person has reached the age of twenty-one and has, not more 134
than one hundred twenty days prior to the date of such 135
appointment, passed a physical examination, given by a licensed 136
physician, a physician ~~assistant~~associate, a clinical nurse 137
specialist, a certified nurse practitioner, or a certified 138
nurse-midwife, certifying that the applicant is free of 139
cardiovascular and pulmonary diseases, and showing that the 140
applicant meets the physical requirements necessary to perform 141
the duties of a police officer as established by the civil 142
service commission having jurisdiction over the appointment. The 143

appointing authority shall, prior to making any such 144
appointment, file with the Ohio police and fire pension fund a 145
copy of the report or findings of the licensed physician, 146
physician ~~assistant~~associate, clinical nurse specialist, 147
certified nurse practitioner, or certified nurse-midwife. The 148
professional fee for such physical examination shall be paid by 149
the civil service commission. Except as otherwise provided in 150
this section, no person is eligible to receive an original 151
appointment when the person is thirty-five years of age or 152
older, and no person can be declared disqualified as over age 153
prior to that time. The maximum age limitation established by 154
this section does not apply to a city in which an ordinance 155
establishes a different maximum age limitation for an original 156
appointment to the police department or to a civil service 157
township in which a resolution adopted by the board of trustees 158
of the township establishes a different maximum age limitation 159
for an original appointment to the police department. 160

Nothing in this section shall prevent a municipal 161
corporation or a civil service township from establishing a 162
police cadet program and employing persons as police cadets at 163
age eighteen for the purposes of training persons to become 164
police officers. The board of trustees of a civil service 165
township may establish by resolution such a cadet program. A 166
person participating in a municipal or township police cadet 167
program shall not be permitted to carry or use any firearm in 168
the performance of the person's duties, except that the person 169
may be taught the proper use of firearms as part of the person's 170
training. 171

Sec. 124.42. No person shall be eligible to receive an 172
original appointment as a firefighter in a fire department, 173
subject to the civil service laws of this state, unless the 174

person has reached the age of eighteen and has, not more than 175
one hundred twenty days prior to receiving such appointment, 176
passed a physical examination, given by a licensed physician, a 177
physician ~~assistant~~associate, a clinical nurse specialist, a 178
certified nurse practitioner, or a certified nurse-midwife, 179
certifying that the applicant is free of cardiovascular and 180
pulmonary diseases, and showing that the person meets the 181
physical requirements necessary to perform the duties of a 182
firefighter as established by the civil service commission 183
having jurisdiction over the appointment. The appointing 184
authority shall, prior to making any such appointment, file with 185
the Ohio police and fire pension fund a copy of the report or 186
findings of said licensed physician, physician 187
~~assistant~~associate, clinical nurse specialist, certified nurse 188
practitioner, or certified nurse-midwife. The professional fee 189
for such physical examination shall be paid by the civil service 190
commission. No person shall be eligible to receive an original 191
appointment on and after the person's forty-first birthday. 192

Notwithstanding this section, a municipal council may 193
enact an ordinance providing that a person between the age of 194
eighteen and forty may receive an original appointment to the 195
fire department, or the board of trustees of a civil service 196
township may do so by resolution. Nothing in this section shall 197
prevent a municipal corporation or civil service township from 198
establishing a fire cadet program and employing persons as fire 199
cadets at age eighteen for the purpose of training persons to 200
become firefighters. The board of trustees of a civil service 201
township may establish by resolution such a cadet program. A 202
person participating in a municipal or township fire cadet 203
program shall not be permitted to carry or use any firearm in 204
the performance of the person's duties. 205

Sec. 124.50. Any person holding an office or position 206
under the classified service in a fire department or a police 207
department who is separated therefrom due to injury or physical 208
disability incurred in the performance of duty shall be 209
reinstated immediately, or one suffering injury or physical 210
disability incurred other than in the performance of duty may be 211
reinstated, upon filing with the chief of the fire department or 212
the chief of the police department, a written application for 213
reinstatement, to the office or position held at the time of 214
such separation, after passing a physical examination showing 215
that the person has recovered from the injury or other physical 216
disability. The physical examination shall be made by a licensed 217
physician, a physician ~~assistant~~associate, a clinical nurse 218
specialist, a certified nurse practitioner, or a certified 219
nurse-midwife within two weeks after application for 220
reinstatement has been made, provided such application for 221
reinstatement is filed within five years from the date of 222
separation from the department, and further provided that such 223
application shall not be filed after the date of service 224
eligibility retirement. The physician, physician 225
~~assistant~~associate, clinical nurse specialist, certified nurse 226
practitioner, or certified nurse-midwife shall be designated by 227
the firefighters' pension board or the police officers' pension 228
board and shall complete any written documentation of the 229
physical examination. 230

Any person holding an office or position under the 231
classified service in a fire department or a police department, 232
who resigns therefrom, may be reinstated to the rank of 233
firefighter or police officer, upon the filing of a written 234
application for reinstatement with the municipal or civil 235
service township civil service commission and a copy thereof 236

with the chief of the fire department or chief of the police 237
department, and upon passing a physical examination disclosing 238
that the person is physically fit to perform the duties of the 239
office of firefighter or police officer, the application for 240
reinstatement shall be filed within one year from the date of 241
resignation. Any person reinstated pursuant to the authority of 242
this paragraph shall not receive credit for seniority earned 243
prior to resignation and reinstatement, and shall not be 244
entitled to reinstatement to a position above the rank of 245
regular firefighter or patrol officer, regardless of the 246
position the person may have held at the time of resignation. 247

Sec. 503.45. If a board of township trustees has adopted a 248
resolution under section 503.41 of the Revised Code, the 249
application for a license as a massager shall be made to the 250
board and shall include the following: 251

(A) An initial, nonrefundable filing fee of one hundred 252
dollars and an annual nonrefundable renewal fee of fifty 253
dollars; 254

(B) The results of a physical examination performed by a 255
licensed physician, a physician ~~assistant~~associate, a clinical 256
nurse specialist, a certified nurse practitioner, or a certified 257
nurse-midwife within thirty days of the application certifying 258
that the applicant is free from communicable diseases; 259

(C) The full name, date of birth, address, and social 260
security number of the applicant; 261

(D) The results of an investigation by appropriate police 262
agencies into the criminal record of the applicant, including a 263
photograph taken no later than thirty days prior to the 264
application, fingerprints, and background investigation; 265

(E) Any other information determined by the board to be 266
necessary. 267

A license issued under this section to a massager shall 268
expire one year after the date of issuance, except that no 269
massager shall be required to discontinue performing massages 270
because of the failure of the board to act on a renewal 271
application filed in a timely manner and pending before the 272
board on the expiration date of the person's license. Each 273
license shall contain the full name of the applicant, a color 274
photograph and a brief description of the person, and the 275
expiration date of the license. 276

Sec. 503.47. If a board of township trustees has adopted a 277
resolution under section 503.41 of the Revised Code, the 278
regulations adopted for that purpose may require any of the 279
following: 280

(A) A massage establishment to display its current permit 281
in an area open to the public; 282

(B) Each massager to display the massager's license at all 283
times in the areas where the licensee is providing massages; 284

(C) Massage establishments to undergo periodic health and 285
safety inspections to determine continual compliance with 286
applicable health and safety codes; 287

(D) Massagers to undergo periodic physical examinations 288
performed by a licensed physician, a physician 289
~~assistant~~associate, a clinical nurse specialist, a certified 290
nurse practitioner, or a certified nurse-midwife certifying that 291
the massager continues to be free from communicable diseases; 292

(E) Any other requirement reasonably thought necessary by 293
the board. 294

Sec. 505.38. (A) In each township or fire district that 295
has a fire department, the head of the department shall be a 296
fire chief, appointed by the board of township trustees, except 297
that, in a joint fire district, the fire chief shall be 298
appointed by the board of fire district trustees. Neither this 299
section nor any other section of the Revised Code requires, or 300
shall be construed to require, that the fire chief be a resident 301
of the township or fire district. 302

The board shall provide for the employment of firefighters 303
as it considers best and shall fix their compensation. No person 304
shall be appointed as a permanent full-time paid member, whose 305
duties include fire fighting, of the fire department of any 306
township or fire district unless that person has received a 307
certificate issued under former section 3303.07 or section 308
4765.55 of the Revised Code evidencing satisfactory completion 309
of a firefighter training program. Those appointees shall 310
continue in office until removed from office as provided by 311
sections 733.35 to 733.39 of the Revised Code. To initiate 312
removal proceedings, and for that purpose, the board shall 313
designate the fire chief or a private citizen to investigate the 314
conduct and prepare the necessary charges in conformity with 315
those sections. 316

In case of the removal of a fire chief or any member of 317
the fire department of a township or fire district, an appeal 318
may be had from the decision of the board to the court of common 319
pleas of the county in which the township or fire district fire 320
department is situated to determine the sufficiency of the cause 321
of removal. The appeal from the findings of the board shall be 322
taken within ten days. 323

No person who is appointed as a volunteer firefighter of 324

the fire department of any township or fire district shall 325
remain in that position unless either of the following applies: 326

(1) Within one year of the appointment, the person has 327
received a certificate issued under former section 3303.07 of 328
the Revised Code or section 4765.55 of the Revised Code 329
evidencing satisfactory completion of a firefighter training 330
program. 331

(2) The person began serving as a permanent full-time paid 332
firefighter with the fire department of a city or village prior 333
to July 2, 1970, or as a volunteer firefighter with the fire 334
department of a city, village, or other township or fire 335
district prior to July 2, 1979, and receives a certificate 336
issued under section 4765.55 of the Revised Code. 337

No person shall receive an appointment under this section, 338
in the case of a volunteer firefighter, unless the person has, 339
not more than sixty days prior to receiving the appointment, 340
passed a physical examination, given by a licensed physician, a 341
physician ~~assistant~~associate, a clinical nurse specialist, a 342
certified nurse practitioner, or a certified nurse-midwife, 343
showing that the person meets the physical requirements 344
necessary to perform the duties of the position to which the 345
person is appointed as established by the board of township 346
trustees having jurisdiction over the appointment. The 347
appointing authority, prior to making an appointment, shall file 348
with the Ohio police and fire pension fund or the local 349
volunteer fire fighters' dependents fund board a copy of the 350
report or findings of that licensed physician, physician 351
~~assistant~~associate, clinical nurse specialist, certified nurse 352
practitioner, or certified nurse-midwife. The professional fee 353
for the physical examination shall be paid for by the board of 354

township trustees. 355

(B) In each township not having a fire department, the 356
board of township trustees shall appoint a fire prevention 357
officer who shall exercise all of the duties of a fire chief 358
except those involving the maintenance and operation of fire 359
apparatus. The board may appoint one or more deputy fire 360
prevention officers who shall exercise the duties assigned by 361
the fire prevention officer. 362

The board may fix the compensation for the fire prevention 363
officer and the fire prevention officer's deputies as it 364
considers best. The board shall appoint each fire prevention 365
officer and deputy for a one-year term. An appointee may be 366
reappointed at the end of a term to another one-year term. Any 367
appointee may be removed from office during a term as provided 368
by sections 733.35 to 733.39 of the Revised Code. Section 505.45 369
of the Revised Code extends to those officers. 370

(C) (1) Division (A) of this section does not apply to any 371
township that has a population of ten thousand or more persons 372
residing within the township and outside of any municipal 373
corporation, that has its own fire department employing ten or 374
more full-time paid employees, and that has a civil service 375
commission established under division (B) of section 124.40 of 376
the Revised Code. The township shall comply with the procedures 377
for the employment, promotion, and discharge of firefighters 378
provided by Chapter 124. of the Revised Code, except as 379
otherwise provided in divisions (C) (2) and (3) of this section. 380

(2) The board of township trustees of the township may 381
appoint the fire chief, and any person so appointed shall be in 382
the unclassified service under section 124.11 of the Revised 383
Code and shall serve at the pleasure of the board. Neither this 384

section nor any other section of the Revised Code requires, or 385
shall be construed to require, that the fire chief be a resident 386
of the township. A person who is appointed fire chief under 387
these conditions and who is removed by the board or resigns from 388
the position is entitled to return to the classified service in 389
the township fire department in the position held just prior to 390
the appointment as fire chief. 391

(3) The appointing authority of an urban township, as 392
defined in section 504.01 of the Revised Code, may appoint to a 393
vacant position any one of the three highest scorers on the 394
eligible list for a promotional examination. 395

(4) The board of township trustees shall determine the 396
number of personnel required and establish salary schedules and 397
conditions of employment not in conflict with Chapter 124. of 398
the Revised Code. 399

(5) No person shall receive an original appointment as a 400
permanent full-time paid member of the fire department of the 401
township described in this division unless the person has 402
received a certificate issued under former section 3303.07 or 403
section 4765.55 of the Revised Code evidencing the satisfactory 404
completion of a firefighter training program. 405

(6) Persons employed as firefighters in the township 406
described in this division on the date a civil service 407
commission is appointed pursuant to division (B) of section 408
124.40 of the Revised Code, without being required to pass a 409
competitive examination or a firefighter training program, shall 410
retain their employment and any rank previously granted them by 411
action of the board of township trustees or otherwise, but those 412
persons are eligible for promotion only by compliance with 413
Chapter 124. of the Revised Code. 414

Sec. 709.012. When a municipal corporation annexes 415
township territory which results in a reduction of the 416
firefighting force of the township or joint township fire 417
district, the reduction shall be made by dismissal of 418
firefighters in the inverse order of seniority, with the 419
employee with least time of service being dismissed first. The 420
annexing municipal corporation shall offer employment in the 421
inverse order of dismissal by the township to such firefighters 422
if a vacancy exists in the municipal fire department and if 423
they: 424

(A) Were full-time paid active members of the township or 425
joint township firefighting force for at least six months prior 426
to dismissal and have made application to the municipal 427
corporation within sixty days after the effective date of 428
dismissal; 429

(B) Have passed a physical examination as prescribed by 430
the physician of the annexing municipal corporation and meet the 431
requirements necessary to perform firefighting duties; 432

(C) Meet minimum standards of the municipal corporation 433
with respect to moral character, literacy, and ability to 434
understand oral and written instructions as determined by an 435
interview conducted by the fire department of the municipal 436
corporation. The applicant shall be at least twenty-one years of 437
age on the date of application. 438

(D) Are able to qualify for membership in the Ohio police 439
and fire pension fund. 440

A physical examination required by division (B) of this 441
section may be conducted by any individual authorized by the 442
Revised Code to conduct physical examinations, including a 443

physician ~~assistant~~associate, a clinical nurse specialist, a 444
certified nurse practitioner, or a certified nurse-midwife. Any 445
written documentation of the physical examination shall be 446
completed by the individual who administered the examination. 447

If no vacancy exists in the municipal fire department at 448
the time of the application referred to in division (A) of this 449
section, the application shall be held until a vacancy occurs. 450
When such a vacancy occurs, the applicant shall be entitled to 451
employment in accordance with the requirements of divisions (A), 452
(B), (C), and (D) of this section. So long as any application 453
for employment has been made and is being held under this 454
section, the municipal corporation shall not fill any vacancy in 455
its fire department by original appointment. If there are 456
individuals who are entitled to reinstatement in the municipal 457
fire department and the vacancies therein are insufficient to 458
permit both such reinstatements and employment of all those 459
applying for employment under division (A) of this section, the 460
persons having the greatest length of service, whether with the 461
municipal or township fire department, shall be entitled to fill 462
the vacancies as they occur. 463

A person employed under this section, upon acceptance into 464
the municipal fire department, shall be given the rank of 465
"firefighter" and entitled to full seniority credit for prior 466
service in the township or joint township fire district. The 467
person shall be entitled to the same salary, future benefits, 468
vacations, earned time, sick leave, and other rights and 469
privileges as the municipal fire department extends to other 470
employees with the same amount of prior service. The person may 471
take promotional examinations only after completion of one year 472
of service with the municipal fire department and after meeting 473
any applicable civil service requirements for such examination. 474

Compliance with this section is in lieu of compliance with 475
section 124.42 of the Revised Code or any other requirements for 476
original appointment to a municipal fire district. 477

Sec. 737.15. Each village shall have a marshal, designated 478
chief of police, appointed by the mayor with the advice and 479
consent of the legislative authority of the village, who need 480
not be a resident of the village at the time of appointment but 481
shall become a resident thereof within six months after 482
appointment by the mayor and confirmation by the legislative 483
authority unless such residence requirement is waived by 484
ordinance, and who shall continue in office until removed 485
therefrom as provided by section 737.171 of the Revised Code. 486

No person shall receive an appointment under this section 487
after January 1, 1970, unless, not more than sixty days prior to 488
receiving such appointment, the person has passed a physical 489
examination, given by a licensed physician, a physician 490
~~assistant~~associate, a clinical nurse specialist, a certified 491
nurse practitioner, or a certified nurse-midwife, showing that 492
the person meets the physical requirements necessary to perform 493
the duties of village marshal as established by the legislative 494
authority of the village. The appointing authority shall, prior 495
to making any such appointment, file with the Ohio police and 496
fire pension fund a copy of the report or findings of said 497
licensed physician, physician ~~assistant~~associate, clinical nurse 498
specialist, certified nurse practitioner, or certified nurse- 499
midwife. The professional fee for such physical examination 500
shall be paid for by such legislative authority. 501

Sec. 737.16. The mayor shall, when provided for by the 502
legislative authority of a village, and subject to its 503
confirmation, appoint all deputy marshals, police officers, 504

night guards, and special police officers. All such officers 505
shall continue in office until removed therefrom for the cause 506
and in the manner provided by section 737.19 of the Revised 507
Code. 508

No person shall receive an appointment under this section 509
after January 1, 1970, unless the person has, not more than 510
sixty days prior to receiving such appointment, passed a 511
physical examination, given by a licensed physician, a physician 512
~~assistant~~associate, a clinical nurse specialist, a certified 513
nurse practitioner, or a certified nurse-midwife, showing that 514
the person meets the physical requirements necessary to perform 515
the duties of the position to which the person is to be 516
appointed as established by the legislative authority of the 517
village. The appointing authority shall, prior to making any 518
such appointment, file with the Ohio police and fire pension 519
fund a copy of the report or findings of said licensed 520
physician, physician ~~assistant~~associate, clinical nurse 521
specialist, certified nurse practitioner, or certified nurse- 522
midwife. The professional fee for such physical examination 523
shall be paid for by the legislative authority. 524

Sec. 737.22. (A) Each village establishing a fire 525
department shall have a fire chief as the department's head, 526
appointed by the mayor with the advice and consent of the 527
legislative authority of the village, who shall continue in 528
office until removed from office as provided by sections 733.35 529
to 733.39 of the Revised Code. Neither this section nor any 530
other section of the Revised Code requires, or shall be 531
construed to require, that the fire chief be a resident of the 532
village. 533

In each village not having a fire department, the mayor 534

shall, with the advice and consent of the legislative authority 535
of the village, appoint a fire prevention officer who shall 536
exercise all of the duties of a fire chief except those 537
involving the maintenance and operation of fire apparatus. 538

The legislative authority of the village may fix the 539
compensation it considers best. The appointee shall continue in 540
office until removed from office as provided by sections 733.35 541
to 733.39 of the Revised Code. Section 737.23 of the Revised 542
Code shall extend to the officer. 543

(B) The legislative authority of the village may provide 544
for the appointment of permanent full-time paid firefighters as 545
it considers best and fix their compensation, or for the 546
services of volunteer firefighters, who shall be appointed by 547
the mayor with the advice and consent of the legislative 548
authority, and shall continue in office until removed from 549
office. 550

(1) No person shall be appointed as a permanent full-time 551
paid firefighter of a village fire department, unless either of 552
the following applies: 553

(a) The person has received a certificate issued under 554
former section 3303.07 of the Revised Code or section 4765.55 of 555
the Revised Code evidencing satisfactory completion of a 556
firefighter training program. 557

(b) The person began serving as a permanent full-time paid 558
firefighter with the fire department of a city or other village 559
prior to July 2, 1970, and receives a fire training certificate 560
issued under section 4765.55 of the Revised Code. 561

(2) No person who is appointed as a volunteer firefighter 562
of a village fire department shall remain in that position, 563

unless either of the following applies: 564

(a) Within one year of the appointment, the person has 565
received a certificate issued under former section 3303.07 or 566
section 4765.55 of the Revised Code evidencing satisfactory 567
completion of a firefighter training program. 568

(b) The person has served as a permanent full-time paid 569
firefighter with the fire department of a city or other village 570
prior to July 2, 1970, or as a volunteer firefighter with the 571
fire department of a city, township, fire district, or other 572
village prior to July 2, 1979, and receives a certificate issued 573
under section 4765.55 of the Revised Code. 574

(3) No person shall receive an appointment under this 575
section unless the person has, not more than sixty days prior to 576
receiving the appointment, passed a physical examination, given 577
by a licensed physician, a physician ~~assistant~~associate, a 578
clinical nurse specialist, a certified nurse practitioner, or a 579
certified nurse-midwife, showing that the person meets the 580
physical requirements necessary to perform the duties of the 581
position to which the person is to be appointed as established 582
by the legislative authority of the village. The appointing 583
authority shall, prior to making an appointment, file with the 584
Ohio police and fire pension fund or the local volunteer fire 585
fighters' dependents fund board a copy of the report or findings 586
of that licensed physician, physician ~~assistant~~associate, 587
clinical nurse specialist, certified nurse practitioner, or 588
certified nurse-midwife. The professional fee for the physical 589
examination shall be paid for by the legislative authority of 590
the village. 591

Sec. 742.38. (A) (1) The board of trustees of the Ohio 592
police and fire pension fund shall adopt rules establishing 593

minimum medical testing and diagnostic standards or procedures 594
to be incorporated into physical examinations administered to 595
prospective members of the fund. The standards or procedures 596
shall include diagnosis and evaluation of the existence of any 597
heart disease, cardiovascular disease, or respiratory disease. 598
The rules shall specify the form of the examination report and 599
the information to be included in it. 600

The board shall notify all employers of the establishment 601
of the minimum standards or procedures and shall include with 602
the notice a copy of the standards or procedures. The board 603
shall notify all employers of any changes made to the standards 604
or procedures. Once the standards or procedures take effect, 605
employers shall cause each prospective member of the fund to 606
submit to a physical examination that incorporates the standards 607
or procedures. 608

(2) Division (A)(2) of this section applies to an employee 609
who becomes a member of the fund on or after the date the 610
minimum standards or procedures described in division (A)(1) of 611
this section take effect. For each employee described in 612
division (A)(2) of this section, the employer shall forward to 613
the board a copy of the report of a physical examination that 614
incorporates the standards or procedures described in division 615
(A)(1) of this section. If an employer fails to forward the 616
report in the form required by the board on or before the date 617
that is sixty days after the employee becomes a member of the 618
fund, the board shall assess against the employer a penalty 619
determined under section 742.353 of the Revised Code. 620

(B) Application for a disability benefit may be made by a 621
member of the fund or, if the member is incapacitated as defined 622
in rules adopted by the board, by a person acting on the 623

member's behalf. Not later than fourteen days after receiving an 624
application for a disability benefit from a member or a person 625
acting on behalf of a member, the board shall notify the 626
member's employer that an application has been filed. The notice 627
shall state the member's position or rank. Not later than 628
twenty-eight days after receiving the notice or filing an 629
application on behalf of a member, the employer shall forward to 630
the board a statement certifying the member's job description 631
and any other information required by the board to process the 632
application. 633

If the member applying for a disability benefit became a 634
member of the fund prior to the date the minimum standards or 635
procedures described in division (A)(1) of this section took 636
effect, the board may request from the member's employer a copy 637
of the report of the member's physical examination taken on 638
entry into the police or fire department or, if the employer 639
does not have a copy of the report, a written statement 640
certifying that the employer does not have a copy of the report. 641
If an employer fails to forward the report or statement in the 642
form required by the board on or before the date that is twenty- 643
eight days after the date of the request, the board shall assess 644
against the employer a penalty determined under section 742.353 645
of the Revised Code. 646

The board shall maintain the information submitted under 647
this division and division (A)(2) of this section in the 648
member's file. 649

(C) For purposes of determining under division (D) of this 650
section whether a member of the fund is disabled, the board 651
shall adopt rules establishing objective criteria under which 652
the determination is to be made. The rules shall include 653

standards that provide for all of the following: 654

(1) Evaluating a member's illness or injury on which an 655
application for disability benefits is based; 656

(2) Defining the occupational duties of a police officer 657
or firefighter; 658

(3) Providing for the board to assign competent and 659
disinterested physicians, advanced practice registered nurses, 660
physician ~~assistants~~associates, and vocational evaluators to 661
conduct examinations of a member; 662

(4) Requiring a written report for each disability 663
application that includes a summary of findings, medical 664
opinions, including an opinion on whether the illness or injury 665
upon which the member's application for disability benefits is 666
based was caused or induced by the actual performance of the 667
member's official duties, and any recommendations or comments 668
based on the medical opinions; 669

(5) Taking into consideration the member's potential for 670
retraining or reemployment. 671

(D) The board may grant disability benefits to a member 672
based solely on a review of an application for disability 673
benefits and supporting medical documentation or may require the 674
member to undergo a medical examination, a vocational 675
evaluation, or both. Any medical examination or vocational 676
evaluation shall be conducted by a physician, advanced practice 677
registered nurse, physician ~~assistant~~associate, or vocational 678
evaluator assigned in accordance with rules adopted under 679
division (C) (3) of this section. If a medical examination is 680
conducted by an advanced practice registered nurse or physician 681
~~assistant~~associate, the board shall only accept an examination 682

report if a physician reviews, approves, and signs the report 683
before the report is submitted to the board. 684

As used in this division: 685

"Totally disabled" means a member of the fund is unable to 686
perform the duties of any gainful occupation for which the 687
member is reasonably fitted by training, experience, and 688
accomplishments. Absolute helplessness is not a prerequisite of 689
being totally disabled. 690

"Permanently disabled" means a condition of disability 691
that is expected to last for a continuous period of not less 692
than twelve months after an application for disability benefits 693
is filed and from which there is no present indication of 694
recovery. 695

"Hazardous duty" has the same meaning as in 5 C.F.R. 696
550.902, as amended. 697

(1) A member of the fund who is permanently and totally 698
disabled as the result of the performance of the member's 699
official duties as a member of a police or fire department shall 700
be paid annual disability benefits in accordance with division 701
(A) of section 742.39 of the Revised Code. In determining 702
whether a member of the fund is permanently and totally 703
disabled, the board shall consider standards adopted under 704
division (C) of this section applicable to the determination. 705

(2) A member of the fund who is permanently and partially 706
disabled as the result of the performance of the member's 707
official duties as a member of a police or fire department 708
shall, if the disability prevents the member from performing 709
those duties and impairs the member's earning capacity, receive 710
annual disability benefits in accordance with division (B) of 711

section 742.39 of the Revised Code. In determining whether a 712
member of the fund is permanently and partially disabled, the 713
board shall consider standards adopted under division (C) of 714
this section applicable to the determination. 715

(3) (a) A member of the fund who is permanently disabled as 716
a result of heart disease or any cardiovascular or respiratory 717
disease of a chronic nature, which disease or any evidence of 718
which disease was not revealed by the physical examination 719
passed by the member on entry into the department or another 720
examination specified in rules the board adopts under section 721
742.10 of the Revised Code, is presumed to have incurred the 722
disease while performing the member's official duties, unless 723
the contrary is shown by competent evidence. The board may waive 724
the requirement that the absence of disease be evidenced by a 725
physical examination if competent medical evidence of a type 726
specified in rules adopted under section 742.10 of the Revised 727
Code is submitted documenting that the disease was not evident 728
prior to or at the time of entry into the department. 729

(b) A member of the fund who is a member of a fire 730
department, has been assigned to at least six years of hazardous 731
duty as a member of a fire department, and is disabled as a 732
result of cancer, is presumed to have incurred the cancer while 733
performing the member's official duties if the member was 734
exposed to an agent classified by the international agency for 735
research on cancer or its successor agency as a group 1 or 2A 736
carcinogen. 737

(c) The presumption described in division (D) (3) (b) of 738
this section is rebuttable in any of the following situations: 739

(i) There is evidence that the member incurred the type of 740
cancer being alleged before becoming a member of the department. 741

(ii) There is evidence that the member's exposure, outside 742
the scope of the member's official duties, to cigarettes, 743
tobacco products, or other conditions presenting an extremely 744
high risk for the development of the cancer alleged, was 745
probably a significant factor in the cause or progression of the 746
cancer. 747

(iii) There is evidence that shows, by a preponderance of 748
competent scientific evidence, that exposure to the type of 749
carcinogen alleged did not or could not have caused the cancer 750
being alleged. 751

(iv) There is evidence that the member was not exposed to 752
an agent classified by the international agency for research on 753
cancer or its successor agency as a group 1 or 2A carcinogen. 754

(v) The member is seventy years of age or older. 755

(d) The presumption described in division (D) (3) (b) of 756
this section does not apply if it has been more than fifteen 757
years since the member was last assigned to hazardous duty as a 758
member of a fire department. 759

(4) A member of the fund who has five or more years of 760
service credit and has incurred a permanent disability not 761
caused or induced by the actual performance of the member's 762
official duties as a member of the department, or by the 763
member's own negligence, shall if the disability prevents the 764
member from performing those duties and impairs the member's 765
earning capacity, receive annual disability benefits in 766
accordance with division (C) of section 742.39 of the Revised 767
Code. In determining whether a member of the fund is permanently 768
disabled, the board shall consider standards adopted under 769
division (C) of this section applicable to the determination. 770

(5) The board shall notify a member of its final action 771
awarding a disability benefit to the member within thirty days 772
of the final action. The notice shall be sent by certified mail, 773
return receipt requested. Not later than ninety days after 774
receipt of notice from the board, the member shall elect, on a 775
form provided by the board, either to accept or waive the 776
disability benefit award. If the member elects to waive the 777
disability benefit award or fails to make an election within the 778
time period, the award is rescinded. A member who later seeks a 779
disability benefit award shall be required to make a new 780
application, which shall be dealt with in accordance with the 781
procedures used for original disability benefit applications. 782

A person is not eligible to apply for or receive 783
disability benefits under this division, section 742.39 of the 784
Revised Code, or division (C) (2), (3), (4), or (5) of former 785
section 742.37 of the Revised Code unless the person is a member 786
of the fund on the date on which the application for disability 787
benefits is submitted to the fund. 788

With the exception of persons who may make application for 789
increased benefits as provided in division (D) (2) or (4) of this 790
section or division (C) (3) or (5) of former section 742.37 of 791
the Revised Code on or after July 24, 1986, or persons who may 792
make application for benefits as provided in section 742.26 of 793
the Revised Code, no person receiving a pension or benefit under 794
this section or division (C) of former section 742.37 of the 795
Revised Code may apply for any new, changed, or different 796
benefit. 797

(E) An advanced practice registered nurse or physician 798
~~assistant~~ associate assigned in accordance with rules adopted 799
under division (C) (3) of this section to conduct a medical 800

examination of a member who has applied for disability benefits 801
shall only conduct an examination that is within the scope and 802
practice that is permitted under Chapter 4723. or 4730. of the 803
Revised Code, respectively, and does not exceed the advanced 804
practice registered nurse's or physician ~~assistant's~~ associate's 805
training. 806

(F) Notwithstanding the requirement of section 742.41 of 807
the Revised Code that all medical reports and recommendations 808
required are privileged, the board shall submit to the 809
administrator of workers' compensation any data necessary for 810
the report required under section 4123.86 of the Revised Code. 811

Sec. 911.11. The director of agriculture may require any 812
person intending to work or working in a bakery to submit to a 813
thorough examination for the purpose of ascertaining whether the 814
person is afflicted with any contagious, infectious, or other 815
disease or physical ailment, which may render employment 816
detrimental to the public health. All such examinations shall be 817
made by a qualified physician licensed under section 4731.14 of 818
the Revised Code, by a physician ~~assistant~~ associate, by a 819
clinical nurse specialist, by a certified nurse practitioner, or 820
by a certified nurse-midwife. Any written documentation of the 821
examination shall be completed by the individual who did the 822
examination. 823

Sec. 1337.11. As used in sections 1337.11 to 1337.17 of 824
the Revised Code: 825

(A) "Adult" means a person who is eighteen years of age or 826
older. 827

(B) "Attending physician" means the physician to whom a 828
principal or the family of a principal has assigned primary 829

responsibility for the treatment or care of the principal or, if 830
the responsibility has not been assigned, the physician who has 831
accepted that responsibility. 832

(C) "Comfort care" means any of the following: 833

(1) Nutrition when administered to diminish the pain or 834
discomfort of a principal, but not to postpone death; 835

(2) Hydration when administered to diminish the pain or 836
discomfort of a principal, but not to postpone death; 837

(3) Any other medical or nursing procedure, treatment, 838
intervention, or other measure that is taken to diminish the 839
pain or discomfort of a principal, but not to postpone death. 840

(D) "Consulting physician" means a physician who, in 841
conjunction with the attending physician of a principal, makes 842
one or more determinations that are required to be made by the 843
attending physician, or to be made by the attending physician 844
and one other physician, by an applicable provision of sections 845
1337.11 to 1337.17 of the Revised Code, to a reasonable degree 846
of medical certainty and in accordance with reasonable medical 847
standards. 848

(E) "Declaration for mental health treatment" has the same 849
meaning as in section 2135.01 of the Revised Code. 850

(F) "Guardian" means a person appointed by a probate court 851
pursuant to Chapter 2111. of the Revised Code to have the care 852
and management of the person of an incompetent. 853

(G) "Health care" means any care, treatment, service, or 854
procedure to maintain, diagnose, or treat an individual's 855
physical or mental condition or physical or mental health. 856

(H) "Health care decision" means informed consent, refusal 857

to give informed consent, or withdrawal of informed consent to 858
health care. 859

(I) "Health care facility" means any of the following: 860

(1) A hospital; 861

(2) A hospice care program, pediatric respite care 862
program, or other institution that specializes in comfort care 863
of patients in a terminal condition or in a permanently 864
unconscious state; 865

(3) A nursing home; 866

(4) A home health agency; 867

(5) An intermediate care facility for individuals with 868
intellectual disabilities; 869

(6) A regulated community mental health organization. 870

(J) "Health care personnel" means physicians, nurses, 871
physician ~~assistants~~associates, emergency medical technicians- 872
basic, emergency medical technicians-intermediate, emergency 873
medical technicians-paramedic, medical technicians, dietitians, 874
other authorized persons acting under the direction of an 875
attending physician, and administrators of health care 876
facilities. 877

(K) "Home health agency" has the same meaning as in 878
section 3740.01 of the Revised Code. 879

(L) "Hospice care program" and "pediatric respite care 880
program" have the same meanings as in section 3712.01 of the 881
Revised Code. 882

(M) "Hospital" has the same meanings as in sections 883
3701.01, 3727.01, and 5122.01 of the Revised Code. 884

(N) "Hydration" means fluids that are artificially or 885
technologically administered. 886

(O) "Incompetent" has the same meaning as in section 887
2111.01 of the Revised Code. 888

(P) "Intermediate care facility for individuals with 889
intellectual disabilities" has the same meaning as in section 890
5124.01 of the Revised Code. 891

(Q) "Life-sustaining treatment" means any medical 892
procedure, treatment, intervention, or other measure that, when 893
administered to a principal, will serve principally to prolong 894
the process of dying. 895

(R) "Medical claim" has the same meaning as in section 896
2305.113 of the Revised Code. 897

(S) "Mental health treatment" has the same meaning as in 898
section 2135.01 of the Revised Code. 899

(T) "Nursing home" has the same meaning as in section 900
3721.01 of the Revised Code. 901

(U) "Nutrition" means sustenance that is artificially or 902
technologically administered. 903

(V) "Permanently unconscious state" means a state of 904
permanent unconsciousness in a principal that, to a reasonable 905
degree of medical certainty as determined in accordance with 906
reasonable medical standards by the principal's attending 907
physician and one other physician who has examined the 908
principal, is characterized by both of the following: 909

(1) Irreversible unawareness of one's being and 910
environment. 911

(2) Total loss of cerebral cortical functioning, resulting 912
in the principal having no capacity to experience pain or 913
suffering. 914

(W) "Person" has the same meaning as in section 1.59 of 915
the Revised Code and additionally includes political 916
subdivisions and governmental agencies, boards, commissions, 917
departments, institutions, offices, and other instrumentalities. 918

(X) "Physician" means a person who is authorized under 919
Chapter 4731. of the Revised Code to practice medicine and 920
surgery or osteopathic medicine and surgery. 921

(Y) "Political subdivision" and "state" have the same 922
meanings as in section 2744.01 of the Revised Code. 923

(Z) "Professional disciplinary action" means action taken 924
by the board or other entity that regulates the professional 925
conduct of health care personnel, including the state medical 926
board and the board of nursing. 927

(AA) "Regulated community mental health organization" 928
means a residential facility as defined and licensed under 929
section 5119.34 of the Revised Code or a community mental health 930
services provider as defined in section 5122.01 of the Revised 931
Code. 932

(BB) "Terminal condition" means an irreversible, 933
incurable, and untreatable condition caused by disease, illness, 934
or injury from which, to a reasonable degree of medical 935
certainty as determined in accordance with reasonable medical 936
standards by a principal's attending physician and one other 937
physician who has examined the principal, both of the following 938
apply: 939

(1) There can be no recovery. 940

(2) Death is likely to occur within a relatively short 941
time if life-sustaining treatment is not administered. 942

(CC) "Tort action" means a civil action for damages for 943
injury, death, or loss to person or property, other than a civil 944
action for damages for a breach of contract or another agreement 945
between persons. 946

Sec. 1349.05. (A) As used in this section: 947

(1) "Agency" and "license" have the same meanings as in 948
section 119.01 of the Revised Code. 949

(2) "Crime" has the same meaning as in section 2930.01 of 950
the Revised Code. 951

(3) "Health care practitioner" means any of the following: 952

(a) An individual licensed under Chapter 4731. of the 953
Revised Code to practice medicine and surgery; 954

(b) An individual licensed under Chapter 4723. of the 955
Revised Code to practice as an advanced practice registered 956
nurse; 957

(c) An individual licensed under Chapter 4730. of the 958
Revised Code to practice as a physician ~~assistant~~associate; 959

(d) An individual licensed under Chapter 4732. of the 960
Revised Code to practice as a psychologist; 961

(e) An individual licensed under Chapter 4734. of the 962
Revised Code to practice as a chiropractor. 963

(4) "Victim" has the same meaning as in section 2930.01 of 964
the Revised Code, except that it excludes any party to a motor 965
vehicle accident. 966

(B) No health care practitioner, with the intent to obtain 967

professional employment for the health care practitioner, shall 968
directly contact in person, by telephone, or by electronic means 969
any victim of a crime, or any witness to a motor vehicle 970
accident or crime, other than a witness that was a party to a 971
motor vehicle accident, until thirty days after the date of the 972
motor vehicle accident or crime. 973

(C) No person who has been paid or given, or was offered 974
to be paid or given, money or anything of value to solicit 975
employment on behalf of another shall directly contact in 976
person, by telephone, or by electronic means any victim of a 977
crime, or any witness to a motor vehicle accident or crime, 978
other than a witness that was a party to a motor vehicle 979
accident, until thirty days after the date of the motor vehicle 980
accident or crime. 981

(D) (1) Except as provided in division (D) (3) of this 982
section, all of the following apply to a health care 983
practitioner who, for the purpose of obtaining professional 984
employment, contacts any party to a motor vehicle accident: 985

(a) The health care practitioner shall not contact the 986
party in person at any time for the purpose of obtaining 987
professional employment. 988

(b) Beginning twenty-four hours after the time of the 989
accident, the health care practitioner may initiate contact with 990
the party for the purpose of obtaining professional employment 991
as follows: 992

(i) Through telephone, but not more than once in any 993
forty-eight hour period; 994

(ii) Once through electronic mail; 995

(iii) Once through a text message; 996

(iv) Once in writing delivered through the United States 997
postal service. 998

(2) Except as provided in division (D) (3) of this section, 999
all of the following apply to a person who has been paid or 1000
given, or was offered to be paid or given, money or anything of 1001
value to contact, for the purpose of obtaining professional 1002
employment on behalf of another, any party to a motor vehicle 1003
accident: 1004

(a) The person shall not contact the party in person at 1005
any time for the purpose of obtaining professional employment on 1006
behalf of another. 1007

(b) Beginning twenty-four hours after the time of the 1008
accident, the person may initiate contact with the party for the 1009
purpose of obtaining professional employment on behalf of 1010
another as follows: 1011

(i) Through telephone, but not more than once in any 1012
forty-eight hour period; 1013

(ii) Once through electronic mail; 1014

(iii) Once through a text message; 1015

(iv) Once in writing delivered through the United States 1016
postal service. 1017

(3) Divisions (D) (1) and (2) of this section do not apply 1018
to any person who solicits professional services to any party to 1019
a motor vehicle accident if the party being solicited was a 1020
previous purchaser of services from the person soliciting 1021
employment, or from the person on whose behalf employment is 1022
being solicited, and if both of the following apply: 1023

(a) The solicitation is made under the same business or 1024

professional name that was previously used to sell services to 1025
the party to the motor vehicle accident. 1026

(b) The person who will be providing the services has, for 1027
a period of not less than three years, operated a business or 1028
professional occupation under the same business or professional 1029
name as the name used in the solicitation. 1030

(E) If an agency that has issued a license to a person 1031
believes that the person has violated this section, the agency 1032
shall issue a notice and conduct a hearing in accordance with 1033
Chapter 119. of the Revised Code. After determining that a 1034
person has violated this section on three separate occasions, 1035
the agency shall suspend the person's license. 1036

Sec. 1561.26. (A) As used in this section: 1037

(1) "EMT-basic," "EMT-I," and "paramedic" have the same 1038
meanings as in section 4765.01 of the Revised Code. 1039

(2) "Mine medical responder" has the same meaning as in 1040
section 1565.15 of the Revised Code. 1041

(B) The superintendent of rescue stations, with the 1042
approval of the chief of the division of mineral resources 1043
management, shall, at each rescue station provided for in 1044
section 1561.25 of the Revised Code, train and employ rescue 1045
crews of six members each, one of whom shall hold a mine 1046
foreperson or fire boss certificate and be designated captain, 1047
and train and employ any number of such rescue crews as the 1048
superintendent believes necessary. One member of a rescue crew 1049
shall be certified as an EMT-basic, EMT-I, mine medical 1050
responder, or paramedic. Each member of a rescue crew shall 1051
devote the time specified by the chief each month for training 1052
purposes and shall be available at all times to assist in rescue 1053

work at explosions, mine fires, and other emergencies. 1054

A captain of mine rescue crews shall receive for service 1055
as captain the sum of twenty-four dollars per month, and each 1056
member shall receive the sum of twenty dollars per month, all 1057
payable on requisition approved by the chief. When engaged in 1058
rescue work at explosions, mine fires, or other emergencies away 1059
from their station, the members of the rescue crews and captains 1060
of the same shall be paid the sum of six dollars per hour for 1061
work on the surface, which includes the time consumed by those 1062
members in traveling to and from the scene of the emergency when 1063
the scene is away from the station of the members, and the sum 1064
of seven dollars per hour for all work underground at the 1065
emergency, and in addition thereto, the necessary living 1066
expenses of the members when the emergency is away from their 1067
home station, all payable on requisition approved by the chief. 1068

Each member of a mine rescue crew shall undergo an annual 1069
medical examination. The chief may designate to perform an 1070
examination any individual authorized by the Revised Code to do 1071
so, including a physician ~~assistant~~associate, a clinical nurse 1072
specialist, a certified nurse practitioner, or a certified 1073
nurse-midwife. In designating the individual to perform a 1074
medical examination, the chief shall choose one near the station 1075
of the member of the rescue crews. The examiner shall report the 1076
examination results to the chief and if, in the opinion of the 1077
chief, the report indicates that the member is physically unfit 1078
for further services, the chief shall relieve the member from 1079
further duty. The fee charged by the examiner for the 1080
examination shall be paid in the same manner as fees are paid to 1081
doctors employed by the industrial commission for special 1082
medical examinations. 1083

The chief may remove any member of a rescue crew for any 1084
reason. Such crews shall be subject to the orders of the chief, 1085
the superintendent, and the deputy mine inspectors when engaged 1086
in actual mine rescue work. Mine rescue crews shall, in case of 1087
death or injury when engaged in rescue work, wherever the same 1088
may occur, be paid compensation, or their dependents shall be 1089
paid death benefits, from the workers' compensation fund, in the 1090
same manner as other employees of the state. 1091

(C) In addition to the training of rescue crews, each 1092
assistant superintendent of rescue stations, with the approval 1093
of the superintendent, shall provide for and conduct safety, 1094
first aid, and rescue classes at any mine or for any group of 1095
miners who make application for the conducting of such classes. 1096
The chief may assess a fee for safety and first aid classes for 1097
the purpose of covering the costs associated with providing 1098
those classes. The chief shall establish a fee schedule for 1099
safety and first aid classes by rule adopted in accordance with 1100
Chapter 119. of the Revised Code. Fees collected under this 1101
section shall be deposited in the mining regulation and safety 1102
fund created in section 1513.30 of the Revised Code. 1103

The superintendent shall prescribe and provide for a 1104
uniform schedule of conducting such safety and rescue classes as 1105
will provide a competent knowledge of modern safety and rescue 1106
methods in, at, and about mines. 1107

(D) No member of a mine rescue crew who performs mine 1108
rescue at an underground coal mine and no operator of a mine 1109
whose employee participates as a member of such a mine rescue 1110
crew is liable in any civil action that arises under the laws of 1111
this state for damage or injury caused in the performance of 1112
rescue work at an underground coal mine. However, a member of 1113

such a mine rescue crew may be liable if the member acted with 1114
malicious purpose, in bad faith, or in a wanton or reckless 1115
manner. 1116

This division does not eliminate, limit, or reduce any 1117
immunity from civil liability that is conferred on a member of 1118
such a mine rescue crew or an operator by any other provision of 1119
the Revised Code or by case law. 1120

Sec. 1751.01. As used in this chapter: 1121

(A) (1) "Basic health care services" means the following 1122
services when medically necessary: 1123

(a) Physician's services, except when such services are 1124
supplemental under division (B) of this section; 1125

(b) Inpatient hospital services; 1126

(c) Outpatient medical services; 1127

(d) Emergency health services; 1128

(e) Urgent care services; 1129

(f) Diagnostic laboratory services and diagnostic and 1130
therapeutic radiologic services; 1131

(g) Diagnostic and treatment services, other than 1132
prescription drug services, for biologically based mental 1133
illnesses; 1134

(h) Preventive health care services, including, but not 1135
limited to, voluntary family planning services, infertility 1136
services, periodic physical examinations, prenatal obstetrical 1137
care, and well-child care; 1138

(i) Routine patient care for patients enrolled in an 1139
eligible cancer clinical trial pursuant to section 3923.80 of 1140

the Revised Code. 1141

"Basic health care services" does not include experimental 1142
procedures. 1143

Except as provided by divisions (A) (2) and (3) of this 1144
section in connection with the offering of coverage for 1145
diagnostic and treatment services for biologically based mental 1146
illnesses, a health insuring corporation shall not offer 1147
coverage for a health care service, defined as a basic health 1148
care service by this division, unless it offers coverage for all 1149
listed basic health care services. However, this requirement 1150
does not apply to the coverage of beneficiaries enrolled in 1151
medicare pursuant to a medicare contract, or to the coverage of 1152
beneficiaries enrolled in the federal employee health benefits 1153
program pursuant to 5 U.S.C.A. 8905, or to the coverage of 1154
medicaid recipients, or to the coverage of beneficiaries under 1155
any federal health care program regulated by a federal 1156
regulatory body, or to the coverage of beneficiaries under any 1157
contract covering officers or employees of the state that has 1158
been entered into by the department of administrative services. 1159

(2) A health insuring corporation may offer coverage for 1160
diagnostic and treatment services for biologically based mental 1161
illnesses without offering coverage for all other basic health 1162
care services. A health insuring corporation may offer coverage 1163
for diagnostic and treatment services for biologically based 1164
mental illnesses alone or in combination with one or more 1165
supplemental health care services. However, a health insuring 1166
corporation that offers coverage for any other basic health care 1167
service shall offer coverage for diagnostic and treatment 1168
services for biologically based mental illnesses in combination 1169
with the offer of coverage for all other listed basic health 1170

care services. 1171

(3) A health insuring corporation that offers coverage for 1172
basic health care services is not required to offer coverage for 1173
diagnostic and treatment services for biologically based mental 1174
illnesses in combination with the offer of coverage for all 1175
other listed basic health care services if all of the following 1176
apply: 1177

(a) The health insuring corporation submits documentation 1178
certified by an independent member of the American academy of 1179
actuaries to the superintendent of insurance showing that 1180
incurred claims for diagnostic and treatment services for 1181
biologically based mental illnesses for a period of at least six 1182
months independently caused the health insuring corporation's 1183
costs for claims and administrative expenses for the coverage of 1184
basic health care services to increase by more than one per cent 1185
per year. 1186

(b) The health insuring corporation submits a signed 1187
letter from an independent member of the American academy of 1188
actuaries to the superintendent of insurance opining that the 1189
increase in costs described in division (A) (3) (a) of this 1190
section could reasonably justify an increase of more than one 1191
per cent in the annual premiums or rates charged by the health 1192
insuring corporation for the coverage of basic health care 1193
services. 1194

(c) The superintendent of insurance makes the following 1195
determinations from the documentation and opinion submitted 1196
pursuant to divisions (A) (3) (a) and (b) of this section: 1197

(i) Incurred claims for diagnostic and treatment services 1198
for biologically based mental illnesses for a period of at least 1199

six months independently caused the health insuring 1200
corporation's costs for claims and administrative expenses for 1201
the coverage of basic health care services to increase by more 1202
than one per cent per year. 1203

(ii) The increase in costs reasonably justifies an 1204
increase of more than one per cent in the annual premiums or 1205
rates charged by the health insuring corporation for the 1206
coverage of basic health care services. 1207

Any determination made by the superintendent under this 1208
division is subject to Chapter 119. of the Revised Code. 1209

(B) (1) "Supplemental health care services" means any 1210
health care services other than basic health care services that 1211
a health insuring corporation may offer, alone or in combination 1212
with either basic health care services or other supplemental 1213
health care services, and includes: 1214

(a) Services of facilities for intermediate or long-term 1215
care, or both; 1216

(b) Dental care services; 1217

(c) Vision care and optometric services including lenses 1218
and frames; 1219

(d) Podiatric care or foot care services; 1220

(e) Mental health services, excluding diagnostic and 1221
treatment services for biologically based mental illnesses; 1222

(f) Short-term outpatient evaluative and crisis- 1223
intervention mental health services; 1224

(g) Medical or psychological treatment and referral 1225
services for alcohol and drug abuse or addiction; 1226

(h) Home health services;	1227
(i) Prescription drug services;	1228
(j) Nursing services;	1229
(k) Services of a dietitian licensed under Chapter 4759. of the Revised Code;	1230 1231
(l) Physical therapy services;	1232
(m) Chiropractic services;	1233
(n) Any other category of services approved by the superintendent of insurance.	1234 1235
(2) If a health insuring corporation offers prescription drug services under this division, the coverage shall include prescription drug services for the treatment of biologically based mental illnesses on the same terms and conditions as other physical diseases and disorders.	1236 1237 1238 1239 1240
(C) "Specialty health care services" means one of the supplemental health care services listed in division (B) of this section, when provided by a health insuring corporation on an outpatient-only basis and not in combination with other supplemental health care services.	1241 1242 1243 1244 1245
(D) "Biologically based mental illnesses" means schizophrenia, schizoaffective disorder, major depressive disorder, bipolar disorder, paranoia and other psychotic disorders, obsessive-compulsive disorder, and panic disorder, as these terms are defined in the most recent edition of the diagnostic and statistical manual of mental disorders published by the American psychiatric association.	1246 1247 1248 1249 1250 1251 1252
(E) "Closed panel plan" means a health care plan that	1253

requires enrollees to use participating providers. 1254

(F) "Compensation" means remuneration for the provision of 1255
health care services, determined on other than a fee-for-service 1256
or discounted-fee-for-service basis. 1257

(G) "Contractual periodic prepayment" means the formula 1258
for determining the premium rate for all subscribers of a health 1259
insuring corporation. 1260

(H) "Corporation" means a corporation formed under Chapter 1261
1701. or 1702. of the Revised Code or the similar laws of 1262
another state. 1263

(I) "Emergency health services" means those health care 1264
services that must be available on a seven-days-per-week, 1265
twenty-four-hours-per-day basis in order to prevent jeopardy to 1266
an enrollee's health status that would occur if such services 1267
were not received as soon as possible, and includes, where 1268
appropriate, provisions for transportation and indemnity 1269
payments or service agreements for out-of-area coverage. 1270

(J) "Enrollee" means any natural person who is entitled to 1271
receive health care benefits provided by a health insuring 1272
corporation. 1273

(K) "Evidence of coverage" means any certificate, 1274
agreement, policy, or contract issued to a subscriber that sets 1275
out the coverage and other rights to which such person is 1276
entitled under a health care plan. 1277

(L) "Health care facility" means any facility, except a 1278
health care practitioner's office, that provides preventive, 1279
diagnostic, therapeutic, acute convalescent, rehabilitation, 1280
mental health, intellectual disability, intermediate care, or 1281
skilled nursing services. 1282

(M) "Health care services" means basic, supplemental, and 1283
specialty health care services. 1284

(N) "Health delivery network" means any group of providers 1285
or health care facilities, or both, or any representative 1286
thereof, that have entered into an agreement to offer health 1287
care services in a panel rather than on an individual basis. 1288

(O) "Health insuring corporation" means a corporation, as 1289
defined in division (H) of this section, that, pursuant to a 1290
policy, contract, certificate, or agreement, pays for, 1291
reimburses, or provides, delivers, arranges for, or otherwise 1292
makes available, basic health care services, supplemental health 1293
care services, or specialty health care services, or a 1294
combination of basic health care services and either 1295
supplemental health care services or specialty health care 1296
services, through either an open panel plan or a closed panel 1297
plan. 1298

"Health insuring corporation" does not include a limited 1299
liability company formed pursuant to Chapter 1705. or 1706. of 1300
the Revised Code, an insurer licensed under Title XXXIX of the 1301
Revised Code if that insurer offers only open panel plans under 1302
which all providers and health care facilities participating 1303
receive their compensation directly from the insurer, a 1304
corporation formed by or on behalf of a political subdivision or 1305
a department, office, or institution of the state, or a public 1306
entity formed by or on behalf of a board of county 1307
commissioners, a county board of developmental disabilities, an 1308
alcohol and drug addiction services board, a board of alcohol, 1309
drug addiction, and mental health services, or a community 1310
mental health board, as those terms are used in Chapters 340. 1311
and 5126. of the Revised Code. Except as provided by division 1312

(D) of section 1751.02 of the Revised Code, or as otherwise 1313
provided by law, no board, commission, agency, or other entity 1314
under the control of a political subdivision may accept 1315
insurance risk in providing for health care services. However, 1316
nothing in this division shall be construed as prohibiting such 1317
entities from purchasing the services of a health insuring 1318
corporation or a third-party administrator licensed under 1319
Chapter 3959. of the Revised Code. 1320

(P) "Intermediary organization" means a health delivery 1321
network or other entity that contracts with licensed health 1322
insuring corporations or self-insured employers, or both, to 1323
provide health care services, and that enters into contractual 1324
arrangements with other entities for the provision of health 1325
care services for the purpose of fulfilling the terms of its 1326
contracts with the health insuring corporations and self-insured 1327
employers. 1328

(Q) "Intermediate care" means residential care above the 1329
level of room and board for patients who require personal 1330
assistance and health-related services, but who do not require 1331
skilled nursing care. 1332

(R) "Medical record" means the personal information that 1333
relates to an individual's physical or mental condition, medical 1334
history, or medical treatment. 1335

(S) (1) "Open panel plan" means a health care plan that 1336
provides incentives for enrollees to use participating providers 1337
and that also allows enrollees to use providers that are not 1338
participating providers. 1339

(2) No health insuring corporation may offer an open panel 1340
plan, unless the health insuring corporation is also licensed as 1341

an insurer under Title XXXIX of the Revised Code, the health 1342
insuring corporation, on June 4, 1997, holds a certificate of 1343
authority or license to operate under Chapter 1736. or 1740. of 1344
the Revised Code, or an insurer licensed under Title XXXIX of 1345
the Revised Code is responsible for the out-of-network risk as 1346
evidenced by both an evidence of coverage filing under section 1347
1751.11 of the Revised Code and a policy and certificate filing 1348
under section 3923.02 of the Revised Code. 1349

(T) "Osteopathic hospital" means a hospital registered 1350
under section 3701.07 of the Revised Code that advocates 1351
osteopathic principles and the practice and perpetuation of 1352
osteopathic medicine by doing any of the following: 1353

(1) Maintaining a department or service of osteopathic 1354
medicine or a committee on the utilization of osteopathic 1355
principles and methods, under the supervision of an osteopathic 1356
physician; 1357

(2) Maintaining an active medical staff, the majority of 1358
which is comprised of osteopathic physicians; 1359

(3) Maintaining a medical staff executive committee that 1360
has osteopathic physicians as a majority of its members. 1361

(U) "Panel" means a group of providers or health care 1362
facilities that have joined together to deliver health care 1363
services through a contractual arrangement with a health 1364
insuring corporation, employer group, or other payor. 1365

(V) "Person" has the same meaning as in section 1.59 of 1366
the Revised Code, and, unless the context otherwise requires, 1367
includes any insurance company holding a certificate of 1368
authority under Title XXXIX of the Revised Code, any subsidiary 1369
and affiliate of an insurance company, and any government 1370

agency. 1371

(W) "Premium rate" means any set fee regularly paid by a 1372
subscriber to a health insuring corporation. A "premium rate" 1373
does not include a one-time membership fee, an annual 1374
administrative fee, or a nominal access fee, paid to a managed 1375
health care system under which the recipient of health care 1376
services remains solely responsible for any charges accessed for 1377
those services by the provider or health care facility. 1378

(X) "Primary care provider" means a provider that is 1379
designated by a health insuring corporation to supervise, 1380
coordinate, or provide initial care or continuing care to an 1381
enrollee, and that may be required by the health insuring 1382
corporation to initiate a referral for specialty care and to 1383
maintain supervision of the health care services rendered to the 1384
enrollee. 1385

(Y) "Provider" means any natural person or partnership of 1386
natural persons who are licensed, certified, accredited, or 1387
otherwise authorized in this state to furnish health care 1388
services, or any professional association organized under 1389
Chapter 1785. of the Revised Code, provided that nothing in this 1390
chapter or other provisions of law shall be construed to 1391
preclude a health insuring corporation, health care 1392
practitioner, or organized health care group associated with a 1393
health insuring corporation from employing certified nurse 1394
practitioners, certified nurse anesthetists, clinical nurse 1395
specialists, certified nurse-midwives, pharmacists, dietitians, 1396
physician ~~assistants~~associates, dental assistants, dental 1397
hygienists, optometric technicians, or other allied health 1398
personnel who are licensed, certified, accredited, or otherwise 1399
authorized in this state to furnish health care services. 1400

(Z) "Provider sponsored organization" means a corporation, 1401
as defined in division (H) of this section, that is at least 1402
eighty per cent owned or controlled by one or more hospitals, as 1403
defined in section 3727.01 of the Revised Code, or one or more 1404
physicians licensed to practice medicine or surgery or 1405
osteopathic medicine and surgery under Chapter 4731. of the 1406
Revised Code, or any combination of such physicians and 1407
hospitals. Such control is presumed to exist if at least eighty 1408
per cent of the voting rights or governance rights of a provider 1409
sponsored organization are directly or indirectly owned, 1410
controlled, or otherwise held by any combination of the 1411
physicians and hospitals described in this division. 1412

(AA) "Solicitation document" means the written materials 1413
provided to prospective subscribers or enrollees, or both, and 1414
used for advertising and marketing to induce enrollment in the 1415
health care plans of a health insuring corporation. 1416

(BB) "Subscriber" means a person who is responsible for 1417
making payments to a health insuring corporation for 1418
participation in a health care plan, or an enrollee whose 1419
employment or other status is the basis of eligibility for 1420
enrollment in a health insuring corporation. 1421

(CC) "Urgent care services" means those health care 1422
services that are appropriately provided for an unforeseen 1423
condition of a kind that usually requires medical attention 1424
without delay but that does not pose a threat to the life, limb, 1425
or permanent health of the injured or ill person, and may 1426
include such health care services provided out of the health 1427
insuring corporation's approved service area pursuant to 1428
indemnity payments or service agreements. 1429

Sec. 1785.01. As used in this chapter: 1430

(A) "Professional service" means any type of professional service that may be performed only pursuant to a license, certificate, or other legal authorization issued pursuant to Chapter 4701., 4703., 4705., 4715., 4723., 4725., 4729., 4730., 4731., 4732., 4733., 4734., 4741., 4755., or 4757. of the Revised Code to certified public accountants, licensed public accountants, architects, attorneys, dentists, nurses, optometrists, pharmacists, physician ~~assistants~~associates, doctors of medicine and surgery, doctors of osteopathic medicine and surgery, doctors of podiatric medicine and surgery, practitioners of the limited branches of medicine specified in section 4731.15 of the Revised Code, mechanotherapists, psychologists, professional engineers, chiropractors, chiropractors practicing acupuncture through the state chiropractic board, veterinarians, physical therapists, occupational therapists, licensed professional clinical counselors, licensed professional counselors, independent social workers, social workers, independent marriage and family therapists, marriage and family therapists, art therapists, and music therapists.

(B) "Professional association" means an association organized under this chapter for the sole purpose of rendering one of the professional services authorized under Chapter 4701., 4703., 4705., 4715., 4723., 4725., 4729., 4730., 4731., 4732., 4733., 4734., 4741., 4755., or 4757. of the Revised Code, a combination of the professional services authorized under Chapters 4703. and 4733. of the Revised Code, or a combination of the professional services of optometrists authorized under Chapter 4725. of the Revised Code, chiropractors authorized under Chapter 4734. of the Revised Code to practice chiropractic or acupuncture, psychologists authorized under Chapter 4732. of

the Revised Code, registered or licensed practical nurses 1462
authorized under Chapter 4723. of the Revised Code, pharmacists 1463
authorized under Chapter 4729. of the Revised Code, physical 1464
therapists authorized under sections 4755.40 to 4755.56 of the 1465
Revised Code, occupational therapists authorized under sections 1466
4755.04 to 4755.13 of the Revised Code, mechanotherapists 1467
authorized under section 4731.151 of the Revised Code, doctors 1468
of medicine and surgery, osteopathic medicine and surgery, or 1469
podiatric medicine and surgery authorized under Chapter 4731. of 1470
the Revised Code, and licensed professional clinical counselors, 1471
licensed professional counselors, independent social workers, 1472
social workers, independent marriage and family therapists, 1473
marriage and family therapists, art therapists, or music 1474
therapists authorized under Chapter 4757. of the Revised Code. 1475

Sec. 2108.61. (A) As used in this section and sections 1476
2108.62 and 2108.63 of the Revised Code: 1477

(1) "Health care institution" means a hospital registered 1478
as such under section 3701.07 of the Revised Code or a 1479
freestanding birthing center. 1480

(2) "Health care professional" means a physician 1481
authorized under Chapter 4731. of the Revised Code to practice 1482
medicine and surgery or osteopathic medicine and surgery; a 1483
registered nurse, including a certified nurse-midwife, 1484
authorized to practice under Chapter 4723. of the Revised Code; 1485
or a physician ~~assistant~~associate authorized to practice under 1486
Chapter ~~4130.~~4730. of the Revised Code. 1487

(3) "Umbilical cord blood" means the blood that remains in 1488
the umbilical cord and placenta after the birth of a newborn 1489
child. 1490

(B) The department of health shall encourage health care professionals who provide health care services that are directly related to a woman's pregnancy to provide a woman before her third trimester of pregnancy with the publications described in section 2108.62 of the Revised Code.

Sec. 2133.01. Unless the context otherwise requires, as used in sections 2133.01 to 2133.15 of the Revised Code:

(A) "Adult" means an individual who is eighteen years of age or older.

(B) "Attending physician" means the physician to whom a declarant or other patient, or the family of a declarant or other patient, has assigned primary responsibility for the treatment or care of the declarant or other patient, or, if the responsibility has not been assigned, the physician who has accepted that responsibility.

(C) "Comfort care" means any of the following:

(1) Nutrition when administered to diminish the pain or discomfort of a declarant or other patient, but not to postpone the declarant's or other patient's death;

(2) Hydration when administered to diminish the pain or discomfort of a declarant or other patient, but not to postpone the declarant's or other patient's death;

(3) Any other medical or nursing procedure, treatment, intervention, or other measure that is taken to diminish the pain or discomfort of a declarant or other patient, but not to postpone the declarant's or other patient's death.

(D) "Consulting physician" means a physician who, in conjunction with the attending physician of a declarant or other

patient, makes one or more determinations that are required to 1519
be made by the attending physician, or to be made by the 1520
attending physician and one other physician, by an applicable 1521
provision of this chapter, to a reasonable degree of medical 1522
certainty and in accordance with reasonable medical standards. 1523

(E) "Declarant" means any adult who has executed a 1524
declaration in accordance with section 2133.02 of the Revised 1525
Code. 1526

(F) "Declaration" means a written document executed in 1527
accordance with section 2133.02 of the Revised Code. 1528

(G) "Durable power of attorney for health care" means a 1529
document created pursuant to sections 1337.11 to 1337.17 of the 1530
Revised Code. 1531

(H) "Guardian" means a person appointed by a probate court 1532
pursuant to Chapter 2111. of the Revised Code to have the care 1533
and management of the person of an incompetent. 1534

(I) "Health care facility" means any of the following: 1535

(1) A hospital; 1536

(2) A hospice care program, pediatric respite care 1537
program, or other institution that specializes in comfort care 1538
of patients in a terminal condition or in a permanently 1539
unconscious state; 1540

(3) A nursing home or residential care facility, as 1541
defined in section 3721.01 of the Revised Code; 1542

(4) A home health agency and any residential facility 1543
where a person is receiving care under the direction of a home 1544
health agency; 1545

(5) An intermediate care facility for individuals with intellectual disabilities.

(J) "Health care personnel" means physicians, nurses, physician ~~assistants~~associates, emergency medical technicians-basic, emergency medical technicians-intermediate, emergency medical technicians-paramedic, medical technicians, dietitians, other authorized persons acting under the direction of an attending physician, and administrators of health care facilities.

(K) "Home health agency" has the same meaning as in section 3740.01 of the Revised Code.

(L) "Hospice care program" and "pediatric respite care program" have the same meanings as in section 3712.01 of the Revised Code.

(M) "Hospital" has the same meanings as in sections 3701.01, 3727.01, and 5122.01 of the Revised Code.

(N) "Hydration" means fluids that are artificially or technologically administered.

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

(P) "Intermediate care facility for the individuals with intellectual disabilities" has the same meaning as in section 5124.01 of the Revised Code.

(Q) "Life-sustaining treatment" means any medical procedure, treatment, intervention, or other measure that, when administered to a qualified patient or other patient, will serve principally to prolong the process of dying.

(R) "Nurse" means a person who is licensed to practice

nursing as a registered nurse or to practice practical nursing 1574
as a licensed practical nurse pursuant to Chapter 4723. of the 1575
Revised Code. 1576

(S) "Nursing home" has the same meaning as in section 1577
3721.01 of the Revised Code. 1578

(T) "Nutrition" means sustenance that is artificially or 1579
technologically administered. 1580

(U) "Permanently unconscious state" means a state of 1581
permanent unconsciousness in a declarant or other patient that, 1582
to a reasonable degree of medical certainty as determined in 1583
accordance with reasonable medical standards by the declarant's 1584
or other patient's attending physician and one other physician 1585
who has examined the declarant or other patient, is 1586
characterized by both of the following: 1587

(1) Irreversible unawareness of one's being and 1588
environment. 1589

(2) Total loss of cerebral cortical functioning, resulting 1590
in the declarant or other patient having no capacity to 1591
experience pain or suffering. 1592

(V) "Person" has the same meaning as in section 1.59 of 1593
the Revised Code and additionally includes political 1594
subdivisions and governmental agencies, boards, commissions, 1595
departments, institutions, offices, and other instrumentalities. 1596

(W) "Physician" means a person who is authorized under 1597
Chapter 4731. of the Revised Code to practice medicine and 1598
surgery or osteopathic medicine and surgery. 1599

(X) "Political subdivision" and "state" have the same 1600
meanings as in section 2744.01 of the Revised Code. 1601

(Y) "Professional disciplinary action" means action taken
by the board or other entity that regulates the professional
conduct of health care personnel, including the state medical
board and the board of nursing.

(Z) "Qualified patient" means an adult who has executed a
declaration and has been determined to be in a terminal
condition or in a permanently unconscious state.

(AA) "Terminal condition" means an irreversible,
incurable, and untreatable condition caused by disease, illness,
or injury from which, to a reasonable degree of medical
certainty as determined in accordance with reasonable medical
standards by a declarant's or other patient's attending
physician and one other physician who has examined the declarant
or other patient, both of the following apply:

(1) There can be no recovery.

(2) Death is likely to occur within a relatively short
time if life-sustaining treatment is not administered.

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

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

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

Sec. 2135.01. As used in sections 2135.01 to 2135.15 of
the Revised Code:

(A) "Adult" means a person who is eighteen years of age or
older.

(B) "Capacity to consent to mental health treatment
decisions" means the functional ability to understand
information about the risks of, benefits of, and alternatives to
the proposed mental health treatment, to rationally use that
information, to appreciate how that information applies to the
declarant, and to express a choice about the proposed treatment.

(C) "Declarant" means an adult who has executed a
declaration for mental health treatment in accordance with this
chapter.

(D) "Declaration for mental health treatment" or
"declaration" means a written document declaring preferences or
instructions regarding mental health treatment executed in
accordance with this chapter.

(E) "Designated physician" means the physician the
declarant has named in a declaration for mental health treatment
and has assigned the primary responsibility for the declarant's

mental health treatment or, if the declarant has not so named a 1660
physician, the physician who has accepted that responsibility. 1661

(F) "Guardian" means a person appointed by a probate court 1662
pursuant to Chapter 2111. of the Revised Code to have the care 1663
and management of the person of an incompetent. 1664

(G) "Health care" means any care, treatment, service, or 1665
procedure to maintain, diagnose, or treat an individual's 1666
physical or mental condition or physical or mental health. 1667

(H) "Health care facility" has the same meaning as in 1668
section 1337.11 of the Revised Code. 1669

(I) "Incompetent" has the same meaning as in section 1670
2111.01 of the Revised Code. 1671

(J) "Informed consent" means consent voluntarily given by 1672
a person after a sufficient explanation and disclosure of the 1673
subject matter involved to enable that person to have a general 1674
understanding of the nature, purpose, and goal of the treatment 1675
or procedures, including the substantial risks and hazards 1676
inherent in the proposed treatment or procedures and any 1677
alternative treatment or procedures, and to make a knowing 1678
health care decision without coercion or undue influence. 1679

(K) "Medical record" means any document or combination of 1680
documents that pertains to a declarant's medical history, 1681
diagnosis, prognosis, or medical condition and that is generated 1682
and maintained in the process of the declarant's health care. 1683

(L) "Mental health treatment" means any care, treatment, 1684
service, or procedure to maintain, diagnose, or treat an 1685
individual's mental condition or mental health, including, but 1686
not limited to, electroconvulsive or other convulsive treatment, 1687
treatment of mental illness with medication, and admission to 1688

and retention in a health care facility. 1689

(M) "Mental health treatment decision" means informed 1690
consent, refusal to give informed consent, or withdrawal of 1691
informed consent to mental health treatment. 1692

(N) "Mental health treatment provider" means physicians, 1693
physician ~~assistants~~associates, psychologists, licensed 1694
independent social workers, licensed professional clinical 1695
counselors, and psychiatric nurses. 1696

(O) "Physician" means a person who is authorized under 1697
Chapter 4731. of the Revised Code to practice medicine and 1698
surgery or osteopathic medicine and surgery. 1699

(P) "Professional disciplinary action" means action taken 1700
by the board or other entity that regulates the professional 1701
conduct of health care personnel, including, but not limited to, 1702
the state medical board, the state board of psychology, and the 1703
state board of nursing. 1704

(Q) "Proxy" means an adult designated to make mental 1705
health treatment decisions for a declarant under a valid 1706
declaration for mental health treatment. 1707

(R) "Psychiatric nurse" means a registered nurse who holds 1708
a master's degree or doctorate in nursing with a specialization 1709
in psychiatric nursing. 1710

(S) "Psychiatrist" has the same meaning as in section 1711
5122.01 of the Revised Code. 1712

(T) "Psychologist" has the same meaning as in section 1713
4732.01 of the Revised Code. 1714

(U) "Registered nurse" has the same meaning as in section 1715
4723.01 of the Revised Code. 1716

(V) "Tort action" means a civil action for damages for 1717
injury, death, or loss to person or property, other than a civil 1718
action for damages for a breach of contract or another agreement 1719
between persons. 1720

Sec. 2151.3515. As used in sections 2151.3515 to 2151.3533 1721
of the Revised Code: 1722

(A) "Emergency medical service organization," "emergency 1723
medical technician-basic," "emergency medical technician- 1724
intermediate," "first responder," and "paramedic" have the same 1725
meanings as in section 4765.01 of the Revised Code. 1726

(B) "Emergency medical service worker" means a first 1727
responder, emergency medical technician-basic, emergency medical 1728
technician-intermediate, or paramedic. 1729

(C) "Hospital" has the same meaning as in section 3727.01 1730
of the Revised Code. 1731

(D) "Hospital employee" means any of the following 1732
persons: 1733

(1) A physician or advanced practice registered nurse who 1734
has been granted privileges to practice at the hospital; 1735

(2) A nurse, physician ~~assistant~~associate, or nursing 1736
assistant employed by the hospital; 1737

(3) An authorized person employed by the hospital who is 1738
acting under the direction of a physician or nurse described in 1739
division (D)(1) of this section. 1740

(E) "Law enforcement agency" means an organization or 1741
entity made up of peace officers. 1742

(F) "Nurse" means a person who is licensed under Chapter 1743

4723. of the Revised Code to practice as a registered nurse or 1744
licensed practical nurse. 1745

(G) "Nursing assistant" means a person designated by a 1746
hospital as a nurse aide or nursing assistant whose job is to 1747
aid nurses, physicians, and physician ~~assistants~~associates in 1748
the performance of their duties. 1749

(H) "Peace officer" means a sheriff, deputy sheriff, 1750
constable, police officer of a township or joint police 1751
district, marshal, deputy marshal, municipal police officer, or 1752
a state highway patrol trooper. 1753

(I) "Peace officer support employee" means an authorized 1754
person employed by a law enforcement agency who is acting under 1755
the direction of a peace officer. 1756

(J) "Physician" means an individual authorized under 1757
Chapter 4731. of the Revised Code to practice medicine and 1758
surgery, osteopathic medicine and surgery, or podiatric medicine 1759
and surgery. 1760

(K) "Physician ~~assistant~~associate" means an individual who 1761
holds a current, valid license to practice as a physician 1762
~~assistant~~associate issued under Chapter 4730. of the Revised 1763
Code. 1764

(L) "Advanced practice registered nurse" has the same 1765
meaning as in section 4723.01 of the Revised Code. 1766

Sec. 2151.53. Any person coming within sections 2151.01 to 1767
2151.54 of the Revised Code may be subjected to a physical 1768
examination by competent physicians, physician 1769
~~assistants~~associates, clinical nurse specialists, and certified 1770
nurse practitioners, and a mental examination by competent 1771
psychologists, psychiatrists, and clinical nurse specialists 1772

that practice the specialty of mental health or psychiatric 1773
mental health to be appointed by the juvenile court. Whenever 1774
any child is committed to any institution by virtue of such 1775
sections, a record of such examinations shall be sent with the 1776
commitment to such institution. The compensation of such 1777
physicians, physician ~~assistants~~associates, clinical nurse 1778
specialists, certified nurse practitioners, psychologists, and 1779
psychiatrists and the expenses of such examinations shall be 1780
paid by the county treasurer upon specifically itemized 1781
vouchers, certified by the juvenile judge. 1782

Sec. 2305.113. (A) Except as otherwise provided in this 1783
section, an action upon a medical, dental, optometric, or 1784
chiropractic claim shall be commenced within one year after the 1785
cause of action accrued. 1786

(B) (1) If prior to the expiration of the one-year period 1787
specified in division (A) of this section, a claimant who 1788
allegedly possesses a medical, dental, optometric, or 1789
chiropractic claim gives to the person who is the subject of 1790
that claim written notice that the claimant is considering 1791
bringing an action upon that claim, that action may be commenced 1792
against the person notified at any time within one hundred 1793
eighty days after the notice is so given. 1794

(2) A claimant who allegedly possesses a medical claim and 1795
who intends to give to the person who is the subject of that 1796
claim the written notice described in division (B) (1) of this 1797
section shall give that notice by sending it by certified mail, 1798
return receipt requested, addressed to any of the following: 1799

(a) The person's residence; 1800

(b) The person's professional practice; 1801

(c) The person's employer; 1802

(d) The business address of the person on file with the 1803
state medical board or other appropriate agency that issued the 1804
person's professional license. 1805

(3) An insurance company shall not consider the existence 1806
or nonexistence of a written notice described in division (B) (1) 1807
of this section in setting the liability insurance premium rates 1808
that the company may charge the company's insured person who is 1809
notified by that written notice. 1810

(C) Except as to persons within the age of minority or of 1811
unsound mind as provided by section 2305.16 of the Revised Code, 1812
and except as provided in division (D) of this section, both of 1813
the following apply: 1814

(1) No action upon a medical, dental, optometric, or 1815
chiropractic claim shall be commenced more than four years after 1816
the occurrence of the act or omission constituting the alleged 1817
basis of the medical, dental, optometric, or chiropractic claim. 1818

(2) If an action upon a medical, dental, optometric, or 1819
chiropractic claim is not commenced within four years after the 1820
occurrence of the act or omission constituting the alleged basis 1821
of the medical, dental, optometric, or chiropractic claim, then, 1822
any action upon that claim is barred. 1823

(D) (1) If a person making a medical claim, dental claim, 1824
optometric claim, or chiropractic claim, in the exercise of 1825
reasonable care and diligence, could not have discovered the 1826
injury resulting from the act or omission constituting the 1827
alleged basis of the claim within three years after the 1828
occurrence of the act or omission, but, in the exercise of 1829
reasonable care and diligence, discovers the injury resulting 1830

from that act or omission before the expiration of the four-year 1831
period specified in division (C) (1) of this section, the person 1832
may commence an action upon the claim not later than one year 1833
after the person discovers the injury resulting from that act or 1834
omission. 1835

(2) If the alleged basis of a medical claim, dental claim, 1836
optometric claim, or chiropractic claim is the occurrence of an 1837
act or omission that involves a foreign object that is left in 1838
the body of the person making the claim, the person may commence 1839
an action upon the claim not later than one year after the 1840
person discovered the foreign object or not later than one year 1841
after the person, with reasonable care and diligence, should 1842
have discovered the foreign object. 1843

(3) A person who commences an action upon a medical claim, 1844
dental claim, optometric claim, or chiropractic claim under the 1845
circumstances described in division (D) (1) or (2) of this 1846
section has the affirmative burden of proving, by clear and 1847
convincing evidence, that the person, with reasonable care and 1848
diligence, could not have discovered the injury resulting from 1849
the act or omission constituting the alleged basis of the claim 1850
within the three-year period described in division (D) (1) of 1851
this section or within the one-year period described in division 1852
(D) (2) of this section, whichever is applicable. 1853

(E) As used in this section: 1854

(1) "Hospital" includes any person, corporation, 1855
association, board, or authority that is responsible for the 1856
operation of any hospital licensed or registered in the state, 1857
including, but not limited to, those that are owned or operated 1858
by the state, political subdivisions, any person, any 1859
corporation, or any combination of the state, political 1860

subdivisions, persons, and corporations. "Hospital" also 1861
includes any person, corporation, association, board, entity, or 1862
authority that is responsible for the operation of any clinic 1863
that employs a full-time staff of physicians practicing in more 1864
than one recognized medical specialty and rendering advice, 1865
diagnosis, care, and treatment to individuals. "Hospital" does 1866
not include any hospital operated by the government of the 1867
United States or any of its branches. 1868

(2) "Physician" means a person who is licensed to practice 1869
medicine and surgery or osteopathic medicine and surgery by the 1870
state medical board or a person who otherwise is authorized to 1871
practice medicine and surgery or osteopathic medicine and 1872
surgery in this state. 1873

(3) "Medical claim" means any claim that is asserted in 1874
any civil action against a physician, podiatrist, hospital, 1875
home, or residential facility, against any employee or agent of 1876
a physician, podiatrist, hospital, home, or residential 1877
facility, or against a licensed practical nurse, registered 1878
nurse, advanced practice registered nurse, physical therapist, 1879
physician ~~assistant~~associate, emergency medical technician- 1880
basic, emergency medical technician-intermediate, or emergency 1881
medical technician-paramedic, and that arises out of the medical 1882
diagnosis, care, or treatment of any person. "Medical claim" 1883
includes the following: 1884

(a) Derivative claims for relief that arise from the 1885
medical diagnosis, care, or treatment of a person; 1886

(b) Derivative claims for relief that arise from the plan 1887
of care prepared for a resident of a home; 1888

(c) Claims that arise out of the medical diagnosis, care, 1889

or treatment of any person or claims that arise out of the plan 1890
of care prepared for a resident of a home and to which both 1891
types of claims either of the following applies: 1892

(i) The claim results from acts or omissions in providing 1893
medical care. 1894

(ii) The claim results from the hiring, training, 1895
supervision, retention, or termination of caregivers providing 1896
medical diagnosis, care, or treatment. 1897

(d) Claims that arise out of the plan of care, medical 1898
diagnosis, or treatment of any person and that are brought under 1899
section 3721.17 of the Revised Code; 1900

(e) Claims that arise out of skilled nursing care or 1901
personal care services provided in a home pursuant to the plan 1902
of care, medical diagnosis, or treatment. 1903

(4) "Podiatrist" means any person who is licensed to 1904
practice podiatric medicine and surgery by the state medical 1905
board. 1906

(5) "Dentist" means any person who is licensed to practice 1907
dentistry by the state dental board. 1908

(6) "Dental claim" means any claim that is asserted in any 1909
civil action against a dentist, or against any employee or agent 1910
of a dentist, and that arises out of a dental operation or the 1911
dental diagnosis, care, or treatment of any person. "Dental 1912
claim" includes derivative claims for relief that arise from a 1913
dental operation or the dental diagnosis, care, or treatment of 1914
a person. 1915

(7) "Derivative claims for relief" include, but are not 1916
limited to, claims of a parent, guardian, custodian, or spouse 1917

of an individual who was the subject of any medical diagnosis, 1918
care, or treatment, dental diagnosis, care, or treatment, dental 1919
operation, optometric diagnosis, care, or treatment, or 1920
chiropractic diagnosis, care, or treatment, that arise from that 1921
diagnosis, care, treatment, or operation, and that seek the 1922
recovery of damages for any of the following: 1923

(a) Loss of society, consortium, companionship, care, 1924
assistance, attention, protection, advice, guidance, counsel, 1925
instruction, training, or education, or any other intangible 1926
loss that was sustained by the parent, guardian, custodian, or 1927
spouse; 1928

(b) Expenditures of the parent, guardian, custodian, or 1929
spouse for medical, dental, optometric, or chiropractic care or 1930
treatment, for rehabilitation services, or for other care, 1931
treatment, services, products, or accommodations provided to the 1932
individual who was the subject of the medical diagnosis, care, 1933
or treatment, the dental diagnosis, care, or treatment, the 1934
dental operation, the optometric diagnosis, care, or treatment, 1935
or the chiropractic diagnosis, care, or treatment. 1936

(8) "Registered nurse" means any person who is licensed to 1937
practice nursing as a registered nurse by the board of nursing. 1938

(9) "Chiropractic claim" means any claim that is asserted 1939
in any civil action against a chiropractor, or against any 1940
employee or agent of a chiropractor, and that arises out of the 1941
chiropractic diagnosis, care, or treatment of any person. 1942
"Chiropractic claim" includes derivative claims for relief that 1943
arise from the chiropractic diagnosis, care, or treatment of a 1944
person. 1945

(10) "Chiropractor" means any person who is licensed to 1946

practice chiropractic by the state chiropractic board. 1947

(11) "Optometric claim" means any claim that is asserted 1948
in any civil action against an optometrist, or against any 1949
employee or agent of an optometrist, and that arises out of the 1950
optometric diagnosis, care, or treatment of any person. 1951
"Optometric claim" includes derivative claims for relief that 1952
arise from the optometric diagnosis, care, or treatment of a 1953
person. 1954

(12) "Optometrist" means any person licensed to practice 1955
optometry by the state vision professionals board. 1956

(13) "Physical therapist" means any person who is licensed 1957
to practice physical therapy under Chapter 4755. of the Revised 1958
Code. 1959

(14) "Home" has the same meaning as in section 3721.10 of 1960
the Revised Code. 1961

(15) "Residential facility" means a facility licensed 1962
under section 5123.19 of the Revised Code. 1963

(16) "Advanced practice registered nurse" has the same 1964
meaning as in section 4723.01 of the Revised Code. 1965

(17) "Licensed practical nurse" means any person who is 1966
licensed to practice nursing as a licensed practical nurse by 1967
the board of nursing pursuant to Chapter 4723. of the Revised 1968
Code. 1969

(18) "Physician ~~assistant~~associate" means any person who 1970
is licensed as a physician ~~assistant~~associate under Chapter 1971
4730. of the Revised Code. 1972

(19) "Emergency medical technician-basic," "emergency 1973
medical technician-intermediate," and "emergency medical 1974

technician-paramedic" means any person who is certified under 1975
Chapter 4765. of the Revised Code as an emergency medical 1976
technician-basic, emergency medical technician-intermediate, or 1977
emergency medical technician-paramedic, whichever is applicable. 1978

(20) "Skilled nursing care" and "personal care services" 1979
have the same meanings as in section 3721.01 of the Revised 1980
Code. 1981

Sec. 2305.234. (A) As used in this section: 1982

(1) "Chiropractic claim," "medical claim," and "optometric 1983
claim" have the same meanings as in section 2305.113 of the 1984
Revised Code. 1985

(2) "Dental claim" has the same meaning as in section 1986
2305.113 of the Revised Code, except that it does not include 1987
any claim arising out of a dental operation or any derivative 1988
claim for relief that arises out of a dental operation. 1989

(3) "Governmental health care program" has the same 1990
meaning as in section 4731.65 of the Revised Code. 1991

(4) "Health care facility or location" means a hospital, 1992
clinic, ambulatory surgical facility, office of a health care 1993
professional or associated group of health care professionals, 1994
training institution for health care professionals, a free 1995
clinic or other nonprofit shelter or health care facility as 1996
those terms are defined in section 3701.071 of the Revised Code, 1997
or any other place where medical, dental, or other health- 1998
related diagnosis, care, or treatment is provided to a person. 1999

(5) "Health care professional" means any of the following 2000
who provide medical, dental, or other health-related diagnosis, 2001
care, or treatment: 2002

(a) Physicians authorized under Chapter 4731. of the	2003
Revised Code to practice medicine and surgery or osteopathic	2004
medicine and surgery;	2005
(b) Advanced practice registered nurses, registered	2006
nurses, and licensed practical nurses licensed under Chapter	2007
4723. of the Revised Code;	2008
(c) Physician assistants <u>associates</u> authorized to practice	2009
under Chapter 4730. of the Revised Code;	2010
(d) Dentists and dental hygienists licensed under Chapter	2011
4715. of the Revised Code;	2012
(e) Physical therapists, physical therapist assistants,	2013
occupational therapists, occupational therapy assistants, and	2014
athletic trainers licensed under Chapter 4755. of the Revised	2015
Code;	2016
(f) Chiropractors licensed under Chapter 4734. of the	2017
Revised Code;	2018
(g) Optometrists licensed under Chapter 4725. of the	2019
Revised Code;	2020
(h) Podiatrists authorized under Chapter 4731. of the	2021
Revised Code to practice podiatry;	2022
(i) Dietitians licensed under Chapter 4759. of the Revised	2023
Code;	2024
(j) Pharmacists licensed under Chapter 4729. of the	2025
Revised Code;	2026
(k) Emergency medical technicians-basic, emergency medical	2027
technicians-intermediate, and emergency medical technicians-	2028
paramedic, certified under Chapter 4765. of the Revised Code;	2029

(l) Respiratory care professionals licensed under Chapter 4761. of the Revised Code;	2030 2031
(m) Speech-language pathologists and audiologists licensed under Chapter 4753. of the Revised Code;	2032 2033
(n) Licensed professional clinical counselors, licensed professional counselors, independent social workers, social workers, independent marriage and family therapists, and marriage and family therapists, licensed under Chapter 4757. of the Revised Code;	2034 2035 2036 2037 2038
(o) Psychologists licensed under Chapter 4732. of the Revised Code;	2039 2040
(p) Independent chemical dependency counselors-clinical supervisors, independent chemical dependency counselors, chemical dependency counselors III, and chemical dependency counselors II, licensed under Chapter 4758. of the Revised Code, and chemical dependency counselor assistants, prevention consultants, prevention specialists, prevention specialist assistants, and registered applicants, certified under that chapter;	2041 2042 2043 2044 2045 2046 2047 2048
(q) Certified mental health assistants licensed under Chapter 4772. of the Revised Code.	2049 2050
(6) "Health care worker" means a person other than a health care professional who provides medical, dental, or other health-related care or treatment under the direction of a health care professional with the authority to direct that individual's activities, including medical technicians, medical assistants, dental assistants, orderlies, aides, and individuals acting in similar capacities.	2051 2052 2053 2054 2055 2056 2057
(7) "Indigent and uninsured person" means a person who	2058

meets both of the following requirements: 2059

(a) Relative to being indigent, the person's income is not 2060
greater than two hundred per cent of the federal poverty line, 2061
as defined by the United States office of management and budget 2062
and revised in accordance with section 673(2) of the "Omnibus 2063
Budget Reconciliation Act of 1981," 95 Stat. 511, 42 U.S.C. 2064
9902, as amended, except in any case in which division (A) (7) (b) 2065
(iii) of this section includes a person whose income is greater 2066
than two hundred per cent of the federal poverty line. 2067

(b) Relative to being uninsured, one of the following 2068
applies: 2069

(i) The person is not a policyholder, certificate holder, 2070
insured, contract holder, subscriber, enrollee, member, 2071
beneficiary, or other covered individual under a health 2072
insurance or health care policy, contract, or plan. 2073

(ii) The person is a policyholder, certificate holder, 2074
insured, contract holder, subscriber, enrollee, member, 2075
beneficiary, or other covered individual under a health 2076
insurance or health care policy, contract, or plan, but the 2077
insurer, policy, contract, or plan denies coverage or is the 2078
subject of insolvency or bankruptcy proceedings in any 2079
jurisdiction. 2080

(iii) Until June 30, 2019, the person is eligible for the 2081
medicaid program or is a medicaid recipient. 2082

(iv) Except as provided in division (A) (7) (b) (iii) of this 2083
section, the person is not eligible for or a recipient, 2084
enrollee, or beneficiary of any governmental health care 2085
program. 2086

(8) "Nonprofit health care referral organization" means an 2087

entity that is not operated for profit and refers patients to, 2088
or arranges for the provision of, health-related diagnosis, 2089
care, or treatment by a health care professional or health care 2090
worker. 2091

(9) "Operation" means any procedure that involves cutting 2092
or otherwise infiltrating human tissue by mechanical means, 2093
including surgery, laser surgery, ionizing radiation, 2094
therapeutic ultrasound, or the removal of intraocular foreign 2095
bodies. "Operation" does not include the administration of 2096
medication by injection, unless the injection is administered in 2097
conjunction with a procedure infiltrating human tissue by 2098
mechanical means other than the administration of medicine by 2099
injection. "Operation" does not include routine dental 2100
restorative procedures, the scaling of teeth, or extractions of 2101
teeth that are not impacted. 2102

(10) "Tort action" means a civil action for damages for 2103
injury, death, or loss to person or property other than a civil 2104
action for damages for a breach of contract or another agreement 2105
between persons or government entities. 2106

(11) "Volunteer" means an individual who provides any 2107
medical, dental, or other health-care related diagnosis, care, 2108
or treatment without the expectation of receiving and without 2109
receipt of any compensation or other form of remuneration from 2110
an indigent and uninsured person, another person on behalf of an 2111
indigent and uninsured person, any health care facility or 2112
location, any nonprofit health care referral organization, or 2113
any other person or government entity. 2114

(12) "Community control sanction" has the same meaning as 2115
in section 2929.01 of the Revised Code. 2116

(13) "Deep sedation" means a drug-induced depression of consciousness during which a patient cannot be easily aroused but responds purposefully following repeated or painful stimulation, a patient's ability to independently maintain ventilatory function may be impaired, a patient may require assistance in maintaining a patent airway and spontaneous ventilation may be inadequate, and cardiovascular function is usually maintained.

(14) "General anesthesia" means a drug-induced loss of consciousness during which a patient is not arousable, even by painful stimulation, the ability to independently maintain ventilatory function is often impaired, a patient often requires assistance in maintaining a patent airway, positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function, and cardiovascular function may be impaired.

(B) (1) Subject to divisions (F) and (G) (3) of this section, a health care professional who is a volunteer and complies with division (B) (2) of this section is not liable in damages to any person or government entity in a tort or other civil action, including an action on a medical, dental, chiropractic, optometric, or other health-related claim, for injury, death, or loss to person or property that allegedly arises from an action or omission of the volunteer in the provision to an indigent and uninsured person of medical, dental, or other health-related diagnosis, care, or treatment, including the provision of samples of medicine and other medical products, unless the action or omission constitutes willful or wanton misconduct.

(2) To qualify for the immunity described in division (B)

(1) of this section, a health care professional shall do all of 2147
the following prior to providing diagnosis, care, or treatment: 2148

(a) Determine, in good faith, that the indigent and 2149
uninsured person is mentally capable of giving informed consent 2150
to the provision of the diagnosis, care, or treatment and is not 2151
subject to duress or under undue influence; 2152

(b) Inform the person of the provisions of this section, 2153
including notifying the person that, by giving informed consent 2154
to the provision of the diagnosis, care, or treatment, the 2155
person cannot hold the health care professional liable for 2156
damages in a tort or other civil action, including an action on 2157
a medical, dental, chiropractic, optometric, or other health- 2158
related claim, unless the action or omission of the health care 2159
professional constitutes willful or wanton misconduct; 2160

(c) Obtain the informed consent of the person and a 2161
written waiver, signed by the person or by another individual on 2162
behalf of and in the presence of the person, that states that 2163
the person is mentally competent to give informed consent and, 2164
without being subject to duress or under undue influence, gives 2165
informed consent to the provision of the diagnosis, care, or 2166
treatment subject to the provisions of this section. A written 2167
waiver under division (B) (2) (c) of this section shall state 2168
clearly and in conspicuous type that the person or other 2169
individual who signs the waiver is signing it with full 2170
knowledge that, by giving informed consent to the provision of 2171
the diagnosis, care, or treatment, the person cannot bring a 2172
tort or other civil action, including an action on a medical, 2173
dental, chiropractic, optometric, or other health-related claim, 2174
against the health care professional unless the action or 2175
omission of the health care professional constitutes willful or 2176

wanton misconduct. 2177

(3) A physician or podiatrist who is not covered by 2178
medical malpractice insurance, but complies with division (B) (2) 2179
of this section, is not required to comply with division (A) of 2180
section 4731.143 of the Revised Code. 2181

(C) Subject to divisions (F) and (G) (3) of this section, 2182
health care workers who are volunteers are not liable in damages 2183
to any person or government entity in a tort or other civil 2184
action, including an action upon a medical, dental, 2185
chiropractic, optometric, or other health-related claim, for 2186
injury, death, or loss to person or property that allegedly 2187
arises from an action or omission of the health care worker in 2188
the provision to an indigent and uninsured person of medical, 2189
dental, or other health-related diagnosis, care, or treatment, 2190
unless the action or omission constitutes willful or wanton 2191
misconduct. 2192

(D) Subject to divisions (F) and (G) (3) of this section, a 2193
nonprofit health care referral organization is not liable in 2194
damages to any person or government entity in a tort or other 2195
civil action, including an action on a medical, dental, 2196
chiropractic, optometric, or other health-related claim, for 2197
injury, death, or loss to person or property that allegedly 2198
arises from an action or omission of the nonprofit health care 2199
referral organization in referring indigent and uninsured 2200
persons to, or arranging for the provision of, medical, dental, 2201
or other health-related diagnosis, care, or treatment by a 2202
health care professional described in division (B) (1) of this 2203
section or a health care worker described in division (C) of 2204
this section, unless the action or omission constitutes willful 2205
or wanton misconduct. 2206

(E) Subject to divisions (F) and (G) (3) of this section 2207
and to the extent that the registration requirements of section 2208
3701.071 of the Revised Code apply, a health care facility or 2209
location associated with a health care professional described in 2210
division (B) (1) of this section, a health care worker described 2211
in division (C) of this section, or a nonprofit health care 2212
referral organization described in division (D) of this section 2213
is not liable in damages to any person or government entity in a 2214
tort or other civil action, including an action on a medical, 2215
dental, chiropractic, optometric, or other health-related claim, 2216
for injury, death, or loss to person or property that allegedly 2217
arises from an action or omission of the health care 2218
professional or worker or nonprofit health care referral 2219
organization relative to the medical, dental, or other health- 2220
related diagnosis, care, or treatment provided to an indigent 2221
and uninsured person on behalf of or at the health care facility 2222
or location, unless the action or omission constitutes willful 2223
or wanton misconduct. 2224

(F) (1) Except as provided in division (F) (2) of this 2225
section, the immunities provided by divisions (B), (C), (D), and 2226
(E) of this section are not available to a health care 2227
professional, health care worker, nonprofit health care referral 2228
organization, or health care facility or location if, at the 2229
time of an alleged injury, death, or loss to person or property, 2230
the health care professionals or health care workers involved 2231
are providing one of the following: 2232

(a) Any medical, dental, or other health-related 2233
diagnosis, care, or treatment pursuant to a community service 2234
work order entered by a court under division (B) of section 2235
2951.02 of the Revised Code or imposed by a court as a community 2236
control sanction; 2237

(b) Performance of an operation to which any one of the 2238
following applies: 2239

(i) The operation requires the administration of deep 2240
sedation or general anesthesia. 2241

(ii) The operation is a procedure that is not typically 2242
performed in an office. 2243

(iii) The individual involved is a health care 2244
professional, and the operation is beyond the scope of practice 2245
or the education, training, and competence, as applicable, of 2246
the health care professional. 2247

(c) Delivery of a baby or any other purposeful termination 2248
of a human pregnancy. 2249

(2) Division (F)(1) of this section does not apply when a 2250
health care professional or health care worker provides medical, 2251
dental, or other health-related diagnosis, care, or treatment 2252
that is necessary to preserve the life of a person in a medical 2253
emergency. 2254

(G)(1) This section does not create a new cause of action 2255
or substantive legal right against a health care professional, 2256
health care worker, nonprofit health care referral organization, 2257
or health care facility or location. 2258

(2) This section does not affect any immunities from civil 2259
liability or defenses established by another section of the 2260
Revised Code or available at common law to which a health care 2261
professional, health care worker, nonprofit health care referral 2262
organization, or health care facility or location may be 2263
entitled in connection with the provision of emergency or other 2264
medical, dental, or other health-related diagnosis, care, or 2265
treatment. 2266

(3) This section does not grant an immunity from tort or 2267
other civil liability to a health care professional, health care 2268
worker, nonprofit health care referral organization, or health 2269
care facility or location for actions that are outside the scope 2270
of authority of health care professionals or health care 2271
workers. 2272

In the case of the diagnosis, care, or treatment of an 2273
indigent and uninsured person who is eligible for the medicaid 2274
program or is a medicaid recipient, this section grants an 2275
immunity from tort or other civil liability only if the person's 2276
diagnosis, care, or treatment is provided in a free clinic, as 2277
defined in section 3701.071 of the Revised Code. 2278

(4) This section does not affect any legal responsibility 2279
of a health care professional, health care worker, or nonprofit 2280
health care referral organization to comply with any applicable 2281
law of this state or rule of an agency of this state. 2282

(5) This section does not affect any legal responsibility 2283
of a health care facility or location to comply with any 2284
applicable law of this state, rule of an agency of this state, 2285
or local code, ordinance, or regulation that pertains to or 2286
regulates building, housing, air pollution, water pollution, 2287
sanitation, health, fire, zoning, or safety. 2288

Sec. 2305.2311. (A) As used in this section: 2289

(1) "Advanced practice registered nurse" means an 2290
individual who holds a current, valid license issued under 2291
Chapter 4723. of the Revised Code to practice as an advanced 2292
practice registered nurse. 2293

(2) "Dentist" has the same meaning as in section 2305.231 2294
of the Revised Code. 2295

(3) "Disaster" means any occurrence of widespread personal injury or loss of life that results from any natural or technological phenomenon or act of a human, or an epidemic and is declared to be a disaster by the federal government, the state government, or a political subdivision of this state.

(4) "Emergency medical technician" means an EMT-basic, an EMT-I, or a paramedic.

(5) "EMT-basic" means an individual who holds a current, valid certificate issued under section 4765.30 of the Revised Code to practice as an emergency medical technician-basic.

(6) "EMT-I" means an individual who holds a current, valid certificate issued under section 4765.30 of the Revised Code to practice as an emergency medical technician-intermediate.

(7) "Health care provider" means an advanced practice registered nurse, a registered nurse, a pharmacist, a dentist, an optometrist, a physician, a physician ~~assistant~~associate, or a hospital.

(8) "Hospital" and "medical claim" have the same meanings as in section 2305.113 of the Revised Code.

(9) "Optometrist" means a person who is licensed under Chapter 4725. of the Revised Code to practice optometry.

(10) "Paramedic" means an individual who holds a current, valid certificate issued under section 4765.30 of the Revised Code to practice as an emergency medical technician-paramedic.

(11) "Pharmacist" means an individual who holds a current, valid license issued under Chapter 4729. of the Revised Code to practice as a pharmacist.

(12) "Physician" means an individual who is authorized

under Chapter 4731. of the Revised Code to practice medicine and 2324
surgery, osteopathic medicine and surgery, or podiatric medicine 2325
and surgery. 2326

(13) "Physician ~~assistant~~associate" means an individual 2327
who is authorized under Chapter 4730. of the Revised Code to 2328
practice as a physician ~~assistant~~associate. 2329

(14) "Reckless disregard" as it applies to a given health 2330
care provider or emergency medical technician rendering 2331
emergency medical services, first-aid treatment, or other 2332
emergency professional care, including the provision of any 2333
medication or other medical product, means conduct that a health 2334
care provider or emergency medical technician knew or should 2335
have known, at the time those services or that treatment or care 2336
were rendered, created an unreasonable risk of injury, death, or 2337
loss to person or property so as to affect the life or health of 2338
another and that risk was substantially greater than that which 2339
is necessary to make the conduct negligent. 2340

(15) "Registered nurse" means an individual who holds a 2341
current, valid license issued under Chapter 4723. of the Revised 2342
Code to practice as a registered nurse. 2343

(16) "Tort action" means a civil action for damages for 2344
injury, death, or loss to person or property other than a civil 2345
action for damages for a breach of contract or another agreement 2346
between persons or governmental entities. "Tort action" includes 2347
an action on a medical claim. 2348

(B) Subject to division (C) (3) of this section, a health 2349
care provider or emergency medical technician that provides 2350
emergency medical services, first-aid treatment, or other 2351
emergency professional care, including the provision of any 2352

medication or other medical product, as a result of a disaster 2353
is not liable in damages to any person in a tort action for 2354
injury, death, or loss to person or property that allegedly 2355
arises from an act or omission of the health care provider or 2356
emergency medical technician in the health care provider's or 2357
emergency medical technician's provision of those services or 2358
that treatment or care if that act or omission does not 2359
constitute reckless disregard for the consequences so as to 2360
affect the life or health of the patient. 2361

(C) (1) This section does not create a new cause of action 2362
or substantive legal right against a health care provider or 2363
emergency medical technician. 2364

(2) This section does not affect any immunities from civil 2365
liability or defenses established by another section of the 2366
Revised Code or available at common law to which a health care 2367
provider or emergency medical technician may be entitled in 2368
connection with the provision of emergency medical services, 2369
first-aid treatment, or other emergency professional care, 2370
including the provision of medication or other medical product. 2371

(3) This section does not grant an immunity from tort or 2372
other civil liability to a health care provider or emergency 2373
medical technician for actions that are outside the scope of 2374
authority of the health care provider or emergency medical 2375
technician. 2376

(4) This section does not affect any legal responsibility 2377
of a health care provider or emergency medical technician to 2378
comply with any applicable law of this state or rule of an 2379
agency of this state. 2380

(5) This section applies only to the provision of 2381

emergency medical services, first-aid treatment, or other 2382
emergency professional care, including the provision of any 2383
medication or other medical product, by a health care provider 2384
or emergency medical technician as a result of a disaster and 2385
through the duration of the disaster. 2386

(D) This section does not apply to a tort action alleging 2387
wrongful death against a health care provider or emergency 2388
medical technician that provides emergency medical services, 2389
first-aid treatment, or other emergency professional care, 2390
including the provision of any medication or other medical 2391
product, that allegedly arises from an act or omission of the 2392
health care provider or emergency medical technician in the 2393
health care provider's or emergency medical technician's 2394
provision of those services or that treatment or care as a 2395
result of a disaster. 2396

Sec. 2305.41. As used in sections 2305.41 to 2305.49 of 2397
the Revised Code: 2398

(A) "Certified nurse practitioner," "clinical nurse 2399
specialist," and "registered nurse" have the same meanings as in 2400
section 4723.01 of the Revised Code. 2401

(B) "Emergency medical service provider" means an 2402
individual who holds a current, valid certificate issued under 2403
section 4765.30 of the Revised Code to practice as an emergency 2404
medical technician-basic, emergency medical technician- 2405
intermediate, emergency medical technician-paramedic, or first 2406
responder. 2407

(C) "Emergency symbol" means the caduceus inscribed within 2408
a six-barred cross used by the American medical association to 2409
denote emergency information. 2410

(D) "Health care practitioner" means a physician, 2411
physician ~~assistant~~associate, certified nurse practitioner, 2412
clinical nurse specialist, or registered nurse. 2413

(E) "Identifying device" means an identifying bracelet, 2414
necklace, metal tag, chain, other piece of jewelry, or similar 2415
device that meets either or both of the following: 2416

(1) Bears the emergency symbol and medical information 2417
needed in an emergency; 2418

(2) Contains on its front or back side a bar code or quick 2419
response code that may be scanned to determine medical 2420
information needed in an emergency. 2421

(F) "Identification card" means any card containing the 2422
holder's name, type of medical condition, physician's name, and 2423
other medical information. "Identification card" does not 2424
include any license or permit issued pursuant to Chapter 4507. 2425
of the Revised Code. 2426

(G) "Incapacitated condition" means the condition of being 2427
unconscious, semiconscious, incoherent, or otherwise 2428
incapacitated to communicate. 2429

(H) "Incapacitated person" means a person in an 2430
incapacitated condition. 2431

(I) "Physician" means an individual authorized under 2432
Chapter 4731. of the Revised Code to practice medicine and 2433
surgery or osteopathic medicine and surgery. 2434

(J) "Physician ~~assistant~~associate" means an individual 2435
licensed under Chapter 4730. of the Revised Code to practice as 2436
a physician ~~assistant~~associate. 2437

Sec. 2305.51. (A) (1) As used in this section: 2438

- (a) "Civil Rights" has the same meaning as in section 2439
5122.301 of the Revised Code. 2440
- (b) "Mental health client or patient" means an individual 2441
who is receiving mental health services from a mental health 2442
professional or organization. 2443
- (c) "Mental health organization" means an organization 2444
that engages one or more mental health professionals to provide 2445
mental health services to one or more mental health clients or 2446
patients. 2447
- (d) "Mental health professional" means an individual who 2448
is licensed, certified, or registered under the Revised Code, or 2449
otherwise authorized in this state, to provide mental health 2450
services for compensation, remuneration, or other personal gain. 2451
- (e) "Mental health service" means a service provided to an 2452
individual or group of individuals involving the application of 2453
medical, psychiatric, psychological, professional counseling, 2454
social work, marriage and family therapy, or nursing principles 2455
or procedures to either of the following: 2456
- (i) The assessment, diagnosis, prevention, treatment, or 2457
amelioration of mental, emotional, psychiatric, psychological, 2458
or psychosocial disorders or diseases, as described in the most 2459
recent edition of the diagnostic and statistical manual of 2460
mental disorders published by the American psychiatric 2461
association; 2462
- (ii) The assessment or improvement of mental, emotional, 2463
psychiatric, psychological, or psychosocial adjustment or 2464
functioning, regardless of whether there is a diagnosable, pre- 2465
existing disorder or disease. 2466
- (f) "Knowledgeable person" means an individual who has 2467

reason to believe that a mental health client or patient has the 2468
intent and ability to carry out an explicit threat of inflicting 2469
imminent and serious physical harm to or causing the death of a 2470
clearly identifiable potential victim or victims and who is 2471
either an immediate family member of the client or patient or an 2472
individual who otherwise personally knows the client or patient. 2473

(g) "Advanced practice registered nurse" has the same 2474
meaning as in section 4723.01 of the Revised Code. 2475

(h) "Hospital" has the same meaning as in section 2305.25 2476
of the Revised Code. 2477

(i) "Physician" means an individual authorized under 2478
Chapter 4731. of the Revised Code to practice medicine and 2479
surgery or osteopathic medicine and surgery. 2480

(j) ~~"Physician assistant^{associate}" has the same meaning as~~ 2481
~~in section 4730.01 means an individual who holds a license to~~ 2482
~~practice as a physician associate issued under Chapter 4730. of~~ 2483
the Revised Code. 2484

(k) "Certified mental health assistant" has the same 2485
meaning as in section 4772.01 of the Revised Code. 2486

(2) For the purpose of this section, in the case of a 2487
threat to a readily identifiable structure, "clearly 2488
identifiable potential victim" includes any potential occupant 2489
of the structure. 2490

(B) A mental health professional or mental health 2491
organization may be held liable in damages in a civil action, or 2492
may be made subject to disciplinary action by an entity with 2493
licensing or other regulatory authority over the professional or 2494
organization, for serious physical harm or death resulting from 2495
failing to predict, warn of, or take precautions to provide 2496

protection from the violent behavior of a mental health client 2497
or patient, only if the client or patient or a knowledgeable 2498
person has communicated to the professional or organization an 2499
explicit threat of inflicting imminent and serious physical harm 2500
to or causing the death of one or more clearly identifiable 2501
potential victims, the professional or organization has reason 2502
to believe that the client or patient has the intent and ability 2503
to carry out the threat, and the professional or organization 2504
fails to take one or more of the following actions in a timely 2505
manner: 2506

(1) Exercise any authority the professional or 2507
organization possesses to hospitalize the client or patient on 2508
an emergency basis pursuant to section 5122.10 of the Revised 2509
Code; 2510

(2) Exercise any authority the professional or 2511
organization possesses to have the client or patient 2512
involuntarily or voluntarily hospitalized under Chapter 5122. of 2513
the Revised Code; 2514

(3) Establish and undertake a documented treatment plan 2515
that is reasonably calculated, according to appropriate 2516
standards of professional practice, to eliminate the possibility 2517
that the client or patient will carry out the threat, and, 2518
concurrent with establishing and undertaking the treatment plan, 2519
initiate arrangements for a second opinion risk assessment 2520
through a management consultation about the treatment plan with, 2521
in the case of a mental health organization, the clinical 2522
director of the organization, or, in the case of a mental health 2523
professional who is not acting as part of a mental health 2524
organization, any mental health professional who is licensed to 2525
engage in independent practice; 2526

(4) Communicate to a law enforcement agency with 2527
jurisdiction in the area where each potential victim resides, 2528
where a structure threatened by a mental health client or 2529
patient is located, or where the mental health client or patient 2530
resides, and if feasible, communicate to each potential victim 2531
or a potential victim's parent or guardian if the potential 2532
victim is a minor or has been adjudicated incompetent, all of 2533
the following information: 2534

(a) The nature of the threat; 2535

(b) The identity of the mental health client or patient 2536
making the threat; 2537

(c) The identity of each potential victim of the threat. 2538

(C) All of the following apply when a mental health 2539
professional or organization takes one or more of the actions 2540
set forth in divisions (B) (1) to (4) of this section: 2541

(1) The mental health professional or organization shall 2542
consider each of the alternatives set forth and shall document 2543
the reasons for choosing or rejecting each alternative. 2544

(2) The mental health professional or organization may 2545
give special consideration to those alternatives which, 2546
consistent with public safety, would least abridge the rights of 2547
the mental health client or patient established under the 2548
Revised Code, including the rights specified in sections 5122.27 2549
to 5122.31 of the Revised Code. 2550

(3) The mental health professional or organization is not 2551
required to take an action that, in the exercise of reasonable 2552
professional judgment, would physically endanger the 2553
professional or organization, increase the danger to a potential 2554
victim, or increase the danger to the mental health client or 2555

patient. 2556

(4) The mental health professional or organization is not 2557
liable in damages in a civil action, and shall not be made 2558
subject to disciplinary action by any entity with licensing or 2559
other regulatory authority over the professional or 2560
organization, for disclosing any confidential information about 2561
a mental health client or patient that is disclosed for the 2562
purpose of taking any of the actions. 2563

(D) Notwithstanding any other provision of the Revised 2564
Code, a physician, physician ~~assistant~~associate, advanced 2565
practice registered nurse, certified mental health assistant, or 2566
hospital is not liable in damages in a civil action, and shall 2567
not be made subject to disciplinary action by any entity with 2568
licensing or other regulatory authority, for doing either of the 2569
following: 2570

(1) Failing to discharge or to allow a patient to leave 2571
the facility if the physician, physician ~~assistant~~associate, 2572
advanced practice registered nurse, certified mental health 2573
assistant, or hospital believes in the good faith exercise of 2574
professional medical, advanced practice registered nursing, 2575
physician ~~assistant~~associate, or certified mental health 2576
assistant judgment according to appropriate standards of 2577
professional practice that the patient has a mental health 2578
condition that threatens the safety of the patient or others; 2579

(2) Discharging a patient whom the physician, physician 2580
~~assistant~~associate, advanced practice registered nurse, 2581
certified mental health assistant, or hospital believes in the 2582
good faith exercise of professional medical, advanced practice 2583
registered nursing, physician ~~assistant~~associate, or certified 2584
mental health assistant judgment according to appropriate 2585

standards of professional practice not to have a mental health 2586
condition that threatens the safety of the patient or others. 2587

(E) The immunities from civil liability and disciplinary 2588
action conferred by this section are in addition to and not in 2589
limitation of any immunity conferred on a mental health 2590
professional or organization or on a physician, physician 2591
~~assistant~~associate, advanced practice registered nurse, 2592
certified mental health assistant, or hospital by any other 2593
section of the Revised Code or by judicial precedent. 2594

(F) This section does not affect the civil rights of a 2595
mental health client or patient under Ohio or federal law. 2596

Sec. 2711.22. (A) Except as otherwise provided in this 2597
section, a written contract between a patient and a hospital or 2598
healthcare provider to settle by binding arbitration any dispute 2599
or controversy arising out of the diagnosis, treatment, or care 2600
of the patient rendered by a hospital or healthcare provider, 2601
that is entered into prior to the diagnosis, treatment, or care 2602
of the patient is valid, irrevocable, and enforceable once the 2603
contract is signed by all parties. The contract remains valid, 2604
irrevocable, and enforceable until or unless the patient or the 2605
patient's legal representative rescinds the contract by written 2606
notice within thirty days of the signing of the contract. A 2607
guardian or other legal representative of the patient may give 2608
written notice of the rescission of the contract if the patient 2609
is incapacitated or a minor. 2610

(B) As used in this section and in sections 2711.23 and 2611
2711.24 of the Revised Code: 2612

(1) "Healthcare provider" means a physician, podiatrist, 2613
dentist, licensed practical nurse, registered nurse, advanced 2614

practice registered nurse, chiropractor, optometrist, physician 2615
~~assistant~~associate, emergency medical technician-basic, 2616
emergency medical technician-intermediate, emergency medical 2617
technician-paramedic, or physical therapist. 2618

(2) "Hospital," "physician," "podiatrist," "dentist," 2619
"licensed practical nurse," "registered nurse," "advanced 2620
practice registered nurse," "chiropractor," "optometrist," 2621
"physician ~~assistant~~associate," "emergency medical technician- 2622
basic," "emergency medical technician-intermediate," "emergency 2623
medical technician-paramedic," "physical therapist," "medical 2624
claim," "dental claim," "optometric claim," and "chiropractic 2625
claim" have the same meanings as in section 2305.113 of the 2626
Revised Code. 2627

Sec. 2743.62. (A) (1) Subject to division (A) (2) of this 2628
section, there is no privilege, except the privileges arising 2629
from the attorney-client relationship, as to communications or 2630
records that are relevant to the physical, mental, or emotional 2631
condition of the claimant or victim in a proceeding under 2632
sections 2743.51 to 2743.72 of the Revised Code in which that 2633
condition is an element. 2634

(2) (a) Except as specified in division (A) (2) (b) of this 2635
section, any record or report that the court of claims or the 2636
attorney general has obtained prior to, or obtains on or after, 2637
June 30, 1998, under the provisions of sections 2743.51 to 2638
2743.72 of the Revised Code and that is confidential or 2639
otherwise exempt from public disclosure under section 149.43 of 2640
the Revised Code while in the possession of the creator of the 2641
record or report shall remain confidential or exempt from public 2642
disclosure under section 149.43 of the Revised Code while in the 2643
possession of the court of claims or the attorney general. 2644

(b) Notwithstanding division (A)(2)(a) of this section, a judge of the court of claims, a magistrate, a claimant, a claimant's attorney, or the attorney general may disclose or refer to records or reports described in that division in any hearing conducted under sections 2743.51 to 2743.72 of the Revised Code or in the judge's, magistrate's, claimant's, or attorney general's written pleadings, findings, recommendations, and decisions.

(B) If the mental, physical, or emotional condition of a victim or claimant is material to a claim for an award of reparations, the attorney general or the court of claims may order the victim or claimant to submit to a mental or physical examination and may order an autopsy of a deceased victim. The order may be made for good cause shown and upon notice to the person to be examined and to the claimant. The order shall specify the time, place, manner, conditions, and scope of the examination or autopsy and the person by whom it is to be made. In the case of a mental examination, the person specified may be a physician or psychologist. In the case of a physical examination, the person specified may be a physician, a physician ~~assistant~~associate, a clinical nurse specialist, a certified nurse practitioner, or a certified nurse-midwife. In the case of an autopsy, the person specified must be a physician. The order shall require the person who performs the examination or autopsy to file with the attorney general a detailed written report of the examination or autopsy. The report shall set out the findings, including the results of all tests made, diagnoses, prognoses, and other conclusions and reports of earlier examinations of the same conditions.

(C) On request of the person examined, the attorney general shall furnish the person a copy of the report. If the

victim is deceased, the attorney general, on request, shall 2676
furnish the claimant a copy of the report. 2677

(D) The attorney general or the court of claims may 2678
require the claimant to supplement the application for an award 2679
of reparations with any reasonably available medical or 2680
psychological reports relating to the injury for which the award 2681
of reparations is claimed. 2682

(E) The attorney general or the court of claims, in a 2683
claim arising out of a violation of any provision of sections 2684
2907.02 to 2907.07 of the Revised Code, shall not request the 2685
victim or the claimant to supply, or permit any person to 2686
supply, any evidence of specific instances of the victim's 2687
sexual activity, opinion evidence of the victim's sexual 2688
activity, or reputation evidence of the victim's sexual activity 2689
unless it involves evidence of the origin of semen, pregnancy, 2690
or disease or evidence of the victim's past sexual activity with 2691
the offender and only to the extent that the court of claims or 2692
the attorney general finds that the evidence is relevant to a 2693
fact at issue in the claim. 2694

Sec. 2907.01. As used in sections 2907.01 to 2907.38 and 2695
2917.211 of the Revised Code: 2696

(A) "Sexual conduct" means vaginal intercourse between a 2697
male and female; anal intercourse, fellatio, and cunnilingus 2698
between persons regardless of sex; and, without privilege to do 2699
so, the insertion, however slight, of any part of the body or 2700
any instrument, apparatus, or other object into the vaginal or 2701
anal opening of another. Penetration, however slight, is 2702
sufficient to complete vaginal or anal intercourse. 2703

(B) "Sexual contact" means any touching of an erogenous 2704

zone of another, including without limitation the thigh, 2705
genitals, buttock, pubic region, or, if the person is a female, 2706
a breast, for the purpose of sexually arousing or gratifying 2707
either person. 2708

(C) "Sexual activity" means sexual conduct or sexual 2709
contact, or both. 2710

(D) "Prostitute" means a male or female who promiscuously 2711
engages in sexual activity for hire, regardless of whether the 2712
hire is paid to the prostitute or to another. 2713

(E) "Harmful to juveniles" means that quality of any 2714
material or performance describing or representing nudity, 2715
sexual conduct, sexual excitement, or sado-masochistic abuse in 2716
any form to which all of the following apply: 2717

(1) The material or performance, when considered as a 2718
whole, appeals to the prurient interest of juveniles in sex. 2719

(2) The material or performance is patently offensive to 2720
prevailing standards in the adult community as a whole with 2721
respect to what is suitable for juveniles. 2722

(3) The material or performance, when considered as a 2723
whole, lacks serious literary, artistic, political, and 2724
scientific value for juveniles. 2725

(F) When considered as a whole, and judged with reference 2726
to ordinary adults or, if it is designed for sexual deviates or 2727
other specially susceptible group, judged with reference to that 2728
group, any material or performance is "obscene" if any of the 2729
following apply: 2730

(1) Its dominant appeal is to prurient interest; 2731

(2) Its dominant tendency is to arouse lust by displaying 2732

or depicting sexual activity, masturbation, sexual excitement, 2733
or nudity in a way that tends to represent human beings as mere 2734
objects of sexual appetite; 2735

(3) Its dominant tendency is to arouse lust by displaying 2736
or depicting bestiality or extreme or bizarre violence, cruelty, 2737
or brutality; 2738

(4) Its dominant tendency is to appeal to scatological 2739
interest by displaying or depicting human bodily functions of 2740
elimination in a way that inspires disgust or revulsion in 2741
persons with ordinary sensibilities, without serving any genuine 2742
scientific, educational, sociological, moral, or artistic 2743
purpose; 2744

(5) It contains a series of displays or descriptions of 2745
sexual activity, masturbation, sexual excitement, nudity, 2746
bestiality, extreme or bizarre violence, cruelty, or brutality, 2747
or human bodily functions of elimination, the cumulative effect 2748
of which is a dominant tendency to appeal to prurient or 2749
scatological interest, when the appeal to such an interest is 2750
primarily for its own sake or for commercial exploitation, 2751
rather than primarily for a genuine scientific, educational, 2752
sociological, moral, or artistic purpose. 2753

(G) "Sexual excitement" means the condition of human male 2754
or female genitals when in a state of sexual stimulation or 2755
arousal. 2756

(H) "Nudity" means the showing, representation, or 2757
depiction of human male or female genitals, pubic area, or 2758
buttocks with less than a full, opaque covering, or of a female 2759
breast with less than a full, opaque covering of any portion 2760
thereof below the top of the nipple, or of covered male genitals 2761

in a discernibly turgid state. 2762

(I) "Juvenile" means an unmarried person under the age of 2763
eighteen. 2764

(J) "Material" means any book, magazine, newspaper, 2765
pamphlet, poster, print, picture, figure, image, description, 2766
motion picture film, phonographic record, or tape, or other 2767
tangible thing capable of arousing interest through sight, 2768
sound, or touch and includes an image or text appearing on a 2769
computer monitor, television screen, liquid crystal display, or 2770
similar display device or an image or text recorded on a 2771
computer hard disk, computer floppy disk, compact disk, magnetic 2772
tape, or similar data storage device. 2773

(K) "Performance" means any motion picture, preview, 2774
trailer, play, show, skit, dance, or other exhibition performed 2775
before an audience. 2776

(L) "Spouse" means a person married to an offender at the 2777
time of an alleged offense, except that such person shall not be 2778
considered the spouse when any of the following apply: 2779

(1) When the parties have entered into a written 2780
separation agreement authorized by section 3103.06 of the 2781
Revised Code; 2782

(2) During the pendency of an action between the parties 2783
for annulment, divorce, dissolution of marriage, or legal 2784
separation; 2785

(3) In the case of an action for legal separation, after 2786
the effective date of the judgment for legal separation. 2787

(M) "Minor" means a person under the age of eighteen. 2788

(N) "Mental health client or patient" has the same meaning 2789

as in section 2305.51 of the Revised Code. 2790

(O) "Mental health professional" has the same meaning as 2791
in section 2305.115 of the Revised Code. 2792

(P) "Sado-masochistic abuse" means flagellation or torture 2793
by or upon a person or the condition of being fettered, bound, 2794
or otherwise physically restrained. 2795

(Q) "Place where a person has a reasonable expectation of 2796
privacy" means a place where a reasonable person would believe 2797
that the person could fully disrobe in private. 2798

(R) "Private area" means the genitals, pubic area, 2799
buttocks, or female breast below the top of the areola, where 2800
nude or covered by an undergarment. 2801

(S) "Licensed medical professional" means any of the 2802
following medical professionals: 2803

(1) A physician ~~assistant~~ associate licensed under Chapter 2804
4730. of the Revised Code; 2805

(2) A physician authorized under Chapter 4731. of the 2806
Revised Code to practice medicine and surgery, osteopathic 2807
medicine and surgery, or podiatric medicine and surgery; 2808

(3) A massage therapist licensed under Chapter 4731. of 2809
the Revised Code. 2810

Sec. 2907.13. (A) As used in this section: 2811

(1) "Human reproductive material" means: 2812

(a) Human spermatozoa or ova; 2813

(b) A human organism at any stage of development from 2814
fertilized ovum to embryo. 2815

(2) "Assisted reproduction" means a method of causing 2816
pregnancy other than through sexual intercourse including all of 2817
the following: 2818

(a) Intrauterine insemination; 2819

(b) Human reproductive material donation; 2820

(c) In vitro fertilization and transfer of embryos; 2821

(d) Intracytoplasmic sperm injection. 2822

(3) "Donor" means an individual who provides human 2823
reproductive material to a health care professional to be used 2824
for assisted reproduction, regardless of whether the human 2825
reproductive material is provided for consideration. The term 2826
does not include any of the following: 2827

(a) A husband or a wife who provides human reproductive 2828
material to be used for assisted reproduction by the wife; 2829

(b) A woman who gives birth to a child by means of 2830
assisted reproduction; 2831

(c) An unmarried man who, with the intent to be the father 2832
of the resulting child, provides human reproductive material to 2833
be used for assisted reproduction by an unmarried woman. 2834

(4) "Health care professional" means any of the following: 2835

(a) A physician; 2836

(b) An advanced practice registered nurse; 2837

(c) A certified nurse practitioner; 2838

(d) A clinical nurse specialist; 2839

(e) A ~~physician's assistant~~physician associate; 2840

(f) A certified nurse-midwife. 2841

(B) No health care professional shall, in connection with 2842
an assisted reproduction procedure, knowingly do any of the 2843
following: 2844

(1) Use human reproductive material from the health care 2845
professional, donor, or any other person while performing the 2846
procedure if the patient receiving the procedure has not 2847
expressly consented to the use of that material; 2848

(2) Fail to comply with the standards or requirements of 2849
sections 3111.88 to 3111.96 of the Revised Code, including the 2850
terms of the required written consent form; 2851

(3) Misrepresent to the patient receiving the procedure 2852
any material information about the donor's profile, including 2853
the types of information listed in division (A) (2) of section 2854
3111.93 of the Revised Code, or the manner or extent to which 2855
the material will be used. 2856

(C) Whoever violates this section is guilty of fraudulent 2857
assisted reproduction, a felony of the third degree. If an 2858
offender commits a violation of division (B) of this section and 2859
the violation occurs as part of a course of conduct involving 2860
other violations of division (B) of this section, a violation of 2861
this section is a felony of the second degree. The course of 2862
conduct may involve one victim or more than one victim. 2863

(D) Patient consent to the use of human reproductive 2864
material from an anonymous donor is not effective to provide 2865
consent for use of human reproductive material of the health 2866
care professional performing the procedure. 2867

(E) It is not a defense to a violation of this section 2868
that a patient expressly consented in writing, or by any other 2869

means, to the use of human reproductive material from an 2870
anonymous donor. 2871

Sec. 2907.29. Every hospital of this state that offers 2872
organized emergency services shall provide that a physician, a 2873
physician ~~assistant~~associate, a clinical nurse specialist, a 2874
certified nurse practitioner, or a certified nurse-midwife is 2875
available on call twenty-four hours each day for the examination 2876
of persons reported to any law enforcement agency to be victims 2877
of sexual offenses cognizable as violations of any provision of 2878
sections 2907.02 to 2907.06 of the Revised Code. The physician, 2879
physician ~~assistant~~associate, clinical nurse specialist, 2880
certified nurse practitioner, or certified nurse-midwife, upon 2881
the request of any peace officer or prosecuting attorney and 2882
with the consent of the reported victim or upon the request of 2883
the reported victim, shall examine the person for the purposes 2884
of gathering physical evidence and shall complete any written 2885
documentation of the physical examination. The director of 2886
health shall establish procedures for gathering evidence under 2887
this section. 2888

Each reported victim shall be informed of available 2889
venereal disease, pregnancy, medical, and psychiatric services. 2890

Notwithstanding any other provision of law, a minor may 2891
consent to examination under this section. The consent is not 2892
subject to disaffirmance because of minority, and consent of the 2893
parent, parents, or guardian of the minor is not required for an 2894
examination under this section. However, the hospital shall give 2895
written notice to the parent, parents, or guardian of a minor 2896
that an examination under this section has taken place. The 2897
parent, parents, or guardian of a minor giving consent under 2898
this section are not liable for payment for any services 2899

provided under this section without their consent. 2900

Sec. 2909.04. (A) No person, purposely by any means or 2901
knowingly by damaging or tampering with any property, shall do 2902
any of the following: 2903

(1) Interrupt or impair television, radio, telephone, 2904
telegraph, or other mass communications service; police, fire, 2905
or other public service communications; radar, loran, radio, or 2906
other electronic aids to air or marine navigation or 2907
communications; or amateur or citizens band radio communications 2908
being used for public service or emergency communications; 2909

(2) Interrupt or impair public transportation, including 2910
without limitation school bus transportation, or water supply, 2911
gas, power, or other utility service to the public; 2912

(3) Substantially impair the ability of law enforcement 2913
officers, firefighters, rescue personnel, emergency medical 2914
services personnel, or emergency facility personnel to respond 2915
to an emergency or to protect and preserve any person or 2916
property from serious physical harm. 2917

(B) No person shall knowingly use any computer, computer 2918
system, computer network, telecommunications device, or other 2919
electronic device or system or the internet so as to disrupt, 2920
interrupt, or impair the functions of any police, fire, 2921
educational, commercial, or governmental operations. 2922

(C) Whoever violates this section is guilty of disrupting 2923
public services, a felony of the fourth degree. 2924

(D) As used in this section: 2925

(1) "Emergency medical services personnel" has the same 2926
meaning as in section 2133.21 of the Revised Code. 2927

(2) "Emergency facility personnel" means any of the	2928
following:	2929
(a) Any of the following individuals who perform services	2930
in the ordinary course of their professions in an emergency	2931
facility:	2932
(i) Physicians authorized under Chapter 4731. of the	2933
Revised Code to practice medicine and surgery or osteopathic	2934
medicine and surgery;	2935
(ii) Registered nurses and licensed practical nurses	2936
licensed under Chapter 4723. of the Revised Code;	2937
(iii) Physician assistants <u>associates</u> authorized to	2938
practice under Chapter 4730. of the Revised Code;	2939
(iv) Health care workers;	2940
(v) Clerical staffs.	2941
(b) Any individual who is a security officer performing	2942
security services in an emergency facility;	2943
(c) Any individual who is present in an emergency	2944
facility, who was summoned to the facility by an individual	2945
identified in division (D) (2) (a) or (b) of this section.	2946
(3) "Emergency facility" means a hospital emergency	2947
department or any other facility that provides emergency medical	2948
services.	2949
(4) "Hospital" has the same meaning as in section 3727.01	2950
of the Revised Code.	2951
(5) "Health care worker" means an individual, other than	2952
an individual specified in division (D) (2) (a), (b), or (c) of	2953
this section, who provides medical or other health-related care	2954

or treatment in an emergency facility, including medical 2955
technicians, medical assistants, orderlies, aides, or 2956
individuals acting in similar capacities. 2957

Sec. 2921.22. (A) (1) Except as provided in division (A) (2) 2958
of this section, no person, knowing that a felony has been or is 2959
being committed, shall knowingly fail to report such information 2960
to law enforcement authorities. 2961

(2) No person, knowing that a violation of division (B) of 2962
section 2913.04 of the Revised Code has been, or is being 2963
committed or that the person has received information derived 2964
from such a violation, shall knowingly fail to report the 2965
violation to law enforcement authorities. 2966

(B) Except for conditions that are within the scope of 2967
division (E) of this section, no person giving aid to a sick or 2968
injured person shall negligently fail to report to law 2969
enforcement authorities any gunshot or stab wound treated or 2970
observed by the person, or any serious physical harm to persons 2971
that the person knows or has reasonable cause to believe 2972
resulted from an offense of violence. 2973

(C) No person who discovers the body or acquires the first 2974
knowledge of the death of a person shall fail to report the 2975
death immediately to a physician or advanced practice registered 2976
nurse whom the person knows to be treating the deceased for a 2977
condition from which death at such time would not be unexpected, 2978
or to a law enforcement officer, an ambulance service, an 2979
emergency squad, or the coroner in a political subdivision in 2980
which the body is discovered, the death is believed to have 2981
occurred, or knowledge concerning the death is obtained. For 2982
purposes of this division, "advanced practice registered nurse" 2983
does not include a certified registered nurse anesthetist. 2984

(D) No person shall fail to provide upon request of the 2985
person to whom a report required by division (C) of this section 2986
was made, or to any law enforcement officer who has reasonable 2987
cause to assert the authority to investigate the circumstances 2988
surrounding the death, any facts within the person's knowledge 2989
that may have a bearing on the investigation of the death. 2990

(E) (1) As used in this division, "burn injury" means any 2991
of the following: 2992

(a) Second or third degree burns; 2993

(b) Any burns to the upper respiratory tract or laryngeal 2994
edema due to the inhalation of superheated air; 2995

(c) Any burn injury or wound that may result in death; 2996

(d) Any physical harm to persons caused by or as the 2997
result of the use of fireworks, novelties and trick noisemakers, 2998
and wire sparklers, as each is defined by section 3743.01 of the 2999
Revised Code. 3000

(2) No physician, nurse, physician ~~assistant~~associate, or 3001
limited practitioner who, outside a hospital, sanitarium, or 3002
other medical facility, attends or treats a person who has 3003
sustained a burn injury that is inflicted by an explosion or 3004
other incendiary device or that shows evidence of having been 3005
inflicted in a violent, malicious, or criminal manner shall fail 3006
to report the burn injury immediately to the local arson, or 3007
fire and explosion investigation, bureau, if there is a bureau 3008
of this type in the jurisdiction in which the person is attended 3009
or treated, or otherwise to local law enforcement authorities. 3010

(3) No manager, superintendent, or other person in charge 3011
of a hospital, sanitarium, or other medical facility in which a 3012
person is attended or treated for any burn injury that is 3013

inflicted by an explosion or other incendiary device or that 3014
shows evidence of having been inflicted in a violent, malicious, 3015
or criminal manner shall fail to report the burn injury 3016
immediately to the local arson, or fire and explosion 3017
investigation, bureau, if there is a bureau of this type in the 3018
jurisdiction in which the person is attended or treated, or 3019
otherwise to local law enforcement authorities. 3020

(4) No person who is required to report any burn injury 3021
under division (E) (2) or (3) of this section shall fail to file, 3022
within three working days after attending or treating the 3023
victim, a written report of the burn injury with the office of 3024
the state fire marshal. The report shall comply with the uniform 3025
standard developed by the state fire marshal pursuant to 3026
division (A) (15) of section 3737.22 of the Revised Code. 3027

(5) Anyone participating in the making of reports under 3028
division (E) of this section or anyone participating in a 3029
judicial proceeding resulting from the reports is immune from 3030
any civil or criminal liability that otherwise might be incurred 3031
or imposed as a result of such actions. Notwithstanding section 3032
4731.22 of the Revised Code, the physician-patient relationship 3033
or advanced practice registered nurse-patient relationship is 3034
not a ground for excluding evidence regarding a person's burn 3035
injury or the cause of the burn injury in any judicial 3036
proceeding resulting from a report submitted under division (E) 3037
of this section. 3038

(F) (1) No person who knows that a licensed medical 3039
professional has committed an offense under Chapter 2907. of the 3040
Revised Code, a violation of a municipal ordinance that is 3041
substantially equivalent to such offense, or a substantially 3042
equivalent criminal offense in another jurisdiction, against a 3043

patient of the licensed medical professional shall fail to 3044
report such knowledge to law enforcement authorities within 3045
thirty days of obtaining the knowledge. 3046

(2) Except for a self-report or participation in the 3047
offense or violation being reported, any person who makes a 3048
report within the thirty-day period provided in division (F) (1) 3049
of this section or any person who participates in a judicial 3050
proceeding that results from such report is immune from civil or 3051
criminal liability that otherwise might be incurred or imposed 3052
as a result of making that report or participating in that 3053
proceeding so long as the person is acting in good faith without 3054
fraud or malice. 3055

(3) The physician-patient relationship or physician 3056
~~assistant-patient-associate-patient~~ relationship is not a ground 3057
for excluding evidence regarding the person's knowledge of a 3058
licensed medical professional's commission of an offense or 3059
violation reported under division (F) (1) of this section, 3060
against that licensed medical professional in any judicial 3061
proceeding resulting from a report made under that division. 3062

(4) As used in division (F) of this section, "licensed 3063
medical professional" has the same meaning as in section 2907.01 3064
of the Revised Code. 3065

(G) (1) Any doctor of medicine or osteopathic medicine, 3066
hospital intern or resident, nurse, psychologist, social worker, 3067
independent social worker, social work assistant, licensed 3068
professional clinical counselor, licensed professional 3069
counselor, independent marriage and family therapist, or 3070
marriage and family therapist who knows or has reasonable cause 3071
to believe that a patient or client has been the victim of 3072
domestic violence, as defined in section 3113.31 of the Revised 3073

Code, shall note that knowledge or belief and the basis for it 3074
in the patient's or client's records. 3075

(2) Notwithstanding section 4731.22 of the Revised Code, 3076
the physician-patient privilege or advanced practice registered 3077
nurse-patient privilege shall not be a ground for excluding any 3078
information regarding the report containing the knowledge or 3079
belief noted under division (G)(1) of this section, and the 3080
information may be admitted as evidence in accordance with the 3081
Rules of Evidence. 3082

(H) Divisions (A) and (D) of this section do not require 3083
disclosure of information, when any of the following applies: 3084

(1) The information is privileged by reason of the 3085
relationship between attorney and client; physician and patient; 3086
advanced practice registered nurse and patient; licensed 3087
psychologist or licensed school psychologist and client; 3088
licensed professional clinical counselor, licensed professional 3089
counselor, independent social worker, social worker, independent 3090
marriage and family therapist, or marriage and family therapist 3091
and client; member of the clergy, rabbi, minister, or priest and 3092
any person communicating information confidentially to the 3093
member of the clergy, rabbi, minister, or priest for a religious 3094
counseling purpose of a professional character; husband and 3095
wife; or a communications assistant and those who are a party to 3096
a telecommunications relay service call. 3097

(2) The information would tend to incriminate a member of 3098
the actor's immediate family. 3099

(3) Disclosure of the information would amount to 3100
revealing a news source, privileged under section 2739.04 or 3101
2739.12 of the Revised Code. 3102

(4) Disclosure of the information would amount to 3103
disclosure by a member of the ordained clergy of an organized 3104
religious body of a confidential communication made to that 3105
member of the clergy in that member's capacity as a member of 3106
the clergy by a person seeking the aid or counsel of that member 3107
of the clergy. 3108

(5) Disclosure would amount to revealing information 3109
acquired by the actor in the course of the actor's duties in 3110
connection with a bona fide program of treatment or services for 3111
persons with drug dependencies or persons in danger of drug 3112
dependence, which program is maintained or conducted by a 3113
hospital, clinic, person, agency, or community addiction 3114
services provider whose alcohol and drug addiction services are 3115
certified pursuant to section 5119.36 of the Revised Code. 3116

(6) Disclosure would amount to revealing information 3117
acquired by the actor in the course of the actor's duties in 3118
connection with a bona fide program for providing counseling 3119
services to victims of crimes that are violations of section 3120
2907.02 or 2907.05 of the Revised Code or to victims of 3121
felonious sexual penetration in violation of former section 3122
2907.12 of the Revised Code. As used in this division, 3123
"counseling services" include services provided in an informal 3124
setting by a person who, by education or experience, is 3125
competent to provide those services. 3126

(I) No disclosure of information pursuant to this section 3127
gives rise to any liability or recrimination for a breach of 3128
privilege or confidence. 3129

(J) Whoever violates division (A), (B), or (F)(1) of this 3130
section is guilty of failure to report a crime. Violation of 3131
division (A)(1) or (F)(1) of this section is a misdemeanor of 3132

the fourth degree. Violation of division (A) (2) or (B) of this 3133
section is a misdemeanor of the second degree. 3134

(K) Whoever violates division (C) or (D) of this section 3135
is guilty of failure to report knowledge of a death, a 3136
misdemeanor of the fourth degree. 3137

(L) (1) Whoever negligently violates division (E) of this 3138
section is guilty of a minor misdemeanor. 3139

(2) Whoever knowingly violates division (E) of this 3140
section is guilty of a misdemeanor of the second degree. 3141

(M) As used in this section, "nurse" includes an advanced 3142
practice registered nurse, registered nurse, and licensed 3143
practical nurse. 3144

Sec. 2925.01. As used in this chapter: 3145

(A) "Administer," "controlled substance," "controlled 3146
substance analog," "dispense," "distribute," "hypodermic," 3147
"manufacturer," "official written order," "person," 3148
"pharmacist," "pharmacy," "sale," "schedule I," "schedule II," 3149
"schedule III," "schedule IV," "schedule V," and "wholesaler" 3150
have the same meanings as in section 3719.01 of the Revised 3151
Code. 3152

(B) "Drug of abuse" and "person with a drug dependency" 3153
have the same meanings as in section 3719.011 of the Revised 3154
Code. 3155

(C) "Drug," "dangerous drug," "licensed health 3156
professional authorized to prescribe drugs," and "prescription" 3157
have the same meanings as in section 4729.01 of the Revised 3158
Code. 3159

(D) "Bulk amount" of a controlled substance means any of 3160

the following: 3161

(1) For any compound, mixture, preparation, or substance 3162
included in schedule I, schedule II, or schedule III, with the 3163
exception of any controlled substance analog, marihuana, 3164
cocaine, L.S.D., heroin, any fentanyl-related compound, and 3165
hashish and except as provided in division (D) (2), (5), or (6) 3166
of this section, whichever of the following is applicable: 3167

(a) An amount equal to or exceeding ten grams or twenty- 3168
five unit doses of a compound, mixture, preparation, or 3169
substance that is or contains any amount of a schedule I opiate 3170
or opium derivative; 3171

(b) An amount equal to or exceeding ten grams of a 3172
compound, mixture, preparation, or substance that is or contains 3173
any amount of raw or gum opium; 3174

(c) An amount equal to or exceeding thirty grams or ten 3175
unit doses of a compound, mixture, preparation, or substance 3176
that is or contains any amount of a schedule I hallucinogen 3177
other than tetrahydrocannabinol or lysergic acid amide, or a 3178
schedule I stimulant or depressant; 3179

(d) An amount equal to or exceeding twenty grams or five 3180
times the maximum daily dose in the usual dose range specified 3181
in a standard pharmaceutical reference manual of a compound, 3182
mixture, preparation, or substance that is or contains any 3183
amount of a schedule II opiate or opium derivative; 3184

(e) An amount equal to or exceeding five grams or ten unit 3185
doses of a compound, mixture, preparation, or substance that is 3186
or contains any amount of phencyclidine; 3187

(f) An amount equal to or exceeding one hundred twenty 3188
grams or thirty times the maximum daily dose in the usual dose 3189

range specified in a standard pharmaceutical reference manual of 3190
a compound, mixture, preparation, or substance that is or 3191
contains any amount of a schedule II stimulant that is in a 3192
final dosage form manufactured by a person authorized by the 3193
"Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 3194
U.S.C.A. 301, as amended, and the federal drug abuse control 3195
laws, as defined in section 3719.01 of the Revised Code, that is 3196
or contains any amount of a schedule II depressant substance or 3197
a schedule II hallucinogenic substance; 3198

(g) An amount equal to or exceeding three grams of a 3199
compound, mixture, preparation, or substance that is or contains 3200
any amount of a schedule II stimulant, or any of its salts or 3201
isomers, that is not in a final dosage form manufactured by a 3202
person authorized by the Federal Food, Drug, and Cosmetic Act 3203
and the federal drug abuse control laws. 3204

(2) An amount equal to or exceeding one hundred twenty 3205
grams or thirty times the maximum daily dose in the usual dose 3206
range specified in a standard pharmaceutical reference manual of 3207
a compound, mixture, preparation, or substance that is or 3208
contains any amount of a schedule III or IV substance other than 3209
an anabolic steroid or a schedule III opiate or opium 3210
derivative; 3211

(3) An amount equal to or exceeding twenty grams or five 3212
times the maximum daily dose in the usual dose range specified 3213
in a standard pharmaceutical reference manual of a compound, 3214
mixture, preparation, or substance that is or contains any 3215
amount of a schedule III opiate or opium derivative; 3216

(4) An amount equal to or exceeding two hundred fifty 3217
milliliters or two hundred fifty grams of a compound, mixture, 3218
preparation, or substance that is or contains any amount of a 3219

schedule V substance; 3220

(5) An amount equal to or exceeding two hundred solid 3221
dosage units, sixteen grams, or sixteen milliliters of a 3222
compound, mixture, preparation, or substance that is or contains 3223
any amount of a schedule III anabolic steroid; 3224

(6) For any compound, mixture, preparation, or substance 3225
that is a combination of a fentanyl-related compound and any 3226
other compound, mixture, preparation, or substance included in 3227
schedule III, schedule IV, or schedule V, if the defendant is 3228
charged with a violation of section 2925.11 of the Revised Code 3229
and the sentencing provisions set forth in divisions (C) (10) (b) 3230
and (C) (11) of that section will not apply regarding the 3231
defendant and the violation, the bulk amount of the controlled 3232
substance for purposes of the violation is the amount specified 3233
in division (D) (1), (2), (3), (4), or (5) of this section for 3234
the other schedule III, IV, or V controlled substance that is 3235
combined with the fentanyl-related compound. 3236

(E) "Unit dose" means an amount or unit of a compound, 3237
mixture, or preparation containing a controlled substance that 3238
is separately identifiable and in a form that indicates that it 3239
is the amount or unit by which the controlled substance is 3240
separately administered to or taken by an individual. 3241

(F) "Cultivate" includes planting, watering, fertilizing, 3242
or tilling. 3243

(G) "Drug abuse offense" means any of the following: 3244

(1) A violation of division (A) of section 2913.02 that 3245
constitutes theft of drugs, or a violation of section 2925.02, 3246
2925.03, 2925.04, 2925.041, 2925.05, 2925.06, 2925.11, 2925.12, 3247
2925.13, 2925.22, 2925.23, 2925.24, 2925.31, 2925.32, 2925.36, 3248

or 2925.37 of the Revised Code; 3249

(2) A violation of an existing or former law of this or 3250
any other state or of the United States that is substantially 3251
equivalent to any section listed in division (G)(1) of this 3252
section; 3253

(3) An offense under an existing or former law of this or 3254
any other state, or of the United States, of which planting, 3255
cultivating, harvesting, processing, making, manufacturing, 3256
producing, shipping, transporting, delivering, acquiring, 3257
possessing, storing, distributing, dispensing, selling, inducing 3258
another to use, administering to another, using, or otherwise 3259
dealing with a controlled substance is an element; 3260

(4) A conspiracy to commit, attempt to commit, or 3261
complicity in committing or attempting to commit any offense 3262
under division (G)(1), (2), or (3) of this section. 3263

(H) "Felony drug abuse offense" means any drug abuse 3264
offense that would constitute a felony under the laws of this 3265
state, any other state, or the United States. 3266

(I) "Harmful intoxicant" does not include beer or 3267
intoxicating liquor but means any of the following: 3268

(1) Any compound, mixture, preparation, or substance the 3269
gas, fumes, or vapor of which when inhaled can induce 3270
intoxication, excitement, giddiness, irrational behavior, 3271
depression, stupefaction, paralysis, unconsciousness, 3272
asphyxiation, or other harmful physiological effects, and 3273
includes, but is not limited to, any of the following: 3274

(a) Any volatile organic solvent, plastic cement, model 3275
cement, fingernail polish remover, lacquer thinner, cleaning 3276
fluid, gasoline, or other preparation containing a volatile 3277

organic solvent;	3278
(b) Any aerosol propellant;	3279
(c) Any fluorocarbon refrigerant;	3280
(d) Any anesthetic gas.	3281
(2) Gamma Butyrolactone;	3282
(3) 1,4 Butanediol.	3283
(J) "Manufacture" means to plant, cultivate, harvest,	3284
process, make, prepare, or otherwise engage in any part of the	3285
production of a drug, by propagation, extraction, chemical	3286
synthesis, or compounding, or any combination of the same, and	3287
includes packaging, repackaging, labeling, and other activities	3288
incident to production.	3289
(K) "Possess" or "possession" means having control over a	3290
thing or substance, but may not be inferred solely from mere	3291
access to the thing or substance through ownership or occupation	3292
of the premises upon which the thing or substance is found.	3293
(L) "Sample drug" means a drug or pharmaceutical	3294
preparation that would be hazardous to health or safety if used	3295
without the supervision of a licensed health professional	3296
authorized to prescribe drugs, or a drug of abuse, and that, at	3297
one time, had been placed in a container plainly marked as a	3298
sample by a manufacturer.	3299
(M) "Standard pharmaceutical reference manual" means the	3300
current edition, with cumulative changes if any, of references	3301
that are approved by the state board of pharmacy.	3302
(N) "Juvenile" means a person under eighteen years of age.	3303
(O) "Counterfeit controlled substance" means any of the	3304

following: 3305

(1) Any drug that bears, or whose container or label 3306
bears, a trademark, trade name, or other identifying mark used 3307
without authorization of the owner of rights to that trademark, 3308
trade name, or identifying mark; 3309

(2) Any unmarked or unlabeled substance that is 3310
represented to be a controlled substance manufactured, 3311
processed, packed, or distributed by a person other than the 3312
person that manufactured, processed, packed, or distributed it; 3313

(3) Any substance that is represented to be a controlled 3314
substance but is not a controlled substance or is a different 3315
controlled substance; 3316

(4) Any substance other than a controlled substance that a 3317
reasonable person would believe to be a controlled substance 3318
because of its similarity in shape, size, and color, or its 3319
markings, labeling, packaging, distribution, or the price for 3320
which it is sold or offered for sale. 3321

(P) An offense is "committed in the vicinity of a school" 3322
if the offender commits the offense on school premises, in a 3323
school building, or within one thousand feet of the boundaries 3324
of any school premises, regardless of whether the offender knows 3325
the offense is being committed on school premises, in a school 3326
building, or within one thousand feet of the boundaries of any 3327
school premises. 3328

(Q) "School" means any school operated by a board of 3329
education, any community school established under Chapter 3314. 3330
of the Revised Code, or any nonpublic school for which the 3331
director of education and workforce prescribes minimum standards 3332
under section 3301.07 of the Revised Code, whether or not any 3333

instruction, extracurricular activities, or training provided by 3334
the school is being conducted at the time a criminal offense is 3335
committed. 3336

(R) "School premises" means either of the following: 3337

(1) The parcel of real property on which any school is 3338
situated, whether or not any instruction, extracurricular 3339
activities, or training provided by the school is being 3340
conducted on the premises at the time a criminal offense is 3341
committed; 3342

(2) Any other parcel of real property that is owned or 3343
leased by a board of education of a school, the governing 3344
authority of a community school established under Chapter 3314. 3345
of the Revised Code, or the governing body of a nonpublic school 3346
for which the director of education and workforce prescribes 3347
minimum standards under section 3301.07 of the Revised Code and 3348
on which some of the instruction, extracurricular activities, or 3349
training of the school is conducted, whether or not any 3350
instruction, extracurricular activities, or training provided by 3351
the school is being conducted on the parcel of real property at 3352
the time a criminal offense is committed. 3353

(S) "School building" means any building in which any of 3354
the instruction, extracurricular activities, or training 3355
provided by a school is conducted, whether or not any 3356
instruction, extracurricular activities, or training provided by 3357
the school is being conducted in the school building at the time 3358
a criminal offense is committed. 3359

(T) "Disciplinary counsel" means the disciplinary counsel 3360
appointed by the board of commissioners on grievances and 3361
discipline of the supreme court under the Rules for the 3362

Government of the Bar of Ohio. 3363

(U) "Certified grievance committee" means a duly 3364
constituted and organized committee of the Ohio state bar 3365
association or of one or more local bar associations of the 3366
state of Ohio that complies with the criteria set forth in Rule 3367
V, section 6 of the Rules for the Government of the Bar of Ohio. 3368

(V) "Professional license" means any license, permit, 3369
certificate, registration, qualification, admission, temporary 3370
license, temporary permit, temporary certificate, or temporary 3371
registration that is described in divisions (W)(1) to (37) of 3372
this section and that qualifies a person as a professionally 3373
licensed person. 3374

(W) "Professionally licensed person" means any of the 3375
following: 3376

(1) A person who has received a certificate or temporary 3377
certificate as a certified public accountant or who has 3378
registered as a public accountant under Chapter 4701. of the 3379
Revised Code and who holds an Ohio permit issued under that 3380
chapter; 3381

(2) A person who holds a certificate of qualification to 3382
practice architecture issued or renewed and registered under 3383
Chapter 4703. of the Revised Code; 3384

(3) A person who is registered as a landscape architect 3385
under Chapter 4703. of the Revised Code or who holds a permit as 3386
a landscape architect issued under that chapter; 3387

(4) A person licensed under Chapter 4707. of the Revised 3388
Code; 3389

(5) A person who has been issued a barber's license, 3390

barber instructor's license, assistant barber instructor's 3391
license, or independent contractor's license under Chapter 4709. 3392
of the Revised Code; 3393

(6) A person licensed and regulated to engage in the 3394
business of a debt pooling company by a legislative authority, 3395
under authority of Chapter 4710. of the Revised Code; 3396

(7) A person who has been issued a cosmetologist's 3397
license, hair designer's license, manicurist's license, 3398
esthetician's license, natural hair stylist's license, advanced 3399
license to practice cosmetology, advanced license to practice 3400
hair design, advanced license to practice manicuring, advanced 3401
license to practice esthetics, advanced license to practice 3402
natural hair styling, cosmetology instructor's license, hair 3403
design instructor's license, manicurist instructor's license, 3404
esthetics instructor's license, natural hair style instructor's 3405
license, independent contractor's license, or tanning facility 3406
permit under Chapter 4713. of the Revised Code; 3407

(8) A person who has been issued a license to practice 3408
dentistry, a general anesthesia permit, a conscious sedation 3409
permit, a limited resident's license, a limited teaching 3410
license, a dental hygienist's license, or a dental hygienist's 3411
teacher's certificate under Chapter 4715. of the Revised Code; 3412

(9) A person who has been issued an embalmer's license, a 3413
funeral director's license, a funeral home license, or a 3414
crematory license, or who has been registered for an embalmer's 3415
or funeral director's apprenticeship under Chapter 4717. of the 3416
Revised Code; 3417

(10) A person who has been licensed as a registered nurse 3418
or practical nurse, or who has been issued a certificate for the 3419

practice of nurse-midwifery under Chapter 4723. of the Revised 3420
Code; 3421

(11) A person who has been licensed to practice optometry 3422
or to engage in optical dispensing under Chapter 4725. of the 3423
Revised Code; 3424

(12) A person licensed to act as a pawnbroker under 3425
Chapter 4727. of the Revised Code; 3426

(13) A person licensed to act as a precious metals dealer 3427
under Chapter 4728. of the Revised Code; 3428

(14) A person licensed under Chapter 4729. of the Revised 3429
Code as a pharmacist or pharmacy intern or registered under that 3430
chapter as a registered pharmacy technician, certified pharmacy 3431
technician, or pharmacy technician trainee; 3432

(15) A person licensed under Chapter 4729. of the Revised 3433
Code as a manufacturer of dangerous drugs, outsourcing facility, 3434
third-party logistics provider, repackager of dangerous drugs, 3435
wholesale distributor of dangerous drugs, or terminal 3436
distributor of dangerous drugs; 3437

(16) A person who is authorized to practice as a physician 3438
~~assistant~~associate under Chapter 4730. of the Revised Code; 3439

(17) A person who has been issued a license to practice 3440
medicine and surgery, osteopathic medicine and surgery, or 3441
podiatric medicine and surgery under Chapter 4731. of the 3442
Revised Code or has been issued a certificate to practice a 3443
limited branch of medicine under that chapter; 3444

(18) A person licensed as a psychologist, independent 3445
school psychologist, or school psychologist under Chapter 4732. 3446
of the Revised Code; 3447

- (19) A person registered to practice the profession of engineering or surveying under Chapter 4733. of the Revised Code; 3448
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- (20) A person who has been issued a license to practice chiropractic under Chapter 4734. of the Revised Code; 3451
3452
- (21) A person licensed to act as a real estate broker or real estate salesperson under Chapter 4735. of the Revised Code; 3453
3454
- (22) A person registered as a registered environmental health specialist under Chapter 3776. of the Revised Code; 3455
3456
- (23) A person licensed to operate or maintain a junkyard under Chapter 4737. of the Revised Code; 3457
3458
- (24) A person who has been issued a motor vehicle salvage dealer's license under Chapter 4738. of the Revised Code; 3459
3460
- (25) A person who has been licensed to act as a steam engineer under Chapter 4739. of the Revised Code; 3461
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- (26) A person who has been issued a license or temporary permit to practice veterinary medicine or any of its branches, or who is registered as a graduate animal technician under Chapter 4741. of the Revised Code; 3463
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- (27) A person who has been issued a hearing aid dealer's or fitter's license or trainee permit under Chapter 4747. of the Revised Code; 3467
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- (28) A person who has been issued a class A, class B, or class C license or who has been registered as an investigator or security guard employee under Chapter 4749. of the Revised Code; 3470
3471
3472
- (29) A person licensed to practice as a nursing home administrator under Chapter 4751. of the Revised Code; 3473
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(30) A person licensed to practice as a speech-language pathologist or audiologist under Chapter 4753. of the Revised Code; 3475
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(31) A person issued a license as an occupational therapist or physical therapist under Chapter 4755. of the Revised Code; 3478
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(32) A person who is licensed as a licensed professional clinical counselor, licensed professional counselor, social worker, independent social worker, independent marriage and family therapist, or marriage and family therapist, or registered as a social work assistant under Chapter 4757. of the Revised Code; 3481
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(33) A person issued a license to practice dietetics under Chapter 4759. of the Revised Code; 3487
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(34) A person who has been issued a license or limited permit to practice respiratory therapy under Chapter 4761. of the Revised Code; 3489
3490
3491

(35) A person who has been issued a real estate appraiser certificate under Chapter 4763. of the Revised Code; 3492
3493

(36) A person who has been issued a home inspector license under Chapter 4764. of the Revised Code; 3494
3495

(37) A person who has been admitted to the bar by order of the supreme court in compliance with its prescribed and published rules; 3496
3497
3498

(38) A person who has been issued a license to practice as a certified mental health assistant under Chapter 4772. of the Revised Code. 3499
3500
3501

(X) "Cocaine" means any of the following: 3502

(1) A cocaine salt, isomer, or derivative, a salt of a cocaine isomer or derivative, or the base form of cocaine;

(2) Coca leaves or a salt, compound, derivative, or preparation of coca leaves, including ecgonine, a salt, isomer, or derivative of ecgonine, or a salt of an isomer or derivative of ecgonine;

(3) A salt, compound, derivative, or preparation of a substance identified in division (X) (1) or (2) of this section that is chemically equivalent to or identical with any of those substances, except that the substances shall not include decocainized coca leaves or extraction of coca leaves if the extractions do not contain cocaine or ecgonine.

(Y) "L.S.D." means lysergic acid diethylamide.

(Z) "Hashish" means a resin or a preparation of a resin to which both of the following apply:

(1) It is contained in or derived from any part of the plant of the genus cannabis, whether in solid form or in a liquid concentrate, liquid extract, or liquid distillate form.

(2) It has a delta-9 tetrahydrocannabinol concentration of more than three-tenths per cent.

"Hashish" does not include a hemp byproduct in the possession of a licensed hemp processor under Chapter 928. of the Revised Code, provided that the hemp byproduct is being produced, stored, and disposed of in accordance with rules adopted under section 928.03 of the Revised Code.

(AA) "Marihuana" has the same meaning as in section 3719.01 of the Revised Code, except that it does not include hashish.

(BB) An offense is "committed in the vicinity of a juvenile" if the offender commits the offense within one hundred feet of a juvenile or within the view of a juvenile, regardless of whether the offender knows the age of the juvenile, whether the offender knows the offense is being committed within one hundred feet of or within view of the juvenile, or whether the juvenile actually views the commission of the offense.

(CC) "Presumption for a prison term" or "presumption that a prison term shall be imposed" means a presumption, as described in division (D) of section 2929.13 of the Revised Code, that a prison term is a necessary sanction for a felony in order to comply with the purposes and principles of sentencing under section 2929.11 of the Revised Code.

(DD) "Major drug offender" has the same meaning as in section 2929.01 of the Revised Code.

(EE) "Minor drug possession offense" means either of the following:

(1) A violation of section 2925.11 of the Revised Code as it existed prior to July 1, 1996;

(2) A violation of section 2925.11 of the Revised Code as it exists on and after July 1, 1996, that is a misdemeanor or a felony of the fifth degree.

(FF) "Mandatory prison term" has the same meaning as in section 2929.01 of the Revised Code.

(GG) "Adulterate" means to cause a drug to be adulterated as described in section 3715.63 of the Revised Code.

(HH) "Public premises" means any hotel, restaurant, tavern, store, arena, hall, or other place of public

accommodation, business, amusement, or resort. 3559

(II) "Methamphetamine" means methamphetamine, any salt, 3560
isomer, or salt of an isomer of methamphetamine, or any 3561
compound, mixture, preparation, or substance containing 3562
methamphetamine or any salt, isomer, or salt of an isomer of 3563
methamphetamine. 3564

(JJ) "Deception" has the same meaning as in section 3565
2913.01 of the Revised Code. 3566

(KK) "Fentanyl-related compound" means any of the 3567
following: 3568

(1) Fentanyl; 3569

(2) Alpha-methylfentanyl (N-[1-(alpha-methyl-beta- 3570
phenyl)ethyl-4- piperidyl]propionanilide; 1-(1-methyl-2- 3571
phenylethyl)-4-(N-propanilido) piperidine); 3572

(3) Alpha-methylthiofentanyl (N-[1-methyl-2-(2- 3573
thienyl)ethyl-4- piperidinyl]-N-phenylpropanamide); 3574

(4) Beta-hydroxyfentanyl (N-[1-(2-hydroxy-2-phenethyl-4- 3575
piperidinyl] -N-phenylpropanamide); 3576

(5) Beta-hydroxy-3-methylfentanyl (other name: N-[1-(2- 3577
hydroxy-2- phenethyl)-3-methyl-4-piperidinyl]-N- 3578
phenylpropanamide); 3579

(6) 3-methylfentanyl (N-[3-methyl-1-(2-phenylethyl)-4- 3580
piperidyl]-N- phenylpropanamide); 3581

(7) 3-methylthiofentanyl (N-[3-methyl-1-[2- 3582
(thienyl)ethyl]-4- piperidinyl]-N-phenylpropanamide); 3583

(8) Para-fluorofentanyl (N-(4-fluorophenyl)-N-[1-(2- 3584
phenethyl)-4- piperidinyl]propanamide; 3585

(9) Thiofentanyl (N-phenyl-N-[1-(2-thienyl)ethyl-4-piperidinyl]- propanamide;	3586 3587
(10) Alfentanil;	3588
(11) Carfentanil;	3589
(12) Remifentanil;	3590
(13) Sufentanil;	3591
(14) Acetyl-alpha-methylfentanyl (N-[1-(1-methyl-2-phenethyl)-4- piperidinyl]-N-phenylacetamide); and	3592 3593
(15) Any compound that meets all of the following fentanyl pharmacophore requirements to bind at the mu receptor, as identified by a report from an established forensic laboratory, including acetylfentanyl, furanylfentanyl, valerylfentanyl, butyrylfentanyl, isobutyrylfentanyl, 4-methoxybutyrylfentanyl, para-fluorobutyrylfentanyl, acrylfentanyl, and ortho-fluorofentanyl:	3594 3595 3596 3597 3598 3599 3600
(a) A chemical scaffold consisting of both of the following:	3601 3602
(i) A five, six, or seven member ring structure containing a nitrogen, whether or not further substituted;	3603 3604
(ii) An attached nitrogen to the ring, whether or not that nitrogen is enclosed in a ring structure, including an attached aromatic ring or other lipophilic group to that nitrogen.	3605 3606 3607
(b) A polar functional group attached to the chemical scaffold, including but not limited to a hydroxyl, ketone, amide, or ester;	3608 3609 3610
(c) An alkyl or aryl substitution off the ring nitrogen of the chemical scaffold; and	3611 3612

(d) The compound has not been approved for medical use by 3613
the United States food and drug administration. 3614

(LL) "First degree felony mandatory prison term" means one 3615
of the definite prison terms prescribed in division (A) (1) (b) of 3616
section 2929.14 of the Revised Code for a felony of the first 3617
degree, except that if the violation for which sentence is being 3618
imposed is committed on or after March 22, 2019, it means one of 3619
the minimum prison terms prescribed in division (A) (1) (a) of 3620
that section for a felony of the first degree. 3621

(MM) "Second degree felony mandatory prison term" means 3622
one of the definite prison terms prescribed in division (A) (2) 3623
(b) of section 2929.14 of the Revised Code for a felony of the 3624
second degree, except that if the violation for which sentence 3625
is being imposed is committed on or after March 22, 2019, it 3626
means one of the minimum prison terms prescribed in division (A) 3627
(2) (a) of that section for a felony of the second degree. 3628

(NN) "Maximum first degree felony mandatory prison term" 3629
means the maximum definite prison term prescribed in division 3630
(A) (1) (b) of section 2929.14 of the Revised Code for a felony of 3631
the first degree, except that if the violation for which 3632
sentence is being imposed is committed on or after March 22, 3633
2019, it means the longest minimum prison term prescribed in 3634
division (A) (1) (a) of that section for a felony of the first 3635
degree. 3636

(OO) "Maximum second degree felony mandatory prison term" 3637
means the maximum definite prison term prescribed in division 3638
(A) (2) (b) of section 2929.14 of the Revised Code for a felony of 3639
the second degree, except that if the violation for which 3640
sentence is being imposed is committed on or after March 22, 3641
2019, it means the longest minimum prison term prescribed in 3642

division (A) (2) (a) of that section for a felony of the second 3643
degree. 3644

(PP) "Delta-9 tetrahydrocannabinol" has the same meaning 3645
as in section 928.01 of the Revised Code. 3646

(QQ) An offense is "committed in the vicinity of a 3647
substance addiction services provider or a recovering addict" if 3648
either of the following apply: 3649

(1) The offender commits the offense on the premises of a 3650
substance addiction services provider's facility, including a 3651
facility licensed prior to June 29, 2019, under section 5119.391 3652
of the Revised Code to provide methadone treatment or an opioid 3653
treatment program licensed on or after that date under section 3654
5119.37 of the Revised Code, or within five hundred feet of the 3655
premises of a substance addiction services provider's facility 3656
and the offender knows or should know that the offense is being 3657
committed within the vicinity of the substance addiction 3658
services provider's facility. 3659

(2) The offender sells, offers to sell, delivers, or 3660
distributes the controlled substance or controlled substance 3661
analog to a person who is receiving treatment at the time of the 3662
commission of the offense, or received treatment within thirty 3663
days prior to the commission of the offense, from a substance 3664
addiction services provider and the offender knows that the 3665
person is receiving or received that treatment. 3666

(RR) "Substance addiction services provider" means an 3667
agency, association, corporation or other legal entity, 3668
individual, or program that provides one or more of the 3669
following at a facility: 3670

(1) Either alcohol addiction services, or drug addiction 3671

services, or both such services that are certified by the 3672
director of mental health and addiction services under section 3673
5119.36 of the Revised Code; 3674

(2) Recovery supports that are related to either alcohol 3675
addiction services, or drug addiction services, or both such 3676
services and paid for with federal, state, or local funds 3677
administered by the department of mental health and addiction 3678
services or a board of alcohol, drug addiction, and mental 3679
health services. 3680

(SS) "Premises of a substance addiction services 3681
provider's facility" means the parcel of real property on which 3682
any substance addiction service provider's facility is situated. 3683

(TT) "Alcohol and drug addiction services" has the same 3684
meaning as in section 5119.01 of the Revised Code. 3685

Sec. 3107.12. (A) Except as provided in division (C) of 3686
this section, an assessor shall conduct a prefinalization 3687
assessment of a minor and petitioner before a court issues a 3688
final decree of adoption or finalizes an interlocutory order of 3689
adoption for the minor. On completion of the assessment, the 3690
assessor shall prepare a written report of the assessment and 3691
provide a copy of the report to the court before which the 3692
adoption petition is pending. 3693

The report of a prefinalization assessment shall include 3694
all of the following: 3695

(1) The adjustment of the minor and the petitioner to the 3696
adoptive placement; 3697

(2) The present and anticipated needs of the minor and the 3698
petitioner, as determined by a review of the minor's medical and 3699
social history, for adoption-related services, including 3700

assistance under Title IV-E of the "Social Security Act," 94 3701
Stat. 501 (1980), 42 U.S.C.A. 670, as amended, or section 3702
5153.163 of the Revised Code and counseling, case management 3703
services, crisis services, diagnostic services, and therapeutic 3704
counseling. 3705

(3) The physical, mental, and developmental condition of 3706
the minor; 3707

(4) If known, the minor's biological family background, 3708
including identifying information about the biological or other 3709
legal parents; 3710

(5) The reasons for the minor's placement with the 3711
petitioner, the petitioner's attitude toward the proposed 3712
adoption, and the circumstances under which the minor was placed 3713
in the home of the petitioner; 3714

(6) The attitude of the minor toward the proposed 3715
adoption, if the minor's age makes this feasible; 3716

(7) If the minor is an Indian child, as defined in 25 3717
U.S.C.A. 1903(4), how the placement complies with the "Indian 3718
Child Welfare Act of 1978," 92 Stat. 3069, 25 U.S.C.A. 1901, as 3719
amended; 3720

(8) If known, the minor's psychological background, 3721
including prior abuse of the child and behavioral problems of 3722
the child; 3723

(9) If applicable, the documents or forms required under 3724
sections 3107.032, 3107.10, and 3107.101 of the Revised Code. 3725

The assessor shall file the prefinalization report with 3726
the court not later than twenty days prior to the date scheduled 3727
for the final hearing on the adoption unless the court 3728

determines there is good cause for filing the report at a later date. 3729
3730

The assessor shall provide a copy of the written report of 3731
the assessment to the petitioner with the identifying 3732
information about the biological or other legal parents 3733
redacted. 3734

(B) Any physical examination of the individual to be 3735
adopted as part of or in contemplation of a petition to adopt 3736
may be conducted by any health care professional authorized by 3737
the Revised Code to perform physical examinations, including a 3738
physician ~~assistant~~associate, a clinical nurse specialist, a 3739
certified nurse practitioner, or a certified nurse-midwife. Any 3740
written documentation of the physical examination shall be 3741
completed by the health care professional who conducted the 3742
examination. 3743

(C) This section does not apply if the petitioner is the 3744
minor's stepparent, unless a court, after determining a 3745
prefinalization assessment is in the best interest of the minor, 3746
orders that an assessor conduct a prefinalization assessment. 3747

(D) The director of children and youth shall adopt rules 3748
in accordance with Chapter 119. of the Revised Code defining 3749
"counseling," "case management services," "crisis services," 3750
"diagnostic services," and "therapeutic counseling" for the 3751
purpose of this section. 3752

Sec. 3111.91. (A) In a non-spousal artificial 3753
insemination, fresh or frozen semen may be used, provided that 3754
the requirements of division (B) of this section are satisfied. 3755

(B) (1) A physician, physician ~~assistant~~associate, clinical 3756
nurse specialist, certified nurse practitioner, certified nurse- 3757

midwife, or person under the supervision and control of a 3758
physician may use fresh semen for purposes of a non-spousal 3759
artificial insemination, only if within one year prior to the 3760
supplying of the semen, all of the following occurred: 3761

(a) A complete medical history of the donor, including, 3762
but not limited to, any available genetic history of the donor, 3763
was obtained by a physician, a physician ~~assistant~~associate, a 3764
clinical nurse specialist, or a certified nurse practitioner. 3765

(b) The donor had a physical examination by a physician, a 3766
physician ~~assistant~~associate, a clinical nurse specialist, or a 3767
certified nurse practitioner. 3768

(c) The donor was tested for blood type and RH factor. 3769

(2) A physician, physician ~~assistant~~associate, clinical 3770
nurse specialist, certified nurse practitioner, certified nurse- 3771
midwife, or person under the supervision and control of a 3772
physician may use frozen semen for purposes of a non-spousal 3773
artificial insemination only if all the following apply: 3774

(a) The requirements set forth in division (B)(1) of this 3775
section are satisfied; 3776

(b) In conjunction with the supplying of the semen, the 3777
semen or blood of the donor was the subject of laboratory 3778
studies that the physician involved in the non-spousal 3779
artificial insemination considers appropriate. The laboratory 3780
studies may include, but are not limited to, venereal disease 3781
research laboratories, karotyping, GC culture, cytomegalo, 3782
hepatitis, kem-zyme, Tay-Sachs, sickle-cell, ureaplasma, HLTV- 3783
III, and chlamydia. 3784

(c) The physician involved in the non-spousal artificial 3785
insemination determines that the results of the laboratory 3786

studies are acceptable results. 3787

(3) Any written documentation of a physical examination 3788
conducted pursuant to division (B) (1) (b) of this section shall 3789
be completed by the individual who conducted the examination. 3790

Sec. 3301.531. (A) As used in this section: 3791

(1) "Active tuberculosis" has the same meaning as in 3792
section 339.71 of the Revised Code. 3793

(2) "Latent tuberculosis" means tuberculosis that has been 3794
demonstrated by a positive reaction to a tuberculosis test but 3795
has no clinical, bacteriological, or radiographic evidence of 3796
active tuberculosis. 3797

(3) "Licensed health professional" means any of the 3798
following: 3799

(a) A physician authorized under Chapter 4731. of the 3800
Revised Code to practice medicine and surgery or osteopathic 3801
medicine and surgery; 3802

(b) A physician ~~assistant~~ associate who holds a current, 3803
valid license to practice as a physician ~~assistant~~ associate 3804
issued under Chapter 4730. of the Revised Code; 3805

(c) A certified nurse practitioner, as defined in section 3806
4723.01 of the Revised Code; 3807

(d) A clinical nurse specialist, as defined in section 3808
4723.01 of the Revised Code. 3809

(4) "Tuberculosis control unit" means the county 3810
tuberculosis control unit designated by a board of county 3811
commissioners under section 339.72 of the Revised Code or the 3812
district tuberculosis control unit designated pursuant to an 3813

agreement entered into by two or more boards of county 3814
commissioners under that section. 3815

(5) "Tuberculosis test" means either of the following: 3816

(a) A two-step Mantoux tuberculin skin test; 3817

(b) A blood assay for m. tuberculosis. 3818

(B) Before employing a person as a director, staff member, 3819
or nonteaching employee, for the purpose of tuberculosis 3820
screening, each preschool program shall determine if the person 3821
has done both of the following: 3822

(1) Resided in a country identified by the world health 3823
organization as having a high burden of tuberculosis; 3824

(2) Arrived in the United States within the five years 3825
immediately preceding the date of application for employment. 3826

(C) If the person meets the criteria described in division 3827
(B) of this section, the preschool program shall require the 3828
person to undergo a tuberculosis test before employment. If the 3829
result of the test is negative, the preschool program may employ 3830
the person. 3831

(D) If the result of any tuberculosis test performed as 3832
described in division (C) of this section is positive, the 3833
preschool program shall require the person to undergo additional 3834
testing for tuberculosis, which may include a chest radiograph 3835
or the collection and examination of specimens. 3836

(1) If additional testing indicates active tuberculosis, 3837
then until the tuberculosis control unit determines that the 3838
person is no longer infectious, the preschool program shall not 3839
employ the person or, if employed, shall not allow the person to 3840
be physically present at the program's location. 3841

For purposes of this section, evidence that a person is no 3842
longer infectious shall consist of a written statement to that 3843
effect signed by a representative of the tuberculosis control 3844
unit. 3845

(2) If additional testing indicates latent tuberculosis, 3846
then until the person submits to the program evidence that the 3847
person is receiving treatment as prescribed by a licensed health 3848
professional, the preschool program shall not employ the person 3849
or, if employed, shall not allow the person to be physically 3850
present at the program's location. Once the person submits to 3851
the program evidence that the person is in the process of 3852
completing a tuberculosis treatment regimen as prescribed by a 3853
licensed health professional, the preschool program may employ 3854
the person and allow the person to be physically present at the 3855
program's location so long as periodic evidence of compliance 3856
with the treatment regimen is submitted in accordance with rules 3857
adopted under section 3701.146 of the Revised Code. 3858

For purposes of this section, evidence that a person is in 3859
the process of completing and is compliant with a tuberculosis 3860
treatment regimen shall consist of a written statement to that 3861
effect signed by a representative of the tuberculosis control 3862
unit that is overseeing the person's treatment. 3863

Sec. 3313.5310. (A) (1) This section applies to both of the 3864
following: 3865

(a) Any school operated by a school district board of 3866
education; 3867

(b) Any chartered or nonchartered nonpublic school that is 3868
subject to the rules of an interscholastic conference or an 3869
organization that regulates interscholastic conferences or 3870

events. 3871

(2) As used in this section, "athletic activity" means all 3872
of the following: 3873

(a) Interscholastic athletics; 3874

(b) An athletic contest or competition that is sponsored 3875
by or associated with a school that is subject to this section, 3876
including cheerleading, club-sponsored sports activities, and 3877
sports activities sponsored by school-affiliated organizations; 3878

(c) Noncompetitive cheerleading that is sponsored by 3879
school-affiliated organizations; 3880

(d) Practices, interschool practices, and scrimmages for 3881
all of the activities described in divisions (A) (2) (a), (b), and 3882
(c) of this section. 3883

(B) Prior to the start of each athletic season, a school 3884
that is subject to this section shall hold an informational 3885
meeting for students, parents, guardians, other persons having 3886
care or charge of a student, physicians, pediatric 3887
cardiologists, athletic trainers, and any other persons 3888
regarding the symptoms and warning signs of sudden cardiac 3889
arrest for all ages of students. 3890

(C) No student shall participate in an athletic activity 3891
until the student has submitted to a designated school official 3892
a form signed by the student and the parent, guardian, or other 3893
person having care or charge of the student stating that the 3894
student and the parent, guardian, or other person having care or 3895
charge of the student have received and reviewed a copy of the 3896
information jointly developed by the department of health and 3897
the department of education and workforce and posted on their 3898
respective web sites as required by section 3707.59 of the 3899

Revised Code. A completed form shall be submitted each school 3900
year, as defined in section 3313.62 of the Revised Code, in 3901
which the student participates in an athletic activity. 3902

(D) No individual, including coaches and assistant 3903
coaches, shall coach an athletic activity unless the individual 3904
has completed the sudden cardiac arrest training course approved 3905
by the department of health under division (C) of section 3906
3707.59 of the Revised Code in accordance with section 3319.303 3907
of the Revised Code. 3908

(E) (1) A student shall not be allowed to participate in an 3909
athletic activity if either of the following is the case: 3910

(a) The student's biological parent, biological sibling, 3911
or biological child has previously experienced sudden cardiac 3912
arrest, and the student has not been evaluated and cleared for 3913
participation in an athletic activity by a physician authorized 3914
under Chapter 4731. of the Revised Code to practice medicine and 3915
surgery or osteopathic medicine and surgery. 3916

(b) The student is known to have exhibited syncope or 3917
fainting at any time prior to or following an athletic activity 3918
and has not been evaluated and cleared for return under division 3919
(E) (3) of this section after exhibiting syncope or fainting. 3920

(2) A student shall be removed by the student's coach from 3921
participation in an athletic activity if the student exhibits 3922
syncope or fainting. 3923

(3) If a student is not allowed to participate in or is 3924
removed from participation in an athletic activity under 3925
division (E) (1) or (2) of this section, the student shall not be 3926
allowed to return to participation until the student is 3927
evaluated and cleared for return in writing by any of the 3928

following: 3929

(a) A physician authorized under Chapter 4731. of the 3930
Revised Code to practice medicine and surgery or osteopathic 3931
medicine and surgery, including a physician who specializes in 3932
cardiology; 3933

(b) A certified nurse practitioner, clinical nurse 3934
specialist, or certified nurse-midwife who holds a certificate 3935
of authority issued under Chapter 4723. of the Revised Code; 3936

(c) A physician ~~assistant~~associate licensed under Chapter 3937
4730. of the Revised Code; 3938

(d) An athletic trainer licensed under Chapter 4755. of 3939
the Revised Code. 3940

The licensed health care providers specified in divisions 3941
(E) (3) (a) to (d) of this section may consult with any other 3942
licensed or certified health care providers in order to 3943
determine whether a student is ready to return to participation. 3944

(F) A school that is subject to this section shall 3945
establish penalties for a coach who violates the provisions of 3946
division (E) of this section. 3947

(G) Nothing in this section shall be construed to abridge 3948
or limit any rights provided under a collective bargaining 3949
agreement entered into under Chapter 4117. of the Revised Code 3950
prior to March 14, 2017. 3951

(H) (1) A school district, member of a school district 3952
board of education, or school district employee or volunteer, 3953
including a coach, is not liable in damages in a civil action 3954
for injury, death, or loss to person or property allegedly 3955
arising from providing services or performing duties under this 3956

section, unless the act or omission constitutes willful or 3957
wanton misconduct. 3958

This section does not eliminate, limit, or reduce any 3959
other immunity or defense that a school district, member of a 3960
school district board of education, or school district employee 3961
or volunteer, including a coach, may be entitled to under 3962
Chapter 2744. or any other provision of the Revised Code or 3963
under the common law of this state. 3964

(2) A chartered or nonchartered nonpublic school or any 3965
officer, director, employee, or volunteer of the school, 3966
including a coach, is not liable in damages in a civil action 3967
for injury, death, or loss to person or property allegedly 3968
arising from providing services or performing duties under this 3969
section, unless the act or omission constitutes willful or 3970
wanton misconduct. 3971

Sec. 3313.7112. (A) As used in this section: 3972

(1) "Board of education" means a board of education of a 3973
city, local, exempted village, or joint vocational school 3974
district. 3975

(2) "Governing authority" means a governing authority of a 3976
chartered nonpublic school. 3977

(3) "Licensed health care professional" means any of the 3978
following: 3979

(a) A physician authorized under Chapter 4731. of the 3980
Revised Code to practice medicine and surgery or osteopathic 3981
medicine and surgery; 3982

(b) A registered nurse, advanced practice registered 3983
nurse, or licensed practical nurse licensed under Chapter 4723. 3984

of the Revised Code; 3985

(c) A physician ~~assistant~~associate licensed under Chapter 3986
4730. of the Revised Code. 3987

(4) "Local health department" means a department operated 3988
by a board of health of a city or general health district or the 3989
authority having the duties of a board of health as described in 3990
section 3709.05 of the Revised Code. 3991

(5) "School employee" or "employee" means either of the 3992
following: 3993

(a) A person employed by a board of education or governing 3994
authority; 3995

(b) A licensed health care professional employed by or 3996
under contract with a local health department who is assigned to 3997
a school in a city, local, exempted village, or joint vocational 3998
school district or a chartered nonpublic school. 3999

(6) "Treating practitioner" means any of the following who 4000
has primary responsibility for treating a student's diabetes and 4001
has been identified as such by the student's parent, guardian, 4002
or other person having care or charge of the student or, if the 4003
student is at least eighteen years of age, by the student: 4004

(a) A physician authorized under Chapter 4731. of the 4005
Revised Code to practice medicine and surgery or osteopathic 4006
medicine and surgery; 4007

(b) An advanced practice registered nurse who holds a 4008
current, valid license to practice nursing as an advanced 4009
practice registered nurse issued under Chapter 4723. of the 4010
Revised Code and is designated as a clinical nurse specialist or 4011
certified nurse practitioner in accordance with section 4723.42 4012

of the Revised Code; 4013

(c) A physician ~~assistant~~associate who holds a license 4014
issued under Chapter 4730. of the Revised Code, holds a valid 4015
prescriber number issued by the state medical board, and has 4016
been granted physician-delegated prescriptive authority. 4017

(7) "504 plan" means a plan based on an evaluation 4018
conducted in accordance with section 504 of the "Rehabilitation 4019
Act of 1973," 29 U.S.C. 794, as amended. 4020

(B) (1) Each board of education or governing authority 4021
shall ensure that each student enrolled in the school district 4022
or chartered nonpublic school who has diabetes receives 4023
appropriate and needed diabetes care in accordance with an order 4024
signed by the student's treating practitioner. The diabetes care 4025
to be provided includes any of the following: 4026

(a) Checking and recording blood glucose levels and ketone 4027
levels or assisting the student with checking and recording 4028
these levels; 4029

(b) Responding to blood glucose levels that are outside of 4030
the student's target range; 4031

(c) In the case of severe hypoglycemia, administering 4032
glucagon and other emergency treatments as prescribed; 4033

(d) Administering insulin or assisting the student in 4034
self-administering insulin through the insulin delivery system 4035
the student uses; 4036

(e) Providing oral diabetes medications; 4037

(f) Understanding recommended schedules and food intake 4038
for meals and snacks in order to calculate medication dosages 4039
pursuant to the order of the student's treating practitioner; 4040

(g) Following the treating practitioner's instructions 4041
regarding meals, snacks, and physical activity; 4042

(h) Administering diabetes medication, as long as the 4043
conditions prescribed in division (C) of this section are 4044
satisfied. 4045

(2) Not later than fourteen days after receipt of an order 4046
signed by the treating practitioner of a student with diabetes, 4047
the board of education or governing authority shall inform the 4048
student's parent, guardian, or other person having care or 4049
charge of the student that the student may be entitled to a 504 4050
plan regarding the student's diabetes. The department of 4051
education and workforce shall develop a 504 plan information 4052
sheet for use by a board of education or governing authority 4053
when informing a student's parent, guardian, or other person 4054
having care or charge of the student that the student may be 4055
entitled to a 504 plan regarding the student's diabetes. 4056

(C) Notwithstanding division (B) of section 3313.713 of 4057
the Revised Code or any other provision of the Revised Code, 4058
diabetes medication may be administered under this section by a 4059
school nurse or, in the absence of a school nurse, a school 4060
employee who is trained in diabetes care under division (E) of 4061
this section. Medication administration may be provided under 4062
this section only when the conditions prescribed in division (C) 4063
of section 3313.713 of the Revised Code are satisfied. 4064

Notwithstanding division (D) of section 3313.713 of the 4065
Revised Code, medication that is to be administered under this 4066
section may be kept in an easily accessible location. 4067

(D) (1) The department of education and workforce shall 4068
adopt nationally recognized guidelines, as determined by the 4069

department, for the training of school employees in diabetes 4070
care for students. In doing so, the department shall consult 4071
with the department of health, the American diabetes 4072
association, and the Ohio school nurses association. The 4073
department may consult with any other organizations as 4074
determined appropriate by the department. 4075

(2) The guidelines shall address all of the following 4076
issues: 4077

(a) Recognizing the symptoms of hypoglycemia and 4078
hyperglycemia; 4079

(b) The appropriate treatment for a student who exhibits 4080
the symptoms of hypoglycemia or hyperglycemia; 4081

(c) Recognizing situations that require the provision of 4082
emergency medical assistance to a student; 4083

(d) Understanding the appropriate treatment for a student, 4084
based on an order issued by the student's treating practitioner, 4085
if the student's blood glucose level is not within the target 4086
range indicated by the order; 4087

(e) Understanding the instructions in an order issued by a 4088
student's treating practitioner concerning necessary 4089
medications; 4090

(f) Performing blood glucose and ketone tests for a 4091
student in accordance with an order issued by the student's 4092
treating practitioner and recording the results of those tests; 4093

(g) Administering insulin, glucagon, or other medication 4094
to a student in accordance with an order issued by the student's 4095
treating practitioner and recording the results of the 4096
administration; 4097

(h) Understanding the relationship between the diet 4098
recommended in an order issued by a student's treating 4099
practitioner and actions that may be taken if the recommended 4100
diet is not followed. 4101

(E) (1) To ensure that a student with diabetes receives the 4102
diabetes care specified in division (B) of this section, a board 4103
of education or governing authority may provide training that 4104
complies with the guidelines developed under division (D) of 4105
this section to a school employee at each school attended by a 4106
student with diabetes. With respect to any training provided, 4107
all of the following apply: 4108

(a) The training shall be coordinated by a school nurse 4109
or, if the school does not employ a school nurse, a licensed 4110
health care professional with expertise in diabetes who is 4111
approved by the school to provide the training. 4112

(b) The training shall take place prior to the beginning 4113
of each school year or, as needed, not later than fourteen days 4114
after receipt by the board of education or governing authority 4115
of an order signed by the treating practitioner of a student 4116
with diabetes. 4117

(c) On completion of the training, the board of education 4118
or governing authority, in a manner it determines, shall 4119
determine whether each employee trained is competent to provide 4120
diabetes care. 4121

(d) The school nurse or approved licensed health care 4122
professional with expertise in diabetes care shall promptly 4123
provide all necessary follow-up training and supervision to an 4124
employee who receives training. 4125

(2) The principal of a school attended by a student with 4126

diabetes or another school official authorized to act on behalf 4127
of the principal may distribute a written notice to each 4128
employee containing all of the following: 4129

(a) A statement that the school is required to provide 4130
diabetes care to a student with diabetes and is seeking 4131
employees who are willing to be trained to provide that care; 4132

(b) A description of the tasks to be performed; 4133

(c) A statement that participation is voluntary and that 4134
the school district or governing authority will not take action 4135
against an employee who does not agree to provide diabetes care; 4136

(d) A statement that training will be provided by a 4137
licensed health care professional to an employee who agrees to 4138
provide care; 4139

(e) A statement that a trained employee is immune from 4140
liability under division (J) of this section; 4141

(f) The name of the individual who should be contacted if 4142
an employee is interested in providing diabetes care. 4143

(3) No employee of a board of education or governing 4144
authority shall be subject to a penalty or disciplinary action 4145
under school or district policies for refusing to volunteer to 4146
be trained in diabetes care. 4147

(4) No board or governing authority shall discourage 4148
employees from agreeing to provide diabetes care under this 4149
section. 4150

(F) A board of education or governing authority may 4151
provide training in the recognition of hypoglycemia and 4152
hyperglycemia and actions to take in response to emergency 4153
situations involving these conditions to both of the following: 4154

(1) A school employee who has primary responsibility for 4155
supervising a student with diabetes during some portion of the 4156
school day; 4157

(2) A bus driver employed by a school district or 4158
chartered nonpublic school responsible for the transportation of 4159
a student with diabetes. 4160

(G) A student with diabetes shall be permitted to attend 4161
the school the student would otherwise attend if the student did 4162
not have diabetes and the diabetes care specified in division 4163
(B) of this section shall be provided at the school. A board of 4164
education or governing authority shall not restrict a student 4165
who has diabetes from attending the school on the basis that the 4166
student has diabetes, that the school does not have a full-time 4167
school nurse, or that the school does not have an employee 4168
trained in diabetes care. The school shall not require or 4169
pressure a parent, guardian, or other person having care or 4170
charge of a student to provide diabetes care for the student 4171
with diabetes at school or school-related activities. 4172

(H) (1) Notwithstanding section 3313.713 of the Revised 4173
Code or any policy adopted under that section and except as 4174
provided in division (H) (2) of this section, on written request 4175
of the parent, guardian, or other person having care or charge 4176
of a student and authorization by the student's treating 4177
practitioner, a student with diabetes shall be permitted during 4178
regular school hours and school-sponsored activities to attend 4179
to the care and management of the student's diabetes in 4180
accordance with the order issued by the student's treating 4181
practitioner if the student's treating practitioner determines 4182
that the student is capable of performing diabetes care tasks. 4183
The student shall be permitted to perform diabetes care tasks in 4184

a classroom, in any area of the school or school grounds, and at 4185
any school-related activity, and to possess on the student's 4186
self at all times all necessary supplies and equipment to 4187
perform these tasks. If the student or the parent, guardian, or 4188
other person having care or charge of the student so requests, 4189
the student shall have access to a private area for performing 4190
diabetes care tasks. 4191

(2) If the student performs any diabetes care tasks or 4192
uses medical equipment for purposes other than the student's own 4193
care, the board of education or governing authority may revoke 4194
the student's permission to attend to the care and management of 4195
the student's diabetes. 4196

(I) (1) Notwithstanding any other provision of the Revised 4197
Code to the contrary, a licensed health care professional shall 4198
be permitted to provide training to a school employee under 4199
division (E) of this section or to supervise the employee in 4200
performing diabetes care tasks. 4201

(2) Nothing in this section diminishes the rights of 4202
eligible students or the obligations of school districts or 4203
governing authorities under the "Individuals with Disabilities 4204
Education Act," 20 U.S.C. 1400 et seq., section 504 of the 4205
"Rehabilitation Act," 29 U.S.C. 794, or the "Americans with 4206
Disabilities Act," 42 U.S.C. 12101 et seq. 4207

(J) (1) A school or school district, a member of a board or 4208
governing authority, or a district or school employee is not 4209
liable in damages in a civil action for injury, death, or loss 4210
to person or property allegedly arising from providing care or 4211
performing duties under this section unless the act or omission 4212
constitutes willful or wanton misconduct. 4213

This section does not eliminate, limit, or reduce any 4214
other immunity or defense that a school or school district, 4215
member of a board of education or governing authority, or 4216
district or school employee may be entitled to under Chapter 4217
2744. or any other provision of the Revised Code or under the 4218
common law of this state. 4219

(2) A school employee shall not be subject to disciplinary 4220
action under school or district policies for providing care or 4221
performing duties under this section. 4222

(3) A school nurse or other licensed health care 4223
professional shall be immune from disciplinary action by the 4224
board of nursing or any other regulatory board for providing 4225
care or performing duties under this section if the care 4226
provided or duties performed are consistent with applicable 4227
professional standards. 4228

(K) (1) Not later than the last day of December of each 4229
year, a board of education or governing authority shall report 4230
to the department of education and workforce both of the 4231
following: 4232

(a) The number of students with diabetes enrolled in the 4233
school district or chartered nonpublic school during the 4234
previous school year; 4235

(b) The number of errors associated with the 4236
administration of diabetes medication to students with diabetes 4237
during the previous school year. 4238

(2) Not later than the last day of March of each year, the 4239
department shall issue a report summarizing the information 4240
received by the department under division (K) (1) of this section 4241
for the previous school year. The department shall make the 4242

report available on its internet web site. 4243

Sec. 3313.7117. (A) As used in this section: 4244

(1) "Licensed health care professional" means any of the 4245
following: 4246

(a) A physician authorized under Chapter 4731. of the 4247
Revised Code to practice medicine and surgery or osteopathic 4248
medicine and surgery; 4249

(b) A registered nurse, advanced practice registered 4250
nurse, or licensed practical nurse licensed under Chapter 4723. 4251
of the Revised Code; 4252

(c) A physician ~~assistant~~ associate licensed under Chapter 4253
4730. of the Revised Code. 4254

(2) "Seizure disorder" means epilepsy or involuntary 4255
disturbance of brain function that may manifest as an 4256
impairment, loss of consciousness, behavioral abnormalities, 4257
sensory disturbance or convulsions. 4258

(3) "Treating practitioner" means any of the following who 4259
has primary responsibility for treating a student's seizure 4260
disorder and has been identified as such by the student's 4261
parent, guardian, or other person having care or charge of the 4262
student or, if the student is at least eighteen years of age, by 4263
the student: 4264

(a) A physician authorized under Chapter 4731. of the 4265
Revised Code to practice medicine and surgery or osteopathic 4266
medicine and surgery; 4267

(b) An advanced practice registered nurse who holds a 4268
current, valid license to practice nursing as an advanced 4269
practice registered nurse issued under Chapter 4723. of the 4270

Revised Code and is designated as a clinical nurse specialist or 4271
certified nurse practitioner in accordance with section 4723.42 4272
of the Revised Code; 4273

(c) A physician ~~assistant~~associate who holds a license 4274
issued under Chapter 4730. of the Revised Code, holds a valid 4275
prescriber number issued by the state medical board, and has 4276
been granted physician-delegated prescriptive authority. 4277

(B) A school nurse, or another district or school employee 4278
if a district or school does not have a school nurse, of each 4279
city, local, exempted village, and joint vocational school 4280
district and the governing authority of a chartered nonpublic 4281
school, acting in collaboration with a student's parents or 4282
guardian, shall create an individualized seizure action plan for 4283
each student enrolled in the school district or chartered 4284
nonpublic school who has an active seizure disorder diagnosis. A 4285
plan shall include all of the following components: 4286

(1) A written request signed by the parent, guardian, or 4287
other person having care or charge of the student, required by 4288
division (C)(1) of section 3313.713 of the Revised Code, to have 4289
one or more drugs prescribed for a seizure disorder administered 4290
to the student; 4291

(2) A written statement from the student's treating 4292
practitioner providing the drug information required by division 4293
(C)(2) of section 3313.713 of the Revised Code for each drug 4294
prescribed to the student for a seizure disorder. 4295

(3) Any other component required by the department of 4296
education and workforce. 4297

(C)(1) The school nurse or a school administrator if the 4298
district does not employ a school nurse, shall notify a school 4299

employee, contractor, and volunteer in writing regarding the 4300
existence and content of each seizure action plan in force if 4301
the employee, contractor, or volunteer does any of the 4302
following: 4303

(a) Regularly interacts with the student; 4304

(b) Has legitimate educational interest in the student or 4305
is responsible for the direct supervision of the student; 4306

(c) Is responsible for transportation of the student to 4307
and from school. 4308

(2) The school nurse or a school administrator if the 4309
district does not employ a school nurse, shall identify each 4310
individual who has received training under division (G) of this 4311
section in the administration of drugs prescribed for seizure 4312
disorders. The school nurse, or another district employee if a 4313
district does not employ a school nurse, shall coordinate 4314
seizure disorder care at that school and ensure that all staff 4315
described in division (C)(1) of this section are trained in the 4316
care of students with seizure disorders. 4317

(D)(1) A drug prescribed to a student with a seizure 4318
disorder shall be provided to the school nurse or another person 4319
at the school who is authorized to administer it to the student 4320
if the district does not employ a full-time school nurse. The 4321
drug shall be provided in the container in which it was 4322
dispensed by the prescriber or a licensed pharmacist. 4323
Notwithstanding division (D) of section 3313.713 of the Revised 4324
Code, drugs prescribed for a seizure disorder that are to be 4325
administered to students under this section may be kept in an 4326
easily accessible location. 4327

(2) Notwithstanding division (D)(1) of this section, 4328

section 3313.713 of the Revised Code, or any policy adopted 4329
under that section, a student enrolled in a school district or 4330
chartered nonpublic school may possess a drug prescribed to the 4331
student designed to prevent the onset of a seizure or to 4332
alleviate the symptoms of a seizure if both of the following 4333
conditions are satisfied: 4334

(a) The student has the written approval of the student's 4335
physician and, if the student is a minor, the written approval 4336
of the parent, guardian, or other person having care or charge 4337
of the student. The physician's written approval shall include 4338
at least all of the following information: 4339

(i) The student's name and address; 4340

(ii) The name of the drug and the dosage, if any, to be 4341
administered; 4342

(iii) The circumstances under which the drug is to be 4343
administered to the student; 4344

(iv) How the drug is to be administered to the student; 4345

(v) Written instructions that outline procedures school 4346
personnel should follow in the event that the drug does not 4347
prevent the onset of a seizure or alleviate the symptoms of a 4348
seizure; 4349

(vi) Any severe adverse reactions that may occur to the 4350
student for whom the drug is prescribed and that should be 4351
reported to the physician; 4352

(vii) Any severe adverse reactions that may occur to 4353
another student for whom the drug is not prescribed, should such 4354
a student receive a dose of the drug; 4355

(viii) At least one emergency telephone number for 4356

contacting the physician in an emergency; 4357

(ix) At least one emergency telephone number for 4358
contacting the parent, guardian, or other person having care or 4359
charge of the student in an emergency; 4360

(x) Any other special instructions from the physician. 4361

(b) The school principal and, if a school nurse is 4362
assigned to the student's school building, the school nurse have 4363
received copies of the written approvals required by division 4364
(D) (2) (a) of this section. 4365

If these conditions are satisfied, the student may possess 4366
a drug described in division (D) (2) of this section at school or 4367
at any activity, event, or program sponsored by or in which the 4368
student's school is a participant. 4369

(3) Notwithstanding division (B) (2) of section 3313.713 of 4370
the Revised Code or any policy adopted under that section, any 4371
individual identified in division (C) (1) of this section may 4372
administer to a student a prescribed drug that is designed to 4373
prevent the onset of a seizure or to alleviate the symptoms of a 4374
seizure if both of the following conditions are satisfied: 4375

(a) The individual has received a copy of the written 4376
approval issued by the student's physician which contains the 4377
information required by division (D) (2) (a) of this section. 4378

(b) The individual has received training regarding the 4379
circumstances under which the drug is to be administered to the 4380
student and how the drug is to be administered to the student. 4381

(E) A seizure action plan is effective only for the school 4382
year in which the written request described in division (B) (1) 4383
of this section was submitted and must be renewed at the 4384

beginning of each school year. 4385

(F) A seizure action plan created under division (B) of 4386
this section shall be maintained in the office of the school 4387
nurse or school administrator if the district does not employ a 4388
full-time school nurse. 4389

(G) A school district or governing authority of a 4390
chartered nonpublic school shall designate at least one employee 4391
at each school building it operates, aside from a school nurse, 4392
to be trained on the implementation of seizure action plans 4393
every two years. The district or governing authority shall 4394
provide or arrange for the training of the employee. The 4395
training must include and be consistent with guidelines and best 4396
practices established by a nonprofit organization that supports 4397
the welfare of individuals with epilepsy and seizure disorders, 4398
such as the Epilepsy Alliance Ohio or Epilepsy Foundation of 4399
Ohio or other similar organizations as determined by the 4400
department, and address all of the following: 4401

(1) Recognizing the signs and symptoms of a seizure; 4402

(2) The appropriate treatment for a student who exhibits 4403
the symptoms of a seizure; 4404

(3) Administering drugs prescribed for seizure disorders, 4405
subject to this section and section 3313.713 of the Revised 4406
Code. 4407

A seizure training program under division (G) of this 4408
section shall not exceed one hour and shall qualify as a 4409
professional development activity for the renewal of educator 4410
licenses, including activities approved by local professional 4411
development committees under division (F) of section 3319.22 of 4412
the Revised Code. If the training is provided to a school 4413

district on portable media by a nonprofit entity, the training 4414
shall be provided free of charge. 4415

(H) A board of education or governing authority shall 4416
require each person it employs as an administrator, guidance 4417
counselor, teacher, or bus driver to complete a minimum of one 4418
hour of self-study training or in-person training on seizure 4419
disorders not later than twenty-four months after October 3, 4420
2023. Any such person employed after that date shall complete 4421
the training within ninety days of employment. The training 4422
shall qualify as a professional development activity for the 4423
renewal of educator licenses, including activities approved by 4424
local professional development committees under division (F) of 4425
section 3319.22 of the Revised Code. 4426

(I) (1) A school or school district, a member of a board or 4427
governing authority, or a district or school employee is not 4428
liable in damages in a civil action for injury, death, or loss 4429
to person or property allegedly arising from providing care or 4430
performing duties under this section unless the act or omission 4431
constitutes willful or wanton misconduct. 4432

This section does not eliminate, limit, or reduce any 4433
other immunity or defense that a school district, member of a 4434
school district board of education, or school district employee 4435
may be entitled to under Chapter 2744. or any other provision of 4436
the Revised Code or under the common law of this state. 4437

(2) A chartered nonpublic school or any officer, director, 4438
or employee of the school is not liable in damages in a civil 4439
action for injury, death, or loss to person or property 4440
allegedly arising from providing care or performing duties under 4441
this section unless the act or omission constitutes willful or 4442
wanton misconduct. 4443

Sec. 3319.13. Upon the written request of a teacher or a 4444
regular nonteaching school employee, a board of education may 4445
grant a leave of absence for a period of not more than two 4446
consecutive school years for educational, professional, or other 4447
purposes, and shall grant such leave where illness or other 4448
disability is the reason for the request. Upon subsequent 4449
request, such leave may be renewed by the board. Without 4450
request, a board may grant similar leave of absence and renewals 4451
thereof to any teacher or regular nonteaching school employee 4452
because of physical or mental disability, but such teacher may 4453
have a hearing on such unrequested leave of absence or its 4454
renewals in accordance with section 3311.82 or 3319.16 of the 4455
Revised Code, and such nonteaching school employee may have a 4456
hearing on such unrequested leave of absence or its renewals in 4457
accordance with division (C) of section 3319.081 of the Revised 4458
Code. Upon the return to service of a teacher or a nonteaching 4459
school employee at the expiration of a leave of absence, the 4460
teacher or nonteaching school employee shall resume the contract 4461
status that the teacher or nonteaching school employee held 4462
prior to the leave of absence. Any teacher who leaves a teaching 4463
position for service in the uniformed services and who returns 4464
from service in the uniformed services that is terminated in a 4465
manner other than as described in section 4304 of Title 38 of 4466
the United States Code, "Uniformed Services Employment and 4467
Reemployment Rights Act of 1994," 108 Stat. 3149, 38 U.S.C.A. 4468
4304, shall resume the contract status held prior to entering 4469
the uniformed services, subject to passing a physical 4470
examination by an individual authorized by the Revised Code to 4471
conduct physical examinations, including a physician 4472
~~assistant~~associate, a clinical nurse specialist, a certified 4473
nurse practitioner, or a certified nurse-midwife. Any written 4474
documentation of the physical examination shall be completed by 4475

the individual who conducted the examination. Such contract 4476
status shall be resumed at the first of the school semester or 4477
the beginning of the school year following return from the 4478
uniformed services. For purposes of this section and section 4479
3319.14 of the Revised Code, "uniformed services" and "service 4480
in the uniformed services" have the same meanings as defined in 4481
section 5923.05 of the Revised Code. 4482

Upon the return of a nonteaching school employee from a 4483
leave of absence, the board may terminate the employment of a 4484
person hired exclusively for the purpose of replacing the 4485
returning employee while the returning employee was on leave. 4486
If, after the return of a nonteaching employee from leave, the 4487
person employed exclusively for the purpose of replacing an 4488
employee while the employee was on leave is continued in 4489
employment as a regular nonteaching school employee or if the 4490
person is hired by the board as a regular nonteaching school 4491
employee within a year after employment as a replacement is 4492
terminated, the person shall, for purposes of section 3319.081 4493
of the Revised Code, receive credit for the person's length of 4494
service with the school district during such replacement period 4495
in the following manner: 4496

(A) If employed as a replacement for less than twelve 4497
months, the person shall be employed under a contract valid for 4498
a period equal to twelve months less the number of months 4499
employed as a replacement. At the end of such contract period, 4500
if the person is reemployed it shall be under a two-year 4501
contract. Subsequent reemployment shall be pursuant to division 4502
(B) of section 3319.081 of the Revised Code. 4503

(B) If employed as a replacement for twelve months or more 4504
but less than twenty-four months, the person shall be employed 4505

under a contract valid for a period equal to twenty-four months 4506
less the number of months employed as a replacement. Subsequent 4507
reemployment shall be pursuant to division (B) of section 4508
3319.081 of the Revised Code. 4509

(C) If employed as a replacement for more than twenty-four 4510
months, the person shall be employed pursuant to division (B) of 4511
section 3319.081 of the Revised Code. 4512

For purposes of this section, employment during any part 4513
of a month shall count as employment during the entire month. 4514

Sec. 3327.10. (A) Except as provided in division (L) of 4515
this section, no person shall be employed as driver of a school 4516
bus or motor van, owned and operated by any school district or 4517
educational service center or privately owned and operated under 4518
contract with any school district or service center in this 4519
state, who has not received a certificate from either the 4520
educational service center governing board that has entered into 4521
an agreement with the school district under section 3313.843 or 4522
3313.845 of the Revised Code or the superintendent of the school 4523
district, certifying that such person is at least eighteen years 4524
of age and is qualified physically and otherwise for such 4525
position. The service center governing board or the 4526
superintendent, as the case may be, shall provide for an annual 4527
physical examination that conforms with rules adopted by the 4528
department of education and workforce of each driver to 4529
ascertain the driver's physical fitness for such employment. The 4530
examination shall be performed by one of the following: 4531

(1) A person licensed under Chapter 4731. or 4734. of the 4532
Revised Code or by another state to practice medicine and 4533
surgery, osteopathic medicine and surgery, or chiropractic; 4534

- (2) A physician ~~assistant~~associate; 4535
- (3) A certified nurse practitioner; 4536
- (4) A clinical nurse specialist; 4537
- (5) A certified nurse-midwife; 4538
- (6) A medical examiner who is listed on the national 4539
registry of certified medical examiners established by the 4540
federal motor carrier safety administration in accordance with 4541
49 C.F.R. part 390. 4542
- Any certificate may be revoked by the authority granting 4543
the same on proof that the holder has been guilty of failing to 4544
comply with division (D)(1) of this section, or upon a 4545
conviction or a guilty plea for a violation, or any other 4546
action, that results in a loss or suspension of driving rights. 4547
Failure to comply with such division may be cause for 4548
disciplinary action or termination of employment under division 4549
(C) of section 3319.081, or section 124.34 of the Revised Code. 4550
- (B) Except as provided in division (L) of this section, no 4551
person shall be employed as driver of a school bus or motor van 4552
not subject to the rules of the department pursuant to division 4553
(A) of this section who has not received a certificate from the 4554
school administrator or contractor certifying that such person 4555
is at least eighteen years of age and is qualified physically 4556
and otherwise for such position. Each driver shall have an 4557
annual physical examination which conforms to the state highway 4558
patrol rules, ascertaining the driver's physical fitness for 4559
such employment. The examination shall be performed by one of 4560
the following: 4561
- (1) A person licensed under Chapter 4731. or 4734. of the 4562
Revised Code or by another state to practice medicine and 4563

surgery, osteopathic medicine and surgery, or chiropractic; 4564

(2) A physician ~~assistant~~associate; 4565

(3) A certified nurse practitioner; 4566

(4) A clinical nurse specialist; 4567

(5) A certified nurse-midwife; 4568

(6) A medical examiner who is listed on the national 4569
registry of certified medical examiners established by the 4570
federal motor carrier safety administration in accordance with 4571
49 C.F.R. part 390. 4572

Any written documentation of the physical examination 4573
shall be completed by the individual who performed the 4574
examination. 4575

Any certificate may be revoked by the authority granting 4576
the same on proof that the holder has been guilty of failing to 4577
comply with division (D) (2) of this section. 4578

(C) Any person who drives a school bus or motor van must 4579
give satisfactory and sufficient bond except a driver who is an 4580
employee of a school district and who drives a bus or motor van 4581
owned by the school district. 4582

(D) No person employed as driver of a school bus or motor 4583
van under this section who is convicted of a traffic violation 4584
or who has had the person's commercial driver's license 4585
suspended shall drive a school bus or motor van until the person 4586
has filed a written notice of the conviction or suspension, as 4587
follows: 4588

(1) If the person is employed under division (A) of this 4589
section, the person shall file the notice with the 4590

superintendent, or a person designated by the superintendent, of 4591
the school district for which the person drives a school bus or 4592
motor van as an employee or drives a privately owned and 4593
operated school bus or motor van under contract. 4594

(2) If employed under division (B) of this section, the 4595
person shall file the notice with the employing school 4596
administrator or contractor, or a person designated by the 4597
administrator or contractor. 4598

(E) In addition to resulting in possible revocation of a 4599
certificate as authorized by divisions (A) and (B) of this 4600
section, violation of division (D) of this section is a minor 4601
misdemeanor. 4602

(F) (1) Not later than thirty days after June 30, 2007, 4603
each owner of a school bus or motor van shall obtain the 4604
complete driving record for each person who is currently 4605
employed or otherwise authorized to drive the school bus or 4606
motor van. An owner of a school bus or motor van shall not 4607
permit a person to operate the school bus or motor van for the 4608
first time before the owner has obtained the person's complete 4609
driving record. Thereafter, the owner of a school bus or motor 4610
van shall obtain the person's driving record not less frequently 4611
than semiannually if the person remains employed or otherwise 4612
authorized to drive the school bus or motor van. An owner of a 4613
school bus or motor van shall not permit a person to resume 4614
operating a school bus or motor van, after an interruption of 4615
one year or longer, before the owner has obtained the person's 4616
complete driving record. 4617

(2) The owner of a school bus or motor van shall not 4618
permit a person to operate the school bus or motor van for ten 4619
years after the date on which the person pleads guilty to or is 4620

convicted of a violation of section 4511.19 of the Revised Code 4621
or a substantially equivalent municipal ordinance. 4622

(3) An owner of a school bus or motor van shall not permit 4623
any person to operate such a vehicle unless the person meets all 4624
other requirements contained in rules adopted by the department 4625
prescribing qualifications of drivers of school buses and other 4626
student transportation. 4627

(G) No superintendent of a school district, educational 4628
service center, community school, or public or private employer 4629
shall permit the operation of a vehicle used for pupil 4630
transportation within this state by an individual unless both of 4631
the following apply: 4632

(1) Information pertaining to that driver has been 4633
submitted to the department, pursuant to procedures adopted by 4634
that department. Information to be reported shall include the 4635
name of the employer or school district, name of the driver, 4636
driver license number, date of birth, date of hire, status of 4637
physical evaluation, and status of training. 4638

(2) The most recent criminal records check required by 4639
division (J) of this section has been completed and received by 4640
the superintendent or public or private employer. 4641

(H) A person, school district, educational service center, 4642
community school, nonpublic school, or other public or nonpublic 4643
entity that owns a school bus or motor van, or that contracts 4644
with another entity to operate a school bus or motor van, may 4645
impose more stringent restrictions on drivers than those 4646
prescribed in this section, in any other section of the Revised 4647
Code, and in rules adopted by the department. 4648

(I) For qualified drivers who, on July 1, 2007, are 4649

employed by the owner of a school bus or motor van to drive the 4650
school bus or motor van, any instance in which the driver was 4651
convicted of or pleaded guilty to a violation of section 4511.19 4652
of the Revised Code or a substantially equivalent municipal 4653
ordinance prior to two years prior to July 1, 2007, shall not be 4654
considered a disqualifying event with respect to division (F) of 4655
this section. 4656

(J) (1) This division applies to persons hired by a school 4657
district, educational service center, community school, 4658
chartered nonpublic school, or science, technology, engineering, 4659
and mathematics school established under Chapter 3326. of the 4660
Revised Code to operate a vehicle used for pupil transportation. 4661

(a) For each person to whom this division applies who is 4662
hired on or after November 14, 2007, the employer shall request 4663
a criminal records check in accordance with section 3319.39 of 4664
the Revised Code and every six years thereafter. 4665

(b) For each person to whom this division applies who is 4666
hired prior to November 14, 2007, the employer shall request a 4667
criminal records check by a date prescribed by the department 4668
and every six years thereafter. 4669

(c) If, on ~~the effective date of this amendment~~ October 3, 4670
2023, the most recent criminal records check requested for a 4671
person to whom division (J) (1) of this section applies was 4672
completed more than one year prior to that date or does not 4673
include information gathered pursuant to division (A) of section 4674
109.57 of the Revised Code, the employer shall request a new 4675
criminal records check that includes information gathered 4676
pursuant to division (A) of section 109.57 of the Revised Code 4677
by a date prescribed by the state board of education and every 4678
six years thereafter. 4679

(2) This division applies to persons hired by a public or private employer not described in division (J) (1) of this section to operate a vehicle used for pupil transportation.

(a) For each person to whom this division applies who is hired on or after November 14, 2007, the employer shall request a criminal records check prior to the person's hiring and every six years thereafter.

(b) For each person to whom this division applies who is hired prior to November 14, 2007, the employer shall request a criminal records check by a date prescribed by the department and every six years thereafter.

(c) If, on ~~the effective date of this amendment~~ October 3, 2023, the most recent criminal records check requested for a person to whom division (J) (2) of this section applies was completed more than one year prior to that date or does not include information gathered pursuant to division (A) of section 109.57 of the Revised Code, the employer shall request a new criminal records check that includes information gathered pursuant to division (A) of section 109.57 of the Revised Code by a date prescribed by the state board and every six years thereafter.

(3) Each request for a criminal records check under division (J) of this section shall be made to the superintendent of the bureau of criminal identification and investigation in the manner prescribed in section 3319.39 of the Revised Code, except that if both of the following conditions apply to the person subject to the records check, the employer shall request the superintendent only to obtain any criminal records that the federal bureau of investigation has on the person:

(a) The employer previously requested the superintendent 4709
to determine whether the bureau of criminal identification and 4710
investigation has any information, gathered pursuant to division 4711
(A) of section 109.57 of the Revised Code, on the person in 4712
conjunction with a criminal records check requested under 4713
section 3319.39 of the Revised Code or under division (J) of 4714
this section. 4715

(b) The person presents proof that the person has been a 4716
resident of this state for the five-year period immediately 4717
prior to the date upon which the person becomes subject to a 4718
criminal records check under this section. 4719

Upon receipt of a request, the superintendent shall 4720
conduct the criminal records check in accordance with section 4721
109.572 of the Revised Code as if the request had been made 4722
under section 3319.39 of the Revised Code. However, as specified 4723
in division (B) (2) of section 109.572 of the Revised Code, if 4724
the employer requests the superintendent only to obtain any 4725
criminal records that the federal bureau of investigation has on 4726
the person for whom the request is made, the superintendent 4727
shall not conduct the review prescribed by division (B) (1) of 4728
that section. 4729

(4) Notwithstanding anything in the Revised Code to the 4730
contrary, the bureau of criminal identification and 4731
investigation shall make the initial criminal records check 4732
requested of a person by an employer under division (J) (1) or 4733
(2) of this section on or after ~~the effective date of this~~ 4734
~~amendment~~ October 3, 2023, available to the state board of 4735
education. The state board shall use the information received to 4736
enroll the person in the retained applicant fingerprint 4737
database, established under section 109.5721 of the Revised 4738

Code, in the same manner as any teacher licensed under sections 4739
3319.22 to 3319.31 of the Revised Code. If the state board is 4740
unable to enroll the person in the retained applicant 4741
fingerprint database because the person has not satisfied the 4742
requirements for enrollment, the state board shall notify the 4743
employer that the person has not satisfied the requirements for 4744
enrollment. However, the bureau shall not be required to make 4745
available to the state board the criminal records check of any 4746
person who is already enrolled in the retained applicant 4747
fingerprint database on the date the person's employer requests 4748
a records check of the person under division (J) (1) or (2) of 4749
this section. 4750

If the state board receives notification of the arrest, 4751
guilty plea, or conviction of a person who is subject to this 4752
section, the state board shall promptly notify the person's 4753
employer in accordance with division (B) of section 3319.316 of 4754
the Revised Code. 4755

(K) (1) Until the effective date of the amendments to rule 4756
3301-83-23 of the Ohio Administrative Code required by the 4757
second paragraph of division (E) of section 3319.39 of the 4758
Revised Code, any person who is the subject of a criminal 4759
records check under division (J) of this section and has been 4760
convicted of or pleaded guilty to any offense described in 4761
division (B) (1) of section 3319.39 of the Revised Code shall not 4762
be hired or shall be released from employment, as applicable, 4763
unless the person meets the rehabilitation standards prescribed 4764
for nonlicensed school personnel by rule 3301-20-03 of the Ohio 4765
Administrative Code. 4766

(2) Beginning on the effective date of the amendments to 4767
rule 3301-83-23 of the Ohio Administrative Code required by the 4768

second paragraph of division (E) of section 3319.39 of the Revised Code, any person who is the subject of a criminal records check under division (J) of this section and has been convicted of or pleaded guilty to any offense that, under the rule, disqualifies a person for employment to operate a vehicle used for pupil transportation shall not be hired or shall be released from employment, as applicable, unless the person meets the rehabilitation standards prescribed by the rule.

(L) The superintendent of a school district or an educational service center governing board shall issue a certificate as a driver of a school bus or motor van or a certificate to operate a vehicle used for pupil transportation in accordance with Chapter 4796. of the Revised Code to an applicant if either of the following applies:

(1) The applicant holds a certificate in another state.

(2) The applicant has satisfactory work experience, a government certification, or a private certification as described in that chapter as a school bus or motor van driver or a pupil transportation vehicle operator in a state that does not issue one or both of those certificates.

Sec. 3331.02. (A) The superintendent of schools or the chief administrative officer, as appropriate pursuant to section 3331.01 of the Revised Code, shall not issue an age and schooling certificate until the superintendent or chief administrative officer has received, examined, approved, and filed the following papers duly executed:

(1) The written pledge or promise of the person, partnership, or corporation to legally employ the child, and for this purpose work performed by a minor, directly and exclusively

for the benefit of such minor's parent, in the farm home or on 4798
the farm of such parent is legal employment, irrespective of any 4799
contract of employment, or the absence thereof, to permit the 4800
child to attend school as provided in section 3321.08 of the 4801
Revised Code, and give notice of the nonuse of an age and 4802
schooling certificate within five days from the date of the 4803
child's withdrawal or dismissal from the service of that person, 4804
partnership, or corporation, giving the reasons for such 4805
withdrawal or dismissal; 4806

(2) The child's school record or notification. As used in 4807
this division, a "school record" means documents properly filled 4808
out and signed by the person in charge of the school which the 4809
child last attended, giving the recorded age of the child, the 4810
child's address, standing in studies, rating in conduct, and 4811
attendance in days during the school year of the child's last 4812
attendance; "notification" means the information submitted to 4813
the superintendent by the parent of a child exempt from 4814
attendance at school pursuant to section 3321.042 of the Revised 4815
Code. 4816

(3) Evidence of the age of the child as follows: 4817

(a) A certified copy of an original birth record or a 4818
certification of birth, issued in accordance with Chapter 3705. 4819
of the Revised Code, or by an officer charged with the duty of 4820
recording births in another state or country, shall be 4821
conclusive evidence of the age of the child; 4822

(b) In the absence of such birth record or certification 4823
of birth, a passport, or duly attested transcript thereof, 4824
showing the date and place of birth of the child, filed with a 4825
register of passports at a port of entry of the United States; 4826
or an attested transcript of the certificate of birth or baptism 4827

or other religious record, showing the date and place of birth 4828
of the child, shall be conclusive evidence of the age of the 4829
child; 4830

(c) In case none of the above proofs of age can be 4831
produced, other documentary evidence, except the affidavit of 4832
the parent, guardian, or custodian, satisfactory to the 4833
superintendent or chief administrative officer may be accepted 4834
in lieu thereof; 4835

(d) In case no documentary proof of age can be procured, 4836
the superintendent or chief administrative officer may receive 4837
and file an application signed by the parent, guardian, or 4838
custodian of the child that a medical certificate be secured to 4839
establish the sufficiency of the age of the child, which 4840
application shall state the alleged age of the child, the place 4841
and date of birth, the child's present residence, and such 4842
further facts as may be of assistance in determining the age of 4843
the child, and shall certify that the person signing the 4844
application is unable to obtain any of the documentary proofs 4845
specified in divisions (A) (3) (a), (b), and (c) of this section; 4846
and if the superintendent or chief administrative officer is 4847
satisfied that a reasonable effort to procure such documentary 4848
proof has been without success such application shall be granted 4849
and the certificate of the school physician or if there be none, 4850
of a physician, a physician ~~assistant~~associate, a clinical nurse 4851
specialist, or a certified nurse practitioner employed by the 4852
board of education, that said physician, physician 4853
~~assistant~~associate, clinical nurse specialist, or certified 4854
nurse practitioner is satisfied that the child is above the age 4855
required for an age and schooling certificate as stated in 4856
section 3331.01 of the Revised Code, shall be accepted as 4857
sufficient evidence of age. 4858

(4) A certificate, including an athletic certificate of examination, from a physician licensed pursuant to Chapter 4731. of the Revised Code, a physician ~~assistant~~associate, a clinical nurse specialist, or a certified nurse practitioner, or from the district health commissioner, showing after a thorough examination that the child is physically fit to be employed in such occupations as are not prohibited by law for a boy or girl, as the case may be, under eighteen years of age; but a certificate with "limited" written, printed, marked, or stamped thereon may be furnished by such physician, physician ~~assistant~~associate, clinical nurse specialist, or certified nurse practitioner and accepted by the superintendent or chief administrative officer in issuing a "limited" age and schooling certificate provided in section 3331.06 of the Revised Code, showing that the child is physically fit to be employed in some particular occupation not prohibited by law for a boy or girl of such child's age, as the case may be, even if the child's complete physical ability to engage in such occupation cannot be vouched for.

(B) (1) Except as provided in division (B) (2) of this section, a physical fitness certificate described in division (A) (4) of this section is valid for purposes of that division while the child remains employed in job duties of a similar nature as the job duties for which the child last was issued an age and schooling certificate. The superintendent or chief administrative officer who issues an age and schooling certificate shall determine whether job duties are similar for purposes of this division.

(2) A "limited" physical fitness certificate described in division (A) (4) of this section is valid for one year.

(C) The superintendent of schools or the chief 4889
administrative officer shall require a child who resides out of 4890
this state to file all the information required under division 4891
(A) of this section. The superintendent of schools or the chief 4892
administrative officer shall evaluate the information filed and 4893
determine whether to issue the age and schooling certificate 4894
using the same standards as those the superintendent or officer 4895
uses for in-state children. 4896

Sec. 3331.07. When an age and schooling certificate is 4897
reissued, the pledge of the new employer shall be secured and 4898
filed. A physical fitness certificate from a physician, 4899
physician ~~assistant~~associate, clinical nurse specialist, or 4900
certified nurse practitioner as described in division (A) (4) of 4901
section 3331.02 of the Revised Code shall also be secured and 4902
filed if the physical fitness certificate used in the issuing of 4903
the previously issued age and schooling certificate is no longer 4904
valid, as determined pursuant to division (B) of section 3331.02 4905
of the Revised Code. 4906

Sec. 3701.046. The director of health is authorized to 4907
make grants for women's health services from funds appropriated 4908
for that purpose by the general assembly. 4909

None of the funds received through grants for women's 4910
health services shall be used to provide abortion services. None 4911
of the funds received through these grants shall be used for 4912
counseling for or referrals for abortion, except in the case of 4913
a medical emergency. These funds shall be distributed by the 4914
director to programs that the department of health determines 4915
will provide services that are physically and financially 4916
separate from abortion-providing and abortion-promoting 4917
activities, and that do not include counseling for or referrals 4918

for abortion, other than in the case of medical emergency. 4919

These women's health services include and are limited to 4920
the following: pelvic examinations and laboratory testing; 4921
breast examinations and patient education on breast cancer; 4922
screening for cervical cancer; screening and treatment for 4923
sexually transmitted diseases and HIV screening; voluntary 4924
choice of contraception, including abstinence and natural family 4925
planning; patient education and pre-pregnancy counseling on the 4926
dangers of smoking, alcohol, and drug use during pregnancy; 4927
education on sexual coercion and violence in relationships; and 4928
prenatal care or referral for prenatal care. These health care 4929
services shall be provided in a medical clinic setting by 4930
persons authorized under Chapter 4731. of the Revised Code to 4931
practice medicine and surgery or osteopathic medicine and 4932
surgery; authorized under Chapter 4730. of the Revised Code to 4933
practice as a physician ~~assistant~~associate; licensed under 4934
Chapter 4723. of the Revised Code as a registered nurse, 4935
including an advanced practice registered nurse, or as a 4936
licensed practical nurse; or licensed under Chapter 4757. of the 4937
Revised Code as a social worker, independent social worker, 4938
licensed professional clinical counselor, or licensed 4939
professional counselor. 4940

The director shall adopt rules under Chapter 119. of the 4941
Revised Code specifying reasonable eligibility standards that 4942
must be met to receive the state funding and provide reasonable 4943
methods by which a grantee wishing to be eligible for federal 4944
funding may comply with these requirements for state funding 4945
without losing its eligibility for federal funding. 4946

Each applicant for these funds shall provide sufficient 4947
assurance to the director of all of the following: 4948

(A) The program shall not discriminate in the provision of 4949
services based on an individual's religion, race, national 4950
origin, disability, age, sex, number of pregnancies, or marital 4951
status; 4952

(B) The program shall provide services without subjecting 4953
individuals to any coercion to accept services or to employ any 4954
particular methods of family planning; 4955

(C) Acceptance of services shall be solely on a voluntary 4956
basis and may not be made a prerequisite to eligibility for, or 4957
receipt of, any other service, assistance from, or participation 4958
in, any other program of the service provider; 4959

(D) Any charges for services provided by the program shall 4960
be based on the patient's ability to pay and priority in the 4961
provision of services shall be given to persons from low-income 4962
families. 4963

In distributing these grant funds, the director shall give 4964
priority to grant requests from local departments of health for 4965
women's health services to be provided directly by personnel of 4966
the local department of health. The director shall issue a 4967
single request for proposals for all grants for women's health 4968
services. The director shall send a notification of this request 4969
for proposals to every local department of health in this state 4970
and shall place a notification on the department's web site. The 4971
director shall allow at least thirty days after issuing this 4972
notification before closing the period to receive applications. 4973

After the closing date for receiving grant applications, 4974
the director shall first consider grant applications from local 4975
departments of health that apply for grants for women's health 4976
services to be provided directly by personnel of the local 4977

department of health. Local departments of health that apply for 4978
grants for women's health services to be provided directly by 4979
personnel of the local department of health need not provide all 4980
the listed women's health services in order to qualify for a 4981
grant. However, in prioritizing awards among local departments 4982
of health that qualify for funding under this paragraph, the 4983
director may consider, among other reasonable factors, the 4984
comprehensiveness of the women's health services to be offered, 4985
provided that no local department of health shall be 4986
discriminated against in the process of awarding these grant 4987
funds because the applicant does not provide contraception. 4988

If funds remain after awarding grants to all local 4989
departments of health that qualify for the priority, the 4990
director may make grants to other applicants. Awards to other 4991
applicants may be made to those applicants that will offer all 4992
eight of the listed women's health services or that will offer 4993
all of the services except contraception. No applicant shall be 4994
discriminated against in the process of awarding these grant 4995
funds because the applicant does not provide contraception. 4996

Sec. 3701.23. (A) As used in this section, "health care 4997
provider" means any person or government entity that provides 4998
health care services to individuals. "Health care provider" 4999
includes, but is not limited to, hospitals, medical clinics and 5000
offices, special care facilities, medical laboratories, 5001
physicians, pharmacists, dentists, physician 5002
~~assistants~~associates, registered and licensed practical nurses, 5003
laboratory technicians, emergency medical service organization 5004
personnel, and ambulance service organization personnel. 5005

(B) Boards of health, health authorities or officials, 5006
health care providers in localities in which there are no health 5007

authorities or officials, and coroners or medical examiners 5008
shall report promptly to the department of health the existence 5009
of any of the following: 5010

(1) Asiatic cholera; 5011

(2) Yellow fever; 5012

(3) Diphtheria; 5013

(4) Typhus or typhoid fever; 5014

(5) As specified by the director of health, other 5015
contagious or infectious diseases, illnesses, health conditions, 5016
or unusual infectious agents or biological toxins posing a risk 5017
of human fatality or disability. 5018

(C) No person shall fail to comply with the reporting 5019
requirements established under division (B) of this section. 5020

(D) The reports required by this section shall be 5021
submitted on forms, as required by statute or rule, and in the 5022
manner the director of health prescribes. 5023

(E) Information reported under this section that is 5024
protected health information pursuant to section 3701.17 of the 5025
Revised Code shall be released only in accordance with that 5026
section. Information that does not identify an individual may be 5027
released in summary, statistical, or aggregate form. 5028

Sec. 3701.25. (A) As used in sections 3701.25 to 3701.255 5029
of the Revised Code: 5030

(1) "Certified nurse practitioner" and "clinical nurse 5031
specialist" have the same meanings as in section 4723.01 of the 5032
Revised Code. 5033

(2) "Hospital" has the same meaning as in section 3722.01 5034

of the Revised Code. 5035

(3) "Parkinson's disease" means a chronic and progressive 5036
neurological disorder resulting from a deficiency of the 5037
neurotransmitter dopamine as the consequence of specific 5038
degenerative changes in the area of the brain called the basal 5039
ganglia. It is characterized by tremor at rest, slow movements, 5040
muscle rigidity, stooped posture, and unsteady or shuffling 5041
gait. 5042

(4) "Parkinsonisms" means conditions related to 5043
Parkinson's disease that cause a combination of the movement 5044
abnormalities seen in Parkinson's disease, such as tremor at 5045
rest, slow movement, muscle rigidity, impaired speech, or muscle 5046
stiffness, which often overlap with and can evolve from what 5047
appears to be Parkinson's disease. Examples of Parkinsonisms 5048
include: 5049

(a) Multiple system atrophy; 5050

(b) Dementia with Lewy bodies; 5051

(c) Corticobasal degeneration; 5052

(d) Progressive supranuclear palsy. 5053

(5) "Physician" means an individual authorized under 5054
Chapter 4731. of the Revised Code to practice medicine and 5055
surgery or osteopathic medicine and surgery. 5056

(6) "Physician ~~assistant~~ associate" means an individual 5057
authorized under Chapter 4730. of the Revised Code to practice 5058
as a physician ~~assistant~~ associate. 5059

(B) Within twenty-four months of ~~the effective date of~~ 5060
~~this section~~ October 3, 2023, the director of health shall 5061
establish and maintain a Parkinson's disease registry for the 5062

collection and monitoring of the incidence of Parkinson's 5063
disease in Ohio. 5064

(C) The director shall supervise the registry and the 5065
collection and dissemination of data included in the registry. 5066
The director may enter into contracts, grants, or other 5067
agreements as necessary to maintain the registry, including data 5068
sharing contracts with data reporting entities and their 5069
associated electronic medical record systems vendors. 5070

(D) Beginning on a date and at intervals determined by the 5071
director, each individual case of Parkinson's disease or a 5072
Parkinsonism diagnosed on or after the date determined by the 5073
director shall be reported to the registry in a format specified 5074
by the director by one of the following: 5075

(1) The certified nurse practitioner, clinical nurse 5076
specialist, physician, or physician ~~assistant~~ associate who 5077
diagnosed or treated the individual's Parkinson's disease or 5078
Parkinsonism; 5079

(2) The group practice, hospital, or other health care 5080
facility that employs or contracts with the medical professional 5081
described in division (D) (1) of this section. 5082

(E) Each medical professional or health care facility 5083
specified in division (D) of this section shall inform patients 5084
diagnosed with Parkinson's disease or a Parkinsonism at the time 5085
of diagnosis or treatment of the Parkinson's disease registry. 5086

(F) The director or a representative of a director may 5087
inspect upon reasonable notice a representative sample of the 5088
medical records of patients with Parkinson's disease diagnosed, 5089
treated, or admitted at a group practice, hospital, or other 5090
health care facility. 5091

(G) Each medical professional or health care facility 5092
specified in division (D) of this section who in good faith 5093
submits a Parkinson's disease report to the registry is not 5094
liable in any cause of action arising from the submission of the 5095
report. 5096

(H) Nothing in sections 3701.25 to 3701.255 of the Revised 5097
Code shall be deemed to compel any individual to submit to any 5098
medical examination or supervision by the department of health, 5099
any of its authorized representatives, or an approved 5100
researcher. 5101

(I) Facilities or individuals providing diagnostic or 5102
treatment services to patients with Parkinson's disease may 5103
maintain separate facility-based Parkinson's disease registries. 5104

Sec. 3701.36. (A) As used in this section and in sections 5105
3701.361 and 3701.362 of the Revised Code, "palliative care" has 5106
the same meaning as in section 3712.01 of the Revised Code. 5107

(B) There is hereby created the palliative care and 5108
quality of life interdisciplinary council. Subject to division 5109
(C) of this section, members of the council shall be appointed 5110
by the director of health and include individuals with expertise 5111
in palliative care who represent the following professions or 5112
constituencies: 5113

(1) Physicians authorized under Chapter 4731. of the 5114
Revised Code to practice medicine and surgery or osteopathic 5115
medicine and surgery, including those who are board-certified in 5116
pediatrics and those who are board-certified in psychiatry, as 5117
those designations are issued by a medical specialty certifying 5118
board recognized by the American board of medical specialties or 5119
American osteopathic association; 5120

(2) Physician assistants <u>associates</u> licensed under Chapter	5121
4730. of the Revised Code;	5122
(3) Advanced practice registered nurses licensed under	5123
Chapter 4723. of the Revised Code who are designated as clinical	5124
nurse specialists or certified nurse practitioners;	5125
(4) Registered nurses and licensed practical nurses	5126
licensed under Chapter 4723. of the Revised Code;	5127
(5) Pharmacists licensed under Chapter 4729. of the	5128
Revised Code;	5129
(6) Psychologists licensed under Chapter 4732. of the	5130
Revised Code;	5131
(7) Licensed professional clinical counselors or licensed	5132
professional counselors licensed under Chapter 4757. of the	5133
Revised Code;	5134
(8) Independent social workers or social workers licensed	5135
under Chapter 4757. of the Revised Code;	5136
(9) Marriage and family therapists licensed under Chapter	5137
4757. of the Revised Code;	5138
(10) Child life specialists;	5139
(11) Clergy or spiritual advisers;	5140
(12) Exercise physiologists;	5141
(13) Health insurers;	5142
(14) Patients;	5143
(15) Family caregivers.	5144
The council's membership also may include employees of	5145
agencies of this state that administer programs pertaining to	5146

palliative care or are otherwise concerned with the delivery of 5147
palliative care in this state. 5148

(C) The council's membership shall include individuals who 5149
have worked with various age groups, including children and the 5150
elderly. The council's membership also shall include individuals 5151
who have experience or expertise in various palliative care 5152
delivery models, including acute care, long-term care, hospice 5153
care, home health agency services, home-based care, and 5154
spiritual care. At least two members shall be physicians who are 5155
board-certified in hospice and palliative care by a medical 5156
specialty certifying board recognized by the American board of 5157
medical specialties or American osteopathic association. At 5158
least one member shall be employed as an administrator of a 5159
hospital or system of hospitals in this state or be a 5160
professional specified in divisions (B)(1) to (10) or division 5161
(B)(12) of this section who treats patients as an employee or 5162
contractor of such a hospital or system of hospitals. 5163

Not more than twenty individuals shall serve as members of 5164
the council at any one time. Not more than two members shall be 5165
employed by the same health care facility or provider or 5166
practice at or for the same health care facility or provider. 5167

In making appointments to the council, the director shall 5168
seek to include as members individuals who represent underserved 5169
areas of the state and to have all geographic areas of the state 5170
represented. 5171

(D) The director shall make initial appointments to the 5172
council not later than ninety days after March 20, 2019. Terms 5173
of office shall be three years. Each member shall hold office 5174
from the date of appointment until the end of the term for which 5175
the member was appointed. In the event of death, removal, 5176

resignation, or incapacity of a council member, the director 5177
shall appoint a successor who shall hold office for the 5178
remainder of the term for which the successor's predecessor was 5179
appointed. A member shall continue in office subsequent to the 5180
expiration date of the member's term until the member's 5181
successor takes office or until a period of sixty days has 5182
elapsed, whichever occurs first. 5183

The council shall meet at the call of the director, but 5184
not less than twice annually. The council shall select annually 5185
from among its members a chairperson and vice-chairperson, whose 5186
duties shall be established by the council. 5187

Each member shall serve without compensation, except to 5188
the extent that serving on the council is considered part of the 5189
member's regular employment duties. 5190

(E) The council shall do all of the following: 5191

(1) Consult with and advise the director on matters 5192
related to the establishment, maintenance, operation, and 5193
evaluation of palliative care initiatives in this state; 5194

(2) Consult with the department of health for purposes of 5195
its implementation of section 3701.361 of the Revised Code; 5196

(3) Identify national organizations that have established 5197
standards of practice and best practice models for palliative 5198
care; 5199

(4) Identify initiatives established at the national and 5200
state levels aimed at integrating palliative care into the 5201
health care system and enhancing the use and development of 5202
palliative care; 5203

(5) Establish guidelines for health care facilities and 5204

providers to use under section 3701.362 of the Revised Code in 5205
identifying patients and residents who could benefit from 5206
palliative care; 5207

(6) On or before December 31 of each year, prepare and 5208
submit to the governor, general assembly, director of health, 5209
director of aging, superintendent of insurance, and medicaid 5210
director a report of recommendations for improving the provision 5211
of palliative care in this state. 5212

The council shall submit the report to the general 5213
assembly in accordance with section 101.68 of the Revised Code. 5214

(F) The department of health shall provide to the council 5215
the administrative support necessary to execute its duties. At 5216
the request of the council, the department shall examine 5217
potential sources of funding to assist with any duties described 5218
in this section or sections 3701.361 and 3701.362 of the Revised 5219
Code. 5220

(G) The council is not subject to sections 101.82 to 5221
101.87 of the Revised Code. 5222

Sec. 3701.59. (A) As used in this section: 5223

(1) "Addiction services" and "alcohol and drug addiction 5224
services" have the same meanings as in section 5119.01 of the 5225
Revised Code. 5226

(2) "Controlled substance" has the same meaning as in 5227
section 3719.01 of the Revised Code. 5228

(B) Any of the following health care professionals who 5229
attends a pregnant woman for conditions relating to pregnancy 5230
before the end of the twentieth week of pregnancy and who has 5231
reason to believe that the woman is using or has used a 5232

controlled substance in a manner that may place the woman's 5233
fetus in jeopardy shall encourage the woman to enroll in a drug 5234
treatment program offered by a provider of addiction services or 5235
alcohol and drug addiction services: 5236

(1) Physicians authorized under Chapter 4731. of the 5237
Revised Code to practice medicine and surgery or osteopathic 5238
medicine and surgery; 5239

(2) Registered nurses licensed under Chapter 4723. of the 5240
Revised Code, including certified nurse-midwives, clinical nurse 5241
specialists, and certified nurse practitioners, and licensed 5242
practical nurses licensed under that chapter; 5243

(3) Physician ~~assistants~~ associates licensed under Chapter 5244
4730. of the Revised Code. 5245

(C) A health care professional is immune from civil 5246
liability and is not subject to criminal prosecution with regard 5247
to both of the following: 5248

(1) Failure to recognize that a pregnant woman has used or 5249
is using a controlled substance in a manner that may place the 5250
woman's fetus in jeopardy; 5251

(2) Any action taken in good faith compliance with this 5252
section. 5253

Sec. 3701.615. (A) As used in this section: 5254

(1) "Certified nurse-midwife," "certified nurse 5255
practitioner," and "clinical nurse specialist" have the same 5256
meanings as in section 4723.01 of the Revised Code. 5257

(2) "Physician" means an individual authorized under 5258
Chapter 4731. of the Revised Code to practice medicine and 5259
surgery or osteopathic medicine and surgery. 5260

(3) "Physician ~~assistant~~associate" means an individual 5261
authorized under Chapter 4730. of the Revised Code to practice 5262
as a physician ~~assistant~~associate. 5263

(B) The department of health shall establish a grant 5264
program to address the provision of prenatal health care 5265
services to pregnant women on a group basis. The aim of the 5266
program is to increase the number of pregnant women who begin 5267
prenatal care early in their pregnancies and to reduce the 5268
number of infants born preterm. 5269

(C) (1) An entity seeking to participate in the grant 5270
program shall apply to the department of health in a manner 5271
prescribed by the department. Participating entities may include 5272
the following: 5273

(a) Medical practices, including those operated by or 5274
employing one or more physicians, physician 5275
~~assistants~~associates, certified nurse-midwives, certified nurse 5276
practitioners, or clinical nurse specialists; 5277

(b) Health care facilities. 5278

(2) To be eligible to participate in the grant program, an 5279
entity must demonstrate to the department that it can meet all 5280
of the following requirements: 5281

(a) Has space to host groups of at least twelve pregnant 5282
women; 5283

(b) Has adequate in-kind resources, including existing 5284
medical staff, to provide necessary prenatal health care 5285
services on both an individual and group basis; 5286

(c) Provides prenatal care based on either of the 5287
following: 5288

(i) The centering pregnancy model of care developed by the 5289
centering healthcare institute; 5290

(ii) Another model of care acceptable to the department. 5291

(d) Integrates health assessments, education, and support 5292
into a unified program in which pregnant women at similar stages 5293
of pregnancy meet, learn care skills, and participate in group 5294
discussions; 5295

(e) Meets any other requirements established by the 5296
department. 5297

(D) When distributing funds under the program, the 5298
department shall give priority to entities that are both of the 5299
following: 5300

(1) Operating in areas of the state with high preterm 5301
birth rates, including rural areas and Cuyahoga, Franklin, 5302
Hamilton, and Summit counties; 5303

(2) Providing care to medicaid recipients who are members 5304
of the group described in division (B) of section 5163.06 of the 5305
Revised Code. 5306

(E) A participating entity may employ or contract with 5307
licensed dental hygienists to educate pregnant women about the 5308
importance of prenatal and postnatal dental care. 5309

(F) The department may adopt rules as necessary to 5310
implement this section. The rules shall be adopted in accordance 5311
with Chapter 119. of the Revised Code. 5312

Sec. 3701.74. (A) As used in this section and section 5313
3701.741 of the Revised Code: 5314

(1) "Ambulatory care facility" means a facility that 5315

provides medical, diagnostic, or surgical treatment to patients 5316
who do not require hospitalization, including a dialysis center, 5317
ambulatory surgical facility, cardiac catheterization facility, 5318
diagnostic imaging center, extracorporeal shock wave lithotripsy 5319
center, home health agency, inpatient hospice, birthing center, 5320
radiation therapy center, emergency facility, and an urgent care 5321
center. "Ambulatory care facility" does not include the private 5322
office of a physician, advanced practice registered nurse, or 5323
dentist, whether the office is for an individual or group 5324
practice. 5325

(2) "Chiropractor" means an individual licensed under 5326
Chapter 4734. of the Revised Code to practice chiropractic. 5327

(3) "Emergency facility" means a hospital emergency 5328
department or any other facility that provides emergency medical 5329
services. 5330

(4) "Health care practitioner" means all of the following: 5331

(a) A dentist or dental hygienist licensed under Chapter 5332
4715. of the Revised Code; 5333

(b) A registered nurse licensed under Chapter 4723. of the 5334
Revised Code, including an advanced practice registered nurse, 5335
or a licensed practical nurse licensed under that chapter; 5336

(c) An optometrist licensed under Chapter 4725. of the 5337
Revised Code; 5338

(d) A dispensing optician, spectacle dispensing optician, 5339
or spectacle-contact lens dispensing optician licensed under 5340
Chapter 4725. of the Revised Code; 5341

(e) A pharmacist licensed under Chapter 4729. of the 5342
Revised Code; 5343

(f) A physician;	5344
(g) A physician assistant <u>associate</u> authorized under	5345
Chapter 4730. of the Revised Code to practice as a physician	5346
assistant <u>associate</u> ;	5347
(h) A practitioner of a limited branch of medicine issued	5348
a license or certificate under Chapter 4731. of the Revised	5349
Code;	5350
(i) A psychologist licensed under Chapter 4732. of the	5351
Revised Code;	5352
(j) A chiropractor;	5353
(k) A hearing aid dealer or fitter licensed under Chapter	5354
4747. of the Revised Code;	5355
(l) A speech-language pathologist or audiologist licensed	5356
under Chapter 4753. of the Revised Code;	5357
(m) An occupational therapist or occupational therapy	5358
assistant licensed under Chapter 4755. of the Revised Code;	5359
(n) A physical therapist or physical therapy assistant	5360
licensed under Chapter 4755. of the Revised Code;	5361
(o) A licensed professional clinical counselor, licensed	5362
professional counselor, social worker, independent social	5363
worker, independent marriage and family therapist, or marriage	5364
and family therapist licensed, or a social work assistant	5365
registered, under Chapter 4757. of the Revised Code;	5366
(p) A dietitian licensed under Chapter 4759. of the	5367
Revised Code;	5368
(q) A respiratory care professional licensed under Chapter	5369
4761. of the Revised Code;	5370

(r) An emergency medical technician-basic, emergency 5371
medical technician-intermediate, or emergency medical 5372
technician-paramedic certified under Chapter 4765. of the 5373
Revised Code; 5374

(s) A certified mental health assistant licensed under 5375
Chapter 4772. of the Revised Code. 5376

(5) "Health care provider" means a hospital, ambulatory 5377
care facility, long-term care facility, pharmacy, emergency 5378
facility, or health care practitioner. 5379

(6) "Hospital" has the same meaning as in section 3727.01 5380
of the Revised Code. 5381

(7) "Long-term care facility" means a nursing home, 5382
residential care facility, or home for the aging, as those terms 5383
are defined in section 3721.01 of the Revised Code; a 5384
residential facility licensed under section 5119.34 of the 5385
Revised Code that provides accommodations, supervision, and 5386
personal care services for three to sixteen unrelated adults; a 5387
nursing facility, as defined in section 5165.01 of the Revised 5388
Code; a skilled nursing facility, as defined in section 5165.01 5389
of the Revised Code; and an intermediate care facility for 5390
individuals with intellectual disabilities, as defined in 5391
section 5124.01 of the Revised Code. 5392

(8) "Medical record" means data in any form that pertains 5393
to a patient's medical history, diagnosis, prognosis, or medical 5394
condition and that is generated and maintained by a health care 5395
provider in the process of the patient's health care treatment. 5396

(9) "Medical records company" means a person who stores, 5397
locates, or copies medical records for a health care provider, 5398
or is compensated for doing so by a health care provider, and 5399

charges a fee for providing medical records to a patient or 5400
patient's representative. 5401

(10) "Patient" means either of the following: 5402

(a) An individual who received health care treatment from 5403
a health care provider; 5404

(b) A guardian, as defined in section 1337.11 of the 5405
Revised Code, of an individual described in division (A) (10) (a) 5406
of this section. 5407

(11) "Patient's personal representative" means a minor 5408
patient's parent or other person acting in loco parentis, a 5409
court-appointed guardian, or a person with durable power of 5410
attorney for health care for a patient, the executor or 5411
administrator of the patient's estate, or the person responsible 5412
for the patient's estate if it is not to be probated. "Patient's 5413
personal representative" does not include an insurer authorized 5414
under Title XXXIX of the Revised Code to do the business of 5415
sickness and accident insurance in this state, a health insuring 5416
corporation holding a certificate of authority under Chapter 5417
1751. of the Revised Code, or any other person not named in this 5418
division. 5419

(12) "Pharmacy" has the same meaning as in section 4729.01 5420
of the Revised Code. 5421

(13) "Physician" means a person authorized under Chapter 5422
4731. of the Revised Code to practice medicine and surgery, 5423
osteopathic medicine and surgery, or podiatric medicine and 5424
surgery. 5425

(14) "Authorized person" means a person to whom a patient 5426
has given written authorization to act on the patient's behalf 5427
regarding the patient's medical record. 5428

(15) "Advanced practice registered nurse" has the same 5429
meaning as in section 4723.01 of the Revised Code. 5430

(B) A patient, a patient's personal representative, or an 5431
authorized person who wishes to examine or obtain a copy of part 5432
or all of a medical record shall submit to the health care 5433
provider a written request signed by the patient, personal 5434
representative, or authorized person dated not more than one 5435
year before the date on which it is submitted. The request shall 5436
indicate whether the copy is to be sent to the requestor, sent 5437
to a physician, advanced practice registered nurse, or 5438
chiropractor, or held for the requestor at the office of the 5439
health care provider. Within a reasonable time after receiving a 5440
request that meets the requirements of this division and 5441
includes sufficient information to identify the record 5442
requested, a health care provider that has the patient's medical 5443
records shall permit the patient to examine the record during 5444
regular business hours without charge or, on request, shall 5445
provide a copy of the record in accordance with section 3701.741 5446
of the Revised Code, except that if a physician, advanced 5447
practice registered nurse, psychologist, licensed professional 5448
clinical counselor, licensed professional counselor, independent 5449
social worker, social worker, independent marriage and family 5450
therapist, marriage and family therapist, or chiropractor who 5451
has treated the patient determines for clearly stated treatment 5452
reasons that disclosure of the requested record is likely to 5453
have an adverse effect on the patient, the health care provider 5454
shall provide the record to a physician, advanced practice 5455
registered nurse, psychologist, licensed professional clinical 5456
counselor, licensed professional counselor, independent social 5457
worker, social worker, independent marriage and family 5458
therapist, marriage and family therapist, or chiropractor 5459

designated by the patient. The health care provider shall take 5460
reasonable steps to establish the identity of the person making 5461
the request to examine or obtain a copy of the patient's record. 5462

(C) If a health care provider fails to furnish a medical 5463
record as required by division (B) of this section, the patient, 5464
personal representative, or authorized person who requested the 5465
record may bring a civil action to enforce the patient's right 5466
of access to the record. 5467

(D) (1) This section does not apply to medical records 5468
whose release is covered by section 173.20 or 3721.13 of the 5469
Revised Code, by Chapter 1347., 5119., or 5122. of the Revised 5470
Code, by 42 C.F.R. part 2, "Confidentiality of Alcohol and Drug 5471
Abuse Patient Records," or by 42 C.F.R. 483.10. 5472

(2) Nothing in this section is intended to supersede the 5473
confidentiality provisions of sections 2305.24, 2305.25, 5474
2305.251, and 2305.252 of the Revised Code. 5475

Sec. 3701.90. The director of health, with participation 5476
from the state medical board and board of nursing, shall 5477
collaborate with medical, nursing, and physician ~~assistant~~ 5478
associate schools or programs in this state, as well as medical 5479
residency and fellowship programs in this state, to develop and 5480
implement appropriate curricula in those schools and programs 5481
designed to prepare primary care and women's health care 5482
physicians, advanced practice registered nurses, and physician 5483
~~assistants~~ associates to provide patient counseling on efficacy- 5484
based contraceptives, including long-acting reversible 5485
contraceptives. 5486

Sec. 3701.92. As used in sections 3701.921 to 3701.929 of 5487
the Revised Code: 5488

(A) "Advanced practice registered nurse" has the same 5489
meaning as in section 4723.01 of the Revised Code. 5490

(B) "Patient centered medical home education advisory 5491
group" means the entity established under section 3701.924 of 5492
the Revised Code. 5493

(C) "Patient centered medical home education program" 5494
means the program established under section 3701.921 of the 5495
Revised Code and any pilot projects operated pursuant to that 5496
section. 5497

(D) "Patient centered medical home education pilot 5498
project" means the pilot project established under section 5499
3701.923 of the Revised Code. 5500

(E) "Physician ~~assistant~~associate" means a person who is 5501
licensed as a physician ~~assistant~~associate under Chapter 4730. 5502
of the Revised Code. 5503

Sec. 3701.928. (A) The director of health shall 5504
collaborate with medical, nursing, and physician ~~assistant~~ 5505
associate schools or programs in this state to develop 5506
appropriate curricula designed to prepare primary care 5507
physicians, advanced practice registered nurses, and physician 5508
~~assistants~~associates to practice within the patient centered 5509
medical home model of care. In developing the curricula, the 5510
director and the schools or programs shall include all of the 5511
following: 5512

(1) Components for use at the medical student, advanced 5513
practice registered nursing student, physician ~~assistant~~ 5514
associate student, and primary care resident training levels; 5515

(2) Components that reflect, as appropriate, the special 5516
needs of patients who are part of a medically underserved 5517

population, including medicaid recipients, individuals without 5518
health insurance, individuals with disabilities, individuals 5519
with chronic health conditions, and individuals within racial or 5520
ethnic minority groups; 5521

(3) Components that include training in interdisciplinary 5522
cooperation between physicians, advanced practice registered 5523
nurses, and physician ~~assistants~~associates in the patient 5524
centered medical home model of care, including curricula 5525
ensuring that a common conception of a patient centered medical 5526
home model of care is provided to medical students, advanced 5527
practice registered nurses, physician ~~assistants~~associates, and 5528
primary care residents; 5529

(4) Components that include training in preconception care 5530
and family planning. 5531

(B) The director may work in association with the medical, 5532
nursing, and physician ~~assistant~~associate schools or programs 5533
to identify funding sources to ensure that the curricula 5534
developed under division (A) of this section are accessible to 5535
medical students, advanced practice registered nursing students, 5536
physician ~~assistant~~associate students, and primary care 5537
residents. The director shall consider scholarship options or 5538
incentives provided to students in addition to those provided 5539
under the choose Ohio first scholarship program operated under 5540
section 3333.61 of the Revised Code. 5541

Sec. 3701.941. (A) As part of the patient centered medical 5542
home program established under section 3701.94 of the Revised 5543
Code, the department of health shall establish a voluntary 5544
patient centered medical home certification program. 5545

(B) Each primary care practice, that seeks a patient 5546

centered medical home certificate shall submit an application on 5547
a form prepared by the department. The department may require an 5548
application fee and annual renewal fee as determined by the 5549
department. If the department establishes a fee under this 5550
section, the fee shall be in an amount that is sufficient to 5551
cover the cost of any on-site evaluations conducted by the 5552
department or an entity under contract with the department 5553
pursuant to section 3701.942 of the Revised Code. 5554

(C) A practice certified under this section shall do all 5555
of the following: 5556

(1) Meet any standards developed by national independent 5557
accrediting and medical home organizations, as determined by the 5558
department; 5559

(2) Develop a systematic follow-up procedure for patients, 5560
including the use of health information technology and patient 5561
registries; 5562

(3) Implement and maintain health information technology 5563
that meets the requirements of 42 U.S.C. 300jj; 5564

(4) Comply with the reporting requirements of section 5565
3701.942 of the Revised Code; 5566

(5) Meet any process, outcome, and quality standards 5567
specified by the department of health; 5568

(6) Meet any other requirements established by the 5569
department. 5570

(D) The department shall seek to do all of the following 5571
through the certification of patient centered medical homes: 5572

(1) Expand, enhance, and encourage the use of primary care 5573
providers, including primary care physicians, advanced practice 5574

registered nurses, and physician ~~assistants~~associates, as 5575
personal clinicians; 5576

(2) Develop a focus on delivering high-quality, efficient, 5577
and effective health care services; 5578

(3) Encourage patient centered care and the provision of 5579
care that is appropriate for a patient's race, ethnicity, and 5580
language; 5581

(4) Encourage the education and active participation of 5582
patients and patients' families or legal guardians, as 5583
appropriate, in decision making and care plan development; 5584

(5) Provide patients with consistent, ongoing contact with 5585
a personal clinician or team of clinical professionals to ensure 5586
continuous and appropriate care; 5587

(6) Ensure that patient centered medical homes develop and 5588
maintain appropriate comprehensive care plans for patients with 5589
complex or chronic conditions, including an assessment of health 5590
risks and chronic conditions; 5591

(7) Ensure that patient centered medical homes plan for 5592
transition of care from youth to adult to senior; 5593

(8) Enable and encourage use of a range of qualified 5594
health care professionals, including dedicated care 5595
coordinators, in a manner that enables those professionals to 5596
practice to the fullest extent of their professional licenses. 5597

Sec. 3709.161. (A) The board of health of a city or 5598
general health district may procure a policy or policies of 5599
insurance insuring the members of the board, the health 5600
commissioner, and the employees of the board against liability 5601
on account of damage or injury to persons and property resulting 5602

from any act or omission that occurs in the individual's 5603
official capacity as a member or employee of the board or 5604
resulting solely out of such membership or employment. 5605

(B) (1) As used in this division, "health care 5606
professional" means all of the following: 5607

(a) A dentist or dental hygienist licensed under Chapter 5608
4715. of the Revised Code; 5609

(b) A registered nurse or licensed practical nurse 5610
licensed under Chapter 4723. of the Revised Code; 5611

(c) A person licensed under Chapter 4729. of the Revised 5612
Code to practice as a pharmacist; 5613

(d) A person authorized under Chapter 4730. of the Revised 5614
Code to practice as a physician ~~assistant~~associate; 5615

(e) A person authorized under Chapter 4731. of the Revised 5616
Code to practice medicine and surgery, osteopathic medicine and 5617
surgery, or podiatry; 5618

(f) A psychologist licensed under Chapter 4732. of the 5619
Revised Code; 5620

(g) A veterinarian licensed under Chapter 4741. of the 5621
Revised Code; 5622

(h) A speech-language pathologist or audiologist licensed 5623
under Chapter 4753. of the Revised Code; 5624

(i) An occupational therapist, physical therapist, 5625
physical therapist assistant, or athletic trainer licensed under 5626
Chapter 4755. of the Revised Code; 5627

(j) A licensed professional clinical counselor, licensed 5628
professional counselor, independent social worker, or social 5629

worker licensed under Chapter 4757. of the Revised Code; 5630

(k) A dietitian licensed under Chapter 4759. of the 5631
Revised Code; 5632

(l) A certified mental health assistant licensed under 5633
Chapter 4772. of the Revised Code. 5634

(2) The board of health of a city or general health 5635
district may purchase liability insurance for a health care 5636
professional with whom the board contracts for the provision of 5637
health care services against liability on account of damage or 5638
injury to persons and property arising from the health care 5639
professional's performance of services under the contract. The 5640
policy shall be purchased from an insurance company licensed to 5641
do business in this state, if such a policy is available from 5642
such a company. The board of health of a city or general health 5643
district shall report the cost of the liability insurance policy 5644
and subsequent increases in the cost to the director of health 5645
on a form prescribed by the director. 5646

Sec. 3715.50. (A) As used in this section and in sections 5647
3715.501 to 3715.505 of the Revised Code: 5648

(1) "Advanced practice registered nurse" means an 5649
individual who holds a current, valid license issued under 5650
Chapter 4723. of the Revised Code and is designated as a 5651
clinical nurse specialist, certified nurse-midwife, or certified 5652
nurse practitioner. 5653

(2) "Overdose reversal drug" has the same meaning as in 5654
section 4729.01 of the Revised Code. 5655

(3) "Pharmacist" means an individual licensed under 5656
Chapter 4729. of the Revised Code to practice as a pharmacist. 5657

(4) "Pharmacy intern" means an individual licensed under Chapter 4729. of the Revised Code to practice as a pharmacy intern.

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

(6) "Physician ~~assistant~~associate" means an individual who is licensed under Chapter 4730. of the Revised Code, holds a valid prescriber number issued by the state medical board,—and has been granted physician-delegated prescriptive authority.

(7) "Certified mental health assistant" means an individual who is licensed under Chapter 4772. of the Revised Code and has been granted physician-delegated prescriptive authority.

(B) Notwithstanding any conflicting provision of the Revised Code, any person or government entity may purchase, possess, distribute, dispense, personally furnish, sell, or otherwise obtain or provide an overdose reversal drug, which includes any instrument or device used to administer the drug, if all of the following conditions are met:

(1) The overdose reversal drug is in its original manufacturer's packaging.

(2) The overdose reversal drug's packaging contains the manufacturer's instructions for use.

(3) The overdose reversal drug is stored in accordance with the manufacturer's or distributor's instructions.

(C) In addition to actions authorized by division (B) of

this section, any person or government entity may obtain and 5686
maintain a supply of an overdose reversal drug for either or 5687
both of the following purposes: for use in an emergency 5688
situation and for distribution through an automated mechanism. 5689

(1) In the case of a supply of an overdose reversal drug 5690
obtained and maintained for use in an emergency situation, a 5691
person or government entity shall do all of the following: 5692

(a) Provide to any individual who accesses the supply 5693
instructions regarding emergency administration of the drug, 5694
including a specific instruction to summon emergency services as 5695
necessary; 5696

(b) Establish a process for replacing within a reasonable 5697
time period any overdose reversal drug that has been accessed; 5698

(c) Store the overdose reversal drug in accordance with 5699
the manufacturer's or distributor's instructions. 5700

(2) In the case of a supply of an overdose reversal drug 5701
obtained and maintained for distribution through an automated 5702
mechanism, a person or government entity shall do all of the 5703
following: 5704

(a) Ensure that the mechanism is securely fastened to a 5705
permanent structure or is of an appropriate size and weight to 5706
reasonably prevent it from being removed from its intended 5707
location; 5708

(b) Provide to any individual who accesses the supply 5709
instructions regarding emergency administration of the drug, 5710
including a specific instruction to summon emergency services as 5711
necessary; 5712

(c) Develop a process for monitoring and replenishing the 5713

supply maintained in the automated mechanism; 5714

(d) Store the overdose reversal drug in accordance with 5715
the manufacturer's or distributor's instructions. 5716

(D) If the authority granted by division (B) or (C) of 5717
this section is exercised in good faith, the following 5718
immunities apply: 5719

(1) The person or government entity exercising the 5720
authority is not subject to administrative action or criminal 5721
prosecution and is not liable for damages in a civil action for 5722
injury, death, or loss to person or property for an act or 5723
omission that arises from exercising that authority. 5724

(2) After an overdose reversal drug has been dispensed or 5725
personally furnished, the person or government entity is not 5726
liable for or subject to any of the following for any act or 5727
omission of the individual to whom the drug is dispensed or 5728
personally furnished: damages in any civil action, prosecution 5729
in any criminal proceeding, or professional disciplinary action. 5730

(E) (1) This section does not affect any other authority to 5731
issue a prescription for, or personally furnish a supply of, an 5732
overdose reversal drug. 5733

(2) This section does not eliminate, limit, or reduce any 5734
other immunity or defense that a person or government entity may 5735
be entitled to under section 9.86, Chapter 2744., section 5736
4765.49, or any other provision of the Revised Code or the 5737
common law of this state. 5738

Sec. 3715.501. (A) Notwithstanding any conflicting 5739
provision of the Revised Code or of any rule adopted by the 5740
state board of pharmacy, state medical board, or board of 5741
nursing, both of the following apply: 5742

(1) A physician, physician ~~assistant~~associate, advanced 5743
practice registered nurse, or certified mental health assistant 5744
may issue a prescription for an overdose reversal drug, or 5745
personally furnish a supply of the drug, without having examined 5746
the individual to whom it may be administered. The physician, 5747
physician ~~assistant~~associate, advanced practice registered 5748
nurse, or certified mental health assistant exercising this 5749
authority shall provide, to the individual receiving the 5750
prescription or supply, instructions regarding the emergency 5751
administration of the drug, including a specific instruction to 5752
summon emergency services as necessary. 5753

(2) In the event that a prescription for an overdose 5754
reversal drug does not include the name of the individual to 5755
whom the drug may be administered, a pharmacist or pharmacy 5756
intern may dispense the drug to the individual who received the 5757
prescription. 5758

(B) (1) A physician, physician ~~assistant~~associate, advanced 5759
practice registered nurse, or certified mental health assistant 5760
who in good faith exercises the authority conferred by division 5761
(A) (1) of this section is not liable for or subject to any of 5762
the following for any act or omission of the individual to whom 5763
a prescription for an overdose reversal drug is issued or the 5764
supply of such a drug is furnished: damages in any civil action, 5765
prosecution in any criminal proceeding, or professional 5766
disciplinary action. 5767

(2) A pharmacist or pharmacy intern who in good faith 5768
exercises the authority conferred by division (A) (2) of this 5769
section is not liable for or subject to any of the following: 5770
damages in any civil action, prosecution in any criminal 5771
proceeding, or professional disciplinary action. 5772

Sec. 3715.502. (A) A physician, physician 5773
~~assistant~~associate, advanced practice registered nurse, or 5774
certified mental health assistant may authorize one or more 5775
pharmacists and any of the pharmacy interns supervised by the 5776
one or more pharmacists to use a protocol developed pursuant to 5777
rules adopted under this section for the purpose of dispensing 5778
overdose reversal drugs. If use of the protocol has been 5779
authorized, a pharmacist or pharmacy intern may dispense 5780
overdose reversal drugs without a prescription to either of the 5781
following in accordance with that protocol: 5782

(1) An individual who there is reason to believe is 5783
experiencing or at risk of experiencing an opioid-related 5784
overdose; 5785

(2) A family member, friend, or other individual in a 5786
position to assist an individual who there is reason to believe 5787
is at risk of experiencing an opioid-related overdose. 5788

(B) A pharmacist or pharmacy intern who dispenses overdose 5789
reversal drugs under this section shall instruct the individual 5790
to whom the drugs are dispensed to summon emergency services as 5791
soon as practicable either before or after administering the 5792
drugs. 5793

(C) A pharmacist may document on a prescription form the 5794
dispensing of overdose reversal drugs by the pharmacist or a 5795
pharmacy intern supervised by the pharmacist. The form may be 5796
assigned a number for recordkeeping purposes. 5797

(D) This section does not affect the authority of a 5798
pharmacist or pharmacy intern to fill or refill a prescription 5799
for overdose reversal drugs. 5800

(E) A physician, physician ~~assistant~~associate, advanced 5801

practice registered nurse, or certified mental health assistant 5802
who in good faith authorizes a pharmacist or pharmacy intern to 5803
dispense overdose reversal drugs without a prescription, as 5804
provided in this section, is not liable for or subject to any of 5805
the following for any act or omission of the individual to whom 5806
the drugs are dispensed: damages in any civil action, 5807
prosecution in any criminal proceeding, or professional 5808
disciplinary action. 5809

A pharmacist or pharmacy intern authorized under this 5810
section to dispense overdose reversal drugs without a 5811
prescription who does so in good faith is not liable for or 5812
subject to any of the following for any act or omission of the 5813
individual to whom the drugs are dispensed: damages in any civil 5814
action, prosecution in any criminal proceeding, or professional 5815
disciplinary action. 5816

(F) The state board of pharmacy, after consulting with the 5817
state medical board and board of nursing, shall adopt rules to 5818
implement this section. The rules shall specify a protocol under 5819
which pharmacists or pharmacy interns may dispense overdose 5820
reversal drugs without a prescription. 5821

All rules adopted under this section shall be adopted in 5822
accordance with Chapter 119. of the Revised Code. 5823

(G) (1) The state board of pharmacy shall develop a program 5824
to educate all of the following about the authority of a 5825
pharmacist or pharmacy intern to dispense overdose reversal 5826
drugs without a prescription: 5827

(a) Holders of licenses issued under Chapter 4729. of the 5828
Revised Code that engage in the sale or dispensing of overdose 5829
reversal drugs pursuant to this section; 5830

(b) Registered pharmacy technicians, certified pharmacy technicians, and pharmacy technician trainees registered under Chapter 4729. of the Revised Code who engage in the sale of overdose reversal drugs pursuant to this section;

(c) Individuals who are not licensed or registered under Chapter 4729. of the Revised Code but are employed by license holders described in division (G)(1)(a) of this section.

(2) As part of the program, the board also shall educate the license holders, pharmacy technicians, and employees described in division (G)(1) of this section about maintaining an adequate supply of overdose reversal drugs and methods for determining a pharmacy's stock of such drugs.

(3) The board may use its web site to share information under the program.

Sec. 3715.503. (A) In addition to the actions authorized by section 3715.50 of the Revised Code and subject to division (B) of this section, a physician, physician ~~assistant~~associate, advanced practice registered nurse, or certified mental health assistant may elect to establish a protocol authorizing any individual to personally furnish a supply of an overdose reversal drug to another individual pursuant to the protocol. A person authorized to personally furnish an overdose reversal drug pursuant to the protocol may do so without having examined the individual to whom the drug may be administered.

(B) A protocol established by a physician, physician ~~assistant~~associate, advanced practice registered nurse, or certified mental health assistant for purposes of this section shall include all of the following:

(1) Any limitations to be applied concerning the

individuals to whom the overdose reversal drug may be personally 5860
furnished; 5861

(2) The overdose reversal drug dosage that may be 5862
personally furnished and any variation in the dosage based on 5863
circumstances specified in the protocol; 5864

(3) Any labeling, storage, recordkeeping, and 5865
administrative requirements; 5866

(4) Training requirements that must be met before a person 5867
will be authorized to personally furnish overdose reversal 5868
drugs; 5869

(5) Any instructions or training that the authorized 5870
person must provide to an individual to whom an overdose 5871
reversal drug is personally furnished. 5872

(C) A physician, physician ~~assistant~~associate, advanced 5873
practice registered nurse, or certified mental health assistant 5874
who in good faith authorizes an individual to personally furnish 5875
a supply of an overdose reversal drug in accordance with a 5876
protocol established under this section, and an individual who 5877
in good faith personally furnishes a supply under that 5878
authority, is not liable for or subject to any of the following 5879
for any act or omission of the individual to whom the overdose 5880
reversal drug is personally furnished: damages in any civil 5881
action, prosecution in any criminal proceeding, or professional 5882
disciplinary action. 5883

Sec. 3715.872. (A) As used in this section, "health care 5884
professional" means any of the following who provide medical, 5885
dental, or other health-related diagnosis, care, or treatment: 5886

(1) Individuals authorized under Chapter 4731. of the 5887
Revised Code to practice medicine and surgery, osteopathic 5888

medicine and surgery, or podiatric medicine and surgery; 5889

(2) Registered nurses licensed under Chapter 4723. of the 5890
Revised Code, including advanced practice registered nurses, and 5891
licensed practical nurses licensed under that chapter; 5892

(3) Physician ~~assistants~~ associates licensed under Chapter 5893
4730. of the Revised Code; 5894

(4) Dentists and dental hygienists licensed under Chapter 5895
4715. of the Revised Code; 5896

(5) Optometrists licensed under Chapter 4725. of the 5897
Revised Code; 5898

(6) Pharmacists licensed under Chapter 4729. of the 5899
Revised Code; 5900

(7) Certified mental health assistants licensed under 5901
Chapter 4772. of the Revised Code. 5902

(B) For matters related to activities conducted under the 5903
drug repository program, all of the following apply: 5904

(1) A pharmacy, drug manufacturer, health care facility, 5905
or other person or government entity that donates or gives drugs 5906
to the program, and any person or government entity that 5907
facilitates the donation or gift, shall not be subject to 5908
liability in tort or other civil action for injury, death, or 5909
loss to person or property. 5910

(2) A pharmacy, hospital, or nonprofit clinic that accepts 5911
or distributes drugs under the program shall not be subject to 5912
liability in tort or other civil action for injury, death, or 5913
loss to person or property, unless an action or omission of the 5914
pharmacy, hospital, or nonprofit clinic constitutes willful and 5915
wanton misconduct. 5916

(3) A health care professional who accepts, dispenses, or 5917
personally furnishes drugs under the program on behalf of a 5918
pharmacy, hospital, or nonprofit clinic participating in the 5919
program, and the pharmacy, hospital, or nonprofit clinic that 5920
employs or otherwise uses the services of the health care 5921
professional, shall not be subject to liability in tort or other 5922
civil action for injury, death, or loss to person or property, 5923
unless an action or omission of the health care professional, 5924
pharmacy, hospital, or nonprofit clinic constitutes willful and 5925
wanton misconduct. 5926

(4) The state board of pharmacy shall not be subject to 5927
liability in tort or other civil action for injury, death, or 5928
loss to person or property, unless an action or omission of the 5929
board constitutes willful and wanton misconduct. 5930

(5) In addition to the civil immunity granted under 5931
division (B)(1) of this section, a pharmacy, drug manufacturer, 5932
health care facility, or other person or government entity that 5933
donates or gives drugs to the program, and any person or 5934
government entity that facilitates the donation or gift, shall 5935
not be subject to criminal prosecution for matters related to 5936
activities that it conducts or another party conducts under the 5937
program, unless an action or omission of the party that donates, 5938
gives, or facilitates the donation or gift of the drugs does not 5939
comply with the provisions of this chapter or the rules adopted 5940
under it. 5941

(6) In the case of a drug manufacturer, the immunities 5942
from civil liability and criminal prosecution granted to another 5943
party under divisions (B)(1) and (5) of this section extend to 5944
the manufacturer when any drug it manufactures is the subject of 5945
an activity conducted under the program. This extension of 5946

immunities includes, but is not limited to, immunity from 5947
liability or prosecution for failure to transfer or communicate 5948
product or consumer information or the expiration date of a drug 5949
that is donated or given. 5950

Sec. 3719.06. (A) (1) A licensed health professional 5951
authorized to prescribe drugs, if acting in the course of 5952
professional practice, in accordance with the laws regulating 5953
the professional's practice, and in accordance with rules 5954
adopted by the state board of pharmacy, may, except as provided 5955
in division (A) (2), (3), or (4) of this section, do the 5956
following: 5957

(a) Prescribe schedule II, III, IV, and V controlled 5958
substances; 5959

(b) Administer or personally furnish to patients schedule 5960
II, III, IV, and V controlled substances; 5961

(c) Cause schedule II, III, IV, and V controlled 5962
substances to be administered under the prescriber's direction 5963
and supervision. 5964

(2) A licensed health professional authorized to prescribe 5965
drugs who is a clinical nurse specialist, certified nurse- 5966
midwife, or certified nurse practitioner is subject to both of 5967
the following: 5968

(a) A schedule II controlled substance may be prescribed 5969
only in accordance with division (C) of section 4723.481 of the 5970
Revised Code. 5971

(b) No schedule II controlled substance shall be 5972
personally furnished to any patient. 5973

(3) A licensed health professional authorized to prescribe 5974

drugs who is a physician ~~assistant~~associate is subject to all 5975
of the following: 5976

(a) A controlled substance may be prescribed or personally 5977
furnished only if it is included in the physician-delegated 5978
prescriptive authority granted to the physician ~~assistant~~ 5979
associate in accordance with Chapter 4730. of the Revised Code. 5980

(b) A schedule II controlled substance may be prescribed 5981
only in accordance with division (B) (4) of section 4730.41 and 5982
section 4730.411 of the Revised Code. 5983

(c) No schedule II controlled substance shall be 5984
personally furnished to any patient. 5985

(4) A licensed health professional authorized to prescribe 5986
drugs who is a certified mental health assistant is subject to 5987
both of the following: 5988

(a) A controlled substance may be prescribed or personally 5989
furnished only in accordance with sections 4772.12 and 4772.13 5990
of the Revised Code. 5991

(b) No schedule II controlled substance shall be 5992
personally furnished to any patient. 5993

(B) No licensed health professional authorized to 5994
prescribe drugs shall prescribe, administer, or personally 5995
furnish a schedule III anabolic steroid for the purpose of human 5996
muscle building or enhancing human athletic performance and no 5997
pharmacist shall dispense a schedule III anabolic steroid for 5998
either purpose, unless it has been approved for that purpose 5999
under the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 6000
(1938), 21 U.S.C.A. 301, as amended. 6001

(C) When issuing a prescription for a schedule II 6002

controlled substance, a licensed health professional authorized 6003
to prescribe drugs shall do so only upon an electronic 6004
prescription, except that the prescriber may issue a written 6005
prescription if any of the following apply: 6006

(1) A temporary technical, electrical, or broadband 6007
failure occurs preventing the prescriber from issuing an 6008
electronic prescription. 6009

(2) The prescription is issued for a nursing home resident 6010
or hospice care patient. 6011

(3) The prescriber is employed by or under contract with 6012
the same entity that operates the pharmacy. 6013

(4) The prescriber determines that an electronic 6014
prescription cannot be issued in a timely manner and the 6015
patient's medical condition is at risk. 6016

(5) The prescriber issues the prescription from a health 6017
care facility, which may include an emergency department, and 6018
reasonably determines that an electronic prescription would be 6019
impractical for the patient or would cause a delay that may 6020
adversely impact the patient's medical condition. 6021

(6) The prescriber issues per year not more than fifty 6022
prescriptions for schedule II controlled substances. 6023

(7) The prescriber is a veterinarian licensed under 6024
Chapter 4741. of the Revised Code. 6025

(D) Each written or electronic prescription for a 6026
controlled substance shall be properly executed, dated, and 6027
signed by the prescriber on the day when issued and shall bear 6028
the full name and address of the person for whom, or the owner 6029
of the animal for which, the controlled substance is prescribed 6030

and the full name, address, and registry number under the 6031
federal drug abuse control laws of the prescriber. If the 6032
prescription is for an animal, it shall state the species of the 6033
animal for which the controlled substance is prescribed. 6034

Sec. 3719.064. (A) As used in this section: 6035

(1) "Medication-assisted treatment" has the same meaning 6036
as in section 340.01 of the Revised Code. 6037

(2) "Prescriber" means any of the following: 6038

(a) An advanced practice registered nurse who holds a 6039
current, valid license issued under Chapter 4723. of the Revised 6040
Code and is designated as a clinical nurse specialist, certified 6041
nurse-midwife, or certified nurse practitioner; 6042

(b) A physician authorized under Chapter 4731. of the 6043
Revised Code to practice medicine and surgery or osteopathic 6044
medicine and surgery; 6045

(c) A physician ~~assistant~~associate who is licensed under 6046
Chapter 4730. of the Revised Code, holds a valid prescriber 6047
number issued by the state medical board, and has been granted 6048
physician-delegated prescriptive authority; 6049

(d) A certified mental health assistant who is licensed 6050
under Chapter 4772. of the Revised Code and has been granted 6051
physician-delegated prescriptive authority by the physician 6052
supervising the certified mental health assistant. 6053

(3) "Qualifying practitioner" has the same meaning as in 6054
section 303(g) (2) (G) (iii) of the "Controlled Substances Act of 6055
1970," 21 U.S.C. 823(g) (2) (G) (iii), as amended. 6056

(B) Before initiating medication-assisted treatment, a 6057
prescriber shall give the patient or the patient's 6058

representative information about all drugs approved by the 6059
United States food and drug administration for use in 6060
medication-assisted treatment. The information must be provided 6061
both orally and in writing. The prescriber or the prescriber's 6062
delegate shall note in the patient's medical record when this 6063
information was provided and make the record available to 6064
employees of the board of nursing or state medical board on 6065
their request. 6066

If the prescriber is not a qualifying practitioner and the 6067
patient's choice is opioid treatment and the prescriber 6068
determines that such treatment is clinically appropriate and 6069
meets generally accepted standards of medicine, the prescriber 6070
shall refer the patient to an opioid treatment program licensed 6071
under section 5119.37 of the Revised Code or a qualifying 6072
practitioner. The prescriber or the prescriber's delegate shall 6073
make a notation in the patient's medical record naming the 6074
program or practitioner to whom the patient was referred and 6075
specifying when the referral was made. 6076

Sec. 3719.12. As used in this section, "prosecutor" has 6077
the same meaning as in section 2935.01 of the Revised Code. 6078

Unless a report has been made pursuant to section 2929.42 6079
of the Revised Code, on the conviction of a manufacturer, 6080
wholesaler, outsourcing facility, third-party logistics 6081
provider, repackager of dangerous drugs, terminal distributor of 6082
dangerous drugs, pharmacist, pharmacy intern, registered 6083
pharmacy technician, certified pharmacy technician, pharmacy 6084
technician trainee, dentist, chiropractor, physician, 6085
podiatrist, registered nurse, licensed practical nurse, 6086
physician ~~assistant~~associate, optometrist, or veterinarian of 6087
the violation of this chapter or Chapter 2925. of the Revised 6088

Code, the prosecutor in the case promptly shall report the 6089
conviction to the board that licensed, certified, or registered 6090
the person to practice or to carry on business. The responsible 6091
board shall provide forms to the prosecutor. Within thirty days 6092
of the receipt of this information, the board shall initiate 6093
action in accordance with Chapter 119. of the Revised Code to 6094
determine whether to suspend or revoke the person's license, 6095
certificate, or registration. 6096

Sec. 3719.121. (A) Except as otherwise provided in section 6097
4723.28, 4723.35, 4730.25, 4731.22, 4734.39, 4734.41, or 4772.20 6098
of the Revised Code, the license, certificate, or registration 6099
of any dentist, chiropractor, physician, podiatrist, registered 6100
nurse, advanced practice registered nurse, licensed practical 6101
nurse, physician ~~assistant~~associate, pharmacist, pharmacy 6102
intern, pharmacy technician trainee, registered pharmacy 6103
technician, certified pharmacy technician, optometrist, 6104
veterinarian, or certified mental health assistant who is or 6105
becomes addicted to the use of controlled substances shall be 6106
suspended by the board that authorized the person's license, 6107
certificate, or registration until the person offers 6108
satisfactory proof to the board that the person no longer is 6109
addicted to the use of controlled substances. 6110

(B) If the board under which a person has been issued a 6111
license, certificate, or evidence of registration determines 6112
that there is clear and convincing evidence that continuation of 6113
the person's professional practice or method of administering, 6114
prescribing, preparing, distributing, dispensing, or personally 6115
furnishing controlled substances or other dangerous drugs 6116
presents a danger of immediate and serious harm to others, the 6117
board may suspend the person's license, certificate, or 6118
registration without a hearing. Except as otherwise provided in 6119

sections 4715.30, 4723.281, 4729.16, 4730.25, 4731.22, 4734.36, 6120
and 4772.20 of the Revised Code, the board shall follow the 6121
procedure for suspension without a prior hearing in section 6122
119.07 of the Revised Code. The suspension shall remain in 6123
effect, unless removed by the board, until the board's final 6124
adjudication order becomes effective, except that if the board 6125
does not issue its final adjudication order within ninety days 6126
after the hearing, the suspension shall be void on the ninety- 6127
first day after the hearing. 6128

(C) On receiving notification pursuant to section 2929.42 6129
or 3719.12 of the Revised Code, the board under which a person 6130
has been issued a license, certificate, or evidence of 6131
registration immediately shall suspend the license, certificate, 6132
or registration of that person on a plea of guilty to, a finding 6133
by a jury or court of the person's guilt of, or conviction of a 6134
felony drug abuse offense; a finding by a court of the person's 6135
eligibility for intervention in lieu of conviction; a plea of 6136
guilty to, or a finding by a jury or court of the person's guilt 6137
of, or the person's conviction of an offense in another 6138
jurisdiction that is essentially the same as a felony drug abuse 6139
offense; or a finding by a court of the person's eligibility for 6140
treatment or intervention in lieu of conviction in another 6141
jurisdiction. The board shall notify the holder of the license, 6142
certificate, or registration of the suspension, which shall 6143
remain in effect until the board holds an adjudicatory hearing 6144
under Chapter 119. of the Revised Code. 6145

Sec. 3719.81. (A) As used in this section, "sample drug" 6146
has the same meaning as in section 2925.01 of the Revised Code. 6147

(B) A person may furnish another a sample drug, if all of 6148
the following apply: 6149

(1) The sample drug is furnished free of charge by a 6150
manufacturer, manufacturer's representative, or wholesale dealer 6151
in pharmaceuticals to a licensed health professional authorized 6152
to prescribe drugs, or is furnished free of charge by such a 6153
professional to a patient for use as medication; 6154

(2) The sample drug is in the original container in which 6155
it was placed by the manufacturer, and the container is plainly 6156
marked as a sample; 6157

(3) Prior to its being furnished, the sample drug has been 6158
stored under the proper conditions to prevent its deterioration 6159
or contamination; 6160

(4) If the sample drug is of a type which deteriorates 6161
with time, the sample container is plainly marked with the date 6162
beyond which the sample drug is unsafe to use, and the date has 6163
not expired on the sample furnished. Compliance with the 6164
labeling requirements of the "Federal Food, Drug, and Cosmetic 6165
Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301, as amended, shall 6166
be deemed compliance with this section. 6167

(5) The sample drug is distributed, stored, or discarded 6168
in such a way that the sample drug may not be acquired or used 6169
by any unauthorized person, or by any person, including a child, 6170
for whom it may present a health or safety hazard. 6171

(C) Division (B) of this section does not do any of the 6172
following: 6173

(1) Apply to or restrict the furnishing of any sample of a 6174
nonnarcotic substance if the substance may, under the "Federal 6175
Food, Drug, and Cosmetic Act" and under the laws of this state, 6176
otherwise be lawfully sold over the counter without a 6177
prescription; 6178

(2) Authorize a licensed health professional authorized to 6179
prescribe drugs who is a clinical nurse specialist, certified 6180
nurse-midwife, certified nurse practitioner, optometrist, 6181
physician ~~assistant~~associate, or certified mental health 6182
assistant to furnish a sample drug that is not a drug the 6183
professional is authorized to prescribe. 6184

(3) Prohibit a licensed health professional authorized to 6185
prescribe drugs, manufacturer of dangerous drugs, wholesale 6186
distributor of dangerous drugs, or representative of a 6187
manufacturer of dangerous drugs from furnishing a sample drug to 6188
a charitable pharmacy in accordance with section 3719.811 of the 6189
Revised Code. 6190

(4) Prohibit a pharmacist working, whether or not for 6191
compensation, in a charitable pharmacy from dispensing a sample 6192
drug to a person in accordance with section 3719.811 of the 6193
Revised Code. 6194

(D) The state board of pharmacy shall, in accordance with 6195
Chapter 119. of the Revised Code, adopt rules as necessary to 6196
give effect to this section. 6197

Sec. 3721.21. As used in sections 3721.21 to 3721.34 of 6198
the Revised Code: 6199

(A) "Long-term care facility" means either of the 6200
following: 6201

(1) A nursing home as defined in section 3721.01 of the 6202
Revised Code; 6203

(2) A facility or part of a facility that is certified as 6204
a skilled nursing facility or a nursing facility under Title 6205
XVIII or XIX of the "Social Security Act." 6206

(B) "Residential care facility" has the same meaning as in 6207
section 3721.01 of the Revised Code. 6208

(C) "Abuse" means any of the following: 6209

(1) Physical abuse; 6210

(2) Psychological abuse; 6211

(3) Sexual abuse. 6212

(D) "Neglect" means recklessly failing to provide a 6213
resident with any treatment, care, goods, or service necessary 6214
to maintain the health or safety of the resident when the 6215
failure results in serious physical harm to the resident. 6216
"Neglect" does not include allowing a resident, at the 6217
resident's option, to receive only treatment by spiritual means 6218
through prayer in accordance with the tenets of a recognized 6219
religious denomination. 6220

(E) "Exploitation" means taking advantage of a resident, 6221
regardless of whether the action was for personal gain, whether 6222
the resident knew of the action, or whether the resident was 6223
harmed. 6224

(F) "Misappropriation" means depriving, defrauding, or 6225
otherwise obtaining the real or personal property of a resident 6226
by any means prohibited by the Revised Code, including 6227
violations of Chapter 2911. or 2913. of the Revised Code. 6228

(G) "Resident" includes a resident, patient, former 6229
resident or patient, or deceased resident or patient of a long- 6230
term care facility or a residential care facility. 6231

(H) "Physical abuse" means knowingly causing physical harm 6232
or recklessly causing serious physical harm to a resident 6233
through either of the following: 6234

(1) Physical contact with the resident; 6235

(2) The use of physical restraint, chemical restraint, 6236
medication that does not constitute a chemical restraint, or 6237
isolation, if the restraint, medication, or isolation is 6238
excessive, for punishment, for staff convenience, a substitute 6239
for treatment, or in an amount that precludes habilitation and 6240
treatment. 6241

(I) "Psychological abuse" means knowingly or recklessly 6242
causing psychological harm to a resident, whether verbally or by 6243
action. 6244

(J) "Sexual abuse" means sexual conduct or sexual contact 6245
with a resident, as those terms are defined in section 2907.01 6246
of the Revised Code. 6247

(K) "Physical restraint" has the same meaning as in 6248
section 3721.10 of the Revised Code. 6249

(L) "Chemical restraint" has the same meaning as in 6250
section 3721.10 of the Revised Code. 6251

(M) "Nursing and nursing-related services" means the 6252
personal care services and other services not constituting 6253
skilled nursing care that are specified in rules the director of 6254
health shall adopt in accordance with Chapter 119. of the 6255
Revised Code. 6256

(N) "Personal care services" has the same meaning as in 6257
section 3721.01 of the Revised Code. 6258

(O) (1) Except as provided in division (O) (2) of this 6259
section, "nurse aide" means an individual who provides nursing 6260
and nursing-related services to residents in a long-term care 6261
facility, either as a member of the staff of the facility for 6262

monetary compensation or as a volunteer without monetary 6263
compensation. 6264

(2) "Nurse aide" does not include either of the following: 6265

(a) A licensed health professional practicing within the 6266
scope of the professional's license; 6267

(b) An individual providing nursing and nursing-related 6268
services in a religious nonmedical health care institution, if 6269
the individual has been trained in the principles of nonmedical 6270
care and is recognized by the institution as being competent in 6271
the administration of care within the religious tenets practiced 6272
by the residents of the institution. 6273

(P) "Licensed health professional" means all of the 6274
following: 6275

(1) An occupational therapist or occupational therapy 6276
assistant licensed under Chapter 4755. of the Revised Code; 6277

(2) A physical therapist or physical therapy assistant 6278
licensed under Chapter 4755. of the Revised Code; 6279

(3) A physician authorized under Chapter 4731. of the 6280
Revised Code to practice medicine and surgery, osteopathic 6281
medicine and surgery, or podiatric medicine and surgery; 6282

(4) A physician ~~assistant~~associate authorized under 6283
Chapter 4730. of the Revised Code to practice as a physician 6284
~~assistant~~associate; 6285

(5) A registered nurse licensed under Chapter 4723. of the 6286
Revised Code, including an advanced practice registered nurse, 6287
or a licensed practical nurse licensed under that chapter; 6288

(6) A social worker or independent social worker licensed 6289

under Chapter 4757. of the Revised Code or a social work	6290
assistant registered under that chapter;	6291
(7) A speech-language pathologist or audiologist licensed	6292
under Chapter 4753. of the Revised Code;	6293
(8) A dentist or dental hygienist licensed under Chapter	6294
4715. of the Revised Code;	6295
(9) An optometrist licensed under Chapter 4725. of the	6296
Revised Code;	6297
(10) A pharmacist licensed under Chapter 4729. of the	6298
Revised Code;	6299
(11) A psychologist licensed under Chapter 4732. of the	6300
Revised Code;	6301
(12) A chiropractor licensed under Chapter 4734. of the	6302
Revised Code;	6303
(13) A nursing home administrator licensed or temporarily	6304
licensed under Chapter 4751. of the Revised Code;	6305
(14) A licensed professional counselor or licensed	6306
professional clinical counselor licensed under Chapter 4757. of	6307
the Revised Code;	6308
(15) A marriage and family therapist or independent	6309
marriage and family therapist licensed under Chapter 4757. of	6310
the Revised Code.	6311
(Q) "Religious nonmedical health care institution" means	6312
an institution that meets or exceeds the conditions to receive	6313
payment under the medicare program established under Title XVIII	6314
of the "Social Security Act" for inpatient hospital services or	6315
post-hospital extended care services furnished to an individual	6316

in a religious nonmedical health care institution, as defined in 6317
section 1861(ss)(1) of the "Social Security Act," 79 Stat. 286 6318
(1965), 42 U.S.C. 1395x(ss)(1), as amended. 6319

(R) "Competency evaluation program" means a program 6320
through which the competency of a nurse aide to provide nursing 6321
and nursing-related services is evaluated. 6322

(S) "Training and competency evaluation program" means a 6323
program of nurse aide training and evaluation of competency to 6324
provide nursing and nursing-related services. 6325

Sec. 3727.06. (A) As used in this section: 6326

(1) "Doctor" means an individual authorized to practice 6327
medicine and surgery or osteopathic medicine and surgery. 6328

(2) "Podiatrist" means an individual authorized to 6329
practice podiatric medicine and surgery. 6330

(B)(1) Only the following may admit a patient to a 6331
hospital: 6332

(a) A doctor who is a member of the hospital's medical 6333
staff; 6334

(b) A dentist who is a member of the hospital's medical 6335
staff; 6336

(c) A podiatrist who is a member of the hospital's medical 6337
staff; 6338

(d) A clinical nurse specialist, certified nurse-midwife, 6339
or certified nurse practitioner if all of the following 6340
conditions are met: 6341

(i) The clinical nurse specialist, certified nurse- 6342
midwife, or certified nurse practitioner has a standard care 6343

arrangement entered into pursuant to section 4723.431 of the Revised Code with a collaborating doctor or podiatrist who is a member of the medical staff;

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

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

(e) A physician ~~assistant~~associate if all of the following conditions are met:

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

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

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

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

(C) All hospital patients shall be under the medical supervision of a doctor, except that services that may be rendered by a licensed dentist pursuant to Chapter 4715. of the Revised Code provided to patients admitted solely for the purpose of receiving such services shall be under the

supervision of the admitting dentist and that services that may 6372
be rendered by a podiatrist pursuant to section 4731.51 of the 6373
Revised Code provided to patients admitted solely for the 6374
purpose of receiving such services shall be under the 6375
supervision of the admitting podiatrist. If treatment not within 6376
the scope of Chapter 4715. or section 4731.51 of the Revised 6377
Code is required at the time of admission by a dentist or 6378
podiatrist, or becomes necessary during the course of hospital 6379
treatment by a dentist or podiatrist, such treatment shall be 6380
under the supervision of a doctor who is a member of the medical 6381
staff. It shall be the responsibility of the admitting dentist 6382
or podiatrist to make arrangements with a doctor who is a member 6383
of the medical staff to be responsible for the patient's 6384
treatment outside the scope of Chapter 4715. or section 4731.51 6385
of the Revised Code when necessary during the patient's stay in 6386
the hospital. 6387

Sec. 3728.01. As used in this chapter: 6388

(A) "Administer epinephrine" means to inject an individual 6389
with epinephrine using an autoinjector in a manufactured dosage 6390
form. 6391

(B) "Peace officer" has the same meaning as in section 6392
109.71 of the Revised Code and also includes a sheriff. 6393

(C) "Prescriber" means an individual who is authorized by 6394
law to prescribe drugs or dangerous drugs or drug therapy 6395
related devices in the course of the individual's professional 6396
practice, including only the following: 6397

(1) A clinical nurse specialist, certified nurse-midwife, 6398
or certified nurse practitioner who holds a certificate to 6399
prescribe issued under section 4723.48 of the Revised Code; 6400

(2) A physician authorized under Chapter 4731. of the 6401
Revised Code to practice medicine and surgery, osteopathic 6402
medicine and surgery, or podiatric medicine and surgery; 6403

(3) A physician ~~assistant~~associate who is licensed under 6404
Chapter 4730. of the Revised Code, holds a valid prescriber 6405
number issued by the state medical board, and has been granted 6406
physician-delegated prescriptive authority. 6407

(D) "Qualified entity" means either of the following: 6408

(1) Any public or private entity that is associated with a 6409
location where allergens capable of causing anaphylaxis may be 6410
present, including child care centers, colleges and 6411
universities, places of employment, restaurants, amusement 6412
parks, recreation camps, sports playing fields and arenas, and 6413
other similar locations, except that "qualified entity" does not 6414
include either of the following: 6415

(a) A chartered or nonchartered nonpublic school; 6416
community school; science, technology, engineering, and 6417
mathematics school; college-preparatory boarding school; or a 6418
school operated by the board of education of a city, local, 6419
exempted village, or joint vocational school district, as those 6420
entities are otherwise authorized to procure epinephrine 6421
autoinjectors pursuant to sections 3313.7110, 3313.7111, 6422
3314.143, 3326.28, or 3328.29 of the Revised Code; 6423

(b) A camp described in section 5101.76 of the Revised 6424
Code that is authorized to procure epinephrine autoinjectors 6425
pursuant to that section; 6426

(2) Either of the following served by a peace officer: a 6427
law enforcement agency or other entity described in division (A) 6428
of section 109.71 of the Revised Code. 6429

Sec. 3792.05. (A) As used in this section and section 6430
3792.06 of the Revised Code: 6431

(1) "Advocate" means an individual who advocates on behalf 6432
of a congregate care setting patient or resident. An advocate 6433
may include but is not limited to any of the following: 6434

(a) The patient's or resident's spouse, family member, 6435
companion, or guardian; 6436

(b) In the case of a minor patient or resident, the 6437
minor's residential parent and legal custodian or the minor's 6438
guardian; 6439

(c) An individual designated as an attorney in fact for 6440
the patient or resident under a durable power of attorney for 6441
health care as described in section 1337.12 of the Revised Code; 6442

(d) An individual appointed by a court to act as the 6443
patient's or resident's guardian. 6444

(2) "Congregate care setting" includes all of the 6445
following: 6446

(a) A county home or district home operated under Chapter 6447
5155. of the Revised Code; 6448

(b) A health care facility, as defined in section 3702.30 6449
of the Revised Code; 6450

(c) A hospice care program or pediatric respite care 6451
program, each as defined in section 3712.01 of the Revised Code, 6452
but only when providing care and services other than in a home; 6453

(d) A hospital, as defined in section 3722.01 of the 6454
Revised Code; 6455

(e) A hospital, as defined in section 5119.01 of the 6456

Revised Code; 6457

(f) A nursing home, residential care facility, or home for 6458
the aging, each as defined in section 3721.01 of the Revised 6459
Code; 6460

(g) A residential facility, as defined in section 5123.19 6461
of the Revised Code; 6462

(h) A veterans' home operated under Chapter 5907. of the 6463
Revised Code. 6464

(3) "Physician" means an individual authorized under 6465
Chapter 4731. of the Revised Code to practice medicine and 6466
surgery, osteopathic medicine and surgery, or podiatric medicine 6467
and surgery. 6468

(4) "Political subdivision" means a county, township, 6469
municipal corporation, school district, or other body corporate 6470
and politic responsible for governmental activities in a 6471
geographic area smaller than that of the state. "Political 6472
subdivision" also includes a board of health of a city or 6473
general health district. 6474

(5) "Practitioner" includes all of the following: 6475

(a) A certified nurse-midwife, clinical nurse specialist, 6476
or certified nurse practitioner, each as defined in section 6477
4723.01 of the Revised Code; 6478

(b) A physician; 6479

(c) A physician ~~assistant~~ associate licensed under Chapter 6480
4730. of the Revised Code; 6481

(d) A psychologist, as defined in section 4732.01 of the 6482
Revised Code. 6483

(6) "Public official" means any officer, employee, or duly authorized representative or agent of a political subdivision or state agency.

(7) "State agency" means every organized body, office, agency, institution, or other entity established by the laws of the state for the exercise of any function of state government. "State agency" does not include a court.

(B) (1) At the time of a patient's or resident's admission to a congregate care setting or at first opportunity after admission, the congregate care setting shall do both of the following:

(a) Inform the patient or resident that the patient or resident may designate an individual to serve as the patient's or resident's advocate;

(b) Except as provided in division (B) (2) of this section, provide the patient or resident the opportunity to make such a designation.

(2) In the case of an individual described in division (A) (1) (b), (c), or (d) of this section, the congregate care setting shall consider the individual to be a patient's or resident's advocate without the patient or resident having to make such a designation.

(3) An individual described in division (A) (1) of this section is ineligible to act as a patient's or resident's advocate if any of the following is the case:

(a) There has been an adjudicated finding that the individual abused the patient or resident.

(b) The congregate care setting has determined that the

individual poses a serious risk to the patient's or resident's 6512
physical health. 6513

(c) The individual is excluded from visiting or 6514
communicating with the patient or resident as described in 6515
division (F)(2)(i) of Rule 66.09 of the Rules of Superintendence 6516
for the Courts of Ohio. 6517

(4) At any time, a patient or resident may revoke an 6518
individual's designation as an advocate by communicating the 6519
revocation to a congregate care setting staff member. After 6520
revocation, a patient or resident may designate another 6521
individual to serve as the patient's or resident's advocate. 6522

(5) Division (B)(1) of this section does not require a 6523
congregate care setting to employ, or contract with, an 6524
individual to serve as an advocate for the care setting's 6525
patients or residents. 6526

(C) After an advocate has been designated, the advocate 6527
shall not do either of the following: 6528

(1) Physically interfere with, delay, or obstruct the 6529
provision of any health care to which any of the following has 6530
consented: the patient or resident; in the case of a minor 6531
patient or resident, the minor's residential parent and legal 6532
custodian or the minor's guardian; the patient's or resident's 6533
attorney in fact under a durable power of attorney for health 6534
care; or the patient's or resident's court-appointed guardian; 6535

(2) Engage in conduct prohibited under Title XXIX of the 6536
Revised Code, including as described in sections 2903.13, 6537
2903.22, and 2917.22 of the Revised Code, against a staff member 6538
or licensed health care practitioner who is employed by, or 6539
under contract with, the congregate care setting. 6540

(D) After an advocate has been designated, all of the 6541
following apply to the congregate care setting: 6542

(1) The congregate care setting shall request from the 6543
patient or resident consent to the disclosure of the patient's 6544
or resident's medical information to the advocate, except that, 6545
when applicable, the care setting instead shall request such 6546
consent from one of the following individuals: the patient's or 6547
resident's attorney in fact under a durable power of attorney; 6548
the patient's or resident's court-appointed guardian; or, in the 6549
case of a minor patient or resident, the minor's residential 6550
parent and legal custodian or the minor's guardian. 6551

Both the request and disclosure shall be made in 6552
accordance with the care setting's policies and state and 6553
federal law. If consent to the disclosure is refused, the care 6554
setting shall not disclose the patient's or resident's medical 6555
information to the advocate. 6556

(2) (a) Except as provided in division (D) (2) (b) of this 6557
section, the congregate care setting shall neither deny the 6558
patient or resident access to the advocate nor prohibit the 6559
patient's or resident's advocate from being physically present 6560
with the patient or resident in the care setting during either 6561
of the following: 6562

(i) Any public health emergency; 6563

(ii) The period in which an order or rule issued under 6564
division (C) of section 3701.13 of the Revised Code or section 6565
3701.14, 3709.20, or 3709.21 of the Revised Code remains in 6566
effect. 6567

At all other times, and except as provided in division (D) 6568
(2) (b) of this section, the care setting shall make every 6569

reasonable effort to allow the patient's or resident's advocate 6570
to be physically present with the patient or resident in the 6571
care setting. 6572

(b) Division (D) (2) (a) of this section does not apply if 6573
any of the following is the case: 6574

(i) The patient or resident requests that the advocate not 6575
be present. 6576

(ii) The advocate has violated either or both of the 6577
prohibitions described in division (C) of this section. 6578

(iii) The patient or resident is participating in a group 6579
therapy session. 6580

(iv) For the purpose of identifying possible abuse or 6581
neglect of a patient or resident, the care setting separates, in 6582
a manner consistent with standard operating procedures, the 6583
advocate from the patient or resident. The separation shall be 6584
temporary and last no longer than is necessary to identify abuse 6585
or neglect. 6586

(c) For purposes of division (D) (2) (a) of this section, 6587
patient or resident access to an advocate includes access on- 6588
site at the care setting itself and off-site through a means of 6589
telecommunication provided to the patient or resident. Off-site 6590
access through a means of telecommunication shall be provided at 6591
no cost to the patient or resident. 6592

(3) If the advocate violates either or both of the 6593
prohibitions described in division (C) of this section, the 6594
advocate shall be ineligible to serve as the patient's or 6595
resident's advocate, the individual's designation as an advocate 6596
shall become void, and the congregate care setting shall no 6597
longer consider that individual to be the patient's or 6598

resident's advocate. As soon as practicable, the care setting
shall provide the patient or resident with an opportunity to
designate another individual to serve as the patient's or
resident's advocate.

(E) (1) With respect to a congregate care setting that is a
hospital or health care facility, division (D) (2) (a) of this
section does not change or countermand any hospital or facility
policy relating to the isolation of a patient during an invasive
procedure, in particular, a policy under which the health care
practitioner performing or overseeing such a procedure may
determine that a sterile environment is required during the
procedure in order to protect patient safety.

(2) When a patient or resident of a congregate care
setting has a highly infectious disease requiring special
isolation precautions, division (D) (2) (a) of this section does
not prevent the care setting from establishing, in order to
minimize the disease's spread, a reasonable protocol governing
the use of personal protective equipment in the care setting.
The protocol's requirements must not be more restrictive for
advocates than for care setting staff.

Under the protocol, an advocate is exempt from using
personal protective equipment while in the care setting if the
advocate presents to the care setting a practitioner's note
documenting that such use conflicts with, or is not required
because of, the advocate's own physical or mental health
condition.

(3) In the event an infectious disease outbreak is serious
enough to require the staff of a congregate care setting that is
a hospital or health care facility to quarantine, then a
patient's advocate shall be allowed to quarantine with the

patient at the hospital or facility. The length of quarantine 6629
and quarantine requirements must not be more restrictive for 6630
advocates than for hospital or facility staff. 6631

(F) (1) A congregate care setting shall be immune from 6632
administrative and civil liability if a patient's or resident's 6633
advocate contracts, as a result of serving as the advocate, an 6634
infectious disease other than a foodborne disease. 6635

(2) Division (F) (1) of this section does not grant a 6636
congregate care setting that is a hospital or health care 6637
facility immunity from a claim of negligence or medical 6638
malpractice for any care provided to the advocate should the 6639
advocate seek treatment at the hospital or facility for the 6640
infectious disease described in division (F) (1) of this section. 6641

(G) A political subdivision, public official, or state 6642
agency shall not issue any order or rule that would require a 6643
congregate care setting to violate this section. 6644

(H) Either of the following individuals may petition a 6645
court of common pleas for injunctive relief restraining a 6646
violation or threatened violation of this section: 6647

(1) A patient or resident; 6648

(2) A patient's or resident's advocate, but only if the 6649
advocate is one of the following: the patient's or resident's 6650
immediate family member, spouse, or guardian; in the case of a 6651
minor patient or resident, the minor's residential parent and 6652
legal custodian or the minor's guardian; or the patient's or 6653
resident's attorney in fact under a durable power of attorney 6654
for health care. 6655

If the individual prevails, the court shall award the 6656
individual court costs associated with petitioning the court for 6657

injunctive relief. 6658

(I) Nothing in this section shall be construed to change, 6659
interfere with, or restrict any of the rights and duties 6660
described in sections 1337.11 to 1337.17 of the Revised Code. 6661

Sec. 3795.01. As used in sections 3795.01, 3795.02, and 6662
3795.03 of the Revised Code: 6663

(A) "Assist suicide" or "assisting suicide" means 6664
knowingly doing either of the following, with the purpose of 6665
helping another person to commit or attempt suicide: 6666

(1) Providing the physical means by which the person 6667
commits or attempts to commit suicide; 6668

(2) Participating in a physical act by which the person 6669
commits or attempts to commit suicide. 6670

(B) "Certified nurse practitioner," "certified nurse- 6671
midwife," and "clinical nurse specialist" have the same meanings 6672
as in section 4723.01 of the Revised Code. 6673

(C) "CPR" has the same meaning as in section 2133.21 of 6674
the Revised Code. 6675

(D) "Health care" means any care, treatment, service, or 6676
procedure to maintain, diagnose, or treat a person's physical or 6677
mental condition. 6678

(E) "Health care decision" means informed consent, refusal 6679
to give informed consent, or withdrawal of informed consent to 6680
health care. 6681

(F) "Health care facility" means any of the following: 6682

(1) A hospital; 6683

(2) A hospice care program or pediatric respite care 6684

program as defined in section 3712.01 of the Revised Code; 6685

(3) A nursing home; 6686

(4) A home health agency; 6687

(5) An intermediate care facility for individuals with 6688
intellectual disabilities. 6689

(G) "Health care personnel" means physicians, nurses, 6690
physician ~~assistants~~associates, emergency medical technicians- 6691
basic, emergency medical technicians-intermediate, emergency 6692
medical technicians-paramedic, medical technicians, dietitians, 6693
other authorized persons acting under the direction of an 6694
attending physician, and administrators of health care 6695
facilities. 6696

(H) "Physician" means a person who is authorized under 6697
Chapter 4731. of the Revised Code to practice medicine and 6698
surgery or osteopathic medicine and surgery. 6699

Sec. 3919.29. No corporation, company, or association 6700
organized under section 3919.01 of the Revised Code shall issue 6701
a certificate or policy to any person, until such person has 6702
first been subjected to a thorough medical examination by a 6703
physician, a physician ~~assistant~~associate, a clinical nurse 6704
specialist, a certified nurse practitioner, or a certified 6705
nurse-midwife and found to be a good risk, nor shall it issue a 6706
certificate or policy to any person above the age of sixty-five 6707
years or under the age of fifteen years. Any written 6708
documentation of the physical examination shall be completed by 6709
the individual who conducted the examination. 6710

This section, in respect to the age and medical 6711
examination of persons to whom certificates or policies may 6712
issue, does not apply to such corporations, companies, or 6713

associations doing purely accident business. 6714

Sec. 3963.01. As used in this chapter: 6715

(A) "Affiliate" means any person or entity that has 6716
ownership or control of a contracting entity, is owned or 6717
controlled by a contracting entity, or is under common ownership 6718
or control with a contracting entity. 6719

(B) "Basic health care services" has the same meaning as 6720
in division (A) of section 1751.01 of the Revised Code, except 6721
that it does not include any services listed in that division 6722
that are provided by a pharmacist or nursing home. 6723

(C) "Covered vision services" means vision care services 6724
or vision care materials for which a reimbursement is available 6725
under an enrollee's health care contract, or for which a 6726
reimbursement would be available but for the application of 6727
contractual limitations, such as a deductible, copayment, 6728
coinsurance, waiting period, annual or lifetime maximum, 6729
frequency limitation, alternative benefit payment, or any other 6730
limitation. 6731

(D) "Contracting entity" means any person that has a 6732
primary business purpose of contracting with participating 6733
providers for the delivery of health care services. 6734

(E) "Covered dental services" means dental care services 6735
for which reimbursement is available under an enrollee's health 6736
care contract, or for which a reimbursement would be available 6737
but for the application of contractual limitations, such as a 6738
deductible, copayment, coinsurance, waiting period, annual or 6739
lifetime maximum, frequency limitation, alternative benefit 6740
payment, or any other limitation. 6741

(F) "Credentialing" means the process of assessing and 6742

validating the qualifications of a provider applying to be 6743
approved by a contracting entity to provide basic health care 6744
services, specialty health care services, or supplemental health 6745
care services to enrollees. 6746

(G) "Dental care provider" means a dentist licensed under 6747
Chapter 4715. of the Revised Code. "Dental care provider" does 6748
not include a dental hygienist licensed under Chapter 4715. of 6749
the Revised Code. 6750

(H) "Edit" means adjusting one or more procedure codes 6751
billed by a participating provider on a claim for payment or a 6752
practice that results in any of the following: 6753

(1) Payment for some, but not all of the procedure codes 6754
originally billed by a participating provider; 6755

(2) Payment for a different procedure code than the 6756
procedure code originally billed by a participating provider; 6757

(3) A reduced payment as a result of services provided to 6758
an enrollee that are claimed under more than one procedure code 6759
on the same service date. 6760

(I) "Electronic claims transport" means to accept and 6761
digitize claims or to accept claims already digitized, to place 6762
those claims into a format that complies with the electronic 6763
transaction standards issued by the United States department of 6764
health and human services pursuant to the "Health Insurance 6765
Portability and Accountability Act of 1996," 110 Stat. 1955, 42 6766
U.S.C. 1320d, et seq., as those electronic standards are 6767
applicable to the parties and as those electronic standards are 6768
updated from time to time, and to electronically transmit those 6769
claims to the appropriate contracting entity, payer, or third- 6770
party administrator. 6771

(J) "Enrollee" means any person eligible for health care 6772
benefits under a health benefit plan, including an eligible 6773
recipient of medicaid, and includes all of the following terms: 6774

(1) "Enrollee" and "subscriber" as defined by section 6775
1751.01 of the Revised Code; 6776

(2) "Member" as defined by section 1739.01 of the Revised 6777
Code; 6778

(3) "Insured" and "plan member" pursuant to Chapter 3923. 6779
of the Revised Code; 6780

(4) "Beneficiary" as defined by section 3901.38 of the 6781
Revised Code. 6782

(K) "Health care contract" means a contract entered into, 6783
materially amended, or renewed between a contracting entity and 6784
a participating provider for the delivery of basic health care 6785
services, specialty health care services, or supplemental health 6786
care services to enrollees. 6787

(L) "Health care services" means basic health care 6788
services, specialty health care services, and supplemental 6789
health care services. 6790

(M) "Material amendment" means an amendment to a health 6791
care contract that decreases the participating provider's 6792
payment or compensation, changes the administrative procedures 6793
in a way that may reasonably be expected to significantly 6794
increase the provider's administrative expenses, or adds a new 6795
product. A material amendment does not include any of the 6796
following: 6797

(1) A decrease in payment or compensation resulting solely 6798
from a change in a published fee schedule upon which the payment 6799

or compensation is based and the date of applicability is 6800
clearly identified in the contract; 6801

(2) A decrease in payment or compensation that was 6802
anticipated under the terms of the contract, if the amount and 6803
date of applicability of the decrease is clearly identified in 6804
the contract; 6805

(3) An administrative change that may significantly 6806
increase the provider's administrative expense, the specific 6807
applicability of which is clearly identified in the contract; 6808

(4) Changes to an existing prior authorization, 6809
precertification, notification, or referral program that do not 6810
substantially increase the provider's administrative expense; 6811

(5) Changes to an edit program or to specific edits if the 6812
participating provider is provided notice of the changes 6813
pursuant to division (A) (1) of section 3963.04 of the Revised 6814
Code and the notice includes information sufficient for the 6815
provider to determine the effect of the change; 6816

(6) Changes to a health care contract described in 6817
division (B) of section 3963.04 of the Revised Code. 6818

(N) "Participating provider" means a provider that has a 6819
health care contract with a contracting entity and is entitled 6820
to reimbursement for health care services rendered to an 6821
enrollee under the health care contract. 6822

(O) "Payer" means any person that assumes the financial 6823
risk for the payment of claims under a health care contract or 6824
the reimbursement for health care services provided to enrollees 6825
by participating providers pursuant to a health care contract. 6826

(P) "Primary enrollee" means a person who is responsible 6827

for making payments for participation in a health care plan or 6828
an enrollee whose employment or other status is the basis of 6829
eligibility for enrollment in a health care plan. 6830

(Q) "Procedure codes" includes the American medical 6831
association's current procedural terminology code, the American 6832
dental association's current dental terminology, and the centers 6833
for medicare and medicaid services health care common procedure 6834
coding system. 6835

(R) "Product" means one of the following types of 6836
categories of coverage for which a participating provider may be 6837
obligated to provide health care services pursuant to a health 6838
care contract: 6839

(1) A health maintenance organization or other product 6840
provided by a health insuring corporation; 6841

(2) A preferred provider organization; 6842

(3) Medicare; 6843

(4) Medicaid; 6844

(5) Workers' compensation. 6845

(S) "Provider" means a physician, podiatrist, dentist, 6846
chiropractor, optometrist, psychologist, physician 6847
~~assistant~~associate, advanced practice registered nurse, 6848
occupational therapist, massage therapist, physical therapist, 6849
licensed professional counselor, licensed professional clinical 6850
counselor, hearing aid dealer, orthotist, prosthetist, home 6851
health agency, hospice care program, pediatric respite care 6852
program, or hospital, or a provider organization or physician- 6853
hospital organization that is acting exclusively as an 6854
administrator on behalf of a provider to facilitate the 6855

provider's participation in health care contracts. 6856

"Provider" does not mean either of the following: 6857

(1) A nursing home; 6858

(2) A provider organization or physician-hospital 6859
organization that leases the provider organization's or 6860
physician-hospital organization's network to a third party or 6861
contracts directly with employers or health and welfare funds. 6862

(T) "Specialty health care services" has the same meaning 6863
as in section 1751.01 of the Revised Code, except that it does 6864
not include any services listed in division (B) of section 6865
1751.01 of the Revised Code that are provided by a pharmacist or 6866
a nursing home. 6867

(U) "Supplemental health care services" has the same 6868
meaning as in division (B) of section 1751.01 of the Revised 6869
Code, except that it does not include any services listed in 6870
that division that are provided by a pharmacist or nursing home. 6871

(V) "Vision care materials" includes lenses, devices 6872
containing lenses, prisms, lens treatments and coatings, contact 6873
lenses, orthotics, vision training, and any prosthetic device 6874
necessary to correct, relieve, or treat any defect or abnormal 6875
condition of the human eye or its adnexa. 6876

(W) "Vision care provider" means either of the following: 6877

(1) An optometrist licensed under Chapter 4725. of the 6878
Revised Code; 6879

(2) A physician authorized under Chapter 4731. of the 6880
Revised Code to practice medicine and surgery or osteopathic 6881
medicine and surgery. 6882

Sec. 4503.44. (A) As used in this section and in section 6883
4511.69 of the Revised Code: 6884

(1) "Person with a disability that limits or impairs the 6885
ability to walk" means any person who, as determined by a health 6886
care provider, meets any of the following criteria: 6887

(a) Cannot walk two hundred feet without stopping to rest; 6888

(b) Cannot walk without the use of, or assistance from, a 6889
brace, cane, crutch, another person, prosthetic device, 6890
wheelchair, or other assistive device; 6891

(c) Is restricted by a lung disease to such an extent that 6892
the person's forced (respiratory) expiratory volume for one 6893
second, when measured by spirometry, is less than one liter, or 6894
the arterial oxygen tension is less than sixty millimeters of 6895
mercury on room air at rest; 6896

(d) Uses portable oxygen; 6897

(e) Has a cardiac condition to the extent that the 6898
person's functional limitations are classified in severity as 6899
class III or class IV according to standards set by the American 6900
heart association; 6901

(f) Is severely limited in the ability to walk due to an 6902
arthritic, neurological, or orthopedic condition; 6903

(g) Is blind, legally blind, or severely visually 6904
impaired. 6905

(2) "Organization" means any private organization or 6906
corporation, or any governmental board, agency, department, 6907
division, or office, that, as part of its business or program, 6908
transports persons with disabilities that limit or impair the 6909
ability to walk on a regular basis in a motor vehicle that has 6910

not been altered for the purpose of providing it with accessible 6911
equipment for use by persons with disabilities. This definition 6912
does not apply to division (I) of this section. 6913

(3) "Health care provider" means a physician, physician 6914
~~assistant~~associate, advanced practice registered nurse, 6915
optometrist, or chiropractor as defined in this section except 6916
that an optometrist shall only make determinations as to 6917
division (A) (1) (g) of this section. 6918

(4) "Physician" means a person licensed to practice 6919
medicine or surgery or osteopathic medicine and surgery under 6920
Chapter 4731. of the Revised Code. 6921

(5) "Chiropractor" means a person licensed to practice 6922
chiropractic under Chapter 4734. of the Revised Code. 6923

(6) "Advanced practice registered nurse" means a certified 6924
nurse practitioner, clinical nurse specialist, certified 6925
registered nurse anesthetist, or certified nurse-midwife who 6926
holds a certificate of authority issued by the board of nursing 6927
under Chapter 4723. of the Revised Code. 6928

(7) "Physician ~~assistant~~associate" means a person who is 6929
licensed as a physician ~~assistant~~associate under Chapter 4730. 6930
of the Revised Code. 6931

(8) "Optometrist" means a person licensed to engage in the 6932
practice of optometry under Chapter 4725. of the Revised Code. 6933

(9) "Removable windshield placard" includes a standard 6934
removable windshield placard, a temporary removable windshield 6935
placard, or a permanent removable windshield placard, unless 6936
otherwise specified. 6937

(B) (1) An organization, or a person with a disability that 6938

limits or impairs the ability to walk, may apply for the 6939
registration of any motor vehicle the organization or person 6940
owns or leases. When an adaptive mobility vehicle is owned or 6941
leased by someone other than a person with a disability that 6942
limits or impairs the ability to walk, the owner or lessee may 6943
apply to the registrar of motor vehicles or a deputy registrar 6944
for registration under this section. The application for 6945
registration of a motor vehicle owned or leased by a person with 6946
a disability that limits or impairs the ability to walk shall be 6947
accompanied by a signed statement from the applicant's health 6948
care provider certifying that the applicant meets at least one 6949
of the criteria contained in division (A)(1) of this section and 6950
that the disability is expected to continue for more than six 6951
consecutive months. The application for registration of an 6952
adaptive mobility vehicle that is owned by someone other than a 6953
person with a disability that limits or impairs the ability to 6954
walk shall be accompanied by such documentary evidence of 6955
vehicle specifications or alterations as the registrar may 6956
require by rule. 6957

(2) When an organization, a person with a disability that 6958
limits or impairs the ability to walk, or a person who does not 6959
have a disability that limits or impairs the ability to walk but 6960
owns a motor vehicle that has been altered for the purpose of 6961
providing it with accessible equipment for a person with a 6962
disability that limits or impairs the ability to walk first 6963
submits an application for registration of a motor vehicle under 6964
this section and every fifth year thereafter, the organization 6965
or person shall submit a signed statement from the applicant's 6966
health care provider, a completed application, and any required 6967
documentary evidence of vehicle specifications or alterations as 6968
provided in division (B)(1) of this section, and also a power of 6969

attorney from the owner of the motor vehicle if the applicant 6970
leases the vehicle. Upon submission of these items, the 6971
registrar or deputy registrar shall issue to the applicant 6972
appropriate vehicle registration and a set of license plates and 6973
validation stickers, or validation stickers alone when required 6974
by section 4503.191 of the Revised Code. In addition to the 6975
letters and numbers ordinarily inscribed thereon, the license 6976
plates shall be imprinted with the international symbol of 6977
access. The license plates and validation stickers shall be 6978
issued upon payment of the regular license fee as prescribed 6979
under section 4503.04 of the Revised Code and any motor vehicle 6980
tax levied under Chapter 4504. of the Revised Code, and the 6981
payment of a service fee equal to the amount established under 6982
section 4503.038 of the Revised Code. 6983

(C) (1) A person with a disability that limits or impairs 6984
the ability to walk may apply to the registrar for a removable 6985
windshield placard by completing and signing an application 6986
provided by the registrar. 6987

(2) The person shall include with the application a 6988
prescription from the person's health care provider prescribing 6989
such a placard for the person based upon a determination that 6990
the person meets at least one of the criteria contained in 6991
division (A) (1) of this section. The health care provider shall 6992
state on the prescription the length of time the health care 6993
provider expects the applicant to have the disability that 6994
limits or impairs the person's ability to walk. If the length of 6995
time the applicant is expected to have the disability is six 6996
consecutive months or less, the applicant shall submit an 6997
application for a temporary removable windshield placard. If the 6998
length of time the applicant is expected to have the disability 6999
is permanent, the applicant shall submit an application for a 7000

permanent removable windshield placard. All other applicants 7001
shall submit an application for a standard removable windshield 7002
placard. 7003

(3) In addition to one placard or one or more sets of 7004
license plates, a person with a disability that limits or 7005
impairs the ability to walk is entitled to one additional 7006
placard, but only if the person applies separately for the 7007
additional placard, states the reasons why the additional 7008
placard is needed, and the registrar, in the registrar's 7009
discretion determines that good and justifiable cause exists to 7010
approve the request for the additional placard. 7011

(4) An organization may apply to the registrar of motor 7012
vehicles for a standard removable windshield placard by 7013
completing and signing an application provided by the registrar. 7014
The organization shall comply with any procedures the registrar 7015
establishes by rule. The organization shall include with the 7016
application documentary evidence that the registrar requires by 7017
rule showing that the organization regularly transports persons 7018
with disabilities that limit or impair the ability to walk. 7019

(5) The registrar or deputy registrar shall issue to an 7020
applicant a standard removable windshield placard, a temporary 7021
removable windshield placard, or a permanent removable 7022
windshield placard, as applicable, upon receipt of all of the 7023
following: 7024

(a) A completed and signed application for a removable 7025
windshield placard; 7026

(b) The accompanying documents required under division (C) 7027
(2) or (4) of this section; 7028

(c) Payment of a service fee equal to the amount 7029

established under section 4503.038 of the Revised Code for a 7030
standard removable windshield placard or a temporary removable 7031
windshield placard, or payment of fifteen dollars for a 7032
permanent removable windshield placard. 7033

(6) The removable windshield placard shall display the 7034
date of expiration on both sides of the placard, or the word 7035
"permanent" if the placard is a permanent removable windshield 7036
placard, and shall be valid until expired, revoked, or 7037
surrendered. Except for a permanent removable windshield 7038
placard, which has no expiration, a removable windshield placard 7039
expires on the earliest of the following two dates: 7040

(a) The date that the person issued the placard is 7041
expected to no longer have the disability that limits or impairs 7042
the ability to walk, as indicated on the prescription submitted 7043
with the application for the placard; 7044

(b) Ten years after the date of issuance on the placard. 7045

In no case shall a removable windshield placard be valid 7046
for a period of less than sixty days. 7047

(7) Standard removable windshield placards shall be 7048
renewable upon application and upon payment of a service fee 7049
equal to the amount established under section 4503.038 of the 7050
Revised Code. The registrar shall provide the application form 7051
and shall determine the information to be included thereon. 7052

(8) The registrar shall determine the form and size of 7053
each type of the removable windshield placard, the material of 7054
which it is to be made, any differences in color between each 7055
type of placard to make them readily identifiable, and any other 7056
information to be included thereon, and shall adopt rules 7057
relating to the issuance, expiration, revocation, surrender, and 7058

proper display of such placards. A temporary removable 7059
windshield placard shall display the word "temporary" in letters 7060
of such size as the registrar shall prescribe. Any placard 7061
issued after October 14, 1999, shall be manufactured in a manner 7062
that allows the expiration date of the placard to be indicated 7063
on it through the punching, drilling, boring, or creation by any 7064
other means of holes in the placard. 7065

(9) At the time a removable windshield placard is issued 7066
to a person with a disability that limits or impairs the ability 7067
to walk, the registrar or deputy registrar shall enter into the 7068
records of the bureau of motor vehicles the last date on which 7069
the person will have that disability, as indicated on the 7070
accompanying prescription. For a standard removable windshield 7071
placard, not less than thirty days prior to that date and any 7072
renewal dates, the bureau shall send a renewal notice to that 7073
person at the person's last known address as shown in the 7074
records of the bureau, informing the person that the person's 7075
removable windshield placard will expire on the indicated date, 7076
and that the person is required to renew the placard by 7077
submitting to the registrar or a deputy registrar another 7078
prescription, and by complying with the renewal provisions. If 7079
such a prescription is not received by the registrar or a deputy 7080
registrar by that date, the placard issued to that person 7081
expires and no longer is valid, and this fact shall be recorded 7082
in the records of the bureau. 7083

(10) At least once every year, on a date determined by the 7084
registrar, the bureau shall examine the records of the office of 7085
vital statistics, located within the department of health, that 7086
pertain to deceased persons, and also the bureau's records of 7087
all persons who have been issued removable windshield placards. 7088
If the records of the office of vital statistics indicate that a 7089

person to whom a removable windshield placard has been issued is 7090
deceased, the bureau shall cancel that placard, and note the 7091
cancellation in its records. 7092

The office of vital statistics shall make available to the 7093
bureau all information necessary to enable the bureau to comply 7094
with division (C)(10) of this section. 7095

(11) Nothing in this section shall be construed to require 7096
a person or organization to apply for a removable windshield 7097
placard or accessible license plates if the accessible license 7098
plates issued to the person or organization under prior law have 7099
not expired or been surrendered or revoked. 7100

(D) Any active-duty member of the armed forces of the 7101
United States, including the reserve components of the armed 7102
forces and the national guard, who has an illness or injury that 7103
limits or impairs the ability to walk may apply to the registrar 7104
or a deputy registrar for a temporary removable windshield 7105
placard. With the application, the person shall present evidence 7106
of the person's active-duty status and the illness or injury. 7107
Evidence of the illness or injury may include a current 7108
department of defense convalescent leave statement, any 7109
department of defense document indicating that the person 7110
currently has an ill or injured casualty status or has limited 7111
duties, or a prescription from any health care provider 7112
prescribing the placard for the applicant. Upon receipt of the 7113
application and the necessary evidence, the registrar or deputy 7114
registrar shall issue the applicant the temporary removable 7115
windshield placard without the payment of any service fee. 7116

(E) If an applicant for a removable windshield placard is 7117
a veteran of the armed forces of the United States whose 7118
disability, as defined in division (A)(1) of this section, is 7119

service-connected, the registrar or deputy registrar, upon 7120
receipt of the application, presentation of a signed statement 7121
from the applicant's health care provider certifying the 7122
applicant's disability, and presentation of such documentary 7123
evidence from the department of veterans affairs that the 7124
disability of the applicant meets at least one of the criteria 7125
identified in division (A)(1) of this section and is service- 7126
connected as the registrar may require by rule, but without the 7127
payment of any service fee, shall issue the applicant a 7128
removable windshield placard that is valid until expired, 7129
surrendered, or revoked. 7130

(F)(1) Upon a conviction of a violation of division (H) or 7131
(I) of this section, the court shall report the conviction, and 7132
send the placard, if available, to the registrar, who thereupon 7133
shall revoke the privilege of using the placard and send notice 7134
in writing to the placardholder at that holder's last known 7135
address as shown in the records of the bureau, and the 7136
placardholder shall return the placard if not previously 7137
surrendered to the court, to the registrar within ten days 7138
following mailing of the notice. 7139

(2) Whenever a person to whom a removable windshield 7140
placard has been issued moves to another state, the person shall 7141
surrender the placard to the registrar; and whenever an 7142
organization to which a placard has been issued changes its 7143
place of operation to another state, the organization shall 7144
surrender the placard to the registrar. 7145

(3) If a person no longer requires a permanent removable 7146
windshield placard, the person shall notify and surrender the 7147
placard to the registrar or deputy registrar within ten days of 7148
no longer requiring the placard. The person may still apply for 7149

a standard removable windshield placard or temporary removable
windshield placard, if applicable.

(G) Subject to division (F) of section 4511.69 of the
Revised Code, the operator of a motor vehicle displaying a
removable windshield placard or the accessible license plates
authorized by this section is entitled to park the motor vehicle
in any accessible parking location reserved for persons with
disabilities that limit or impair the ability to walk.

(H) No person or organization that is not eligible for the
issuance of license plates or any placard under this section
shall willfully and falsely represent that the person or
organization is so eligible.

No person or organization shall display license plates
issued under this section unless the license plates have been
issued for the vehicle on which they are displayed and are
valid.

(I) No person or organization to which a removable
windshield placard is issued shall do either of the following:

(1) Display or permit the display of the placard on any
motor vehicle when having reasonable cause to believe the motor
vehicle is being used in connection with an activity that does
not include providing transportation for persons with
disabilities that limit or impair the ability to walk;

(2) Refuse to return or surrender the placard, when
required.

(J) If a removable windshield placard or parking card is
lost, destroyed, or mutilated, the placardholder or cardholder
may obtain a duplicate by doing both of the following:

(1) Furnishing suitable proof of the loss, destruction, or mutilation to the registrar; 7178
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(2) Paying a service fee equal to the amount paid when the placardholder obtained the original placard. 7180
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Any placardholder who loses a placard and, after obtaining a duplicate, finds the original, immediately shall surrender the original placard to the registrar. 7182
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(K) (1) The registrar shall pay all fees received under this section for the issuance of removable windshield placards or duplicate removable windshield placards into the state treasury to the credit of the public safety - highway purposes fund created in section 4501.06 of the Revised Code. 7185
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(2) In addition to the fees collected under this section, the registrar or deputy registrar shall ask each person applying for a removable windshield placard or duplicate removable windshield placard or license plate issued under this section, whether the person wishes to make a two-dollar voluntary contribution to support rehabilitation employment services. The registrar shall transmit the contributions received under this division to the treasurer of state for deposit into the rehabilitation employment fund, which is hereby created in the state treasury. A deputy registrar shall transmit the contributions received under this division to the registrar in the time and manner prescribed by the registrar. The contributions in the fund shall be used by the opportunities for Ohioans with disabilities agency to purchase services related to vocational evaluation, work adjustment, personal adjustment, job placement, job coaching, and community-based assessment from accredited community rehabilitation program facilities. 7190
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(L) For purposes of enforcing this section, every peace officer is deemed to be an agent of the registrar. Any peace officer or any authorized employee of the bureau of motor vehicles who, in the performance of duties authorized by law, becomes aware of a person whose removable windshield placard or parking card has been revoked pursuant to this section, may confiscate that placard or parking card and return it to the registrar. The registrar shall prescribe any forms used by law enforcement agencies in administering this section.

No peace officer, law enforcement agency employing a peace officer, or political subdivision or governmental agency employing a peace officer, and no employee of the bureau is liable in a civil action for damages or loss to persons arising out of the performance of any duty required or authorized by this section. As used in this division, "peace officer" has the same meaning as in division (B) of section 2935.01 of the Revised Code.

(M) All applications for registration of motor vehicles and removable windshield placards issued under this section, all renewal notices for such items, and all other publications issued by the bureau that relate to this section shall set forth the criminal penalties that may be imposed upon a person who violates any provision relating to accessible license plates issued under this section, the parking of vehicles displaying such license plates, and the issuance, procurement, use, and display of removable windshield placards issued under this section.

(N) Whoever violates this section is guilty of a misdemeanor of the fourth degree.

Sec. 4507.20. The registrar of motor vehicles, when the

registrar has good cause to believe that the holder of a 7237
driver's or commercial driver's license is incompetent or 7238
otherwise not qualified to be licensed, shall send a written 7239
notice to the licensee's last known address, requiring the 7240
licensee to submit to a driver's license examination, a physical 7241
examination, or both, or a commercial driver's license 7242
examination within the time indicated on the notice. The 7243
physical examination may be conducted by any individual 7244
authorized by the Revised Code to do so, including a physician 7245
~~assistant~~associate, a clinical nurse specialist, a certified 7246
nurse practitioner, or a certified nurse-midwife. Any written 7247
documentation of the physical examination shall be completed by 7248
the individual who conducted the examination. 7249

Upon the conclusion of the examination, the registrar may 7250
suspend the license of the person, may permit the licensee to 7251
retain the license, or may issue the licensee a restricted 7252
license. Refusal or neglect of the licensee to submit to the 7253
examination is ground for suspension of the licensee's license. 7254

A physician licensed under Chapter 4731. of the Revised 7255
Code may submit a report to the registrar stating that in the 7256
physician's professional opinion the holder of a driver's or 7257
commercial driver's license may be incompetent or otherwise not 7258
qualified to operate safely a motor vehicle due to medical 7259
reasons. Any such report submitted to the registrar is 7260
confidential, is not a public record, and is not subject to 7261
disclosure under section 149.43 of the Revised Code. 7262

Sec. 4715.30. (A) Except as provided in division (K) of 7263
this section, an applicant for or holder of a certificate or 7264
license issued under this chapter is subject to disciplinary 7265
action by the state dental board for any of the following 7266

reasons: 7267

(1) Employing or cooperating in fraud or material 7268
deception in applying for or obtaining a license or certificate; 7269

(2) Obtaining or attempting to obtain money or anything of 7270
value by intentional misrepresentation or material deception in 7271
the course of practice; 7272

(3) Advertising services in a false or misleading manner 7273
or violating the board's rules governing time, place, and manner 7274
of advertising; 7275

(4) Commission of an act that constitutes a felony in this 7276
state, regardless of the jurisdiction in which the act was 7277
committed; 7278

(5) Commission of an act in the course of practice that 7279
constitutes a misdemeanor in this state, regardless of the 7280
jurisdiction in which the act was committed; 7281

(6) Conviction of, a plea of guilty to, a judicial finding 7282
of guilt of, a judicial finding of guilt resulting from a plea 7283
of no contest to, or a judicial finding of eligibility for 7284
intervention in lieu of conviction for, any felony or of a 7285
misdemeanor committed in the course of practice; 7286

(7) Engaging in lewd or immoral conduct in connection with 7287
the provision of dental services; 7288

(8) Selling, prescribing, giving away, or administering 7289
drugs for other than legal and legitimate therapeutic purposes, 7290
or conviction of, a plea of guilty to, a judicial finding of 7291
guilt of, a judicial finding of guilt resulting from a plea of 7292
no contest to, or a judicial finding of eligibility for 7293
intervention in lieu of conviction for, a violation of any 7294

federal or state law regulating the possession, distribution, or 7295
use of any drug; 7296

(9) Providing or allowing dental hygienists, expanded 7297
function dental auxiliaries, or other practitioners of auxiliary 7298
dental occupations working under the certificate or license 7299
holder's supervision, or a dentist holding a temporary limited 7300
continuing education license under division (C) of section 7301
4715.16 of the Revised Code working under the certificate or 7302
license holder's direct supervision, to provide dental care that 7303
departs from or fails to conform to accepted standards for the 7304
profession, whether or not injury to a patient results; 7305

(10) Inability to practice under accepted standards of the 7306
profession because of physical or mental disability, dependence 7307
on alcohol or other drugs, or excessive use of alcohol or other 7308
drugs; 7309

(11) Violation of any provision of this chapter or any 7310
rule adopted thereunder; 7311

(12) Failure to use universal blood and body fluid 7312
precautions established by rules adopted under section 4715.03 7313
of the Revised Code; 7314

(13) Except as provided in division (H) of this section, 7315
either of the following: 7316

(a) Waiving the payment of all or any part of a deductible 7317
or copayment that a patient, pursuant to a health insurance or 7318
health care policy, contract, or plan that covers dental 7319
services, would otherwise be required to pay if the waiver is 7320
used as an enticement to a patient or group of patients to 7321
receive health care services from that certificate or license 7322
holder; 7323

(b) Advertising that the certificate or license holder 7324
will waive the payment of all or any part of a deductible or 7325
copayment that a patient, pursuant to a health insurance or 7326
health care policy, contract, or plan that covers dental 7327
services, would otherwise be required to pay. 7328

(14) Failure to comply with section 4715.302 or 4729.79 of 7329
the Revised Code, unless the state board of pharmacy no longer 7330
maintains a drug database pursuant to section 4729.75 of the 7331
Revised Code; 7332

(15) Any of the following actions taken by an agency 7333
responsible for authorizing, certifying, or regulating an 7334
individual to practice a health care occupation or provide 7335
health care services in this state or another jurisdiction, for 7336
any reason other than the nonpayment of fees: the limitation, 7337
revocation, or suspension of an individual's license to 7338
practice; acceptance of an individual's license surrender; 7339
denial of a license; refusal to renew or reinstate a license; 7340
imposition of probation; or issuance of an order of censure or 7341
other reprimand; 7342

(16) Failure to cooperate in an investigation conducted by 7343
the board under division (D) of section 4715.03 of the Revised 7344
Code, including failure to comply with a subpoena or order 7345
issued by the board or failure to answer truthfully a question 7346
presented by the board at a deposition or in written 7347
interrogatories, except that failure to cooperate with an 7348
investigation shall not constitute grounds for discipline under 7349
this section if a court of competent jurisdiction has issued an 7350
order that either quashes a subpoena or permits the individual 7351
to withhold the testimony or evidence in issue; 7352

(17) Failure to comply with the requirements in section 7353

3719.061 of the Revised Code before issuing for a minor a 7354
prescription for an opioid analgesic, as defined in section 7355
3719.01 of the Revised Code; 7356

(18) Failure to comply with the requirements of sections 7357
4715.71 and 4715.72 of the Revised Code regarding the operation 7358
of a mobile dental facility; 7359

(19) A pattern of continuous or repeated violations of 7360
division (F) (2) of section 3963.02 of the Revised Code. 7361

(B) A manager, proprietor, operator, or conductor of a 7362
dental facility shall be subject to disciplinary action if any 7363
dentist, dental hygienist, expanded function dental auxiliary, 7364
or qualified personnel providing services in the facility is 7365
found to have committed a violation listed in division (A) of 7366
this section and the manager, proprietor, operator, or conductor 7367
knew of the violation and permitted it to occur on a recurring 7368
basis. 7369

(C) Subject to Chapter 119. of the Revised Code, the board 7370
may take one or more of the following disciplinary actions if 7371
one or more of the grounds for discipline listed in divisions 7372
(A) and (B) of this section exist: 7373

(1) Censure the license or certificate holder; 7374

(2) Place the license or certificate on probationary 7375
status for such period of time the board determines necessary 7376
and require the holder to: 7377

(a) Report regularly to the board upon the matters which 7378
are the basis of probation; 7379

(b) Limit practice to those areas specified by the board; 7380

(c) Continue or renew professional education until a 7381

satisfactory degree of knowledge or clinical competency has been 7382
attained in specified areas. 7383

(3) Suspend the certificate or license; 7384

(4) Revoke the certificate or license. 7385

Where the board places a holder of a license or 7386
certificate on probationary status pursuant to division (C) (2) 7387
of this section, the board may subsequently suspend or revoke 7388
the license or certificate if it determines that the holder has 7389
not met the requirements of the probation or continues to engage 7390
in activities that constitute grounds for discipline pursuant to 7391
division (A) or (B) of this section. 7392

Any order suspending a license or certificate shall state 7393
the conditions under which the license or certificate will be 7394
restored, which may include a conditional restoration during 7395
which time the holder is in a probationary status pursuant to 7396
division (C) (2) of this section. The board shall restore the 7397
license or certificate unconditionally when such conditions are 7398
met. 7399

(D) If the physical or mental condition of an applicant or 7400
a license or certificate holder is at issue in a disciplinary 7401
proceeding, the board may order the license or certificate 7402
holder to submit to reasonable examinations by an individual 7403
designated or approved by the board and at the board's expense. 7404
The physical examination may be conducted by any individual 7405
authorized by the Revised Code to do so, including a physician 7406
~~assistant~~ associate, a clinical nurse specialist, a certified 7407
nurse practitioner, or a certified nurse-midwife. Any written 7408
documentation of the physical examination shall be completed by 7409
the individual who conducted the examination. 7410

Failure to comply with an order for an examination shall 7411
be grounds for refusal of a license or certificate or summary 7412
suspension of a license or certificate under division (E) of 7413
this section. 7414

(E) If a license or certificate holder has failed to 7415
comply with an order under division (D) of this section, the 7416
board may apply to the court of common pleas of the county in 7417
which the holder resides for an order temporarily suspending the 7418
holder's license or certificate, without a prior hearing being 7419
afforded by the board, until the board conducts an adjudication 7420
hearing pursuant to Chapter 119. of the Revised Code. If the 7421
court temporarily suspends a holder's license or certificate, 7422
the board shall give written notice of the suspension personally 7423
or by certified mail to the license or certificate holder. Such 7424
notice shall inform the license or certificate holder of the 7425
right to a hearing pursuant to Chapter 119. of the Revised Code. 7426

(F) Any holder of a certificate or license issued under 7427
this chapter who has pleaded guilty to, has been convicted of, 7428
or has had a judicial finding of eligibility for intervention in 7429
lieu of conviction entered against the holder in this state for 7430
aggravated murder, murder, voluntary manslaughter, felonious 7431
assault, kidnapping, rape, sexual battery, gross sexual 7432
imposition, aggravated arson, aggravated robbery, or aggravated 7433
burglary, or who has pleaded guilty to, has been convicted of, 7434
or has had a judicial finding of eligibility for treatment or 7435
intervention in lieu of conviction entered against the holder in 7436
another jurisdiction for any substantially equivalent criminal 7437
offense, is automatically suspended from practice under this 7438
chapter in this state and any certificate or license issued to 7439
the holder under this chapter is automatically suspended, as of 7440
the date of the guilty plea, conviction, or judicial finding, 7441

whether the proceedings are brought in this state or another 7442
jurisdiction. Continued practice by an individual after the 7443
suspension of the individual's certificate or license under this 7444
division shall be considered practicing without a certificate or 7445
license. The board shall notify the suspended individual of the 7446
suspension of the individual's certificate or license under this 7447
division in accordance with sections 119.05 and 119.07 of the 7448
Revised Code. If an individual whose certificate or license is 7449
suspended under this division fails to make a timely request for 7450
an adjudicatory hearing, the board shall enter a final order 7451
revoking the individual's certificate or license. 7452

(G) If the secretary and vice-secretary of the state 7453
dental board determine both of the following, they may recommend 7454
that the board suspend an individual's certificate or license 7455
without a prior hearing: 7456

(1) That there is clear and convincing evidence that an 7457
individual has violated division (A) of this section; 7458

(2) That the individual's continued practice presents a 7459
danger of immediate and serious harm to the public. 7460

Written allegations shall be prepared for consideration by 7461
the board. The board, upon review of those allegations and by an 7462
affirmative vote of not fewer than four dentist members of the 7463
board and seven of its members in total, excluding the secretary 7464
and vice-secretary, may suspend a certificate or license without 7465
a prior hearing. A telephone conference call may be utilized for 7466
reviewing the allegations and taking the vote on the summary 7467
suspension. 7468

The board shall serve a written order of suspension in 7469
accordance with sections 119.05 and 119.07 of the Revised Code. 7470

The order shall not be subject to suspension by the court during 7471
pendency or any appeal filed under section 119.12 of the Revised 7472
Code. If the individual subject to the summary suspension 7473
requests an adjudicatory hearing by the board, the date set for 7474
the hearing shall be within fifteen days, but not earlier than 7475
seven days, after the individual requests the hearing, unless 7476
otherwise agreed to by both the board and the individual. 7477

Any summary suspension imposed under this division shall 7478
remain in effect, unless reversed on appeal, until a final 7479
adjudicative order issued by the board pursuant to this section 7480
and Chapter 119. of the Revised Code becomes effective. The 7481
board shall issue its final adjudicative order within seventy- 7482
five days after completion of its hearing. A failure to issue 7483
the order within seventy-five days shall result in dissolution 7484
of the summary suspension order but shall not invalidate any 7485
subsequent, final adjudicative order. 7486

(H) Sanctions shall not be imposed under division (A) (13) 7487
of this section against any certificate or license holder who 7488
waives deductibles and copayments as follows: 7489

(1) In compliance with the health benefit plan that 7490
expressly allows such a practice. Waiver of the deductibles or 7491
copayments shall be made only with the full knowledge and 7492
consent of the plan purchaser, payer, and third-party 7493
administrator. Documentation of the consent shall be made 7494
available to the board upon request. 7495

(2) For professional services rendered to any other person 7496
who holds a certificate or license issued pursuant to this 7497
chapter to the extent allowed by this chapter and the rules of 7498
the board. 7499

(I) In no event shall the board consider or raise during a hearing required by Chapter 119. of the Revised Code the circumstances of, or the fact that the board has received, one or more complaints about a person unless the one or more complaints are the subject of the hearing or resulted in the board taking an action authorized by this section against the person on a prior occasion.

(J) The board may share any information it receives pursuant to an investigation under division (D) of section 4715.03 of the Revised Code, including patient records and patient record information, with law enforcement agencies, other licensing boards, and other governmental agencies that are prosecuting, adjudicating, or investigating alleged violations of statutes or administrative rules. An agency or board that receives the information shall comply with the same requirements regarding confidentiality as those with which the state dental board must comply, notwithstanding any conflicting provision of the Revised Code or procedure of the agency or board that applies when it is dealing with other information in its possession. In a judicial proceeding, the information may be admitted into evidence only in accordance with the Rules of Evidence, but the court shall require that appropriate measures are taken to ensure that confidentiality is maintained with respect to any part of the information that contains names or other identifying information about patients or complainants whose confidentiality was protected by the state dental board when the information was in the board's possession. Measures to ensure confidentiality that may be taken by the court include sealing its records or deleting specific information from its records.

(K) The board shall not refuse to issue a license or

certificate to an applicant for either of the following reasons 7531
unless the refusal is in accordance with section 9.79 of the 7532
Revised Code: 7533

(1) A conviction or plea of guilty to an offense; 7534

(2) A judicial finding of eligibility for treatment or 7535
intervention in lieu of a conviction. 7536

Sec. 4723.01. As used in this chapter: 7537

(A) "Registered nurse" means an individual who holds a 7538
current, valid license issued under this chapter that authorizes 7539
the practice of nursing as a registered nurse. 7540

(B) "Practice of nursing as a registered nurse" means 7541
providing to individuals and groups nursing care requiring 7542
specialized knowledge, judgment, and skill derived from the 7543
principles of biological, physical, behavioral, social, and 7544
nursing sciences. Such nursing care includes: 7545

(1) Identifying patterns of human responses to actual or 7546
potential health problems amenable to a nursing regimen; 7547

(2) Executing a nursing regimen through the selection, 7548
performance, management, and evaluation of nursing actions; 7549

(3) Assessing health status for the purpose of providing 7550
nursing care; 7551

(4) Providing health counseling and health teaching; 7552

(5) Administering medications, treatments, and executing 7553
regimens authorized by an individual who is authorized to 7554
practice in this state and is acting within the course of the 7555
individual's professional practice; 7556

(6) Teaching, administering, supervising, delegating, and 7557

evaluating nursing practice. 7558

(C) "Nursing regimen" may include preventative, 7559
restorative, and health-promotion activities. 7560

(D) "Assessing health status" means the collection of data 7561
through nursing assessment techniques, which may include 7562
interviews, observation, and physical evaluations for the 7563
purpose of providing nursing care. 7564

(E) "Licensed practical nurse" means an individual who 7565
holds a current, valid license issued under this chapter that 7566
authorizes the practice of nursing as a licensed practical 7567
nurse. 7568

(F) "The practice of nursing as a licensed practical 7569
nurse" means providing to individuals and groups nursing care 7570
requiring the application of basic knowledge of the biological, 7571
physical, behavioral, social, and nursing sciences at the 7572
direction of a registered nurse or any of the following who is 7573
authorized to practice in this state: a physician, physician 7574
~~assistant~~associate, dentist, podiatrist, optometrist, or 7575
chiropractor. Such nursing care includes: 7576

(1) Observation, patient teaching, and care in a diversity 7577
of health care settings; 7578

(2) Contributions to the planning, implementation, and 7579
evaluation of nursing; 7580

(3) Administration of medications and treatments 7581
authorized by an individual who is authorized to practice in 7582
this state and is acting within the course of the individual's 7583
professional practice; 7584

(4) Administration to an adult of intravenous therapy 7585

authorized by an individual who is authorized to practice in 7586
this state and is acting within the course of the individual's 7587
professional practice, on the condition that the licensed 7588
practical nurse is authorized under section 4723.18 or 4723.181 7589
of the Revised Code to perform intravenous therapy and performs 7590
intravenous therapy only in accordance with those sections; 7591

(5) Delegation of nursing tasks as directed by a 7592
registered nurse; 7593

(6) Teaching nursing tasks to licensed practical nurses 7594
and individuals to whom the licensed practical nurse is 7595
authorized to delegate nursing tasks as directed by a registered 7596
nurse. 7597

(G) "Certified registered nurse anesthetist" means an 7598
advanced practice registered nurse who holds a current, valid 7599
license issued under this chapter and is designated as a 7600
certified registered nurse anesthetist in accordance with 7601
section 4723.42 of the Revised Code and rules adopted by the 7602
board of nursing. 7603

(H) "Clinical nurse specialist" means an advanced practice 7604
registered nurse who holds a current, valid license issued under 7605
this chapter and is designated as a clinical nurse specialist in 7606
accordance with section 4723.42 of the Revised Code and rules 7607
adopted by the board of nursing. 7608

(I) "Certified nurse-midwife" means an advanced practice 7609
registered nurse who holds a current, valid license issued under 7610
this chapter and is designated as a certified nurse-midwife in 7611
accordance with section 4723.42 of the Revised Code and rules 7612
adopted by the board of nursing. 7613

(J) "Certified nurse practitioner" means an advanced 7614

practice registered nurse who holds a current, valid license 7615
issued under this chapter and is designated as a certified nurse 7616
practitioner in accordance with section 4723.42 of the Revised 7617
Code and rules adopted by the board of nursing. 7618

(K) "Physician" means an individual authorized under 7619
Chapter 4731. of the Revised Code to practice medicine and 7620
surgery or osteopathic medicine and surgery. 7621

(L) "Collaboration" or "collaborating" means the 7622
following: 7623

(1) In the case of a clinical nurse specialist or a 7624
certified nurse practitioner, that one or more podiatrists 7625
acting within the scope of practice of podiatry in accordance 7626
with section 4731.51 of the Revised Code and with whom the nurse 7627
has entered into a standard care arrangement or one or more 7628
physicians with whom the nurse has entered into a standard care 7629
arrangement are continuously available to communicate with the 7630
clinical nurse specialist or certified nurse practitioner either 7631
in person or by electronic communication; 7632

(2) In the case of a certified nurse-midwife, that one or 7633
more physicians with whom the certified nurse-midwife has 7634
entered into a standard care arrangement are continuously 7635
available to communicate with the certified nurse-midwife either 7636
in person or by electronic communication. 7637

(M) "Supervision," as it pertains to a certified 7638
registered nurse anesthetist, means that the certified 7639
registered nurse anesthetist is under the direction of a 7640
podiatrist acting within the podiatrist's scope of practice in 7641
accordance with section 4731.51 of the Revised Code, a dentist 7642
acting within the dentist's scope of practice in accordance with 7643

Chapter 4715. of the Revised Code, or a physician, and, when 7644
administering anesthesia, the certified registered nurse 7645
anesthetist is in the immediate presence of the podiatrist, 7646
dentist, or physician. 7647

(N) "Standard care arrangement" means a written, formal 7648
guide for planning and evaluating a patient's health care that 7649
is developed by one or more collaborating physicians or 7650
podiatrists and a clinical nurse specialist, certified nurse- 7651
midwife, or certified nurse practitioner and meets the 7652
requirements of section 4723.431 of the Revised Code. 7653

(O) "Advanced practice registered nurse" means an 7654
individual who holds a current, valid license issued under this 7655
chapter that authorizes the practice of nursing as an advanced 7656
practice registered nurse and is designated as any of the 7657
following: 7658

(1) A certified registered nurse anesthetist; 7659

(2) A clinical nurse specialist; 7660

(3) A certified nurse-midwife; 7661

(4) A certified nurse practitioner. 7662

(P) "Practice of nursing as an advanced practice 7663
registered nurse" means providing to individuals and groups 7664
nursing care that requires knowledge and skill obtained from 7665
advanced formal education, training, and clinical experience. 7666
Such nursing care includes the care described in section 4723.43 7667
of the Revised Code. 7668

(Q) "Dialysis care" means the care and procedures that a 7669
dialysis technician or dialysis technician intern is authorized 7670
to provide and perform, as specified in section 4723.72 of the 7671

Revised Code. 7672

(R) "Dialysis technician" means an individual who holds a 7673
current, valid certificate to practice as a dialysis technician 7674
issued under section 4723.75 of the Revised Code. 7675

(S) "Dialysis technician intern" means an individual who 7676
has not passed the dialysis technician certification examination 7677
required by section 4723.751 of the Revised Code, but who has 7678
successfully completed a dialysis training program approved by 7679
the board of nursing under section 4723.74 of the Revised Code 7680
within the previous eighteen months. 7681

(T) "Certified community health worker" means an 7682
individual who holds a current, valid certificate as a community 7683
health worker issued under section 4723.85 of the Revised Code. 7684

(U) "Medication aide" means an individual who holds a 7685
current, valid certificate issued under this chapter that 7686
authorizes the individual to administer medication in accordance 7687
with section 4723.67 of the Revised Code; 7688

(V) "Nursing specialty" means a specialty in practice as a 7689
certified registered nurse anesthetist, clinical nurse 7690
specialist, certified nurse-midwife, or certified nurse 7691
practitioner. 7692

(W) "Physician ~~assistant~~associate" means an individual who 7693
is licensed to practice as a physician ~~assistant~~associate under 7694
Chapter 4730. of the Revised Code. 7695

Sec. 4723.18. (A) Except as provided in section 4723.181 7696
of the Revised Code and subject to the restrictions in division 7697
(C) of this section, a licensed practical nurse may perform 7698
intravenous therapy on an adult patient only at the direction of 7699
one of the following: 7700

(1) A physician, physician ~~assistant~~associate, dentist, 7701
optometrist, or podiatrist who is authorized to practice in this 7702
state and, except as provided in division (B) (2) of this 7703
section, is present and readily available at the facility where 7704
the intravenous therapy procedure is performed; 7705

(2) A registered nurse in accordance with division (B) of 7706
this section. 7707

(B) (1) Except as provided in division (B) (2) of this 7708
section and section 4723.181 of the Revised Code, when a 7709
licensed practical nurse performs an intravenous therapy 7710
procedure at the direction of a registered nurse, the registered 7711
nurse or another registered nurse shall be readily available at 7712
the site where the intravenous therapy is performed, and before 7713
the licensed practical nurse initiates the intravenous therapy, 7714
the registered nurse shall personally perform an on-site 7715
assessment of the adult patient who is to receive the 7716
intravenous therapy. 7717

(2) When a licensed practical nurse performs an 7718
intravenous therapy procedure in a home as defined in section 7719
3721.10 of the Revised Code, or in an intermediate care facility 7720
for individuals with intellectual disabilities as defined in 7721
section 5124.01 of the Revised Code, at the direction of a 7722
registered nurse or licensed a physician, physician 7723
~~assistant~~associate, dentist, optometrist, or podiatrist who is 7724
authorized to practice in this state, a registered nurse shall 7725
be on the premises of the home or facility or accessible by some 7726
form of telecommunication. 7727

(C) No licensed practical nurse shall perform any of the 7728
following intravenous therapy procedures: 7729

- (1) Initiating or maintaining any of the following: 7730
 - (a) Blood or blood components; 7731
 - (b) Solutions for total parenteral nutrition; 7732
 - (c) Any cancer therapeutic medication including, but not 7733
limited to, cancer chemotherapy or an anti-neoplastic agent; 7734
 - (d) Solutions administered through any central venous line 7735
or arterial line or any other line that does not terminate in a 7736
peripheral vein, except that a licensed practical nurse may 7737
maintain the solutions specified in division (C) (6) (a) of this 7738
section that are being administered through a central venous 7739
line or peripherally inserted central catheter; 7740
 - (e) Any investigational or experimental medication. 7741
- (2) Initiating intravenous therapy in any vein, except 7742
that a licensed practical nurse may initiate intravenous therapy 7743
in accordance with this section in a vein of the hand, forearm, 7744
or antecubital fossa; 7745
- (3) Discontinuing a central venous, arterial, or any other 7746
line that does not terminate in a peripheral vein; 7747
- (4) Initiating or discontinuing a peripherally inserted 7748
central catheter; 7749
- (5) Mixing, preparing, or reconstituting any medication 7750
for intravenous therapy, except that a licensed practical nurse 7751
may prepare or reconstitute an antibiotic additive; 7752
- (6) Administering medication via the intravenous route, 7753
including all of the following activities: 7754
 - (a) Adding medication to an intravenous solution or to an 7755
existing infusion, except that a licensed practical nurse may do 7756

any of the following: 7757

(i) Initiate an intravenous infusion containing one or 7758
more of the following elements: dextrose 5%, normal saline, 7759
lactated ringers, sodium chloride.45%, sodium chloride 0.2%, 7760
sterile water; 7761

(ii) Hang subsequent containers of the intravenous 7762
solutions specified in division (C) (6) (a) (i) of this section 7763
that contain vitamins or electrolytes, if a registered nurse 7764
initiated the infusion of that same intravenous solution; 7765

(iii) Initiate or maintain an intravenous infusion 7766
containing an antibiotic additive. 7767

(b) Injecting medication via a direct intravenous route, 7768
except that a licensed practical nurse may inject heparin or 7769
normal saline to flush an intermittent infusion device or 7770
heparin lock including, but not limited to, bolus or push. 7771

(7) Changing tubing on any line including, but not limited 7772
to, an arterial line or a central venous line, except that a 7773
licensed practical nurse may change tubing on an intravenous 7774
line that terminates in a peripheral vein; 7775

(8) Programming or setting any function of a patient 7776
controlled infusion pump. 7777

(D) Notwithstanding divisions (B) and (C) of this section, 7778
at the direction of a physician or a registered nurse, a 7779
licensed practical nurse may perform the following activities 7780
for the purpose of performing dialysis: 7781

(1) The routine administration and regulation of saline 7782
solution for the purpose of maintaining an established fluid 7783
plan; 7784

- (2) The administration of a heparin dose intravenously; 7785
- (3) The administration of a heparin dose peripherally via 7786
a fistula needle; 7787
- (4) The loading and activation of a constant infusion 7788
pump; 7789
- (5) The intermittent injection of a dose of medication 7790
that is administered via the hemodialysis blood circuit and 7791
through the patient's venous access. 7792
- Sec. 4723.181.** (A) A licensed practical nurse may perform 7793
on any person any of the intravenous therapy procedures 7794
specified in division (B) of this section if both of the 7795
following apply: 7796
- (1) The licensed practical nurse acts at the direction of 7797
a registered nurse or a physician, physician ~~assistant~~associate, 7798
dentist, optometrist, or podiatrist who is authorized to 7799
practice in this state and the registered nurse, physician, 7800
physician ~~assistant~~associate, dentist, optometrist, or 7801
podiatrist is on the premises where the procedure is to be 7802
performed or accessible by some form of telecommunication. 7803
- (2) The licensed practical nurse can demonstrate the 7804
knowledge, skills, and ability to perform the procedure safely. 7805
- (B) The intravenous therapy procedures that a licensed 7806
practical nurse may perform pursuant to division (A) of this 7807
section are limited to the following: 7808
- (1) Verification of the type of peripheral intravenous 7809
solution being administered; 7810
- (2) Examination of a peripheral infusion site and the 7811
extremity for possible infiltration; 7812

(3) Regulation of a peripheral intravenous infusion 7813
according to the prescribed flow rate; 7814

(4) Discontinuation of a peripheral intravenous device at 7815
the appropriate time; 7816

(5) Performance of routine dressing changes at the 7817
insertion site of a peripheral venous or arterial infusion, 7818
peripherally inserted central catheter infusion, or central 7819
venous pressure subclavian infusion. 7820

Sec. 4723.72. (A) A dialysis technician or dialysis 7821
technician intern may engage in dialysis care by doing the 7822
following: 7823

(1) Performing and monitoring dialysis procedures, 7824
including initiating, monitoring, and discontinuing dialysis; 7825

(2) Drawing blood; 7826

(3) Administering medications as specified in division (C) 7827
of this section when the administration is essential to the 7828
dialysis process; 7829

(4) Responding to complications that arise during 7830
dialysis. 7831

(B) (1) Subject to divisions (B) (2) and (3) of this 7832
section, a dialysis technician or dialysis technician intern may 7833
provide the dialysis care specified in division (A) of this 7834
section only if the care has been delegated to the technician or 7835
intern by a physician, physician ~~assistant~~associate, or 7836
registered nurse and the technician or intern is under the 7837
supervision of a physician, physician ~~assistant~~associate, or 7838
registered nurse. Supervision requires that the dialysis 7839
technician or dialysis technician intern be in the immediate 7840

presence of a physician, physician ~~assistant~~associate, or 7841
registered nurse. 7842

(2) In accordance with division (E) of section 4723.73 of 7843
the Revised Code, a dialysis technician intern shall not provide 7844
dialysis care in a patient's home. 7845

(3) In the case of dialysis care provided in a patient's 7846
home by a dialysis technician, both of the following apply: 7847

(a) The technician shall be supervised in accordance with 7848
the rules adopted under section 4723.79 of the Revised Code for 7849
supervision of dialysis technicians who provide dialysis care in 7850
a patient's home. 7851

(b) Division (D) (6) of section 4723.73 of the Revised Code 7852
does not allow a dialysis technician who provides dialysis care 7853
in a patient's home to provide dialysis care that is not 7854
authorized under this section. 7855

(C) A dialysis technician or dialysis technician intern 7856
may administer only the following medications as ordered by a 7857
licensed health professional authorized to prescribe drugs as 7858
defined in section 4729.01 of the Revised Code and in accordance 7859
with the standards for the delegation of dialysis care 7860
established in division (B) of this section and in rules adopted 7861
under section 4723.79 of the Revised Code: 7862

(1) Intradermal lidocaine or other single therapeutically 7863
equivalent local anesthetic for the purpose of initiating 7864
dialysis treatment; 7865

(2) Intravenous heparin or other single therapeutically 7866
equivalent anticoagulant for the purpose of initiating and 7867
maintaining dialysis treatment; 7868

(3) Intravenous normal saline; 7869

(4) Patient-specific dialysate, to which the technician or 7870
intern may add electrolytes but no other additives or 7871
medications; 7872

(5) Oxygen. 7873

Sec. 4723.73. (A) No person who does not hold a current, 7874
valid certificate issued under section 4723.75 or renewed under 7875
section 4723.77 of the Revised Code shall do either of the 7876
following: 7877

(1) Claim to the public to be a dialysis technician; 7878

(2) Use the title "Ohio certified dialysis technician," 7879
the initials "OCDT," or any other title or initials to represent 7880
that the person is authorized to perform dialysis care as a 7881
dialysis technician. 7882

(B) No person who has not successfully completed a 7883
dialysis training program approved by the board of nursing under 7884
section 4723.74 of the Revised Code within the previous eighteen 7885
months shall do either of the following: 7886

(1) Claim to the public to be a dialysis technician 7887
intern; 7888

(2) Use the title "dialysis technician intern," the 7889
initials "DTI," or any other title or initials to represent that 7890
the person is authorized to perform dialysis care as a dialysis 7891
technician intern. 7892

(C) No dialysis technician or dialysis technician intern 7893
shall engage in dialysis care in a manner that is inconsistent 7894
with section 4723.72 of the Revised Code. 7895

(D) No person other than a dialysis technician or dialysis technician intern shall engage in the dialysis care that is authorized by section 4723.72 of the Revised Code, unless the person is one or more of the following:

(1) A registered nurse or licensed practical nurse;

(2) A physician;

(3) A physician ~~assistant~~associate;

(4) A student performing dialysis care under the supervision of an instructor as an integral part of a dialysis training program approved by the board of nursing under section 4723.74 of the Revised Code;

(5) A dialysis patient who has been trained to engage in the dialysis care with little or no professional assistance by completing a medicare-approved self-dialysis or home dialysis training program;

(6) A family member or friend of a dialysis patient who engages in self-dialysis or home dialysis, and the person engages in the dialysis care by assisting the patient in performing the self-dialysis or home dialysis, after the person providing the assistance has completed a medicare-approved self-dialysis or home dialysis training program for the particular dialysis patient being assisted.

(E) No dialysis technician intern shall do either of the following:

(1) Serve as a trainer or preceptor in a dialysis training program;

(2) Provide dialysis care in a patient's home.

(F) No person shall operate a dialysis training program, 7923
unless the program is approved by the board of nursing under 7924
section 4723.74 of the Revised Code. 7925

Sec. 4729.01. As used in this chapter: 7926

(A) "Pharmacy," except when used in a context that refers 7927
to the practice of pharmacy, means any area, room, rooms, place 7928
of business, department, or portion of any of the foregoing 7929
where the practice of pharmacy is conducted. 7930

(B) "Practice of pharmacy" means providing pharmacist care 7931
requiring specialized knowledge, judgment, and skill derived 7932
from the principles of biological, chemical, behavioral, social, 7933
pharmaceutical, and clinical sciences. As used in this division, 7934
"pharmacist care" includes the following: 7935

(1) Interpreting prescriptions; 7936

(2) Dispensing drugs and drug therapy related devices; 7937

(3) Compounding drugs; 7938

(4) Counseling individuals with regard to their drug 7939
therapy, recommending drug therapy related devices, and 7940
assisting in the selection of drugs and appliances for treatment 7941
of common diseases and injuries and providing instruction in the 7942
proper use of the drugs and appliances; 7943

(5) Performing drug regimen reviews with individuals by 7944
discussing all of the drugs that the individual is taking and 7945
explaining the interactions of the drugs; 7946

(6) Performing drug utilization reviews with licensed 7947
health professionals authorized to prescribe drugs when the 7948
pharmacist determines that an individual with a prescription has 7949
a drug regimen that warrants additional discussion with the 7950

prescriber; 7951

(7) Advising an individual and the health care 7952
professionals treating an individual with regard to the 7953
individual's drug therapy; 7954

(8) Acting pursuant to a consult agreement, if an 7955
agreement has been established; 7956

(9) Engaging in the administration of immunizations to the 7957
extent authorized by section 4729.41 of the Revised Code; 7958

(10) Engaging in the administration of drugs to the extent 7959
authorized by section 4729.45 of the Revised Code. 7960

(C) "Compounding" means the preparation, mixing, 7961
assembling, packaging, and labeling of one or more drugs in any 7962
of the following circumstances: 7963

(1) Pursuant to a prescription issued by a licensed health 7964
professional authorized to prescribe drugs; 7965

(2) Pursuant to the modification of a prescription made in 7966
accordance with a consult agreement; 7967

(3) As an incident to research, teaching activities, or 7968
chemical analysis; 7969

(4) In anticipation of orders for drugs pursuant to 7970
prescriptions, based on routine, regularly observed dispensing 7971
patterns; 7972

(5) Pursuant to a request made by a licensed health 7973
professional authorized to prescribe drugs for a drug that is to 7974
be used by the professional for the purpose of direct 7975
administration to patients in the course of the professional's 7976
practice, if all of the following apply: 7977

(a) At the time the request is made, the drug is not 7978
commercially available regardless of the reason that the drug is 7979
not available, including the absence of a manufacturer for the 7980
drug or the lack of a readily available supply of the drug from 7981
a manufacturer. 7982

(b) A limited quantity of the drug is compounded and 7983
provided to the professional. 7984

(c) The drug is compounded and provided to the 7985
professional as an occasional exception to the normal practice 7986
of dispensing drugs pursuant to patient-specific prescriptions. 7987

(D) "Consult agreement" means an agreement that has been 7988
entered into under section 4729.39 of the Revised Code. 7989

(E) "Drug" means: 7990

(1) Any article recognized in the United States 7991
pharmacopoeia and national formulary, or any supplement to them, 7992
intended for use in the diagnosis, cure, mitigation, treatment, 7993
or prevention of disease in humans or animals; 7994

(2) Any other article intended for use in the diagnosis, 7995
cure, mitigation, treatment, or prevention of disease in humans 7996
or animals; 7997

(3) Any article, other than food, intended to affect the 7998
structure or any function of the body of humans or animals; 7999

(4) Any article intended for use as a component of any 8000
article specified in division (E) (1), (2), or (3) of this 8001
section; but does not include devices or their components, 8002
parts, or accessories. 8003

"Drug" does not include "hemp" or a "hemp product" as 8004
those terms are defined in section 928.01 of the Revised Code. 8005

- (F) "Dangerous drug" means any of the following: 8006
- (1) Any drug to which either of the following applies: 8007
- (a) Under the "Federal Food, Drug, and Cosmetic Act," 52 8008
Stat. 1040 (1938), 21 U.S.C.A. 301, as amended, the drug is 8009
required to bear a label containing the legend "Caution: Federal 8010
law prohibits dispensing without prescription" or "Caution: 8011
Federal law restricts this drug to use by or on the order of a 8012
licensed veterinarian" or any similar restrictive statement, or 8013
the drug may be dispensed only upon a prescription; 8014
- (b) Under Chapter 3715. or 3719. of the Revised Code, the 8015
drug may be dispensed only upon a prescription. 8016
- (2) Any drug that contains a schedule V controlled 8017
substance and that is exempt from Chapter 3719. of the Revised 8018
Code or to which that chapter does not apply; 8019
- (3) Any drug intended for administration by injection into 8020
the human body other than through a natural orifice of the human 8021
body; 8022
- (4) Any drug that is a biological product, as defined in 8023
section 3715.01 of the Revised Code. 8024
- (G) "Federal drug abuse control laws" has the same meaning 8025
as in section 3719.01 of the Revised Code. 8026
- (H) "Prescription" means all of the following: 8027
- (1) A written, electronic, or oral order for drugs or 8028
combinations or mixtures of drugs to be used by a particular 8029
individual or for treating a particular animal, issued by a 8030
licensed health professional authorized to prescribe drugs; 8031
- (2) For purposes of sections 4723.4810, 4729.282, 8032

4730.432, and 4731.93 of the Revised Code, a written, 8033
electronic, or oral order for a drug to treat chlamydia, 8034
gonorrhea, or trichomoniasis issued to and in the name of a 8035
patient who is not the intended user of the drug but is the 8036
sexual partner of the intended user; 8037

(3) For purposes of sections 3313.7110, 3313.7111, 8038
3314.143, 3326.28, 3328.29, 4723.483, 4729.88, 4730.433, 8039
4731.96, and 5101.76 of the Revised Code, a written, electronic, 8040
or oral order for an epinephrine autoinjector issued to and in 8041
the name of a school, school district, or camp; 8042

(4) For purposes of Chapter 3728. and sections 4723.483, 8043
4729.88, 4730.433, and 4731.96 of the Revised Code, a written, 8044
electronic, or oral order for an epinephrine autoinjector issued 8045
to and in the name of a qualified entity, as defined in section 8046
3728.01 of the Revised Code; 8047

(5) For purposes of sections 3313.7115, 3313.7116, 8048
3314.147, 3326.60, 3328.38, 4723.4811, 4730.437, 4731.92, and 8049
5101.78 of the Revised Code, a written, electronic, or oral 8050
order for injectable or nasally administered glucagon in the 8051
name of a school, school district, or camp. 8052

(I) "Licensed health professional authorized to prescribe 8053
drugs" or "prescriber" means an individual who is authorized by 8054
law to prescribe drugs or dangerous drugs or drug therapy 8055
related devices in the course of the individual's professional 8056
practice, including only the following: 8057

(1) A dentist licensed under Chapter 4715. of the Revised 8058
Code; 8059

(2) A clinical nurse specialist, certified nurse-midwife, 8060
or certified nurse practitioner who holds a current, valid 8061

license issued under Chapter 4723. of the Revised Code to 8062
practice nursing as an advanced practice registered nurse; 8063

(3) A certified registered nurse anesthetist who holds a 8064
current, valid license issued under Chapter 4723. of the Revised 8065
Code to practice nursing as an advanced practice registered 8066
nurse, but only to the extent of the nurse's authority under 8067
sections 4723.43 and 4723.434 of the Revised Code; 8068

(4) An optometrist licensed under Chapter 4725. of the 8069
Revised Code to practice optometry; 8070

(5) A physician authorized under Chapter 4731. of the 8071
Revised Code to practice medicine and surgery, osteopathic 8072
medicine and surgery, or podiatric medicine and surgery; 8073

(6) A physician ~~assistant~~associate who holds a license to 8074
practice as a physician ~~assistant~~associate issued under Chapter 8075
4730. of the Revised Code, holds a valid prescriber number 8076
issued by the state medical board, and has been granted 8077
physician-delegated prescriptive authority; 8078

(7) A veterinarian licensed under Chapter 4741. of the 8079
Revised Code; 8080

(8) A certified mental health assistant licensed under 8081
Chapter 4772. of the Revised Code who has been granted 8082
physician-delegated prescriptive authority by the physician 8083
supervising the certified mental health assistant. 8084

(J) "Sale" or "sell" includes any transaction made by any 8085
person, whether as principal proprietor, agent, or employee, to 8086
do or offer to do any of the following: deliver, distribute, 8087
broker, exchange, gift or otherwise give away, or transfer, 8088
whether the transfer is by passage of title, physical movement, 8089
or both. 8090

(K) "Wholesale sale" and "sale at wholesale" mean any sale 8091
in which the purpose of the purchaser is to resell the article 8092
purchased or received by the purchaser. 8093

(L) "Retail sale" and "sale at retail" mean any sale other 8094
than a wholesale sale or sale at wholesale. 8095

(M) "Retail seller" means any person that sells any 8096
dangerous drug to consumers without assuming control over and 8097
responsibility for its administration. Mere advice or 8098
instructions regarding administration do not constitute control 8099
or establish responsibility. 8100

(N) "Price information" means the price charged for a 8101
prescription for a particular drug product and, in an easily 8102
understandable manner, all of the following: 8103

(1) The proprietary name of the drug product; 8104

(2) The established (generic) name of the drug product; 8105

(3) The strength of the drug product if the product 8106
contains a single active ingredient or if the drug product 8107
contains more than one active ingredient and a relevant strength 8108
can be associated with the product without indicating each 8109
active ingredient. The established name and quantity of each 8110
active ingredient are required if such a relevant strength 8111
cannot be so associated with a drug product containing more than 8112
one ingredient. 8113

(4) The dosage form; 8114

(5) The price charged for a specific quantity of the drug 8115
product. The stated price shall include all charges to the 8116
consumer, including, but not limited to, the cost of the drug 8117
product, professional fees, handling fees, if any, and a 8118

statement identifying professional services routinely furnished 8119
by the pharmacy. Any mailing fees and delivery fees may be 8120
stated separately without repetition. The information shall not 8121
be false or misleading. 8122

(O) "Wholesale distributor of dangerous drugs" or 8123
"wholesale distributor" means a person engaged in the sale of 8124
dangerous drugs at wholesale and includes any agent or employee 8125
of such a person authorized by the person to engage in the sale 8126
of dangerous drugs at wholesale. 8127

(P) "Manufacturer of dangerous drugs" or "manufacturer" 8128
means a person, other than a pharmacist or prescriber, who 8129
manufactures dangerous drugs and who is engaged in the sale of 8130
those dangerous drugs. 8131

(Q) "Terminal distributor of dangerous drugs" or "terminal 8132
distributor" means a person who is engaged in the sale of 8133
dangerous drugs at retail, or any person, other than a 8134
manufacturer, repackager, outsourcing facility, third-party 8135
logistics provider, wholesale distributor, or pharmacist, who 8136
has possession, custody, or control of dangerous drugs for any 8137
purpose other than for that person's own use and consumption. 8138
"Terminal distributor" includes pharmacies, hospitals, nursing 8139
homes, and laboratories and all other persons who procure 8140
dangerous drugs for sale or other distribution by or under the 8141
supervision of a pharmacist, licensed health professional 8142
authorized to prescribe drugs, or other person authorized by the 8143
state board of pharmacy. 8144

(R) "Promote to the public" means disseminating a 8145
representation to the public in any manner or by any means, 8146
other than by labeling, for the purpose of inducing, or that is 8147
likely to induce, directly or indirectly, the purchase of a 8148

dangerous drug at retail. 8149

(S) "Person" includes any individual, partnership, 8150
association, limited liability company, or corporation, the 8151
state, any political subdivision of the state, and any district, 8152
department, or agency of the state or its political 8153
subdivisions. 8154

(T) (1) "Animal shelter" means a facility operated by a 8155
humane society or any society organized under Chapter 1717. of 8156
the Revised Code or a dog pound operated pursuant to Chapter 8157
955. of the Revised Code. 8158

(2) "County dog warden" means a dog warden or deputy dog 8159
warden appointed or employed under section 955.12 of the Revised 8160
Code. 8161

(U) "Food" has the same meaning as in section 3715.01 of 8162
the Revised Code. 8163

(V) "Pain management clinic" has the same meaning as in 8164
section 4731.054 of the Revised Code. 8165

(W) "Investigational drug or product" means a drug or 8166
product that has successfully completed phase one of the United 8167
States food and drug administration clinical trials and remains 8168
under clinical trial, but has not been approved for general use 8169
by the United States food and drug administration. 8170
"Investigational drug or product" does not include controlled 8171
substances in schedule I, as defined in section 3719.01 of the 8172
Revised Code. 8173

(X) "Product," when used in reference to an 8174
investigational drug or product, means a biological product, 8175
other than a drug, that is made from a natural human, animal, or 8176
microorganism source and is intended to treat a disease or 8177

medical condition. 8178

(Y) "Third-party logistics provider" means a person that 8179
provides or coordinates warehousing or other logistics services 8180
pertaining to dangerous drugs including distribution, on behalf 8181
of a manufacturer, wholesale distributor, or terminal 8182
distributor of dangerous drugs, but does not take ownership of 8183
the drugs or have responsibility to direct the sale or 8184
disposition of the drugs. 8185

(Z) "Repackager of dangerous drugs" or "repackager" means 8186
a person that repacks and relabels dangerous drugs for sale or 8187
distribution. 8188

(AA) "Outsourcing facility" means a facility that is 8189
engaged in the compounding and sale of sterile drugs and is 8190
registered as an outsourcing facility with the United States 8191
food and drug administration. 8192

(BB) "Laboratory" means a laboratory licensed under this 8193
chapter as a terminal distributor of dangerous drugs and 8194
entrusted to have custody of any of the following drugs and to 8195
use the drugs for scientific and clinical purposes and for 8196
purposes of instruction: dangerous drugs that are not controlled 8197
substances, as defined in section 3719.01 of the Revised Code; 8198
dangerous drugs that are controlled substances, as defined in 8199
that section; and controlled substances in schedule I, as 8200
defined in that section. 8201

(CC) "Overdose reversal drug" means both of the following: 8202

(1) Naloxone; 8203

(2) Any other drug that the state board of pharmacy, 8204
through rules adopted in accordance with Chapter 119. of the 8205
Revised Code, designates as a drug that is approved by the 8206

federal food and drug administration for the reversal of a known 8207
or suspected opioid-related overdose. 8208

Sec. 4729.39. (A) As used in this section: 8209

(1) "Certified nurse practitioner," "certified nurse- 8210
midwife," "clinical nurse specialist," and "standard care 8211
arrangement" have the same meanings as in section 4723.01 of the 8212
Revised Code. 8213

(2) "Collaborating physician" means a physician who has 8214
entered into a standard care arrangement with a clinical nurse 8215
specialist, certified nurse-midwife, or certified nurse 8216
practitioner. 8217

(3) "Physician" means an individual authorized under 8218
Chapter 4731. of the Revised Code to practice medicine and 8219
surgery or osteopathic medicine and surgery. 8220

(4) "Physician ~~assistant~~associate" means an individual who 8221
is licensed to practice as a physician ~~assistant~~associate under 8222
Chapter 4730. of the Revised Code, holds a valid prescriber 8223
number issued by the state medical board, and has been granted 8224
physician-delegated prescriptive authority. 8225

(5) "Supervising physician" means a physician who has 8226
entered into a supervision agreement with a physician ~~assistant~~- 8227
associate under section 4730.19 of the Revised Code. 8228

(B) Subject to division (C) of this section, one or more 8229
pharmacists may enter into a consult agreement with one or more 8230
of the following practitioners: 8231

(1) Physicians; 8232

(2) Physician ~~assistants~~associates, if entering into a 8233
consult agreement is authorized by one or more supervising 8234

physicians; 8235

(3) Clinical nurse specialists, certified nurse-midwives, 8236
or certified nurse practitioners, if entering into a consult 8237
agreement is authorized by one or more collaborating physicians. 8238

(C) Before entering into a consult agreement, all of the 8239
following conditions must be met: 8240

(1) Each practitioner must have an ongoing practitioner- 8241
patient relationship with each patient whose drug therapy is to 8242
be managed. 8243

(2) The diagnosis for which each patient has been 8244
prescribed drug therapy must be within the scope of each 8245
practitioner's practice. 8246

(3) Each pharmacist must have training and experience 8247
related to the particular diagnosis for which drug therapy is to 8248
be prescribed. 8249

(D) With respect to consult agreements, all of the 8250
following apply: 8251

(1) Under a consult agreement, a pharmacist is authorized 8252
to do both of the following, but only to the extent specified in 8253
the agreement, this section, and the rules adopted under this 8254
section: 8255

(a) Manage drug therapy for treatment of specified 8256
diagnoses or diseases for each patient who is subject to the 8257
agreement, including all of the following: 8258

(i) Changing the duration of treatment for the current 8259
drug therapy; 8260

(ii) Adjusting a drug's strength, dose, dosage form, 8261

frequency of administration, or route of administration; 8262

(iii) Discontinuing the use of a drug; 8263

(iv) Administering a drug; 8264

(v) Notwithstanding the definition of "licensed health 8265
professional authorized to prescribe drugs" in section 4729.01 8266
of the Revised Code, adding a drug to the patient's drug 8267
therapy. 8268

(b) (i) Order laboratory and diagnostic tests, including 8269
blood and urine tests, that are related to the drug therapy 8270
being managed, and evaluate the results of the tests that are 8271
ordered. 8272

(ii) A pharmacist's authority to evaluate test results 8273
under division (D) (1) (b) (i) of this section does not authorize 8274
the pharmacist to make a diagnosis. 8275

(2) (a) A consult agreement, or the portion of the 8276
agreement that applies to a particular patient, may be 8277
terminated by any of the following: 8278

(i) A pharmacist who entered into the agreement; 8279

(ii) A practitioner who entered into the agreement; 8280

(iii) A patient whose drug therapy is being managed; 8281

(iv) An individual who consented to the treatment on 8282
behalf of a patient or an individual authorized to act on behalf 8283
of a patient. 8284

(b) The pharmacist or practitioner who receives the notice 8285
of a patient's termination of the agreement shall provide 8286
written notice to every other pharmacist or practitioner who is 8287
a party to the agreement. A pharmacist or practitioner who 8288

terminates a consult agreement with regard to one or more 8289
patients shall provide written notice to all other pharmacists 8290
and practitioners who entered into the agreement and to each 8291
individual who consented to treatment under the agreement. The 8292
termination of a consult agreement with regard to one or more 8293
patients shall be recorded by the pharmacist and practitioner in 8294
the medical records of each patient to whom the termination 8295
applies. 8296

(3) A consult agreement shall be made in writing and shall 8297
include all of the following: 8298

(a) The diagnoses and diseases being managed under the 8299
agreement, including whether each disease is primary or 8300
comorbid; 8301

(b) A description of the drugs or drug categories the 8302
agreement involves; 8303

(c) A description of the procedures, decision criteria, 8304
and plan the pharmacist is to follow in acting under a consult 8305
agreement; 8306

(d) A description of how the pharmacist is to comply with 8307
divisions (D) (5) and (6) of this section. 8308

(4) The content of a consult agreement shall be 8309
communicated to each patient whose drug therapy is managed under 8310
the agreement. 8311

(5) A pharmacist acting under a consult agreement shall 8312
maintain a record of each action taken for each patient whose 8313
drug therapy is managed under the agreement. 8314

(6) Communication between a pharmacist and practitioner 8315
acting under a consult agreement shall take place at regular 8316

intervals specified by the primary practitioner acting under the 8317
agreement. The agreement may include a requirement that a 8318
pharmacist send a consult report to each consulting 8319
practitioner. 8320

(7) A consult agreement is effective for two years and may 8321
be renewed if the conditions specified in division (C) of this 8322
section continue to be met. 8323

(8) A consult agreement does not permit a pharmacist to 8324
manage drug therapy prescribed by a practitioner who has not 8325
entered into the agreement. 8326

(E) The state board of pharmacy, state medical board, and 8327
board of nursing shall each adopt rules as follows for its 8328
license holders establishing standards and procedures for 8329
entering into a consult agreement and managing a patient's drug 8330
therapy under a consult agreement: 8331

(1) The state board of pharmacy, in consultation with the 8332
state medical board and board of nursing, shall adopt rules to 8333
be followed by pharmacists. 8334

(2) The state medical board, in consultation with the 8335
state board of pharmacy, shall adopt rules to be followed by 8336
physicians and rules to be followed by physician 8337
~~assistants~~associates. 8338

(3) The board of nursing, in consultation with the state 8339
board of pharmacy and state medical board, shall adopt rules to 8340
be followed by clinical nurse specialists, certified nurse- 8341
midwives, and certified nurse practitioners. 8342

The boards shall specify in the rules any categories of 8343
drugs or types of diseases for which a consult agreement may not 8344
be established. Each board may adopt any other rules it 8345

considers necessary for the implementation and administration of 8346
this section. All rules adopted under this section shall be 8347
adopted in accordance with Chapter 119. of the Revised Code. 8348

(F) (1) Subject to division (F) (2) of this section, both of 8349
the following apply: 8350

(a) A pharmacist acting in accordance with a consult 8351
agreement regarding a practitioner's change in a drug for a 8352
patient whose drug therapy the pharmacist is managing under the 8353
agreement is not liable in damages in a tort or other civil 8354
action for injury or loss to person or property allegedly 8355
arising from the change. 8356

(b) A practitioner acting in accordance with a consult 8357
agreement regarding a pharmacist's change in a drug for a 8358
patient whose drug therapy the pharmacist is managing under a 8359
consult agreement is not liable in damages in a tort or other 8360
civil action for injury or loss to person or property allegedly 8361
arising from the change unless the practitioner authorized the 8362
specific change. 8363

(2) Division (F) (1) of this section does not limit a 8364
practitioner's or pharmacist's liability in damages in a tort or 8365
other civil action for injury or loss to person or property 8366
allegedly arising from actions that are not related to the 8367
practitioner's or pharmacist's change in a drug for a patient 8368
whose drug therapy is being managed under a consult agreement. 8369

Sec. 4730.011. Whenever a physician assistant is referred 8370
to in any statute, rule, contract, or other document, the 8371
reference is deemed to refer to a physician associate. 8372

Sec. 4730.02. (A) No person shall hold that person out as 8373
being able to function as a physician ~~assistant~~ associate, or use 8374

the title "physician associate" or "physician assistant," the 8375
initials "P.A.," or any other words or letters indicating or 8376
implying that the person is a physician ~~assistant~~associate, 8377
without a current, valid license to practice as a physician 8378
~~assistant~~associate issued pursuant to this chapter. 8379

(B) No person shall practice as a physician ~~assistant~~ 8380
associate without the supervision, control, and direction of a 8381
physician. 8382

(C) No person shall practice as a physician ~~assistant~~ 8383
associate without having entered into a supervision agreement 8384
with a supervising physician under section 4730.19 of the 8385
Revised Code. 8386

(D) No person acting as the supervising physician of a 8387
physician ~~assistant~~associate shall authorize the physician 8388
~~assistant~~associate to perform services if either of the 8389
following is the case: 8390

(1) The services are not within the physician's normal 8391
course of practice and expertise; 8392

(2) The services are inconsistent with the supervision 8393
agreement under which the physician ~~assistant~~associate is being 8394
supervised, including, if applicable, the policies of the health 8395
care facility in which the physician and physician ~~assistant~~ 8396
associate are practicing. 8397

(E) No person practicing as a physician ~~assistant~~ 8398
associate shall prescribe any drug or device to perform or 8399
induce an abortion, or otherwise perform or induce an abortion. 8400

(F) No person shall advertise to provide services as a 8401
physician ~~assistant~~associate, except for the purpose of seeking 8402
employment. 8403

(G) No person practicing as a physician ~~assistant~~ 8404
associate shall fail to wear at all times when on duty a 8405
placard, plate, or other device identifying that person as a 8406
"physician ~~assistant~~associate." 8407

(H) Division (A) of this section does not apply to a 8408
person who meets all of the following conditions: 8409

(1) The person holds in good standing a valid license or 8410
other form of authority to practice as a physician ~~assistant~~ 8411
associate issued by another state. 8412

(2) The person is practicing as a volunteer without 8413
remuneration during a charitable event that lasts not more than 8414
seven days. 8415

(3) The medical care provided by the person will be 8416
supervised by the medical director of the charitable event or by 8417
another physician. 8418

When a person meets the conditions of this division, the 8419
person shall be deemed to hold, during the course of the 8420
charitable event, a license to practice as a physician ~~assistant~~ 8421
associate from the state medical board and shall be subject to 8422
the provisions of this chapter authorizing the board to take 8423
disciplinary action against a license holder. Not less than 8424
seven calendar days before the first day of the charitable 8425
event, the person or the event's organizer shall notify the 8426
board of the person's intent to practice as a physician 8427
~~assistant~~associate at the event. During the course of the 8428
charitable event, the person's scope of practice is limited to 8429
the procedures that a physician ~~assistant~~associate licensed 8430
under this chapter is authorized to perform unless the person's 8431
scope of practice in the other state is more restrictive than in 8432

this state. If the latter is the case, the person's scope of
practice is limited to the procedures that a physician ~~assistant~~
associate in the other state may perform.

Sec. 4730.03. Nothing in this chapter shall:

(A) Be construed to affect or interfere with the
performance of duties of any medical personnel who are either of
the following:

(1) In active service in the army, navy, coast guard,
marine corps, air force, public health service, or marine
hospital service of the United States, while so serving;

(2) Employed by ~~the veterans administration of the~~ United
States department of veterans affairs, while so employed.

(B) Prevent any person from performing any of the services
a physician ~~assistant~~associate may be authorized to perform, if
the person's professional scope of practice established under
any other chapter of the Revised Code authorizes the person to
perform the services;

(C) Prohibit a physician from delegating responsibilities
to any nurse or other qualified person who does not hold a
license to practice as a physician ~~assistant~~associate, provided
that the individual does not hold the individual out to be a
physician ~~assistant~~associate;

(D) Be construed as authorizing a physician ~~assistant~~
associate independently to order or direct the execution of
procedures or techniques by a registered nurse or licensed
practical nurse in the care and treatment of a person in any
setting, except to the extent that the physician ~~assistant~~
associate is authorized to do so by a physician who is
responsible for supervising the physician ~~assistant~~associate

and, if applicable, the policies of the health care facility in 8462
which the physician ~~assistant~~ associate is practicing; 8463

(E) Authorize a physician ~~assistant~~ associate to engage in 8464
the practice of optometry, except to the extent that the 8465
physician ~~assistant~~ associate is authorized by a supervising 8466
physician acting in accordance with this chapter to perform 8467
routine visual screening, provide medical care prior to or 8468
following eye surgery, or assist in the care of diseases of the 8469
eye; 8470

(F) Be construed as authorizing a physician ~~assistant~~ 8471
associate to prescribe any drug or device to perform or induce 8472
an abortion, or as otherwise authorizing a physician ~~assistant~~ 8473
associate to perform or induce an abortion; 8474

(G) Prohibit an individual from using the title "physician 8475
associate student" while enrolled in a program accredited by the 8476
accreditation review commission on education for the physician 8477
assistant or a successor organization recognized by the state 8478
medical board. 8479

Sec. 4730.04. (A) As used in this section: 8480

(1) "Disaster" means any imminent threat or actual 8481
occurrence of widespread or severe damage to or loss of 8482
property, personal hardship or injury, or loss of life that 8483
results from any natural phenomenon or act of a human. 8484

(2) "Emergency" means an occurrence or event that poses an 8485
imminent threat to the health or life of a human. 8486

(B) Nothing in this chapter prohibits any of the following 8487
individuals from providing medical care, to the extent the 8488
individual is able, in response to a need for medical care 8489
precipitated by a disaster or emergency: 8490

(1) An individual who holds a license to practice as a 8491
physician ~~assistant~~associate issued under this chapter; 8492

(2) An individual licensed or authorized to practice as a 8493
physician ~~assistant~~associate in another state; 8494

(3) An individual credentialed or employed as a physician 8495
~~assistant~~associate by an agency, office, or other 8496
instrumentality of the federal government. 8497

(C) For purposes of the medical care provided by a 8498
physician ~~assistant~~associate pursuant to division (B) (1) of 8499
this section, both of the following apply notwithstanding any 8500
supervision requirement of this chapter to the contrary: 8501

(1) The physician who supervises the physician ~~assistant~~ 8502
associate pursuant to a supervision agreement entered into under 8503
section 4730.19 of the Revised Code is not required to meet the 8504
supervision requirements established under this chapter. 8505

(2) The physician designated as the medical director of 8506
the disaster or emergency may supervise the medical care 8507
provided by the physician ~~assistant~~associate. 8508

Sec. 4730.05. (A) There is hereby created the physician 8509
~~assistant~~associate policy committee of the state medical board. 8510
The president of the board shall appoint the members of the 8511
committee. The committee shall consist of the seven members 8512
specified in divisions (A) (1) to (3) of this section. When the 8513
committee is developing or revising policy and procedures for 8514
physician-delegated prescriptive authority for physician 8515
~~assistants~~associates, the committee shall include the additional 8516
member specified in division (A) (4) of this section. 8517

(1) Three members of the committee shall be physicians. Of 8518
the physician members, one shall be a member of the state 8519

medical board, one shall be appointed from a list of five 8520
physicians recommended by the Ohio state medical association, 8521
and one shall be appointed from a list of five physicians 8522
recommended by the Ohio osteopathic association. At all times, 8523
the physician membership of the committee shall include at least 8524
one physician who is a supervising physician of a physician 8525
~~assistant~~associate, preferably with at least two years' 8526
experience as a supervising physician. 8527

(2) Three members shall be physician ~~assistants~~associates 8528
appointed from a list of five individuals recommended by the 8529
Ohio association of physician assistants or its successor 8530
organization. 8531

(3) One member, who is not affiliated with any health care 8532
profession, shall be appointed to represent the interests of 8533
consumers. 8534

(4) One additional member, appointed to serve only when 8535
the committee is developing or revising policy and procedures 8536
for physician-delegated prescriptive authority for physician 8537
~~assistants~~associates, shall be a pharmacist. The member shall be 8538
appointed from a list of five clinical pharmacists recommended 8539
by the Ohio pharmacists association or appointed from the 8540
pharmacist members of the state board of pharmacy, preferably 8541
from among the members who are clinical pharmacists. 8542

The pharmacist member shall have voting privileges only 8543
for purposes of developing or revising policy and procedures for 8544
physician-delegated prescriptive authority for physician 8545
~~assistants~~associates. Presence of the pharmacist member shall 8546
not be required for the transaction of any other business. 8547

(B) Terms of office shall be for two years, with each term 8548

ending on the same day of the same month as did the term that it 8549
succeeds. Each member shall hold office from the date of being 8550
appointed until the end of the term for which the member was 8551
appointed. Members may be reappointed, except that a member may 8552
not be appointed to serve more than three consecutive terms. As 8553
vacancies occur, a successor shall be appointed who has the 8554
qualifications the vacancy requires. A member appointed to fill 8555
a vacancy occurring prior to the expiration of the term for 8556
which a predecessor was appointed shall hold office as a member 8557
for the remainder of that term. A member shall continue in 8558
office subsequent to the expiration date of the member's term 8559
until a successor takes office or until a period of sixty days 8560
has elapsed, whichever occurs first. 8561

(C) Each member of the committee shall receive the 8562
member's necessary and actual expenses incurred in the 8563
performance of official duties as a member. 8564

(D) The committee members specified in divisions (A) (1) to 8565
(3) of this section by a majority vote shall elect a chairperson 8566
from among those members. The members may elect a new 8567
chairperson at any time. 8568

(E) The state medical board may appoint assistants, 8569
clerical staff, or other employees as necessary for the 8570
committee to perform its duties adequately. 8571

(F) The committee shall meet as necessary to carry out its 8572
responsibilities. 8573

(G) The board may permit meetings of the physician 8574
~~assistant~~associate policy committee to include the use of 8575
interactive videoconferencing, teleconferencing, or both if all 8576
of the following requirements are met: 8577

(1) The meeting location is open and accessible to the public. 8578
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(2) Each committee member is permitted to choose whether the member attends in person or through the use of the meeting's videoconferencing or teleconferencing; 8580
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(3) Any meeting-related materials available before the meeting are sent to each committee member by electronic mail, facsimile, or United States mail, or are hand delivered. 8583
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(4) If interactive videoconferencing is used, there is a clear video and audio connection that enables all participants at the meeting location to see and hear each committee member. 8586
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(5) If teleconferencing is used, there is a clear audio connection that enables all participants at the meeting location to hear each committee member. 8589
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(6) A roll call vote is recorded for each vote taken. 8592

(7) The meeting minutes specify for each member whether the member attended by videoconference, teleconference, or in person. 8593
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Sec. 4730.06. (A) The physician ~~assistant~~-associate policy committee of the state medical board shall review, and shall submit to the board recommendations concerning, all of the following: 8596
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(1) Requirements for issuing a license to practice as a physician ~~assistant~~-associate, including the educational requirements that must be met to receive the license; 8600
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(2) Existing and proposed rules pertaining to the practice of physician ~~assistants~~-associates, the supervisory relationship between physician ~~assistants~~-associates and supervising 8603
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physicians, and the administration and enforcement of this 8606
chapter; 8607

(3) In accordance with section 4730.38 of the Revised 8608
Code, physician-delegated prescriptive authority for physician 8609
~~assistants~~associates; 8610

(4) Application procedures and forms for a license to 8611
practice as a physician ~~assistant~~associate; 8612

(5) Fees required by this chapter for issuance and renewal 8613
of a license to practice as a physician ~~assistant~~associate; 8614

(6) Any issue the board asks the committee to consider. 8615

(B) In addition to the matters that are required to be 8616
reviewed under division (A) of this section, the committee may 8617
review, and may submit to the board recommendations concerning 8618
quality assurance activities to be performed by a supervising 8619
physician and physician ~~assistant~~associate under a quality 8620
assurance system established pursuant to division (F) of section 8621
4730.21 of the Revised Code. 8622

(C) The board shall take into consideration all 8623
recommendations submitted by the committee. Not later than 8624
ninety days after receiving a recommendation from the committee, 8625
the board shall approve or disapprove the recommendation and 8626
notify the committee of its decision. If a recommendation is 8627
disapproved, the board shall inform the committee of its reasons 8628
for making that decision. The committee may resubmit the 8629
recommendation after addressing the concerns expressed by the 8630
board and modifying the disapproved recommendation accordingly. 8631
Not later than ninety days after receiving a resubmitted 8632
recommendation, the board shall approve or disapprove the 8633
recommendation. There is no limit on the number of times the 8634

committee may resubmit a recommendation for consideration by the board. 8635
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(D) (1) Except as provided in division (D) (2) of this section, the board may not take action regarding a matter that is subject to the committee's review under division (A) or (B) of this section unless the committee has made a recommendation to the board concerning the matter. 8637
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(2) If the board submits to the committee a request for a recommendation regarding a matter that is subject to the committee's review under division (A) or (B) of this section, and the committee does not provide a recommendation before the sixty-first day after the request is submitted, the board may take action regarding the matter without a recommendation. 8642
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Sec. 4730.07. In addition to rules that are specifically required or authorized by this chapter to be adopted, the state medical board may, subject to division (D) of section 4730.06 of the Revised Code, adopt any other rules necessary to govern the practice of physician ~~assistants~~associates, the supervisory relationship between physician ~~assistants~~associates and supervising physicians, and the administration and enforcement of this chapter. Rules adopted under this section shall be adopted in accordance with Chapter 119. of the Revised Code. 8648
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Sec. 4730.08. (A) A license to practice as a physician ~~assistant~~associate issued under this chapter authorizes the holder to practice as a physician ~~assistant~~associate as follows: 8657
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(1) The physician ~~assistant~~associate shall practice only under the supervision, control, and direction of a physician with whom the physician ~~assistant~~associate has entered into a 8661
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supervision agreement under section 4730.19 of the Revised Code. 8664

(2) The physician ~~assistant~~associate shall practice in 8665
accordance with the supervision agreement entered into with the 8666
physician who is responsible for supervising the physician 8667
~~assistant~~associate, including, if applicable, the policies of 8668
the health care facility in which the physician ~~assistant~~ 8669
associate is practicing. 8670

(B) The state medical board may, subject to division (D) 8671
of section 4730.06 of the Revised Code, adopt rules designating 8672
facilities to be included as health care facilities that are in 8673
addition to the facilities specified in divisions (B)(1) and (2) 8674
of section 4730.01 of the Revised Code. Any rules adopted shall 8675
be adopted in accordance with Chapter 119. of the Revised Code. 8676

Sec. 4730.10. (A) Except as provided in division (C) of 8677
this section, an individual seeking a license to practice as a 8678
physician ~~assistant~~associate shall file with the state medical 8679
board a written application on a form prescribed and supplied by 8680
the board. The application shall include all of the following: 8681

(1) The applicant's name, residential address, business 8682
address, if any, and social security number; 8683

(2) Satisfactory proof that the applicant meets the age 8684
requirement specified in division (A)(1) of section 4730.11 of 8685
the Revised Code; 8686

(3) Satisfactory proof that the applicant meets either the 8687
educational requirements specified in division (B)(1) or (2) of 8688
section 4730.11 of the Revised Code or the educational or other 8689
applicable requirements specified in division (C)(1), (2), or 8690
(3) of that section; 8691

(4) Any other information the board requires. 8692

(B) At the time of making application for a license to practice, the applicant shall pay the board a fee of four hundred dollars, no part of which shall be returned. The fees shall be deposited in accordance with section 4731.24 of the Revised Code.

(C) The board shall issue a license to practice as a physician ~~assistant~~associate in accordance with Chapter 4796. of the Revised Code to an applicant if either of the following applies:

(1) The applicant holds a license in another state.

(2) The applicant has satisfactory work experience, a government certification, or a private certification as described in that chapter as a physician ~~assistant~~associate in a state that does not issue that license.

Sec. 4730.101. In addition to any other eligibility requirement set forth in this chapter, each applicant for a license to practice as a physician ~~assistant~~associate shall comply with sections 4776.01 to 4776.04 of the Revised Code.

Sec. 4730.11. (A) To be eligible to receive a license to practice as a physician ~~assistant~~associate, all of the following apply to an applicant:

(1) The applicant shall be at least eighteen years of age.

(2) The applicant shall hold current certification by the national commission on certification of physician assistants or a successor organization that is recognized by the state medical board.

(3) The applicant shall meet either of the following requirements:

(a) The educational requirements specified in division (B) 8721
(1) or (2) of this section; 8722

(b) The educational or other applicable requirements 8723
specified in division (C) (1), (2), or (3) of this section. 8724

(B) For purposes of division (A) (3) (a) of this section, an 8725
applicant shall meet either of the following educational 8726
requirements: 8727

(1) The applicant shall hold a master's or higher degree 8728
obtained from a program accredited by an organization recognized 8729
by the board. 8730

(2) The applicant shall hold both of the following 8731
degrees: 8732

(a) A degree other than a master's or higher degree 8733
obtained from a program accredited by an organization recognized 8734
by the board; 8735

(b) A master's or higher degree in a course of study with 8736
clinical relevance to the practice of physician ~~assistants~~ 8737
associates and obtained from a program accredited by a regional 8738
or specialized and professional accrediting agency recognized by 8739
the board. 8740

(C) For purposes of division (A) (3) (b) of this section, an 8741
applicant shall present evidence satisfactory to the board of 8742
meeting one of the following requirements in lieu of meeting the 8743
educational requirements specified in division (B) (1) or (2) of 8744
this section: 8745

(1) The applicant shall hold a current, valid license or 8746
other form of authority to practice as a physician ~~assistant~~ 8747
associate issued by another jurisdiction and either have been in 8748

active practice in any jurisdiction throughout the two-year 8749
period immediately preceding the date of application or have met 8750
one or more of the following requirements as specified by the 8751
board: 8752

(a) Passed an oral or written examination or assessment, 8753
or both types of examination or assessment, that determined the 8754
applicant's present fitness to resume practice; 8755

(b) Obtained additional training and passed an examination 8756
or assessment on completion of the training; 8757

(c) Agreed to limitations on the applicant's extent, 8758
scope, or type of practice. 8759

(2) The applicant shall hold a degree obtained as a result 8760
of being enrolled on January 1, 2008, in a program in this state 8761
that was accredited by the accreditation review commission on 8762
education for the physician assistant but did not grant a 8763
master's or higher degree to individuals enrolled in the program 8764
on that date, and completing the program on or before December 8765
31, 2009. 8766

(3) The applicant shall hold a degree obtained from an 8767
organization recognized by the board and meet either of the 8768
following experience requirements: 8769

(a) Either have experience practicing as a physician 8770
~~assistant~~associate for at least two consecutive years 8771
immediately preceding the date of application while on active 8772
duty, with evidence of service under honorable conditions, in 8773
any of the armed forces of the United States or the national 8774
guard of any state, including any experience attained while 8775
practicing as a physician ~~assistant~~associate at a health care 8776
facility or clinic operated by the United States department of 8777

veterans affairs, or have met one or more of the following 8778
requirements as specified by the board: 8779

(i) Passed an oral or written examination or assessment, 8780
or both types of examination or assessment, that determined the 8781
applicant's present fitness to resume practice; 8782

(ii) Obtained additional training and passed an 8783
examination or assessment on completion of the training; 8784

(iii) Agreed to limitations on the applicant's extent, 8785
scope, or type of practice; 8786

(b) Either have experience practicing as a physician 8787
~~assistant~~associate for at least two consecutive years 8788
immediately preceding the date of application while on active 8789
duty in the United States public health service commissioned 8790
corps or have met one or more of the following requirements as 8791
specified by the board: 8792

(i) Passed an oral or written examination or assessment, 8793
or both types of examination or assessment, that determined the 8794
applicant's present fitness to resume practice; 8795

(ii) Obtained additional training and passed an 8796
examination or assessment on completion of the training; 8797

(iii) Agreed to limitations on the applicant's extent, 8798
scope, or type of practice. 8799

(D) This section does not require an individual to obtain 8800
a master's or higher degree as a condition of retaining or 8801
renewing a license to practice as a physician ~~assistant~~ 8802
associate if the individual received the license without holding 8803
a master's or higher degree as provided in either of the 8804
following: 8805

(1) Before the educational requirements specified in 8806
division (B) (1) or (2) of this section became effective January 8807
1, 2008; 8808

(2) By meeting the educational or other applicable 8809
requirements specified in division (C) (1), (2), or (3) of this 8810
section. 8811

Sec. 4730.111. A physician ~~assistant~~associate whose 8812
certification by the national commission on certification of 8813
physician assistants or a successor organization recognized by 8814
the state medical board is suspended or revoked shall give 8815
notice of that occurrence to the board not later than fourteen 8816
days after the physician ~~assistant~~associate receives notice of 8817
the change in certification status. A physician ~~assistant~~ 8818
associate who fails to renew the certification shall notify the 8819
board not later than fourteen days after the certification 8820
expires. 8821

Sec. 4730.12. (A) The state medical board shall review 8822
each application for a license to practice as a physician 8823
~~assistant~~associate received under section 4730.10 of the 8824
Revised Code. Not later than sixty days after receiving a 8825
complete application, the board shall determine whether the 8826
applicant meets the requirements to receive the license, as 8827
specified in section 4730.11 of the Revised Code. 8828

(B) If the board determines that an applicant meets the 8829
requirements to receive the license, the secretary of the board 8830
shall register the applicant as a physician ~~assistant~~associate 8831
and issue to the applicant a license to practice as a physician 8832
~~assistant~~associate. 8833

Sec. 4730.13. Upon application by the holder of a license 8834

to practice as a physician ~~assistant~~associate, the state medical 8835
board shall issue a duplicate license to replace one that is 8836
missing or damaged, to reflect a name change, or for any other 8837
reasonable cause. The fee for a duplicate license shall be 8838
thirty-five dollars. All fees collected under this section shall 8839
be deposited in accordance with section 4731.24 of the Revised 8840
Code. 8841

Sec. 4730.14. (A) A license to practice as a physician 8842
~~assistant~~associate shall be valid for a two-year period unless 8843
revoked or suspended, shall expire on the date that is two years 8844
after the date of issuance, and may be renewed for additional 8845
two-year periods in accordance with this section. A person 8846
seeking to renew a license shall apply to the state medical 8847
board for renewal prior to the license's expiration date. The 8848
board shall provide renewal notices to license holders at least 8849
one month prior to the expiration date. 8850

Applications shall be submitted to the board in a manner 8851
prescribed by the board. Each application shall be accompanied 8852
by a biennial renewal fee of two hundred dollars. The board 8853
shall deposit the fees in accordance with section 4731.24 of the 8854
Revised Code. 8855

The applicant shall report any criminal offense that 8856
constitutes grounds for refusing to issue a license to practice 8857
under section 4730.25 of the Revised Code to which the applicant 8858
has pleaded guilty, of which the applicant has been found 8859
guilty, or for which the applicant has been found eligible for 8860
intervention in lieu of conviction, since last signing an 8861
application for a license to practice as a physician 8862
~~assistant~~associate. 8863

(B) To be eligible for renewal of a license, an applicant 8864

is subject to all of the following: 8865

(1) The applicant must certify to the board that the 8866
applicant has maintained certification by the national 8867
commission on certification of physician assistants or a 8868
successor organization that is recognized by the board by 8869
meeting the standards to hold current certification from the 8870
commission or its successor, including passing periodic 8871
recertification examinations; 8872

(2) Except as provided in section 5903.12 of the Revised 8873
Code, the applicant must certify to the board that the applicant 8874
is in compliance with the continuing medical education 8875
requirements necessary to hold current certification from the 8876
commission or its successor. 8877

(3) The applicant must comply with the renewal eligibility 8878
requirements established under section 4730.49 of the Revised 8879
Code that pertain to the applicant. 8880

(C) If an applicant submits a complete renewal application 8881
and qualifies for renewal pursuant to division (B) of this 8882
section, the board shall issue to the applicant a renewed 8883
license to practice as a physician ~~assistant~~associate. 8884

(D) The board may require a random sample of physician 8885
~~assistants~~associates to submit materials documenting both of 8886
the following: 8887

(1) Certification by the national commission on 8888
certification of physician assistants or a successor 8889
organization that is recognized by the board; 8890

(2) Completion of the continuing medical education 8891
required to hold current certification from the commission or 8892
its successor. 8893

Division (D) of this section does not limit the board's 8894
authority to conduct investigations pursuant to section 4730.25 8895
of the Revised Code. 8896

(E) A license to practice that is not renewed on or before 8897
its expiration date is automatically suspended on its expiration 8898
date. Continued practice after suspension of the license shall 8899
be considered as practicing in violation of division (A) of 8900
section 4730.02 of the Revised Code. 8901

(F) If a license has been suspended pursuant to division 8902
(E) of this section for two years or less, it may be reinstated. 8903
The board shall reinstate a license suspended for failure to 8904
renew upon an applicant's submission of a renewal application, 8905
the biennial renewal fee, and any applicable monetary penalty. 8906

If a license has been suspended pursuant to division (E) 8907
of this section for more than two years, it may be restored. In 8908
accordance with section 4730.28 of the Revised Code, the board 8909
may restore a license suspended for failure to renew upon an 8910
applicant's submission of a restoration application, the 8911
biennial renewal fee, and any applicable monetary penalty and 8912
compliance with sections 4776.01 to 4776.04 of the Revised Code. 8913
The board shall not restore to an applicant a license to 8914
practice as a physician ~~assistant~~ associate unless the board, in 8915
its discretion, decides that the results of the criminal records 8916
check do not make the applicant ineligible for a license issued 8917
pursuant to section 4730.12 of the Revised Code. 8918

The penalty for reinstatement shall be fifty dollars and 8919
the penalty for restoration shall be one hundred dollars. The 8920
board shall deposit penalties in accordance with section 4731.24 8921
of the Revised Code. 8922

(G) (1) If, through a random sample conducted under 8923
division (D) of this section or through any other means, the 8924
board finds that an individual who certified completion of the 8925
continuing medical education required to renew, reinstate, 8926
restore, or reactivate a license to practice did not complete 8927
the requisite continuing medical education, the board may do 8928
either of the following: 8929

(a) Take disciplinary action against the individual under 8930
section 4730.25 of the Revised Code, impose a civil penalty, or 8931
both; 8932

(b) Permit the individual to agree in writing to complete 8933
the continuing medical education and pay a civil penalty. 8934

(2) The board's finding in any disciplinary action taken 8935
under division (G) (1) (a) of this section shall be made pursuant 8936
to an adjudication under Chapter 119. of the Revised Code and by 8937
an affirmative vote of not fewer than six of its members. 8938

(3) A civil penalty imposed under division (G) (1) (a) of 8939
this section or paid under division (G) (1) (b) of this section 8940
shall be in an amount specified by the board of not more than 8941
five thousand dollars. The board shall deposit civil penalties 8942
in accordance with section 4731.24 of the Revised Code. 8943

Sec. 4730.141. (A) An individual who holds a current, 8944
valid license issued under this chapter to practice as a 8945
physician ~~assistant~~-associate and who retires voluntarily from 8946
practice may request that the state medical board place the 8947
individual's license on retired status. 8948

(B) An individual seeking to have the individual's license 8949
placed on retired status shall file with the board an 8950
application in the form and manner prescribed by the board. The 8951

application shall be submitted before the end of a biennial 8952
renewal period and include all of the following: 8953

(1) The applicant's full name, license number, mailing 8954
address, and electronic mail address; 8955

(2) An attestation that the information included in the 8956
application is accurate and truthful and that the applicant 8957
meets the following qualifications: 8958

(a) That the applicant holds a current, valid license 8959
issued under this chapter; 8960

(b) That the applicant has retired voluntarily from 8961
practice as a physician ~~assistant~~associate; 8962

(c) That the applicant does not hold an active 8963
registration with the federal drug enforcement administration; 8964

(d) That the applicant does not have any criminal charges 8965
pending against the applicant; 8966

(e) That the applicant is not the subject of discipline 8967
by, or an investigation pending with, a regulatory agency of 8968
this state, another state, or the United States; 8969

(f) That the applicant does not have any complaints 8970
pending with the board; 8971

(g) That the applicant is not, at the time of application, 8972
subject to the board's hearing, disciplinary, or compliance 8973
processes under the terms of a citation, notice of opportunity 8974
for hearing, board order, or consent agreement. 8975

(3) A fee in an amount equal to the sum of the biennial 8976
renewal fee and restoration penalty described in section 4730.14 8977
of the Revised Code. 8978

The board shall not consider an application for retired 8979
status complete until the board receives the fee described in 8980
this division. On receipt of a fee, the board shall deposit the 8981
fee in accordance with section 4731.24 of the Revised Code. 8982

(C) If the board determines that an applicant meets the 8983
requirements of division (B) of this section, the board shall 8984
place the applicant's license on retired status. The license 8985
remains on retired status for the life of the license holder, 8986
unless suspended, revoked, or reactivated, and does not require 8987
renewal. 8988

(D) During the period in which a license is on retired 8989
status, all of the following apply: 8990

(1) The license holder is prohibited from practicing as a 8991
physician ~~assistant~~associate under any circumstance. 8992

(2) The license holder is not required to complete the 8993
continuing education described in sections 4730.14 and 4730.49 8994
of the Revised Code. 8995

(3) The license holder is prohibited from using the 8996
license to obtain a license to practice as a physician ~~assistant~~ 8997
associate in another state, whether by endorsement or 8998
reciprocity or through a licensure compact. 8999

(4) The license holder may use a title authorized for the 9000
holder's license, but only if "retired" also is included in the 9001
title. 9002

(5) In the case of a license holder who was issued a 9003
prescriber number by the board as part of the holder's 9004
physician-delegated prescriptive authority, the number, like the 9005
license, is placed on retired status. 9006

(E) If a license has been placed on retired status 9007
pursuant to this section, it may be reactivated. Subject to 9008
section 4730.28 of the Revised Code, the board may reactivate a 9009
license placed on retired status if all of the following 9010
conditions are satisfied: 9011

(1) The individual seeking to reactivate the license 9012
applies to the board in the form and manner prescribed by the 9013
board. 9014

(2) The applicant certifies completion of, within the two- 9015
year period that ends on the date of the application's 9016
submission, the continuing education requirements that must be 9017
met for renewal of a license. 9018

(3) The applicant complies with sections 4776.01 to 9019
4776.04 of the Revised Code. 9020

(4) The applicant pays a reactivation fee in an amount 9021
equal to the sum of the biennial renewal fee and restoration 9022
penalty described in section 4730.14 of the Revised Code. 9023

The board shall not consider an application to reactivate 9024
a license complete until the board receives the fee described in 9025
this division. On receipt of a fee, the board shall deposit the 9026
fee in accordance with section 4731.24 of the Revised Code. 9027

(F) The board shall reactivate a license placed on retired 9028
status if the conditions of division (E) of this section have 9029
been satisfied and the board, in its discretion, determines that 9030
the results of the criminal records check conducted pursuant to 9031
sections 4776.01 to 4776.04 of the Revised Code do not make the 9032
applicant ineligible for active status. 9033

(G) The board may take disciplinary action against an 9034
applicant who is seeking to place a license on retired status or 9035

to reactivate the license if the applicant commits fraud, 9036
misrepresentation, or deception in applying for or securing the 9037
retired status or reactivation. 9038

The board also may take disciplinary action against the 9039
holder of a license placed on retired status if the holder 9040
practices under the license, uses the license to obtain 9041
licensure as a physician ~~assistant~~associate in another state, 9042
or uses a title that does not reflect the holder's retired 9043
status. 9044

In taking disciplinary action under this section, the 9045
board may impose on the applicant or holder any sanction 9046
described in section 4730.25 of the Revised Code, but shall do 9047
so in accordance with the procedures described in that section. 9048

(H) The board may adopt rules to implement and enforce 9049
this section. The rules shall be adopted in accordance with 9050
Chapter 119. of the Revised Code. 9051

Sec. 4730.15. (A) A license issued by the state medical 9052
board under section 4730.12 of the Revised Code authorizes the 9053
license holder to exercise physician-delegated prescriptive 9054
authority if the holder meets either of the following 9055
requirements: 9056

(1) Holds a master's or higher degree described in 9057
division (B) of section 4730.11 of the Revised Code; 9058

(2) Had prescriptive authority while practicing as a 9059
physician ~~assistant~~associate in another jurisdiction, in any of 9060
the armed forces of the United States or the national guard of 9061
any state, or in the United States public health service 9062
commissioned corps. 9063

(B) A license described in division (D) of section 4730.11 9064

of the Revised Code authorizes the license holder to exercise 9065
physician-delegated prescriptive authority if, on October 15, 9066
2015, the license holder held a valid certificate to prescribe 9067
issued under former section 4730.44 of the Revised Code, as it 9068
existed immediately prior to that date. 9069

(C) On application of an individual who holds a license 9070
issued under this chapter but is not authorized to exercise 9071
physician-delegated prescriptive authority, the board shall 9072
grant the authority to exercise physician-delegated prescriptive 9073
authority if the individual meets either of the following 9074
requirements: 9075

(1) The individual provides evidence satisfactory to the 9076
board of having obtained a master's or higher degree from either 9077
of the following: 9078

(a) A program accredited by the accreditation review 9079
commission on education for the physician ~~assistant~~ associate or 9080
a predecessor or successor organization recognized by the board; 9081

(b) A program accredited by a regional or specialized and 9082
professional accrediting agency recognized by the council for 9083
higher education accreditation, if the degree is in a course of 9084
study with clinical relevance to the practice of physician 9085
~~assistants~~ associates. 9086

(2) The individual meets the requirements specified in 9087
division (C) (1) or (3) of section 4730.11 of the Revised Code 9088
and had prescriptive authority while practicing as a physician 9089
~~assistant~~ associate in another jurisdiction, in any of the armed 9090
forces of the United States or the national guard of any state, 9091
or in the United States public health service commissioned 9092
corps. 9093

(D) The board shall issue a prescriber number to each 9094
physician ~~assistant~~associate licensed under this chapter who is 9095
authorized to exercise physician-delegated prescriptive 9096
authority. 9097

Sec. 4730.19. (A) Before initiating supervision of one or 9098
more physician ~~assistants~~associates licensed under this 9099
chapter, a physician shall enter into a supervision agreement 9100
with each physician ~~assistant~~associate who will be supervised. 9101
A supervision agreement may apply to one or more physician 9102
~~assistants~~associates, but, except as provided in division (B) (2) 9103
(f) of this section, may apply to not more than one physician. 9104
The supervision agreement shall specify that the physician 9105
agrees to supervise the physician ~~assistant~~associate and the 9106
physician ~~assistant~~associate agrees to practice under that 9107
physician's supervision. 9108

The agreement shall clearly state that the supervising 9109
physician is legally responsible and assumes legal liability for 9110
the services provided by the physician ~~assistant~~associate. The 9111
agreement shall be signed by the physician and the physician 9112
~~assistant~~associate. 9113

(B) A supervision agreement shall include either or both 9114
of the following: 9115

(1) If a physician ~~assistant~~associate will practice 9116
within a health care facility, the agreement shall include terms 9117
that require the physician ~~assistant~~associate to practice in 9118
accordance with the policies of the health care facility. 9119

(2) If a physician ~~assistant~~associate will practice 9120
outside a health care facility, the agreement shall include 9121
terms that specify all of the following: 9122

- (a) The responsibilities to be fulfilled by the physician 9123
in supervising the physician ~~assistant~~associate; 9124
- (b) The responsibilities to be fulfilled by the physician 9125
~~assistant~~associate when performing services under the 9126
physician's supervision; 9127
- (c) Any limitations on the responsibilities to be 9128
fulfilled by the physician ~~assistant~~associate; 9129
- (d) The circumstances under which the physician ~~assistant~~ 9130
associate is required to refer a patient to the supervising 9131
physician; 9132
- (e) An agreement that the supervising physician shall 9133
complete and sign the medical certificate of death pursuant to 9134
section 3705.16 of the Revised Code; 9135
- (f) If the supervising physician chooses to designate 9136
physicians to act as alternate supervising physicians, the 9137
names, business addresses, and business telephone numbers of the 9138
physicians who have agreed to act in that capacity. 9139
- (C) A supervision agreement may be amended to modify the 9140
responsibilities of one or more physician ~~assistants~~associates 9141
or to include one or more additional physician 9142
~~assistants~~associates. 9143
- (D) The supervising physician who entered into a 9144
supervision agreement shall retain a copy of the agreement in 9145
the records maintained by the supervising physician. Each 9146
physician ~~assistant~~associate who entered into the supervision 9147
agreement shall retain a copy of the agreement in the records 9148
maintained by the physician ~~assistant~~associate. 9149
- (E) (1) If the board finds, through a review conducted 9150

under this section or through any other means, any of the 9151
following, the board may take disciplinary action against the 9152
individual under section 4730.25 or 4731.22 of the Revised Code, 9153
impose a civil penalty, or both: 9154

(a) That a physician ~~assistant~~associate has practiced in 9155
a manner that departs from, or fails to conform to, the terms of 9156
a supervision agreement entered into under this section; 9157

(b) That a physician has supervised a physician ~~assistant~~ 9158
associate in a manner that departs from, or fails to conform to, 9159
the terms of a supervision agreement entered into under this 9160
section; 9161

(c) That a physician or physician ~~assistant~~associate 9162
failed to comply with division (A) or (B) of this section. 9163

(2) If the board finds, through a review conducted under 9164
this section or through any other means, that a physician or 9165
physician ~~assistant~~associate failed to comply with division (D) 9166
of this section, the board may do either of the following: 9167

(a) Take disciplinary action against the individual under 9168
section 4730.25 or 4731.22 of the Revised Code, impose a civil 9169
penalty, or both; 9170

(b) Permit the individual to agree in writing to update 9171
the records to comply with division (D) of this section and pay 9172
a civil penalty. 9173

(3) The board's finding in any disciplinary action taken 9174
under division (E) of this section shall be made pursuant to an 9175
adjudication conducted under Chapter 119. of the Revised Code. 9176

(4) A civil penalty imposed under division (E) (1) or (2) 9177
(a) of this section or paid under division (E) (2) (b) of this 9178

section shall be in an amount specified by the board of not more 9179
than five thousand dollars and shall be deposited in accordance 9180
with section 4731.24 of the Revised Code. 9181

Sec. 4730.20. (A) A physician ~~assistant~~associate licensed 9182
under this chapter may perform any of the following services- 9183
authorized by the supervising physician that are part of the 9184
supervising physician's normal course of practice and expertise: 9185

(1) Ordering diagnostic, therapeutic, and other medical 9186
services; 9187

(2) Prescribing physical therapy or referring a patient to 9188
a physical therapist for physical therapy; 9189

(3) Ordering occupational therapy or referring a patient 9190
to an occupational therapist for occupational therapy; 9191

(4) Taking any action that may be taken by an attending 9192
physician under sections 2133.21 to 2133.26 of the Revised Code, 9193
as specified in section 2133.211 of the Revised Code; 9194

(5) Determining and pronouncing death in accordance with 9195
section 4730.202 of the Revised Code; 9196

(6) Assisting in surgery; 9197

(7) If the physician ~~assistant~~associate holds a valid 9198
prescriber number issued by the state medical board and has been 9199
granted physician-delegated prescriptive authority, ordering, 9200
prescribing, personally furnishing, and administering drugs and 9201
medical devices; 9202

(8) Any other services that are part of the supervising 9203
physician's normal course of practice and expertise. 9204

(B) The services a physician ~~assistant~~associate may 9205

provide under the policies of a health care facility are limited 9206
to the services the facility authorizes the physician ~~assistant-~~ 9207
associate to provide for the facility. A facility shall not 9208
authorize a physician ~~assistant-~~associate to perform a service 9209
that is prohibited under this chapter. A physician who is 9210
supervising a physician ~~assistant-~~associate within a health care 9211
facility may impose limitations on the physician ~~assistant's-~~ 9212
associate's practice that are in addition to any limitations 9213
applicable under the policies of the facility. 9214

Sec. 4730.201. (A) As used in this section, "local 9215
anesthesia" means the injection of a drug or combination of 9216
drugs to stop or prevent a painful sensation in a circumscribed 9217
area of the body where a painful procedure is to be performed. 9218
"Local anesthesia" includes only local infiltration anesthesia, 9219
digital blocks, and pudendal blocks. 9220

(B) A physician ~~assistant-~~associate may administer, 9221
monitor, or maintain local anesthesia as a component of a 9222
procedure the physician ~~assistant-~~associate is performing or as 9223
a separate service when the procedure requiring local anesthesia 9224
is to be performed by the physician ~~assistant's-~~associate's 9225
supervising physician or another person. A physician ~~assistant-~~ 9226
associate shall not administer, monitor, or maintain any other 9227
form of anesthesia, including regional anesthesia or any 9228
systemic sedation. 9229

Sec. 4730.202. (A) A physician ~~assistant-~~associate may 9230
determine and pronounce an individual's death, but only if the 9231
individual's respiratory and circulatory functions are not being 9232
artificially sustained and, at the time the determination and 9233
pronouncement of death is made, either or both of the following 9234
apply: 9235

(1) The individual was receiving care in one of the 9236
following: 9237

(a) A nursing home licensed under section 3721.02 of the 9238
Revised Code or by a political subdivision under section 3721.09 9239
of the Revised Code; 9240

(b) A residential care facility or home for the aging 9241
licensed under Chapter 3721. of the Revised Code; 9242

(c) A county home or district home operated pursuant to 9243
Chapter 5155. of the Revised Code; 9244

(d) A residential facility licensed under section 5123.19 9245
of the Revised Code. 9246

(2) The physician ~~assistant~~associate is providing or 9247
supervising the individual's care through a hospice care program 9248
licensed under Chapter 3712. of the Revised Code or any other 9249
entity that provides palliative care. 9250

(B) If a physician ~~assistant~~associate determines and 9251
pronounces an individual's death, the physician ~~assistant~~ 9252
associate shall comply with both of the following: 9253

(1) The physician ~~assistant~~associate shall not complete 9254
any portion of the individual's death certificate. 9255

(2) The physician ~~assistant~~associate shall notify the 9256
individual's attending physician of the determination and 9257
pronouncement of death in order for the physician to fulfill the 9258
physician's duties under section 3705.16 of the Revised Code. 9259
The physician ~~assistant~~associate shall provide the notification 9260
within a period of time that is reasonable but not later than 9261
twenty-four hours following the determination and pronouncement 9262
of the individual's death. 9263

Sec. 4730.203. (A) Acting pursuant to a supervision 9264
agreement, a physician ~~assistant~~associate may delegate 9265
performance of a task to implement a patient's plan of care or, 9266
if the conditions in division (C) of this section are met, may 9267
delegate administration of a drug. Subject to division (D) of 9268
section 4730.03 of the Revised Code, delegation may be to any 9269
person. The physician ~~assistant~~associate must be physically 9270
present at the location where the task is performed or the drug 9271
administered. 9272

(B) Prior to delegating a task or administration of a 9273
drug, a physician ~~assistant~~associate shall determine that the 9274
task or drug is appropriate for the patient and the person to 9275
whom the delegation is to be made may safely perform the task or 9276
administer the drug. 9277

(C) A physician ~~assistant~~associate may delegate 9278
administration of a drug only if all of the following conditions 9279
are met: 9280

(1) The physician ~~assistant~~associate has been granted 9281
physician-delegated prescriptive authority and is authorized to 9282
prescribe the drug. 9283

(2) The drug is not a controlled substance. 9284

(3) The drug will not be administered intravenously. 9285

(4) The drug will not be administered in a hospital 9286
inpatient care unit, as defined in section 3727.50 of the 9287
Revised Code; a hospital emergency department; a freestanding 9288
emergency department; or an ambulatory surgical facility 9289
licensed under section 3702.30 of the Revised Code. 9290

(D) A person not otherwise authorized to administer a drug 9291
or perform a specific task may do so in accordance with a 9292

physician ~~assistant's~~ associate's delegation under this section. 9293

Sec. 4730.204. (A) Subject to division (B) of this 9294
section, a physician ~~assistant~~ associate may sign one or more 9295
documents relating to any of the following: 9296

(1) The admission of a patient to a health care facility 9297
for the purpose of receiving psychiatric or other behavioral 9298
health care services on an inpatient basis; 9299

(2) The discharge of a patient from a health care facility 9300
after receiving inpatient psychiatric or other behavioral health 9301
care services; 9302

(3) The treatment of a patient while at a health care 9303
facility on an inpatient basis for psychiatric or other 9304
behavioral health care services. 9305

The documents may include a treatment plan or any 9306
medication order that is part of the treatment plan. 9307

(B) To be eligible to sign documents described in this 9308
section, all of the following must be satisfied: 9309

(1) The physician ~~assistant~~ associate is employed by the 9310
health care facility in which a patient is receiving psychiatric 9311
or other behavioral health care services on an inpatient basis 9312
or the physician ~~assistant~~ associate has been granted 9313
appropriate credentials by the facility; 9314

(2) The physician ~~assistant's~~ associate's supervising 9315
physician is employed by the health care facility in which a 9316
patient is receiving psychiatric or other behavioral health care 9317
services on an inpatient basis or is a member of the facility's 9318
medical staff. 9319

(3) The physician ~~assistant's~~ associate's supervising 9320

physician has authorized the physician ~~assistant~~associate to 9321
sign documents described in this section for the physician's 9322
patients. 9323

(4) The policies of the health care facility authorize the 9324
physician ~~assistant~~associate to sign documents described in 9325
this section. 9326

(C) Notwithstanding section 4730.22 of the Revised Code or 9327
any other conflicting provision of this chapter, a supervising 9328
physician who authorizes a physician ~~assistant~~associate to sign 9329
one or more documents as described in this section is not liable 9330
for damages in a civil action for injury, death, or loss to 9331
person or property for an act or omission that arises from the 9332
physician ~~assistant~~associate signing the document, and is not 9333
subject to administrative action or criminal prosecution for an 9334
act or omission that arises from the physician ~~assistant~~associate 9335
signing the document. 9336

Sec. 4730.21. (A) The supervising physician of a physician 9337
~~assistant~~associate exercises supervision, control, and 9338
direction of the physician ~~assistant~~associate. A physician 9339
~~assistant~~associate may practice in any setting within which the 9340
supervising physician has supervision, control, and direction of 9341
the physician ~~assistant~~associate. 9342

In supervising a physician ~~assistant~~associate, all of the 9343
following apply: 9344

(1) The supervising physician shall be continuously 9345
available for direct communication with the physician ~~assistant~~associate 9346
associate by either of the following means: 9347

(a) Being physically present at the location where the 9348
physician ~~assistant~~associate is practicing; 9349

(b) Being readily available to the physician ~~assistant~~ 9350
associate through some means of telecommunication and being in a 9351
location that is a distance from the location where the 9352
physician ~~assistant~~associate is practicing that reasonably 9353
allows the physician to assure proper care of patients. 9354

(2) The supervising physician shall personally and 9355
actively review the physician ~~assistant's~~associate's 9356
professional activities. 9357

(3) The supervising physician shall ensure that the 9358
quality assurance system established pursuant to division (F) of 9359
this section is implemented and maintained. 9360

(4) The supervising physician shall regularly perform any 9361
other reviews of the physician ~~assistant~~associate that the 9362
supervising physician considers necessary. 9363

(B) A physician may enter into supervision agreements with 9364
any number of physician ~~assistants~~associates, but the physician 9365
may not supervise more than five physician ~~assistants~~associates 9366
at any one time. A physician ~~assistant~~associate may enter into 9367
supervision agreements with any number of supervising 9368
physicians. 9369

(C) A supervising physician may authorize a physician 9370
~~assistant~~associate to perform a service only if the physician 9371
is satisfied that the physician ~~assistant~~associate is capable 9372
of competently performing the service. A supervising physician 9373
shall not authorize a physician ~~assistant~~associate to perform 9374
any service that is beyond the physician's or the physician 9375
~~assistant's~~associate's normal course of practice and expertise. 9376

(D) In the case of a health care facility with an 9377
emergency department, if the supervising physician routinely 9378

practices in the facility's emergency department, the 9379
supervising physician shall provide on-site supervision of the 9380
physician ~~assistant~~associate when the physician ~~assistant~~ 9381
associate practices in the emergency department. If the 9382
supervising physician does not routinely practice in the 9383
facility's emergency department, the supervising physician may, 9384
on occasion, send the physician ~~assistant~~associate to the 9385
facility's emergency department to assess and manage a patient. 9386
In supervising the physician ~~assistant's~~associate's assessment 9387
and management of the patient, the supervising physician shall 9388
determine the appropriate level of supervision in compliance 9389
with the requirements of divisions (A) to (C) of this section, 9390
except that the supervising physician must be available to go to 9391
the emergency department to personally evaluate the patient and, 9392
at the request of an emergency department physician, the 9393
supervising physician shall go to the emergency department to 9394
personally evaluate the patient. 9395

(E) Each time a physician ~~assistant~~associate writes a 9396
medical order, including prescriptions written in the exercise 9397
of physician-delegated prescriptive authority, the physician 9398
~~assistant~~associate shall sign the form on which the order is 9399
written and record on the form the time and date that the order 9400
is written. 9401

(F) (1) The supervising physician of a physician ~~assistant~~ 9402
associate shall establish a quality assurance system to be used 9403
in supervising the physician ~~assistant~~associate. All or part of 9404
the system may be applied to other physician ~~assistants~~ 9405
associates who are supervised by the supervising physician. The 9406
system shall be developed in consultation with each physician 9407
~~assistant~~associate to be supervised by the physician. 9408

(2) In establishing the quality assurance system, the 9409
supervising physician shall describe a process to be used for 9410
all of the following: 9411

(a) Routine review by the physician of selected patient 9412
record entries made by the physician ~~assistant~~associate and 9413
selected medical orders issued by the physician 9414
~~assistant~~associate; 9415

(b) Discussion of complex cases; 9416

(c) Discussion of new medical developments relevant to the 9417
practice of the physician and physician ~~assistant~~associate; 9418

(d) Performance of any quality assurance activities 9419
required in rules adopted by state medical board pursuant to any 9420
recommendations made by the physician ~~assistant~~associate policy 9421
committee under section 4730.06 of the Revised Code; 9422

(e) Performance of any other quality assurance activities 9423
that the supervising physician considers to be appropriate. 9424

(3) The supervising physician and physician ~~assistant~~ 9425
associate shall keep records of their quality assurance 9426
activities. On request, the records shall be made available to 9427
the board. 9428

Sec. 4730.22. (A) When performing authorized services, a 9429
physician ~~assistant~~associate acts as the agent of the physician 9430
~~assistant's~~associate's supervising physician. The supervising 9431
physician is legally responsible and assumes legal liability for 9432
the services provided by the physician ~~assistant~~associate. 9433

The physician is not responsible or liable for any 9434
services provided by the physician ~~assistant~~associate after 9435
their supervision agreement expires or is terminated. 9436

(B) When a health care facility permits physician 9437
~~assistants~~associates to practice within that facility or any 9438
other health care facility under its control, the health care 9439
facility shall make reasonable efforts to explain to each 9440
individual who may work with a particular physician ~~assistant~~ 9441
associate the scope of that physician ~~assistant's~~associate's 9442
practice within the facility. The appropriate credentialing body 9443
within the health care facility shall provide, on request of an 9444
individual practicing in the facility with a physician 9445
~~assistant~~associate, a copy of the facility's policies on the 9446
practice of physician ~~assistants~~associates within the facility 9447
and a copy of each supervision agreement applicable to the 9448
physician ~~assistant~~associate. 9449

An individual who follows the orders of a physician 9450
~~assistant~~associate practicing in a health care facility is not 9451
subject to disciplinary action by any administrative agency that 9452
governs that individual's conduct and is not liable in damages 9453
in a civil action for injury, death, or loss to person or 9454
property resulting from the individual's acts or omissions in 9455
the performance of any procedure, treatment, or other health 9456
care service if the individual reasonably believed that the 9457
physician ~~assistant~~associate was acting within the proper scope 9458
of practice or was relaying medical orders from a supervising 9459
physician, unless the act or omission constitutes willful or 9460
wanton misconduct. 9461

Sec. 4730.25. (A) The state medical board, by an 9462
affirmative vote of not fewer than six members, may refuse to 9463
grant a license to practice as a physician ~~assistant~~associate 9464
to, or may revoke the license held by, an individual found by 9465
the board to have committed fraud, misrepresentation, or 9466
deception in applying for or securing the license. 9467

(B) Except as provided in division (N) of this section, 9468
the board, by an affirmative vote of not fewer than six members, 9469
shall, to the extent permitted by law, limit, revoke, or suspend 9470
an individual's license to practice as a physician ~~assistant~~ 9471
associate or prescriber number, refuse to issue a license to an 9472
applicant, refuse to renew a license, refuse to reinstate a 9473
license, or reprimand or place on probation the holder of a 9474
license for any of the following reasons: 9475

(1) Failure to practice in accordance with the supervising 9476
physician's supervision agreement with the physician 9477
~~assistant~~associate, including, if applicable, the policies of 9478
the health care facility in which the supervising physician and 9479
physician ~~assistant~~associate are practicing; 9480

(2) Failure to comply with the requirements of this 9481
chapter, Chapter 4731. of the Revised Code, or any rules adopted 9482
by the board; 9483

(3) Violating or attempting to violate, directly or 9484
indirectly, or assisting in or abetting the violation of, or 9485
conspiring to violate, any provision of this chapter, Chapter 9486
4731. of the Revised Code, or the rules adopted by the board; 9487

(4) Inability to practice according to acceptable and 9488
prevailing standards of care by reason of mental illness or 9489
physical illness, including physical deterioration that 9490
adversely affects cognitive, motor, or perceptive skills; 9491

(5) Impairment of ability to practice according to 9492
acceptable and prevailing standards of care because of substance 9493
use disorder or excessive use or abuse of drugs, alcohol, or 9494
other substances that may impair ability to practice; 9495

(6) Administering drugs for purposes other than those 9496

authorized under this chapter; 9497

(7) Willfully betraying a professional confidence; 9498

(8) Making a false, fraudulent, deceptive, or misleading 9499
statement in soliciting or advertising for employment as a 9500
physician ~~assistant~~associate; in connection with any 9501
solicitation or advertisement for patients; in relation to the 9502
practice of medicine as it pertains to physician 9503
~~assistants~~associates; or in securing or attempting to secure a 9504
license to practice as a physician ~~assistant~~associate. 9505

As used in this division, "false, fraudulent, deceptive, 9506
or misleading statement" means a statement that includes a 9507
misrepresentation of fact, is likely to mislead or deceive 9508
because of a failure to disclose material facts, is intended or 9509
is likely to create false or unjustified expectations of 9510
favorable results, or includes representations or implications 9511
that in reasonable probability will cause an ordinarily prudent 9512
person to misunderstand or be deceived. 9513

(9) Representing, with the purpose of obtaining 9514
compensation or other advantage personally or for any other 9515
person, that an incurable disease or injury, or other incurable 9516
condition, can be permanently cured; 9517

(10) The obtaining of, or attempting to obtain, money or 9518
anything of value by fraudulent misrepresentations in the course 9519
of practice; 9520

(11) A plea of guilty to, a judicial finding of guilt of, 9521
or a judicial finding of eligibility for intervention in lieu of 9522
conviction for, a felony; 9523

(12) Commission of an act that constitutes a felony in 9524
this state, regardless of the jurisdiction in which the act was 9525

committed; 9526

(13) A plea of guilty to, a judicial finding of guilt of, 9527
or a judicial finding of eligibility for intervention in lieu of 9528
conviction for, a misdemeanor committed in the course of 9529
practice; 9530

(14) A plea of guilty to, a judicial finding of guilt of, 9531
or a judicial finding of eligibility for intervention in lieu of 9532
conviction for, a misdemeanor involving moral turpitude; 9533

(15) Commission of an act in the course of practice that 9534
constitutes a misdemeanor in this state, regardless of the 9535
jurisdiction in which the act was committed; 9536

(16) Commission of an act involving moral turpitude that 9537
constitutes a misdemeanor in this state, regardless of the 9538
jurisdiction in which the act was committed; 9539

(17) A plea of guilty to, a judicial finding of guilt of, 9540
or a judicial finding of eligibility for intervention in lieu of 9541
conviction for violating any state or federal law regulating the 9542
possession, distribution, or use of any drug, including 9543
trafficking in drugs; 9544

(18) Any of the following actions taken by the state 9545
agency responsible for regulating the practice of physician 9546
~~assistants~~ associates in another state, for any reason other 9547
than the nonpayment of fees: the limitation, revocation, or 9548
suspension of an individual's license to practice; acceptance of 9549
an individual's license surrender; denial of a license; refusal 9550
to renew or reinstate a license; imposition of probation; or 9551
issuance of an order of censure or other reprimand; 9552

(19) A departure from, or failure to conform to, minimal 9553
standards of care of similar physician ~~assistants~~ associates 9554

under the same or similar circumstances, regardless of whether 9555
actual injury to a patient is established; 9556

(20) Violation of the conditions placed by the board on a 9557
license to practice as a physician ~~assistant~~associate; 9558

(21) Failure to use universal blood and body fluid 9559
precautions established by rules adopted under section 4731.051 9560
of the Revised Code; 9561

(22) Failure to cooperate in an investigation conducted by 9562
the board under section 4730.26 of the Revised Code, including 9563
failure to comply with a subpoena or order issued by the board 9564
or failure to answer truthfully a question presented by the 9565
board at a deposition or in written interrogatories, except that 9566
failure to cooperate with an investigation shall not constitute 9567
grounds for discipline under this section if a court of 9568
competent jurisdiction has issued an order that either quashes a 9569
subpoena or permits the individual to withhold the testimony or 9570
evidence in issue; 9571

(23) Assisting suicide, as defined in section 3795.01 of 9572
the Revised Code; 9573

(24) Prescribing any drug or device to perform or induce 9574
an abortion, or otherwise performing or inducing an abortion; 9575

(25) Failure to comply with section 4730.53 of the Revised 9576
Code, unless the board no longer maintains a drug database 9577
pursuant to section 4729.75 of the Revised Code; 9578

(26) Failure to comply with the requirements in section 9579
3719.061 of the Revised Code before issuing for a minor a 9580
prescription for an opioid analgesic, as defined in section 9581
3719.01 of the Revised Code; 9582

(27) Having certification by the national commission on 9583
certification of physician ~~assistants~~associates or a successor 9584
organization expire, lapse, or be suspended or revoked; 9585

(28) The revocation, suspension, restriction, reduction, 9586
or termination of clinical privileges by the United States 9587
department of defense or department of veterans affairs or the 9588
termination or suspension of a certificate of registration to 9589
prescribe drugs by the drug enforcement administration of the 9590
United States department of justice; 9591

(29) Failure to comply with terms of a consult agreement 9592
entered into with a pharmacist pursuant to section 4729.39 of 9593
the Revised Code; 9594

(30) Violation of section 4730.57 of the Revised Code. 9595

(C) Disciplinary actions taken by the board under 9596
divisions (A) and (B) of this section shall be taken pursuant to 9597
an adjudication under Chapter 119. of the Revised Code, except 9598
that in lieu of an adjudication, the board may enter into a 9599
consent agreement with a physician ~~assistant~~associate or 9600
applicant to resolve an allegation of a violation of this 9601
chapter or any rule adopted under it. A consent agreement, when 9602
ratified by an affirmative vote of not fewer than six members of 9603
the board, shall constitute the findings and order of the board 9604
with respect to the matter addressed in the agreement. If the 9605
board refuses to ratify a consent agreement, the admissions and 9606
findings contained in the consent agreement shall be of no force 9607
or effect. 9608

(D) For purposes of divisions (B) (12), (15), and (16) of 9609
this section, the commission of the act may be established by a 9610
finding by the board, pursuant to an adjudication under Chapter 9611

119. of the Revised Code, that the applicant or license holder 9612
committed the act in question. The board shall have no 9613
jurisdiction under these divisions in cases where the trial 9614
court renders a final judgment in the license holder's favor and 9615
that judgment is based upon an adjudication on the merits. The 9616
board shall have jurisdiction under these divisions in cases 9617
where the trial court issues an order of dismissal upon 9618
technical or procedural grounds. 9619

(E) The sealing or expungement of conviction records by 9620
any court shall have no effect upon a prior board order entered 9621
under the provisions of this section or upon the board's 9622
jurisdiction to take action under the provisions of this section 9623
if, based upon a plea of guilty, a judicial finding of guilt, or 9624
a judicial finding of eligibility for intervention in lieu of 9625
conviction, the board issued a notice of opportunity for a 9626
hearing prior to the court's order to seal or expunge the 9627
records. The board shall not be required to seal, destroy, 9628
redact, or otherwise modify its records to reflect the court's 9629
sealing or expungement of conviction records. 9630

(F) For purposes of this division, any individual who 9631
holds a license issued under this chapter, or applies for a 9632
license issued under this chapter, shall be deemed to have given 9633
consent to submit to a mental or physical examination when 9634
directed to do so in writing by the board and to have waived all 9635
objections to the admissibility of testimony or examination 9636
reports that constitute a privileged communication. 9637

(1) In enforcing division (B)(4) of this section, the 9638
board, upon a showing of a possible violation, shall refer any 9639
individual who holds, or has applied for, a license issued under 9640
this chapter to the monitoring organization that conducts the 9641

confidential monitoring program established under section 9642
4731.25 of the Revised Code. The board also may compel the 9643
individual to submit to a mental examination, physical 9644
examination, including an HIV test, or both a mental and 9645
physical examination. The expense of the examination is the 9646
responsibility of the individual compelled to be examined. 9647
Failure to submit to a mental or physical examination or consent 9648
to an HIV test ordered by the board constitutes an admission of 9649
the allegations against the individual unless the failure is due 9650
to circumstances beyond the individual's control, and a default 9651
and final order may be entered without the taking of testimony 9652
or presentation of evidence. If the board finds a physician 9653
~~assistant~~associate unable to practice because of the reasons 9654
set forth in division (B) (4) of this section, the board shall 9655
require the physician ~~assistant~~associate to submit to care, 9656
counseling, or treatment by physicians approved or designated by 9657
the board, as a condition for an initial, continued, reinstated, 9658
or renewed license. An individual affected under this division 9659
shall be afforded an opportunity to demonstrate to the board the 9660
ability to resume practicing in compliance with acceptable and 9661
prevailing standards of care. 9662

(2) For purposes of division (B) (5) of this section, if 9663
the board has reason to believe that any individual who holds a 9664
license issued under this chapter or any applicant for a license 9665
suffers such impairment, the board shall refer the individual to 9666
the monitoring organization that conducts the confidential 9667
monitoring program established under section 4731.25 of the 9668
Revised Code. The board also may compel the individual to submit 9669
to a mental or physical examination, or both. The expense of the 9670
examination is the responsibility of the individual compelled to 9671
be examined. Any mental or physical examination required under 9672

this division shall be undertaken by a treatment provider or 9673
physician qualified to conduct such examination and approved 9674
under section 4731.251 of the Revised Code. 9675

Failure to submit to a mental or physical examination 9676
ordered by the board constitutes an admission of the allegations 9677
against the individual unless the failure is due to 9678
circumstances beyond the individual's control, and a default and 9679
final order may be entered without the taking of testimony or 9680
presentation of evidence. If the board determines that the 9681
individual's ability to practice is impaired, the board shall 9682
suspend the individual's license or deny the individual's 9683
application and shall require the individual, as a condition for 9684
initial, continued, reinstated, or renewed licensure, to submit 9685
to treatment. 9686

Before being eligible to apply for reinstatement of a 9687
license suspended under this division, the physician ~~assistant~~ 9688
associate shall demonstrate to the board the ability to resume 9689
practice or prescribing in compliance with acceptable and 9690
prevailing standards of care. The demonstration shall include 9691
the following: 9692

(a) Certification from a treatment provider approved under 9693
section 4731.251 of the Revised Code that the individual has 9694
successfully completed any required inpatient treatment; 9695

(b) Evidence of continuing full compliance with an 9696
aftercare contract or consent agreement; 9697

(c) Two written reports indicating that the individual's 9698
ability to practice has been assessed and that the individual 9699
has been found capable of practicing according to acceptable and 9700
prevailing standards of care. The reports shall be made by 9701

individuals or providers approved by the board for making such 9702
assessments and shall describe the basis for their 9703
determination. 9704

The board may reinstate a license suspended under this 9705
division after such demonstration and after the individual has 9706
entered into a written consent agreement. 9707

When the impaired physician ~~assistant~~associate resumes 9708
practice or prescribing, the board shall require continued 9709
monitoring of the physician ~~assistant~~associate. The monitoring 9710
shall include compliance with the written consent agreement 9711
entered into before reinstatement or with conditions imposed by 9712
board order after a hearing, and, upon termination of the 9713
consent agreement, submission to the board for at least two 9714
years of annual written progress reports made under penalty of 9715
falsification stating whether the physician ~~assistant~~associate 9716
has maintained sobriety. 9717

(G) (1) If either of the following circumstances occur, the 9718
secretary and supervising member may recommend that the board 9719
suspend the individual's license without a prior hearing: 9720

(a) The secretary and supervising member determine that 9721
there is clear and convincing evidence that a physician 9722
~~assistant~~associate has violated division (B) of this section 9723
and that the individual's continued practice or prescribing 9724
presents a danger of immediate and serious harm to the public. 9725

(b) The board receives verifiable information that a 9726
licensee has been charged in any state or federal court with a 9727
crime classified as a felony under the charging court's law and 9728
the conduct charged constitutes a violation of division (B) of 9729
this section. 9730

(2) If a recommendation is made to suspend without a prior 9731
hearing pursuant to division (G)(1) of this section, written 9732
allegations shall be prepared for consideration by the board. 9733

The board, upon review of those allegations and by an 9734
affirmative vote of not fewer than six of its members, excluding 9735
the secretary and supervising member, may suspend a license 9736
without a prior hearing. A telephone conference call may be 9737
utilized for reviewing the allegations and taking the vote on 9738
the summary suspension. 9739

The board shall serve a written order of suspension in 9740
accordance with sections 119.05 and 119.07 of the Revised Code. 9741
The order shall not be subject to suspension by the court during 9742
pendency of any appeal filed under section 119.12 of the Revised 9743
Code. If the physician ~~assistant~~associate requests an 9744
adjudicatory hearing by the board, the date set for the hearing 9745
shall be within fifteen days, but not earlier than seven days, 9746
after the physician ~~assistant~~associate requests the hearing, 9747
unless otherwise agreed to by both the board and the license 9748
holder. 9749

(3) A summary suspension imposed under this division shall 9750
remain in effect, unless reversed on appeal, until a final 9751
adjudicative order issued by the board pursuant to this section 9752
and Chapter 119. of the Revised Code becomes effective. The 9753
board shall issue its final adjudicative order within seventy- 9754
five days after completion of its hearing. Failure to issue the 9755
order within seventy-five days shall result in dissolution of 9756
the summary suspension order, but shall not invalidate any 9757
subsequent, final adjudicative order. 9758

(H) If the board takes action under division (B)(11), 9759
(13), or (14) of this section, and the judicial finding of 9760

guilt, guilty plea, or judicial finding of eligibility for 9761
intervention in lieu of conviction is overturned on appeal, upon 9762
exhaustion of the criminal appeal, a petition for 9763
reconsideration of the order may be filed with the board along 9764
with appropriate court documents. Upon receipt of a petition and 9765
supporting court documents, the board shall reinstate the 9766
individual's license. The board may then hold an adjudication 9767
under Chapter 119. of the Revised Code to determine whether the 9768
individual committed the act in question. Notice of opportunity 9769
for hearing shall be given in accordance with Chapter 119. of 9770
the Revised Code. If the board finds, pursuant to an 9771
adjudication held under this division, that the individual 9772
committed the act, or if no hearing is requested, it may order 9773
any of the sanctions identified under division (B) of this 9774
section. 9775

(I) The license to practice issued to a physician 9776
~~assistant-associate~~ and the physician ~~assistant's-associate's~~ 9777
practice in this state are automatically suspended as of the 9778
date the physician ~~assistant-associate~~ pleads guilty to, is 9779
found by a judge or jury to be guilty of, or is subject to a 9780
judicial finding of eligibility for intervention in lieu of 9781
conviction in this state or treatment or intervention in lieu of 9782
conviction in another state for any of the following criminal 9783
offenses in this state or a substantially equivalent criminal 9784
offense in another jurisdiction: aggravated murder, murder, 9785
voluntary manslaughter, felonious assault, trafficking in 9786
persons, kidnapping, rape, sexual battery, gross sexual 9787
imposition, aggravated arson, aggravated robbery, or aggravated 9788
burglary. Continued practice after the suspension shall be 9789
considered practicing without a license. 9790

The board shall notify the individual subject to the 9791

suspension in accordance with sections 119.05 and 119.07 of the Revised Code. If an individual whose license is suspended under this division fails to make a timely request for an adjudication under Chapter 119. of the Revised Code, the board shall enter a final order permanently revoking the individual's license to practice.

(J) In any instance in which the board is required by Chapter 119. of the Revised Code to give notice of opportunity for hearing and 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 shall be accompanied by a written statement of the conditions under which the physician ~~assistant's~~ associate's license may be reinstated. The board shall adopt rules in accordance with Chapter 119. of the Revised Code governing conditions to be imposed for reinstatement. Reinstatement of a license suspended pursuant to division (B) of this section requires an affirmative vote of not fewer than six members of the board.

(L) When the board refuses to grant or issue to an applicant a license to practice as a physician ~~assistant~~ associate, revokes an individual's license, refuses to renew an individual's license, or refuses to reinstate an individual's license, the board may specify that its action is permanent. An individual subject to a permanent action taken by

the board is forever thereafter ineligible to hold the license 9822
and the board shall not accept an application for reinstatement 9823
of the license or for issuance of a new license. 9824

(M) Notwithstanding any other provision of the Revised 9825
Code, all of the following apply: 9826

(1) The surrender of a license issued under this chapter 9827
is not effective unless or until accepted by the board. 9828
Reinstatement of a license surrendered to the board requires an 9829
affirmative vote of not fewer than six members of the board. 9830

(2) An application made under this chapter for a license 9831
may not be withdrawn without approval of the board. 9832

(3) Failure by an individual to renew a license in 9833
accordance with section 4730.14 of the Revised Code does not 9834
remove or limit the board's jurisdiction to take disciplinary 9835
action under this section against the individual. 9836

(4) The placement of an individual's license on retired 9837
status, as described in section 4730.141 of the Revised Code, 9838
does not remove or limit the board's jurisdiction to take any 9839
disciplinary action against the individual with regard to the 9840
license as it existed before being placed on retired status. 9841

(N) The board shall not refuse to issue a license to an 9842
applicant because of a conviction, plea of guilty, judicial 9843
finding of guilt, judicial finding of eligibility for 9844
intervention in lieu of conviction, or the commission of an act 9845
that constitutes a criminal offense, unless the refusal is in 9846
accordance with section 9.79 of the Revised Code. 9847

Sec. 4730.251. On receipt of a notice pursuant to section 9848
3123.43 of the Revised Code, the state medical board shall 9849
comply with sections 3123.41 to 3123.50 of the Revised Code and 9850

any applicable rules adopted under section 3123.63 of the 9851
Revised Code with respect to a license to practice as a 9852
physician ~~assistant~~-associate issued pursuant to this chapter. 9853

Sec. 4730.252. (A) (1) If a physician ~~assistant~~-associate 9854
violates any section of this chapter other than section 4730.14 9855
of the Revised Code or violates any rule adopted under this 9856
chapter, the state medical board may, pursuant to an 9857
adjudication under Chapter 119. of the Revised Code and an 9858
affirmative vote of not fewer than six of its members, impose a 9859
civil penalty. The amount of the civil penalty shall be 9860
determined by the board in accordance with the guidelines 9861
adopted under division (A) (2) of this section. The civil penalty 9862
may be in addition to any other action the board may take under 9863
section 4730.25 of the Revised Code. 9864

(2) The board shall adopt and may amend guidelines 9865
regarding the amounts of civil penalties to be imposed under 9866
this section. Adoption or amendment of the guidelines requires 9867
the approval of not fewer than six board members. 9868

Under the guidelines, no civil penalty amount shall exceed 9869
twenty thousand dollars. 9870

(B) Amounts received from payment of civil penalties 9871
imposed under this section shall be deposited by the board in 9872
accordance with section 4731.24 of the Revised Code. Amounts 9873
received from payment of civil penalties imposed for violations 9874
of division (B) (5) of section 4730.25 of the Revised Code shall 9875
be used by the board solely for investigations, enforcement, and 9876
compliance monitoring. 9877

Sec. 4730.26. (A) The state medical board shall 9878
investigate evidence that appears to show that any person has 9879

violated this chapter or a rule adopted under it. In an 9880
investigation involving the practice or supervision of a 9881
physician ~~assistant~~associate pursuant to the policies of a 9882
health care facility, the board may require that the health care 9883
facility provide any information the board considers necessary 9884
to identify either or both of the following: 9885

(1) The facility's policies for the practice of physician 9886
~~assistants~~associates within the facility; 9887

(2) The services that the facility has authorized a 9888
particular physician ~~assistant~~associate to provide for the 9889
facility. 9890

(B) Any person may report to the board in a signed writing 9891
any information the person has that appears to show a violation 9892
of any provision of this chapter or rule adopted under it. In 9893
the absence of bad faith, a person who reports such information 9894
or testifies before the board in an adjudication conducted under 9895
Chapter 119. of the Revised Code shall not be liable for civil 9896
damages as a result of reporting the information or providing 9897
testimony. Each complaint or allegation of a violation received 9898
by the board shall be assigned a case number and be recorded by 9899
the board. 9900

(C) Investigations of alleged violations of this chapter 9901
or rules adopted under it shall be supervised by the supervising 9902
member elected by the board in accordance with section 4731.02 9903
of the Revised Code and by the secretary as provided in section 9904
4730.33 of the Revised Code. The president may designate another 9905
member of the board to supervise the investigation in place of 9906
the supervising member. Upon a vote of the majority of the board 9907
to authorize the addition of a consumer member in the 9908
supervision of any part of any investigation, the president 9909

shall designate a consumer member for supervision of 9910
investigations as determined by the president. The authorization 9911
of consumer member participation in investigation supervision 9912
may be rescinded by a majority vote of the board. A member of 9913
the board who supervises the investigation of a case shall not 9914
participate in further adjudication of the case. 9915

(D) In investigating a possible violation of this chapter 9916
or a rule adopted under it, the board may administer oaths, 9917
order the taking of depositions, issue subpoenas, and compel the 9918
attendance of witnesses and production of books, accounts, 9919
papers, records, documents, and testimony, except that a 9920
subpoena for patient record information shall not be issued 9921
without consultation with the attorney general's office and 9922
approval of the secretary of the board. Before issuance of a 9923
subpoena for patient record information, the secretary shall 9924
determine whether there is probable cause to believe that the 9925
complaint filed alleges a violation of this chapter or a rule 9926
adopted under it and that the records sought are relevant to the 9927
alleged violation and material to the investigation. The 9928
subpoena may apply only to records that cover a reasonable 9929
period of time surrounding the alleged violation. 9930

On failure to comply with any subpoena issued by the board 9931
and after reasonable notice to the person being subpoenaed, the 9932
board may move for an order compelling the production of persons 9933
or records pursuant to the Rules of Civil Procedure. 9934

A subpoena issued by the board may be served by a sheriff, 9935
the sheriff's deputy, or a board employee designated by the 9936
board. Service of a subpoena issued by the board may be made by 9937
delivering a copy of the subpoena to the person named therein, 9938
reading it to the person, or leaving it at the person's usual 9939

place of residence. When the person being served is a physician 9940
~~assistant~~associate, service of the subpoena may be made by 9941
certified mail, restricted delivery, return receipt requested, 9942
and the subpoena shall be deemed served on the date delivery is 9943
made or the date the person refuses to accept delivery. 9944

A sheriff's deputy who serves a subpoena shall receive the 9945
same fees as a sheriff. Each witness who appears before the 9946
board in obedience to a subpoena shall receive the fees and 9947
mileage provided for under section 119.094 of the Revised Code. 9948

(E) All hearings and investigations of the board shall be 9949
considered civil actions for the purposes of section 2305.252 of 9950
the Revised Code. 9951

(F) Information received by the board pursuant to an 9952
investigation is confidential and not subject to discovery in 9953
any civil action. 9954

The board shall conduct all investigations and proceedings 9955
in a manner that protects the confidentiality of patients and 9956
persons who file complaints with the board. The board shall not 9957
make public the names or any other identifying information about 9958
patients or complainants unless proper consent is given or, in 9959
the case of a patient, a waiver of the patient privilege exists 9960
under division (B) of section 2317.02 of the Revised Code, 9961
except that consent or a waiver is not required if the board 9962
possesses reliable and substantial evidence that no bona fide 9963
physician-patient relationship exists. 9964

The board may share any information it receives pursuant 9965
to an investigation, including patient records and patient 9966
record information, with law enforcement agencies, other 9967
licensing boards, and other governmental agencies that are 9968

prosecuting, adjudicating, or investigating alleged violations 9969
of statutes or administrative rules. An agency or board that 9970
receives the information shall comply with the same requirements 9971
regarding confidentiality as those with which the state medical 9972
board must comply, notwithstanding any conflicting provision of 9973
the Revised Code or procedure of the agency or board that 9974
applies when it is dealing with other information in its 9975
possession. In a judicial proceeding, the information may be 9976
admitted into evidence only in accordance with the Rules of 9977
Evidence, but the court shall require that appropriate measures 9978
are taken to ensure that confidentiality is maintained with 9979
respect to any part of the information that contains names or 9980
other identifying information about patients or complainants 9981
whose confidentiality was protected by the state medical board 9982
when the information was in the board's possession. Measures to 9983
ensure confidentiality that may be taken by the court include 9984
sealing its records or deleting specific information from its 9985
records. 9986

No person shall knowingly access, use, or disclose 9987
confidential investigatory information in a manner prohibited by 9988
law. 9989

(G) The state medical board shall develop requirements for 9990
and provide appropriate initial and continuing training for 9991
investigators employed by the board to carry out its duties 9992
under this chapter. The training and continuing education may 9993
include enrollment in courses operated or approved by the Ohio 9994
peace officer training commission that the board considers 9995
appropriate under conditions set forth in section 109.79 of the 9996
Revised Code. 9997

(H) On a quarterly basis, the board shall prepare a report 9998

that documents the disposition of all cases during the preceding 9999
three months. The report shall contain the following information 10000
for each case with which the board has completed its activities: 10001

(1) The case number assigned to the complaint or alleged 10002
violation; 10003

(2) The type of license, if any, held by the individual 10004
against whom the complaint is directed; 10005

(3) A description of the allegations contained in the 10006
complaint; 10007

(4) Whether witnesses were interviewed; 10008

(5) Whether the individual against whom the complaint is 10009
directed is the subject of any pending complaints; 10010

(6) The disposition of the case. 10011

The report shall state how many cases are still pending, 10012
and shall be prepared in a manner that protects the identity of 10013
each person involved in each case. The report shall be submitted 10014
to the physician ~~assistant~~-associate policy committee of the 10015
board and is a public record for purposes of section 149.43 of 10016
the Revised Code. 10017

(I) The board may provide a status update regarding an 10018
investigation to a complainant on request if the board verifies 10019
the complainant's identity. 10020

Sec. 4730.27. If the state medical board has reason to 10021
believe that any person who has been granted a license under 10022
this chapter to practice as a physician ~~assistant~~-associate is 10023
mentally ill or mentally incompetent, it may file in the probate 10024
court of the county in which such person has a legal residence 10025
an affidavit in the form prescribed in section 5122.11 of the 10026

Revised Code and signed by the board secretary or a member of 10027
the secretary's staff, whereupon the same proceedings shall be 10028
had as provided in Chapter 5122. of the Revised Code. The 10029
attorney general may represent the board in any proceeding 10030
commenced under this section. 10031

If a physician ~~assistant~~-associate is adjudged by a 10032
probate court to be mentally ill or mentally incompetent, the 10033
individual's license shall be automatically suspended until the 10034
individual has filed with the board a certified copy of an 10035
adjudication by a probate court of being restored to competency 10036
or has submitted to the board proof, satisfactory to the board, 10037
of having been discharged as being restored to competency in the 10038
manner and form provided in section 5122.38 of the Revised Code. 10039
The judge of the court shall immediately notify the board of an 10040
adjudication of incompetence and note any suspension of a 10041
license in the margin of the court's record of the license. 10042

Sec. 4730.28. (A) This section applies to all of the 10043
following: 10044

(1) An applicant seeking restoration of a license issued 10045
under this chapter that has been in a suspended or inactive 10046
state for any cause for more than two years; 10047

(2) An applicant seeking issuance of a license pursuant to 10048
this chapter who for more than two years has not been practicing 10049
as a physician ~~assistant~~-associate as either of the following: 10050

(a) An active practitioner; 10051

(b) A student in a program as described in division (B) or 10052
(C) of section 4730.11 of the Revised Code. 10053

(3) An applicant seeking to reactivate a license placed on 10054
retired status. 10055

(B) Before issuing a license to an applicant subject to 10056
this section, or before restoring a license to good standing or 10057
reactivating a license placed on retired status for an applicant 10058
subject to this section, the state medical board may impose 10059
terms and conditions including any one or more of the following: 10060

(1) Requiring the applicant to pass an oral or written 10061
examination, or both, to determine the applicant's present 10062
fitness to resume practice; 10063

(2) Requiring the applicant to obtain additional training 10064
and to pass an examination upon completion of such training; 10065

(3) Requiring an assessment of the applicant's physical 10066
skills for purposes of determining whether the applicant's 10067
coordination, fine motor skills, and dexterity are sufficient 10068
for performing evaluations and procedures in a manner that meets 10069
the minimal standards of care; 10070

(4) Requiring an assessment of the applicant's skills in 10071
recognizing and understanding diseases and conditions; 10072

(5) Requiring the applicant to undergo a comprehensive 10073
physical examination, which may include an assessment of 10074
physical abilities, evaluation of sensory capabilities, or 10075
screening for the presence of neurological disorders; 10076

(6) Restricting or limiting the extent, scope, or type of 10077
practice of the applicant. 10078

The board shall consider the moral background and the 10079
activities of the applicant during the period of suspension, 10080
inactivity, or retirement. The board shall not issue, restore, 10081
or reactivate a license under this section unless the applicant 10082
complies with sections 4776.01 to 4776.04 of the Revised Code. 10083

Sec. 4730.31. (A) As used in this section, "prosecutor" 10084
has the same meaning as in section 2935.01 of the Revised Code. 10085

(B) Whenever any person holding a valid license to 10086
practice as a physician ~~assistant~~associate issued pursuant to 10087
this chapter pleads guilty to, is subject to a judicial finding 10088
of guilt of, or is subject to a judicial finding of eligibility 10089
for intervention in lieu of conviction for a violation of 10090
Chapter 2907., 2925., or 3719. of the Revised Code or of any 10091
substantively comparable ordinance of a municipal corporation in 10092
connection with practicing as a physician ~~assistant~~associate, 10093
the prosecutor in the case shall, on forms prescribed and 10094
provided by the state medical board, promptly notify the board 10095
of the conviction. Within thirty days of receipt of such 10096
information, the board shall initiate action in accordance with 10097
Chapter 119. of the Revised Code to determine whether to suspend 10098
or revoke the license under section 4730.25 of the Revised Code. 10099

(C) The prosecutor in any case against any person holding 10100
a valid license issued pursuant to this chapter shall, on forms 10101
prescribed and provided by the state medical board, notify the 10102
board of any of the following: 10103

(1) A plea of guilty to, a judicial finding of guilt of, 10104
or judicial finding of eligibility for intervention in lieu of 10105
conviction for a felony, or a case where the trial court issues 10106
an order of dismissal upon technical or procedural grounds of a 10107
felony charge; 10108

(2) A plea of guilty to, a judicial finding of guilt of, 10109
or judicial finding or eligibility for intervention in lieu of 10110
conviction for a misdemeanor committed in the course of 10111
practice, or a case where the trial court issues an order of 10112
dismissal upon technical or procedural grounds of a charge of a 10113

misdemeanor, if the alleged act was committed in the course of 10114
practice; 10115

(3) A plea of guilty to, a judicial finding of guilt of, 10116
or judicial finding of eligibility for intervention in lieu of 10117
conviction for a misdemeanor involving moral turpitude, or a 10118
case where the trial court issues an order of dismissal upon 10119
technical or procedural grounds of a charge of a misdemeanor 10120
involving moral turpitude. 10121

The report shall include the name and address of the 10122
license holder, the nature of the offense for which the action 10123
was taken, and the certified court documents recording the 10124
action. 10125

Sec. 4730.32. (A) As used in this section, "criminal 10126
conduct" and "sexual misconduct" have the same meanings as in 10127
section 4731.224 of the Revised Code. 10128

(B) (1) Within thirty days after the imposition of any 10129
formal disciplinary action taken by a health care facility 10130
against any individual holding a valid license to practice as a 10131
physician ~~assistant~~-associate issued under this chapter, the 10132
chief administrator or executive officer of the facility shall 10133
report to the state medical board the name of the individual, 10134
the action taken by the facility, and a summary of the 10135
underlying facts leading to the action taken. Upon request, the 10136
board shall be provided certified copies of the patient records 10137
that were the basis for the facility's action. Prior to release 10138
to the board, the summary shall be approved by the peer review 10139
committee that reviewed the case or by the governing board of 10140
the facility. 10141

The filing of a report with the board or decision not to 10142

file a report, investigation by the board, or any disciplinary 10143
action taken by the board, does not preclude a health care 10144
facility from taking disciplinary action against a physician 10145
~~assistant~~associate. 10146

In the absence of fraud or bad faith, no individual or 10147
entity that provides patient records to the board shall be 10148
liable in damages to any person as a result of providing the 10149
records. 10150

(2) Within thirty days after commencing an investigation 10151
regarding criminal conduct or sexual misconduct against any 10152
individual holding a valid license to practice issued pursuant 10153
to this chapter, a health care facility, including a hospital, 10154
health care facility operated by a health insuring corporation, 10155
ambulatory surgical center, or similar facility, shall report to 10156
the board the name of the individual and a summary of the 10157
underlying facts related to the investigation being commenced. 10158

(C) (1) Except as provided in division (C) (2) of this 10159
section and subject to division (C) (3) of this section, a 10160
physician ~~assistant~~associate, professional association or 10161
society of physician ~~assistants~~associates, physician, or 10162
professional association or society of physicians that believes 10163
a violation of any provision of this chapter, Chapter 4731. of 10164
the Revised Code, or rule of the board has occurred shall report 10165
to the board the information upon which the belief is based. 10166

(2) A physician ~~assistant~~associate, professional 10167
association or society of physician ~~assistants~~associates, 10168
physician, or professional association or society of physicians 10169
that believes that a violation of division (B) (4) or (5) of 10170
section 4730.25 of the Revised Code has occurred shall report 10171
the information upon which the belief is based to the monitoring 10172

organization conducting the confidential monitoring program 10173
established under section 4731.25 of the Revised Code. If any 10174
such report is made to the board, it shall be referred to the 10175
monitoring organization unless the board is aware that the 10176
individual who is the subject of the report does not meet the 10177
program eligibility requirements of section 4731.252 of the 10178
Revised Code. 10179

(3) If any individual authorized to practice under this 10180
chapter or any professional association or society of such 10181
individuals knows or has reasonable cause to suspect based on 10182
facts that would cause a reasonable person in a similar position 10183
to suspect that an individual authorized to practice under this 10184
chapter has committed or participated in criminal conduct or 10185
sexual misconduct, the information upon which the belief is 10186
based shall be reported to the board within thirty days. 10187

This division does not apply to a professional association 10188
or society whose staff interacts with members of the association 10189
or society only in advocacy, governance, or educational 10190
capacities and whose staff does not regularly interact with 10191
members in practice settings. 10192

(4) In addition to the self-reporting of criminal offenses 10193
that is required for license renewal, an individual authorized 10194
to practice under this chapter shall report to the board 10195
criminal charges regarding criminal conduct, sexual misconduct, 10196
or any conduct involving the use of a motor vehicle while under 10197
the influence of alcohol or drugs, including offenses that are 10198
equivalent offenses under division (A) of section 4511.181 of 10199
the Revised Code, violations of division (D) of section 4511.194 10200
of the Revised Code, and violations of division (C) of section 10201
4511.79 of the Revised Code. Reports under this division shall 10202

be made within thirty days of the criminal charge being filed. 10203

(D) Any professional association or society composed 10204
primarily of physician ~~assistants~~associates that suspends or 10205
revokes an individual's membership for violations of 10206
professional ethics, or for reasons of professional incompetence 10207
or professional malpractice, within thirty days after a final 10208
decision, shall report to the board, on forms prescribed and 10209
provided by the board, the name of the individual, the action 10210
taken by the professional organization, and a summary of the 10211
underlying facts leading to the action taken. 10212

The filing or nonfiling of a report with the board, 10213
investigation by the board, or any disciplinary action taken by 10214
the board, shall not preclude a professional organization from 10215
taking disciplinary action against a physician 10216
~~assistant~~associate. 10217

(E) Any insurer providing professional liability insurance 10218
to any person holding a valid license to practice as a physician 10219
~~assistant~~associate issued under this chapter or any other 10220
entity that seeks to indemnify the professional liability of a 10221
physician ~~assistant~~associate shall notify the board within 10222
thirty days after the final disposition of any written claim for 10223
damages where such disposition results in a payment exceeding 10224
twenty-five thousand dollars. The notice shall contain the 10225
following information: 10226

(1) The name and address of the person submitting the 10227
notification; 10228

(2) The name and address of the insured who is the subject 10229
of the claim; 10230

(3) The name of the person filing the written claim; 10231

(4) The date of final disposition; 10232

(5) If applicable, the identity of the court in which the 10233
final disposition of the claim took place. 10234

(F) The board may investigate possible violations of this 10235
chapter or the rules adopted under it that are brought to its 10236
attention as a result of the reporting requirements of this 10237
section, except that the board shall conduct an investigation if 10238
a possible violation involves repeated malpractice. As used in 10239
this division, "repeated malpractice" means three or more claims 10240
for malpractice within the previous five-year period, each 10241
resulting in a judgment or settlement in excess of twenty-five 10242
thousand dollars in favor of the claimant, and each involving 10243
negligent conduct by the physician ~~assistant~~associate. 10244

(G) All summaries, reports, and records received and 10245
maintained by the board pursuant to this section shall be 10246
confidential pursuant to division (F) of section 4730.26 of the 10247
Revised Code. 10248

(H) Except for reports filed by an individual pursuant to 10249
division (B) (2) or (C) of this section, the board shall send a 10250
copy of any reports or summaries it receives pursuant to this 10251
section to the physician ~~assistant~~associate. The physician 10252
~~assistant~~associate shall have the right to file a statement 10253
with the board concerning the correctness or relevance of the 10254
information. The statement shall at all times accompany that 10255
part of the record in contention. 10256

(I) An individual or entity that reports to the board, 10257
reports to the monitoring organization described in section 10258
4731.25 of the Revised Code, or refers an impaired physician 10259
~~assistant~~associate to a treatment provider approved under 10260

section 4731.251 of the Revised Code shall not be subject to 10261
suit for civil damages as a result of the report, referral, or 10262
provision of the information. 10263

(J) In the absence of fraud or bad faith, a professional 10264
association or society of physician ~~assistants~~associates that 10265
sponsors a committee or program to provide peer assistance to a 10266
physician ~~assistant~~associate with substance abuse problems, a 10267
representative or agent of such a committee or program, a 10268
representative or agent of the monitoring organization described 10269
in section 4731.25 of the Revised Code, and a member of the 10270
state medical board shall not be held liable in damages to any 10271
person by reason of actions taken to refer a physician ~~assistant~~associate 10272
associate to a treatment provider approved under section 10273
4731.251 of the Revised Code for examination or treatment. 10274

Sec. 4730.33. The secretary of the state medical board 10275
shall enforce the laws relating to the practice of physician 10276
~~assistants~~associates. If the secretary has knowledge or notice 10277
of a violation of this chapter or the rules adopted under it, 10278
the secretary shall investigate the matter, and, upon probable 10279
cause appearing, file a complaint and prosecute the offender. 10280
When requested by the secretary, the prosecuting attorney of the 10281
proper county shall take charge of and conduct such prosecution. 10282

In the prosecution of any person for violation of division 10283
(A) of section 4730.02 of the Revised Code it shall not be 10284
necessary to allege or prove want of a valid license to practice 10285
as a physician ~~assistant~~associate, but such matters shall be a 10286
matter of defense to be established by the accused. 10287

Sec. 4730.34. In the absence of fraud or bad faith, the 10288
state medical board, the board's physician ~~assistant~~associate 10289
policy committee, a current or former board or committee member, 10290

an agent of the board or committee, a person formally requested 10291
by the board to be the board's representative or by the 10292
committee to be the committee's representative, or an employee 10293
of the board or committee shall not be held liable in damages to 10294
any person as the result of any act, omission, proceeding, 10295
conduct, or decision related to official duties undertaken or 10296
performed pursuant to this chapter. If any such person requests 10297
to be defended by the state against any claim or action arising 10298
out of any act, omission, proceeding, conduct, or decision 10299
related to the person's official duties, and if the request is 10300
made in writing at a reasonable time before trial and the person 10301
requesting defense cooperates in good faith in the defense of 10302
the claim or action, the state shall provide and pay for the 10303
person's defense and shall pay any resulting judgment, 10304
compromise, or settlement. At no time shall the state pay any 10305
part of a claim or judgment that is for punitive or exemplary 10306
damages. 10307

Sec. 4730.38. (A) The physician ~~assistant~~-associate policy 10308
committee of the state medical board shall, at such times the 10309
committee determines to be necessary, submit to the board 10310
recommendations regarding physician-delegated prescriptive 10311
authority for physician ~~assistants~~associates. The committee's 10312
recommendations shall address both of the following: 10313

(1) Policy and procedures regarding physician-delegated 10314
prescriptive authority; 10315

(2) Any issue the committee considers necessary to assist 10316
the board in fulfilling its duty to adopt rules governing 10317
physician-delegated prescriptive authority. 10318

(B) Recommendations submitted under this section are 10319
subject to the procedures and time frames specified in division 10320

(C) of section 4730.06 of the Revised Code. 10321

Sec. 4730.39. (A) The state medical board shall adopt 10322
rules governing physician-delegated prescriptive authority for 10323
physician ~~assistants~~associates. The rules shall be adopted in 10324
accordance with Chapter 119. of the Revised Code. 10325

(B) The board's rules governing physician-delegated 10326
prescriptive authority shall establish all of the following: 10327

(1) Requirements regarding the pharmacology courses that a 10328
physician ~~assistant~~associate is required to complete; 10329

(2) A specific prohibition against prescribing any drug or 10330
device to perform or induce an abortion; 10331

(3) Standards and procedures to be followed by a physician 10332
~~assistant~~associate in personally furnishing samples of drugs or 10333
complete or partial supplies of drugs to patients under section 10334
4730.43 of the Revised Code; 10335

(4) Any other requirements the board considers necessary 10336
to implement the provisions of this chapter regarding physician- 10337
delegated prescriptive authority. 10338

Sec. 4730.41. (A) A physician ~~assistant~~associate who holds 10339
a valid prescriber number issued by the state medical board is 10340
authorized to prescribe and personally furnish drugs and 10341
therapeutic devices in the exercise of physician-delegated 10342
prescriptive authority. 10343

(B) In exercising physician-delegated prescriptive 10344
authority, a physician ~~assistant~~associate is subject to all of 10345
the following: 10346

(1) The physician ~~assistant~~associate shall exercise 10347
physician-delegated prescriptive authority only to the extent 10348

that the physician supervising the physician ~~assistant~~-associate 10349
has granted that authority. 10350

(2) The physician ~~assistant~~-associate shall comply with 10351
all conditions placed on the physician-delegated prescriptive 10352
authority, as specified by the supervising physician who is 10353
supervising the physician ~~assistant~~-associate in the exercise of 10354
physician-delegated prescriptive authority. 10355

(3) If the physician ~~assistant~~-associate possesses 10356
physician-delegated prescriptive authority for controlled 10357
substances, the physician ~~assistant~~-associate shall register 10358
with the federal drug enforcement administration. 10359

(4) If the physician ~~assistant~~-associate possesses 10360
physician-delegated prescriptive authority for schedule II 10361
controlled substances, the physician ~~assistant~~-associate shall 10362
comply with section 4730.411 of the Revised Code. 10363

(5) If the physician ~~assistant~~-associate possesses 10364
physician-delegated prescriptive authority to prescribe for a 10365
minor an opioid analgesic, as those terms are defined in 10366
sections 3719.061 and 3719.01 of the Revised Code, respectively, 10367
the physician ~~assistant~~-associate shall comply with section 10368
3719.061 of the Revised Code. 10369

(6) The physician ~~assistant~~-associate shall comply with 10370
the requirements of section 4730.44 of the Revised Code. 10371

(C) A physician ~~assistant~~-associate shall not prescribe 10372
any drug in violation of state or federal law. 10373

Sec. 4730.411. (A) Except as provided in division (B) or 10374
(C) of this section, a physician ~~assistant~~-associate may 10375
prescribe to a patient a schedule II controlled substance only 10376
if all of the following are the case: 10377

(1) The patient is in a terminal condition, as defined in 10378
section 2133.01 of the Revised Code. 10379

(2) The physician ~~assistant's~~ associate's supervising 10380
physician initially prescribed the substance for the patient. 10381

(3) The prescription is for an amount that does not exceed 10382
the amount necessary for the patient's use in a single, twenty- 10383
four-hour period. 10384

(B) The restrictions on prescriptive authority in division 10385
(A) of this section do not apply if a physician ~~assistant~~ 10386
associate issues the prescription to the patient from any of the 10387
following locations: 10388

(1) A hospital as defined in section 3722.01 of the 10389
Revised Code; 10390

(2) An entity owned or controlled, in whole or in part, by 10391
a hospital or by an entity that owns or controls, in whole or in 10392
part, one or more hospitals; 10393

(3) A health care facility operated by the department of 10394
mental health and addiction services or the department of 10395
developmental disabilities; 10396

(4) A nursing home licensed under section 3721.02 of the 10397
Revised Code or by a political subdivision certified under 10398
section 3721.09 of the Revised Code; 10399

(5) A county home or district home operated under Chapter 10400
5155. of the Revised Code that is certified under the medicare 10401
or medicaid program; 10402

(6) A hospice care program, as defined in section 3712.01 10403
of the Revised Code; 10404

- (7) A community mental health services provider, as 10405
defined in section 5122.01 of the Revised Code; 10406
- (8) An ambulatory surgical facility, as defined in section 10407
3702.30 of the Revised Code; 10408
- (9) A freestanding birthing center, as defined in section 10409
3701.503 of the Revised Code; 10410
- (10) A federally qualified health center, as defined in 10411
section 3701.047 of the Revised Code; 10412
- (11) A federally qualified health center look-alike, as 10413
defined in section 3701.047 of the Revised Code; 10414
- (12) A health care office or facility operated by the 10415
board of health of a city or general health district or the 10416
authority having the duties of a board of health under section 10417
3709.05 of the Revised Code; 10418
- (13) A site where a medical practice is operated, but only 10419
if the practice is comprised of one or more physicians who also 10420
are owners of the practice; the practice is organized to provide 10421
direct patient care; and the physician ~~assistant~~associate has 10422
entered into a supervisory agreement with at least one of the 10423
physician owners who practices primarily at that site; 10424
- (14) A site where a behavioral health practice is operated 10425
that does not qualify as a location otherwise described in 10426
division (B) of this section, but only if the practice is 10427
organized to provide outpatient services for the treatment of 10428
mental health conditions, substance use disorders, or both, and 10429
the physician ~~assistant~~associate providing services at the site 10430
of the practice has entered into a supervisory agreement with at 10431
least one physician who is employed by that practice. 10432

(C) A physician ~~assistant~~associate shall not issue to a 10433
patient a prescription for a schedule II controlled substance 10434
from a convenience care clinic even if the convenience care 10435
clinic is owned or operated by an entity specified in division 10436
(B) of this section. 10437

(D) A pharmacist who acts in good faith reliance on a 10438
prescription issued by a physician ~~assistant~~associate under 10439
division (B) of this section is not liable for or subject to any 10440
of the following for relying on the prescription: damages in any 10441
civil action, prosecution in any criminal proceeding, or 10442
professional disciplinary action by the state board of pharmacy 10443
under Chapter 4729. of the Revised Code. 10444

Sec. 4730.42. (A) In granting physician-delegated 10445
prescriptive authority to a particular physician~~assistant~~associate 10446
associate who holds a valid prescriber number issued by the 10447
state medical board, the supervising physician is subject to all 10448
of the following: 10449

(1) The supervising physician shall not grant physician- 10450
delegated prescriptive authority for any drug or device that may 10451
be used to perform or induce an abortion. 10452

(2) The supervising physician shall not grant physician- 10453
delegated prescriptive authority in a manner that exceeds the 10454
supervising physician's prescriptive authority, including the 10455
physician's authority to treat chronic pain with controlled 10456
substances and products containing tramadol as described in 10457
section 4731.052 of the Revised Code. 10458

(3) The supervising physician shall supervise the 10459
physician ~~assistant~~associate in accordance with both of the 10460
following: 10461

(a) The supervision requirements specified in section 10462
4730.21 of the Revised Code; 10463

(b) The supervision agreement entered into with the 10464
physician ~~assistant~~associate under section 4730.19 of the 10465
Revised Code, including, if applicable, the policies of the 10466
health care facility in which the physician and physician 10467
~~assistant~~associate are practicing. 10468

(B) (1) The supervising physician of a physician ~~assistant~~ 10469
associate may place conditions on the physician-delegated 10470
prescriptive authority granted to the physician 10471
~~assistant~~associate. If conditions are placed on that authority, 10472
the supervising physician shall maintain a written record of the 10473
conditions and make the record available to the state medical 10474
board on request. 10475

(2) The conditions that a supervising physician may place 10476
on the physician-delegated prescriptive authority granted to a 10477
physician ~~assistant~~associate include the following: 10478

(a) Identification by class and specific generic 10479
nomenclature of drugs and therapeutic devices that the physician 10480
chooses not to permit the physician ~~assistant~~associate to 10481
prescribe; 10482

(b) Limitations on the dosage units or refills that the 10483
physician ~~assistant~~associate is authorized to prescribe; 10484

(c) Specification of circumstances under which the 10485
physician ~~assistant~~associate is required to refer patients to 10486
the supervising physician or another physician when exercising 10487
physician-delegated prescriptive authority; 10488

(d) Responsibilities to be fulfilled by the physician in 10489
supervising the physician ~~assistant~~associate that are not 10490

otherwise specified in the supervision agreement or otherwise 10491
required by this chapter. 10492

Sec. 4730.43. (A) A physician ~~assistant~~associate who 10493
holds a valid prescriber number issued by the state medical 10494
board and has been granted physician-delegated prescriptive 10495
authority may personally furnish to a patient samples of drugs 10496
and therapeutic devices that are included in the physician 10497
~~assistant's~~associate's physician-delegated prescriptive 10498
authority, subject to all of the following: 10499

(1) The amount of the sample furnished shall not exceed a 10500
seventy-two-hour supply, except when the minimum available 10501
quantity of the sample is packaged in an amount that is greater 10502
than a seventy-two-hour supply, in which case the physician 10503
~~assistant~~associate may furnish the sample in the package 10504
amount. 10505

(2) No charge may be imposed for the sample or for 10506
furnishing it. 10507

(3) Samples of controlled substances may not be personally 10508
furnished. 10509

(B) A physician ~~assistant~~associate who holds a valid 10510
prescriber number issued by the state medical board and has been 10511
granted physician-delegated prescriptive authority may 10512
personally furnish to a patient a complete or partial supply of 10513
the drugs and therapeutic devices that are included in the 10514
physician ~~assistant's~~associate's physician-delegated 10515
prescriptive authority, subject to all of the following: 10516

(1) The physician ~~assistant~~associate shall personally 10517
furnish only antibiotics, antifungals, scabicides, 10518
contraceptives, prenatal vitamins, antihypertensives, drugs and 10519

devices used in the treatment of diabetes, drugs and devices 10520
used in the treatment of asthma, and drugs used in the treatment 10521
of dyslipidemia. 10522

(2) The physician ~~assistant~~associate shall not furnish 10523
the drugs and devices in locations other than the following: 10524

(a) A health department operated by the board of health of 10525
a city or general health district or the authority having the 10526
duties of a board of health under section 3709.05 of the Revised 10527
Code; 10528

(b) A federally funded comprehensive primary care clinic; 10529

(c) A nonprofit health care clinic or program; 10530

(d) An employer-based clinic that provides health care 10531
services to the employer's employees. 10532

(3) The physician ~~assistant~~associate shall comply with 10533
all standards and procedures for personally furnishing supplies 10534
of drugs and devices, as established in rules adopted under 10535
section 4730.39 of the Revised Code. 10536

Sec. 4730.432. (A) (1) Notwithstanding any conflicting 10537
provision of this chapter or rule adopted by the state medical 10538
board, a physician ~~assistant~~associate who holds a valid 10539
prescriber number issued by the board and has been granted 10540
physician-delegated prescriptive authority may issue a 10541
prescription for or personally furnish a complete or partial 10542
supply of a drug to treat chlamydia, gonorrhea, or 10543
trichomoniasis without having examined the individual for whom 10544
the drug is intended, if all of the following conditions are 10545
met: 10546

(a) The individual is a sexual partner of the physician 10547

~~assistant's~~ associate's patient. 10548

(b) The patient has been diagnosed with chlamydia, 10549
gonorrhea, or trichomoniasis. 10550

(c) The patient reports to the physician ~~assistant~~ 10551
associate that the individual is unable or unlikely to be 10552
evaluated or treated by a health professional. 10553

(2) A prescription issued under this section shall include 10554
the individual's name and address, if known. If the physician 10555
~~assistant~~ associate is unable to obtain the individual's name 10556
and address, the prescription shall include the patient's name 10557
and address and the words "expedited partner therapy" or the 10558
letters "EPT." 10559

(3) A physician ~~assistant~~ associate may prescribe or 10560
personally furnish a drug under this section for not more than a 10561
total of two individuals who are sexual partners of the 10562
physician ~~assistant's~~ associate's patient. 10563

(B) For each drug prescribed or personally furnished under 10564
this section, the physician ~~assistant~~ associate shall do all of 10565
the following: 10566

(1) Provide the patient with information concerning the 10567
drug for the purpose of sharing the information with the 10568
individual, including directions for use of the drug and any 10569
side effects, adverse reactions, or known contraindications 10570
associated with the drug; 10571

(2) Recommend to the patient that the individual seek 10572
treatment from a health professional; 10573

(3) Document all of the following in the patient's record: 10574

(a) The name of the drug prescribed or furnished and its 10575

dosage; 10576

(b) That information concerning the drug was provided to 10577
the patient for the purpose of sharing the information with the 10578
individual; 10579

(c) If known, any adverse reactions the individual 10580
experiences from treatment with the drug. 10581

(C) A physician ~~assistant~~associate who prescribes or 10582
personally furnishes a drug under this section may contact the 10583
individual for whom the drug is intended. 10584

(1) If the physician ~~assistant~~associate contacts the 10585
individual, the physician ~~assistant~~associate shall do all of 10586
the following: 10587

(a) Inform the individual that the individual may have 10588
been exposed to chlamydia, gonorrhea, or trichomoniasis; 10589

(b) Encourage the individual to seek treatment from a 10590
health professional; 10591

(c) Explain the treatment options available to the 10592
individual, including treatment with a prescription drug, 10593
directions for use of the drug, and any side effects, adverse 10594
reactions, or known contraindications associated with the drug; 10595

(d) Document in the patient's record that the physician 10596
~~assistant~~associate contacted the individual. 10597

(2) If the physician ~~assistant~~associate does not contact 10598
the individual, the physician ~~assistant~~associate shall document 10599
that fact in the patient's record. 10600

(D) A physician ~~assistant~~associate who in good faith 10601
prescribes or personally furnishes a drug under this section is 10602

not liable for or subject to any of the following: 10603

(1) Damages in any civil action; 10604

(2) Prosecution in any criminal proceeding; 10605

(3) Professional disciplinary action. 10606

Sec. 4730.433. (A) (1) Subject to division (A) (2) of this 10607
section, and notwithstanding any provision of this chapter or 10608
rule adopted by the state medical board, a physician ~~assistant~~ 10609
associate who holds a license issued under this chapter and a 10610
valid prescriber number issued by the state medical board and 10611
has been granted physician-delegated prescriptive authority may 10612
do either of the following without having examined an individual 10613
to whom epinephrine may be administered: 10614

(a) Personally furnish a supply of epinephrine 10615
autoinjectors for use in accordance with sections 3313.7110, 10616
3313.7111, 3314.143, 3326.28, 3328.29, 3728.03 to 3728.05, and 10617
5101.76 of the Revised Code; 10618

(b) Issue a prescription for epinephrine autoinjectors for 10619
use in accordance with sections 3313.7110, 3313.7111, 3314.143, 10620
3326.28, 3328.29, 3728.03 to 3728.05, and 5101.76 of the Revised 10621
Code. 10622

(2) An epinephrine autoinjector personally furnished or 10623
prescribed under division (A) (1) of this section must be 10624
furnished or prescribed in such a manner that it may be 10625
administered only in a manufactured dosage form. 10626

(B) A physician ~~assistant~~ associate who acts in good faith 10627
in accordance with this section is not liable for or subject to 10628
any of the following for any action or omission of an entity to 10629
which an epinephrine autoinjector is furnished or a prescription 10630

is issued: damages in any civil action, prosecution in any 10631
criminal proceeding, or professional disciplinary action. 10632

Sec. 4730.437. (A) (1) Subject to division (A) (2) of this 10633
section and notwithstanding any provision of this chapter or 10634
rule adopted by the state medical board, a physician ~~assistant-~~ 10635
associate who holds a valid prescriber number issued by the 10636
board and has been granted physician-delegated prescriptive 10637
authority may do either of the following without having examined 10638
an individual to whom glucagon may be administered: 10639

(a) Personally furnish a supply of injectable or nasally 10640
administered glucagon for use in accordance with section 10641
3313.7115, 3313.7116, 3314.147, 3326.60, 3328.38, or 5101.78 of 10642
the Revised Code; 10643

(b) Issue a prescription for injectable or nasally 10644
administered glucagon in accordance with section 3313.7115, 10645
3313.7116, 3314.147, 3326.60, 3328.38, or 5101.78 of the Revised 10646
Code. 10647

(2) Injectable or nasally administered glucagon personally 10648
furnished or prescribed under division (A) (1) of this section 10649
must be furnished or prescribed in such a manner that it may be 10650
administered only in a manufactured dosage form. 10651

(B) A physician ~~assistant-~~associate who acts in good faith 10652
in accordance with this section is not liable for or subject to 10653
any of the following for any action or omission of an entity to 10654
which injectable or nasally administered glucagon is furnished 10655
or a prescription is issued: damages in any civil action, 10656
prosecution in any criminal proceeding, or professional 10657
disciplinary action. 10658

Sec. 4730.44. (A) As used in this section: 10659

(1) "Military" means the armed forces of the United States
or the national guard of any state, including any health care
facility or clinic operated by the United States department of
veterans affairs.

(2) "Public health service" means the United States public
health service commissioned corps.

(B) During the first five hundred hours of a physician
~~assistant's~~ associate's exercise of physician-delegated
prescriptive authority, the physician ~~assistant~~ associate shall
exercise that authority only under the on-site supervision of a
supervising physician. This requirement is met by a physician
~~assistant~~ associate practicing in the military or the public
health service if the supervision is provided by a person
licensed, or otherwise authorized, by any jurisdiction to
practice medicine and surgery or osteopathic medicine and
surgery.

(C) A physician ~~assistant~~ associate shall be excused from
the requirement established in division (B) of this section if
either of the following is the case:

(1) Prior to application under section 4730.10 of the
Revised Code, the physician ~~assistant~~ associate held a
prescriber number, or the equivalent, from another jurisdiction
and practiced with prescriptive authority in that jurisdiction
for not less than one thousand hours.

(2) Prior to application under section 4730.10 of the
Revised Code, the physician ~~assistant~~ associate practiced with
prescriptive authority in the military or public health service
for not less than one thousand hours.

(D) A record of a physician ~~assistant's~~ associate's

completion of the hours required by division (B) of this 10689
section, issuance of a prescriber number or equivalent by 10690
another jurisdiction, or practice in the military or public 10691
health service shall be kept in the records maintained by a 10692
supervising physician of the physician ~~assistant~~associate. The 10693
record shall be made available for inspection by the board. 10694

Sec. 4730.49. (A) To be eligible for renewal of a license 10695
to practice as a physician ~~assistant~~associate, an applicant who 10696
has been granted physician-delegated prescriptive authority is 10697
subject to both of the following: 10698

(1) The applicant shall complete every two years at least 10699
twelve hours of continuing education in pharmacology obtained 10700
through a program or course approved by the state medical board 10701
or a person the board has authorized to approve continuing 10702
pharmacology education programs and courses. Except as provided 10703
in section 5903.12 of the Revised Code, the continuing education 10704
shall be completed not later than the date on which the 10705
applicant's license expires. 10706

(2) (a) Except as provided in division (A) (2) (b) of this 10707
section, in the case of an applicant who prescribes opioid 10708
analgesics or benzodiazepines, as defined in section 3719.01 of 10709
the Revised Code, the applicant shall certify to the board 10710
whether the applicant has been granted access to the drug 10711
database established and maintained by the state board of 10712
pharmacy pursuant to section 4729.75 of the Revised Code. 10713

(b) The requirement described in division (A) (2) (a) of 10714
this section does not apply if any of the following is the case: 10715

(i) The state board of pharmacy notifies the state medical 10716
board pursuant to section 4729.861 of the Revised Code that the 10717

applicant has been restricted from obtaining further information 10718
from the drug database. 10719

(ii) The state board of pharmacy no longer maintains the 10720
drug database. 10721

(iii) The applicant does not practice as a physician 10722
~~assistant~~ associate in this state. 10723

(c) If an applicant certifies to the state medical board 10724
that the applicant has been granted access to the drug database 10725
and the board finds through an audit or other means that the 10726
applicant has not been granted access, the board may take action 10727
under section 4730.25 of the Revised Code. 10728

(B) The state medical board shall provide for pro rata 10729
reductions by month of the number of hours of continuing 10730
education in pharmacology that is required to be completed for 10731
physician ~~assistants~~ associates who have been disabled due to 10732
illness or accident or have been absent from the country. The 10733
board shall adopt rules, in accordance with Chapter 119. of the 10734
Revised Code, as necessary to implement this division. 10735

(C) The continuing education required by this section is 10736
in addition to the continuing education required under section 10737
4730.14 of the Revised Code. 10738

(D) If the board chooses to authorize persons to approve 10739
continuing pharmacology education programs and courses, it shall 10740
establish standards for granting that authority and grant the 10741
authority in accordance with the standards. 10742

Sec. 4730.53. (A) As used in this section: 10743

(1) "Drug database" means the database established and 10744
maintained by the state board of pharmacy pursuant to section 10745

4729.75 of the Revised Code. 10746

(2) "Opioid analgesic" and "benzodiazepine" have the same 10747
meanings as in section 3719.01 of the Revised Code. 10748

(B) Except as provided in divisions (C) and (E) of this 10749
section, a physician ~~assistant~~ associate licensed under this 10750
chapter who has been granted physician-delegated prescriptive 10751
authority shall comply with all of the following as conditions 10752
of prescribing a drug that is either an opioid analgesic or a 10753
benzodiazepine as part of a patient's course of treatment for a 10754
particular condition: 10755

(1) Before initially prescribing the drug, the physician 10756
~~assistant~~ associate or the physician ~~assistant's~~ associate's 10757
delegate shall request from the drug database a report of 10758
information related to the patient that covers at least the 10759
twelve months immediately preceding the date of the request. If 10760
the physician ~~assistant~~ associate practices primarily in a 10761
county of this state that adjoins another state, the physician 10762
~~assistant~~ associate or delegate also shall request a report of 10763
any information available in the drug database that pertains to 10764
prescriptions issued or drugs furnished to the patient in the 10765
state adjoining that county. 10766

(2) If the patient's course of treatment for the condition 10767
continues for more than ninety days after the initial report is 10768
requested, the physician ~~assistant~~ associate or delegate shall 10769
make periodic requests for reports of information from the drug 10770
database until the course of treatment has ended. The requests 10771
shall be made at intervals not exceeding ninety days, determined 10772
according to the date the initial request was made. The request 10773
shall be made in the same manner provided in division (B)(1) of 10774
this section for requesting the initial report of information 10775

from the drug database. 10776

(3) On receipt of a report under division (B) (1) or (2) of 10777
this section, the physician ~~assistant~~associate shall assess the 10778
information in the report. The physician ~~assistant~~associate 10779
shall document in the patient's record that the report was 10780
received and the information was assessed. 10781

(C) Division (B) of this section does not apply in any of 10782
the following circumstances: 10783

(1) A drug database report regarding the patient is not 10784
available, in which case the physician ~~assistant~~associate shall 10785
document in the patient's record the reason that the report is 10786
not available. 10787

(2) The drug is prescribed in an amount indicated for a 10788
period not to exceed seven days. 10789

(3) The drug is prescribed for the treatment of cancer or 10790
another condition associated with cancer. 10791

(4) The drug is prescribed to a hospice patient in a 10792
hospice care program, as those terms are defined in section 10793
3712.01 of the Revised Code, or any other patient diagnosed as 10794
terminally ill. 10795

(5) The drug is prescribed for administration in a 10796
hospital, nursing home, or residential care facility. 10797

(D) The state medical board may adopt rules that establish 10798
standards and procedures to be followed by a physician ~~assistant~~ 10799
associate licensed under this chapter who has been granted 10800
physician-delegated prescriptive authority regarding the review 10801
of patient information available through the drug database under 10802
division (A) (5) of section 4729.80 of the Revised Code. The 10803

rules shall be adopted in accordance with Chapter 119. of the 10804
Revised Code. 10805

(E) This section and any rules adopted under it do not 10806
apply if the state board of pharmacy no longer maintains the 10807
drug database. 10808

Sec. 4730.55. (A) As used in this section: 10809

(1) "Controlled substance," "schedule III," "schedule IV," 10810
and "schedule V" have the same meanings as in section 3719.01 of 10811
the Revised Code. 10812

(2) "Medication-assisted treatment" has the same meaning 10813
as in section 340.01 of the Revised Code. 10814

(B) The state medical board shall adopt rules that 10815
establish standards and procedures to be followed by physician 10816
~~assistants~~associates in the use of all drugs approved by the 10817
United States food and drug administration for use in 10818
medication-assisted treatment, including controlled substances 10819
in schedule III, IV, or V. The rules shall address 10820
detoxification, relapse prevention, patient assessment, 10821
individual treatment planning, counseling and recovery supports, 10822
diversion control, and other topics selected by the board after 10823
considering best practices in medication-assisted treatment. 10824

The board may apply the rules to all circumstances in 10825
which a physician ~~assistant~~associate prescribes drugs for use 10826
in medication-assisted treatment or limit the application of the 10827
rules to prescriptions for medication-assisted treatment issued 10828
for patients being treated in office-based practices or other 10829
practice types or locations specified by the board. 10830

(C) All rules adopted under this section shall be adopted 10831
in accordance with Chapter 119. of the Revised Code. The rules 10832

shall be consistent with rules adopted under sections 4723.51 10833
and 4731.056 of the Revised Code. 10834

Sec. 4730.56. (A) As used in this section: 10835

(1) "Community addiction services provider" has the same 10836
meaning as in section 5119.01 of the Revised Code. 10837

(2) "Medication-assisted treatment" has the same meaning 10838
as in section 340.01 of the Revised Code. 10839

(B) A physician ~~assistant~~associate shall comply with 10840
section 3719.064 of the Revised Code and rules adopted under 10841
section 4730.55 of the Revised Code when treating a patient with 10842
medication-assisted treatment or proposing to initiate such 10843
treatment. 10844

Sec. 4730.57. (A) As used in this section, "intimate 10845
examination" means a pelvic, prostate, or rectal examination. 10846

(B) Except as provided in division (C) of this section, a 10847
physician ~~assistant~~associate or student enrolled in a program 10848
or course of study described in division (B) of section 4730.11 10849
of the Revised Code shall not perform, or authorize another 10850
individual to perform, an intimate examination on an 10851
anesthetized or unconscious patient. 10852

(C) Division (B) of this section does not apply in any of 10853
the following circumstances: 10854

(1) The performance of an intimate examination is within 10855
the scope of care for the surgical procedure or diagnostic 10856
examination to be performed on the patient. 10857

(2) The patient or the patient's legal representative 10858
gives specific, informed consent for the intimate examination, 10859
consistent with division (D) of this section. 10860

(3) An intimate examination is required for diagnostic 10861
purposes or treatment of the patient's medical condition. 10862

(D) To obtain informed consent for purposes of division 10863
(C) (2) of this section, the physician ~~assistant~~ associate shall 10864
do all of the following: 10865

(1) Provide the patient or the patient's legal 10866
representative with a written or electronic informed consent 10867
form that meets all of the following requirements: 10868

(a) Is a separate consent form or is included as a 10869
distinct or separate section of a general consent form; 10870

(b) Contains the following heading at the top of the form 10871
or section: "CONSENT FOR INTIMATE EXAMINATION"; 10872

(c) Specifies the nature and purpose of the intimate 10873
examination; 10874

(d) Informs the patient or the patient's legal 10875
representative that a student may be present if the patient or 10876
the patient's legal representative authorizes a student to 10877
perform the intimate examination or observe the intimate 10878
examination in person or through electronic means; 10879

(e) Allows the patient or the patient's legal 10880
representative the opportunity to consent to or refuse the 10881
intimate examination; 10882

(f) Permits a patient or the patient's legal 10883
representative who consents to an intimate examination to 10884
consent to or refuse a student performing or observing the 10885
intimate examination in person or through electronic means. 10886

(2) Provide the patient or the patient's legal 10887
representative with a meaningful opportunity to ask questions 10888

about the intimate examination; 10889

(3) Obtain the signature of the patient or the patient's 10890
legal representative on the informed consent form; 10891

(4) Sign the informed consent form. 10892

Sec. 4730.60. A physician ~~assistant~~associate may provide 10893
telehealth services in accordance with section 4743.09 of the 10894
Revised Code. 10895

Sec. 4731.053. (A) As used in this section, "physician" 10896
means an individual authorized by this chapter to practice 10897
medicine and surgery, osteopathic medicine and surgery, or 10898
podiatric medicine and surgery. 10899

(B) The state medical board shall adopt rules that 10900
establish standards to be met and procedures to be followed by a 10901
physician with respect to the physician's delegation of the 10902
performance of a medical task to a person who is not licensed or 10903
otherwise specifically authorized by the Revised Code to perform 10904
the task. The rules shall be adopted in accordance with Chapter 10905
119. of the Revised Code and shall include a coroner's 10906
investigator among the individuals who are competent to recite 10907
the facts of a deceased person's medical condition to a 10908
physician so that the physician may pronounce the person dead 10909
without personally examining the body. 10910

(C) To the extent that delegation applies to the 10911
administration of drugs, the rules adopted under this section 10912
shall provide for all of the following: 10913

(1) On-site supervision when the delegation occurs in an 10914
institution or other facility that is used primarily for the 10915
purpose of providing health care, unless the board establishes a 10916
specific exception to the on-site supervision requirement with 10917

respect to routine administration of a topical drug, such as the 10918
use of a medicated shampoo; 10919

(2) Evaluation of whether delegation is appropriate 10920
according to the acuity of the patient involved; 10921

(3) Training and competency requirements that must be met 10922
by the person administering the drugs; 10923

(4) Other standards and procedures the board considers 10924
relevant. 10925

(D) The board shall not adopt rules that do any of the 10926
following: 10927

(1) Authorize a physician to transfer the physician's 10928
responsibility for supervising a person who is performing a 10929
delegated medical task to a health professional other than 10930
another physician; 10931

(2) Authorize an individual to whom a medical task is 10932
delegated to delegate the performance of that task to another 10933
individual; 10934

(3) Except as provided in divisions (D)(4) to (7) of this 10935
section, authorize a physician to delegate the administration of 10936
anesthesia, controlled substances, drugs administered 10937
intravenously, or any other drug or category of drug the board 10938
considers to be inappropriate for delegation; 10939

(4) Prevent an individual from engaging in an activity 10940
performed for a child with a disability as a service needed to 10941
meet the educational needs of the child, as identified in the 10942
individualized education program developed for the child under 10943
Chapter 3323. of the Revised Code; 10944

(5) Conflict with any provision of the Revised Code that 10945

specifically authorizes an individual to perform a particular task; 10946
10947

(6) Conflict with any rule adopted pursuant to the Revised Code that is in effect on April 10, 2001, as long as the rule remains in effect, specifically authorizing an individual to perform a particular task; 10948
10949
10950
10951

(7) Prohibit a perfusionist from administering drugs intravenously while practicing as a perfusionist; 10952
10953

(8) Authorize a physician ~~assistant~~associate, anesthesiologist assistant, or any other professional regulated by the board to delegate tasks pursuant to this section. 10954
10955
10956

Sec. 4731.054. (A) As used in this section: 10957

(1) "Chronic pain" has the same meaning as in section 4731.052 of the Revised Code. 10958
10959

(2) "Controlled substance" has the same meaning as in section 3719.01 of the Revised Code. 10960
10961

(3) "Hospice care program" means a program licensed under Chapter 3712. of the Revised Code. 10962
10963

(4) "Hospital" means a hospital registered with the department of health under section 3701.07 of the Revised Code. 10964
10965

(5) "Owner" means each person included on the list maintained under division (B) (6) of section 4729.552 of the Revised Code. 10966
10967
10968

(6) (a) "Pain management clinic" means a facility to which both of the following apply: 10969
10970

(i) The majority of patients of the prescribers at the facility are provided treatment for chronic pain through the use 10971
10972

of controlled substances, tramadol, or other drugs specified in 10973
rules adopted under this section; 10974

(ii) The facility meets any other identifying criteria 10975
established in rules adopted under this section. 10976

(b) "Pain management clinic" does not include any of the 10977
following: 10978

(i) A hospital; 10979

(ii) A facility operated by a hospital for the treatment 10980
of chronic pain; 10981

(iii) A physician practice owned or controlled, in whole 10982
or in part, by a hospital or by an entity that owns or controls, 10983
in whole or in part, one or more hospitals; 10984

(iv) A school, college, university, or other educational 10985
institution or program to the extent that it provides 10986
instruction to individuals preparing to practice as physicians, 10987
podiatrists, dentists, nurses, physician ~~assistants~~associates, 10988
optometrists, or veterinarians or any affiliated facility to the 10989
extent that it participates in the provision of that 10990
instruction; 10991

(v) A hospice care program with respect to its hospice 10992
patients; 10993

(vi) A hospice care program with respect to its provision 10994
of palliative care in an inpatient facility or unit to patients 10995
who are not hospice patients, as authorized by section 3712.10 10996
of the Revised Code, but only in the case of those palliative 10997
care patients who have a life-threatening illness; 10998

(vii) A palliative care inpatient facility or unit that 10999
does not admit hospice patients and is not otherwise excluded as 11000

a pain management clinic under division (A) (6) (b) of this	11001
section, but only in the case of those palliative care patients	11002
who have a life-threatening illness;	11003
(viii) An ambulatory surgical facility licensed under	11004
section 3702.30 of the Revised Code;	11005
(ix) An interdisciplinary pain rehabilitation program with	11006
three-year accreditation from the commission on accreditation of	11007
rehabilitation facilities;	11008
(x) A nursing home licensed under section 3721.02 of the	11009
Revised Code or by a political subdivision certified under	11010
section 3721.09 of the Revised Code;	11011
(xi) A facility conducting only clinical research that may	11012
use controlled substances in studies approved by a hospital-	11013
based institutional review board or an institutional review	11014
board accredited by the association for the accreditation of	11015
human research protection programs.	11016
(7) "Physician" means an individual authorized under this	11017
chapter to practice medicine and surgery or osteopathic medicine	11018
and surgery.	11019
(8) "Prescriber" has the same meaning as in section	11020
4729.01 of the Revised Code.	11021
(B) Each owner shall supervise, control, and direct the	11022
activities of each individual, including an employee, volunteer,	11023
or individual under contract, who provides treatment of chronic	11024
pain at the pain management clinic or is associated with the	11025
provision of that treatment. The supervision, control, and	11026
direction shall be provided in accordance with rules adopted	11027
under this section.	11028

(C) The state medical board shall adopt rules in 11029
accordance with Chapter 119. of the Revised Code that establish 11030
all of the following: 11031

(1) Standards and procedures for the operation of a pain 11032
management clinic; 11033

(2) Standards and procedures to be followed by a physician 11034
who provides care at a pain management clinic; 11035

(3) For purposes of division (A) (5) (a) (i) of this section, 11036
the other drugs used to treat chronic pain that identify a 11037
facility as a pain management clinic; 11038

(4) For purposes of division (A) (5) (a) (ii) of this 11039
section, the other criteria that identify a facility as a pain 11040
management clinic; 11041

(5) For purposes of division (B) of this section, 11042
standards and procedures to be followed by an owner in providing 11043
supervision, direction, and control of individuals at a pain 11044
management clinic. 11045

(D) The board may impose a fine of not more than twenty 11046
thousand dollars on a physician who fails to comply with rules 11047
adopted under this section. The fine may be in addition to or in 11048
lieu of any other action that may be taken under section 4731.22 11049
of the Revised Code. The board shall deposit any amounts 11050
received under this division in accordance with section 4731.24 11051
of the Revised Code. 11052

(E) (1) The board may inspect either of the following as 11053
the board determines necessary to ensure compliance with this 11054
chapter and any rules adopted under it regarding pain management 11055
clinics: 11056

(a) A pain management clinic; 11057

(b) A facility or physician practice that the board 11058
suspects is operating as a pain management clinic in violation 11059
of this chapter. 11060

(2) The board's inspection shall be conducted in 11061
accordance with division (F) of section 4731.22 of the Revised 11062
Code. 11063

(3) Before conducting an on-site inspection, the board 11064
shall provide notice to the owner or other person in charge of 11065
the facility or physician practice, except that the board is not 11066
required to provide the notice if, in the judgment of the board, 11067
the notice would jeopardize an investigation being conducted by 11068
the board. 11069

Sec. 4731.22. (A) The state medical board, by an 11070
affirmative vote of not fewer than six of its members, may 11071
limit, revoke, or suspend a license or certificate to practice 11072
or certificate to recommend, refuse to grant a license or 11073
certificate, refuse to renew a license or certificate, refuse to 11074
reinstate a license or certificate, or reprimand or place on 11075
probation the holder of a license or certificate if the 11076
individual applying for or holding the license or certificate is 11077
found by the board to have committed fraud during the 11078
administration of the examination for a license or certificate 11079
to practice or to have committed fraud, misrepresentation, or 11080
deception in applying for, renewing, or securing any license or 11081
certificate to practice or certificate to recommend issued by 11082
the board. 11083

(B) Except as provided in division (P) of this section, 11084
the board, by an affirmative vote of not fewer than six members, 11085

shall, to the extent permitted by law, limit, revoke, or suspend 11086
a license or certificate to practice or certificate to 11087
recommend, refuse to issue a license or certificate, refuse to 11088
renew a license or certificate, refuse to reinstate a license or 11089
certificate, or reprimand or place on probation the holder of a 11090
license or certificate for one or more of the following reasons: 11091

(1) Permitting one's name or one's license or certificate 11092
to practice to be used by a person, group, or corporation when 11093
the individual concerned is not actually directing the treatment 11094
given; 11095

(2) Failure to maintain minimal standards applicable to 11096
the selection or administration of drugs, or failure to employ 11097
acceptable scientific methods in the selection of drugs or other 11098
modalities for treatment of disease; 11099

(3) Except as provided in section 4731.97 of the Revised 11100
Code, selling, giving away, personally furnishing, prescribing, 11101
or administering drugs for other than legal and legitimate 11102
therapeutic purposes or a plea of guilty to, a judicial finding 11103
of guilt of, or a judicial finding of eligibility for 11104
intervention in lieu of conviction of, a violation of any 11105
federal or state law regulating the possession, distribution, or 11106
use of any drug; 11107

(4) Willfully betraying a professional confidence. 11108

For purposes of this division, "willfully betraying a 11109
professional confidence" does not include providing any 11110
information, documents, or reports under sections 307.621 to 11111
307.629 of the Revised Code to a child fatality review board; 11112
does not include providing any information, documents, or 11113
reports under sections 307.631 to 307.6410 of the Revised Code 11114

to a drug overdose fatality review committee, a suicide fatality 11115
review committee, or hybrid drug overdose fatality and suicide 11116
fatality review committee; does not include providing any 11117
information, documents, or reports under sections 307.651 to 11118
307.659 of the Revised Code to a domestic violence fatality 11119
review board; does not include providing any information, 11120
documents, or reports to the director of health pursuant to 11121
guidelines established under section 3701.70 of the Revised 11122
Code; does not include written notice to a mental health 11123
professional under section 4731.62 of the Revised Code; does not 11124
include making a report as described in division (F) of section 11125
2921.22 and section 4731.224 of the Revised Code; and does not 11126
include the making of a report of an employee's use of a drug of 11127
abuse, or a report of a condition of an employee other than one 11128
involving the use of a drug of abuse, to the employer of the 11129
employee as described in division (B) of section 2305.33 of the 11130
Revised Code. Nothing in this division affects the immunity from 11131
civil liability conferred by section 2305.33 or 4731.62 of the 11132
Revised Code upon a physician who makes a report in accordance 11133
with section 2305.33 or notifies a mental health professional in 11134
accordance with section 4731.62 of the Revised Code. As used in 11135
this division, "employee," "employer," and "physician" have the 11136
same meanings as in section 2305.33 of the Revised Code. 11137

(5) Making a false, fraudulent, deceptive, or misleading 11138
statement in the solicitation of or advertising for patients; in 11139
relation to the practice of medicine and surgery, osteopathic 11140
medicine and surgery, podiatric medicine and surgery, or a 11141
limited branch of medicine; or in securing or attempting to 11142
secure any license or certificate to practice issued by the 11143
board. 11144

As used in this division, "false, fraudulent, deceptive, 11145

or misleading statement" means a statement that includes a 11146
misrepresentation of fact, is likely to mislead or deceive 11147
because of a failure to disclose material facts, is intended or 11148
is likely to create false or unjustified expectations of 11149
favorable results, or includes representations or implications 11150
that in reasonable probability will cause an ordinarily prudent 11151
person to misunderstand or be deceived. 11152

(6) A departure from, or the failure to conform to, 11153
minimal standards of care of similar practitioners under the 11154
same or similar circumstances, whether or not actual injury to a 11155
patient is established; 11156

(7) Representing, with the purpose of obtaining 11157
compensation or other advantage as personal gain or for any 11158
other person, that an incurable disease or injury, or other 11159
incurable condition, can be permanently cured; 11160

(8) The obtaining of, or attempting to obtain, money or 11161
anything of value by fraudulent misrepresentations in the course 11162
of practice; 11163

(9) A plea of guilty to, a judicial finding of guilt of, 11164
or a judicial finding of eligibility for intervention in lieu of 11165
conviction for, a felony; 11166

(10) Commission of an act that constitutes a felony in 11167
this state, regardless of the jurisdiction in which the act was 11168
committed; 11169

(11) A plea of guilty to, a judicial finding of guilt of, 11170
or a judicial finding of eligibility for intervention in lieu of 11171
conviction for, a misdemeanor committed in the course of 11172
practice; 11173

(12) Commission of an act in the course of practice that 11174

constitutes a misdemeanor in this state, regardless of the 11175
jurisdiction in which the act was committed; 11176

(13) A plea of guilty to, a judicial finding of guilt of, 11177
or a judicial finding of eligibility for intervention in lieu of 11178
conviction for, a misdemeanor involving moral turpitude; 11179

(14) Commission of an act involving moral turpitude that 11180
constitutes a misdemeanor in this state, regardless of the 11181
jurisdiction in which the act was committed; 11182

(15) Violation of the conditions of limitation placed by 11183
the board upon a license or certificate to practice; 11184

(16) Failure to pay license renewal fees specified in this 11185
chapter; 11186

(17) Except as authorized in section 4731.31 of the 11187
Revised Code, engaging in the division of fees for referral of 11188
patients, or the receiving of a thing of value in return for a 11189
specific referral of a patient to utilize a particular service 11190
or business; 11191

(18) Subject to section 4731.226 of the Revised Code, 11192
violation of any provision of a code of ethics of the American 11193
medical association, the American osteopathic association, the 11194
American podiatric medical association, or any other national 11195
professional organizations that the board specifies by rule. The 11196
state medical board shall obtain and keep on file current copies 11197
of the codes of ethics of the various national professional 11198
organizations. The individual whose license or certificate is 11199
being suspended or revoked shall not be found to have violated 11200
any provision of a code of ethics of an organization not 11201
appropriate to the individual's profession. 11202

For purposes of this division, a "provision of a code of 11203

ethics of a national professional organization" does not include 11204
any provision that would preclude the making of a report by a 11205
physician of an employee's use of a drug of abuse, or of a 11206
condition of an employee other than one involving the use of a 11207
drug of abuse, to the employer of the employee as described in 11208
division (B) of section 2305.33 of the Revised Code. Nothing in 11209
this division affects the immunity from civil liability 11210
conferred by that section upon a physician who makes either type 11211
of report in accordance with division (B) of that section. As 11212
used in this division, "employee," "employer," and "physician" 11213
have the same meanings as in section 2305.33 of the Revised 11214
Code. 11215

(19) Inability to practice according to acceptable and 11216
prevailing standards of care by reason of mental illness or 11217
physical illness, including, but not limited to, physical 11218
deterioration that adversely affects cognitive, motor, or 11219
perceptive skills. 11220

In enforcing this division, the board, upon a showing of a 11221
possible violation, shall refer any individual who is authorized 11222
to practice by this chapter or who has submitted an application 11223
pursuant to this chapter to the monitoring organization that 11224
conducts the confidential monitoring program established under 11225
section 4731.25 of the Revised Code. The board also may compel 11226
the individual to submit to a mental examination, physical 11227
examination, including an HIV test, or both a mental and a 11228
physical examination. The expense of the examination is the 11229
responsibility of the individual compelled to be examined. 11230
Failure to submit to a mental or physical examination or consent 11231
to an HIV test ordered by the board constitutes an admission of 11232
the allegations against the individual unless the failure is due 11233
to circumstances beyond the individual's control, and a default 11234

and final order may be entered without the taking of testimony 11235
or presentation of evidence. If the board finds an individual 11236
unable to practice because of the reasons set forth in this 11237
division, the board shall require the individual to submit to 11238
care, counseling, or treatment by physicians approved or 11239
designated by the board, as a condition for initial, continued, 11240
reinstated, or renewed authority to practice. An individual 11241
affected under this division shall be afforded an opportunity to 11242
demonstrate to the board the ability to resume practice in 11243
compliance with acceptable and prevailing standards under the 11244
provisions of the individual's license or certificate. For the 11245
purpose of this division, any individual who applies for or 11246
receives a license or certificate to practice under this chapter 11247
accepts the privilege of practicing in this state and, by so 11248
doing, shall be deemed to have given consent to submit to a 11249
mental or physical examination when directed to do so in writing 11250
by the board, and to have waived all objections to the 11251
admissibility of testimony or examination reports that 11252
constitute a privileged communication. 11253

(20) Except as provided in division (F)(1)(b) of section 11254
4731.282 of the Revised Code or when civil penalties are imposed 11255
under section 4731.225 of the Revised Code, and subject to 11256
section 4731.226 of the Revised Code, violating or attempting to 11257
violate, directly or indirectly, or assisting in or abetting the 11258
violation of, or conspiring to violate, any provisions of this 11259
chapter or any rule promulgated by the board. 11260

This division does not apply to a violation or attempted 11261
violation of, assisting in or abetting the violation of, or a 11262
conspiracy to violate, any provision of this chapter or any rule 11263
adopted by the board that would preclude the making of a report 11264
by a physician of an employee's use of a drug of abuse, or of a 11265

condition of an employee other than one involving the use of a 11266
drug of abuse, to the employer of the employee as described in 11267
division (B) of section 2305.33 of the Revised Code. Nothing in 11268
this division affects the immunity from civil liability 11269
conferred by that section upon a physician who makes either type 11270
of report in accordance with division (B) of that section. As 11271
used in this division, "employee," "employer," and "physician" 11272
have the same meanings as in section 2305.33 of the Revised 11273
Code. 11274

(21) The violation of section 3701.79 of the Revised Code 11275
or of any abortion rule adopted by the director of health 11276
pursuant to section 3701.341 of the Revised Code; 11277

(22) Any of the following actions taken by an agency 11278
responsible for authorizing, certifying, or regulating an 11279
individual to practice a health care occupation or provide 11280
health care services in this state or another jurisdiction, for 11281
any reason other than the nonpayment of fees: the limitation, 11282
revocation, or suspension of an individual's license to 11283
practice; acceptance of an individual's license surrender; 11284
denial of a license; refusal to renew or reinstate a license; 11285
imposition of probation; or issuance of an order of censure or 11286
other reprimand; 11287

(23) The violation of section 2919.12 of the Revised Code 11288
or the performance or inducement of an abortion upon a pregnant 11289
woman with actual knowledge that the conditions specified in 11290
division (B) of section 2317.56 of the Revised Code have not 11291
been satisfied or with a heedless indifference as to whether 11292
those conditions have been satisfied, unless an affirmative 11293
defense as specified in division (H) (2) of that section would 11294
apply in a civil action authorized by division (H) (1) of that 11295

section; 11296

(24) The revocation, suspension, restriction, reduction, 11297
or termination of clinical privileges by the United States 11298
department of defense or department of veterans affairs or the 11299
termination or suspension of a certificate of registration to 11300
prescribe drugs by the drug enforcement administration of the 11301
United States department of justice; 11302

(25) Termination or suspension from participation in the 11303
medicare or medicaid programs by the department of health and 11304
human services or other responsible agency; 11305

(26) Impairment of ability to practice according to 11306
acceptable and prevailing standards of care because of substance 11307
use disorder or excessive use or abuse of drugs, alcohol, or 11308
other substances that may impair ability to practice. 11309

For the purposes of this division, any individual 11310
authorized to practice by this chapter accepts the privilege of 11311
practicing in this state subject to supervision by the board. By 11312
filing an application for or holding a license or certificate to 11313
practice under this chapter, an individual shall be deemed to 11314
have given consent to submit to a mental or physical examination 11315
when ordered to do so by the board in writing, and to have 11316
waived all objections to the admissibility of testimony or 11317
examination reports that constitute privileged communications. 11318

If it has reason to believe that any individual authorized 11319
to practice by this chapter or any applicant for licensure or 11320
certification to practice suffers such impairment, the board 11321
shall refer the individual to the monitoring organization that 11322
conducts the confidential monitoring program established under 11323
section 4731.25 of the Revised Code. The board also may compel 11324

the individual to submit to a mental or physical examination, or 11325
both. The expense of the examination is the responsibility of 11326
the individual compelled to be examined. Any mental or physical 11327
examination required under this division shall be undertaken by 11328
a treatment provider or physician who is qualified to conduct 11329
the examination and who is approved under section 4731.251 of 11330
the Revised Code. 11331

Failure to submit to a mental or physical examination 11332
ordered by the board constitutes an admission of the allegations 11333
against the individual unless the failure is due to 11334
circumstances beyond the individual's control, and a default and 11335
final order may be entered without the taking of testimony or 11336
presentation of evidence. If the board determines that the 11337
individual's ability to practice is impaired, the board shall 11338
suspend the individual's license or certificate or deny the 11339
individual's application and shall require the individual, as a 11340
condition for initial, continued, reinstated, or renewed 11341
licensure or certification to practice, to submit to treatment. 11342

Before being eligible to apply for reinstatement of a 11343
license or certificate suspended under this division, the 11344
impaired practitioner shall demonstrate to the board the ability 11345
to resume practice in compliance with acceptable and prevailing 11346
standards of care under the provisions of the practitioner's 11347
license or certificate. The demonstration shall include, but 11348
shall not be limited to, the following: 11349

(a) Certification from a treatment provider approved under 11350
section 4731.251 of the Revised Code that the individual has 11351
successfully completed any required inpatient treatment; 11352

(b) Evidence of continuing full compliance with an 11353
aftercare contract or consent agreement; 11354

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

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

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

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

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

(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 the individual's services, otherwise would 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 individual;

(b) Advertising that the individual will waive the payment

of all or any part of a deductible or copayment that a patient, 11384
pursuant to a health insurance or health care policy, contract, 11385
or plan that covers the individual's services, otherwise would 11386
be required to pay. 11387

(29) Failure to use universal blood and body fluid 11388
precautions established by rules adopted under section 4731.051 11389
of the Revised Code; 11390

(30) Failure to provide notice to, and receive 11391
acknowledgment of the notice from, a patient when required by 11392
section 4731.143 of the Revised Code prior to providing 11393
nonemergency professional services, or failure to maintain that 11394
notice in the patient's medical record; 11395

(31) Failure of a physician supervising a physician 11396
~~assistant~~associate to maintain supervision in accordance with 11397
the requirements of Chapter 4730. of the Revised Code and the 11398
rules adopted under that chapter; 11399

(32) Failure of a physician or podiatrist to enter into a 11400
standard care arrangement with a clinical nurse specialist, 11401
certified nurse-midwife, or certified nurse practitioner with 11402
whom the physician or podiatrist is in collaboration pursuant to 11403
section 4731.27 of the Revised Code or failure to fulfill the 11404
responsibilities of collaboration after entering into a standard 11405
care arrangement; 11406

(33) Failure to comply with the terms of a consult 11407
agreement entered into with a pharmacist pursuant to section 11408
4729.39 of the Revised Code; 11409

(34) Failure to cooperate in an investigation conducted by 11410
the board under division (F) of this section, including failure 11411
to comply with a subpoena or order issued by the board or 11412

failure to answer truthfully a question presented by the board 11413
in an investigative interview, an investigative office 11414
conference, at a deposition, or in written interrogatories, 11415
except that failure to cooperate with an investigation shall not 11416
constitute grounds for discipline under this section if a court 11417
of competent jurisdiction has issued an order that either 11418
quashes a subpoena or permits the individual to withhold the 11419
testimony or evidence in issue; 11420

(35) Failure to supervise an anesthesiologist assistant in 11421
accordance with Chapter 4760. of the Revised Code and the 11422
board's rules for supervision of an anesthesiologist assistant; 11423

(36) Assisting suicide, as defined in section 3795.01 of 11424
the Revised Code; 11425

(37) Failure to comply with the requirements of section 11426
2317.561 of the Revised Code; 11427

(38) Failure to supervise a radiologist assistant in 11428
accordance with Chapter 4774. of the Revised Code and the 11429
board's rules for supervision of radiologist assistants; 11430

(39) Performing or inducing an abortion at an office or 11431
facility with knowledge that the office or facility fails to 11432
post the notice required under section 3701.791 of the Revised 11433
Code; 11434

(40) Failure to comply with the standards and procedures 11435
established in rules under section 4731.054 of the Revised Code 11436
for the operation of or the provision of care at a pain 11437
management clinic; 11438

(41) Failure to comply with the standards and procedures 11439
established in rules under section 4731.054 of the Revised Code 11440
for providing supervision, direction, and control of individuals 11441

at a pain management clinic; 11442

(42) Failure to comply with the requirements of section 11443
4729.79 or 4731.055 of the Revised Code, unless the state board 11444
of pharmacy no longer maintains a drug database pursuant to 11445
section 4729.75 of the Revised Code; 11446

(43) Failure to comply with the requirements of section 11447
2919.171, 2919.202, or 2919.203 of the Revised Code or failure 11448
to submit to the department of health in accordance with a court 11449
order a complete report as described in section 2919.171 or 11450
2919.202 of the Revised Code; 11451

(44) Practicing at a facility that is subject to licensure 11452
as a category III terminal distributor of dangerous drugs with a 11453
pain management clinic classification unless the person 11454
operating the facility has obtained and maintains the license 11455
with the classification; 11456

(45) Owning a facility that is subject to licensure as a 11457
category III terminal distributor of dangerous drugs with a pain 11458
management clinic classification unless the facility is licensed 11459
with the classification; 11460

(46) Failure to comply with any of the requirements 11461
regarding making or maintaining medical records or documents 11462
described in division (A) of section 2919.192, division (C) of 11463
section 2919.193, division (B) of section 2919.195, or division 11464
(A) of section 2919.196 of the Revised Code; 11465

(47) Failure to comply with the requirements in section 11466
3719.061 of the Revised Code before issuing for a minor a 11467
prescription for an opioid analgesic, as defined in section 11468
3719.01 of the Revised Code; 11469

(48) Failure to comply with the requirements of section 11470

4731.30 of the Revised Code or rules adopted under section 11471
4731.301 of the Revised Code when recommending treatment with 11472
medical marijuana; 11473

(49) A pattern of continuous or repeated violations of 11474
division (E) (2) or (3) of section 3963.02 of the Revised Code; 11475

(50) Failure to fulfill the responsibilities of a 11476
collaboration agreement entered into with an athletic trainer as 11477
described in section 4755.621 of the Revised Code; 11478

(51) Failure to take the steps specified in section 11479
4731.911 of the Revised Code following an abortion or attempted 11480
abortion in an ambulatory surgical facility or other location 11481
that is not a hospital when a child is born alive; 11482

(52) Violation of section 4731.77 of the Revised Code; 11483

(53) Failure of a physician supervising a certified mental 11484
health assistant to maintain supervision in accordance with the 11485
requirements of Chapter 4772. of the Revised Code and the rules 11486
adopted under that chapter. 11487

(C) Disciplinary actions taken by the board under 11488
divisions (A) and (B) of this section shall be taken pursuant to 11489
an adjudication under Chapter 119. of the Revised Code, except 11490
that in lieu of an adjudication, the board may enter into a 11491
consent agreement with an individual to resolve an allegation of 11492
a violation of this chapter or any rule adopted under it. A 11493
consent agreement, when ratified by an affirmative vote of not 11494
fewer than six members of the board, shall constitute the 11495
findings and order of the board with respect to the matter 11496
addressed in the agreement. If the board refuses to ratify a 11497
consent agreement, the admissions and findings contained in the 11498
consent agreement shall be of no force or effect. 11499

A telephone conference call may be utilized for 11500
ratification of a consent agreement that revokes or suspends an 11501
individual's license or certificate to practice or certificate 11502
to recommend. The telephone conference call shall be considered 11503
a special meeting under division (F) of section 121.22 of the 11504
Revised Code. 11505

If the board takes disciplinary action against an 11506
individual under division (B) of this section for a second or 11507
subsequent plea of guilty to, or judicial finding of guilt of, a 11508
violation of section 2919.123 or 2919.124 of the Revised Code, 11509
the disciplinary action shall consist of a suspension of the 11510
individual's license or certificate to practice for a period of 11511
at least one year or, if determined appropriate by the board, a 11512
more serious sanction involving the individual's license or 11513
certificate to practice. Any consent agreement entered into 11514
under this division with an individual that pertains to a second 11515
or subsequent plea of guilty to, or judicial finding of guilt 11516
of, a violation of that section shall provide for a suspension 11517
of the individual's license or certificate to practice for a 11518
period of at least one year or, if determined appropriate by the 11519
board, a more serious sanction involving the individual's 11520
license or certificate to practice. 11521

(D) For purposes of divisions (B) (10), (12), and (14) of 11522
this section, the commission of the act may be established by a 11523
finding by the board, pursuant to an adjudication under Chapter 11524
119. of the Revised Code, that the individual committed the act. 11525
The board does not have jurisdiction under those divisions if 11526
the trial court renders a final judgment in the individual's 11527
favor and that judgment is based upon an adjudication on the 11528
merits. The board has jurisdiction under those divisions if the 11529
trial court issues an order of dismissal upon technical or 11530

procedural grounds. 11531

(E) The sealing or expungement of conviction records by 11532
any court shall have no effect upon a prior board order entered 11533
under this section or upon the board's jurisdiction to take 11534
action under this section if, based upon a plea of guilty, a 11535
judicial finding of guilt, or a judicial finding of eligibility 11536
for intervention in lieu of conviction, the board issued a 11537
notice of opportunity for a hearing prior to the court's order 11538
to seal or expunge the records. The board shall not be required 11539
to seal, expunge, destroy, redact, or otherwise modify its 11540
records to reflect the court's sealing of conviction records. 11541

(F) (1) The board shall investigate evidence that appears 11542
to show that a person has violated any provision of this chapter 11543
or any rule adopted under it. Any person may report to the board 11544
in a signed writing any information that the person may have 11545
that appears to show a violation of any provision of this 11546
chapter or any rule adopted under it. In the absence of bad 11547
faith, any person who reports information of that nature or who 11548
testifies before the board in any adjudication conducted under 11549
Chapter 119. of the Revised Code shall not be liable in damages 11550
in a civil action as a result of the report or testimony. Each 11551
complaint or allegation of a violation received by the board 11552
shall be assigned a case number and shall be recorded by the 11553
board. 11554

(2) Investigations of alleged violations of this chapter 11555
or any rule adopted under it shall be supervised by the 11556
supervising member elected by the board in accordance with 11557
section 4731.02 of the Revised Code and by the secretary as 11558
provided in section 4731.39 of the Revised Code. The president 11559
may designate another member of the board to supervise the 11560

investigation in place of the supervising member. Upon a vote of 11561
the majority of the board to authorize the addition of a 11562
consumer member in the supervision of any part of any 11563
investigation, the president shall designate a consumer member 11564
for supervision of investigations as determined by the 11565
president. The authorization of consumer member participation in 11566
investigation supervision may be rescinded by a majority vote of 11567
the board. No member of the board who supervises the 11568
investigation of a case shall participate in further 11569
adjudication of the case. 11570

(3) In investigating a possible violation of this chapter 11571
or any rule adopted under this chapter, or in conducting an 11572
inspection under division (E) of section 4731.054 of the Revised 11573
Code, the board may question witnesses, conduct interviews, 11574
administer oaths, order the taking of depositions, inspect and 11575
copy any books, accounts, papers, records, or documents, issue 11576
subpoenas, and compel the attendance of witnesses and production 11577
of books, accounts, papers, records, documents, and testimony, 11578
except that a subpoena for patient record information shall not 11579
be issued without consultation with the attorney general's 11580
office and approval of the secretary of the board. 11581

(a) Before issuance of a subpoena for patient record 11582
information, the secretary shall determine whether there is 11583
probable cause to believe that the complaint filed alleges a 11584
violation of this chapter or any rule adopted under it and that 11585
the records sought are relevant to the alleged violation and 11586
material to the investigation. The subpoena may apply only to 11587
records that cover a reasonable period of time surrounding the 11588
alleged violation. 11589

(b) On failure to comply with any subpoena issued by the 11590

board and after reasonable notice to the person being 11591
subpoenaed, the board may move for an order compelling the 11592
production of persons or records pursuant to the Rules of Civil 11593
Procedure. 11594

(c) A subpoena issued by the board may be served by a 11595
sheriff, the sheriff's deputy, or a board employee or agent 11596
designated by the board. Service of a subpoena issued by the 11597
board may be made by delivering a copy of the subpoena to the 11598
person named therein, reading it to the person, or leaving it at 11599
the person's usual place of residence, usual place of business, 11600
or address on file with the board. When serving a subpoena to an 11601
applicant for or the holder of a license or certificate issued 11602
under this chapter, service of the subpoena may be made by 11603
certified mail, return receipt requested, and the subpoena shall 11604
be deemed served on the date delivery is made or the date the 11605
person refuses to accept delivery. If the person being served 11606
refuses to accept the subpoena or is not located, service may be 11607
made to an attorney who notifies the board that the attorney is 11608
representing the person. 11609

(d) A sheriff's deputy who serves a subpoena shall receive 11610
the same fees as a sheriff. Each witness who appears before the 11611
board in obedience to a subpoena shall receive the fees and 11612
mileage provided for under section 119.094 of the Revised Code. 11613

(4) All hearings, investigations, and inspections of the 11614
board shall be considered civil actions for the purposes of 11615
section 2305.252 of the Revised Code. 11616

(5) A report required to be submitted to the board under 11617
this chapter, a complaint, or information received by the board 11618
pursuant to an investigation or pursuant to an inspection under 11619
division (E) of section 4731.054 of the Revised Code is 11620

confidential and not subject to discovery in any civil action. 11621

The board shall conduct all investigations or inspections 11622
and proceedings in a manner that protects the confidentiality of 11623
patients and persons who file complaints with the board. The 11624
board shall not make public the names or any other identifying 11625
information about patients or complainants unless proper consent 11626
is given or, in the case of a patient, a waiver of the patient 11627
privilege exists under division (B) of section 2317.02 of the 11628
Revised Code, except that consent or a waiver of that nature is 11629
not required if the board possesses reliable and substantial 11630
evidence that no bona fide physician-patient relationship 11631
exists. 11632

The board may share any information it receives pursuant 11633
to an investigation or inspection, including patient records and 11634
patient record information, with law enforcement agencies, other 11635
licensing boards, and other governmental agencies that are 11636
prosecuting, adjudicating, or investigating alleged violations 11637
of statutes or administrative rules. An agency or board that 11638
receives the information shall comply with the same requirements 11639
regarding confidentiality as those with which the state medical 11640
board must comply, notwithstanding any conflicting provision of 11641
the Revised Code or procedure of the agency or board that 11642
applies when it is dealing with other information in its 11643
possession. In a judicial proceeding, the information may be 11644
admitted into evidence only in accordance with the Rules of 11645
Evidence, but the court shall require that appropriate measures 11646
are taken to ensure that confidentiality is maintained with 11647
respect to any part of the information that contains names or 11648
other identifying information about patients or complainants 11649
whose confidentiality was protected by the state medical board 11650
when the information was in the board's possession. Measures to 11651

ensure confidentiality that may be taken by the court include 11652
sealing its records or deleting specific information from its 11653
records. 11654

No person shall knowingly access, use, or disclose 11655
confidential investigatory information in a manner prohibited by 11656
law. 11657

(6) On a quarterly basis, the board shall prepare a report 11658
that documents the disposition of all cases during the preceding 11659
three months. The report shall contain the following information 11660
for each case with which the board has completed its activities: 11661

(a) The case number assigned to the complaint or alleged 11662
violation; 11663

(b) The type of license or certificate to practice, if 11664
any, held by the individual against whom the complaint is 11665
directed; 11666

(c) A description of the allegations contained in the 11667
complaint; 11668

(d) Whether witnesses were interviewed; 11669

(e) Whether the individual against whom the complaint is 11670
directed is the subject of any pending complaints; 11671

(f) The disposition of the case. 11672

The report shall state how many cases are still pending 11673
and shall be prepared in a manner that protects the identity of 11674
each person involved in each case. The report shall be a public 11675
record under section 149.43 of the Revised Code. 11676

(7) The board may provide a status update regarding an 11677
investigation to a complainant on request if the board verifies 11678

the complainant's identity. 11679

(G) (1) If either of the following circumstances occur, the 11680
secretary and supervising member may recommend that the board 11681
suspend an individual's license or certificate to practice or 11682
certificate to recommend without a prior hearing: 11683

(a) The secretary and supervising member determine both of 11684
the following: 11685

(i) That there is clear and convincing evidence that an 11686
individual has violated division (B) of this section; 11687

(ii) That the individual's continued practice presents a 11688
danger of immediate and serious harm to the public. 11689

(b) The board receives verifiable information that a 11690
licensee has been charged in any state or federal court with a 11691
crime classified as a felony under the charging court's law and 11692
the conduct constitutes a violation of division (B) of this 11693
section. 11694

(2) If a recommendation is made to suspend without a prior 11695
hearing pursuant to division (G) (1) of this section, written 11696
allegations shall be prepared for consideration by the board. 11697
The board, upon review of those allegations and by an 11698
affirmative vote of not fewer than six of its members, excluding 11699
the secretary and supervising member, may suspend a license or 11700
certificate without a prior hearing. A telephone conference call 11701
may be utilized for reviewing the allegations and taking the 11702
vote on the summary suspension. 11703

The board shall serve a written order of suspension in 11704
accordance with sections 119.05 and 119.07 of the Revised Code. 11705
The order shall not be subject to suspension by the court during 11706
pendency of any appeal filed under section 119.12 of the Revised 11707

Code. If the individual subject to the summary suspension 11708
requests an adjudicatory hearing by the board, the date set for 11709
the hearing shall be within fifteen days, but not earlier than 11710
seven days, after the individual requests the hearing, unless 11711
otherwise agreed to by both the board and the individual. 11712

(3) Any summary suspension imposed under this division 11713
shall remain in effect, unless reversed on appeal, until a final 11714
adjudicative order issued by the board pursuant to this section 11715
and Chapter 119. of the Revised Code becomes effective. The 11716
board shall issue its final adjudicative order within seventy- 11717
five days after completion of its hearing. A failure to issue 11718
the order within seventy-five days shall result in dissolution 11719
of the summary suspension order but shall not invalidate any 11720
subsequent, final adjudicative order. 11721

(H) If the board takes action under division (B) (9), (11), 11722
or (13) of this section and the judicial finding of guilt, 11723
guilty plea, or judicial finding of eligibility for intervention 11724
in lieu of conviction is overturned on appeal, upon exhaustion 11725
of the criminal appeal, a petition for reconsideration of the 11726
order may be filed with the board along with appropriate court 11727
documents. Upon receipt of a petition of that nature and 11728
supporting court documents, the board shall reinstate the 11729
individual's license or certificate to practice. The board may 11730
then hold an adjudication under Chapter 119. of the Revised Code 11731
to determine whether the individual committed the act in 11732
question. Notice of an opportunity for a hearing shall be given 11733
in accordance with Chapter 119. of the Revised Code. If the 11734
board finds, pursuant to an adjudication held under this 11735
division, that the individual committed the act or if no hearing 11736
is requested, the board may order any of the sanctions 11737
identified under division (B) of this section. 11738

(I) The license or certificate to practice issued to an individual under this chapter and the individual's practice in this state are automatically suspended as of the date of the individual's 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. In addition, the license or certificate to practice or certificate to recommend issued to an individual under this chapter and the individual's practice in this state are automatically suspended as of the date the individual pleads guilty to, is found by a judge or jury to be guilty of, or is subject to a judicial finding of eligibility for intervention in lieu of conviction in this state or treatment or intervention in lieu of conviction in another jurisdiction for any of the following criminal offenses in this state or a substantially equivalent criminal offense in another jurisdiction: aggravated murder, murder, voluntary manslaughter, felonious assault, trafficking in persons, kidnapping, rape, sexual battery, gross sexual imposition, aggravated arson, aggravated robbery, or aggravated burglary. Continued practice after suspension shall be considered practicing without a license or certificate.

The board shall notify the individual subject to the suspension in accordance with sections 119.05 and 119.07 of the Revised Code. If an individual whose license or certificate is automatically suspended under this division fails to make a timely request for an adjudication under Chapter 119. of the 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 11770
at least one year or, if determined appropriate by the board, 11771
imposing a more serious sanction involving the individual's 11772
license or certificate to practice. 11773

(2) In all circumstances in which division (I)(1) of this 11774
section does not apply, enter a final order permanently revoking 11775
the individual's license or certificate to practice. 11776

(J) If the board is required by Chapter 119. of the 11777
Revised Code to give notice of an opportunity for a hearing and 11778
if the individual subject to the notice does not timely request 11779
a hearing in accordance with section 119.07 of the Revised Code, 11780
the board is not required to hold a hearing, but may adopt, by 11781
an affirmative vote of not fewer than six of its members, a 11782
final order that contains the board's findings. In that final 11783
order, the board may order any of the sanctions identified under 11784
division (A) or (B) of this section. 11785

(K) Any action taken by the board under division (B) of 11786
this section resulting in a suspension from practice shall be 11787
accompanied by a written statement of the conditions under which 11788
the individual's license or certificate to practice may be 11789
reinstated. The board shall adopt rules governing conditions to 11790
be imposed for reinstatement. Reinstatement of a license or 11791
certificate suspended pursuant to division (B) of this section 11792
requires an affirmative vote of not fewer than six members of 11793
the board. 11794

(L) When the board refuses to grant or issue a license or 11795
certificate to practice to an applicant, revokes an individual's 11796
license or certificate to practice, refuses to renew an 11797
individual's license or certificate to practice, or refuses to 11798
reinstate an individual's license or certificate to practice, 11799

the board may specify that its action is permanent. An 11800
individual subject to a permanent action taken by the board is 11801
forever thereafter ineligible to hold a license or certificate 11802
to practice and the board shall not accept an application for 11803
reinstatement of the license or certificate or for issuance of a 11804
new license or certificate. 11805

(M) Notwithstanding any other provision of the Revised 11806
Code, all of the following apply: 11807

(1) The surrender of a license or certificate issued under 11808
this chapter shall not be effective unless or until accepted by 11809
the board. A telephone conference call may be utilized for 11810
acceptance of the surrender of an individual's license or 11811
certificate to practice. The telephone conference call shall be 11812
considered a special meeting under division (F) of section 11813
121.22 of the Revised Code. Reinstatement of a license or 11814
certificate surrendered to the board requires an affirmative 11815
vote of not fewer than six members of the board. 11816

(2) An application for a license or certificate made under 11817
the provisions of this chapter may not be withdrawn without 11818
approval of the board. 11819

(3) Failure by an individual to renew a license or 11820
certificate to practice in accordance with this chapter or a 11821
certificate to recommend in accordance with rules adopted under 11822
section 4731.301 of the Revised Code does not remove or limit 11823
the board's jurisdiction to take any disciplinary action under 11824
this section against the individual. 11825

(4) The placement of an individual's license on retired 11826
status, as described in section 4731.283 of the Revised Code, 11827
does not remove or limit the board's jurisdiction to take any 11828

disciplinary action against the individual with regard to the 11829
license as it existed before being placed on retired status. 11830

(5) At the request of the board, a license or certificate 11831
holder shall immediately surrender to the board a license or 11832
certificate that the board has suspended, revoked, or 11833
permanently revoked. 11834

(N) Sanctions shall not be imposed under division (B) (28) 11835
of this section against any person who waives deductibles and 11836
copayments as follows: 11837

(1) In compliance with the health benefit plan that 11838
expressly allows such a practice. Waiver of the deductibles or 11839
copayments shall be made only with the full knowledge and 11840
consent of the plan purchaser, payer, and third-party 11841
administrator. Documentation of the consent shall be made 11842
available to the board upon request. 11843

(2) For professional services rendered to any other person 11844
authorized to practice pursuant to this chapter, to the extent 11845
allowed by this chapter and rules adopted by the board. 11846

(O) Under the board's investigative duties described in 11847
this section and subject to division (F) of this section, the 11848
board shall develop and implement a quality intervention program 11849
designed to improve through remedial education the clinical and 11850
communication skills of individuals authorized under this 11851
chapter to practice medicine and surgery, osteopathic medicine 11852
and surgery, and podiatric medicine and surgery. In developing 11853
and implementing the quality intervention program, the board may 11854
do all of the following: 11855

(1) Offer in appropriate cases as determined by the board 11856
an educational and assessment program pursuant to an 11857

investigation the board conducts under this section; 11858

(2) Select providers of educational and assessment 11859
services, including a quality intervention program panel of case 11860
reviewers; 11861

(3) Make referrals to educational and assessment service 11862
providers and approve individual educational programs 11863
recommended by those providers. The board shall monitor the 11864
progress of each individual undertaking a recommended individual 11865
educational program. 11866

(4) Determine what constitutes successful completion of an 11867
individual educational program and require further monitoring of 11868
the individual who completed the program or other action that 11869
the board determines to be appropriate; 11870

(5) Adopt rules in accordance with Chapter 119. of the 11871
Revised Code to further implement the quality intervention 11872
program. 11873

An individual who participates in an individual 11874
educational program pursuant to this division shall pay the 11875
financial obligations arising from that educational program. 11876

(P) The board shall not refuse to issue a license to an 11877
applicant because of a conviction, plea of guilty, judicial 11878
finding of guilt, judicial finding of eligibility for 11879
intervention in lieu of conviction, or the commission of an act 11880
that constitutes a criminal offense, unless the refusal is in 11881
accordance with section 9.79 of the Revised Code. 11882

(Q) A license or certificate to practice or certificate to 11883
recommend issued to an individual under this chapter and an 11884
individual's practice under this chapter in this state are 11885
automatically suspended if the individual's license or 11886

certificate to practice a health care occupation or provide 11887
health care services is suspended, revoked, or surrendered or 11888
relinquished in lieu of discipline by an agency responsible for 11889
authorizing, certifying, or regulating an individual to practice 11890
a health care occupation or provide health care services in this 11891
state or another jurisdiction. The automatic suspension begins 11892
immediately upon entry of the order by the agency and lasts for 11893
ninety days to permit the board to investigate the basis for the 11894
action under this chapter. Continued practice during the 11895
automatic suspension shall be considered practicing without a 11896
license or certificate. 11897

The board shall notify the individual subject to the 11898
automatic suspension by certified mail or in person in 11899
accordance with section 119.07 of the Revised Code. If an 11900
individual subject to an automatic suspension under this 11901
division fails to make a timely request for an adjudication 11902
under Chapter 119. of the Revised Code, the board is not 11903
required to hold a hearing, but may adopt, by an affirmative 11904
vote of not fewer than six of its members, a final order that 11905
contains the board's findings. In that final order, the board 11906
may order any of the sanctions identified under division (A) or 11907
(B) of this section. 11908

Sec. 4731.2210. (A) As used in this section: 11909

(1) "Key third party" means an individual closely involved 11910
in a patient's decision-making regarding health care services, 11911
including a patient's spouse or partner, parents, children, 11912
siblings, or guardians. An individual's status as a key third 11913
party ceases upon termination of a practitioner-patient 11914
relationship or termination of the relationship between a 11915
patient and the individual. 11916

(2) "Practitioner" means any of the following:	11917
(a) An individual authorized under this chapter to	11918
practice medicine and surgery, osteopathic medicine and surgery,	11919
podiatric medicine and surgery, or a limited branch of medicine;	11920
(b) An individual licensed under Chapter 4730. of the	11921
Revised Code to practice as a physician assistant <u>associate</u> ;	11922
(c) An individual authorized under Chapter 4759. of the	11923
Revised Code to practice as a dietitian;	11924
(d) An individual authorized under Chapter 4760. of the	11925
Revised Code to practice as an anesthesiologist assistant;	11926
(e) An individual authorized under Chapter 4761. of the	11927
Revised Code to practice respiratory care;	11928
(f) An individual authorized under Chapter 4762. of the	11929
Revised Code to practice as an acupuncturist or oriental	11930
medicine practitioner;	11931
(g) An individual authorized under Chapter 4774. of the	11932
Revised Code to practice as a radiologist assistant;	11933
(h) An individual licensed under Chapter 4778. of the	11934
Revised Code to practice as a genetic counselor.	11935
(3) "Sexual misconduct" has the same meaning as in section	11936
4731.224 of the Revised Code.	11937
(B) Except as provided in division (D) of this section,	11938
the state medical board may require a practitioner that is	11939
subject to a probationary order of the board that is made on or	11940
after the effective date of this section <u>March 21, 2025</u> , and that	11941
involves a circumstance described in division (C) of this	11942
section, to provide to each patient, or to the patient's	11943

guardian or a key third party, a written disclosure signed by 11944
the practitioner that includes all of the following: 11945

(1) The practitioner's probation status; 11946

(2) The total length of the probation; 11947

(3) The probation end date; 11948

(4) Practice restrictions placed on the practitioner by 11949
the board; 11950

(5) The board's telephone number; 11951

(6) An explanation of how the patient can find additional 11952
information regarding the probation on the practitioner's 11953
profile page on the board's internet web site. 11954

The written disclosure, if required by the board, shall be 11955
provided before the patient's first visit following the 11956
probationary order of the board. The practitioner shall obtain a 11957
copy of the disclosure signed by the patient, or the patient's 11958
guardian or a key third party, and maintain the signed copy in 11959
the patient's medical record. The signed copy shall be made 11960
available to the board immediately upon request. 11961

(C) The written disclosure described in division (B) of 11962
this section applies in both of the following circumstances: 11963

(1) Issuance by the board of a final order, final 11964
adjudicative order under Chapter 119. of the Revised Code, or a 11965
consent agreement that is ratified by an affirmative vote of not 11966
fewer than six members of the board establishing any of the 11967
following: 11968

(a) Commission of any act of sexual misconduct with a 11969
patient or key third party; 11970

(b) Drug or alcohol abuse directly resulting in patient 11971
harm, or that impairs the ability of the practitioner to 11972
practice safely; 11973

(c) Criminal conviction directly resulting in harm to 11974
patient health; 11975

(d) Inappropriate prescribing directly resulting in 11976
patient harm. 11977

(2) A statement of issues alleged that the practitioner 11978
committed any of the acts described in divisions (C) (1) (a) 11979
through (d) and, notwithstanding a lack of admission of guilt, a 11980
consent agreement ratified by an affirmative vote of not fewer 11981
than six members of the board includes express acknowledgement 11982
that the disclosure requirements of this section would serve to 11983
protect the public interest. 11984

(D) Written disclosure as described in this section is not 11985
required in the following circumstances: 11986

(1) The patient is unconscious or otherwise unable to 11987
comprehend the disclosure and sign it, and a guardian or a key 11988
third party is unavailable to comprehend and sign it; 11989

(2) The direct patient interaction occurs in an emergency 11990
department or otherwise occurs as an immediate result of a 11991
medical emergency; 11992

(3) The practitioner does not have a direct treatment 11993
relationship with the patient and does not have direct contact 11994
or direct communication with the patient. 11995

(E) The board shall provide the following information 11996
regarding practitioners on probation and those practicing under 11997
probationary status, in plain view on a practitioner's profile 11998

page on the board's internet web site: 11999

(1) Formal action documents detailing the citation, 12000
reports and recommendations, board order, and consent agreement; 12001

(2) The length of the probation and the end date; 12002

(3) Practice restrictions placed on the practitioner by 12003
the board. 12004

(F) The board shall provide a sample probation disclosure 12005
letter on its internet web site to be used by practitioners to 12006
comply with this section. 12007

Sec. 4731.25. (A) As used in this section and in sections 12008
4731.251 to 4731.255 of the Revised Code: 12009

(1) "Applicant" means an individual who has applied under 12010
Chapter 4730., 4731., 4759., 4760., 4761., 4762., 4772., 4774., 12011
or 4778. of the Revised Code for a license, training or other 12012
certificate, limited permit, or other authority to practice as 12013
any one of the following practitioners: a physician 12014
~~assistant~~associate, physician, podiatrist, limited branch of 12015
medicine practitioner, dietitian, anesthesiologist assistant, 12016
respiratory care professional, acupuncturist, certified mental 12017
health assistant, radiologist assistant, or genetic counselor. 12018
"Applicant" may include an individual who has been granted 12019
authority by the state medical board to practice as one type of 12020
practitioner, but has applied for authority to practice as 12021
another type of practitioner. 12022

(2) "Impaired" or "impairment" means either or both of the 12023
following: 12024

(a) Impairment of ability to practice as described in 12025
division (B)(5) of section 4730.25, division (B)(26) of section 12026

4731.22, division (A)(18) of section 4759.07, division (B)(6) of 12027
section 4760.13, division (A)(18) of section 4761.09, division 12028
(B)(6) of section 4762.13, division (B)(6) of section 4772.20, 12029
division (B)(6) of section 4774.13, or division (B)(6) of 12030
section 4778.14 of the Revised Code; 12031

(b) Inability to practice as described in division (B)(4) 12032
of section 4730.25, division (B)(19) of section 4731.22, 12033
division (A)(14) of section 4759.07, division (B)(5) of section 12034
4760.13, division (A)(14) of section 4761.09, division (B)(5) of 12035
section 4762.13, division (B)(5) of section 4774.13, or division 12036
(B)(5) of section 4778.14 of the Revised Code. 12037

(3) "Practitioner" means any of the following: 12038

(a) An individual authorized under this chapter to 12039
practice medicine and surgery, osteopathic medicine and surgery, 12040
podiatric medicine and surgery, or a limited branch of medicine; 12041

(b) An individual licensed under Chapter 4730. of the 12042
Revised Code to practice as a physician ~~assistant~~associate; 12043

(c) An individual authorized under Chapter 4759. of the 12044
Revised Code to practice as a dietitian; 12045

(d) An individual authorized under Chapter 4760. of the 12046
Revised Code to practice as an anesthesiologist assistant; 12047

(e) An individual authorized under Chapter 4761. of the 12048
Revised Code to practice respiratory care; 12049

(f) An individual licensed under Chapter 4762. of the 12050
Revised Code to practice as an acupuncturist; 12051

(g) An individual licensed under Chapter 4772. of the 12052
Revised Code to practice as a certified mental health assistant; 12053

(h) An individual licensed under Chapter 4774. of the 12054
Revised Code to practice as a radiologist assistant; 12055

(i) An individual licensed under Chapter 4778. of the 12056
Revised Code to practice as a genetic counselor. 12057

(B) The state medical board shall establish a 12058
confidential, nondisciplinary program for the evaluation and 12059
treatment of practitioners and applicants who are, or may be, 12060
impaired and also meet the eligibility conditions described in 12061
section 4731.252 or 4731.253 of the Revised Code. The program 12062
shall be known as the confidential monitoring program. 12063

The board shall contract with a monitoring organization to 12064
conduct the program and perform monitoring services. To be 12065
qualified to contract with the board, an organization shall meet 12066
all of the following requirements: 12067

(1) Be a professionals health program sponsored by one or 12068
more professional associations or societies of practitioners; 12069

(2) Be organized as a not-for-profit entity and exempt 12070
from federal income taxation under subsection 501(c)(3) of the 12071
Internal Revenue Code; 12072

(3) Contract with or employ a medical director who is 12073
authorized under this chapter to practice medicine and surgery 12074
or osteopathic medicine and surgery and specializes or has 12075
training and expertise in addiction medicine; 12076

(4) Contract with or employ licensed health care 12077
professionals necessary for the organization's operation. 12078

(C) The monitoring organization shall do all of the 12079
following pursuant to the contract: 12080

(1) Receive from the board a referral regarding an 12081

applicant or receive any report of suspected practitioner 12082
impairment from any source, including from the board; 12083

(2) Notify a practitioner who is the subject of a report 12084
received under division (C)(1) of this section that the report 12085
has been made and that the practitioner may be eligible to 12086
participate in the program conducted under this section; 12087

(3) Provide a practitioner who is the subject of a report 12088
received under division (C)(1) of this section with the list of 12089
approved evaluators and treatment providers prepared and updated 12090
as described in section 4731.251 of the Revised Code; 12091

(4) Determine whether a practitioner reported or applicant 12092
referred to the monitoring organization is eligible to 12093
participate in the program, which in the case of an applicant 12094
may include evaluating records as described in division (E)(1) 12095
(d) of this section, and notify the practitioner or applicant of 12096
the determination; 12097

(5) In the case of a practitioner reported by a treatment 12098
provider, notify the treatment provider of the eligibility 12099
determination; 12100

(6) Report to the board any practitioner or applicant who 12101
is determined ineligible to participate in the program; 12102

(7) Refer an eligible practitioner who chooses to 12103
participate in the program for evaluation by an evaluator 12104
approved by the monitoring organization, unless the report 12105
received by the monitoring organization was made by an approved 12106
evaluator and the practitioner has already been evaluated; 12107

(8) Monitor the evaluation of an eligible practitioner; 12108

(9) Refer an eligible practitioner who chooses to 12109

participate in the program to a treatment provider approved by 12110
the monitoring organization; 12111

(10) Establish, in consultation with the treatment 12112
provider to which a practitioner is referred, the terms and 12113
conditions with which the practitioner must comply for continued 12114
participation in and successful completion of the program; 12115

(11) Report to the board any practitioner who does not 12116
complete evaluation or treatment or does not comply with any of 12117
the terms and conditions established by the monitoring 12118
organization and the treatment provider; 12119

(12) Perform any other activities specified in the 12120
contract with the board or that the monitoring organization 12121
considers necessary to comply with this section and sections 12122
4731.251 to 4731.255 of the Revised Code. 12123

(D) The monitoring organization shall not disclose to the 12124
board the name of a practitioner or applicant or any records 12125
relating to a practitioner or applicant, unless any of the 12126
following occurs: 12127

(1) The practitioner or applicant is determined to be 12128
ineligible to participate in the program. 12129

(2) The practitioner or applicant requests the disclosure. 12130

(3) The practitioner or applicant is unwilling or unable 12131
to complete or comply with any part of the program, including 12132
evaluation, treatment, or monitoring. 12133

(4) The practitioner or applicant presents an imminent 12134
danger to oneself or the public, as a result of the 12135
practitioner's or applicant's impairment. 12136

(5) The practitioner's impairment has not been 12137

substantially alleviated by participation in the program. 12138

(E) (1) The monitoring organization shall develop 12139
procedures governing each of the following: 12140

(a) Receiving reports of practitioner impairment; 12141

(b) Notifying practitioners of reports and eligibility 12142
determinations; 12143

(c) Receiving applicant referrals as described in section 12144
4731.253 of the Revised Code; 12145

(d) Evaluating records of referred applicants, in 12146
particular records from other jurisdictions regarding prior 12147
treatment for impairment or current or continued monitoring; 12148

(e) Notifying applicants of eligibility determinations; 12149

(f) Referring eligible practitioners for evaluation or 12150
treatment; 12151

(g) Establishing individualized treatment plans for 12152
eligible practitioners, as recommended by treatment providers; 12153

(h) Establishing individualized terms and conditions with 12154
which eligible practitioners or applicants must comply for 12155
continued participation in and successful completion of the 12156
program. 12157

(2) The monitoring organization, in consultation with the 12158
board, shall develop procedures governing each of the following: 12159

(a) Providing reports to the board on a periodic basis on 12160
the total number of practitioners or applicants participating in 12161
the program, without disclosing the names or records of any 12162
program participants other than those about whom reports are 12163
required by this section; 12164

(b) Reporting to the board any practitioner or applicant 12165
who due to impairment presents an imminent danger to oneself or 12166
the public; 12167

(c) Reporting to the board any practitioner or applicant 12168
who is unwilling or unable to complete or comply with any part 12169
of the program, including evaluation, treatment, or monitoring; 12170

(d) Reporting to the board any practitioner or applicant 12171
whose impairment was not substantially alleviated by 12172
participation in the program. 12173

Sec. 4731.297. (A) As used in this section: 12174

(1) "Academic medical center" means a medical school and 12175
its affiliated teaching hospitals and clinics partnering to do 12176
all of the following: 12177

(a) Provide the highest quality of patient care from 12178
expert physicians; 12179

(b) Conduct groundbreaking research leading to medical 12180
advancements for current and future patients; 12181

(c) Provide medical education and graduate medical 12182
education to educate and train physicians. 12183

(2) "Affiliated physician group practice" means a medical 12184
practice that consists of one or more physicians authorized 12185
under this chapter to practice medicine and surgery or 12186
osteopathic medicine and surgery and that is affiliated with an 12187
academic medical center to further the objectives described in 12188
divisions (A) (1) (a) to (c) of this section. 12189

(B) The state medical board shall issue, without 12190
examination, to an applicant who meets the requirements of this 12191
section a certificate of conceded eminence authorizing the 12192

practice of medicine and surgery or osteopathic medicine and 12193
surgery as part of the applicant's employment with an academic 12194
medical center in this state or affiliated physician group 12195
practice in this state. 12196

(C) To be eligible for a certificate of conceded eminence, 12197
an applicant shall provide to the board all of the following: 12198

(1) Evidence satisfactory to the board of all of the 12199
following: 12200

(a) That the applicant is an international medical 12201
graduate who holds a medical degree from an educational 12202
institution listed in the international medical education 12203
directory; 12204

(b) That the applicant has been appointed to serve in this 12205
state as a full-time faculty member of a medical school 12206
accredited by the liaison committee on medical education or an 12207
osteopathic medical school accredited by the American 12208
osteopathic association; 12209

(c) That the applicant has accepted an offer of employment 12210
with an academic medical center in this state or affiliated 12211
physician group practice in this state; 12212

(d) That the applicant holds a license in good standing in 12213
another state or country authorizing the practice of medicine 12214
and surgery or osteopathic medicine and surgery; 12215

(e) That the applicant has unique talents and 12216
extraordinary abilities not generally found within the 12217
applicant's specialty, as demonstrated by satisfying at least 12218
four of the following: 12219

(i) The applicant has achieved educational qualifications 12220

beyond those that are required for entry into the applicant's 12221
specialty, including advanced degrees, special certifications, 12222
or other academic credentials. 12223

(ii) The applicant has written multiple articles in 12224
journals listed in the index medicus or an equivalent scholarly 12225
publication acceptable to the board. 12226

(iii) The applicant has a sustained record of excellence 12227
in original research, at least some of which involves serving as 12228
the principal investigator or co-principal investigator for a 12229
research project. 12230

(iv) The applicant has received nationally or 12231
internationally recognized prizes or awards for excellence. 12232

(v) The applicant has participated in peer review in a 12233
field of specialization that is the same as or similar to the 12234
applicant's specialty. 12235

(vi) The applicant has developed new procedures or 12236
treatments for complex medical problems that are recognized by 12237
peers as a significant advancement in the applicable field of 12238
medicine. 12239

(vii) The applicant has held previous academic 12240
appointments with or been employed by a health care organization 12241
that has a distinguished national or international reputation. 12242

(viii) The applicant has been the recipient of a national 12243
institutes of health or other competitive grant award. 12244

(f) That the applicant has received staff membership or 12245
professional privileges from the academic medical center 12246
pursuant to standards adopted under section 3701.351 of the 12247
Revised Code on a basis that requires the applicant's medical 12248

education and graduate medical education to be at least 12249
equivalent to that of a physician educated and trained in the 12250
United States; 12251

(g) That the applicant has sufficient written and oral 12252
English skills to communicate effectively and reliably with 12253
patients, their families, and other medical professionals; 12254

(h) That the applicant will have professional liability 12255
insurance through the applicant's employment with the academic 12256
medical center or affiliated physician group practice. 12257

(2) An attestation that the applicant agrees to practice 12258
only within the clinical setting of the academic medical center 12259
or for the affiliated physician group practice; 12260

(3) Three letters of reference from distinguished experts 12261
in the applicant's specialty attesting to the unique 12262
capabilities of the applicant, at least one of which must be 12263
from outside the academic medical center or affiliated physician 12264
group practice; 12265

(4) An affidavit from the dean of the medical school where 12266
the applicant has been appointed to serve as a faculty member 12267
stating that the applicant meets all of the requirements of 12268
division (C)(1) of this section and that the letters of 12269
reference submitted under division (C)(3) of this section are 12270
from distinguished experts in the applicant's specialty, and 12271
documentation to support the affidavit; 12272

(5) A fee of one thousand dollars for the certificate. 12273

(D)(1) The holder of a certificate of conceded eminence 12274
may practice medicine and surgery or osteopathic medicine and 12275
surgery only within the clinical setting of the academic medical 12276
center with which the certificate holder is employed or for the 12277

affiliated physician group practice with which the certificate 12278
holder is employed. 12279

(2) A certificate holder may supervise medical students, 12280
physicians participating in graduate medical education, advanced 12281
practice nurses, and physician ~~assistants~~associates when 12282
performing clinical services in the certificate holder's area of 12283
specialty. 12284

(E) The board may revoke a certificate issued under this 12285
section on receiving proof satisfactory to the board that the 12286
certificate holder has engaged in practice in this state outside 12287
the scope of the certificate or that there are grounds for 12288
action against the certificate holder under section 4731.22 of 12289
the Revised Code. 12290

(F) A certificate of conceded eminence is valid for the 12291
shorter of two years or the duration of the certificate holder's 12292
employment with the academic medical center or affiliated 12293
physician group practice. The certificate ceases to be valid if 12294
the holder resigns or is otherwise terminated from the academic 12295
medical center or affiliated physician group practice. 12296

(G) A certificate of conceded eminence may be renewed for 12297
an additional two-year period. There is no limit on the number 12298
of times a certificate may be renewed. A person seeking renewal 12299
of a certificate shall apply to the board and is eligible for 12300
renewal if the applicant does all of the following: 12301

(1) Pays the renewal fee of one thousand dollars; 12302

(2) Provides to the board an affidavit and supporting 12303
documentation from the academic medical center or affiliated 12304
physician group practice of all of the following: 12305

(a) That the applicant's initial appointment to the 12306

medical faculty is still valid or has been renewed; 12307

(b) That the applicant's clinical practice is consistent 12308
with the established standards in the field; 12309

(c) That the applicant has demonstrated continued 12310
scholarly achievement; 12311

(d) That the applicant has demonstrated continued 12312
professional achievement consistent with the academic medical 12313
center's requirements, established pursuant to standards adopted 12314
under section 3701.351 of the Revised Code, for physicians with 12315
staff membership or professional privileges with the academic 12316
medical center. 12317

(3) Satisfies the same continuing medical education 12318
requirements set forth in section 4731.282 of the Revised Code 12319
that apply to a person who holds a certificate to practice 12320
medicine and surgery or osteopathic medicine and surgery issued 12321
under this chapter. 12322

(4) Complies with any other requirements established by 12323
the board. 12324

(H) The board shall not require a person to obtain a 12325
certificate under Chapter 4796. of the Revised Code to practice 12326
medicine and surgery or osteopathic medicine and surgery if the 12327
person holds a certificate of conceded eminence issued under 12328
this section. 12329

(I) The board may adopt any rules it considers necessary 12330
to implement this section. The rules shall be adopted in 12331
accordance with Chapter 119. of the Revised Code. 12332

Sec. 4731.33. (A) As used in this section: 12333

(1) "Light-based medical device" means any device that can 12334

be made to produce or amplify electromagnetic radiation at 12335
wavelengths equal to or greater than one hundred eighty nm but 12336
less than or equal to 1.0×10^6 nm and that is manufactured, 12337
designed, intended, or promoted for irradiation of any part of 12338
the human body for the purpose of affecting the structure or 12339
function of the body. 12340

(2) "Physician" means a person authorized to practice 12341
medicine and surgery, osteopathic medicine and surgery, or 12342
podiatric medicine and surgery under this chapter. 12343

(3) "On-site supervision" means the supervising physician 12344
is physically in the same location as the delegate during the 12345
use of a light-based medical device, but does not require the 12346
physician to be in the same room. "On-site supervision" includes 12347
the supervising physician's presence in the same office suite as 12348
the delegate during the use of the device. 12349

(4) "Off-site supervision" means the supervising physician 12350
is continuously available for direct communication with the 12351
cosmetic therapist during the use of a light-based medical 12352
device. 12353

(5) "Direct physical oversight" means the supervising 12354
physician is in the same room directly observing the delegate's 12355
use of the light-based medical device. 12356

(B) A physician may delegate the application of light- 12357
based medical devices for the purpose of hair removal only if 12358
all of the following conditions are met: 12359

(1) The light-based medical device has been specifically 12360
cleared or approved by the United States food and drug 12361
administration for the removal of hair from the human body. 12362

(2) The use of the light-based medical device for the 12363

purpose of hair removal is within the physician's normal course of practice and expertise. 12364
12365

(3) The physician has seen and evaluated the patient to determine whether the proposed application of the specific light-based medical device is appropriate. 12366
12367
12368

(4) The physician has seen and evaluated the patient following the initial application of the specific light-based medical device, but before any continuation of treatment, to determine that the patient responded well to that initial application of the specific light-based medical device. 12369
12370
12371
12372
12373

(5) The person to whom the delegation is made is one of the following: 12374
12375

(a) A physician ~~assistant~~associate licensed under Chapter 4730. of the Revised Code with whom the physician has an effective supervision agreement; 12376
12377
12378

(b) A person who was licensed as a cosmetic therapist under Chapter 4731. of the Revised Code on April 11, 2021; 12379
12380

(c) A person who has completed a cosmetic therapy course of instruction for a minimum of seven hundred fifty clock hours and received a passing score on the certified laser hair removal professional examination administered by the society for clinical and medical hair removal; 12381
12382
12383
12384
12385

(d) A registered nurse or licensed practical nurse licensed under Chapter 4723. of the Revised Code. 12386
12387

(C) For delegation to a physician ~~assistant~~associate, the delegation must meet the requirements of section 4730.21 of the Revised Code. 12388
12389
12390

(D) (1) For delegation to a person described under division 12391

(B) (5) (b) or (c) of this section, the physician shall ensure 12392
that the person to whom the delegation is made has received 12393
adequate education and training to provide the level of skill 12394
and care necessary, including all of the following: 12395

(a) The person has completed eight hours of basic 12396
education that includes the following topics: 12397

(i) Light-based procedure physics; 12398

(ii) Tissue interaction in light-based procedures; 12399

(iii) Light-based procedure safety, including use of 12400
proper safety equipment; 12401

(iv) Clinical application of light-based procedures; 12402

(v) Preoperative and postoperative care of light-based 12403
procedure patients; 12404

(vi) Reporting of adverse events. 12405

(b) The person has observed fifteen procedures for each 12406
specific type of light-based medical device procedure for hair 12407
removal that the person will perform under the delegation. 12408

(c) The person shall perform at least twenty procedures 12409
under the direct physical oversight of the physician on each 12410
specific type of light-based medical device procedure for hair 12411
removal delegated. 12412

(2) For purposes of division (D) (1) (b) of this section, 12413
the procedures observed shall be performed by a physician who 12414
uses the specific light-based medical device procedure for hair 12415
removal in the physician's normal course of practice and 12416
expertise. 12417

(3) For purposes of division (D) (1) (c) of this section, 12418

the physician overseeing the performance of these procedures 12419
shall use this specific light-based medical device procedure for 12420
hair removal within the physician's normal course of practice 12421
and expertise. 12422

(4) Each delegating physician and delegate shall document 12423
and retain satisfactory completion of training required under 12424
division (D) of this section. The education requirement in 12425
division (D) (1) (a) of this section shall be completed only once 12426
by the delegate regardless of the number of types of specific 12427
light-based medical device procedures for hair removal delegated 12428
and the number of delegating physicians. The training 12429
requirements of divisions (D) (1) (b) and (c) of this section 12430
shall be completed by the delegate once for each specific type 12431
of light-based medical device procedure for hair removal 12432
delegated regardless of the number of delegating physicians. 12433

(E) The following delegates are exempt from the education 12434
and training requirements of division (D) (1) of this section: 12435

(1) A person who, before ~~the effective date of this~~ 12436
~~section~~ September 30, 2021, has been applying a light-based 12437
medical device for hair removal for at least two years through a 12438
lawful delegation by a physician; 12439

(2) A person described under division (B) (5) (b) of this 12440
section if the person was authorized to use a light-based 12441
medical device under the cosmetic therapist license; 12442

(3) A person described in division (B) (5) (a) or (d) of 12443
this section. 12444

(F) For delegation to a person under division (B) (5) (b), 12445
(c), or (d) of this section, the physician shall provide on-site 12446
supervision at all times that the person to whom the delegation 12447

is made is applying the light-based medical device. 12448

A physician shall not supervise more than two delegates 12449
under division (B) (5) (b), (c), or (d) of this section at the 12450
same time. 12451

(G) (1) Notwithstanding division (F) of this section, a 12452
physician may provide off-site supervision when the light-based 12453
medical device is applied for the purpose of hair removal to an 12454
established patient if the person to whom the delegation is made 12455
is a cosmetic therapist who meets all of the following criteria: 12456

(a) The cosmetic therapist has successfully completed a 12457
course in the use of light-based medical devices for the purpose 12458
of hair removal that has been approved by the delegating 12459
physician; 12460

(b) The course consisted of at least fifty hours of 12461
training, at least thirty hours of which was clinical 12462
experience; 12463

(c) The cosmetic therapist has worked under the on-site 12464
supervision of the delegating physician for a sufficient period 12465
of time that the physician is satisfied that the cosmetic 12466
therapist is capable of competently performing the service with 12467
off-site supervision. 12468

(2) The cosmetic therapist shall maintain documentation of 12469
the successful completion of the required training. 12470

(H) A delegate under this section shall immediately report 12471
to the supervising physician any clinically significant side 12472
effect following the application of the light-based medical 12473
device or any failure of the treatment to progress as was 12474
expected at the time the delegation was made. The physician 12475
shall see and personally evaluate the patient who has 12476

experienced the clinically significant side effect or whose 12477
treatment is not progressing as expected as soon as practicable. 12478

(I) No physician shall fail to comply with division (A), 12479
(B), (G), or (H) of this section. A violation of this division 12480
constitutes a departure from, or the failure to conform to, 12481
minimal standards of care of similar practitioners under the 12482
same or similar circumstances, whether or not actual injury to a 12483
patient is established, under division (B) (6) of section 4731.22 12484
of the Revised Code. 12485

(J) No physician shall delegate the application of light- 12486
based medical devices for the purpose of hair removal to a 12487
person who is not listed in division (B) (5) of this section. A 12488
violation of this division constitutes violating or attempting 12489
to violate, directly or indirectly, or assisting in or abetting 12490
the violation of, or conspiring to violate section 4731.41 of 12491
the Revised Code for purposes of division (B) (20) of section 12492
4731.22 of the Revised Code. 12493

(K) No cosmetic therapist to whom a delegation is made 12494
under division (B) (5) (b) or (c) of this section shall fail to 12495
comply with division (G) or (H) of this section. A violation of 12496
this division constitutes the unauthorized practice of medicine 12497
pursuant to section 4731.41 of the Revised Code. 12498

(L) No physician ~~assistant~~associate shall fail to comply 12499
with division (H) of this section. A violation of this division 12500
constitutes a departure from, or failure to conform to, minimal 12501
standards of care of similar physician ~~assistants~~associates 12502
under the same or similar circumstances, regardless of whether 12503
actual injury to patient is established, for purposes of 12504
division (B) (19) of section 4730.25 of the Revised Code. 12505

Sec. 4731.37. (A) As used in this section: 12506

(1) "Physician" means an individual authorized under this 12507
chapter to practice medicine and surgery or osteopathic medicine 12508
and surgery. 12509

(2) "Sonographer" means an individual who uses ultrasonic 12510
imaging devices to produce diagnostic images, scans, or videos 12511
or three-dimensional volumes of anatomical and diagnostic data. 12512

(B) A physician may delegate to a sonographer the 12513
authority to administer intravenously an ultrasound enhancing 12514
agent if all of the following conditions are met: 12515

(1) The physician's normal course of practice and 12516
expertise includes the intravenous administration of ultrasound 12517
enhancing agents. 12518

(2) The facility where the physician practices has 12519
developed, in accordance with clinical standards and industry 12520
guidelines, standards for administering ultrasound enhancing 12521
agents intravenously and has included the facility's standards 12522
in a written practice protocol. 12523

(3) The sonographer, as determined by the facility where 12524
the physician practices, satisfies all of the following: 12525

(a) Has successfully completed an education and training 12526
program in sonography; 12527

(b) Is certified or registered as a sonographer by another 12528
jurisdiction or a nationally recognized accrediting 12529
organization; 12530

(c) Has successfully completed training in the intravenous 12531
administration of ultrasound enhancing agents that was provided 12532
in any of the following ways: 12533

(i) As part of an education and training program in sonography; 12534
12535

(ii) As part of training provided to the sonographer by the physician who delegates to the sonographer the authority to administer intravenously an ultrasound enhancing agent; 12536
12537
12538

(iii) As part of a training program developed and offered by the facility in which the physician practices. 12539
12540

(C) A sonographer may administer intravenously an ultrasound enhancing agent if all of the following conditions are met: 12541
12542
12543

(1) In accordance with division (B) of this section, a physician delegates to the sonographer the authority to administer the agent. 12544
12545
12546

(2) The sonographer administers the agent in accordance with the written practice protocol described in division (B) of this section. 12547
12548
12549

(3) The delegating physician is physically present at the facility where the sonographer administers the agent. 12550
12551

Division (C) (3) of this section does not require the delegating physician to be in the same room as the sonographer when the sonographer administers the agent. 12552
12553
12554

(D) This section does not prohibit any of the following from administering intravenously an ultrasound enhancing agent: 12555
12556

(1) An individual who is otherwise authorized by the Revised Code to administer intravenously an ultrasound enhancing agent, including a physician ~~assistant~~associate licensed under Chapter 4730. of the Revised Code or a registered nurse or licensed practical nurse licensed under Chapter 4723. of the 12557
12558
12559
12560
12561

Revised Code; 12562

(2) An individual who meets all of the following 12563
conditions: 12564

(a) Has successfully completed an education and training 12565
program in sonography; 12566

(b) Has applied for certification or registration as a 12567
sonographer with another jurisdiction or a nationally recognized 12568
accrediting organization; 12569

(c) Is awaiting that certification's or registration's 12570
issuance; 12571

(d) Administers intravenously an ultrasound enhancing 12572
agent under the general supervision of a physician and the 12573
direct supervision of either a sonographer described in 12574
divisions (B) and (C) of this section or an individual otherwise 12575
authorized to administer intravenously ultrasound enhancing 12576
agents. 12577

(3) An individual who is enrolled in an education and 12578
training program in sonography and, as part of the program, 12579
administers intravenously ultrasound enhancing agents. 12580

(E) For purposes of this section, the authority to 12581
administer an ultrasound enhancing agent intravenously also 12582
includes the authority to insert, maintain, and remove any 12583
mechanism necessary for the agent's administration. 12584

Sec. 4743.09. (A) As used in this section: 12585

(1) "Durable medical equipment" means a type of equipment, 12586
such as a remote monitoring device utilized by a physician, 12587
physician ~~assistant~~associate, or advanced practice registered 12588
nurse in accordance with this section, that can withstand 12589

repeated use, is primarily and customarily used to serve a 12590
medical purpose, and generally is not useful to a person in the 12591
absence of illness or injury and, in addition, includes repair 12592
and replacement parts for the equipment. 12593

(2) "Facility fee" means any fee charged or billed for 12594
telehealth services provided in a facility that is intended to 12595
compensate the facility for its operational expenses and is 12596
separate and distinct from a professional fee. 12597

(3) "Health care professional" means: 12598

(a) An advanced practice registered nurse, as defined in 12599
section 4723.01 of the Revised Code; 12600

(b) An optometrist licensed under Chapter 4725. of the 12601
Revised Code to practice optometry; 12602

(c) A pharmacist licensed under Chapter 4729. of the 12603
Revised Code; 12604

(d) A physician ~~assistant~~associate licensed under Chapter 12605
4730. of the Revised Code; 12606

(e) A physician licensed under Chapter 4731. of the 12607
Revised Code to practice medicine and surgery, osteopathic 12608
medicine and surgery, or podiatric medicine and surgery; 12609

(f) A psychologist, independent school psychologist, or 12610
school psychologist licensed under Chapter 4732. of the Revised 12611
Code; 12612

(g) A chiropractor licensed under Chapter 4734. of the 12613
Revised Code; 12614

(h) An audiologist or speech-language pathologist licensed 12615
under Chapter 4753. of the Revised Code; 12616

(i) An occupational therapist or physical therapist licensed under Chapter 4755. of the Revised Code;	12617 12618
(j) An occupational therapy assistant or physical therapist assistant licensed under Chapter 4755. of the Revised Code;	12619 12620 12621
(k) A professional clinical counselor, independent social worker, independent marriage and family therapist, art therapist, or music therapist licensed under Chapter 4757. of the Revised Code;	12622 12623 12624 12625
(l) An independent chemical dependency counselor licensed under Chapter 4758. of the Revised Code;	12626 12627
(m) A dietitian licensed under Chapter 4759. of the Revised Code;	12628 12629
(n) A respiratory care professional licensed under Chapter 4761. of the Revised Code;	12630 12631
(o) A genetic counselor licensed under Chapter 4778. of the Revised Code;	12632 12633
(p) A certified Ohio behavior analyst certified under Chapter 4783. of the Revised Code;	12634 12635
(q) A certified mental health assistant licensed under Chapter 4772. of the Revised Code.	12636 12637
(4) "Health care professional licensing board" means any of the following:	12638 12639
(a) The board of nursing;	12640
(b) The state vision professionals board;	12641
(c) The state board of pharmacy;	12642

(d) The state medical board;	12643
(e) The state board of psychology;	12644
(f) The state chiropractic board;	12645
(g) The state speech and hearing professionals board;	12646
(h) The Ohio occupational therapy, physical therapy, and athletic trainers board;	12647 12648
(i) The counselor, social worker, and marriage and family therapist board;	12649 12650
(j) The chemical dependency professionals board.	12651
(5) "Health plan issuer" has the same meaning as in section 3922.01 of the Revised Code.	12652 12653
(6) "Telehealth services" means health care services provided through the use of information and communication technology by a health care professional, within the professional's scope of practice, who is located at a site other than the site where either of the following is located:	12654 12655 12656 12657 12658
(a) The patient receiving the services;	12659
(b) Another health care professional with whom the provider of the services is consulting regarding the patient.	12660 12661
(B) (1) Each health care professional licensing board shall permit a health care professional under its jurisdiction to provide the professional's services as telehealth services in accordance with this section. Subject to division (B) (2) of this section, a board may adopt any rules it considers necessary to implement this section. All rules adopted under this section shall be adopted in accordance with Chapter 119. of the Revised Code. Any such rules adopted by a board are not subject to the	12662 12663 12664 12665 12666 12667 12668 12669

requirements of division (F) of section 121.95 of the Revised Code. 12670
12671

(2) (a) Except as provided in division (B) (2) (b) of this 12672
section, the rules adopted by a health care professional 12673
licensing board under this section shall establish a standard of 12674
care for telehealth services that is equal to the standard of 12675
care for in-person services. 12676

(b) Subject to division (B) (2) (c) of this section, a board 12677
may require an initial in-person visit prior to prescribing a 12678
schedule II controlled substance to a new patient, equivalent to 12679
applicable state and federal requirements. 12680

(c) (i) A board shall not require an initial in-person 12681
visit for a new patient whose medical record indicates that the 12682
patient is receiving hospice or palliative care, who is 12683
receiving medication-assisted treatment or any other medication 12684
for opioid-use disorder, who is a patient with a mental health 12685
condition, or who, as determined by the clinical judgment of a 12686
health care professional, is in an emergency situation. 12687

(ii) Notwithstanding division (B) of section 3796.01 of 12688
the Revised Code, medical marijuana shall not be considered a 12689
schedule II controlled substance. 12690

(C) With respect to the provision of telehealth services, 12691
all of the following apply: 12692

(1) A health care professional may use synchronous or 12693
asynchronous technology to provide telehealth services to a 12694
patient during an initial visit if the appropriate standard of 12695
care for an initial visit is satisfied. 12696

(2) A health care professional may deny a patient 12697
telehealth services and, instead, require the patient to undergo 12698

an in-person visit. 12699

(3) When providing telehealth services in accordance with 12700
this section, a health care professional shall comply with all 12701
requirements under state and federal law regarding the 12702
protection of patient information. A health care professional 12703
shall ensure that any username or password information and any 12704
electronic communications between the professional and a patient 12705
are securely transmitted and stored. 12706

(4) A health care professional may use synchronous or 12707
asynchronous technology to provide telehealth services to a 12708
patient during an annual visit if the appropriate standard of 12709
care for an annual visit is satisfied. 12710

(5) In the case of a health care professional who is a 12711
physician, physician ~~assistant~~associate, or advanced practice 12712
registered nurse, both of the following apply: 12713

(a) The professional may provide telehealth services to a 12714
patient located outside of this state if permitted by the laws 12715
of the state in which the patient is located. 12716

(b) The professional may provide telehealth services 12717
through the use of medical devices that enable remote 12718
monitoring, including such activities as monitoring a patient's 12719
blood pressure, heart rate, or glucose level. 12720

(D) When a patient has consented to receiving telehealth 12721
services, the health care professional who provides those 12722
services is not liable in damages under any claim made on the 12723
basis that the services do not meet the same standard of care 12724
that would apply if the services were provided in-person. 12725

(E) (1) A health care professional providing telehealth 12726
services shall not charge a patient or a health plan issuer 12727

covering telehealth services under section 3902.30 of the 12728
Revised Code any of the following: a facility fee, an 12729
origination fee, or any fee associated with the cost of the 12730
equipment used at the provider site to provide telehealth 12731
services. 12732

A health care professional providing telehealth services 12733
may charge a health plan issuer for durable medical equipment 12734
used at a patient or client site. 12735

(2) A health care professional may negotiate with a health 12736
plan issuer to establish a reimbursement rate for fees 12737
associated with the administrative costs incurred in providing 12738
telehealth services as long as a patient is not responsible for 12739
any portion of the fee. 12740

(3) A health care professional providing telehealth 12741
services shall obtain a patient's consent before billing for the 12742
cost of providing the services, but the requirement to do so 12743
applies only once. 12744

(F) Nothing in this section limits or otherwise affects 12745
any other provision of the Revised Code that requires a health 12746
care professional who is not a physician to practice under the 12747
supervision of, in collaboration with, in consultation with, or 12748
pursuant to the referral of another health care professional. 12749

(G) It is the intent of the general assembly, through the 12750
amendments to this section, to expand access to and investment 12751
in telehealth services in this state in congruence with the 12752
expansion and investment in telehealth services made during the 12753
COVID-19 pandemic. 12754

Sec. 4755.48. (A) No person shall employ fraud or 12755
deception in applying for or securing a license to practice 12756

physical therapy or to be a physical therapist assistant. 12757

(B) No person shall practice or in any way imply or claim 12758
to the public by words, actions, or the use of letters as 12759
described in division (C) of this section to be able to practice 12760
physical therapy or to provide physical therapy services, 12761
including practice as a physical therapist assistant, unless the 12762
person holds a valid license under sections 4755.40 to 4755.56 12763
of the Revised Code or except for submission of claims as 12764
provided in section 4755.56 of the Revised Code. 12765

(C) No person shall use the words or letters, physical 12766
therapist, physical therapy, physical therapy services, 12767
physiotherapist, physiotherapy, physiotherapy services, licensed 12768
physical therapist, P.T., Ph.T., P.T.T., R.P.T., L.P.T., M.P.T., 12769
D.P.T., M.S.P.T., P.T.A., physical therapy assistant, physical 12770
therapist assistant, physical therapy technician, licensed 12771
physical therapist assistant, L.P.T.A., R.P.T.A., or any other 12772
letters, words, abbreviations, or insignia, indicating or 12773
implying that the person is a physical therapist or physical 12774
therapist assistant without a valid license under sections 12775
4755.40 to 4755.56 of the Revised Code. 12776

(D) No person who practices physical therapy or assists in 12777
the provision of physical therapy treatments under the 12778
supervision of a physical therapist shall fail to display the 12779
person's current license granted under sections 4755.40 to 12780
4755.56 of the Revised Code in a conspicuous location in the 12781
place where the person spends the major part of the person's 12782
time so engaged. 12783

(E) Nothing in sections 4755.40 to 4755.56 of the Revised 12784
Code shall affect or interfere with the performance of the 12785
duties of any physical therapist or physical therapist assistant 12786

in active service in the army, navy, coast guard, marine corps, 12787
air force, public health service, or marine hospital service of 12788
the United States, while so serving. 12789

(F) Nothing in sections 4755.40 to 4755.56 of the Revised 12790
Code shall prevent or restrict the activities or services of a 12791
person pursuing a course of study leading to a degree in 12792
physical therapy in an accredited or approved educational 12793
program if the activities or services constitute a part of a 12794
supervised course of study and the person is designated by a 12795
title that clearly indicates the person's status as a student. 12796

(G) (1) Subject to division (G) (2) of this section, nothing 12797
in sections 4755.40 to 4755.56 of the Revised Code shall prevent 12798
or restrict the activities or services of any person who holds a 12799
current, unrestricted license to practice physical therapy in 12800
another state when that person, pursuant to contract or 12801
employment with an athletic team located in the state in which 12802
the person holds the license, provides physical therapy to any 12803
of the following while the team is traveling to or from or 12804
participating in a sporting event in this state: 12805

(a) A member of the athletic team; 12806

(b) A member of the athletic team's coaching, 12807
communications, equipment, or sports medicine staff; 12808

(c) A member of a band or cheerleading squad accompanying 12809
the athletic team; 12810

(d) The athletic team's mascot. 12811

(2) In providing physical therapy pursuant to division (G) 12812
(1) of this section, the person shall not do either of the 12813
following: 12814

(a) Provide physical therapy at a health care facility; 12815

(b) Provide physical therapy for more than sixty days in a 12816
calendar year. 12817

(3) The limitations described in divisions (G)(1) and (2) 12818
of this section do not apply to a person who is practicing in 12819
accordance with the compact privilege granted by this state 12820
through the "Physical Therapy Licensure Compact" entered into 12821
under section 4755.57 of the Revised Code. 12822

(4) The physical therapy section of the occupational 12823
therapy, physical therapy, and athletic trainers board shall not 12824
require a nonresident person who holds a license to practice 12825
physical therapy in another state to obtain a license in 12826
accordance with Chapter 4796. of the Revised Code to provide 12827
physical therapy services in the manner described under division 12828
(G)(1) of this section. 12829

(H)(1) Except as provided in division (H)(2) of this 12830
section and subject to division (I) of this section, no person 12831
shall practice physical therapy other than on the prescription 12832
of, or the referral of a patient by, a person who is licensed in 12833
this or another state to do at least one of the following: 12834

(a) Practice medicine and surgery, chiropractic, 12835
dentistry, osteopathic medicine and surgery, podiatric medicine 12836
and surgery; 12837

(b) Practice as a physician ~~assistant~~associate; 12838

(c) Practice nursing as an advanced practice registered 12839
nurse. 12840

(2) The prohibition in division (H)(1) of this section on 12841
practicing physical therapy other than on the prescription of, 12842

or the referral of a patient by, any of the persons described in 12843
that division does not apply if either of the following applies 12844
to the person: 12845

(a) The person holds a master's or doctorate degree from a 12846
professional physical therapy program that is accredited by a 12847
national physical therapy accreditation agency approved by the 12848
physical therapy section of the Ohio occupational therapy, 12849
physical therapy, and athletic trainers board. 12850

(b) On or before December 31, 2004, the person has 12851
completed at least two years of practical experience as a 12852
licensed physical therapist. 12853

(I) To be authorized to prescribe physical therapy or 12854
refer a patient to a physical therapist for physical therapy, a 12855
person described in division (H) (1) of this section must be in 12856
good standing with the relevant licensing board in this state or 12857
the state in which the person is licensed and must act only 12858
within the person's scope of practice. 12859

(J) In the prosecution of any person for violation of 12860
division (B) or (C) of this section, it is not necessary to 12861
allege or prove want of a valid license to practice physical 12862
therapy or to practice as a physical therapist assistant, but 12863
such matters shall be a matter of defense to be established by 12864
the accused. 12865

Sec. 4755.623. (A) A person licensed as an athletic 12866
trainer pursuant to this chapter shall engage in the activities 12867
described in section 4755.621 or 4755.622 of the Revised Code 12868
only if the person acts upon the referral of one or more of the 12869
following: 12870

(1) A physician; 12871

(2) A dentist licensed under Chapter 4715. of the Revised Code;	12872 12873
(3) A physical therapist licensed under this chapter;	12874
(4) A chiropractor licensed under Chapter 4734. of the Revised Code;	12875 12876
(5) Subject to division (B) of this section, an athletic trainer licensed under this chapter;	12877 12878
(6) A physician assistant <u>associate</u> licensed under Chapter 4730. of the Revised Code;	12879 12880
(7) A certified nurse practitioner licensed under Chapter 4723. of the Revised Code.	12881 12882
(B) A person licensed as an athletic trainer pursuant to this chapter may practice upon the referral of an athletic trainer described in division (A) of this section only if athletic training has already been recommended and referred by a health care provider described in division (A) of this section who is not an athletic trainer.	12883 12884 12885 12886 12887 12888
Sec. 4761.01. As used in this chapter:	12889
(A) "Respiratory care" means rendering or offering to render to individuals, groups, organizations, or the public any service involving the evaluation of cardiopulmonary function, the treatment of cardiopulmonary impairment, the assessment of treatment effectiveness, and the care of patients with deficiencies and abnormalities associated with the cardiopulmonary system. The practice of respiratory care includes:	12890 12891 12892 12893 12894 12895 12896 12897
(1) Obtaining, analyzing, testing, measuring, and monitoring blood and gas samples in the determination of	12898 12899

cardiopulmonary parameters and related physiologic data, 12900
including flows, pressures, and volumes, and the use of 12901
equipment employed for this purpose; 12902

(2) Administering, monitoring, recording the results of, 12903
and instructing in the use of medical gases, aerosols, and 12904
bronchopulmonary hygiene techniques, including drainage, 12905
aspiration, and sampling, and applying, maintaining, and 12906
instructing in the use of artificial airways, ventilators, and 12907
other life support equipment employed in the treatment of 12908
cardiopulmonary impairment and provided in collaboration with 12909
other licensed health care professionals responsible for 12910
providing care; 12911

(3) Performing cardiopulmonary resuscitation and 12912
respiratory rehabilitation techniques; 12913

(4) Administering medications for the testing or treatment 12914
of cardiopulmonary impairment. 12915

(B) "Respiratory care professional" means a person who is 12916
licensed under this chapter to practice the full range of 12917
services described in division (A) of this section. 12918

(C) "Physician" means an individual authorized under 12919
Chapter 4731. of the Revised Code to practice medicine and 12920
surgery or osteopathic medicine and surgery. 12921

(D) "Registered nurse" means an individual licensed under 12922
Chapter 4723. of the Revised Code to engage in the practice of 12923
nursing as a registered nurse. 12924

(E) "Hospital" has the same meaning as in section 3722.01 12925
of the Revised Code. 12926

(F) "Nursing facility" has the same meaning as in section 12927

5165.01 of the Revised Code. 12928

(G) "Advanced practice registered nurse" has the same 12929
meaning as in section 4723.01 of the Revised Code. 12930

(H) "Physician ~~assistant~~associate" means an individual who 12931
holds a valid license to practice as a physician ~~assistant~~ 12932
associate issued under Chapter 4730. of the Revised Code. 12933

Sec. 4761.11. (A) Nothing in this chapter shall be 12934
construed to prevent or restrict the practice, services, or 12935
activities of any person who: 12936

(1) Is a health care professional licensed by this state 12937
providing respiratory care services included in the scope of 12938
practice established by the license held, as long as the person 12939
does not represent that the person is engaged in the practice of 12940
respiratory care; 12941

(2) Is employed as a respiratory care professional by an 12942
agency of the United States government and provides respiratory 12943
care solely under the direction or control of the employing 12944
agency; 12945

(3) Is a student enrolled in a respiratory care education 12946
program approved by the state medical board leading to a 12947
certificate of completion in respiratory care and is performing 12948
duties that are part of a supervised course of study; 12949

(4) Is employed in the office of a physician and renders 12950
medical assistance under the physician's direct supervision 12951
without representing that the person is engaged in the practice 12952
of respiratory care; 12953

(5) Is employed in a clinical chemistry or arterial blood 12954
gas laboratory and is supervised by a physician without 12955

representing that the person is engaged in the practice of 12956
respiratory care; 12957

(6) Is engaged in the practice of respiratory care as an 12958
employee of a person or governmental entity located in another 12959
state and provides respiratory care services for less than 12960
seventy-two hours to patients being transported into, out of, or 12961
through this state; 12962

(7) Is employed as a certified hyperbaric technologist and 12963
administers hyperbaric oxygen therapy under the direct 12964
supervision of a physician, a podiatrist acting in compliance 12965
with section 4731.511 of the Revised Code, a physician 12966
~~assistant~~associate, or an advanced practice registered nurse and 12967
without representing that the person is engaged in the practice 12968
of respiratory care. 12969

As used in division (A) (7) of this section: 12970

(a) "Certified hyperbaric technologist" means a person who 12971
is certified as a hyperbaric technologist by the national board 12972
of diving and hyperbaric medical technology or its successor 12973
organization. 12974

(b) "Hyperbaric oxygen therapy" means the administration 12975
of pure oxygen in a pressurized room or chamber, except that it 12976
does not include ventilator management. 12977

(B) Nothing in this chapter shall be construed to prevent 12978
any person from advertising, describing, or offering to provide 12979
respiratory care or billing for respiratory care when the 12980
respiratory care services are provided by a health care 12981
professional licensed by this state practicing within the scope 12982
of practice established by the license held. Nothing in this 12983
chapter shall be construed to prevent a hospital or nursing 12984

facility from advertising, describing, or offering to provide 12985
respiratory care, or billing for respiratory care rendered by a 12986
person licensed under this chapter or persons who may provide 12987
limited aspects of respiratory care or respiratory care tasks 12988
pursuant to division (B) of section 4761.10 of the Revised Code. 12989

(C) Notwithstanding division (A) of section 4761.10 of the 12990
Revised Code, in a life-threatening situation, in the absence of 12991
licensed personnel, unlicensed persons shall not be prohibited 12992
from taking life-saving measures. 12993

(D) Nothing in this chapter shall be construed as 12994
authorizing a respiratory care professional to practice medicine 12995
and surgery or osteopathic medicine and surgery. This division 12996
does not prohibit a respiratory care professional from 12997
administering topical or intradermal medications for the purpose 12998
of producing localized decreased sensation as part of a 12999
procedure or task that is within the scope of practice of a 13000
respiratory care professional. 13001

Sec. 4761.17. All of the following apply to the practice 13002
of respiratory care by a person who holds a license or limited 13003
permit issued under this chapter: 13004

(A) The person shall practice only pursuant to a 13005
prescription or other order for respiratory care issued by any 13006
of the following: 13007

(1) A physician; 13008

(2) A clinical nurse specialist, certified nurse-midwife, 13009
or certified nurse practitioner who holds a current, valid 13010
license issued under Chapter 4723. of the Revised Code to 13011
practice nursing as an advanced practice registered nurse and 13012
has entered into a standard care arrangement with a physician; 13013

(3) A certified registered nurse anesthetist who holds a 13014
current, valid license issued under Chapter 4723. of the Revised 13015
Code to practice nursing as an advanced practice registered 13016
nurse and acts in compliance with sections 4723.43, 4723.433, 13017
and 4723.434 of the Revised Code; 13018

(4) A physician ~~assistant~~associate who holds a valid 13019
prescriber number issued by the state medical board, has been 13020
granted physician-delegated prescriptive authority, and has 13021
entered into a supervision agreement that allows the physician 13022
~~assistant~~associate to prescribe or order respiratory care 13023
services. 13024

(B) The person shall practice only under the supervision 13025
of any of the following: 13026

(1) A physician; 13027

(2) A certified nurse practitioner, certified nurse- 13028
midwife, or clinical nurse specialist; 13029

(3) A physician ~~assistant~~associate who is authorized to 13030
prescribe or order respiratory care services as provided in 13031
division (A)(4) of this section. 13032

(C)(1) When practicing under the prescription or order of 13033
a certified nurse practitioner, certified nurse midwife, or 13034
clinical nurse specialist or under the supervision of such a 13035
nurse, the person's administration of medication that requires a 13036
prescription is limited to the drugs that the nurse is 13037
authorized to prescribe pursuant to section 4723.481 of the 13038
Revised Code. 13039

(2) When practicing under the order of a certified 13040
registered nurse anesthetist, the person's administration of 13041
medication is limited to the drugs that the nurse is authorized 13042

to order or direct the person to administer, as provided in 13043
sections 4723.43, 4723.433, and 4723.434 of the Revised Code. 13044

(3) When practicing under the prescription or order of a 13045
physician ~~assistant~~associate or under the supervision of a 13046
physician ~~assistant~~associate, the person's administration of 13047
medication that requires a prescription is limited to the drugs 13048
that the physician ~~assistant~~associate is authorized to 13049
prescribe pursuant to the physician ~~assistant's~~associate's 13050
physician-delegated prescriptive authority. 13051

Sec. 4765.01. As used in this chapter: 13052

(A) "First responder" means an individual who holds a 13053
current, valid certificate issued under section 4765.30 of the 13054
Revised Code to practice as a first responder. 13055

(B) "Emergency medical technician-basic" or "EMT-basic" 13056
means an individual who holds a current, valid certificate 13057
issued under section 4765.30 of the Revised Code to practice as 13058
an emergency medical technician-basic. 13059

(C) "Emergency medical technician-intermediate" or "EMT-I" 13060
means an individual who holds a current, valid certificate 13061
issued under section 4765.30 of the Revised Code to practice as 13062
an emergency medical technician-intermediate. 13063

(D) "Emergency medical technician-paramedic" or 13064
"paramedic" means an individual who holds a current, valid 13065
certificate issued under section 4765.30 of the Revised Code to 13066
practice as an emergency medical technician-paramedic. 13067

(E) "Ambulance" means any motor vehicle that is used, or 13068
is intended to be used, for the purpose of responding to 13069
emergency medical situations, transporting emergency patients, 13070
and administering emergency medical service to patients before, 13071

during, or after transportation. 13072

(F) "Cardiac monitoring" means a procedure used for the 13073
purpose of observing and documenting the rate and rhythm of a 13074
patient's heart by attaching electrical leads from an 13075
electrocardiograph monitor to certain points on the patient's 13076
body surface. 13077

(G) "Emergency medical service" means any of the services 13078
that first responders, emergency medical technicians-basic, 13079
emergency medical technicians-intermediate, and paramedics are 13080
authorized to perform pursuant to rules adopted by the state 13081
board of emergency medical, fire, and transportation services 13082
under section 4765.11 of the Revised Code. "Emergency medical 13083
service" includes such services performed before or during any 13084
transport of a patient, including transports between hospitals 13085
and transports to and from helicopters. 13086

(H) "Emergency medical service organization" means a 13087
public or private organization using first responders, EMTs- 13088
basic, EMTs-I, or paramedics, or a combination of first 13089
responders, EMTs-basic, EMTs-I, and paramedics, to provide 13090
emergency medical services. 13091

(I) "Physician" means an individual who holds a current, 13092
valid license issued under Chapter 4731. of the Revised Code 13093
authorizing the practice of medicine and surgery or osteopathic 13094
medicine and surgery. 13095

(J) "Registered nurse" means an individual who holds a 13096
current, valid license issued under Chapter 4723. of the Revised 13097
Code authorizing the practice of nursing as a registered nurse. 13098

(K) "Volunteer" means a person who provides services 13099
either for no compensation or for compensation that does not 13100

exceed the actual expenses incurred in providing the services or 13101
in training to provide the services. 13102

(L) "Emergency medical service personnel" means first 13103
responders, emergency medical technicians-basic, emergency 13104
medical technicians-intermediate, emergency medical technicians- 13105
paramedic, and persons who provide medical direction to such 13106
persons. 13107

(M) "Hospital" has the same meaning as in section 3727.01 13108
of the Revised Code. 13109

(N) "Trauma" or "traumatic injury" means severe damage to 13110
or destruction of tissue that satisfies both of the following 13111
conditions: 13112

(1) It creates a significant risk of any of the following: 13113

(a) Loss of life; 13114

(b) Loss of a limb; 13115

(c) Significant, permanent disfigurement; 13116

(d) Significant, permanent disability. 13117

(2) It is caused by any of the following: 13118

(a) Blunt or penetrating injury; 13119

(b) Exposure to electromagnetic, chemical, or radioactive 13120
energy; 13121

(c) Drowning, suffocation, or strangulation; 13122

(d) A deficit or excess of heat. 13123

(O) "Trauma victim" or "trauma patient" means a person who 13124
has sustained a traumatic injury. 13125

(P) "Trauma care" means the assessment, diagnosis, 13126
transportation, treatment, or rehabilitation of a trauma victim 13127
by emergency medical service personnel or by a physician, nurse, 13128
physician ~~assistant~~associate, respiratory therapist, physical 13129
therapist, chiropractor, occupational therapist, speech-language 13130
pathologist, audiologist, or psychologist licensed to practice 13131
as such in this state or another jurisdiction. 13132

(Q) "Trauma center" means all of the following: 13133

(1) Any hospital that is verified by the American college 13134
of surgeons as an adult or pediatric trauma center; 13135

(2) Any hospital that is operating as an adult or 13136
pediatric trauma center under provisional status pursuant to 13137
section 3727.101 of the Revised Code; 13138

(3) Until December 31, 2004, any hospital in this state 13139
that is designated by the director of health as a level II 13140
pediatric trauma center under section 3727.081 of the Revised 13141
Code; 13142

(4) Any hospital in another state that is licensed or 13143
designated under the laws of that state as capable of providing 13144
specialized trauma care appropriate to the medical needs of the 13145
trauma patient. 13146

(R) "Pediatric" means involving a patient who is less than 13147
sixteen years of age. 13148

(S) "Adult" means involving a patient who is not a 13149
pediatric patient. 13150

(T) "Geriatric" means involving a patient who is at least 13151
seventy years old or exhibits significant anatomical or 13152
physiological characteristics associated with advanced aging. 13153

(U) "Air medical organization" means an organization that 13154
provides emergency medical services, or transports emergency 13155
victims, by means of fixed or rotary wing aircraft. 13156

(V) "Emergency care" and "emergency facility" have the 13157
same meanings as in section 3727.01 of the Revised Code. 13158

(W) "Stabilize" has the same meaning as in section 1753.28 13159
of the Revised Code. 13160

(X) "Transfer" has the same meaning as in section 1753.28 13161
of the Revised Code. 13162

(Y) "Firefighter" means any member of a fire department as 13163
defined in section 742.01 of the Revised Code. 13164

(Z) "Volunteer firefighter" has the same meaning as in 13165
section 146.01 of the Revised Code. 13166

(AA) "Part-time paid firefighter" means a person who 13167
provides firefighting services on less than a full-time basis, 13168
is routinely scheduled to be present on site at a fire station 13169
or other designated location for purposes of responding to a 13170
fire or other emergency, and receives more than nominal 13171
compensation for the provision of firefighting services. 13172

(BB) "Physician ~~assistant~~associate" means an individual 13173
who holds a valid license to practice as a physician ~~assistant~~ 13174
associate issued under Chapter 4730. of the Revised Code. 13175

(CC) "Advanced practice registered nurse" has the same 13176
meaning as in section 4723.01 of the Revised Code. 13177

Sec. 4765.35. (A) A first responder may perform any of the 13178
emergency medical services specified for first responders in 13179
rules adopted under section 4765.11 of the Revised Code by the 13180
state board of emergency medical, fire, and transportation 13181

services. A first responder shall perform the emergency medical 13182
services in accordance with this chapter and any rules adopted 13183
under it by the board. 13184

(B) (1) Except as provided in division (B) (2) of this 13185
section, the emergency medical services provided by a first 13186
responder shall be performed only pursuant to one of the 13187
following: 13188

(a) The written or verbal authorization of a physician or 13189
of the cooperating physician advisory board; 13190

(b) An authorization transmitted through a direct 13191
communication device by a physician, physician ~~assistant~~ 13192
associate designated by a physician, or registered nurse 13193
designated by a physician; 13194

(c) Any applicable protocols adopted by the emergency 13195
medical service organization with which the first responder is 13196
affiliated. 13197

(2) Division (B) (1) of this section does not prohibit a 13198
first responder from complying with a do-not-resuscitate order 13199
issued by a physician ~~assistant~~ associate or advanced practice 13200
registered nurse pursuant to section 2133.211 of the Revised 13201
Code. 13202

Sec. 4765.36. In a hospital, an emergency medical 13203
technician-basic, emergency medical technician-intermediate, or 13204
emergency medical technician-paramedic may perform emergency 13205
medical services if the services are performed in accordance 13206
with both of the following conditions: 13207

(A) Only in the hospital's emergency department or while 13208
moving a patient between the emergency department and another 13209
part of the hospital; 13210

(B) Only under the direction and supervision of one of the following: 13211
13212

(1) A physician; 13213

(2) A physician ~~assistant~~ associate designated by a physician; 13214
13215

(3) A registered nurse designated by a physician. 13216

Sec. 4765.37. (A) An emergency medical technician-basic 13217
may perform any of the emergency medical services specified for 13218
EMTs-basic in rules adopted under section 4765.11 of the Revised 13219
Code by the state board of emergency medical, fire, and 13220
transportation services. An EMT-basic shall perform the 13221
emergency medical services in accordance with this chapter and 13222
any rules adopted under it by the board. 13223

(B) (1) Except as provided in division (B) (2) of this 13224
section, the emergency medical services provided by an EMT-basic 13225
shall be performed only pursuant to one of the following: 13226

(a) The written or verbal authorization of a physician or 13227
of the cooperating physician advisory board; 13228

(b) An authorization transmitted through a direct 13229
communication device by a physician, physician ~~assistant~~ 13230
associate designated by a physician, or registered nurse 13231
designated by a physician; 13232

(c) Any applicable protocols adopted by the emergency 13233
medical service organization with which the EMT-basic is 13234
affiliated. 13235

(2) Division (B) (1) of this section does not prohibit an 13236
EMT-basic from complying with a do-not-resuscitate order issued 13237
by a physician ~~assistant~~ associate or advanced practice 13238

registered nurse pursuant to section 2133.211 of the Revised Code. 13239
13240

Sec. 4765.38. (A) An emergency medical technician- 13241
intermediate may perform any of the emergency medical services 13242
specified for EMTs-I in rules adopted under section 4765.11 of 13243
the Revised Code by the state board of emergency medical, fire, 13244
and transportation services. An EMT-I shall perform emergency 13245
medical services in accordance with this chapter and any rules 13246
adopted under it by the board. 13247

(B) (1) Except as provided in division (B) (2) of this 13248
section, the emergency medical services provided by an EMT-I 13249
shall be performed only pursuant to one of the following: 13250

(a) The written or verbal authorization of a physician or 13251
of the cooperating physician advisory board; 13252

(b) An authorization transmitted through a direct 13253
communication device by a physician, physician ~~assistant~~ 13254
associate designated by a physician, or registered nurse 13255
designated by a physician; 13256

(c) Any applicable protocols adopted by the emergency 13257
medical service organization with which the EMT-I is affiliated. 13258

(2) Division (B) (1) of this section does not prohibit an 13259
EMT-I from complying with a do-not-resuscitate order issued by a 13260
physician ~~assistant~~ associate or advanced practice registered 13261
nurse pursuant to section 2133.211 of the Revised Code. 13262

(C) In addition to, and in the course of, providing 13263
emergency medical treatment, an EMT-I may withdraw blood as 13264
provided under sections 1547.11, 4506.17, and 4511.19 of the 13265
Revised Code. An EMT-I shall withdraw blood in accordance with 13266
this chapter and any rules adopted under it by the board. 13267

Sec. 4765.39. (A) An emergency medical technician- 13268
paramedic may perform any of the emergency medical services 13269
specified for paramedics in rules adopted under section 4765.11 13270
of the Revised Code by the state board of emergency medical, 13271
fire, and transportation services. A paramedic shall perform 13272
emergency medical services in accordance with this chapter and 13273
any rules adopted under it by the state board of emergency 13274
medical, fire, and transportation services. 13275

(B) (1) Except as provided in division (B) (2) of this 13276
section, the emergency medical services provided by a paramedic 13277
shall be performed only pursuant to one of the following: 13278

(a) The written or verbal authorization of a physician or 13279
of the cooperating physician advisory board; 13280

(b) An authorization transmitted through a direct 13281
communication device by a physician, physician ~~assistant~~ 13282
associate designated by a physician, or registered nurse 13283
designated by a physician; 13284

(c) Any applicable protocols adopted by the emergency 13285
medical service organization with which the paramedic is 13286
affiliated. 13287

(2) Division (B) (1) of this section does not prohibit a 13288
paramedic from complying with a do-not-resuscitate order issued 13289
by a physician ~~assistant~~ associate or advanced practice 13290
registered nurse pursuant to section 2133.211 of the Revised 13291
Code. 13292

(C) In addition to, and in the course of, providing 13293
emergency medical treatment, a paramedic may withdraw blood as 13294
provided under sections 1547.11, 4506.17, and 4511.19 of the 13295
Revised Code. A paramedic shall withdraw blood in accordance 13296

with this chapter and any rules adopted under it by the board. 13297

Sec. 4765.49. (A) A first responder, emergency medical 13298
technician-basic, emergency medical technician-intermediate, or 13299
emergency medical technician-paramedic is not liable in damages 13300
in a civil action for injury, death, or loss to person or 13301
property resulting from the individual's administration of 13302
emergency medical services, unless the services are administered 13303
in a manner that constitutes willful or wanton misconduct. A 13304
physician, physician ~~assistant~~-associate designated by a 13305
physician, or registered nurse designated by a physician, any of 13306
whom is advising or assisting in the emergency medical services 13307
by means of any communication device or telemetering system, is 13308
not liable in damages in a civil action for injury, death, or 13309
loss to person or property resulting from the individual's 13310
advisory communication or assistance, unless the advisory 13311
communication or assistance is provided in a manner that 13312
constitutes willful or wanton misconduct. Medical directors and 13313
members of cooperating physician advisory boards of emergency 13314
medical service organizations are not liable in damages in a 13315
civil action for injury, death, or loss to person or property 13316
resulting from their acts or omissions in the performance of 13317
their duties, unless the act or omission constitutes willful or 13318
wanton misconduct. 13319

(B) A political subdivision, joint ambulance district, 13320
joint emergency medical services district, or other public 13321
agency, and any officer or employee of a public agency or of a 13322
private organization operating under contract or in joint 13323
agreement with one or more political subdivisions, that provides 13324
emergency medical services, or that enters into a joint 13325
agreement or a contract with the state, any political 13326
subdivision, joint ambulance district, or joint emergency 13327

medical services district for the provision of emergency medical 13328
services, is not liable in damages in a civil action for injury, 13329
death, or loss to person or property arising out of any actions 13330
taken by a first responder, EMT-basic, EMT-I, or paramedic 13331
working under the officer's or employee's jurisdiction, or for 13332
injury, death, or loss to person or property arising out of any 13333
actions of licensed medical personnel advising or assisting the 13334
first responder, EMT-basic, EMT-I, or paramedic, unless the 13335
services are provided in a manner that constitutes willful or 13336
wanton misconduct. 13337

(C) A student who is enrolled in an emergency medical 13338
services training program accredited under section 4765.17 of 13339
the Revised Code or an emergency medical services continuing 13340
education program approved under that section is not liable in 13341
damages in a civil action for injury, death, or loss to person 13342
or property resulting from either of the following: 13343

(1) The student's administration of emergency medical 13344
services or patient care or treatment, if the services, care, or 13345
treatment is administered while the student is under the direct 13346
supervision and in the immediate presence of an EMT-basic, EMT- 13347
I, paramedic, registered nurse, physician ~~assistant~~associate, or 13348
physician and while the student is receiving clinical training 13349
that is required by the program, unless the services, care, or 13350
treatment is provided in a manner that constitutes willful or 13351
wanton misconduct; 13352

(2) The student's training as an ambulance driver, unless 13353
the driving is done in a manner that constitutes willful or 13354
wanton misconduct. 13355

(D) An EMT-basic, EMT-I, paramedic, or other operator, who 13356
holds a valid commercial driver's license issued pursuant to 13357

Chapter 4506. of the Revised Code or driver's license issued 13358
pursuant to Chapter 4507. of the Revised Code and who is 13359
employed by an emergency medical service organization that is 13360
not owned or operated by a political subdivision as defined in 13361
section 2744.01 of the Revised Code, is not liable in damages in 13362
a civil action for injury, death, or loss to person or property 13363
that is caused by the operation of an ambulance by the EMT- 13364
basic, EMT-I, paramedic, or other operator while responding to 13365
or completing a call for emergency medical services, unless the 13366
operation constitutes willful or wanton misconduct or does not 13367
comply with the precautions of section 4511.03 of the Revised 13368
Code. An emergency medical service organization is not liable in 13369
damages in a civil action for any injury, death, or loss to 13370
person or property that is caused by the operation of an 13371
ambulance by its employee or agent, if this division grants the 13372
employee or agent immunity from civil liability for the injury, 13373
death, or loss. 13374

(E) An employee or agent of an emergency medical service 13375
organization who receives requests for emergency medical 13376
services that are directed to the organization, dispatches first 13377
responders, EMTs-basic, EMTs-I, or paramedics in response to 13378
those requests, communicates those requests to those employees 13379
or agents of the organization who are authorized to dispatch 13380
first responders, EMTs-basic, EMTs-I, or paramedics, or performs 13381
any combination of these functions for the organization, is not 13382
liable in damages in a civil action for injury, death, or loss 13383
to person or property resulting from the individual's acts or 13384
omissions in the performance of those duties for the 13385
organization, unless an act or omission constitutes willful or 13386
wanton misconduct. 13387

(F) A person who is performing the functions of a first 13388

responder, EMT-basic, EMT-I, or paramedic under the authority of 13389
the laws of a state that borders this state and who provides 13390
emergency medical services to or transportation of a patient in 13391
this state is not liable in damages in a civil action for 13392
injury, death, or loss to person or property resulting from the 13393
person's administration of emergency medical services, unless 13394
the services are administered in a manner that constitutes 13395
willful or wanton misconduct. A physician, physician ~~assistant~~- 13396
associate designated by a physician, or registered nurse 13397
designated by a physician, any of whom is licensed to practice 13398
in the adjoining state and who is advising or assisting in the 13399
emergency medical services by means of any communication device 13400
or telemetering system, is not liable in damages in a civil 13401
action for injury, death, or loss to person or property 13402
resulting from the person's advisory communication or 13403
assistance, unless the advisory communication or assistance is 13404
provided in a manner that constitutes willful or wanton 13405
misconduct. 13406

(G) A person certified under section 4765.23 of the 13407
Revised Code to teach in an emergency medical services training 13408
program or emergency medical services continuing education 13409
program, and a person who teaches at the Ohio fire academy 13410
established under section 3737.33 of the Revised Code or in a 13411
fire service training program described in division (A) of 13412
section 4765.55 of the Revised Code, is not liable in damages in 13413
a civil action for injury, death, or loss to person or property 13414
resulting from the person's acts or omissions in the performance 13415
of the person's duties, unless an act or omission constitutes 13416
willful or wanton misconduct. 13417

(H) In the accreditation of emergency medical services 13418
training programs or approval of emergency medical services 13419

continuing education programs, the state board of emergency 13420
medical, fire, and transportation services and any person or 13421
entity authorized by the board to evaluate applications for 13422
accreditation or approval are not liable in damages in a civil 13423
action for injury, death, or loss to person or property 13424
resulting from their acts or omissions in the performance of 13425
their duties, unless an act or omission constitutes willful or 13426
wanton misconduct. 13427

(I) A person authorized by an emergency medical service 13428
organization to review the performance of first responders, 13429
EMTs-basic, EMTs-I, and paramedics or to administer quality 13430
assurance programs is not liable in damages in a civil action 13431
for injury, death, or loss to person or property resulting from 13432
the person's acts or omissions in the performance of the 13433
person's duties, unless an act or omission constitutes willful 13434
or wanton misconduct. 13435

Sec. 4765.51. Nothing in this chapter prevents or 13436
restricts the practice, services, or activities of any 13437
registered nurse practicing within the scope of the registered 13438
nurse's practice. 13439

Nothing in this chapter prevents or restricts the 13440
practice, services, or activities of any physician ~~assistant~~ 13441
associate practicing in accordance with a supervision agreement 13442
entered into under section 4730.19 of the Revised Code, 13443
including, if applicable, the policies of the health care 13444
facility in which the physician ~~assistant~~ associate is 13445
practicing. 13446

Nothing in this chapter prevents or restricts the 13447
practice, services, or activities of any certified mental health 13448
assistant practicing in accordance with a supervision agreement 13449

entered into under section 4772.10 of the Revised Code. 13450

Sec. 4769.01. As used in this chapter: 13451

(A) "Medicare" means the program established by Title 13452
XVIII of the "Social Security Act," 49 Stat. 620 (1935), 42 13453
U.S.C.A. 301, as amended. 13454

(B) "Balance billing" means charging or collecting from a 13455
medicare beneficiary an amount in excess of the medicare 13456
reimbursement rate for medicare-covered services or supplies 13457
provided to a medicare beneficiary, except when medicare is the 13458
secondary insurer. When medicare is the secondary insurer, the 13459
health care practitioner may pursue full reimbursement under the 13460
terms and conditions of the primary coverage and, if applicable, 13461
the charge allowed under the terms and conditions of the 13462
appropriate provider contract, from the primary insurer, but the 13463
medicare beneficiary cannot be balance billed above the medicare 13464
reimbursement rate for a medicare-covered service or supply. 13465
"Balance billing" does not include charging or collecting 13466
deductibles or coinsurance required by the program. 13467

(C) "Health care practitioner" means all of the following: 13468

(1) A dentist or dental hygienist licensed under Chapter 13469
4715. of the Revised Code; 13470

(2) A registered or licensed practical nurse licensed 13471
under Chapter 4723. of the Revised Code; 13472

(3) An optometrist licensed under Chapter 4725. of the 13473
Revised Code; 13474

(4) A dispensing optician, spectacle dispensing optician, 13475
or spectacle-contact lens dispensing optician licensed under 13476
Chapter 4725. of the Revised Code; 13477

(5) A pharmacist licensed under Chapter 4729. of the Revised Code;	13478 13479
(6) A physician authorized under Chapter 4731. of the Revised Code to practice medicine and surgery, osteopathic medicine and surgery, or podiatry;	13480 13481 13482
(7) A physician assistant <u>associate</u> authorized under Chapter 4730. of the Revised Code to practice as a physician assistant <u>associate</u> ;	13483 13484 13485
(8) A practitioner of a limited branch of medicine issued a certificate under Chapter 4731. of the Revised Code;	13486 13487
(9) A psychologist licensed under Chapter 4732. of the Revised Code;	13488 13489
(10) A chiropractor licensed under Chapter 4734. of the Revised Code;	13490 13491
(11) A hearing aid dealer or fitter licensed under Chapter 4747. of the Revised Code;	13492 13493
(12) A speech-language pathologist or audiologist licensed under Chapter 4753. of the Revised Code;	13494 13495
(13) An occupational therapist or occupational therapy assistant licensed under Chapter 4755. of the Revised Code;	13496 13497
(14) A physical therapist or physical therapy assistant licensed under Chapter 4755. of the Revised Code;	13498 13499
(15) A licensed professional clinical counselor, licensed professional counselor, social worker, or independent social worker licensed, or a social work assistant registered, under Chapter 4757. of the Revised Code;	13500 13501 13502 13503
(16) A dietitian licensed under Chapter 4759. of the	13504

Revised Code; 13505

(17) A respiratory care professional licensed under 13506
Chapter 4761. of the Revised Code; 13507

(18) An emergency medical technician-basic, emergency 13508
medical technician-intermediate, or emergency medical 13509
technician-paramedic certified under Chapter 4765. of the 13510
Revised Code; 13511

(19) A certified mental health assistant licensed under 13512
Chapter 4772. of the Revised Code. 13513

Sec. 4933.122. No natural gas, gas, or electric light 13514
company shall terminate service, except for safety reasons or 13515
upon the request of the customer, at any time to a residential 13516
consumer, except pursuant to procedures that provide for all of 13517
the following: 13518

(A) Reasonable prior notice is given to such consumer, 13519
including notice of rights and remedies, and no due date shall 13520
be established, after which a customer's account is considered 13521
to be in arrears if unpaid, that is less than fourteen days 13522
after the mailing of the billing. This limitation does not apply 13523
to charges to customers that receive service pursuant to an 13524
arrangement authorized by section 4905.31 of the Revised Code, 13525
nor to electric light companies operated not for profit or 13526
public utilities that are owned or operated by a municipal 13527
corporation. 13528

(B) A reasonable opportunity is given to dispute the 13529
reasons for such termination; 13530

(C) In circumstances in which termination of service to a 13531
consumer would be especially dangerous to health, as determined 13532
by the public utilities commission, or make the operation of 13533

necessary medical or life-supporting equipment impossible or 13534
impractical, and such consumer establishes that the consumer is 13535
unable to pay for such service in accordance with the 13536
requirements of the utility's billing except under an extended 13537
payment plan. 13538

Such procedures shall take into account the need to 13539
include reasonable provisions for consumers who are elderly and 13540
who have disabilities. 13541

The commission shall hold hearings and adopt rules to 13542
carry out this section. 13543

To the extent that any rules adopted for the purpose of 13544
division (C) of this section require a health care professional 13545
to validate the health of a consumer or the necessity of 13546
operation of a consumer's medical or life-supporting equipment, 13547
the rules shall include as a health care professional a 13548
physician ~~assistant~~associate, a clinical nurse specialist, a 13549
certified nurse practitioner, or a certified nurse-midwife. 13550

Sec. 5101.19. As used in sections 5101.19 to 5101.194 of 13551
the Revised Code: 13552

(A) "Adopted child" means a person who is less than 13553
eighteen years of age when the person becomes subject to a final 13554
order of adoption, an interlocutory order of adoption, or when 13555
the adoption is recognized by this state under section 3107.18 13556
of the Revised Code. 13557

(B) "Adoption" includes an adoption arranged by an 13558
attorney, a public children services agency, private child 13559
placing agency, or a private noncustodial agency, an interstate 13560
adoption, or an international or foreign adoption. 13561

(C) "Adoptive parent" means the person or persons who 13562

obtain parental rights and responsibilities over an adopted 13563
child pursuant to a final order of adoption, an interlocutory 13564
order of adoption, or an adoption recognized by this state under 13565
section 3107.18 of the Revised Code. 13566

(D) "Casework services" means services performed or 13567
arranged by a public children services agency, private child 13568
placing agency, private noncustodial agency, or public entity 13569
with whom the department of children and youth has a Title IV-E 13570
subgrant agreement in effect, to manage the progress, provide 13571
supervision and protection of the child and the child's parent, 13572
guardian, or custodian. 13573

(E) "Foster caregiver" has the same meaning as in section 13574
5103.02 of the Revised Code. 13575

(F) "Qualified professional" means an individual that is, 13576
but not limited to, any one of the following: 13577

- (1) Audiologist; 13578
- (2) Orthopedist; 13579
- (3) Physician; 13580
- (4) Certified nurse practitioner; 13581
- (5) Physician ~~assistant~~associate; 13582
- (6) Psychiatrist; 13583
- (7) Psychologist; 13584
- (8) School psychologist; 13585
- (9) Licensed marriage and family therapist; 13586
- (10) Speech and language pathologist; 13587
- (11) Licensed independent social worker; 13588

(12) Licensed professional clinical counselor;	13589
(13) Licensed social worker who is under the direct supervision of a licensed independent social worker;	13590 13591
(14) Licensed professional counselor who is under the direct supervision of a licensed professional clinical counselor.	13592 13593 13594
(G) "Special needs" means any of the following:	13595
(1) A developmental disability as defined in section 5123.01 of the Revised Code;	13596 13597
(2) A physical or mental impairment that substantially limits one or more of the major life activities;	13598 13599
(3) Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more body systems;	13600 13601 13602
(4) Any mental or psychological disorder;	13603
(5) A medical condition causing distress, pain, dysfunction, or social problems as diagnosed by a qualified professional that results in ongoing medical treatment.	13604 13605 13606
Sec. 5103.0327. Any physical examination required in the determination of foster home placement may be conducted by any individual authorized by the Revised Code to conduct physical examinations, including a physician assistant <u>associate</u> , a clinical nurse specialist, a certified nurse practitioner, or a certified nurse-midwife. Any written documentation of the physical examination shall be completed by the individual who conducted the examination.	13607 13608 13609 13610 13611 13612 13613 13614
Sec. 5104.0110. To the extent that any rules adopted for	13615

the purposes of this chapter require a health care professional 13616
to perform a physical examination, the rules shall include as a 13617
health care professional a physician ~~assistant~~associate, a 13618
clinical nurse specialist, a certified nurse practitioner, or a 13619
certified nurse-midwife. 13620

Sec. 5104.037. (A) As used in this section: 13621

(1) "Active tuberculosis" has the same meaning as in 13622
section 339.71 of the Revised Code. 13623

(2) "Latent tuberculosis" means tuberculosis that has been 13624
demonstrated by a positive reaction to a tuberculosis test but 13625
has no clinical, bacteriological, or radiographic evidence of 13626
active tuberculosis. 13627

(3) "Licensed health professional" means any of the 13628
following: 13629

(a) A physician authorized under Chapter 4731. of the 13630
Revised Code to practice medicine and surgery or osteopathic 13631
medicine and surgery; 13632

(b) A physician ~~assistant~~associate who holds a current, 13633
valid license to practice as a physician ~~assistant~~associate 13634
issued under Chapter 4730. of the Revised Code; 13635

(c) A certified nurse practitioner, as defined in section 13636
4723.01 of the Revised Code; 13637

(d) A clinical nurse specialist, as defined in section 13638
4723.01 of the Revised Code. 13639

(4) "Tuberculosis control unit" means the county 13640
tuberculosis control unit designated by a board of county 13641
commissioners under section 339.72 of the Revised Code or the 13642
district tuberculosis control unit designated pursuant to an 13643

agreement entered into by two or more boards of county 13644
commissioners under that section. 13645

(5) "Tuberculosis test" means either of the following: 13646

(a) A two-step Mantoux tuberculin skin test; 13647

(b) A blood assay for m. tuberculosis. 13648

(B) Before employing a person as an administrator or 13649
employee, for the purpose of tuberculosis screening, each child 13650
care center shall determine if the person has done both of the 13651
following: 13652

(1) Resided in a country identified by the world health 13653
organization as having a high burden of tuberculosis; 13654

(2) Arrived in the United States within the five years 13655
immediately preceding the date of application for employment. 13656

(C) If the person meets the criteria described in division 13657
(B) of this section, the center shall require the person to 13658
undergo a tuberculosis test before employment. If the result of 13659
the test is negative, the center may employ the person. 13660

(D) If the result of any tuberculosis test performed as 13661
described in division (C) of this section is positive, the 13662
center shall require the person to undergo additional testing 13663
for tuberculosis, which may include a chest radiograph or the 13664
collection and examination of specimens. 13665

(1) If additional testing indicates active tuberculosis, 13666
then until the person is no longer infectious as determined by 13667
the county tuberculosis unit, the center shall not employ the 13668
person or, if employed, shall not allow the person to be 13669
physically present at the center's location. 13670

For purposes of this section, evidence that a person is no longer infectious shall consist of a written statement to that effect signed by a representative of the tuberculosis control unit.

(2) If additional testing indicates latent tuberculosis, then until the person submits to the program evidence that the person is receiving treatment as prescribed by a licensed health professional, the preschool program shall not employ the person or, if employed, shall not allow the person to be physically present at the program's location. Once the person submits to the program evidence that the person is in the process of completing a tuberculosis treatment regimen as prescribed by a licensed health professional, the preschool program may employ the person and allow the person to be physically present at the program's location so long as periodic evidence of compliance with the treatment regimen is submitted in accordance with rules adopted under section 3701.146 of the Revised Code.

For purposes of this section, evidence that a person is in the process of completing and is compliant with a tuberculosis treatment regimen shall consist of a written statement to that effect signed by the tuberculosis control unit that is overseeing the person's treatment.

Sec. 5119.185. (A) As used in this section:

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

(2) "Clinician" means any of the following:

(a) An advanced practice registered nurse;

(b) A physician;

(c) A physician ~~assistant~~associate. 13699

(3) "Physician" means an individual authorized under 13700
Chapter 4731. of the Revised Code to practice medicine and 13701
surgery or osteopathic medicine and surgery. 13702

(4) "Physician ~~assistant~~associate" means an individual who 13703
holds a current, valid license to practice as a physician 13704
~~assistant~~associate issued under Chapter 4730. of the Revised 13705
Code. 13706

(B) The department of mental health and addiction services 13707
may establish a clinician recruitment program under which the 13708
department agrees to repay all or part of the principal and 13709
interest of a government or other educational loan incurred by a 13710
clinician who agrees to provide services to inpatients and 13711
outpatients of institutions under the department's 13712
administration. To be eligible to participate in the program, a 13713
clinician must have attended the following: 13714

(1) In the case of a physician, a school that was, at the 13715
time of attendance, a medical school or osteopathic medical 13716
school in this country accredited by the ~~liason~~liaison 13717
committee on medical education or the American osteopathic 13718
association, or a medical school or osteopathic medical school 13719
located outside this country that was acknowledged by the world 13720
health organization and verified by a member state of that 13721
organization as operating within that state's jurisdiction; 13722

(2) In the case of a physician ~~assistant~~associate, a 13723
school that was, at the time of attendance, accredited by the 13724
accreditation review commission on education for the physician 13725
assistant or a regional or specialized and professional 13726
accrediting agency recognized by the council for higher 13727

education accreditation; 13728

(3) In the case of an advanced practice registered nurse, 13729
a school that was, at the time of attendance, accredited by a 13730
national or regional accrediting organization. 13731

(C) The department shall enter into a contract with each 13732
clinician it recruits under this section. Each contract shall 13733
include at least the following terms: 13734

(1) The clinician agrees to provide a specified scope of 13735
health care services for a specified number of hours per week 13736
and a specified number of years to patients of one or more 13737
specified institutions administered by the department. 13738

(2) The department agrees to repay all or a specified 13739
portion of the principal and interest of a government or other 13740
educational loan taken by the clinician for the following 13741
expenses if the clinician meets the service obligation agreed to 13742
and the expenses were incurred while the clinician was enrolled 13743
in, for up to a maximum of four years, a school that qualifies 13744
the clinician to participate in the program: 13745

(a) Tuition; 13746

(b) Other educational expenses for specific purposes, 13747
including fees, books, and laboratory expenses, in amounts 13748
determined to be reasonable in accordance with rules adopted 13749
under division (D) of this section; 13750

(c) Room and board, in an amount determined to be 13751
reasonable in accordance with rules adopted under division (D) 13752
of this section. 13753

(3) The clinician agrees to pay the department a specified 13754
amount, which shall be not less than the amount already paid by 13755

the department pursuant to its agreement, as damages if the 13756
clinician fails to complete the service obligation agreed to or 13757
fails to comply with other specified terms of the contract. The 13758
contract may vary the amount of damages based on the portion of 13759
the clinician's service obligation that remains uncompleted as 13760
determined by the department. 13761

(4) Other terms agreed upon by the parties. 13762

(D) If the department elects to implement the clinician 13763
recruitment program, it shall adopt rules in accordance with 13764
Chapter 119. of the Revised Code that establish all of the 13765
following: 13766

(1) Criteria for designating institutions for which 13767
clinicians will be recruited; 13768

(2) Criteria for selecting clinicians for participation in 13769
the program; 13770

(3) Criteria for determining the portion of a clinician's 13771
loan that the department will agree to repay; 13772

(4) Criteria for determining reasonable amounts of the 13773
expenses described in divisions (C) (2) (b) and (c) of this 13774
section; 13775

(5) Procedures for monitoring compliance by clinicians 13776
with the terms of their contracts; 13777

(6) Any other criteria or procedures necessary to 13778
implement the program. 13779

Sec. 5119.363. The director of mental health and addiction 13780
services shall adopt rules governing the duties of community 13781
addiction services providers under section 5119.362 of the 13782
Revised Code. The rules shall be adopted in accordance with 13783

Chapter 119. of the Revised Code. 13784

The director shall adopt rules under this section that 13785
authorize the department of mental health and addiction services 13786
to determine an advanced practice registered nurse's, physician 13787
~~assistant's~~associate's, or physician's compliance with section 13788
3719.064 of the Revised Code if such practitioner works for a 13789
community addiction services provider. 13790

Sec. 5123.47. (A) As used in this section: 13791

(1) "In-home care" means the supportive services provided 13792
within the home of an individual with a developmental disability 13793
who receives funding for the services through a county board of 13794
developmental disabilities, including any recipient of 13795
residential services funded as home and community-based 13796
services, family support services provided under section 5126.11 13797
of the Revised Code, or supported living provided in accordance 13798
with sections 5126.41 to 5126.47 of the Revised Code. "In-home 13799
care" includes care that is provided outside an individual's 13800
home in places incidental to the home, and while traveling to 13801
places incidental to the home, except that "in-home care" does 13802
not include care provided in the facilities of a county board of 13803
developmental disabilities or care provided in schools. 13804

(2) "Parent" means either parent of a child, including an 13805
adoptive parent but not a foster parent. 13806

(3) "Unlicensed in-home care worker" means an individual 13807
who provides in-home care but is not a health care professional. 13808

(4) "Family member" means a parent, sibling, spouse, son, 13809
daughter, grandparent, aunt, uncle, cousin, or guardian of the 13810
individual with a developmental disability if the individual 13811
with a developmental disability lives with the person and is 13812

dependent on the person to the extent that, if the supports were 13813
withdrawn, another living arrangement would have to be found. 13814

(5) "Health care professional" means any of the following: 13815

(a) A dentist who holds a valid license issued under 13816
Chapter 4715. of the Revised Code; 13817

(b) A registered or licensed practical nurse who holds a 13818
valid license issued under Chapter 4723. of the Revised Code; 13819

(c) An optometrist who holds a valid license issued under 13820
Chapter 4725. of the Revised Code; 13821

(d) A pharmacist who holds a valid license issued under 13822
Chapter 4729. of the Revised Code; 13823

(e) A person who holds a valid license or certificate 13824
issued under Chapter 4731. of the Revised Code to practice 13825
medicine and surgery, osteopathic medicine and surgery, 13826
podiatric medicine and surgery, or a limited brand of medicine; 13827

(f) A physician ~~assistant~~associate who holds a valid 13828
license issued under Chapter 4730. of the Revised Code; 13829

(g) An occupational therapist or occupational therapy 13830
assistant or a physical therapist or physical therapist 13831
assistant who holds a valid license issued under Chapter 4755. 13832
of the Revised Code; 13833

(h) A respiratory care professional who holds a valid 13834
license issued under Chapter 4761. of the Revised Code; 13835

(i) A certified mental health assistant who holds a valid 13836
license issued under Chapter 4772. of the Revised Code. 13837

(6) "Health care task" means a task that is prescribed, 13838
ordered, delegated, or otherwise directed by a health care 13839

professional acting within the scope of the professional's 13840
practice. "Health care task" includes the administration of oral 13841
and topical prescribed medications; administration of nutrition 13842
and medications through gastrostomy and jejunostomy tubes that 13843
are stable and labeled; administration of oxygen and metered 13844
dose inhaled medications; administration of insulin through 13845
subcutaneous injections, inhalation, and insulin pumps; and 13846
administration of prescribed medications for the treatment of 13847
metabolic glycemic disorders through subcutaneous injections. 13848

(B) Except as provided in division (E) of this section, a 13849
family member of an individual with a developmental disability 13850
may authorize an unlicensed in-home care worker to perform 13851
health care tasks as part of the in-home care the worker 13852
provides to the individual, if all of the following apply: 13853

(1) The family member is the primary supervisor of the 13854
care. 13855

(2) The unlicensed in-home care worker has been selected 13856
by the family member or the individual receiving care and is 13857
under the direct supervision of the family member. 13858

(3) The unlicensed in-home care worker is providing the 13859
care through an employment or other arrangement entered into 13860
directly with the family member and is not otherwise employed by 13861
or under contract with a person or government entity to provide 13862
services to individuals with developmental disabilities. 13863

(4) The health care task is completed in accordance with 13864
standard, written instructions. 13865

(5) Performance of the health care task requires no 13866
judgment based on specialized health care knowledge or 13867
expertise. 13868

(6) The outcome of the health care task is reasonably 13869
predictable. 13870

(7) Performance of the health care task requires no 13871
complex observation of the individual receiving the care. 13872

(8) Improper performance of the health care task will 13873
result in only minimal complications that are not life- 13874
threatening. 13875

(C) A family member shall obtain a prescription, if 13876
applicable, and written instructions from a health care 13877
professional for the care to be provided to the individual. The 13878
family member shall authorize the unlicensed in-home care worker 13879
to provide the care by preparing a written document granting the 13880
authority. The family member shall provide the unlicensed in- 13881
home care worker with appropriate training and written 13882
instructions in accordance with the instructions obtained from 13883
the health care professional. The family member or a health care 13884
professional shall be available to communicate with the 13885
unlicensed in-home care worker either in person or by 13886
telecommunication while the in-home care worker performs a 13887
health care task. 13888

(D) A family member who authorizes an unlicensed in-home 13889
care worker to administer oral and topical prescribed 13890
medications or perform other health care tasks retains full 13891
responsibility for the health and safety of the individual 13892
receiving the care and for ensuring that the worker provides the 13893
care appropriately and safely. No entity that funds or monitors 13894
the provision of in-home care may be held liable for the results 13895
of the care provided under this section by an unlicensed in-home 13896
care worker, including such entities as the county board of 13897
developmental disabilities and the department of developmental 13898

disabilities. 13899

An unlicensed in-home care worker who is authorized under 13900
this section by a family member to provide care to an individual 13901
may not be held liable for any injury caused in providing the 13902
care, unless the worker provides the care in a manner that is 13903
not in accordance with the training and instructions received or 13904
the worker acts in a manner that constitutes willful or wanton 13905
misconduct. 13906

(E) A county board of developmental disabilities may 13907
evaluate the authority granted by a family member under this 13908
section to an unlicensed in-home care worker at any time it 13909
considers necessary and shall evaluate the authority on receipt 13910
of a complaint. If the board determines that a family member has 13911
acted in a manner that is inappropriate for the health and 13912
safety of the individual receiving the care, the authorization 13913
granted by the family member to an unlicensed in-home care 13914
worker is void, and the family member may not authorize other 13915
unlicensed in-home care workers to provide the care. In making 13916
such a determination, the board shall use appropriately licensed 13917
health care professionals and shall provide the family member an 13918
opportunity to file a complaint under section 5126.06 of the 13919
Revised Code. 13920

Sec. 5164.072. (A) As used in this section, "licensed 13921
health professional" means the following: 13922

(1) A physician authorized under Chapter 4731. of the 13923
Revised Code to practice medicine and surgery or osteopathic 13924
medicine and surgery; 13925

(2) An advanced practice registered nurse who holds a 13926
current, valid license issued under Chapter 4723. of the Revised 13927

Code that authorizes the practice of nursing as an advanced 13928
practice registered nurse and is designated as a clinical 13929
specialist, certified nurse-midwife, or certified nurse 13930
practitioner; 13931

(3) A physician ~~assistant~~associate licensed under Chapter 13932
4730. of the Revised Code. 13933

(B) The medicaid program shall cover pasteurized human 13934
donor milk and human milk fortifiers, in both hospital and home 13935
settings, for an infant whose gestationally corrected age is 13936
less than twelve months when all of the following apply: 13937

(1) A licensed health professional signs an order stating 13938
that human donor milk or human milk fortifiers are medically 13939
necessary because the infant meets any of the following 13940
criteria: 13941

(a) The infant has a birth weight less than eighteen 13942
hundred grams or body weight below healthy levels. 13943

(b) The infant has a gestational age at birth of thirty- 13944
four weeks or less. 13945

(c) The infant has any congenital or acquired condition 13946
for which the health professional determines that the use of 13947
pasteurized human donor milk or human milk fortifiers will 13948
support the treatment of the condition and recovery of the 13949
infant. 13950

(2) The infant is medically or physically unable to 13951
receive maternal breast milk or participate in breast-feeding, 13952
or the infant's mother is medically or physically unable to 13953
produce breast milk in sufficient quantities or of adequate 13954
caloric density, despite lactation support. 13955

(C) The medicaid director may adopt rules in accordance 13956
with Chapter 119. of the Revised Code to implement this section. 13957

Sec. 5164.301. (A) As used in this section, "group 13958
practice" has the same meaning as in section 4731.65 of the 13959
Revised Code. 13960

(B) The department of medicaid shall establish a process 13961
by which a physician ~~assistant~~ associate may enter into a 13962
provider agreement. 13963

(C) (1) Subject to division (C) (2) of this section, a claim 13964
for medicaid payment for a medicaid service provided by a 13965
physician ~~assistant~~ associate to a medicaid recipient may be 13966
submitted by the physician ~~assistant~~ associate who provided the 13967
service or the physician, group practice, clinic, or other 13968
health care facility that employs the physician 13969
~~assistant~~ associate. 13970

(2) A claim for medicaid payment may be submitted by the 13971
physician ~~assistant~~ associate who provided the service only if 13972
the physician ~~assistant~~ associate has a valid provider 13973
agreement. When submitting the claim, the physician ~~assistant~~ 13974
associate shall use only the medicaid provider number the 13975
department has assigned to the physician ~~assistant~~ associate. 13976

Sec. 5164.95. (A) As used in this section, "telehealth 13977
service" means a health care service delivered to a patient 13978
through the use of interactive audio, video, or other 13979
telecommunications or electronic technology from a site other 13980
than the site where the patient is located. 13981

(B) The department of medicaid shall establish standards 13982
for medicaid payments for health care services the department 13983
determines are appropriate to be covered by the medicaid program 13984

when provided as telehealth services. The standards shall be 13985
established in rules adopted under section 5164.02 of the 13986
Revised Code. 13987

In accordance with section 5162.021 of the Revised Code, 13988
the medicaid director shall adopt rules authorizing the 13989
directors of other state agencies to adopt rules regarding the 13990
medicaid coverage of telehealth services under programs 13991
administered by the other state agencies. Any such rules adopted 13992
by the medicaid director or the directors of other state 13993
agencies are not subject to the requirements of division (F) of 13994
section 121.95 of the Revised Code. 13995

(C) (1) To the extent permitted under rules adopted under 13996
section 5164.02 of the Revised Code and applicable federal law, 13997
the following practitioners are eligible to provide telehealth 13998
services covered pursuant to this section: 13999

(a) A physician licensed under Chapter 4731. of the 14000
Revised Code to practice medicine and surgery, osteopathic 14001
medicine and surgery, or podiatric medicine and surgery; 14002

(b) A psychologist, independent school psychologist, or 14003
school psychologist licensed under Chapter 4732. of the Revised 14004
Code; 14005

(c) A physician ~~assistant~~associate licensed under Chapter 14006
4730. of the Revised Code; 14007

(d) A clinical nurse specialist, certified nurse-midwife, 14008
or certified nurse practitioner licensed under Chapter 4723. of 14009
the Revised Code; 14010

(e) An independent social worker, independent marriage and 14011
family therapist, or professional clinical counselor licensed 14012
under Chapter 4757. of the Revised Code; 14013

(f) An independent chemical dependency counselor licensed	14014
under Chapter 4758. of the Revised Code;	14015
(g) A supervised practitioner or supervised trainee;	14016
(h) An audiologist or speech-language pathologist licensed	14017
under Chapter 4753. of the Revised Code;	14018
(i) An audiology aide or speech-language pathology aide,	14019
as defined in section 4753.072 of the Revised Code, or an	14020
individual holding a conditional license under section 4753.071	14021
of the Revised Code;	14022
(j) An occupational therapist or physical therapist	14023
licensed under Chapter 4755. of the Revised Code;	14024
(k) An occupational therapy assistant or physical	14025
therapist assistant licensed under Chapter 4755. of the Revised	14026
Code.	14027
(l) A dietitian licensed under Chapter 4759. of the	14028
Revised Code;	14029
(m) A chiropractor licensed under Chapter 4734. of the	14030
Revised Code;	14031
(n) A pharmacist licensed under Chapter 4729. of the	14032
Revised Code;	14033
(o) A genetic counselor licensed under Chapter 4778. of	14034
the Revised Code;	14035
(p) An optometrist licensed under Chapter 4725. of the	14036
Revised Code to practice optometry;	14037
(q) A respiratory care professional licensed under Chapter	14038
4761. of the Revised Code;	14039
(r) A certified Ohio behavior analyst certified under	14040

Chapter 4783. of the Revised Code;	14041
(s) A practitioner who provides services through a	14042
medicaid school program;	14043
(t) Subject to section 5119.368 of the Revised Code, a	14044
practitioner authorized to provide services and supports	14045
certified under section 5119.36 of the Revised Code through a	14046
community mental health services provider or community addiction	14047
services provider;	14048
(u) A certified mental health assistant licensed under	14049
Chapter 4772. of the Revised Code;	14050
(v) Any other practitioner the medicaid director considers	14051
eligible to provide telehealth services.	14052
(2) In accordance with division (B) of this section and to	14053
the extent permitted under rules adopted under section 5164.02	14054
of the Revised Code and applicable federal law, the following	14055
provider types are eligible to submit claims for medicaid	14056
payments for providing telehealth services:	14057
(a) Any practitioner described in division (C)(1) of this	14058
section, except for those described in divisions (C)(1)(g), (i),	14059
and (k) of this section;	14060
(b) A professional medical group;	14061
(c) A federally qualified health center or federally	14062
qualified health center look-alike, as defined in section	14063
3701.047 of the Revised Code;	14064
(d) A rural health clinic;	14065
(e) An ambulatory health care clinic;	14066
(f) An outpatient hospital;	14067

(g) A medicaid school program; 14068

(h) Subject to section 5119.368 of the Revised Code, a 14069
community mental health services provider or community addiction 14070
services provider that offers services and supports certified 14071
under section 5119.36 of the Revised Code; 14072

(i) Any other provider type the medicaid director 14073
considers eligible to submit the claims for payment. 14074

(D) (1) When providing telehealth services under this 14075
section, a practitioner shall comply with all requirements under 14076
state and federal law regarding the protection of patient 14077
information. A practitioner shall ensure that any username or 14078
password information and any electronic communications between 14079
the practitioner and a patient are securely transmitted and 14080
stored. 14081

(2) When providing telehealth services under this section, 14082
every practitioner site shall have access to the medical records 14083
of the patient at the time telehealth services are provided. 14084

Sec. 5503.08. Each state highway patrol officer shall, in 14085
addition to the sick leave benefits provided in section 124.38 14086
of the Revised Code, be entitled to occupational injury leave. 14087
Occupational injury leave of one thousand five hundred hours 14088
with pay may, with the approval of the superintendent of the 14089
state highway patrol, be used for absence resulting from each 14090
independent injury incurred in the line of duty, except that 14091
occupational injury leave is not available for injuries incurred 14092
during those times when the patrol officer is actually engaged 14093
in administrative or clerical duties at a patrol facility, when 14094
a patrol officer is on a meal or rest period, or when the patrol 14095
officer is engaged in any personal business. The superintendent 14096

of the state highway patrol shall, by rule, define those 14097
administrative and clerical duties and those situations where 14098
the occurrence of an injury does not entitle the patrol officer 14099
to occupational injury leave. Each injury incurred in the line 14100
of duty which aggravates a previously existing injury, whether 14101
the previously existing injury was so incurred or not, shall be 14102
considered an independent injury. When its use is authorized 14103
under this section, all occupational injury leave shall be 14104
exhausted before any credit is deducted from unused sick leave 14105
accumulated under section 124.38 of the Revised Code, except 14106
that, unless otherwise provided by the superintendent of the 14107
state highway patrol, occupational injury leave shall not be 14108
used for absence occurring within seven calendar days of the 14109
injury. During that seven calendar day period, unused sick leave 14110
may be used for such an absence. 14111

When occupational injury leave is used, it shall be 14112
deducted from the unused balance of the patrol officer's 14113
occupational injury leave for that injury on the basis of one 14114
hour for every one hour of absence from previously scheduled 14115
work. 14116

Before a patrol officer may use occupational injury leave, 14117
the patrol officer shall: 14118

(A) Apply to the superintendent for permission to use 14119
occupational injury leave on a form that requires the patrol 14120
officer to explain the nature of the patrol officer's 14121
independent injury and the circumstances under which it 14122
occurred; and 14123

(B) Submit to a medical examination. The individual who 14124
conducts the examination shall report to the superintendent the 14125
results of the examination and whether or not the independent 14126

injury prevents the patrol officer from attending work. 14127

The superintendent shall, by rule, provide for periodic 14128
medical examinations of patrol officers who are using 14129
occupational injury leave. The individual selected to conduct 14130
the medical examinations shall report to the superintendent the 14131
results of each such examination, including a description of the 14132
progress made by the patrol officer in recovering from the 14133
independent injury, and whether or not the independent injury 14134
continues to prevent the patrol officer from attending work. 14135

The superintendent shall appoint to conduct medical 14136
examinations under this division individuals authorized by the 14137
Revised Code to do so, including any physician 14138
~~assistant~~associate, clinical nurse specialist, certified nurse 14139
practitioner, or certified nurse-midwife. 14140

A patrol officer is not entitled to use or continue to use 14141
occupational injury leave after refusing to submit to a medical 14142
examination or if the individual examining the patrol officer 14143
reports that the independent injury does not prevent the patrol 14144
officer from attending work. 14145

A patrol officer who falsifies an application for 14146
permission to use occupational injury leave or a medical 14147
examination report is subject to disciplinary action, including 14148
dismissal. 14149

The superintendent shall, by rule, prescribe forms for the 14150
application and medical examination report. 14151

Occupational injury leave pay made according to this 14152
section is in lieu of such workers' compensation benefits as 14153
would have been payable directly to a patrol officer pursuant to 14154
sections 4123.56 and 4123.58 of the Revised Code, but all other 14155

compensation and benefits pursuant to Chapter 4123. of the 14156
Revised Code are payable as in any other case. If at the close 14157
of the period, the patrol officer remains disabled, the patrol 14158
officer is entitled to all compensation and benefits, without a 14159
waiting period pursuant to section 4123.55 of the Revised Code 14160
based upon the injury received, for which the patrol officer 14161
qualifies pursuant to Chapter 4123. of the Revised Code. 14162
Compensation shall be paid from the date that the patrol officer 14163
ceases to receive the patrol officer's regular rate of pay 14164
pursuant to this section. 14165

Occupational injury leave shall not be credited to or, 14166
upon use, deducted from, a patrol officer's sick leave. 14167

Section 2. That existing sections 1.64, 124.32, 124.41, 14168
124.42, 124.50, 503.45, 503.47, 505.38, 709.012, 737.15, 737.16, 14169
737.22, 742.38, 911.11, 1337.11, 1349.05, 1561.26, 1751.01, 14170
1785.01, 2108.61, 2133.01, 2133.211, 2135.01, 2151.3515, 14171
2151.53, 2305.113, 2305.234, 2305.2311, 2305.41, 2305.51, 14172
2711.22, 2743.62, 2907.01, 2907.13, 2907.29, 2909.04, 2921.22, 14173
2925.01, 3107.12, 3111.91, 3301.531, 3313.5310, 3313.7112, 14174
3313.7117, 3319.13, 3327.10, 3331.02, 3331.07, 3701.046, 14175
3701.23, 3701.25, 3701.36, 3701.59, 3701.615, 3701.74, 3701.90, 14176
3701.92, 3701.928, 3701.941, 3709.161, 3715.50, 3715.501, 14177
3715.502, 3715.503, 3715.872, 3719.06, 3719.064, 3719.12, 14178
3719.121, 3719.81, 3721.21, 3727.06, 3728.01, 3792.05, 3795.01, 14179
3919.29, 3963.01, 4503.44, 4507.20, 4715.30, 4723.01, 4723.18, 14180
4723.181, 4723.72, 4723.73, 4729.01, 4729.39, 4730.02, 4730.03, 14181
4730.04, 4730.05, 4730.06, 4730.07, 4730.08, 4730.10, 4730.101, 14182
4730.11, 4730.111, 4730.12, 4730.13, 4730.14, 4730.141, 4730.15, 14183
4730.19, 4730.20, 4730.201, 4730.202, 4730.203, 4730.204, 14184
4730.21, 4730.22, 4730.25, 4730.251, 4730.252, 4730.26, 4730.27, 14185
4730.28, 4730.31, 4730.32, 4730.33, 4730.34, 4730.38, 4730.39, 14186

4730.41, 4730.411, 4730.42, 4730.43, 4730.432, 4730.433, 14187
4730.437, 4730.44, 4730.49, 4730.53, 4730.55, 4730.56, 4730.57, 14188
4730.60, 4731.053, 4731.054, 4731.22, 4731.2210, 4731.25, 14189
4731.297, 4731.33, 4731.37, 4743.09, 4755.48, 4755.623, 4761.01, 14190
4761.11, 4761.17, 4765.01, 4765.35, 4765.36, 4765.37, 4765.38, 14191
4765.39, 4765.49, 4765.51, 4769.01, 4933.122, 5101.19, 14192
5103.0327, 5104.0110, 5104.037, 5119.185, 5119.363, 5123.47, 14193
5164.072, 5164.301, 5164.95, and 5503.08 of the Revised Code are 14194
hereby repealed. 14195

Section 3. The General Assembly, applying the principle 14196
stated in division (B) of section 1.52 of the Revised Code that 14197
amendments are to be harmonized if reasonably capable of 14198
simultaneous operation, finds that the following sections, 14199
presented in this act as composites of the sections as amended 14200
by the acts indicated, are the resulting versions of the 14201
sections in effect prior to the effective date of the sections 14202
as presented in this act: 14203

Section 3701.74 of the Revised Code as amended by both 14204
S.B. 95 and S.B. 196 of the 135th General Assembly. 14205

Section 3715.872 of the Revised Code as amended by both 14206
S.B. 95 and S.B. 196 of the 135th General Assembly. 14207

Section 4503.44 of the Revised Code as amended by both 14208
H.B. 33 and H.B. 195 of the 135th General Assembly. 14209

Section 4730.11 of the Revised Code as amended by both 14210
H.B. 442 and H.B. 263 of the 133rd General Assembly. 14211

Section 4730.53 of the Revised Code as amended by S.B. 110 14212
of the 131st General Assembly and H.B. 394 and S.B. 276 both of 14213
the 130th General Assembly. 14214

Section 4731.22 of the Revised Code as amended by both 14215

S.B. 95 and S.B. 109 of the 135th General Assembly.

14216