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136th General Assembly
Regular Session
2025-2026

Sub. H. B. No. 537

To amend sections 3701.351, 3702.30, 3702.301, 1
4723.01, 4723.02, 4723.03, 4723.06, 4723.07, 2
4723.08, 4723.271, 4723.28, 4723.282, 4723.33, 3
4723.34, 4723.341, 4723.35, 4723.41, 4723.43, 4
4723.431, 4723.432, 4723.481, 4723.483, 5
4723.487, 4723.488, 4723.4810, 4723.4811, 6
4723.50, 4723.91, 4723.99, 4731.22, and 4731.27 7
and to enact sections 5.2324, 3702.35, 4723.53, 8
4723.54, 4723.55, 4723.551, 4723.56, 4723.57, 9
4723.58, 4723.581, 4723.582, 4723.583, 4723.584, 10
4723.59, 4723.60, 4724.01, 4724.02, 4724.03, 11
4724.04, 4724.05, 4724.06, 4724.07, 4724.08, 12
4724.09, 4724.10, 4724.11, 4724.12, 4724.13, 13
4724.14, 4724.15, 4724.16, and 4724.99 of the 14
Revised Code to regulate the practice of 15
midwifery, to establish requirements for 16
freestanding birthing centers, and to designate 17
May 5th as the "Day of the Midwife." 18

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

Section 1. That sections 3701.351, 3702.30, 3702.301, 19



4723.01, 4723.02, 4723.03, 4723.06, 4723.07, 4723.08, 4723.271, 20
4723.28, 4723.282, 4723.33, 4723.34, 4723.341, 4723.35, 4723.41, 21
4723.43, 4723.431, 4723.432, 4723.481, 4723.483, 4723.487, 22
4723.488, 4723.4810, 4723.4811, 4723.50, 4723.91, 4723.99, 23
4731.22, and 4731.27 be amended and sections 5.2324, 3702.35, 24
4723.53, 4723.54, 4723.55, 4723.551, 4723.56, 4723.57, 4723.58, 25
4723.581, 4723.582, 4723.583, 4723.584, 4723.59, 4723.60, 26
4724.01, 4724.02, 4724.03, 4724.04, 4724.05, 4724.06, 4724.07, 27
4724.08, 4724.09, 4724.10, 4724.11, 4724.12, 4724.13, 4724.14, 28
4724.15, 4724.16, and 4724.99 of the Revised Code be enacted to 29
read as follows: 30

Sec. 5.2324. The fifth day of May is designated as the 31
"Day of the Midwife." 32

Sec. 3701.351. (A) The governing body of every hospital 33
shall set standards and procedures to be applied by the hospital 34
and its medical staff in considering and acting upon 35
applications for staff membership or professional privileges. 36
These standards and procedures shall be available for public 37
inspection. 38

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

established under division (A) of this section. This section 50
does not permit a psychologist to admit a patient to a hospital 51
in violation of section 3727.06 of the Revised Code. 52

(C) The governing body of any hospital that provides 53
maternity services, in considering and acting upon applications 54
for clinical privileges, shall not discriminate against a 55
qualified person solely on the basis that the person is 56
authorized to practice nurse-midwifery or midwifery. An 57
application from a certified nurse-midwife or certified midwife 58
who is not employed by the hospital shall contain the name of a 59
physician member of the hospital's medical staff who holds 60
clinical privileges in obstetrics at that hospital and who has 61
agreed to be the collaborating physician for the applicant in 62
accordance with section ~~4723.43~~ 4723.431 of the Revised Code. 63

(D) Any person may apply to the court of common pleas for 64
temporary or permanent injunctions restraining a violation of 65
division (A), (B), or (C) of this section. This action is an 66
additional remedy not dependent on the adequacy of the remedy at 67
law. 68

(E) (1) If a hospital does not provide or permit the 69
provision of any diagnostic or treatment service for mental or 70
emotional disorders or any other service that may be legally 71
performed by a psychologist licensed under Chapter 4732. of the 72
Revised Code, this section does not require the hospital to 73
provide or permit the provision of any such service and the 74
hospital shall be exempt from requirements of this section 75
pertaining to psychologists. 76

(2) This section does not impair the right of a hospital 77
to enter into an employment, personal service, or any other kind 78
of contract with a licensed psychologist, upon any such terms as 79

the parties may mutually agree, for the provision of any service 80
that may be legally performed by a licensed psychologist. 81

Sec. 3702.30. (A) As used in ~~this section~~sections 3702.30 82
to 3702.511 of the Revised Code: 83

(1) "Ambulatory surgical facility" means a facility in 84
which surgical services are provided to patients who do not 85
require hospitalization for inpatient care, the duration of 86
services for any patient does not extend beyond twenty-four 87
hours after the patient's admission, and to which any of the 88
following apply: 89

(a) The surgical services are provided in a building that 90
is separate from another building in which inpatient care is 91
provided, regardless of whether the separate building is part of 92
the same organization as the building in which inpatient care is 93
provided. 94

(b) The surgical services are provided within a building 95
in which inpatient care is provided and the entity that operates 96
the portion of the building where the surgical services are 97
provided is not the entity that operates the remainder of the 98
building. 99

(c) The facility is held out to any person or government 100
entity as an ambulatory surgical facility or similar facility by 101
means of signage, advertising, or other promotional efforts. 102

"Ambulatory surgical facility" does not include a 103
freestanding birthing center, a hospital emergency department, 104
hospital provider-based department that is otherwise licensed 105
under Chapter 3722. of the Revised Code, or an office of a 106
physician, podiatrist, or dentist. 107

(2) "Freestanding birthing center" means an independent 108

health care facility, separate from a hospital licensed under 109
Chapter 3722. of the Revised Code, that provides prenatal, 110
labor, delivery, and postpartum care for low-risk pregnancies. 111

(3) "Health care facility" means any of the following: 112

(a) An ambulatory surgical facility; 113

(b) A freestanding dialysis center; 114

(c) A freestanding inpatient rehabilitation facility; 115

(d) A freestanding birthing center; 116

(e) A freestanding radiation therapy center; 117

(f) A freestanding or mobile diagnostic imaging center. 118

(B) By rule adopted in accordance with sections 3702.12 119
and 3702.13 of the Revised Code, the director of health shall 120
establish quality standards for health care facilities. The 121
standards may incorporate accreditation standards or other 122
quality standards established by any entity recognized by the 123
director. 124

(1) In the case of an ambulatory surgical facility, the 125
standards shall require the ambulatory surgical facility to 126
maintain an infection control program. The purposes of the 127
program are to minimize infections and communicable diseases and 128
facilitate a functional and sanitary environment consistent with 129
standards of professional practice. To achieve these purposes, 130
ambulatory surgical facility staff managing the program shall 131
create and administer a plan designed to prevent, identify, and 132
manage infections and communicable diseases; ensure that the 133
program is directed by a qualified professional trained in 134
infection control; ensure that the program is an integral part 135
of the ambulatory surgical facility's quality assessment and 136

performance improvement program; and implement in an expeditious 137
manner corrective and preventive measures that result in 138
improvement. 139

(2) In the case of a licensed freestanding birthing 140
center, the standards shall require both of the following: 141

(a) At least one of the following to attend each birth: 142

(i) A physician licensed under Chapter 4731. of the 143
Revised Code to practice medicine and surgery or osteopathic 144
medicine and surgery; 145

(ii) A certified nurse-midwife licensed under Chapter 146
4723. of the Revised Code; 147

(iii) A certified midwife licensed under Chapter 4723. of 148
the Revised Code; 149

(iv) A licensed midwife licensed under Chapter 4724. of 150
the Revised Code. 151

(b) That each licensed freestanding birthing center have a 152
director of patient services who is one of the following: 153

(i) A physician licensed under Chapter 4731. of the 154
Revised Code to practice medicine and surgery or osteopathic 155
medicine and surgery; 156

(ii) A certified nurse-midwife licensed under Chapter 157
4723. of the Revised Code who has contracted with a 158
collaborating physician; 159

(iii) A certified midwife licensed under Chapter 4723. of 160
the Revised Code who has contracted with a collaborating 161
physician. 162

(C) Every ambulatory surgical facility shall require that 163

each physician who practices at the facility comply with all 164
relevant provisions in the Revised Code that relate to the 165
obtaining of informed consent from a patient. 166

(D) The director shall issue a license to each health care 167
facility that makes application for a license and demonstrates 168
to the director that it meets the quality standards established 169
by the rules adopted under division (B) of this section and 170
satisfies the informed consent compliance requirements specified 171
in division (C) of this section. 172

(E) (1) Except as provided in division (H) of this section 173
and in section 3702.301 of the Revised Code, no health care 174
facility shall operate without a license issued under this 175
section. 176

The general assembly does not intend for the provisions of 177
this section or section 3702.301 of the Revised Code that 178
establish health care facility licensing requirements or 179
exemptions to have an effect on any third-party payments that 180
may be available for the services provided by either a licensed 181
health care facility or an entity exempt from licensure. 182

(2) If the department of health finds that a physician who 183
practices at a health care facility is not complying with any 184
provision of the Revised Code related to the obtaining of 185
informed consent from a patient, the department shall report its 186
finding to the state medical board, the physician, and the 187
health care facility. 188

(3) Division (E) (2) of this section does not create, and 189
shall not be construed as creating, a new cause of action or 190
substantive legal right against a health care facility and in 191
favor of a patient who allegedly sustains harm as a result of 192

the failure of the patient's physician to obtain informed 193
consent from the patient prior to performing a procedure on or 194
otherwise caring for the patient in the health care facility. 195

(F) The rules adopted under division (B) of this section 196
shall include all of the following: 197

(1) Provisions governing application for, renewal, 198
suspension, and revocation of a license under this section; 199

(2) Provisions governing orders issued pursuant to section 200
3702.32 of the Revised Code for a health care facility to cease 201
its operations or to prohibit certain types of services provided 202
by a health care facility; 203

(3) Provisions governing the imposition under section 204
3702.32 of the Revised Code of civil penalties for violations of 205
this section or the rules adopted under this section, including 206
a scale for determining the amount of the penalties; 207

(4) Provisions specifying the form inspectors must use 208
when conducting inspections of ambulatory surgical facilities. 209

(G) An ambulatory surgical facility that performs or 210
induces abortions shall comply with section 3701.791 of the 211
Revised Code. 212

(H) The following entities are not required to obtain a 213
license as a freestanding diagnostic imaging center issued under 214
this section: 215

(1) A hospital registered under section 3701.07 of the 216
Revised Code that provides diagnostic imaging; 217

(2) An entity that is reviewed as part of a hospital 218
accreditation or certification program and that provides 219
diagnostic imaging; 220

(3) An ambulatory surgical facility that provides 221
diagnostic imaging in conjunction with or during any portion of 222
a surgical procedure. 223

Sec. 3702.301. (A) Except as provided in division (C) of 224
this section, a freestanding birthing center is not required to 225
obtain a license under section 3702.30 of the Revised Code if 226
all of the following are the case: 227

(1) A religious denomination, sect, or group owns and 228
operates the center. 229

(2) Requiring that the center be licensed significantly 230
abridges or infringes on the religious practices or beliefs of 231
that religious denomination, sect, or group. 232

(3) The center provides care only during low-risk 233
pregnancy, delivery, and the immediate postpartum period 234
exclusively to women who_ 235

are members of that religious denomination, sect, or 236
group. 237

(4) The center monitors and evaluates the care provided to 238
its patients in accordance with at least the minimum patient 239
safety monitoring and evaluation requirements established in 240
rules adopted under division (D) of this section. 241

(5) The center meets the quality assessment and 242
improvement standards established in rules adopted under 243
division (D) of this section. 244

(B) If the director determines that a freestanding 245
birthing center is no longer exempt from the requirement to 246
obtain a license under section 3702.30 of the Revised Code 247
because the center ceases to comply with division (A) (4) or (5) 248

of this section, the director may order the center to come into 249
compliance. In the order, the director may do all of the 250
following: 251

(1) Identify what the center is not in compliance with and 252
what the center needs to do to come into compliance; 253

(2) Require that the center come into compliance within a 254
period of time specified in the order; 255

(3) Require that the center provide the director a written 256
notice within a period of time specified in the order that 257
contains all of the following: 258

(a) Certification that the center has come into 259
compliance; 260

(b) The signature of the center's administrator or medical 261
director and certification that the administrator or medical 262
director, whichever signs the notice, is the center's authorized 263
representative; 264

(c) Certification that the information contained in the 265
notice and in any accompanying documentation is true and 266
accurate; 267

(d) Any other information or documentation that the 268
director may require to verify that the center has come into 269
compliance. 270

(C) If the director issues an order to a freestanding 271
birthing center under division (B) of this section and the 272
center fails to comply with the order within the time specified 273
in the order, the director may issue a second order that 274
requires the center to cease operations until the center obtains 275
a license under section 3702.30 of the Revised Code. 276

(D) The director of health shall adopt rules in accordance with Chapter 119. of the Revised Code as necessary to implement this section. The rules shall establish all of the following:	277 278 279
(1) Minimum patient safety monitoring and evaluation requirements;	280 281
(2) Quality assessment and improvement standards, <u>including standards that require both of the following:</u>	282 283
(a) <u>At least one of the following to attend each birth:</u>	284
(i) <u>A physician licensed under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery;</u>	285 286 287
(ii) <u>A certified nurse-midwife licensed under Chapter 4723. of the Revised Code;</u>	288 289
(iii) <u>A certified midwife licensed under Chapter 4723. of the Revised Code;</u>	290 291
(iv) <u>A licensed midwife licensed under Chapter 4724. of the Revised Code;</u>	292 293
(v) <u>A traditional midwife as defined in section 4724.01 of the Revised Code.</u>	294 295
(b) <u>That each center have a director of patient services who is one of the following:</u>	296 297
(i) <u>A physician licensed under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery;</u>	298 299 300
(ii) <u>A certified nurse-midwife licensed under Chapter 4723. of the Revised Code;</u>	301 302
(iii) <u>A registered nurse licensed under Chapter 4723. of</u>	303

the Revised Code; 304

(iv) A certified midwife licensed under Chapter 4723. of 305
the Revised Code; 306

(v) A licensed midwife licensed under Chapter 4724. of the 307
Revised Code; 308

(vi) A traditional midwife as defined in section 4724.01 309
of the Revised Code. 310

(3) Procedures for determining whether freestanding 311
birthing centers are in compliance with the rules. 312

Sec. 3702.35. (A) Each freestanding birthing center shall 313
have a written plan for the transfer of a mother or a newborn to 314
a hospital in the event of medical complications, emergency 315
situations, or as the need arises. 316

(B) No licensed freestanding birthing center shall be 317
required to establish a written transfer agreement with a 318
hospital if it is both of the following: 319

(1) Accredited by the commission for the accreditation of 320
birth centers or its successor organization; 321

(2) Located within thirty miles of a hospital subject to 322
the provisions of the "Emergency Medical Treatment and Labor 323
Act," 42 U.S.C. 1395dd. 324

(C) A licensed freestanding birthing center that is not 325
accredited by the commission for the accreditation of birth 326
centers or its successor organization shall have a written 327
transfer agreement with a local hospital. 328

(D) No freestanding birthing center that is exempt from 329
licensure under section 3702.301 of the Revised Code shall be 330

<u>required to establish a written transfer agreement with a</u>	331
<u>hospital.</u>	332
Sec. 4723.01. As used in this chapter:	333
(A) "Registered nurse" means an individual who holds a	334
current, valid license issued under this chapter that authorizes	335
the practice of nursing as a registered nurse.	336
(B) "Practice of nursing as a registered nurse" means	337
providing to individuals and groups nursing care requiring	338
specialized knowledge, judgment, and skill derived from the	339
principles of biological, physical, behavioral, social, and	340
nursing sciences. Such nursing care includes:	341
(1) Identifying patterns of human responses to actual or	342
potential health problems amenable to a nursing regimen;	343
(2) Executing a nursing regimen through the selection,	344
performance, management, and evaluation of nursing actions;	345
(3) Assessing health status for the purpose of providing	346
nursing care;	347
(4) Providing health counseling and health teaching;	348
(5) Administering medications, treatments, and executing	349
regimens authorized by an individual who is authorized to	350
practice in this state and is acting within the course of the	351
individual's professional practice;	352
(6) Teaching, administering, supervising, delegating, and	353
evaluating nursing practice.	354
(C) "Nursing regimen" may include preventative,	355
restorative, and health-promotion activities.	356
(D) "Assessing health status" means the collection of data	357

through nursing assessment techniques, which may include 358
interviews, observation, and physical evaluations for the 359
purpose of providing nursing care. 360

(E) "Licensed practical nurse" means an individual who 361
holds a current, valid license issued under this chapter that 362
authorizes the practice of nursing as a licensed practical 363
nurse. 364

(F) "The practice of nursing as a licensed practical 365
nurse" means providing to individuals and groups nursing care 366
requiring the application of basic knowledge of the biological, 367
physical, behavioral, social, and nursing sciences at the 368
direction of a registered nurse or any of the following who is 369
authorized to practice in this state: a physician, physician 370
assistant, dentist, podiatrist, optometrist, or chiropractor. 371
Such nursing care includes: 372

(1) Observation, patient teaching, and care in a diversity 373
of health care settings; 374

(2) Contributions to the planning, implementation, and 375
evaluation of nursing; 376

(3) Administration of medications and treatments 377
authorized by an individual who is authorized to practice in 378
this state and is acting within the course of the individual's 379
professional practice; 380

(4) Administration to an adult of intravenous therapy 381
authorized by an individual who is authorized to practice in 382
this state and is acting within the course of the individual's 383
professional practice, on the condition that the licensed 384
practical nurse is authorized under section 4723.18 or 4723.181 385
of the Revised Code to perform intravenous therapy and performs 386

intravenous therapy only in accordance with those sections;	387
(5) Delegation of nursing tasks as directed by a registered nurse;	388 389
(6) Teaching nursing tasks to licensed practical nurses and individuals to whom the licensed practical nurse is authorized to delegate nursing tasks as directed by a registered nurse.	390 391 392 393
(G) "Certified registered nurse anesthetist" means an advanced practice registered nurse who holds a current, valid license issued under this chapter and is designated as a certified registered nurse anesthetist in accordance with section 4723.42 of the Revised Code and rules adopted by the board of nursing.	394 395 396 397 398 399
(H) "Clinical nurse specialist" means an advanced practice registered nurse who holds a current, valid license issued under this chapter and is designated as a clinical nurse specialist in accordance with section 4723.42 of the Revised Code and rules adopted by the board of nursing.	400 401 402 403 404
(I) "Certified nurse-midwife" means an advanced practice registered nurse who holds a current, valid license issued under this chapter and is designated as a certified nurse-midwife in accordance with section 4723.42 of the Revised Code and rules adopted by the board of nursing. <u>A certified nurse-midwife does not include a certified midwife, licensed midwife, or traditional midwife.</u>	405 406 407 408 409 410 411
(J) "Certified nurse practitioner" means an advanced practice registered nurse who holds a current, valid license issued under this chapter and is designated as a certified nurse practitioner in accordance with section 4723.42 of the Revised	412 413 414 415

Code and rules adopted by the board of nursing. 416

(K) "Physician" means an individual authorized under 417
Chapter 4731. of the Revised Code to practice medicine and 418
surgery or osteopathic medicine and surgery. 419

(L) "Collaboration" or "collaborating" means the 420
following: 421

(1) In the case of a clinical nurse specialist or a 422
certified nurse practitioner, that one or more podiatrists 423
acting within the scope of practice of podiatry in accordance 424
with section 4731.51 of the Revised Code and with whom the nurse 425
has entered into a standard care arrangement or one or more 426
physicians with whom the nurse has entered into a standard care 427
arrangement are continuously available to communicate with the 428
clinical nurse specialist or certified nurse practitioner either 429
in person or by electronic communication; 430

(2) In the case of a certified nurse-midwife or certified 431
midwife, that one or more physicians with whom the certified 432
nurse-midwife or certified midwife has entered into a standard 433
care arrangement are continuously available to communicate with 434
the certified nurse-midwife or certified midwife either in 435
person or by electronic communication. 436

(M) "Supervision," as it pertains to a certified 437
registered nurse anesthetist, means that the certified 438
registered nurse anesthetist is under the direction of a 439
podiatrist acting within the podiatrist's scope of practice in 440
accordance with section 4731.51 of the Revised Code, a dentist 441
acting within the dentist's scope of practice in accordance with 442
Chapter 4715. of the Revised Code, or a physician, and, when 443
administering anesthesia, the certified registered nurse 444

anesthetist is in the immediate presence of the podiatrist, 445
dentist, or physician. 446

(N) "Standard care arrangement" means a written, formal 447
guide for planning and evaluating a patient's health care that 448
is developed by one or more collaborating physicians or 449
podiatrists and a clinical nurse specialist, certified nurse- 450
midwife, certified midwife, or certified nurse practitioner and 451
meets the requirements of section 4723.431 of the Revised Code. 452

(O) "Advanced practice registered nurse" means an 453
individual who holds a current, valid license issued under this 454
chapter that authorizes the practice of nursing as an advanced 455
practice registered nurse and is designated as any of the 456
following: 457

(1) A certified registered nurse anesthetist; 458

(2) A clinical nurse specialist; 459

(3) A certified nurse-midwife; 460

(4) A certified nurse practitioner. 461

(P) "Practice of nursing as an advanced practice 462
registered nurse" means providing to individuals and groups 463
nursing care that requires knowledge and skill obtained from 464
advanced formal education, training, and clinical experience. 465
Such nursing care includes the care described in section 4723.43 466
of the Revised Code. 467

(Q) "Dialysis care" means the care and procedures that a 468
dialysis technician or dialysis technician intern is authorized 469
to provide and perform, as specified in section 4723.72 of the 470
Revised Code. 471

(R) "Dialysis technician" means an individual who holds a 472

current, valid certificate to practice as a dialysis technician 473
issued under section 4723.75 of the Revised Code. 474

(S) "Dialysis technician intern" means an individual who 475
has not passed the dialysis technician certification examination 476
required by section 4723.751 of the Revised Code, but who has 477
successfully completed a dialysis training program approved by 478
the board of nursing under section 4723.74 of the Revised Code 479
within the previous eighteen months. 480

(T) "Certified community health worker" means an 481
individual who holds a current, valid certificate as a community 482
health worker issued under section 4723.85 of the Revised Code. 483

(U) "Medication aide" means an individual who holds a 484
current, valid certificate issued under this chapter that 485
authorizes the individual to administer medication in accordance 486
with section 4723.67 of the Revised Code; 487

(V) "Nursing specialty" means a specialty in practice as a 488
certified registered nurse anesthetist, clinical nurse 489
specialist, certified nurse-midwife, or certified nurse 490
practitioner. 491

(W) "Physician assistant" means an individual who is 492
licensed to practice as a physician assistant under Chapter 493
4730. of the Revised Code. 494

(X) "Certified midwife" means an individual who is 495
licensed under section 4723.56 of the Revised Code and engages 496
in one or more of the activities described in that section. A 497
certified midwife does not include a certified nurse-midwife, 498
licensed midwife, or traditional midwife. 499

(Y) "Licensed midwife" has the same meaning as in section 500
4724.01 of the Revised Code. A licensed midwife does not include 501

a certified nurse-midwife, certified midwife, or traditional 502
midwife. 503

(Z) "Traditional midwife" has the same meaning as in 504
section 4724.01 of the Revised Code. 505

Sec. 4723.02. The board of nursing shall assume and 506
exercise all the powers and perform all the duties conferred and 507
imposed on it by this chapter. 508

The board shall consist of ~~thirteen~~fifteen members who 509
shall be citizens of the United States and residents of Ohio. 510
Eight members shall be registered nurses, each of whom shall be 511
a graduate of an approved program of nursing education that 512
prepares persons for licensure as a registered nurse, shall hold 513
a currently active license issued under this chapter to practice 514
nursing as a registered nurse, and shall have been actively 515
engaged in the practice of nursing as a registered nurse for the 516
five years immediately preceding the member's initial 517
appointment to the board. Of the eight members who are 518
registered nurses, at least two shall hold a current, valid 519
license issued under this chapter that authorizes the practice 520
of nursing as an advanced practice registered nurse. Four 521
members shall be licensed practical nurses, each of whom shall 522
be a graduate of an approved program of nursing education that 523
prepares persons for licensure as a practical nurse, shall hold 524
a currently active license issued under this chapter to practice 525
nursing as a licensed practical nurse, and shall have been 526
actively engaged in the practice of nursing as a licensed 527
practical nurse for the five years immediately preceding the 528
member's initial appointment to the board. One member shall be a 529
certified nurse-midwife or a certified midwife practicing in an 530
urban setting. One member shall be a certified nurse-midwife or 531

a certified midwife practicing in a rural setting. One member 532
shall represent the interests of consumers of health care. 533
Neither this member nor any person in the member's immediate 534
family shall be a member of or associated with a health care 535
provider or profession or shall have a financial interest in the 536
delivery or financing of health care. Representation of nursing 537
service and nursing education and of the various geographical 538
areas of the state shall be considered in making appointments. 539

As the term of any member of the board expires, a 540
successor shall be appointed who has the qualifications the 541
vacancy requires. Terms of office shall be for four years, 542
commencing on the first day of January and ending on the thirty- 543
first day of December. 544

A current or former board member who has served not more 545
than one full term or one full term and not more than thirty 546
months of another term may be reappointed for one additional 547
term. 548

Each member shall hold office from the date of appointment 549
until the end of the term for which the member was appointed. 550
The term of a member shall expire if the member ceases to meet 551
any requirement of this section for the member's position on the 552
board. Any member appointed to fill a vacancy occurring prior to 553
the expiration of the term for which the member's predecessor 554
was appointed shall hold office for the remainder of such term. 555
Any member shall continue in office subsequent to the expiration 556
date of the member's term until the member's successor takes 557
office, or until a period of sixty days has elapsed, whichever 558
occurs first. 559

Nursing organizations of this state may each submit to the 560
governor the names of not more than five nominees for each 561

position to be filled on the board. From the names so submitted 562
or from others, at the governor's discretion, the governor with 563
the advice and consent of the senate shall make such 564
appointments. 565

Any member of the board may be removed by the governor for 566
neglect of any duty required by law or for incompetency or 567
unprofessional or dishonorable conduct, after a hearing as 568
provided in Chapter 119. of the Revised Code. 569

~~Seven~~Eight members of the board, including at least four 570
registered nurses and at least one licensed practical nurse, 571
shall at all times constitute a quorum. 572

Each member of the board shall receive an amount fixed 573
pursuant to division (J) of section 124.15 of the Revised Code 574
for each day in attendance at board meetings and in discharge of 575
official duties, and in addition thereto, necessary expense 576
incurred in the performance of such duties. 577

The board shall elect one of its nurse members as 578
president and one as vice-president. The board shall elect one 579
of its registered nurse members to serve as the supervising 580
member for disciplinary matters. 581

The board may establish advisory groups to serve in 582
consultation with the board or the executive director. Each 583
advisory group shall be given a specific charge in writing and 584
shall report to the board. Members of advisory groups shall 585
serve without compensation but shall receive their actual and 586
necessary expenses incurred in the performance of their official 587
duties. 588

Sec. 4723.03. (A) No person shall engage in the practice 589
of nursing as a registered nurse, represent the person as being 590

a registered nurse, or use the title "registered nurse," the 591
initials "R.N.," or any other title implying that the person is 592
a registered nurse, for a fee, salary, or other consideration, 593
or as a volunteer, without holding a current, valid license as a 594
registered nurse under this chapter. 595

(B) No person shall knowingly do any of the following 596
without holding a current, valid license to practice nursing as 597
an advanced practice registered nurse issued under this chapter: 598

(1) Engage in the practice of nursing as an advanced 599
practice registered nurse; 600

(2) Represent the person as being an advanced practice 601
registered nurse; 602

(3) Use the title "advanced practice registered nurse," 603
the initials "A.P.R.N.," or any other title implying that the 604
person is an advanced practice registered nurse, for a fee, 605
salary, or other consideration, or as a volunteer. 606

(C) No person who is not otherwise authorized to do so 607
shall knowingly prescribe or personally furnish drugs or 608
therapeutic devices without holding a current, valid license to 609
practice nursing as an advanced practice registered nurse issued 610
under this chapter and being designated as a clinical nurse 611
specialist, certified nurse-midwife, or certified nurse 612
practitioner under section 4723.42 of the Revised Code; 613

(D) No person shall engage in the practice of nursing as a 614
licensed practical nurse, represent the person as being a 615
licensed practical nurse, or use the title "licensed practical 616
nurse," the initials "L.P.N.," or any other title implying that 617
the person is a licensed practical nurse, for a fee, salary, or 618
other consideration, or as a volunteer, without holding a 619

current, valid license as a practical nurse under this chapter. 620

(E) No person shall use the titles or initials "graduate 621
nurse," "G.N.," "professional nurse," "P.N.," "graduate 622
practical nurse," "G.P.N.," "practical nurse," "P.N.," "trained 623
nurse," "T.N.," or any other statement, title, or initials that 624
would imply or represent to the public that the person is 625
authorized to practice nursing in this state, except as follows: 626

(1) A person licensed under this chapter to practice 627
nursing as a registered nurse may use that title and the 628
initials "R.N."; 629

(2) A person licensed under this chapter to practice 630
nursing as a licensed practical nurse may use that title and the 631
initials "L.P.N."; 632

(3) A person licensed under this chapter to practice 633
nursing as an advanced practice registered nurse and designated 634
as a certified registered nurse anesthetist may use that title 635
or the initials "A.P.R.N.-C.R.N.A."; 636

(4) A person licensed under this chapter to practice 637
nursing as an advanced practice registered nurse and designated 638
as a clinical nurse specialist may use that title or the 639
initials "A.P.R.N.-C.N.S."; 640

(5) A person licensed under this chapter to practice 641
nursing as an advanced practice registered nurse and designated 642
as a certified nurse-midwife may use that title or the initials 643
"A.P.R.N.-C.N.M."; 644

(6) A person licensed under this chapter to practice 645
nursing as an advanced practice registered nurse and designated 646
as a certified nurse practitioner may use that title or the 647
initials "A.P.R.N.-C.N.P."; 648

(7) A person licensed under this chapter to practice 649
nursing as an advanced practice registered nurse may use the 650
title "advanced practice registered nurse" or the initials 651
"A.P.R.N." 652

(F) No person shall employ a person not licensed as a 653
registered nurse under this chapter to engage in the practice of 654
nursing as a registered nurse. 655

No person shall knowingly employ a person not licensed as 656
an advanced practice registered nurse under this chapter to 657
engage in the practice of nursing as an advanced practice 658
registered nurse. 659

No person shall employ a person not licensed as a 660
practical nurse under this chapter to engage in the practice of 661
nursing as a licensed practical nurse. 662

(G) No person shall sell or fraudulently obtain or furnish 663
any nursing diploma, license, certificate, renewal, or record, 664
or aid or abet such acts. 665

(H) (1) No person shall knowingly use the title "certified 666
nurse-midwife," the initials "C.N.M.," or any other title 667
implying that the person is a certified nurse-midwife without 668
holding a current, valid license as a certified nurse-midwife 669
under this chapter. 670

(2) No person shall knowingly use the title "certified 671
midwife," the initials "C.M.," or any other title implying that 672
the person is a certified midwife without holding a current, 673
valid license as a certified midwife under this chapter. 674

Sec. 4723.06. (A) The board of nursing shall: 675

(1) Administer and enforce the provisions of this chapter, 676

including the taking of disciplinary action for violations of 677
section 4723.28 of the Revised Code, any other provisions of 678
this chapter, or rules adopted under this chapter; 679

(2) Develop criteria that an applicant must meet to be 680
eligible to sit for the examination for licensure to practice as 681
a registered nurse or as a licensed practical nurse; 682

(3) Issue and renew nursing licenses, certified midwife 683
licenses, dialysis technician certificates, medication aide 684
certificates, and community health worker certificates, as 685
provided in this chapter; 686

(4) Define the minimum educational standards for the 687
schools and programs of registered nursing and practical nursing 688
in this state; 689

(5) Survey, inspect, and grant full approval to 690
prelicensure nursing education programs in this state that meet 691
the standards established by rules adopted under section 4723.07 692
of the Revised Code. Prelicensure nursing education programs 693
include, but are not limited to, diploma, associate degree, 694
baccalaureate degree, master's degree, and doctor of nursing 695
programs leading to initial licensure to practice nursing as a 696
registered nurse and practical nurse programs leading to initial 697
licensure to practice nursing as a licensed practical nurse. 698

(6) Grant conditional approval, by a vote of a quorum of 699
the board, to a new prelicensure nursing education program or a 700
program that is being reestablished after having ceased to 701
operate, if the program meets and maintains the minimum 702
standards of the board established by rules adopted under 703
section 4723.07 of the Revised Code. If the board does not grant 704
conditional approval, it shall hold an adjudication under 705

Chapter 119. of the Revised Code to consider conditional 706
approval of the program. If the board grants conditional 707
approval, at the first meeting following completion of the 708
survey process required by division (A) (5) of this section, the 709
board shall determine whether to grant full approval to the 710
program. If the board does not grant full approval or if it 711
appears that the program has failed to meet and maintain 712
standards established by rules adopted under section 4723.07 of 713
the Revised Code, the board shall hold an adjudication under 714
Chapter 119. of the Revised Code to consider the program. Based 715
on results of the adjudication, the board may continue or 716
withdraw conditional approval, or grant full approval. 717

(7) Place on provisional approval, for a period of time 718
specified by the board, a prelicensure nursing education program 719
that has ceased to meet and maintain the minimum standards of 720
the board established by rules adopted under section 4723.07 of 721
the Revised Code. Prior to or at the end of the period, the 722
board shall reconsider whether the program meets the standards 723
and shall grant full approval if it does. If it does not, the 724
board may withdraw approval, pursuant to an adjudication under 725
Chapter 119. of the Revised Code. 726

(8) Approve continuing education programs and courses 727
under standards established in rules adopted under sections 728
4723.07, 4723.69, 4723.79, and 4723.88 of the Revised Code; 729

(9) Establish the safe haven program in accordance with 730
sections 4723.35 and 4723.351 of the Revised Code; 731

(10) Establish the practice intervention and improvement 732
program in accordance with section 4723.282 of the Revised Code; 733

(11) Grant approval to the course of study in advanced 734

pharmacology and related topics described in section 4723.482 or 735
4723.551 of the Revised Code; 736

(12) Make an annual edition of the exclusionary formulary 737
established in rules adopted under section 4723.50 of the 738
Revised Code available to the public by electronic means and, as 739
soon as possible after any revision of the formulary becomes 740
effective, make the revision available to the public by 741
electronic means; 742

(13) Approve under section 4723.46 of the Revised Code 743
national certifying organizations for examination and licensure 744
of advanced practice registered nurses, which may include 745
separate organizations for each nursing specialty; 746

(14) Provide guidance and make recommendations to the 747
general assembly, the governor, state agencies, and the federal 748
government with respect to the regulation of the practice of 749
nursing and the enforcement of this chapter; 750

(15) Make an annual report to the governor, which shall be 751
open for public inspection; 752

(16) Maintain and have open for public inspection the 753
following records: 754

(a) A record of all its meetings and proceedings; 755

(b) A record of all applicants for, and holders of, 756
licenses and certificates issued by the board under this chapter 757
or in accordance with rules adopted under this chapter. The 758
record shall be maintained in a format determined by the board. 759

(c) A list of education and training programs approved by 760
the board. 761

(17) Deny conditional approval to a new prelicensure 762

nursing education program or a program that is being 763
reestablished after having ceased to operate if the program or a 764
person acting on behalf of the program submits or causes to be 765
submitted to the board false, misleading, or deceptive 766
statements, information, or documentation in the process of 767
applying for approval of the program. If the board proposes to 768
deny approval of the program, it shall do so pursuant to an 769
adjudication conducted under Chapter 119. of the Revised Code. 770

(B) The board may fulfill the requirement of division (A) 771
(8) of this section by authorizing persons who meet the 772
standards established in rules adopted under section 4723.07 of 773
the Revised Code to approve continuing education programs and 774
courses. Persons so authorized shall approve continuing 775
education programs and courses in accordance with standards 776
established in rules adopted under section 4723.07 of the 777
Revised Code. 778

Persons seeking authorization to approve continuing 779
education programs and courses shall apply to the board and pay 780
the appropriate fee established under section 4723.08 of the 781
Revised Code. Authorizations to approve continuing education 782
programs and courses shall expire and may be renewed according 783
to the schedule established in rules adopted under section 784
4723.07 of the Revised Code. 785

In addition to approving continuing education programs 786
under division (A) (8) of this section, the board may sponsor 787
continuing education activities that are directly related to the 788
statutes and rules the board enforces. 789

(C) (1) The board may deny conditional approval to a new 790
prelicensure nursing education program or program that is being 791
reestablished after having ceased to operate if the program is 792

controlled by a person who controls or has controlled a program 793
that had its approval withdrawn, revoked, suspended, or 794
restricted by the board or a board of another jurisdiction that 795
is a member of the national council of state boards of nursing. 796
If the board proposes to deny approval, it shall do so pursuant 797
to an adjudication conducted under Chapter 119. of the Revised 798
Code. 799

(2) As used in this division, "control" means any of the 800
following: 801

(a) Holding fifty per cent or more of the outstanding 802
voting securities or membership interest of a prelicensure 803
nursing education program; 804

(b) In the case of an unincorporated prelicensure nursing 805
education program, having the right to fifty per cent or more of 806
the program's profits or in the event of a dissolution, fifty 807
per cent or more of the program's assets; 808

(c) In the case of a prelicensure nursing education 809
program that is a for-profit or not-for-profit corporation, 810
having the contractual authority presently to designate fifty 811
per cent or more of its directors; 812

(d) In the case of a prelicensure nursing education 813
program that is a trust, having the contractual authority 814
presently to designate fifty per cent or more of its trustees; 815

(e) Having the authority to direct the management, 816
policies, or investments of a prelicensure nursing education 817
program. 818

(D) (1) When an action taken by the board under division 819
(A) (6), (7), or (17) or (C) (1) of this section is required to be 820
taken pursuant to an adjudication conducted under Chapter 119. 821

of the Revised Code, the board may, in lieu of an adjudication 822
hearing, enter into a consent agreement to resolve the matter. A 823
consent agreement, when ratified by a vote of a quorum of the 824
board, constitutes the findings and order of the board with 825
respect to the matter addressed in the agreement. If the board 826
refuses to ratify a consent agreement, the admissions and 827
findings contained in the agreement are of no effect. 828

(2) In any instance in which the board is required under 829
Chapter 119. of the Revised Code to give notice to a person 830
seeking approval of a prelicensure nursing education program of 831
an opportunity for a hearing and the person does not make a 832
timely request for a hearing in accordance with section 119.07 833
of the Revised Code, the board is not required to hold a 834
hearing, but may adopt, by a vote of a quorum, a final order 835
that contains the board's findings. 836

(3) When the board denies or withdraws approval of a 837
prelicensure nursing education program, the board may specify 838
that its action is permanent. A program subject to a permanent 839
action taken by the board is forever ineligible for approval and 840
the board shall not accept an application for the program's 841
reinstatement or approval. 842

Sec. 4723.07. In accordance with Chapter 119. of the 843
Revised Code, the board of nursing shall adopt and may amend and 844
rescind rules that establish all of the following: 845

(A) Provisions for the board's government and control of 846
its actions and business affairs; 847

(B) Subject to section 4723.072 of the Revised Code, 848
minimum standards for nursing education programs that prepare 849
graduates to be licensed under this chapter and procedures for 850

granting, renewing, and withdrawing approval of those programs;	851
(C) Criteria that applicants for licensure must meet to be eligible to take examinations for licensure;	852 853
(D) Standards and procedures for renewal of the licenses and certificates issued by the board;	854 855
(E) Standards for approval of continuing nursing education programs and courses for registered nurses, advanced practice registered nurses, and licensed practical nurses. The standards may provide for approval of continuing nursing education programs and courses that have been approved by other state boards of nursing or by national accreditation systems for nursing, including, but not limited to, the American nurses' credentialing center and the national association for practical nurse education and service.	856 857 858 859 860 861 862 863 864
(F) Standards that persons must meet to be authorized by the board to approve continuing education programs and courses and a schedule by which that authorization expires and may be renewed;	865 866 867 868
(G) Requirements, including continuing education requirements, for reactivating inactive licenses or certificates, and for reinstating licenses or certificates that have lapsed;	869 870 871 872
(H) Conditions that may be imposed for reinstatement of a license or certificate following action taken under section 3123.47, 4723.28, 4723.281, 4723.652, or 4723.86 of the Revised Code resulting in a license or certificate suspension;	873 874 875 876
(I) Criteria for evaluating the qualifications of an applicant for a license to practice nursing as a registered nurse, a license to practice nursing as an advanced practice	877 878 879

registered nurse, or a license to practice nursing as a licensed 880
practical nurse for the purpose of issuing the license by the 881
board's endorsement of the applicant's authority to practice 882
issued by the licensing agency of another state; 883

(J) Universal and standard precautions that shall be used 884
by each licensee or certificate holder. The rules shall define 885
and establish requirements for universal and standard 886
precautions that include the following: 887

(1) Appropriate use of hand washing; 888

(2) Disinfection and sterilization of equipment; 889

(3) Handling and disposal of needles and other sharp 890
instruments; 891

(4) Wearing and disposal of gloves and other protective 892
garments and devices. 893

(K) Quality assurance standards for advanced practice 894
registered nurses; 895

(L) Additional criteria for the standard care arrangement 896
required by section 4723.431 of the Revised Code entered into by 897
a certified midwife, clinical nurse specialist, certified nurse- 898
midwife, or certified nurse practitioner and the nurse's 899
collaborating physician or podiatrist; 900

(M) For purposes of division (B) (31) of section 4723.28 of 901
the Revised Code, the actions, omissions, or other circumstances 902
that constitute failure to establish and maintain professional 903
boundaries with a patient; 904

(N) Standards and procedures for delegation under section 905
4723.48 of the Revised Code of the authority to administer 906
drugs. 907

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

Sec. 4723.08. (A) The board of nursing may impose fees not to exceed the following limits:

(1) For application for licensure by examination or endorsement to practice nursing as a registered nurse or as a licensed practical nurse submitted under division (A) or (B) of section 4723.09 of the Revised Code, seventy-five dollars;

(2) For application for licensure to practice nursing as an advanced practice registered nurse submitted under division (A) or (B) (2) of section 4723.41 of the Revised Code, one hundred fifty dollars;

(3) For application for a dialysis technician certificate, the amount specified in rules adopted under section 4723.79 of the Revised Code;

(4) For providing, pursuant to division (B) of section 4723.271 of the Revised Code, written verification of a nursing license, dialysis technician certificate, medication aide certificate, or community health worker certificate to another jurisdiction, fifteen dollars;

(5) For providing, pursuant to division (A) of section 4723.271 of the Revised Code, a replacement copy of a wall certificate suitable for framing as described in that division, twenty-five dollars;

(6) For renewal of a license to practice as a registered nurse or licensed practical nurse, sixty-five dollars;

(7) For renewal of a license to practice as an advanced

practice registered nurse, one hundred thirty-five dollars;	936
(8) For renewal of a dialysis technician certificate, the amount specified in rules adopted under section 4723.79 of the Revised Code;	937 938 939
(9) For processing a late application for renewal of a nursing license or dialysis technician certificate, fifty dollars;	940 941 942
(10) For application for authorization to approve continuing education programs and courses from an applicant accredited by a national accreditation system for nursing, five hundred dollars;	943 944 945 946
(11) For application for authorization to approve continuing education programs and courses from an applicant not accredited by a national accreditation system for nursing, one thousand dollars;	947 948 949 950
(12) For each year for which authorization to approve continuing education programs and courses is renewed, one hundred fifty dollars;	951 952 953
(13) For application for approval to operate a dialysis training program, the amount specified in rules adopted under section 4723.79 of the Revised Code;	954 955 956
(14) For reinstatement of a lapsed license or certificate issued under this chapter, one hundred dollars except as provided in section 5903.10 of the Revised Code;	957 958 959
(15) For processing a check returned to the board by a financial institution, twenty-five dollars;	960 961
(16) The amounts specified in rules adopted under section 4723.88 of the Revised Code pertaining to the issuance of	962 963

certificates to community health workers, including fees for 964
application for a certificate, renewal of a certificate, 965
processing a late application for renewal of a certificate, 966
reinstatement of a lapsed certificate, application for approval 967
of a community health worker training program for community 968
health workers, and renewal of the approval of a training 969
program for community health workers; 970

(17) For application for licensure to practice as a 971
certified midwife, an amount equal to the fee for licensure to 972
practice as an advanced practice registered nurse; 973

(18) For renewal of a license to practice as a certified 974
midwife, an amount equal to the fee for renewal of a license to 975
practice as an advanced practice registered nurse. 976

(B) Each quarter, for purposes of transferring funds under 977
section 4743.05 of the Revised Code to the nurse education 978
assistance fund created in section 3333.28 of the Revised Code, 979
the board of nursing shall certify to the director of budget and 980
management the number of licenses renewed under this chapter 981
during the preceding quarter and the amount equal to that number 982
times five dollars. 983

(C) The board may charge a participant in a board- 984
sponsored continuing education activity an amount not exceeding 985
fifteen dollars for each activity. 986

(D) The board may contract for services pertaining to the 987
process of providing written verification of a license or 988
certificate when the verification is performed for purposes 989
other than providing verification to another jurisdiction. The 990
contract may include provisions pertaining to the collection of 991
the fee charged for providing the written verification. As part 992

of these provisions, the board may permit the contractor to 993
retain a portion of the fees as compensation, before any amounts 994
are deposited into the state treasury. 995

Sec. 4723.271. (A) Upon request of the holder of a nursing 996
license, certified midwife license, dialysis technician 997
certificate, medication aide certificate, or community health 998
worker certificate issued under this chapter, the presentment of 999
proper identification as prescribed in rules adopted by the 1000
board of nursing, and payment of the fee authorized under 1001
section 4723.08 of the Revised Code, the board of nursing shall 1002
provide to the requestor a replacement copy of a wall 1003
certificate suitable for framing. 1004

(B) Upon request of the holder of a nursing license, 1005
certified midwife license, volunteer's certificate, dialysis 1006
technician certificate, medication aide certificate, or 1007
community health worker certificate issued under this chapter 1008
and payment of the fee authorized under section 4723.08 of the 1009
Revised Code, the board shall verify to an agency of another 1010
jurisdiction or foreign country the fact that the person holds 1011
such nursing license, certified midwife license, volunteer's 1012
certificate, dialysis technician certificate, medication aide 1013
certificate, or community health worker certificate. 1014

Sec. 4723.28. (A) The board of nursing, by a vote of a 1015
quorum, may impose one or more of the following sanctions if it 1016
finds that a person committed fraud in passing an examination 1017
required to obtain a nursing license, certified midwife license, 1018
or dialysis technician certificate issued by the board or 1019
committed fraud, misrepresentation, or deception in applying for 1020
or securing a nursing license, certified midwife license, or 1021
dialysis technician certificate issued by the board: deny, 1022

revoke, suspend, or place restrictions on any nursing license, 1023
certified midwife license, or dialysis technician certificate 1024
issued by the board; reprimand or otherwise discipline a holder 1025
of a nursing license, certified midwife license, or dialysis 1026
technician certificate; or impose a fine of not more than five 1027
hundred dollars per violation. 1028

(B) Except as provided in section 4723.092 of the Revised 1029
Code, the board of nursing, by a vote of a quorum, may impose 1030
one or more of the following sanctions: deny, revoke, suspend, 1031
or place restrictions on any nursing license, certified midwife 1032
license, or dialysis technician certificate issued by the board; 1033
reprimand or otherwise discipline a holder of a nursing license, 1034
certified midwife license, or dialysis technician certificate; 1035
or impose a fine of not more than five hundred dollars per 1036
violation. The sanctions may be imposed for any of the 1037
following: 1038

(1) Denial, revocation, suspension, or restriction of 1039
authority to engage in a licensed profession or practice a 1040
health care occupation, including nursing or practice as a 1041
certified midwife or dialysis technician, for any reason other 1042
than a failure to renew, in Ohio or another state or 1043
jurisdiction; 1044

(2) Engaging in the practice of nursing or engaging in 1045
practice as a certified midwife or dialysis technician, having 1046
failed to renew a nursing license, certified midwife license, or 1047
dialysis technician certificate issued under this chapter, or 1048
while a nursing license, certified midwife license, or dialysis 1049
technician certificate is under suspension; 1050

(3) Conviction of, a plea of guilty to, a judicial finding 1051
of guilt of, a judicial finding of guilt resulting from a plea 1052

of no contest to, or a judicial finding of eligibility for a 1053
pretrial diversion or similar program or for intervention in 1054
lieu of conviction for, a misdemeanor committed in the course of 1055
practice; 1056

(4) Conviction of, a plea of guilty to, a judicial finding 1057
of guilt of, a judicial finding of guilt resulting from a plea 1058
of no contest to, or a judicial finding of eligibility for a 1059
pretrial diversion or similar program or for intervention in 1060
lieu of conviction for, any felony or of any crime involving 1061
gross immorality or moral turpitude; 1062

(5) Selling, giving away, or administering drugs or 1063
therapeutic devices for other than legal and legitimate 1064
therapeutic purposes; or conviction of, a plea of guilty to, a 1065
judicial finding of guilt of, a judicial finding of guilt 1066
resulting from a plea of no contest to, or a judicial finding of 1067
eligibility for a pretrial diversion or similar program or for 1068
intervention in lieu of conviction for, violating any municipal, 1069
state, county, or federal drug law; 1070

(6) Conviction of, a plea of guilty to, a judicial finding 1071
of guilt of, a judicial finding of guilt resulting from a plea 1072
of no contest to, or a judicial finding of eligibility for a 1073
pretrial diversion or similar program or for intervention in 1074
lieu of conviction for, an act in another jurisdiction that 1075
would constitute a felony or a crime of moral turpitude in Ohio; 1076

(7) Conviction of, a plea of guilty to, a judicial finding 1077
of guilt of, a judicial finding of guilt resulting from a plea 1078
of no contest to, or a judicial finding of eligibility for a 1079
pretrial diversion or similar program or for intervention in 1080
lieu of conviction for, an act in the course of practice in 1081
another jurisdiction that would constitute a misdemeanor in 1082

Ohio; 1083

(8) Self-administering or otherwise taking into the body 1084
any dangerous drug, as defined in section 4729.01 of the Revised 1085
Code, in any way that is not in accordance with a legal, valid 1086
prescription issued for that individual, or self-administering 1087
or otherwise taking into the body any drug that is a schedule I 1088
controlled substance; 1089

(9) Habitual or excessive use of controlled substances, 1090
other habit-forming drugs, or alcohol or other chemical 1091
substances to an extent that impairs the individual's ability to 1092
provide safe nursing care, safe care as a certified midwife, or 1093
safe dialysis care; 1094

(10) Impairment of the ability to practice according to 1095
acceptable and prevailing standards of safe nursing care, safe 1096
care as a certified midwife, or safe dialysis care because of 1097
the use of drugs, alcohol, or other chemical substances; 1098

(11) Impairment of the ability to practice according to 1099
acceptable and prevailing standards of safe nursing care, safe 1100
care as a certified midwife, or safe dialysis care because of a 1101
physical or mental disability; 1102

(12) Assaulting or causing harm to a patient or depriving 1103
a patient of the means to summon assistance; 1104

(13) Misappropriation or attempted misappropriation of 1105
money or anything of value in the course of practice; 1106

(14) Adjudication by a probate court of being mentally ill 1107
or mentally incompetent. The board may reinstate the person's 1108
nursing license, certified midwife license, or dialysis 1109
technician certificate upon adjudication by a probate court of 1110
the person's restoration to competency or upon submission to the 1111

board of other proof of competency.	1112
(15) The suspension or termination of employment by the	1113
United States department of defense or department of veterans	1114
affairs for any act that violates or would violate this chapter;	1115
(16) Violation of this chapter or any rules adopted under	1116
it;	1117
(17) Violation of any restrictions placed by the board on	1118
a nursing license, <u>certified midwife license</u> , or dialysis	1119
technician certificate;	1120
(18) Failure to use universal and standard precautions	1121
established by rules adopted under section 4723.07 of the	1122
Revised Code;	1123
(19) Failure to practice in accordance with acceptable and	1124
prevailing standards of safe nursing care, <u>safe care as a</u>	1125
<u>certified midwife</u> , or safe dialysis care;	1126
(20) In the case of a registered nurse, engaging in	1127
activities that exceed the practice of nursing as a registered	1128
nurse;	1129
(21) In the case of a licensed practical nurse, engaging	1130
in activities that exceed the practice of nursing as a licensed	1131
practical nurse;	1132
(22) In the case of a dialysis technician, engaging in	1133
activities that exceed those permitted under section 4723.72 of	1134
the Revised Code;	1135
(23) Aiding and abetting a person in that person's	1136
practice of nursing <u>or as a certified midwife</u> without a license	1137
or practice as a dialysis technician without a certificate	1138
issued under this chapter;	1139

(24) In the case of an advanced practice registered nurse, 1140
except as provided in division (M) of this section, either of 1141
the following: 1142

(a) Waiving the payment of all or any part of a deductible 1143
or copayment that a patient, pursuant to a health insurance or 1144
health care policy, contract, or plan that covers such nursing 1145
services, would otherwise be required to pay if the waiver is 1146
used as an enticement to a patient or group of patients to 1147
receive health care services from that provider; 1148

(b) Advertising that the nurse will waive the payment of 1149
all or any part of a deductible or copayment that a patient, 1150
pursuant to a health insurance or health care policy, contract, 1151
or plan that covers such nursing services, would otherwise be 1152
required to pay. 1153

(25) Failure to comply with the terms and conditions of 1154
participation in the safe haven program conducted under sections 1155
4723.35 and 4723.351 of the Revised Code; 1156

(26) Failure to comply with the terms and conditions 1157
required under the practice intervention and improvement program 1158
established under section 4723.282 of the Revised Code; 1159

(27) In the case of an advanced practice registered nurse: 1160

(a) Engaging in activities that exceed those permitted for 1161
the nurse's nursing specialty under section 4723.43 of the 1162
Revised Code; 1163

(b) Failure to meet the quality assurance standards 1164
established under section 4723.07 of the Revised Code. 1165

(28) In the case of an advanced practice registered nurse 1166
other than a certified registered nurse anesthetist, failure to 1167

maintain a standard care arrangement in accordance with section 1168
4723.431 of the Revised Code or to practice in accordance with 1169
the standard care arrangement; 1170

(29) In the case of an advanced practice registered nurse 1171
who is designated as a clinical nurse specialist, certified 1172
nurse-midwife, or certified nurse practitioner, failure to 1173
prescribe drugs and therapeutic devices in accordance with 1174
section 4723.481 of the Revised Code; 1175

(30) Prescribing any drug or device to perform or induce 1176
an abortion, or otherwise performing or inducing an abortion; 1177

(31) Failure to establish and maintain professional 1178
boundaries with a patient, as specified in rules adopted under 1179
section 4723.07 of the Revised Code; 1180

(32) Regardless of whether the contact or verbal behavior 1181
is consensual, engaging with a patient other than the spouse of 1182
the registered nurse, licensed practical nurse, certified 1183
midwife, or dialysis technician in any of the following: 1184

(a) Sexual contact, as defined in section 2907.01 of the 1185
Revised Code; 1186

(b) Verbal behavior that is sexually demeaning to the 1187
patient or may be reasonably interpreted by the patient as 1188
sexually demeaning. 1189

(33) Assisting suicide, as defined in section 3795.01 of 1190
the Revised Code; 1191

(34) Failure to comply with the requirements in section 1192
3719.061 of the Revised Code before issuing for a minor a 1193
prescription for an opioid analgesic, as defined in section 1194
3719.01 of the Revised Code; 1195

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

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

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

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

(39) Failure to cooperate with an investigation conducted by the board under this chapter, including failure to comply with a subpoena or order issued by the board or failure to answer truthfully a question presented by the board in an investigative interview, in an investigative office conference, at a deposition, or in written interrogatories, except that failure to cooperate with an investigation does not constitute grounds for discipline if a court of competent jurisdiction has issued an order that either quashes a subpoena or permits the individual to withhold testimony or evidence at issue;

(40) In the case of a certified midwife:

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

(b) Failure to prescribe drugs and therapeutic devices in 1225
accordance with section 4723.481 of the Revised Code; 1226

(c) Failure to maintain a standard care arrangement in 1227
accordance with section 4723.431 of the Revised Code or to 1228
practice in accordance with the standard care arrangement. 1229

(C) Disciplinary actions taken by the board under 1230
divisions (A) and (B) of this section shall be taken pursuant to 1231
an adjudication conducted under Chapter 119. of the Revised 1232
Code, except that in lieu of a hearing, the board may enter into 1233
a consent agreement with an individual to resolve an allegation 1234
of a violation of this chapter or any rule adopted under it. A 1235
consent agreement, when ratified by a vote of a quorum, shall 1236
constitute the findings and order of the board with respect to 1237
the matter addressed in the agreement. If the board refuses to 1238
ratify a consent agreement, the admissions and findings 1239
contained in the agreement shall be of no effect. 1240

(D) The hearings of the board shall be conducted in 1241
accordance with Chapter 119. of the Revised Code, the board may 1242
appoint a hearing examiner, as provided in section 119.09 of the 1243
Revised Code, to conduct any hearing the board is authorized to 1244
hold under Chapter 119. of the Revised Code. 1245

In any instance in which the board is required under 1246
Chapter 119. of the Revised Code to give notice of an 1247
opportunity for a hearing and the applicant, licensee, or 1248
certificate holder does not make a timely request for a hearing 1249
in accordance with section 119.07 of the Revised Code, the board 1250
is not required to hold a hearing, but may adopt, by a vote of a 1251
quorum, a final order that contains the board's findings. In the 1252
final order, the board may order any of the sanctions listed in 1253
division (A) or (B) of this section. 1254

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

If the board takes action on the basis of a conviction, plea, or a judicial finding as described in divisions (B) (3) to (7) of this section that is overturned on appeal, the registered nurse, licensed practical nurse, certified midwife, or dialysis technician may, on exhaustion of the appeal process, petition the board for reconsideration of its action. On receipt of the petition and supporting court documents, the board shall temporarily rescind its action. If the board determines that the decision on appeal was a decision on the merits, it shall permanently rescind its action. If the board determines that the decision on appeal was not a decision on the merits, it shall conduct an adjudication to determine whether the registered nurse, licensed practical nurse, certified midwife, or dialysis technician committed the act on which the original conviction, plea, or judicial finding was based. If the board determines on

the basis of the adjudication that the registered nurse, 1286
licensed practical nurse, certified midwife, or dialysis 1287
technician committed such act, or if the registered nurse, 1288
licensed practical nurse, certified midwife, or dialysis 1289
technician does not request an adjudication, the board shall 1290
reinstate its action; otherwise, the board shall permanently 1291
rescind its action. 1292

Notwithstanding the provision of division (D) (2) of 1293
section 2953.32 or division (F) (1) of section 2953.39 of the 1294
Revised Code specifying that if records pertaining to a criminal 1295
case are sealed or expunged under that section the proceedings 1296
in the case shall be deemed not to have occurred, sealing or 1297
expungement of the following records on which the board has 1298
based an action under this section shall have no effect on the 1299
board's action or any sanction imposed by the board under this 1300
section: records of any conviction, guilty plea, judicial 1301
finding of guilt resulting from a plea of no contest, or a 1302
judicial finding of eligibility for a pretrial diversion program 1303
or intervention in lieu of conviction. 1304

The board shall not be required to seal, destroy, redact, 1305
or otherwise modify its records to reflect the court's sealing 1306
or expungement of conviction records. 1307

(F) The board may investigate an individual's criminal 1308
background in performing its duties under this section. As part 1309
of such investigation, the board may order the individual to 1310
submit, at the individual's expense, a request to the bureau of 1311
criminal identification and investigation for a criminal records 1312
check and check of federal bureau of investigation records 1313
pursuant to section 4723.091 of the Revised Code. 1314

(G) During the course of an investigation conducted under 1315

this section, the board may compel any registered nurse, 1316
licensed practical nurse, certified midwife, or dialysis 1317
technician or applicant under this chapter to submit to a mental 1318
or physical examination, or both, as required by the board and 1319
at the expense of the individual, if the board finds reason to 1320
believe that the individual under investigation may have a 1321
physical or mental impairment that may affect the individual's 1322
ability to provide safe nursing, certified midwifery, or 1323
dialysis care. 1324

The board shall not compel an individual who has been 1325
referred to the safe haven program as described in sections 1326
4723.35 and 4723.351 of the Revised Code to submit to a mental 1327
or physical examination. 1328

Failure of any individual to submit to a mental or 1329
physical examination when directed constitutes an admission of 1330
the allegations, unless the failure is due to circumstances 1331
beyond the individual's control, and a default and final order 1332
may be entered without the taking of testimony or presentation 1333
of evidence. 1334

If the board finds that an individual is impaired, the 1335
board shall require the individual to submit to care, 1336
counseling, or treatment approved or designated by the board, as 1337
a condition for initial, continued, reinstated, or renewed 1338
authority to practice. The individual shall be afforded an 1339
opportunity to demonstrate to the board that the individual can 1340
begin or resume the individual's occupation in compliance with 1341
acceptable and prevailing standards of care under the provisions 1342
of the individual's authority to practice. 1343

For purposes of this division, any registered nurse, 1344
licensed practical nurse, certified midwife, or dialysis 1345

technician or applicant under this chapter shall be deemed to 1346
have given consent to submit to a mental or physical examination 1347
when directed to do so in writing by the board, and to have 1348
waived all objections to the admissibility of testimony or 1349
examination reports that constitute a privileged communication. 1350

(H) The board shall investigate evidence that appears to 1351
show that any person has violated any provision of this chapter 1352
or any rule of the board. Any person may report to the board any 1353
information the person may have that appears to show a violation 1354
of any provision of this chapter or rule of the board. In the 1355
absence of bad faith, any person who reports such information or 1356
who testifies before the board in any adjudication conducted 1357
under Chapter 119. of the Revised Code shall not be liable for 1358
civil damages as a result of the report or testimony. 1359

(I) All of the following apply under this chapter with 1360
respect to the confidentiality of information: 1361

(1) Information received by the board pursuant to a 1362
complaint or an investigation is confidential and not subject to 1363
discovery in any civil action, except that the board may 1364
disclose information to law enforcement officers and government 1365
entities for purposes of an investigation of either a licensed 1366
health care professional, including a registered nurse, licensed 1367
practical nurse, certified midwife, or dialysis technician, or a 1368
person who may have engaged in the unauthorized practice of 1369
nursing, certified midwifery, or dialysis care. No law 1370
enforcement officer or government entity with knowledge of any 1371
information disclosed by the board pursuant to this division 1372
shall divulge the information to any other person or government 1373
entity except for the purpose of a government investigation, a 1374
prosecution, or an adjudication by a court or government entity. 1375

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

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

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

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

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

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

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

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

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

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

(B) The board of nursing may abstain from taking disciplinary action under section 4723.28 of the Revised Code against the holder of a license or certificate issued under this

chapter who has a practice deficiency that has been identified 1434
by the board through an investigation conducted under section 1435
4723.28 of the Revised Code. The board may abstain from taking 1436
action only if the board has reason to believe that the 1437
individual's practice deficiency can be corrected through 1438
remediation, and if the individual enters into an agreement with 1439
the board to seek remediation as prescribed by the board, 1440
complies with the terms and conditions of the remediation, and 1441
successfully completes the remediation. If an individual fails 1442
to complete the remediation or the board determines that 1443
remediation cannot correct the individual's practice deficiency, 1444
the board shall proceed with disciplinary action in accordance 1445
with section 4723.28 of the Revised Code. 1446

(C) To implement its authority under this section to 1447
abstain from taking disciplinary action, the board shall 1448
establish a practice intervention and improvement program. The 1449
board shall designate an administrator to operate the program 1450
and, in accordance with Chapter 119. of the Revised Code, adopt 1451
rules for the program that establish the following: 1452

(1) Criteria for use in identifying an individual's 1453
practice deficiency; 1454

(2) Requirements that an individual must meet to be 1455
eligible for remediation and the board's abstention from 1456
disciplinary action; 1457

(3) Standards and procedures for prescribing remediation 1458
that is appropriate for an individual's identified practice 1459
deficiency; 1460

(4) Terms and conditions that an individual must meet to 1461
be successful in completing the remediation prescribed; 1462

(5) Procedures for the board's monitoring of the individual's remediation; 1463
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(6) Procedures for maintaining confidential records regarding individuals who participate in remediation; 1465
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(7) Any other requirements or procedures necessary to develop and administer the program. 1467
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(D) All records held by the board for purposes of the program shall be confidential, are not public records for purposes of section 149.43 of the Revised Code, and are not subject to discovery by subpoena or admissible as evidence in any judicial proceeding. The administrator of the program shall maintain all records in the board's office in accordance with the board's record retention schedule. 1469
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(E) When an individual begins the remediation prescribed by the board, the individual shall sign a waiver permitting any entity that provides services related to the remediation to release to the board information regarding the individual's progress. An entity that provides services related to remediation shall report to the board if the individual fails to complete the remediation or does not make satisfactory progress in remediation. 1476
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In the absence of fraud or bad faith, an entity that reports to the board regarding an individual's practice deficiency, or progress or lack of progress in remediation, is not liable in damages to any person as a result of making the report. 1484
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(F) An individual participating in remediation prescribed under this section is responsible for all financial obligations that may arise from obtaining or completing the remediation. 1489
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Sec. 4723.33. A registered nurse, licensed practical 1492
nurse, certified midwife, dialysis technician, community health 1493
worker, or medication aide who in good faith makes a report 1494
under this chapter or any other provision of the Revised Code 1495
regarding a violation of this chapter or any other provision of 1496
the Revised Code, or participates in any investigation, 1497
administrative proceeding, or judicial proceeding resulting from 1498
the report, has the full protection against retaliatory action 1499
provided by sections 4113.51 to 4113.53 of the Revised Code. 1500

Sec. 4723.34. (A) A person or governmental entity that 1501
employs, or contracts directly or through another person or 1502
governmental entity for the provision of services by, registered 1503
nurses, licensed practical nurses, nurses holding multistate 1504
licenses to practice registered or licensed practical nursing 1505
issued pursuant to section 4723.11 of the Revised Code, 1506
certified midwives, dialysis technicians, medication aides, or 1507
certified community health workers and that knows or has reason 1508
to believe that a current or former employee or person providing 1509
services under a contract who holds a license or certificate 1510
issued under this chapter engaged in conduct that would be 1511
grounds for disciplinary action by the board of nursing under 1512
this chapter or rules adopted under it shall report to the board 1513
of nursing the name of such current or former employee or person 1514
providing services under a contract. The report shall be made on 1515
the person's or governmental entity's behalf by an individual 1516
licensed by the board who the person or governmental entity has 1517
designated to make such reports. 1518

A prosecutor in a case described in divisions (B) (3) to 1519
(5) of section 4723.28 of the Revised Code, or in a case where 1520
the trial court issued an order of dismissal upon technical or 1521
procedural grounds of a charge of a misdemeanor committed in the 1522

course of practice, a felony charge, or a charge of gross 1523
immorality or moral turpitude, who knows or has reason to 1524
believe that the person charged is licensed under this chapter 1525
to practice nursing as a registered nurse or as a licensed 1526
practical nurse, is licensed under this chapter to practice as a 1527
certified midwife, or holds a certificate issued under this 1528
chapter to practice as a dialysis technician shall notify the 1529
board of nursing of the charge. With regard to certified 1530
community health workers and medication aides, the prosecutor in 1531
a case involving a charge of a misdemeanor committed in the 1532
course of employment, a felony charge, or a charge of gross 1533
immorality or moral turpitude, including a case dismissed on 1534
technical or procedural grounds, who knows or has reason to 1535
believe that the person charged holds a community health worker 1536
or medication aide certificate issued under this chapter shall 1537
notify the board of the charge. 1538

Each notification from a prosecutor shall be made on forms 1539
prescribed and provided by the board. The report shall include 1540
the name and address of the license or certificate holder, the 1541
charge, and the certified court documents recording the action. 1542

(B) If any person or governmental entity fails to provide 1543
a report required by this section, the board may seek an order 1544
from a court of competent jurisdiction compelling submission of 1545
the report. 1546

Sec. 4723.341. (A) As used in this section, "person" has 1547
the same meaning as in section 1.59 of the Revised Code and also 1548
includes the board of nursing and its members and employees; 1549
health care facilities, associations, and societies; insurers; 1550
and individuals. 1551

(B) In the absence of fraud or bad faith, no person 1552

reporting to the board of nursing or testifying in an 1553
adjudication conducted under Chapter 119. of the Revised Code 1554
with regard to alleged incidents of negligence or malpractice or 1555
matters subject to this chapter or sections 3123.41 to 3123.50 1556
of the Revised Code and any applicable rules adopted under 1557
section 3123.63 of the Revised Code shall be subject to either 1558
of the following based on making the report or testifying: 1559

(1) Liability in damages in a civil action for injury, 1560
death, or loss to person or property; 1561

(2) Discipline or dismissal by an employer. 1562

(C) An individual who is disciplined or dismissed in 1563
violation of division (B) (2) of this section has the same rights 1564
and duties accorded an employee under sections 4113.52 and 1565
4113.53 of the Revised Code. 1566

(D) In the absence of fraud or bad faith, no professional 1567
association of registered nurses, advanced practice registered 1568
nurses, licensed practical nurses, certified midwives, dialysis 1569
technicians, community health workers, or medication aides that 1570
sponsors a committee or program to provide peer assistance to 1571
individuals with substance abuse problems, no representative or 1572
agent of such a committee or program, and no member of the board 1573
of nursing shall be liable to any person for damages in a civil 1574
action by reason of actions taken to refer a nurse, certified 1575
midwife, dialysis technician, community health worker, or 1576
medication aide to a treatment provider or actions or omissions 1577
of the provider in treating a nurse, certified midwife, dialysis 1578
technician, community health worker, or medication aide. 1579

Sec. 4723.35. (A) As used in this section and section 1580
4723.351 of the Revised Code: 1581

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

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

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

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

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

(B) The board of nursing shall establish the safe haven program to monitor applicants and practitioners who are or may be impaired, but against whom the board has abstained from taking disciplinary action. The program is to be conducted by the monitoring organization under contract with the board as described in section 4723.351 of the Revised Code.

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

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

(b) The monitoring and oversight of licensees under terms specified in a board adjudication order or consent agreement. 1611
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(2) If the board transfers the responsibilities described in division (C) (1) of this section, both of the following apply: 1613
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(a) The monitoring organization shall provide to the board quarterly reports regarding the compliance of transferred licensees. 1615
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(b) The monitoring organization shall immediately report to the board any licensee who is not in compliance with the terms and conditions of monitoring. 1618
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(D) The board shall refer to the monitoring organization any applicant or practitioner whose health and effectiveness show signs of impairment or potential impairment, but only if the applicant or practitioner meets the eligibility conditions of division (G) of this section. 1621
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(E) Determinations regarding an applicant's or practitioner's eligibility for admission to, continued participation in, and successful completion of the safe haven program shall be made by the monitoring organization in accordance with rules adopted under section 4723.351 of the Revised Code. 1626
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(F) The board shall abstain from taking disciplinary action under section 4723.28, 4723.652, or 4723.86 of the Revised Code against an individual whose health and effectiveness show signs of impairment or potential impairment, but who is not currently under the terms of a consent agreement with the board for impairment or an order issued by the board for impairment if the individual is participating in the safe haven program. 1632
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An applicant's or practitioner's impairment neither 1640
excuses an applicant or practitioner who has committed other 1641
violations of this chapter nor precludes the board from 1642
investigating or taking disciplinary action against an applicant 1643
or practitioner for other violations of this chapter. 1644

(G) An applicant or practitioner is eligible to 1645
participate in the safe haven program if both of the following 1646
conditions are met: 1647

(1) The applicant or practitioner needs assistance with 1648
impairment or potential impairment. 1649

(2) The applicant or practitioner has an unencumbered 1650
license and is not currently under the terms of a consent 1651
agreement with the board for impairment or an order issued by 1652
the board for impairment. 1653

Sec. 4723.41. (A) Each person who desires to practice 1654
nursing as a certified nurse-midwife and has not been authorized 1655
to practice ~~midwifery~~nurse-midwifery prior to December 1, 1967, 1656
and each person who desires to practice nursing as a certified 1657
registered nurse anesthetist, clinical nurse specialist, or 1658
certified nurse practitioner shall file with the board of 1659
nursing a written application for a license to practice nursing 1660
as an advanced practice registered nurse and designation in the 1661
desired specialty. The application must be filed, under oath, on 1662
a form prescribed by the board accompanied by the application 1663
fee required by section 4723.08 of the Revised Code. 1664

Except as provided in division (B), (C), or (D) of this 1665
section, at the time of making application, the applicant shall 1666
meet all of the following requirements: 1667

(1) Be a registered nurse; 1668

(2) Submit documentation satisfactory to the board that 1669
the applicant has earned a master's or doctoral degree with a 1670
major in a nursing specialty or in a related field that 1671
qualifies the applicant to sit for the certification examination 1672
of a national certifying organization approved by the board 1673
under section 4723.46 of the Revised Code; 1674

(3) Submit documentation satisfactory to the board of 1675
having passed the certification examination of a national 1676
certifying organization approved by the board under section 1677
4723.46 of the Revised Code to examine and certify, as 1678
applicable, nurse-midwives, registered nurse anesthetists, 1679
clinical nurse specialists, or nurse practitioners; 1680

(4) Submit an affidavit with the application that states 1681
all of the following: 1682

(a) That the applicant is the person named in the 1683
documents submitted under this section and is the lawful 1684
possessor thereof; 1685

(b) The applicant's age, residence, the school at which 1686
the applicant obtained education in the applicant's nursing 1687
specialty, and any other facts that the board requires; 1688

(c) The specialty in which the applicant seeks 1689
designation. 1690

(B) (1) A certified registered nurse anesthetist, clinical 1691
nurse specialist, certified nurse-midwife, or certified nurse 1692
practitioner who is practicing or has practiced as such in 1693
another jurisdiction other than another state may apply for a 1694
license by endorsement to practice nursing as an advanced 1695
practice registered nurse and designation as a certified 1696
registered nurse anesthetist, clinical nurse specialist, 1697

certified nurse-midwife, or certified nurse practitioner in this 1698
state if the nurse meets the requirements set forth in division 1699
(A) of this section or division (B) (2) of this section. 1700

(2) If an applicant who is practicing or has practiced in 1701
another jurisdiction other than another state applies for 1702
designation under division (B) (2) of this section, the 1703
application shall be submitted to the board in the form 1704
prescribed by rules of the board and be accompanied by the 1705
application fee required by section 4723.08 of the Revised Code. 1706
The application shall include evidence that the applicant meets 1707
the requirements of division (B) (2) of this section, holds 1708
authority to practice nursing and is in good standing in another 1709
jurisdiction other than another state granted after meeting 1710
requirements approved by the entity of that jurisdiction that 1711
regulates nurses, and other information required by rules of the 1712
board of nursing. 1713

With respect to the educational requirements and national 1714
certification requirements that an applicant under division (B) 1715
(2) of this section must meet, both of the following apply: 1716

(a) If the applicant is a certified registered nurse 1717
anesthetist, certified nurse-midwife, or certified nurse 1718
practitioner who, on or before December 31, 2000, obtained 1719
certification in the applicant's nursing specialty with a 1720
national certifying organization listed in division (A) (3) of 1721
section 4723.41 of the Revised Code as that division existed 1722
prior to March 20, 2013, or that was at that time approved by 1723
the board under section 4723.46 of the Revised Code, the 1724
applicant must have maintained the certification. The applicant 1725
is not required to have earned a master's or doctoral degree 1726
with a major in a nursing specialty or in a related field that 1727

qualifies the applicant to sit for the certification 1728
examination. 1729

(b) If the applicant is a clinical nurse specialist, one 1730
of the following must apply to the applicant: 1731

(i) On or before December 31, 2000, the applicant obtained 1732
a master's or doctoral degree with a major in a clinical area of 1733
nursing from an educational institution accredited by a national 1734
or regional accrediting organization. The applicant is not 1735
required to have passed a certification examination. 1736

(ii) On or before December 31, 2000, the applicant 1737
obtained a master's or doctoral degree in nursing or a related 1738
field and was certified as a clinical nurse specialist by the 1739
American nurses credentialing center or another national 1740
certifying organization that was at that time approved by the 1741
board under section 4723.46 of the Revised Code. 1742

(3) The board shall grant a license to practice nursing as 1743
an advanced practice registered nurse in accordance with Chapter 1744
4796. of the Revised Code to an applicant if either of the 1745
following applies: 1746

(a) The applicant holds a license in another state. 1747

(b) The applicant has satisfactory work experience, a 1748
government certification, or a private certification as 1749
described in that chapter as an advanced practice registered 1750
nurse in a state that does not issue that license. 1751

(4) The board may grant a nonrenewable temporary permit to 1752
practice nursing as an advanced practice registered nurse to an 1753
applicant for licensure under division (B) (2) or (3) of this 1754
section if the board is satisfied by the evidence that the 1755
applicant holds a valid, unrestricted license in or equivalent 1756

authorization from another jurisdiction. Chapter 4796. of the 1757
Revised Code does not apply to a temporary permit issued under 1758
this division. The temporary permit shall expire at the earlier 1759
of one hundred eighty days after issuance or upon the issuance 1760
of a license under division (B) (2) or (3) of this section. 1761

(C) An applicant who desires to practice nursing as a 1762
certified registered nurse anesthetist, certified nurse-midwife, 1763
or certified nurse practitioner is exempt from the educational 1764
requirements in division (A) (2) of this section if all of the 1765
following are the case: 1766

(1) Before January 1, 2001, the board issued to the 1767
applicant a certificate of authority to practice as a certified 1768
registered nurse anesthetist, certified nurse-midwife, or 1769
certified nurse practitioner; 1770

(2) The applicant submits documentation satisfactory to 1771
the board that the applicant obtained certification in the 1772
applicant's nursing specialty with a national certifying 1773
organization listed in division (A) (3) of section 4723.41 of the 1774
Revised Code as that division existed prior to March 20, 2013, 1775
or that was at that time approved by the board under section 1776
4723.46 of the Revised Code; 1777

(3) The applicant submits documentation satisfactory to 1778
the board that the applicant has maintained the certification 1779
described in division (C) (2) of this section. 1780

(D) An applicant who desires to practice as a clinical 1781
nurse specialist is exempt from the examination requirement in 1782
division (A) (3) of this section if both of the following are the 1783
case: 1784

(1) Before January 1, 2001, the board issued to the 1785

applicant a certificate of authority to practice as a clinical 1786
nurse specialist; 1787

(2) The applicant submits documentation satisfactory to 1788
the board that the applicant earned either of the following: 1789

(a) A master's or doctoral degree with a major in a 1790
clinical area of nursing from an educational institution 1791
accredited by a national or regional accrediting organization; 1792

(b) A master's or doctoral degree in nursing or a related 1793
field and was certified as a clinical nurse specialist by the 1794
American nurses credentialing center or another national 1795
certifying organization that was at that time approved by the 1796
board under section 4723.46 of the Revised Code. 1797

Sec. 4723.43. A certified registered nurse anesthetist, 1798
clinical nurse specialist, certified nurse-midwife, or certified 1799
nurse practitioner may provide to individuals and groups nursing 1800
care that requires knowledge and skill obtained from advanced 1801
formal education and clinical experience. In this capacity as an 1802
advanced practice registered nurse, a certified nurse-midwife is 1803
subject to division (A) of this section, a certified registered 1804
nurse anesthetist is subject to division (B) of this section, a 1805
certified nurse practitioner is subject to division (C) of this 1806
section, and a clinical nurse specialist is subject to division 1807
(D) of this section. 1808

(A) ~~A~~ Subject to sections 4723.58 to 4723.584 of the 1809
Revised Code, a nurse authorized to practice as a certified 1810
nurse-midwife, in collaboration with one or more physicians, may 1811
provide the management of preventive services and those primary 1812
care services necessary to provide health care to women 1813
antepartally, intrapartally, postpartally, and gynecologically, 1814

consistent with the nurse's education and certification, and in 1815
accordance with rules adopted by the board of nursing. 1816

No certified nurse-midwife may perform version, ~~deliver~~ 1817
~~breech or face presentation,~~ use forceps, do any obstetric 1818
operation, or treat any other abnormal condition outside of the 1819
scope of practice for certified nurse-midwives established by 1820
the American college of nurse-midwives, except in emergencies. 1821
No certified nurse-midwife may deliver breech or face 1822
presentation except in an emergency or as provided in section 1823
4723.581 of the Revised Code. Division (A) of this section does 1824
not prohibit a certified nurse-midwife from performing 1825
episiotomies or normal vaginal deliveries, or repairing vaginal 1826
tears. A certified nurse-midwife may, in collaboration with one 1827
or more physicians, prescribe drugs and therapeutic devices in 1828
accordance with section 4723.481 of the Revised Code. A 1829
certified nurse-midwife may, in collaboration with one or more 1830
physicians, attend births in hospitals, homes, medical offices, 1831
and freestanding birthing centers and provide care for normal 1832
newborns during the period consistent with the scope of practice 1833
for certified nurse-midwives established by the American college 1834
of nurse-midwives. 1835

(B) A nurse authorized to practice as a certified 1836
registered nurse anesthetist, consistent with the nurse's 1837
education and certification and in accordance with rules adopted 1838
by the board, may do the following: 1839

(1) With supervision and in the immediate presence of a 1840
physician, podiatrist, or dentist, administer anesthesia and 1841
perform anesthesia induction, maintenance, and emergence; 1842

(2) With supervision, obtain informed consent for 1843
anesthesia care and perform preanesthetic preparation and 1844

evaluation, postanesthetic preparation and evaluation, 1845
postanesthesia care, and, subject to section 4723.433 of the 1846
Revised Code, clinical support functions; 1847

(3) With supervision and in accordance with section 1848
4723.434 of the Revised Code, engage in the activities described 1849
in division (A) of that section. 1850

The physician, podiatrist, or dentist supervising a 1851
certified registered nurse anesthetist must be actively engaged 1852
in practice in this state. When a certified registered nurse 1853
anesthetist is supervised by a podiatrist, the nurse's scope of 1854
practice is limited to the anesthesia procedures that the 1855
podiatrist has the authority under section 4731.51 of the 1856
Revised Code to perform. A certified registered nurse 1857
anesthetist may not administer general anesthesia under the 1858
supervision of a podiatrist in a podiatrist's office. When a 1859
certified registered nurse anesthetist is supervised by a 1860
dentist, the nurse's scope of practice is limited to the 1861
anesthesia procedures that the dentist has the authority under 1862
Chapter 4715. of the Revised Code to perform. 1863

(C) A nurse authorized to practice as a certified nurse 1864
practitioner, in collaboration with one or more physicians or 1865
podiatrists, may provide preventive and primary care services, 1866
provide services for acute illnesses, and evaluate and promote 1867
patient wellness within the nurse's nursing specialty, 1868
consistent with the nurse's education and certification, and in 1869
accordance with rules adopted by the board. A certified nurse 1870
practitioner may, in collaboration with one or more physicians 1871
or podiatrists, prescribe drugs and therapeutic devices in 1872
accordance with section 4723.481 of the Revised Code. 1873

When a certified nurse practitioner is collaborating with 1874

a podiatrist, the nurse's scope of practice is limited to the 1875
procedures that the podiatrist has the authority under section 1876
4731.51 of the Revised Code to perform. 1877

(D) A nurse authorized to practice as a clinical nurse 1878
specialist, in collaboration with one or more physicians or 1879
podiatrists, may provide and manage the care of individuals and 1880
groups with complex health problems and provide health care 1881
services that promote, improve, and manage health care within 1882
the nurse's nursing specialty, consistent with the nurse's 1883
education and in accordance with rules adopted by the board. A 1884
clinical nurse specialist may, in collaboration with one or more 1885
physicians or podiatrists, prescribe drugs and therapeutic 1886
devices in accordance with section 4723.481 of the Revised Code. 1887

When a clinical nurse specialist is collaborating with a 1888
podiatrist, the nurse's scope of practice is limited to the 1889
procedures that the podiatrist has the authority under section 1890
4731.51 of the Revised Code to perform. 1891

Sec. 4723.431. (A) (1) An—A certified midwife or an 1892
advanced practice registered nurse who is designated as a 1893
clinical nurse specialist, certified nurse-midwife, or certified 1894
nurse practitioner may practice only in accordance with a 1895
standard care arrangement entered into with each physician or 1896
podiatrist with whom the certified midwife or nurse 1897
collaborates. A copy of the standard care arrangement shall be 1898
retained on file by the certified midwife's or nurse's employer. 1899
Prior approval of the standard care arrangement by the board of 1900
nursing is not required, but the board may periodically review 1901
it for compliance with this section. 1902

A certified midwife, clinical nurse specialist, certified 1903
nurse-midwife, or certified nurse practitioner may enter into a 1904

standard care arrangement with one or more collaborating 1905
physicians or podiatrists. If a collaborating physician or 1906
podiatrist enters into standard care arrangements with more than 1907
five certified midwives or nurses, the physician or podiatrist 1908
shall not collaborate at the same time with more than five 1909
certified midwives or nurses in the prescribing component of 1910
their practices. 1911

Not later than thirty days after first engaging in the 1912
practice of midwifery as a certified midwife or the practice of 1913
nursing as a clinical nurse specialist, certified nurse-midwife, 1914
or certified nurse practitioner, the certified midwife or nurse 1915
shall submit to the board the name and business address of each 1916
collaborating physician or podiatrist. Thereafter, the certified 1917
midwife or nurse shall notify the board of any additions or 1918
deletions to the midwife's or nurse's collaborating physicians 1919
or podiatrists. Except as provided in division (D) of this 1920
section, the notice must be provided not later than thirty days 1921
after the change takes effect. 1922

(2) All of the following conditions apply with respect to 1923
the practice of a collaborating physician or podiatrist with 1924
whom a certified midwife, clinical nurse specialist, certified 1925
nurse-midwife, or certified nurse practitioner may enter into a 1926
standard care arrangement: 1927

(a) The physician or podiatrist must be authorized to 1928
practice in this state. 1929

(b) Except as provided in division (A) (2) (c) of this 1930
section, the physician or podiatrist must be practicing in a 1931
specialty that is the same as or similar to the certified 1932
midwife's specialty or nurse's nursing specialty. 1933

(c) If the nurse is a clinical nurse specialist who is 1934
certified as a psychiatric-mental health CNS or the equivalent 1935
of such title by the American nurses credentialing center or a 1936
certified nurse practitioner who is certified as a psychiatric- 1937
mental health NP or the equivalent of such title by the American 1938
nurses credentialing center or American academy of nurse 1939
practitioners certification board, the nurse may enter into a 1940
standard care arrangement with a physician but not a podiatrist 1941
and the collaborating physician must be practicing in one of the 1942
following specialties: 1943

(i) Psychiatry; 1944

(ii) Pediatrics; 1945

(iii) Primary care or family practice. 1946

(B) A standard care arrangement shall be in writing and 1947
shall contain all of the following: 1948

(1) Criteria for referral of a patient by the certified 1949
midwife, clinical nurse specialist, certified nurse-midwife, or 1950
certified nurse practitioner to a collaborating physician or 1951
podiatrist or another physician or podiatrist; 1952

(2) A process for the certified midwife, clinical nurse 1953
specialist, certified nurse-midwife, or certified nurse 1954
practitioner to obtain a consultation with a collaborating 1955
physician or podiatrist or another physician or podiatrist; 1956

(3) A plan for coverage in instances of emergency or 1957
planned absences of either the certified midwife, clinical nurse 1958
specialist, certified nurse-midwife, or certified nurse 1959
practitioner or a collaborating physician or podiatrist that 1960
provides the means whereby a physician or podiatrist is 1961
available for emergency care; 1962

(4) The process for resolution of disagreements regarding 1963
matters of patient management between the certified midwife, 1964
clinical nurse specialist, certified nurse-midwife, or certified 1965
nurse practitioner and a collaborating physician or podiatrist; 1966

(5) An agreement that the collaborating physician shall 1967
complete and sign the medical certificate of death pursuant to 1968
section 3705.16 of the Revised Code; 1969

(6) Any other criteria required by rule of the board 1970
adopted pursuant to section 4723.07 or 4723.50 of the Revised 1971
Code. 1972

(C) A standard care arrangement entered into pursuant to 1973
this section may permit a clinical nurse specialist, certified 1974
nurse-midwife, or certified nurse practitioner to do any of the 1975
following: 1976

(1) Supervise services provided by a home health agency as 1977
defined in section 3740.01 of the Revised Code; 1978

(2) Admit a patient to a hospital in accordance with 1979
section 3727.06 of the Revised Code; 1980

(3) Sign any document relating to the admission, 1981
treatment, or discharge of an inpatient receiving psychiatric or 1982
other behavioral health care services, but only if the 1983
conditions of section 4723.436 of the Revised Code have been 1984
met. 1985

(D) (1) Except as provided in division (D) (2) of this 1986
section, if a physician or podiatrist terminates the 1987
collaboration between the physician or podiatrist and a 1988
certified midwife, certified nurse-midwife, certified nurse 1989
practitioner, or clinical nurse specialist before their standard 1990
care arrangement expires, all of the following apply: 1991

(a) The physician or podiatrist must give the certified midwife or nurse written or electronic notice of the termination. 1992
1993
1994

(b) Once the certified midwife or nurse receives the termination notice, the certified midwife or nurse must notify the board of nursing of the termination as soon as practicable by submitting to the board a copy of the physician's or podiatrist's termination notice. 1995
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(c) Notwithstanding the ~~requirement~~ requirements of ~~section~~ sections 4723.43 and 4723.57 of the Revised Code that the certified midwife or nurse practice in collaboration with a physician or podiatrist, the certified midwife or nurse may continue to practice under the existing standard care arrangement without a collaborating physician or podiatrist for not more than one hundred twenty days after submitting to the board a copy of the termination notice. 2000
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(2) In the event that the collaboration between a physician or podiatrist and a certified midwife, certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist terminates because of the physician's or podiatrist's death, the certified midwife or nurse must notify the board of the death as soon as practicable. The certified midwife or nurse may continue to practice under the existing standard care arrangement without a collaborating physician or podiatrist for not more than one hundred twenty days after notifying the board of the physician's or podiatrist's death. 2008
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(E) (1) Nothing in this section prohibits a hospital from hiring a certified midwife, clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner as an employee and negotiating standard care arrangements on behalf of the 2018
2019
2020
2021

employee as necessary to meet the requirements of this section. 2022
A standard care arrangement between the hospital's employee and 2023
the employee's collaborating physician is subject to approval by 2024
the medical staff and governing body of the hospital prior to 2025
implementation of the arrangement at the hospital. 2026

(2) Nothing in this section prohibits a standard care 2027
arrangement from specifying actions that a clinical nurse 2028
specialist, certified nurse-midwife, or certified nurse 2029
practitioner is authorized to take, or is prohibited from 2030
taking, as part of the nurse's practice in collaboration with a 2031
physician or podiatrist. In specifying such actions, the 2032
standard care arrangement shall not authorize the nurse to take 2033
any action that is otherwise prohibited by the Revised Code or 2034
rule of the board. 2035

Sec. 4723.432. (A) ~~An~~ A certified midwife or an advanced 2036
practice registered nurse who is designated as a clinical nurse 2037
specialist, certified nurse-midwife, or certified nurse 2038
practitioner shall cooperate with the state medical board in any 2039
investigation the board conducts with respect to a physician or 2040
podiatrist who collaborates with the certified midwife or nurse. 2041
The certified midwife or nurse shall cooperate with the board in 2042
any investigation the board conducts with respect to the 2043
unauthorized practice of medicine by the certified midwife or 2044
nurse. 2045

(B) An advanced practice registered nurse who is 2046
designated as a certified registered nurse anesthetist shall 2047
cooperate with the state medical board or state dental board in 2048
any investigation either board conducts with respect to a 2049
physician, podiatrist, or dentist who permits the nurse to 2050
practice with the supervision of that physician, podiatrist, or 2051

dentist. The nurse shall cooperate with either board in any 2052
investigation it conducts with respect to the unauthorized 2053
practice of medicine or dentistry by the nurse. 2054

Sec. 4723.481. This section establishes standards and 2055
conditions regarding the authority of an advanced practice 2056
registered nurse who is designated as a clinical nurse 2057
specialist, certified nurse-midwife, or certified nurse 2058
practitioner to prescribe and personally furnish drugs and 2059
therapeutic devices under a license issued under section 4723.42 2060
of the Revised Code. 2061

This section also establishes standards and conditions 2062
regarding the authority of a certified midwife to prescribe and 2063
personally furnish drugs and therapeutic devices under a license 2064
issued under section 4723.56 of the Revised Code. 2065

(A) A clinical nurse specialist, certified nurse-midwife, 2066
~~or~~-certified nurse practitioner, or certified midwife shall not 2067
prescribe or furnish any drug or therapeutic device that is 2068
listed on the exclusionary formulary established in rules 2069
adopted under section 4723.50 of the Revised Code. 2070

(B) The prescriptive authority of a clinical nurse 2071
specialist, certified nurse-midwife, ~~or~~-certified nurse 2072
practitioner, or certified midwife shall not exceed the 2073
prescriptive authority of the collaborating physician or 2074
podiatrist, including the collaborating physician's authority to 2075
treat chronic pain with controlled substances and products 2076
containing tramadol as described in section 4731.052 of the 2077
Revised Code. 2078

(C) (1) Except as provided in division (C) (2) or (3) of 2079
this section, a clinical nurse specialist, certified nurse- 2080

midwife, ~~or~~ certified nurse practitioner, or certified midwife 2081
may prescribe to a patient a schedule II controlled substance 2082
only if all of the following are the case: 2083

(a) The patient has a terminal condition, as defined in 2084
section 2133.01 of the Revised Code. 2085

(b) A physician initially prescribed the substance for the 2086
patient. 2087

(c) The prescription is for an amount that does not exceed 2088
the amount necessary for the patient's use in a single, seventy- 2089
two-hour period. 2090

(2) The restrictions on prescriptive authority in division 2091
(C) (1) of this section do not apply if a clinical nurse 2092
specialist, certified nurse-midwife, ~~or~~ certified nurse 2093
practitioner, or certified midwife issues the prescription to 2094
the patient from any of the following entities: 2095

(a) A hospital as defined in section 3722.01 of the 2096
Revised Code; 2097

(b) An entity owned or controlled, in whole or in part, by 2098
a hospital or by an entity that owns or controls, in whole or in 2099
part, one or more hospitals; 2100

(c) A health care facility operated by the department of 2101
mental health and addiction services or the department of 2102
developmental disabilities; 2103

(d) A nursing home licensed under section 3721.02 of the 2104
Revised Code or by a political subdivision certified under 2105
section 3721.09 of the Revised Code; 2106

(e) A county home or district home operated under Chapter 2107
5155. of the Revised Code that is certified under the medicare 2108

or medicaid program; 2109

(f) A hospice care program, as defined in section 3712.01 2110
of the Revised Code; 2111

(g) A community mental health services provider, as 2112
defined in section 5122.01 of the Revised Code; 2113

(h) An ambulatory surgical facility, as defined in section 2114
3702.30 of the Revised Code; 2115

(i) A freestanding birthing center, as defined in section 2116
3701.503 of the Revised Code; 2117

(j) A federally qualified health center, as defined in 2118
section 3701.047 of the Revised Code; 2119

(k) A federally qualified health center look-alike, as 2120
defined in section 3701.047 of the Revised Code; 2121

(l) A health care office or facility operated by the board 2122
of health of a city or general health district or the authority 2123
having the duties of a board of health under section 3709.05 of 2124
the Revised Code; 2125

(m) A site where a medical practice is operated, but only 2126
if the practice is comprised of one or more physicians who also 2127
are owners of the practice; the practice is organized to provide 2128
direct patient care; and the clinical nurse specialist, 2129
certified nurse-midwife, ~~or~~ certified nurse practitioner, or 2130
certified midwife providing services at the site has a standard 2131
care arrangement and collaborates with at least one of the 2132
physician owners who practices primarily at that site; 2133

(n) A site where a behavioral health practice is operated 2134
that does not qualify as a location otherwise described in 2135
division (C) (2) of this section, but only if the practice is 2136

organized to provide outpatient services for the treatment of 2137
mental health conditions, substance use disorders, or both, and 2138
the clinical nurse specialist, certified nurse-midwife, ~~or~~ 2139
certified nurse practitioner, or certified midwife providing 2140
services at the site of the practice has a standard care 2141
arrangement and collaborates with at least one physician who is 2142
employed by that practice; 2143

(o) A residential care facility, as defined in section 2144
3721.01 of the Revised Code. 2145

(3) A clinical nurse specialist, certified nurse-midwife, 2146
~~or~~certified nurse practitioner, or certified midwife shall not 2147
issue to a patient a prescription for a schedule II controlled 2148
substance from a convenience care clinic even if the clinic is 2149
owned or operated by an entity specified in division (C) (2) of 2150
this section. 2151

(D) A pharmacist who acts in good faith reliance on a 2152
prescription issued by a clinical nurse specialist, certified 2153
nurse-midwife, ~~or~~certified nurse practitioner, or certified 2154
midwife under division (C) (2) of this section is not liable for 2155
or subject to any of the following for relying on the 2156
prescription: damages in any civil action, prosecution in any 2157
criminal proceeding, or professional disciplinary action by the 2158
state board of pharmacy under Chapter 4729. of the Revised Code. 2159

(E) A clinical nurse specialist, certified nurse-midwife, 2160
~~or~~certified nurse practitioner, or certified midwife shall 2161
comply with section 3719.061 of the Revised Code if the nurse 2162
prescribes for a minor, as defined in that section, an opioid 2163
analgesic, as defined in section 3719.01 of the Revised Code. 2164

Sec. 4723.483. (A) (1) Subject to division (A) (2) of this 2165

section, and notwithstanding any provision of this chapter or 2166
rule adopted by the board of nursing, a clinical nurse 2167
specialist, certified nurse-midwife, ~~or~~ certified nurse 2168
practitioner ~~who holds a certificate to prescribe issued under~~ 2169
~~section 4723.48 of the Revised Code,~~ or certified midwife may do 2170
either of the following without having examined an individual to 2171
whom epinephrine may be administered: 2172

(a) Personally furnish a supply of epinephrine 2173
autoinjectors for use in accordance with sections 3313.7110, 2174
3313.7111, 3314.143, 3326.28, 3328.29, 3728.03 to 3728.05, and 2175
5180.26 of the Revised Code; 2176

(b) Issue a prescription for epinephrine autoinjectors for 2177
use in accordance with sections 3313.7110, 3313.7111, 3314.143, 2178
3326.28, 3328.29, 3728.03 to 3728.05, and 5180.26 of the Revised 2179
Code. 2180

(2) An epinephrine autoinjector personally furnished or 2181
prescribed under division (A) (1) of this section must be 2182
furnished or prescribed in such a manner that it may be 2183
administered only in a manufactured dosage form. 2184

(B) A nurse or certified midwife who acts in good faith in 2185
accordance with this section is not liable for or subject to any 2186
of the following for any action or omission of an entity to 2187
which an epinephrine autoinjector is furnished or a prescription 2188
is issued: damages in any civil action, prosecution in any 2189
criminal proceeding, or professional disciplinary action. 2190

Sec. 4723.487. (A) As used in this section: 2191

(1) "Drug database" means the database established and 2192
maintained by the state board of pharmacy pursuant to section 2193
4729.75 of the Revised Code. 2194

(2) "Opioid analgesic" and "benzodiazepine" have the same 2195
meanings as in section 3719.01 of the Revised Code. 2196

(B) Except as provided in divisions (C) and (E) of this 2197
section, an advanced practice registered nurse who is designated 2198
as a clinical nurse specialist, certified nurse-midwife, or 2199
certified nurse practitioner or a certified midwife shall comply 2200
with all of the following as conditions of prescribing a drug 2201
that is either an opioid analgesic or a benzodiazepine as part 2202
of a patient's course of treatment for a particular condition: 2203

(1) Before initially prescribing the drug, the advanced 2204
practice registered nurse or certified midwife or the advanced 2205
practice registered nurse's or certified midwife's delegate 2206
shall request from the drug database a report of information 2207
related to the patient that covers at least the twelve months 2208
immediately preceding the date of the request. If the advanced 2209
practice registered nurse or certified midwife practices 2210
primarily in a county of this state that adjoins another state, 2211
the advanced practice registered nurse or certified midwife or 2212
delegate also shall request a report of any information 2213
available in the drug database that pertains to prescriptions 2214
issued or drugs furnished to the patient in the state adjoining 2215
that county. 2216

(2) If the patient's course of treatment for the condition 2217
continues for more than ninety days after the initial report is 2218
requested, the advanced practice registered nurse or certified 2219
midwife or delegate shall make periodic requests for reports of 2220
information from the drug database until the course of treatment 2221
has ended. The requests shall be made at intervals not exceeding 2222
ninety days, determined according to the date the initial 2223
request was made. The request shall be made in the same manner 2224

provided in division (B) (1) of this section for requesting the 2225
initial report of information from the drug database. 2226

(3) On receipt of a report under division (B) (1) or (2) of 2227
this section, the advanced practice registered nurse or 2228
certified midwife shall assess the information in the report. 2229
The advanced practice registered nurse or certified midwife 2230
shall document in the patient's record that the report was 2231
received and the information was assessed. 2232

(C) Division (B) of this section does not apply ~~if~~ in any 2233
of the following circumstances: 2234

(1) A drug database report regarding the patient is not 2235
available, in which case the advanced practice registered nurse 2236
or certified midwife shall document in the patient's record the 2237
reason that the report is not available. 2238

(2) The drug is prescribed in an amount indicated for a 2239
period not to exceed seven days. 2240

(3) The drug is prescribed for the treatment of cancer or 2241
another condition associated with cancer. 2242

(4) The drug is prescribed to a hospice patient in a 2243
hospice care program, as those terms are defined in section 2244
3712.01 of the Revised Code, or any other patient diagnosed as 2245
terminally ill. 2246

(5) The drug is prescribed for administration in a 2247
hospital, nursing home, or residential care facility. 2248

(D) The board of nursing may adopt rules, in accordance 2249
with Chapter 119. of the Revised Code, that establish standards 2250
and procedures to be followed by an advanced practice registered 2251
nurse or certified midwife regarding the review of patient 2252

information available through the drug database under division 2253
(A) (5) of section 4729.80 of the Revised Code. The rules shall 2254
be adopted in accordance with Chapter 119. of the Revised Code. 2255

(E) This section and any rules adopted under it do not 2256
apply if the state board of pharmacy no longer maintains the 2257
drug database. 2258

Sec. 4723.488. (A) Except as provided in division (B) of 2259
this section, in the case of a license holder who is seeking 2260
renewal of a license to practice nursing as an advanced practice 2261
registered nurse or a license to practice as a certified midwife 2262
and who prescribes opioid analgesics or benzodiazepines, as 2263
defined in section 3719.01 of the Revised Code, the holder shall 2264
certify to the board whether the holder has been granted access 2265
to the drug database established and maintained by the state 2266
board of pharmacy pursuant to section 4729.75 of the Revised 2267
Code. 2268

(B) The requirement in division (A) of this section does 2269
not apply if any of the following is the case: 2270

(1) The state board of pharmacy notifies the board of 2271
nursing pursuant to section 4729.861 of the Revised Code that 2272
the license holder has been restricted from obtaining further 2273
information from the drug database. 2274

(2) The state board of pharmacy no longer maintains the 2275
drug database. 2276

(3) The license holder does not practice nursing as an 2277
advanced practice registered nurse or certified midwife in this 2278
state. 2279

(C) If a license holder certifies to the board of nursing 2280
that the holder has been granted access to the drug database and 2281

the board finds through an audit or other means that the holder 2282
has not been granted access, the board may take action under 2283
section 4723.28 of the Revised Code. 2284

Sec. 4723.4810. (A) (1) Notwithstanding any conflicting 2285
provision of this chapter or rule adopted by the board of 2286
nursing, a clinical nurse specialist, certified nurse-midwife, 2287
~~or certified nurse practitioner, who holds a license to practice~~ 2288
~~nursing as an advanced practice registered nurse issued under~~ 2289
~~section 4723.42 of the Revised Code~~ or certified midwife may 2290
issue a prescription for or personally furnish a complete or 2291
partial supply of a drug to treat chlamydia, gonorrhea, or 2292
trichomoniasis, without having examined the individual for whom 2293
the drug is intended, if all of the following conditions are 2294
met: 2295

(a) The individual is a sexual partner of the nurse's or 2296
certified midwife's patient. 2297

(b) The patient has been diagnosed with chlamydia, 2298
gonorrhea, or trichomoniasis. 2299

(c) The patient reports to the nurse or certified midwife 2300
that the individual is unable or unlikely to be evaluated or 2301
treated by a health professional. 2302

(2) A prescription issued under this section shall include 2303
the individual's name and address, if known. If the nurse or 2304
certified midwife is unable to obtain the individual's name and 2305
address, the prescription shall include the patient's name and 2306
address and the words "expedited partner therapy" or the letters 2307
"EPT." 2308

(3) A nurse or certified midwife may prescribe or 2309
personally furnish a drug under this section for not more than a 2310

total of two individuals who are sexual partners of the nurse's_ 2311
or certified midwife's patient. 2312

(B) For each drug prescribed or personally furnished under 2313
this section, the nurse or certified midwife shall do all of the 2314
following: 2315

(1) Provide the patient with information concerning the 2316
drug for the purpose of sharing the information with the 2317
individual, including directions for use of the drug and any 2318
side effects, adverse reactions, or known contraindications 2319
associated with the drug; 2320

(2) Recommend to the patient that the individual seek 2321
treatment from a health professional; 2322

(3) Document all of the following in the patient's record: 2323

(a) The name of the drug prescribed or furnished and its 2324
dosage; 2325

(b) That information concerning the drug was provided to 2326
the patient for the purpose of sharing the information with the 2327
individual; 2328

(c) If known, any adverse reactions the individual 2329
experiences from treatment with the drug. 2330

(C) A nurse or certified midwife who prescribes or 2331
personally furnishes a drug under this section may contact the 2332
individual for whom the drug is intended. 2333

(1) If the nurse or certified midwife contacts the 2334
individual, the nurse or certified midwife shall do all of the 2335
following: 2336

(a) Inform the individual that the individual may have 2337

been exposed to chlamydia, gonorrhoea, or trichomoniasis; 2338

(b) Encourage the individual to seek treatment from a 2339
health professional; 2340

(c) Explain the treatment options available to the 2341
individual, including treatment with a prescription drug, 2342
directions for use of the drug, and any side effects, adverse 2343
reactions, or known contraindications associated with the drug; 2344

(d) Document in the patient's record that the nurse or 2345
certified midwife contacted the individual. 2346

(2) If the nurse or certified midwife does not contact the 2347
individual, the nurse or certified midwife shall document that 2348
fact in the patient's record. 2349

(D) A nurse or certified midwife who in good faith 2350
prescribes or personally furnishes a drug under this section is 2351
not liable for or subject to any of the following: 2352

(1) Damages in any civil action; 2353

(2) Prosecution in any criminal proceeding; 2354

(3) Professional disciplinary action. 2355

Sec. 4723.4811. (A) (1) Subject to division (A) (2) of this 2356
section, and notwithstanding any provision of this chapter or 2357
rule adopted by the board of nursing, a clinical nurse 2358
specialist, certified nurse-midwife, ~~or~~ certified nurse 2359
practitioner ~~licensed as an advanced practice registered nurse~~ 2360
~~under Chapter 4723. of the Revised Code,~~ or certified midwife 2361
may do either of the following without having examined an 2362
individual to whom glucagon may be administered: 2363

(a) Personally furnish a supply of injectable or nasally 2364

administered glucagon for use in accordance with sections 2365
3313.7115, 3313.7116, 3314.147, 3326.60, 3328.38, and 5180.262 2366
of the Revised Code; 2367

(b) Issue a prescription for injectable or nasally 2368
administered glucagon for use in accordance with sections 2369
3313.7115, 3313.7116, 3314.147, 3326.60, 3328.38, and 5180.262 2370
of the Revised Code. 2371

(2) Injectable or nasally administered glucagon personally 2372
furnished or prescribed under division (A)(1) of this section 2373
must be furnished or prescribed in such a manner that it may be 2374
administered only in a manufactured dosage form. 2375

(B) A nurse or certified midwife who acts in good faith in 2376
accordance with this section is not liable for or subject to any 2377
of the following for any action or omission of an entity to 2378
which injectable or nasally administered glucagon is furnished 2379
or a prescription is issued: damages in any civil action, 2380
prosecution in any criminal proceeding, or professional 2381
disciplinary action. 2382

Sec. 4723.50. (A) As used in this section: 2383

(1) "Controlled substance" has the same meaning as in 2384
section 3719.01 of the Revised Code. 2385

(2) "Medication-assisted treatment" has the same meaning 2386
as in section 340.01 of the Revised Code. 2387

(B) In accordance with Chapter 119. of the Revised Code, 2388
the board of nursing shall adopt rules as necessary to implement 2389
the provisions of this chapter pertaining to the authority of 2390
~~advanced practice registered nurses who are designated as~~ 2391
clinical nurse specialists, certified nurse-midwives, ~~and~~ 2392
certified nurse practitioners, and certified midwives to 2393

prescribe and furnish drugs and therapeutic devices. 2394

The board shall adopt rules establishing an exclusionary 2395
formulary. The exclusionary formulary shall permit, in a manner 2396
consistent with section 4723.481 of the Revised Code, the 2397
prescribing of controlled substances, including drugs that 2398
contain buprenorphine used in medication-assisted treatment and 2399
both oral and long-acting opioid antagonists. The formulary 2400
shall not permit the prescribing or furnishing of any of the 2401
following: 2402

(1) A drug or device to perform or induce an abortion; 2403

(2) A drug or device prohibited by federal or state law. 2404

(C) In addition to the rules described in division (B) of 2405
this section, the board shall adopt rules under this section 2406
that do the following: 2407

(1) Establish standards for board approval of the course 2408
of study in advanced pharmacology and related topics required by 2409
~~section~~ sections 4723.482 and 4723.551 of the Revised Code; 2410

(2) Establish requirements for board approval of the two- 2411
hour course of instruction in the laws of this state as required 2412
under division (C) (1) of section 4723.482 of the Revised Code; 2413

(3) Establish criteria for the components of the standard 2414
care arrangements described in section 4723.431 of the Revised 2415
Code that apply to the authority to prescribe, including the 2416
components that apply to the authority to prescribe schedule II 2417
controlled substances. The rules shall be consistent with that 2418
section and include all of the following: 2419

(a) Quality assurance standards; 2420

(b) Standards for periodic review by a collaborating 2421

physician or podiatrist of the records of patients treated by 2422
the clinical nurse specialist, certified nurse-midwife, ~~or~~ 2423
certified nurse practitioner, or certified midwife; 2424

(c) Acceptable travel time between the location at which 2425
the clinical nurse specialist, certified nurse-midwife, ~~or~~ 2426
certified nurse practitioner, or certified midwife is engaging 2427
in the prescribing components of the nurse's practice and the 2428
location of the nurse's or certified midwife's collaborating 2429
physician or podiatrist. 2430

Sec. 4723.53. As used in sections 4723.43 and 4723.53 to 2431
4723.60 of the Revised Code: 2432

(A) "Accreditation commission for midwifery education" 2433
means the organization known by that name or its successor 2434
organization. 2435

(B) "American college of nurse-midwives" means the 2436
organization known by that name or its successor organization. 2437

(C) "American midwifery certification board" means the 2438
organization known by that name or its successor organization. 2439

Sec. 4723.54. (A) Except as provided in division (B) of 2440
this section, no individual shall knowingly practice as a 2441
certified midwife unless the individual holds a current, valid 2442
license to practice as a certified midwife issued under section 2443
4723.56 of the Revised Code. 2444

(B) Division (A) of this section does not apply to any of 2445
the following: 2446

(1) A physician authorized under Chapter 4731. of the 2447
Revised Code to practice medicine and surgery, osteopathic 2448
medicine and surgery, or podiatric medicine and surgery; 2449

(2) A physician assistant authorized under Chapter 4730. 2450
of the Revised Code to practice as a physician assistant; 2451

(3) A registered nurse, advanced practice registered 2452
nurse, or licensed practical nurse authorized under this chapter 2453
to practice nursing as a registered nurse, advanced practice 2454
registered nurse, or licensed practical nurse; 2455

(4) A licensed midwife; 2456

(5) A traditional midwife; 2457

(6) A student who is participating in a midwifery 2458
education program accredited by the accreditation commission for 2459
midwifery education and who provides midwifery services under 2460
the auspices of the program and under the supervision of a 2461
certified midwife serving for the program as a faculty member, 2462
instructor, teaching assistant, or preceptor. 2463

Sec. 4723.55. (A) An individual seeking a license to 2464
practice as a certified midwife shall file with the board of 2465
nursing an application in a manner prescribed by the board. The 2466
application shall include all the information the board 2467
considers necessary to process the application, including 2468
evidence satisfactory to the board that the applicant meets the 2469
requirements specified in division (B) of this section. 2470

(B) To be eligible to receive a license to practice as a 2471
certified midwife, an applicant shall demonstrate to the board 2472
that the applicant meets all of the following requirements: 2473

(1) Is at least eighteen years of age; 2474

(2) Has attained a master's degree or higher; 2475

(3) Has graduated from a midwifery education program 2476
accredited by the accreditation commission for midwifery 2477

<u>education;</u>	2478
<u>(4) Is certified by the American midwifery certification</u>	2479
<u>board;</u>	2480
<u>(5) Is certified in neonatal and adult cardiopulmonary</u>	2481
<u>resuscitation;</u>	2482
<u>(6) Has successfully completed the course of study in</u>	2483
<u>advanced pharmacology required by section 4723.551 of the</u>	2484
<u>Revised Code.</u>	2485
<u>(C) The board shall review all applications received under</u>	2486
<u>this section. After receiving an application it considers</u>	2487
<u>complete, the board shall determine whether the applicant meets</u>	2488
<u>the requirements for a license to practice as a certified</u>	2489
<u>midwife.</u>	2490
<u>Sec. 4723.551.</u> (A) <u>An applicant for a license to practice</u>	2491
<u>as a certified midwife shall include with the application</u>	2492
<u>submitted under section 4723.55 of the Revised Code evidence of</u>	2493
<u>successfully completing the course of study in advanced</u>	2494
<u>pharmacology and related topics in accordance with the</u>	2495
<u>requirements specified in division (B) of this section.</u>	2496
<u>(B) With respect to the course of study in advanced</u>	2497
<u>pharmacology and related topics, all of the following</u>	2498
<u>requirements apply:</u>	2499
<u>(1) The course of study shall be completed not more than</u>	2500
<u>five years before the application is filed.</u>	2501
<u>(2) The course of study shall include at least forty-five</u>	2502
<u>contact hours.</u>	2503
<u>(3) The course of study shall meet the requirements to be</u>	2504
<u>approved by the board in accordance with standards established</u>	2505

<u>in rules adopted under section 4723.50 of the Revised Code.</u>	2506
<u>(4) The content of the course of study shall be specific to midwifery.</u>	2507 2508
<u>(5) The instruction provided in the course of study shall include all of the following:</u>	2509 2510
<u>(a) A minimum of thirty-six contact hours of instruction in advanced pharmacology that includes pharmacokinetic principles and clinical application and the use of drugs and therapeutic devices in the prevention of illness and maintenance of health;</u>	2511 2512 2513 2514 2515
<u>(b) Instruction in the fiscal and ethical implications of prescribing drugs and therapeutic devices;</u>	2516 2517
<u>(c) Instruction in the state and federal laws that apply to the authority to prescribe;</u>	2518 2519
<u>(d) Instruction that is specific to schedule II controlled substances, including instruction in all of the following:</u>	2520 2521
<u>(i) Indications for the use of schedule II controlled substances in drug therapies;</u>	2522 2523
<u>(ii) The most recent guidelines for pain management therapies, as established by state and national organizations such as the Ohio pain initiative and the American pain society;</u>	2524 2525 2526
<u>(iii) Fiscal and ethical implications of prescribing schedule II controlled substances;</u>	2527 2528
<u>(iv) State and federal laws that apply to the authority to prescribe schedule II controlled substances;</u>	2529 2530
<u>(v) Prevention of abuse and diversion of schedule II controlled substances, including identification of the risk of</u>	2531 2532

abuse and diversion, recognition of abuse and diversion, types 2533
of assistance available for prevention of abuse and diversion, 2534
and methods of establishing safeguards against abuse and 2535
diversion. 2536

Sec. 4723.56. (A) If the board of nursing determines under 2537
section 4723.55 of the Revised Code that an applicant meets the 2538
requirements for a license to practice as a certified midwife, 2539
the secretary of the board shall issue the license to the 2540
applicant. 2541

(B) Each license shall be valid for a two-year period 2542
unless revoked or suspended, shall expire on the date that is 2543
two years after the date of issuance, and may be renewed for 2544
additional two-year periods in accordance with rules adopted 2545
under section 4723.59 of the Revised Code. 2546

(C) To renew a license to practice as a certified midwife, 2547
an applicant for renewal shall demonstrate both of the following 2548
to the board: 2549

(1) That the applicant has maintained certification in 2550
neonatal and adult cardiopulmonary resuscitation; 2551

(2) That the applicant has satisfied the continuing 2552
education requirements of the American midwifery certification 2553
board. 2554

Sec. 4723.57. (A) An individual who holds a current, valid 2555
license to practice as a certified midwife may, in collaboration 2556
with one or more physicians, engage in one or more of the 2557
following activities: 2558

(1) Providing primary health care services for women from 2559
adolescence and beyond menopause, including the independent 2560
provision of gynecologic and family planning services, 2561

<u>preconception care, and care during pregnancy, childbirth, and</u>	2562
<u>the postpartum period;</u>	2563
<u>(2) Attending births in hospitals, homes, medical offices,</u>	2564
<u>and freestanding birthing centers;</u>	2565
<u>(3) Providing care for normal newborns during the period</u>	2566
<u>consistent with the scope of practice for certified nurse-</u>	2567
<u>midwives established by the American college of nurse-midwives;</u>	2568
<u>(4) Providing initial and ongoing comprehensive</u>	2569
<u>assessment, diagnosis, and treatment;</u>	2570
<u>(5) Conducting physical examinations;</u>	2571
<u>(6) Ordering and interpreting laboratory and diagnostic</u>	2572
<u>tests;</u>	2573
<u>(7) Administering medications, treatments, and executing</u>	2574
<u>regimens authorized by an individual who is authorized to</u>	2575
<u>practice in this state and is acting within the course of the</u>	2576
<u>individual's professional practice;</u>	2577
<u>(8) Providing care that includes health promotion, disease</u>	2578
<u>prevention, and individualized wellness education and</u>	2579
<u>counseling.</u>	2580
<u>(B) When engaging in any of the activities permitted under</u>	2581
<u>this section, a certified midwife shall maintain appropriate</u>	2582
<u>medical records regarding patient history, treatment, and</u>	2583
<u>outcomes.</u>	2584
Sec. 4723.58. <u>(A) This section establishes the process by</u>	2585
<u>which a certified nurse-midwife or certified midwife obtains a</u>	2586
<u>patient's consent to treatment authorized by section 4723.43 or</u>	2587
<u>4723.57 of the Revised Code, but only when the certified nurse-</u>	2588
<u>midwife or certified midwife seeks to provide the treatment in a</u>	2589

<u>setting other than a hospital or facility.</u>	2590
<u>(B) The following information shall be exchanged in</u>	2591
<u>writing between a certified nurse-midwife or certified midwife</u>	2592
<u>and patient when obtaining consent to treatment as described in</u>	2593
<u>division (A) of this section:</u>	2594
<u>(1) The name and license number of the certified nurse-</u>	2595
<u>midwife or certified midwife;</u>	2596
<u>(2) The patient's name, address, telephone number, and</u>	2597
<u>primary care provider, if the patient has one;</u>	2598
<u>(3) A description of the certified nurse-midwife's or</u>	2599
<u>certified midwife's education, training, and experience in</u>	2600
<u>nurse-midwifery or midwifery;</u>	2601
<u>(4) The certified nurse-midwife's or certified midwife's</u>	2602
<u>practice philosophy;</u>	2603
<u>(5) A promise to provide the patient, upon request, with</u>	2604
<u>separate documents describing the rules governing the practice</u>	2605
<u>of a certified nurse-midwife or certified midwife, including a</u>	2606
<u>list of conditions indicating the need for consultation,</u>	2607
<u>referral, transfer, or mandatory transfer and the certified</u>	2608
<u>nurse-midwife's or certified midwife's personal written practice</u>	2609
<u>guidelines;</u>	2610
<u>(6) A written plan for medical consultation and transfer</u>	2611
<u>of care;</u>	2612
<u>(7) A description of any hospital care and procedures that</u>	2613
<u>may be necessary in the event of an emergency transfer or care;</u>	2614
<u>(8) A description of the services provided to the patient</u>	2615
<u>by the certified nurse-midwife or certified midwife;</u>	2616

(9) That the certified nurse-midwife or certified midwife 2617
holds a current, valid license to practice issued under this 2618
chapter; 2619

(10) The availability of a grievance process; 2620

(11) Whether the certified nurse-midwife or certified 2621
midwife is covered by professional liability insurance; 2622

(12) Any other information required in rules adopted by 2623
the board. 2624

(C) Once the required information has been exchanged and 2625
if the patient consents to treatment, the patient and certified 2626
nurse-midwife or certified midwife shall sign a written document 2627
to indicate as such. The certified nurse-midwife or certified 2628
midwife shall retain a copy of the document for at least four 2629
years from the date on which the document was signed. 2630

Sec. 4723.581. (A) The board of nursing shall adopt rules 2631
establishing the circumstances in which a certified nurse- 2632
midwife or certified midwife shall be prohibited from attending 2633
a home birth, which may include a high-risk pregnancy. In 2634
adopting the rules, the board shall allow a certified nurse- 2635
midwife or certified midwife to attend any of the following as a 2636
home birth only if the conditions described in division (B) of 2637
this section are satisfied: a vaginal birth after cesarean, 2638
birth of twins, or breech birth. 2639

(B) In the event of a home birth described in division (A) 2640
of this section, a certified nurse-midwife or certified midwife 2641
may attend the birth only if all of the following conditions are 2642
satisfied: 2643

(1) In addition to the informed consent required under 2644
section 4723.58 of the Revised Code, the certified nurse-midwife 2645

or certified midwife obtains the patient's written informed 2646
consent for the vaginal birth after cesarean, birth of twins, or 2647
breech birth, including a description of risks associated with 2648
the procedure. 2649

(2) The certified nurse-midwife or certified midwife 2650
consults with a physician about the patient and together with 2651
the physician determines whether referral is appropriate for the 2652
patient. 2653

If a referral is determined to be appropriate and the 2654
patient consents to the referral, the certified nurse-midwife or 2655
certified midwife shall refer the patient to the physician. If 2656
the patient refuses the referral, the certified nurse-midwife or 2657
certified midwife shall document the refusal and may continue to 2658
provide care to the patient, including attending the vaginal 2659
birth after cesarean, birth of twins, or breech birth at home. 2660

(3) The certified nurse-midwife or certified midwife 2661
satisfies any other conditions required in rules adopted by the 2662
board of nursing. 2663

(C) In adopting rules under this section, the board of 2664
nursing shall do both of the following: 2665

(1) Consider any relevant peer-reviewed medical 2666
literature; 2667

(2) Specify the content and format of the document to be 2668
used when obtaining informed consent as described in this 2669
section. 2670

Sec. 4723.582. (A) As used in this section and section 2671
4723.583 of the Revised Code, "emergency medical service," 2672
"emergency medical service personnel," and "emergency medical 2673
service organization" have the same meanings as in section 2674

<u>4765.01 of the Revised Code.</u>	2675
<u>(B) For any pregnancy or childbirth in which a certified nurse-midwife or certified midwife provides care and a home birth is planned, both of the following apply:</u>	2676
	2677
	2678
<u>(1) The certified nurse-midwife or certified midwife shall create an individualized transfer of care plan with each patient.</u>	2679
	2680
	2681
<u>(2) The certified nurse-midwife or certified midwife shall assess the status of the patient, fetus, and newborn throughout the maternity care cycle and shall determine when or if a transfer to a hospital is necessary.</u>	2682
	2683
	2684
	2685
<u>(C) Each individualized transfer of care plan shall contain all of the following:</u>	2686
	2687
<u>(1) The name and location of geographically adjacent hospitals that are appropriately equipped to provide emergency care, obstetrical care, and newborn care;</u>	2688
	2689
	2690
<u>(2) The approximate travel time to each hospital;</u>	2691
<u>(3) A list of the modes of transport services available, including an emergency medical service organization available by calling 9-1-1;</u>	2692
	2693
	2694
<u>(4) The requirements for activating each mode of transportation;</u>	2695
	2696
<u>(5) The mechanism by which medical records and other information concerning the patient may be rapidly transmitted to each hospital;</u>	2697
	2698
	2699
<u>(6) Confirmation that the certified nurse-midwife or certified midwife has recommended that the patient pre-register</u>	2700
	2701

with the hospital closest to the patient's home that is 2702
appropriately equipped to provide emergency care, obstetrical 2703
care, and newborn care; 2704

(7) Contact information for either a health care provider 2705
or practice group who has agreed in advance to accept patients 2706
in transfer, or a hospital's preferred method of accessing care 2707
by the hospital's designated provider on call; 2708

(8) Any other information required in rules adopted by the 2709
board of nursing. 2710

(D) When it becomes necessary to transfer a patient, a 2711
certified nurse-midwife or certified midwife shall notify the 2712
receiving provider or hospital of all of the following: 2713

(1) The incoming transfer; 2714

(2) The reason for the transfer; 2715

(3) A brief relevant clinical history; 2716

(4) The planned mode of transport; 2717

(5) The expected time of arrival; 2718

(6) Any other information required in rules adopted by the 2719
board. 2720

The certified nurse-midwife or certified midwife shall 2721
continue to provide routine or urgent care en route in 2722
coordination with any emergency medical services personnel or 2723
emergency medical service organization and shall address the 2724
psychosocial needs of the patient during the change of birth 2725
setting. 2726

(E) On arrival at the hospital, the certified nurse- 2727
midwife or certified midwife shall do all of the following: 2728

- (1) Provide a verbal report that includes details on the patient's current health status and the need for urgent care; 2729
2730
- (2) Provide a legible copy of relevant prenatal and labor medical records; 2731
2732
- (3) Transfer clinical responsibility to the receiving provider or hospital; 2733
2734
- (4) Satisfy any other requirement established in rules adopted by the board of nursing. 2735
2736
- If the patient chooses, the certified nurse-midwife or certified midwife may remain at the hospital to provide continuous support. The certified nurse-midwife or certified midwife also may continue to provide midwifery services, but only if the hospital has granted the certified nurse-midwife or certified midwife clinical privileges. Whenever possible, the patient and her newborn shall be together during the transfer and after admission to the hospital. 2737
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- Sec. 4723.583.** Emergency medical service personnel or an emergency medical service organization, hospital, facility, physician, advanced practice registered nurse, or certified midwife that provides services or care following an adverse incident as defined in section 4723.584 of the Revised Code or during and after a transfer of care as described in section 4723.582 of the Revised Code are not liable in damages in a tort or other civil action for injury or loss to person or property arising from the services or care, unless the services or care are provided in a manner that constitutes willful or wanton misconduct. 2745
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- Sec. 4723.584.** (A) As used in this section, "adverse incident" means an incident over which a certified nurse-midwife 2756
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or certified midwife could exercise control, that is associated 2758
with an attempted or completed birth in a setting or facility 2759
other than a hospital, and that results in one or more of the 2760
following injuries or conditions: 2761

(1) A maternal death that occurs during delivery or within 2762
forty-two days after delivery; 2763

(2) The transfer of a maternal patient to a hospital 2764
intensive care unit; 2765

(3) A maternal patient experiencing hemorrhagic shock or 2766
requiring a transfusion of more than two units of blood or blood 2767
products; 2768

(4) A fetal or newborn death, including a stillbirth, 2769
associated with an obstetrical delivery; 2770

(5) A transfer of a newborn to a neonatal intensive care 2771
unit due to a traumatic physical or neurological birth injury, 2772
including any degree of a brachial plexus injury; 2773

(6) A transfer of a newborn to a neonatal intensive care 2774
unit within the first seventy-two hours after birth if the 2775
newborn remains in such unit for more than seventy-two hours; 2776

(7) Any other condition as determined by the board of 2777
nursing in rules adopted under section 4723.07 or 4723.59 of the 2778
Revised Code. 2779

(B) Beginning July 1, 2027, a certified nurse-midwife or 2780
certified midwife who attends a birth planned for a facility or 2781
setting other than a hospital must report any adverse incident, 2782
along with a medical summary of events, to both of the following 2783
within fifteen days after the adverse incident occurs: 2784

(1) The department of health; 2785

<u>(2) The Ohio perinatal quality collaborative.</u>	2786
<u>(C) Beginning July 1, 2027, each certified nurse-midwife</u>	2787
<u>or certified midwife shall report annually to the department of</u>	2788
<u>health the following information regarding cases in which the</u>	2789
<u>midwife provided services when the intended place of birth at</u>	2790
<u>the onset of care was in a facility or setting other than a</u>	2791
<u>hospital:</u>	2792
<u>(1) The total number of patients provided nurse-midwifery</u>	2793
<u>or certified midwifery services at the onset of care;</u>	2794
<u>(2) The number of live births attended;</u>	2795
<u>(3) The number of cases of fetal demise, newborn deaths,</u>	2796
<u>and maternal deaths attended as a certified nurse-midwife or</u>	2797
<u>certified midwife at the discovery of the demise or death;</u>	2798
<u>(4) The number, reason for, and outcome of each transport</u>	2799
<u>of a patient in the antepartum, intrapartum period, or immediate</u>	2800
<u>postpartum period;</u>	2801
<u>(5) A brief description of any complications resulting in</u>	2802
<u>the morbidity or mortality of a maternal patient or a newborn;</u>	2803
<u>(6) The planned delivery setting and the actual setting;</u>	2804
<u>(7) Any other information required in rules adopted by the</u>	2805
<u>department.</u>	2806
<u>(D) The department shall adopt rules to implement this</u>	2807
<u>section and shall develop a form to be used for the reporting</u>	2808
<u>required under divisions (B) and (C) of this section.</u>	2809
Sec. 4723.59. <u>(A) In addition to the rules described in</u>	2810
<u>section 4723.07 of the Revised Code, the board of nursing shall</u>	2811
<u>adopt rules establishing standards and procedures for the</u>	2812

licensure and regulation of certified midwives, including those 2813
establishing license application and renewal procedures. The 2814
rules shall be adopted in accordance with Chapter 119. of the 2815
Revised Code. 2816

(B) The board also may adopt, in accordance with Chapter 2817
119. of the Revised Code, any other rules it considers necessary 2818
to implement and administer sections 4723.53 to 4723.60 of the 2819
Revised Code. The rules may require the completion of a criminal 2820
records check and, in the case of a license to practice as a 2821
certified midwife issued by another jurisdiction, may provide 2822
for licensure by endorsement. 2823

Sec. 4723.60. Sections 4723.53 to 4723.59 of the Revised 2824
Code do not abridge, change, or limit in any way the right of a 2825
parent to deliver the parent's baby where, when, how, and with 2826
whom the parent chooses, regardless of the licensure 2827
requirements established in those sections. 2828

Sec. 4723.91. On receipt of a notice pursuant to section 2829
3123.43 of the Revised Code, the board of nursing shall comply 2830
with sections 3123.41 to 3123.50 of the Revised Code and any 2831
applicable rules adopted under section 3123.63 of the Revised 2832
Code with respect to a nursing license, certified midwife 2833
license, medication aide certificate, dialysis technician 2834
certificate, or community health worker certificate issued 2835
pursuant to this chapter. 2836

Sec. 4723.99. (A) Except as provided in division (B) or 2837
(C) of this section, whoever violates section 4723.03, 4723.44, 2838
4723.54, 4723.653, or 4723.73 of the Revised Code is guilty of a 2839
felony of the fifth degree on a first offense and a felony of 2840
the fourth degree on each subsequent offense. 2841

(B) Each of the following is guilty of a minor 2842
misdemeanor: 2843

(1) A registered nurse, advanced practice registered 2844
nurse, or licensed practical nurse who violates division (A), 2845
(B), (C), or (D) of section 4723.03 of the Revised Code by 2846
reason of a license to practice nursing that has lapsed for 2847
failure to renew or by practicing nursing after a license has 2848
been classified as inactive; 2849

(2) A medication aide who violates section 4723.653 of the 2850
Revised Code by reason of a medication aide certificate that has 2851
lapsed for failure to renew or by administering medication as a 2852
medication aide after a certificate has been classified as 2853
inactive. 2854

(C) Whoever violates division (H) of section 4723.03 of 2855
the Revised Code is guilty of a misdemeanor of the first degree. 2856

Sec. 4724.01. As used in this chapter: 2857

(A) "Certified international midwife" means an individual 2858
who is certified by the international registry of midwives but 2859
is not a licensed midwife. 2860

(B) "Certified professional midwife" means an individual 2861
who is certified by the north American registry of midwives but 2862
is not a licensed midwife. 2863

(C) "International registry of midwives" means the 2864
organization known by that name or its successor organization. 2865

(D) "Licensed midwife" means an individual holding a 2866
license to practice issued under section 4724.04 of the Revised 2867
Code. 2868

(E) "Midwifery education accreditation council" means the 2869

organization known by that name or its successor organization. 2870

(F) "North American registry of midwives" means the 2871
organization known by that name or its successor organization. 2872

(G) "Physician" means an individual authorized under 2873
Chapter 4731. of the Revised Code to practice medicine and 2874
surgery or osteopathic medicine and surgery. 2875

(H) "Traditional midwife" means an individual who provides 2876
traditional midwifery services pursuant to sections 4724.14 and 2877
4724.15 of the Revised Code, does not hold a license to practice 2878
as a licensed midwife issued under this chapter, and does not 2879
hold a license to practice as a certified nurse-midwife or 2880
certified midwife issued under Chapter 4723. of the Revised 2881
Code. 2882

Sec. 4724.02. (A) Except as provided in division (B) of 2883
this section, no individual shall knowingly practice as a 2884
licensed midwife unless the individual holds a current, valid 2885
license to practice issued under section 4724.04 of the Revised 2886
Code. 2887

(B) Division (A) of this section does not apply to any of 2888
the following: 2889

(1) A physician; 2890

(2) A physician assistant authorized under Chapter 4730. 2891
of the Revised Code to practice as a physician assistant; 2892

(3) A registered nurse, advanced practice registered 2893
nurse, or licensed practical nurse authorized under Chapter 2894
4723. of the Revised Code to practice nursing as a registered 2895
nurse, advanced practice registered nurse, or licensed practical 2896
nurse; 2897

<u>(4) A certified midwife authorized under Chapter 4723. of</u>	2898
<u>the Revised Code to practice as a certified midwife;</u>	2899
<u>(5) A student who is participating in a professional</u>	2900
<u>midwifery education program and who provides midwifery services</u>	2901
<u>under the auspices of the program and under the supervision of a</u>	2902
<u>licensed midwife serving for the program as a faculty member,</u>	2903
<u>instructor, teaching assistant, or preceptor;</u>	2904
<u>(6) An individual who is participating in a professional</u>	2905
<u>midwifery apprenticeship and who provides midwifery services as</u>	2906
<u>part of the apprenticeship program and under the supervision of</u>	2907
<u>a licensed midwife serving for the program as an instructor,</u>	2908
<u>teaching assistant, or preceptor;</u>	2909
<u>(7) An individual who provides midwifery services without</u>	2910
<u>a license while engaging in good faith in the practice of the</u>	2911
<u>religious tenets of any church or in any religious act;</u>	2912
<u>(8) An individual who is not engaged in the practice of</u>	2913
<u>the religious tenets of any church or in any religious act but</u>	2914
<u>who provides midwifery services without a license to others</u>	2915
<u>engaging in good faith in the practice of the religious tenets</u>	2916
<u>of any church or in any religious act;</u>	2917
<u>(9) An individual who is a member of a Native American</u>	2918
<u>community and provides midwifery services without a license to</u>	2919
<u>another member of the community;</u>	2920
<u>(10) A traditional midwife;</u>	2921
<u>(11) An individual who is participating in a midwifery</u>	2922
<u>apprenticeship under the supervision of a traditional midwife</u>	2923
<u>and who provides midwifery services as part of the</u>	2924
<u>apprenticeship program under the supervision of a traditional</u>	2925
<u>midwife;</u>	2926

(12) A certified professional midwife or certified international midwife, but only if the certified professional midwife or certified international midwife does not, as a part of the midwife's practice, obtain or administer drugs or perform surgical suturing. 2927
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(C) No individual shall knowingly use the title "licensed midwife" or any other title implying that the individual is a licensed midwife unless the individual holds a current, valid license to practice issued under section 4724.04 of the Revised Code. 2932
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Sec. 4724.03. (A) An individual seeking a license to practice as a licensed midwife shall file with the department of commerce an application in a manner prescribed by the department. The application shall include all the information the department considers necessary to process the application, including evidence satisfactory to the department that the applicant meets the requirements specified in division (B) (1) or (2) of this section. 2937
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(B) (1) To be eligible to receive a license to practice as a licensed midwife, an applicant shall demonstrate to the department that the applicant meets all of the following requirements: 2945
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(a) Is at least eighteen years of age; 2949

(b) Has attained a high school degree or equivalent; 2950

(c) Is certified by the north American registry of midwives, international registry of midwives, or another certifying organization approved by the department in rules adopted under section 4724.11 of the Revised Code; 2951
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(d) Is certified in neonatal and adult cardiopulmonary 2955

<u>resuscitation;</u>	2956
<u>(e) Has successfully completed a course of study in breech</u>	2957
<u>births approved by the department in rules adopted under section</u>	2958
<u>4724.11 of the Revised Code;</u>	2959
<u>(f) Has successfully completed a course of study in</u>	2960
<u>pharmacology approved by the department in rules adopted under</u>	2961
<u>section 4724.11 of the Revised Code.</u>	2962
<u>(2) In lieu of meeting the requirements described in</u>	2963
<u>division (B) (1) (c) of this section, an applicant may demonstrate</u>	2964
<u>either of the following:</u>	2965
<u>(a) That the applicant holds a current, valid license to</u>	2966
<u>practice as a licensed midwife issued by another state and the</u>	2967
<u>department has determined that the other state's requirements</u>	2968
<u>for licensure are substantially similar to those described in</u>	2969
<u>division (B) (1) of this section;</u>	2970
<u>(b) That the applicant is certified by the north American</u>	2971
<u>registry of midwives and holds a midwifery bridge certificate.</u>	2972
<u>(C) The department shall review all applications received</u>	2973
<u>under this section. After receiving an application it considers</u>	2974
<u>complete, the department shall determine whether the applicant</u>	2975
<u>meets the requirements for a license to practice as a licensed</u>	2976
<u>midwife.</u>	2977
<u>Sec. 4724.04.</u> (A) <u>If the department of commerce determines</u>	2978
<u>under section 4724.03 of the Revised Code that an applicant</u>	2979
<u>meets the requirements for a license to practice as a licensed</u>	2980
<u>midwife, the department shall issue the license to the</u>	2981
<u>applicant.</u>	2982
<u>(B) Each license shall be valid for a two-year period</u>	2983

unless revoked or suspended, shall expire on the date that is 2984
two years after the date of issuance, and may be renewed for 2985
additional two-year periods in accordance with rules adopted 2986
under section 4724.11 of the Revised Code. 2987

(C) To renew a license to practice as a licensed midwife, 2988
an applicant for renewal shall demonstrate both of the following 2989
to the department: 2990

(1) That the applicant has maintained certification in 2991
neonatal and adult cardiopulmonary resuscitation; 2992

(2) That the applicant has maintained certification with 2993
the north American registry of midwives, international registry 2994
of midwives, or another certifying organization approved by the 2995
department in rules adopted under section 4724.11 of the Revised 2996
Code. 2997

(D) In the event a license issued under this section is 2998
not renewed and is therefore expired or inactive, the department 2999
shall reinstate or restore the license if the individual seeking 3000
reinstatement or restoration satisfies the conditions specified 3001
in rules adopted under section 4724.11 of the Revised Code. 3002

Sec. 4724.05. (A) An individual who holds a current, valid 3003
license to practice as a licensed midwife may engage in one or 3004
more of the following activities during the antepartum, 3005
intrapartum, postpartum, and newborn period as part of the scope 3006
of practice for a licensed midwife: 3007

(1) Offering care, education, counseling, and support to 3008
women and newborns during pregnancy, birth, and the postpartum 3009
period; 3010

(2) Attending births in hospitals, homes, medical offices, 3011
and freestanding birthing centers; 3012

<u>(3) Providing ongoing and routine prenatal care throughout pregnancy and hands on care during labor, birth, and the immediate postpartum period;</u>	3013
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<u>(4) Providing maternal and newborn assessment for the six- to eight-week period following delivery;</u>	3016
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<u>(5) Providing initial and ongoing comprehensive assessment, diagnosis, and treatment;</u>	3018
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<u>(6) Recognizing abnormal or dangerous conditions requiring consultations with or referrals to other licensed health care professionals;</u>	3020
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<u>(7) Conducting maternal and newborn physical examinations;</u>	3023
<u>(8) Ordering and interpreting laboratory and diagnostic tests without a physician's order.</u>	3024
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<u>(B) An individual who holds a current, valid license to practice as a licensed midwife shall not engage in any of the following activities:</u>	3026
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<u>(1) Administering cytotec or oxytocics, including pitocin and methergine, except when indicated during the postpartum period;</u>	3029
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<u>(2) Using forceps or vacuum extraction to assist with birth;</u>	3032
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<u>(3) Performing any operative procedures or surgical repairs other than the following: artificial rupture of membranes; episiotomies; first or second degree perineal, vaginal, or labial repairs; clamping or cutting the umbilical cord; or frenotomies.</u>	3034
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<u>(C) For the purpose of engaging in one or more of the</u>	3039

activities permitted under division (A) of this section, the 3040
scope of practice for a licensed midwife shall include the 3041
ability to purchase, obtain, possess, and administer the 3042
following: 3043

(1) Subject to division (B) of this section, an 3044
antihemorrhagic agent or device, including tranexamic acid, 3045
pitocin, oxytocin, misoprostol, and methergine; 3046

(2) Intravenous fluids to stabilize the laboring or 3047
postpartum patient or as necessary to administer another drug 3048
authorized by this division; 3049

(3) Neonatal injectable vitamin K; 3050

(4) Newborn antibiotic eye prophylaxis; 3051

(5) Oxygen; 3052

(6) Intravenous antibiotics for group B streptococcal 3053
prophylaxis; 3054

(7) Rho (D) immune globulin; 3055

(8) Local anesthesia; 3056

(9) Epinephrine; 3057

(10) A drug prescribed for the patient by a prescriber. 3058

A licensed midwife also may obtain, without a physician's 3059
order, one or more supplies necessary to administer any of the 3060
drugs described in division (C) of this section. 3061

(D) This section does not authorize a licensed midwife to 3062
prescribe, personally furnish, obtain, or administer either of 3063
the following: 3064

(1) Any controlled substance as defined in section 3719.01 3065

of the Revised Code; 3066

(2) A drug or device to perform or induce an abortion. 3067

(E) When engaging in any of the activities permitted under 3068
this section, a licensed midwife shall maintain appropriate 3069
medical records regarding patient history, treatment, and 3070
outcomes. 3071

Sec. 4724.06. The department of commerce shall limit, 3072
revoke, or suspend an individual's license to practice as a 3073
licensed midwife, refuse to issue a license to an applicant, 3074
refuse to renew a license, refuse to reinstate or restore a 3075
license, or reprimand or place on probation the holder of a 3076
license for any of the reasons specified in rules adopted under 3077
section 4724.11 of the Revised Code. 3078

Sec. 4724.07. (A) This section establishes the process by 3079
which a licensed midwife obtains a patient's consent to 3080
treatment authorized by section 4724.05 of the Revised Code, 3081
including attending a home birth or providing care during a 3082
high-risk pregnancy. 3083

(B) The following information shall be exchanged in 3084
writing between a licensed midwife and patient when obtaining 3085
consent to treatment as described in division (A) of this 3086
section: 3087

(1) The name and license number of the licensed midwife; 3088

(2) The patient's name, address, telephone number, and 3089
primary care provider, if the patient has one; 3090

(3) A description of the licensed midwife's education, 3091
training, and experience in midwifery; 3092

(4) The licensed midwife's practice philosophy; 3093

(5) A promise to provide the patient, upon request, with separate documents describing the rules governing the practice of midwifery, including a list of conditions indicating the need for consultation, referral, transfer, or mandatory transfer and the licensed midwife's personal written practice guidelines; 3094
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(6) A written plan for medical consultation and transfer of care; 3099
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(7) A description of any hospital care and procedures that may be necessary in the event of an emergency transfer or care; 3101
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(8) A description of the services provided to the patient by the licensed midwife; 3103
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(9) That the licensed midwife holds a current, valid license to practice issued under this chapter; 3105
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(10) The availability of a grievance process; 3107

(11) Whether the licensed midwife is covered by professional liability insurance; 3108
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(12) Any other information required in rules adopted by the department. 3110
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(C) Once the required information has been exchanged and if the patient consents to treatment, the patient and licensed midwife shall sign a written document to indicate as such. The licensed midwife shall retain a copy of the document for at least four years from the date on which the document was signed. 3112
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Sec. 4724.08. (A) The department of commerce shall adopt rules establishing the circumstances in which a licensed midwife shall be prohibited from attending a home birth, which may include a high-risk pregnancy. In adopting the rules, the department shall allow a licensed midwife to attend a vaginal 3117
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birth after cesarean, birth of twins, or breech birth as a home 3122
birth if the conditions described in division (B) of this 3123
section are satisfied. 3124

(B) In the event of a home birth described in division (A) 3125
of this section, a licensed midwife may attend the birth only if 3126
all of the following conditions are satisfied: 3127

(1) In addition to the informed consent required under 3128
section 4724.07 of the Revised Code, the licensed midwife 3129
obtains the patient's written informed consent for the vaginal 3130
birth after cesarean, birth of twins, or breech birth, including 3131
a description of risks associated with the procedure. 3132

(2) The licensed midwife consults with a physician, 3133
certified nurse-midwife, or certified midwife about the patient 3134
and together with the physician or midwife determines whether 3135
referral is appropriate for the patient. If a referral is 3136
determined to be appropriate and the patient consents to the 3137
referral, the licensed midwife shall refer the patient to the 3138
physician or provider. If the patient refuses the referral, the 3139
licensed midwife shall document the refusal and may continue to 3140
provide care to the patient, including attending the vaginal 3141
birth after cesarean, birth of twins, or breech birth. 3142

(3) The licensed midwife satisfies any other conditions 3143
required in rules adopted by the department. 3144

(C) In adopting rules under this section, the department 3145
shall do both of the following: 3146

(1) Adhere to the recommendations of the licensed 3147
midwifery advisory council and any relevant peer-reviewed 3148
medical literature; 3149

(2) Specify the content and format of the document to be 3150

used when obtaining informed consent as described in this 3151
section. 3152

Sec. 4724.09. (A) As used in this section and section 3153
4724.10 of the Revised Code, "emergency medical service," 3154
"emergency medical service personnel," and "emergency medical 3155
service organization" have the same meanings as in section 3156
4765.01 of the Revised Code. 3157

(B) For any pregnancy or childbirth in which a licensed 3158
midwife provides care and a home birth is planned, both of the 3159
following apply: 3160

(1) The licensed midwife shall create an individualized 3161
transfer of care plan with each patient. 3162

(2) The licensed midwife shall assess the status of the 3163
patient, fetus, and newborn throughout the maternity care cycle 3164
and shall determine when or if a transfer to a hospital is 3165
necessary. 3166

(C) Each individualized transfer of care plan shall 3167
contain all of the following: 3168

(1) The name and location of geographically adjacent 3169
hospitals that are appropriately equipped to provide emergency 3170
care, obstetrical care, and newborn care; 3171

(2) The approximate travel time to each hospital; 3172

(3) A list of the modes of transport services available, 3173
including an emergency medical service organization available by 3174
calling 9-1-1; 3175

(4) The requirements for activating each mode of 3176
transportation; 3177

(5) The mechanism by which medical records and other information concerning the patient may be rapidly transmitted to each hospital; 3178
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(6) Confirmation that the licensed midwife has recommended that the patient pre-register with the hospital closest to the patient's home that is appropriately equipped to provide emergency care, obstetrical care, and newborn care; 3181
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(7) Contact information for either a health care provider or practice group who has agreed in advance to accept patients in transfer, or a hospital's preferred method of accessing care by the hospital's designated provider on call; 3185
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(8) Any other information required in rules adopted by the department of commerce. 3189
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(D) When it becomes necessary to transfer a patient, a licensed midwife shall notify the receiving provider or hospital of all of the following: 3191
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(1) The incoming transfer; 3194

(2) The reason for the transfer; 3195

(3) A brief relevant clinical history; 3196

(4) The planned mode of transport; 3197

(5) The expected time of arrival; 3198

(6) Any other information required in rules adopted by the department. 3199
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The licensed midwife may continue to provide routine or urgent care en route in coordination with any emergency medical services personnel or emergency medical service organization and, if continued care is provided, the licensed midwife shall 3201
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address the psychosocial needs of the patient during the change 3205
of birth setting. 3206

(E) On arrival at the hospital, the licensed midwife shall 3207
do all of the following: 3208

(1) Provide a verbal report that includes details on the 3209
patient's current health status and the need for urgent care; 3210

(2) Provide a legible copy of relevant prenatal and labor 3211
medical records; 3212

(3) Transfer clinical responsibility to the receiving 3213
provider or hospital; 3214

(4) Satisfy any other requirement established in rules 3215
adopted by the department. 3216

If the patient chooses, the licensed midwife may remain at 3217
the hospital to provide continuous support. The licensed midwife 3218
also may continue to provide midwifery services, but only if the 3219
hospital has granted the licensed midwife clinical privileges. 3220
Whenever possible, the patient and her newborn shall be together 3221
during the transfer and after admission to the hospital. 3222

Sec. 4724.10. (A) As used in this section, "adverse 3223
incident" means an incident over which a licensed midwife could 3224
exercise control, that is associated with an attempted or 3225
completed birth in a setting or facility other than a hospital, 3226
and that results in one or more of the following injuries or 3227
conditions: 3228

(1) A maternal death that occurs during delivery or within 3229
forty-two days after delivery; 3230

(2) The transfer of a maternal patient to a hospital 3231
intensive care unit; 3232

(3) A maternal patient experiencing hemorrhagic shock or 3233
requiring a transfusion of more than two units of blood or blood 3234
products; 3235

(4) A fetal or neonatal death, including a stillbirth, 3236
associated with an obstetrical delivery; 3237

(5) A transfer of a newborn to a neonatal intensive care 3238
unit due to a traumatic physical or neurological birth injury, 3239
including any degree of a brachial plexus injury; 3240

(6) A transfer of a newborn to a neonatal intensive care 3241
unit within the first seventy-two hours after birth if the 3242
newborn remains in such unit for more than seventy-two hours; 3243

(7) Any other condition as determined by the department of 3244
commerce in rules adopted under section 4724.11 of the Revised 3245
Code. 3246

(B) Beginning July 1, 2027, a licensed midwife who attends 3247
a birth planned for a facility or setting other than a hospital 3248
must report any adverse incident, along with a medical summary 3249
of events, to both of the following within fifteen days after 3250
the adverse incident occurs: 3251

(1) The licensed midwifery advisory council; 3252

(2) The Ohio perinatal quality collaborative. 3253

(C) Beginning July 1, 2027, each licensed midwife shall 3254
report annually to the licensed midwifery advisory council the 3255
following information regarding cases in which the licensed 3256
midwife provided services when the intended place of birth at 3257
the onset of care was in a facility or setting other than a 3258
hospital: 3259

(1) The total number of patients provided licensed 3260

<u>midwifery services at the onset of care;</u>	3261
<u>(2) The number of live births attended;</u>	3262
<u>(3) The number of cases of fetal demise, newborn deaths,</u> <u>and maternal deaths attended as a licensed midwife at the</u> <u>discovery of the demise or death;</u>	3263 3264 3265
<u>(4) The number, reason for, and outcome of each transport</u> <u>of a patient in the antepartum, intrapartum period, or immediate</u> <u>postpartum period;</u>	3266 3267 3268
<u>(5) A brief description of any complications resulting in</u> <u>the morbidity or mortality of a maternal patient or a newborn;</u>	3269 3270
<u>(6) The planned delivery setting and the actual setting;</u>	3271
<u>(7) Any other information required in rules adopted by the</u> <u>department of commerce.</u>	3272 3273
<u>(D) The department shall adopt rules to implement this</u> <u>section and shall develop a form to be used for the reporting</u> <u>required under divisions (B) and (C) of this section.</u>	3274 3275 3276
<u>Sec. 4724.11.</u> (A) <u>In accordance with Chapter 119. of the</u> <u>Revised Code, the department of commerce shall adopt rules that</u> <u>establish all of the following:</u>	3277 3278 3279
<u>(1) Standards and procedures for applying for, renewing,</u> <u>reinstating, or restoring a license to practice as a licensed</u> <u>midwife;</u>	3280 3281 3282
<u>(2) Application, renewal, reinstatement, and restoration</u> <u>fee amounts for a license to practice as a licensed midwife,</u> <u>with the amount of the application fee not to exceed forty-five</u> <u>dollars and the amount of the renewal fee not to exceed twenty</u> <u>dollars;</u>	3283 3284 3285 3286 3287

<u>(3) Standards and procedures for approving and</u>	3288
<u>successfully completing a course of study in breech births and a</u>	3289
<u>course of study in pharmacology, each as described in section</u>	3290
<u>4724.03 of the Revised Code;</u>	3291
<u>(4) Subject to division (C) of this section, standards and</u>	3292
<u>procedures for approving certifying organizations as described</u>	3293
<u>in section 4724.03 of the Revised Code;</u>	3294
<u>(5) Reasons for which the department may refuse to issue,</u>	3295
<u>or renew, suspend, or revoke a license or otherwise impose</u>	3296
<u>discipline on a licensed midwife;</u>	3297
<u>(6) Conditions to be satisfied before the department</u>	3298
<u>reinstates or restores an expired or inactive license;</u>	3299
<u>(7) Procedures for reporting to the department license</u>	3300
<u>holder misconduct;</u>	3301
<u>(8) Procedures by which the department conducts</u>	3302
<u>disciplinary investigations.</u>	3303
<u>(B) In adopting rules establishing standards and</u>	3304
<u>procedures for the approval of certifying organizations, the</u>	3305
<u>department shall approve an organization only if its</u>	3306
<u>certification requirements meet or exceed those of the north</u>	3307
<u>American registry of midwives or the international registry of</u>	3308
<u>midwives.</u>	3309
<u>(C) The department also may adopt, in accordance with</u>	3310
<u>Chapter 119. of the Revised Code, any other rules it considers</u>	3311
<u>necessary to implement and administer this chapter. The rules</u>	3312
<u>may require the completion of a criminal records check.</u>	3313
<u>Sec. 4724.12. This chapter does not abridge, change, or</u>	3314
<u>limit in any way the right of a parent to deliver the parent's</u>	3315

baby where, when, how, and with whom the parent chooses, 3316
regardless of the licensure requirements established in this 3317
chapter. 3318

Sec. 4724.13. (A) There is hereby created within the 3319
department of commerce the licensed midwifery advisory council. 3320
The council shall consist of all of the following members: 3321

(1) One certified nurse-midwife and one certified midwife 3322
or certified nurse-midwife, preferably with experience attending 3323
a birth in a setting or facility other than a hospital; 3324

(2) Four licensed midwives, including one practicing in an 3325
urban setting and one serving a plain Amish or Mennonite 3326
community; 3327

(3) One physician who is board-certified in obstetrics and 3328
gynecology, as those designations are issued by a medical 3329
specialty certifying board recognized by the American board of 3330
medical specialties or American osteopathic association, and 3331
with experience consulting with midwives who provide midwifery 3332
services in locations other than hospitals; 3333

(4) One physician who is board-certified in neonatal 3334
medicine, as that designation is issued by a medical specialty 3335
certifying board recognized by the American board of medical 3336
specialties or American osteopathic association, and with 3337
experience consulting with midwives who provide midwifery 3338
services in locations other than hospitals; 3339

(5) One member of the public who has experience utilizing 3340
or receiving midwifery services in locations other than 3341
hospitals. 3342

Of the members who are licensed midwives, each shall 3343
obtain licensure as a licensed midwife under this chapter not 3344

later than January 1, 2028. 3345

(B) The department shall appoint the members described in 3346
division (A) of this section. The department may solicit 3347
nominations for initial appointments and for filling any 3348
vacancies from individuals or organizations with an interest in 3349
midwifery services. If the department does not receive any 3350
nominations or receives an insufficient number of nominations, 3351
the department shall appoint members and fill vacancies on its 3352
own advice. 3353

Of the physician members described in divisions (A) (3) and 3354
(4) of this section, if the department does not receive any 3355
nominations for physicians with experience consulting with 3356
midwives who provide midwifery services in locations other than 3357
hospitals, the department shall appoint physicians without such 3358
experience, but only if the department determines that each 3359
physician satisfies the other requirements of division (A) (3) or 3360
(4) of this section. 3361

Initial appointments to the council shall be made not 3362
later than ninety days after the effective date of this section. 3363
Of the initial appointments described in division (A) of this 3364
section, four shall be for terms of three years and five shall 3365
be for terms of four years. Thereafter, terms shall be for four 3366
years, with each term ending on the same day of the same month 3367
as did the term that it succeeds. Vacancies shall be filled in 3368
the same manner as appointments. 3369

When the term of any member expires, a successor shall be 3370
appointed in the same manner as the initial appointment. Any 3371
member appointed to fill a vacancy occurring prior to the 3372
expiration of the term for which the member's predecessor was 3373
appointed shall hold office for the remainder of that term. A 3374

member shall continue in office subsequent to the expiration 3375
date of the member's term until the member's successor takes 3376
office or until a period of sixty days has elapsed, whichever 3377
occurs first. A member may be reappointed. 3378

(C) The council shall organize by selecting a chairperson 3379
from among its members. The council may select a new chairperson 3380
at any time. Four members constitute a quorum for the 3381
transaction of official business. Members shall serve without 3382
compensation but shall receive payment for their actual and 3383
necessary expenses incurred in the performance of their official 3384
duties. The expenses shall be paid by the department. 3385

(D) The council shall advise and make recommendations to 3386
the department regarding the practice and regulation of licensed 3387
midwives. The department shall adhere to such advice and 3388
recommendations when adopting any rules governing the practice 3389
of licensed midwives, including rules to address the following: 3390

(1) Circumstances in which attending a home birth is 3391
prohibited, as described in section 4724.08 of the Revised Code; 3392

(2) Limitations on providing care during a high-risk 3393
pregnancy, including when a home birth is planned; 3394

(3) Adverse incident reporting and annual reporting, both 3395
required under section 4724.10 of the Revised Code; 3396

(4) Obtaining a patient's informed consent, as described 3397
in section 4724.07 of the Revised Code; 3398

(5) Creating an individualized transfer of care plan, as 3399
described in section 4724.09 of the Revised Code. 3400

(E) The council shall review each adverse incident report 3401
submitted to the council as described in section 4724.10 of the 3402

Revised Code. As soon as practicable after the required review, 3403
the council shall make a recommendation to the department 3404
regarding whether discipline should be imposed on the licensed 3405
midwife, and if so, the type of discipline to be imposed. 3406

The council shall develop a policy by which it addresses 3407
and considers adverse incident reports. 3408

Sec. 4724.14. A traditional midwife may engage in one or 3409
more of the following activities during the antepartum, 3410
intrapartum, postpartum, and newborn period as part of the scope 3411
of practice for a traditional midwife: 3412

(A) Offering care, education, counseling, and support 3413
during pregnancy, birth, and the postpartum period; 3414

(B) Attending births in locations other than hospitals; 3415

(C) Providing ongoing and routine prenatal care throughout 3416
pregnancy and hands on care during labor, birth, and the 3417
immediate postpartum period; 3418

(D) Providing maternal and newborn assessment for the six- 3419
to eight-week period following delivery; 3420

(E) Recognizing abnormal or dangerous conditions requiring 3421
consultations with or referrals to licensed health care 3422
professionals. 3423

Sec. 4724.15. (A) This section establishes the process by 3424
which a traditional midwife obtains a patient's consent to 3425
treatment authorized by section 4724.14 of the Revised Code. 3426

(B) The following information shall be exchanged in 3427
writing between a traditional midwife and patient when obtaining 3428
consent to treatment as described in division (A) of this 3429
section: 3430

- (1) The name of the traditional midwife; 3431
- (2) The patient's name, address, telephone number, and 3432
primary care provider, if the patient has one; 3433
- (3) A description of the traditional midwife's education, 3434
training, and experience in midwifery; 3435
- (4) The traditional midwife's practice philosophy; 3436
- (5) A promise to provide the patient, upon request, with 3437
separate documents describing a traditional midwife's scope of 3438
practice; 3439
- (6) A written plan for medical consultation and transfer 3440
of care; 3441
- (7) A description of any hospital care and procedures that 3442
may be necessary in the event of an emergency transfer of care; 3443
- (8) A description of the services provided to the patient 3444
by the traditional midwife; 3445
- (9) Whether the traditional midwife is covered by 3446
professional liability insurance; 3447
- (10) Any other information required in rules adopted by 3448
the department. 3449
- (C) Once the required information has been exchanged and 3450
if the patient consents to treatment, the patient and 3451
traditional midwife shall sign a written document to indicate as 3452
such. The traditional midwife shall retain a copy of the 3453
document for at least four years from the date on which the 3454
document was signed. 3455
- (D) The rights and liabilities arising from the provision 3456
of traditional midwifery services shall be governed exclusively 3457

by the agreement between the traditional midwife and the patient 3458
entered pursuant to division (C) of this section. 3459

Sec. 4724.16. Emergency medical service personnel or an 3460
emergency medical service organization, hospital, facility, 3461
physician, advanced practice registered nurse, licensed midwife, 3462
or traditional midwife that provides services or care following 3463
an adverse incident as defined in section 4724.10 of the Revised 3464
Code, or during and after a transfer of care as described in 3465
section 4724.09 of the Revised Code, are not liable in damages 3466
in a tort or other civil action for injury or loss to person or 3467
property arising from the services or care, unless the services 3468
or care are provided in a manner that constitutes willful or 3469
wanton misconduct. 3470

Sec. 4724.99. (A) Whoever violates division (A) of section 3471
4724.02 of the Revised Code is guilty of a felony of the fifth 3472
degree on a first offense and a felony of the fourth degree on 3473
each subsequent offense. 3474

(B) Whoever violates division (C) of section 4724.02 of 3475
the Revised Code is guilty of a misdemeanor of the first degree 3476
and is subject to a fine in the amount of one thousand dollars 3477
and a jail term of not more than one hundred eighty days. 3478

Sec. 4731.22. (A) The state medical board, by an 3479
affirmative vote of not fewer than six of its members, may 3480
limit, revoke, or suspend a license or certificate to practice 3481
or certificate to recommend, refuse to grant a license or 3482
certificate, refuse to renew a license or certificate, refuse to 3483
reinstate a license or certificate, or reprimand or place on 3484
probation the holder of a license or certificate if the 3485
individual applying for or holding the license or certificate is 3486
found by the board to have committed fraud during the 3487

administration of the examination for a license or certificate 3488
to practice or to have committed fraud, misrepresentation, or 3489
deception in applying for, renewing, or securing any license or 3490
certificate to practice or certificate to recommend issued by 3491
the board. 3492

(B) Except as provided in division (P) of this section, 3493
the board, by an affirmative vote of not fewer than six members, 3494
shall, to the extent permitted by law, limit, revoke, or suspend 3495
a license or certificate to practice or certificate to 3496
recommend, refuse to issue a license or certificate, refuse to 3497
renew a license or certificate, refuse to reinstate a license or 3498
certificate, or reprimand or place on probation the holder of a 3499
license or certificate for one or more of the following reasons: 3500

(1) Permitting one's name or one's license or certificate 3501
to practice to be used by a person, group, or corporation when 3502
the individual concerned is not actually directing the treatment 3503
given; 3504

(2) Failure to maintain minimal standards applicable to 3505
the selection or administration of drugs, or failure to employ 3506
acceptable scientific methods in the selection of drugs or other 3507
modalities for treatment of disease; 3508

(3) Except as provided in section 4731.97 of the Revised 3509
Code, selling, giving away, personally furnishing, prescribing, 3510
or administering drugs for other than legal and legitimate 3511
therapeutic purposes or a plea of guilty to, a judicial finding 3512
of guilt of, or a judicial finding of eligibility for 3513
intervention in lieu of conviction of, a violation of any 3514
federal or state law regulating the possession, distribution, or 3515
use of any drug; 3516

(4) Willfully betraying a professional confidence. 3517

For purposes of this division, "willfully betraying a 3518
professional confidence" does not include providing any 3519
information, documents, or reports under sections 307.621 to 3520
307.629 of the Revised Code to a child fatality review board; 3521
does not include providing any information, documents, or 3522
reports under sections 307.631 to 307.6410 of the Revised Code 3523
to a drug overdose fatality review committee, a suicide fatality 3524
review committee, or hybrid drug overdose fatality and suicide 3525
fatality review committee; does not include providing any 3526
information, documents, or reports under sections 307.651 to 3527
307.659 of the Revised Code to a domestic violence fatality 3528
review board; does not include providing any information, 3529
documents, or reports to the director of health pursuant to 3530
guidelines established under section 3701.70 of the Revised 3531
Code; does not include written notice to a mental health 3532
professional under section 4731.62 of the Revised Code; does not 3533
include making a report as described in division (F) of section 3534
2921.22 and section 4731.224 of the Revised Code; and does not 3535
include the making of a report of an employee's use of a drug of 3536
abuse, or a report of a condition of an employee other than one 3537
involving the use of a drug of abuse, to the employer of the 3538
employee as described in division (B) of section 2305.33 of the 3539
Revised Code. Nothing in this division affects the immunity from 3540
civil liability conferred by section 2305.33 or 4731.62 of the 3541
Revised Code upon a physician who makes a report in accordance 3542
with section 2305.33 or notifies a mental health professional in 3543
accordance with section 4731.62 of the Revised Code. As used in 3544
this division, "employee," "employer," and "physician" have the 3545
same meanings as in section 2305.33 of the Revised Code. 3546

(5) Making a false, fraudulent, deceptive, or misleading 3547

statement in the solicitation of or advertising for patients; in 3548
relation to the practice of medicine and surgery, osteopathic 3549
medicine and surgery, podiatric medicine and surgery, or a 3550
limited branch of medicine; or in securing or attempting to 3551
secure any license or certificate to practice issued by the 3552
board. 3553

As used in this division, "false, fraudulent, deceptive, 3554
or misleading statement" means a statement that includes a 3555
misrepresentation of fact, is likely to mislead or deceive 3556
because of a failure to disclose material facts, is intended or 3557
is likely to create false or unjustified expectations of 3558
favorable results, or includes representations or implications 3559
that in reasonable probability will cause an ordinarily prudent 3560
person to misunderstand or be deceived. 3561

(6) A departure from, or the failure to conform to, 3562
minimal standards of care of similar practitioners under the 3563
same or similar circumstances, whether or not actual injury to a 3564
patient is established; 3565

(7) Representing, with the purpose of obtaining 3566
compensation or other advantage as personal gain or for any 3567
other person, that an incurable disease or injury, or other 3568
incurable condition, can be permanently cured; 3569

(8) The obtaining of, or attempting to obtain, money or 3570
anything of value by fraudulent misrepresentations in the course 3571
of practice; 3572

(9) A plea of guilty to, a judicial finding of guilt of, 3573
or a judicial finding of eligibility for intervention in lieu of 3574
conviction for, a felony; 3575

(10) Commission of an act that constitutes a felony in 3576

this state, regardless of the jurisdiction in which the act was committed; 3577
3578

(11) A plea of guilty to, a judicial finding of guilt of, 3579
or a judicial finding of eligibility for intervention in lieu of 3580
conviction for, a misdemeanor committed in the course of 3581
practice; 3582

(12) Commission of an act in the course of practice that 3583
constitutes a misdemeanor in this state, regardless of the 3584
jurisdiction in which the act was committed; 3585

(13) A plea of guilty to, a judicial finding of guilt of, 3586
or a judicial finding of eligibility for intervention in lieu of 3587
conviction for, a misdemeanor involving moral turpitude; 3588

(14) Commission of an act involving moral turpitude that 3589
constitutes a misdemeanor in this state, regardless of the 3590
jurisdiction in which the act was committed; 3591

(15) Violation of the conditions of limitation placed by 3592
the board upon a license or certificate to practice; 3593

(16) Failure to pay license renewal fees specified in this 3594
chapter; 3595

(17) Except as authorized in section 4731.31 of the 3596
Revised Code, engaging in the division of fees for referral of 3597
patients, or the receiving of a thing of value in return for a 3598
specific referral of a patient to utilize a particular service 3599
or business; 3600

(18) Subject to section 4731.226 of the Revised Code, 3601
violation of any provision of a code of ethics of the American 3602
medical association, the American osteopathic association, the 3603
American podiatric medical association, or any other national 3604

professional organizations that the board specifies by rule. The 3605
state medical board shall obtain and keep on file current copies 3606
of the codes of ethics of the various national professional 3607
organizations. The individual whose license or certificate is 3608
being suspended or revoked shall not be found to have violated 3609
any provision of a code of ethics of an organization not 3610
appropriate to the individual's profession. 3611

For purposes of this division, a "provision of a code of 3612
ethics of a national professional organization" does not include 3613
any provision that would preclude the making of a report by a 3614
physician of an employee's use of a drug of abuse, or of a 3615
condition of an employee other than one involving the use of a 3616
drug of abuse, to the employer of the employee as described in 3617
division (B) of section 2305.33 of the Revised Code. Nothing in 3618
this division affects the immunity from civil liability 3619
conferred by that section upon a physician who makes either type 3620
of report in accordance with division (B) of that section. As 3621
used in this division, "employee," "employer," and "physician" 3622
have the same meanings as in section 2305.33 of the Revised 3623
Code. 3624

(19) Inability to practice according to acceptable and 3625
prevailing standards of care by reason of mental illness or 3626
physical illness, including, but not limited to, physical 3627
deterioration that adversely affects cognitive, motor, or 3628
perceptive skills. 3629

In enforcing this division, the board, upon a showing of a 3630
possible violation, shall refer any individual who is authorized 3631
to practice by this chapter or who has submitted an application 3632
pursuant to this chapter to the monitoring organization that 3633
conducts the confidential monitoring program established under 3634

section 4731.25 of the Revised Code. The board also may compel 3635
the individual to submit to a mental examination, physical 3636
examination, including an HIV test, or both a mental and a 3637
physical examination. The expense of the examination is the 3638
responsibility of the individual compelled to be examined. 3639
Failure to submit to a mental or physical examination or consent 3640
to an HIV test ordered by the board constitutes an admission of 3641
the allegations against the individual unless the failure is due 3642
to circumstances beyond the individual's control, and a default 3643
and final order may be entered without the taking of testimony 3644
or presentation of evidence. If the board finds an individual 3645
unable to practice because of the reasons set forth in this 3646
division, the board shall require the individual to submit to 3647
care, counseling, or treatment by physicians approved or 3648
designated by the board, as a condition for initial, continued, 3649
reinstated, or renewed authority to practice. An individual 3650
affected under this division shall be afforded an opportunity to 3651
demonstrate to the board the ability to resume practice in 3652
compliance with acceptable and prevailing standards under the 3653
provisions of the individual's license or certificate. For the 3654
purpose of this division, any individual who applies for or 3655
receives a license or certificate to practice under this chapter 3656
accepts the privilege of practicing in this state and, by so 3657
doing, shall be deemed to have given consent to submit to a 3658
mental or physical examination when directed to do so in writing 3659
by the board, and to have waived all objections to the 3660
admissibility of testimony or examination reports that 3661
constitute a privileged communication. 3662

(20) Except as provided in division (F)(1)(b) of section 3663
4731.282 of the Revised Code or when civil penalties are imposed 3664
under section 4731.225 of the Revised Code, and subject to 3665

section 4731.226 of the Revised Code, violating or attempting to 3666
violate, directly or indirectly, or assisting in or abetting the 3667
violation of, or conspiring to violate, any provisions of this 3668
chapter or any rule promulgated by the board. 3669

This division does not apply to a violation or attempted 3670
violation of, assisting in or abetting the violation of, or a 3671
conspiracy to violate, any provision of this chapter or any rule 3672
adopted by the board that would preclude the making of a report 3673
by a physician of an employee's use of a drug of abuse, or of a 3674
condition of an employee other than one involving the use of a 3675
drug of abuse, to the employer of the employee as described in 3676
division (B) of section 2305.33 of the Revised Code. Nothing in 3677
this division affects the immunity from civil liability 3678
conferred by that section upon a physician who makes either type 3679
of report in accordance with division (B) of that section. As 3680
used in this division, "employee," "employer," and "physician" 3681
have the same meanings as in section 2305.33 of the Revised 3682
Code. 3683

(21) The violation of section 3701.79 of the Revised Code 3684
or of any abortion rule adopted by the director of health 3685
pursuant to section 3701.341 of the Revised Code; 3686

(22) Any of the following actions taken by an agency 3687
responsible for authorizing, certifying, or regulating an 3688
individual to practice a health care occupation or provide 3689
health care services in this state or another jurisdiction, for 3690
any reason other than the nonpayment of fees: the limitation, 3691
revocation, or suspension of an individual's license to 3692
practice; acceptance of an individual's license surrender; 3693
denial of a license; refusal to renew or reinstate a license; 3694
imposition of probation; or issuance of an order of censure or 3695

other reprimand; 3696

(23) The violation of section 2919.12 of the Revised Code 3697
or the performance or inducement of an abortion upon a pregnant 3698
woman with actual knowledge that the conditions specified in 3699
division (B) of section 2317.56 of the Revised Code have not 3700
been satisfied or with a heedless indifference as to whether 3701
those conditions have been satisfied, unless an affirmative 3702
defense as specified in division (H) (2) of that section would 3703
apply in a civil action authorized by division (H) (1) of that 3704
section; 3705

(24) The revocation, suspension, restriction, reduction, 3706
or termination of clinical privileges by the United States 3707
department of defense or department of veterans affairs or the 3708
termination or suspension of a certificate of registration to 3709
prescribe drugs by the drug enforcement administration of the 3710
United States department of justice; 3711

(25) Termination or suspension from participation in the 3712
medicare or medicaid programs by the department of health and 3713
human services or other responsible agency; 3714

(26) Impairment of ability to practice according to 3715
acceptable and prevailing standards of care because of substance 3716
use disorder or excessive use or abuse of drugs, alcohol, or 3717
other substances that may impair ability to practice. 3718

For the purposes of this division, any individual 3719
authorized to practice by this chapter accepts the privilege of 3720
practicing in this state subject to supervision by the board. By 3721
filing an application for or holding a license or certificate to 3722
practice under this chapter, an individual shall be deemed to 3723
have given consent to submit to a mental or physical examination 3724

when ordered to do so by the board in writing, and to have 3725
waived all objections to the admissibility of testimony or 3726
examination reports that constitute privileged communications. 3727

If it has reason to believe that any individual authorized 3728
to practice by this chapter or any applicant for licensure or 3729
certification to practice suffers such impairment, the board 3730
shall refer the individual to the monitoring organization that 3731
conducts the confidential monitoring program established under 3732
section 4731.25 of the Revised Code. The board also may compel 3733
the individual to submit to a mental or physical examination, or 3734
both. The expense of the examination is the responsibility of 3735
the individual compelled to be examined. Any mental or physical 3736
examination required under this division shall be undertaken by 3737
a treatment provider or physician who is qualified to conduct 3738
the examination and who is approved under section 4731.251 of 3739
the Revised Code. 3740

Failure to submit to a mental or physical examination 3741
ordered by the board constitutes an admission of the allegations 3742
against the individual unless the failure is due to 3743
circumstances beyond the individual's control, and a default and 3744
final order may be entered without the taking of testimony or 3745
presentation of evidence. If the board determines that the 3746
individual's ability to practice is impaired, the board shall 3747
suspend the individual's license or certificate or deny the 3748
individual's application and shall require the individual, as a 3749
condition for initial, continued, reinstated, or renewed 3750
licensure or certification to practice, to submit to treatment. 3751

Before being eligible to apply for reinstatement of a 3752
license or certificate suspended under this division, the 3753
impaired practitioner shall demonstrate to the board the ability 3754

to resume practice in compliance with acceptable and prevailing standards of care under the provisions of the practitioner's license or certificate. The demonstration shall include, but shall not be limited to, the following:

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

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

(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; 3784

(28) Except as provided in division (N) of this section: 3785

(a) Waiving the payment of all or any part of a deductible 3786
or copayment that a patient, pursuant to a health insurance or 3787
health care policy, contract, or plan that covers the 3788
individual's services, otherwise would be required to pay if the 3789
waiver is used as an enticement to a patient or group of 3790
patients to receive health care services from that individual; 3791

(b) Advertising that the individual will waive the payment 3792
of all or any part of a deductible or copayment that a patient, 3793
pursuant to a health insurance or health care policy, contract, 3794
or plan that covers the individual's services, otherwise would 3795
be required to pay. 3796

(29) Failure to use universal blood and body fluid 3797
precautions established by rules adopted under section 4731.051 3798
of the Revised Code; 3799

(30) Failure to provide notice to, and receive 3800
acknowledgment of the notice from, a patient when required by 3801
section 4731.143 of the Revised Code prior to providing 3802
nonemergency professional services, or failure to maintain that 3803
notice in the patient's medical record; 3804

(31) Failure of a physician supervising a physician 3805
assistant to maintain supervision in accordance with the 3806
requirements of Chapter 4730. of the Revised Code and the rules 3807
adopted under that chapter; 3808

(32) Failure of a physician or podiatrist to enter into a 3809
standard care arrangement with a certified midwife, clinical 3810
nurse specialist, certified nurse-midwife, or certified nurse 3811
practitioner with whom the physician or podiatrist is in 3812

collaboration pursuant to section 4731.27 of the Revised Code or 3813
failure to fulfill the responsibilities of collaboration after 3814
entering into a standard care arrangement; 3815

(33) Failure to comply with the terms of a consult 3816
agreement entered into with a pharmacist pursuant to section 3817
4729.39 of the Revised Code; 3818

(34) Failure to cooperate in an investigation conducted by 3819
the board under division (F) of this section, including failure 3820
to comply with a subpoena or order issued by the board or 3821
failure to answer truthfully a question presented by the board 3822
in an investigative interview, an investigative office 3823
conference, at a deposition, or in written interrogatories, 3824
except that failure to cooperate with an investigation shall not 3825
constitute grounds for discipline under this section if a court 3826
of competent jurisdiction has issued an order that either 3827
quashes a subpoena or permits the individual to withhold the 3828
testimony or evidence in issue; 3829

(35) Failure to supervise an anesthesiologist assistant in 3830
accordance with Chapter 4760. of the Revised Code and the 3831
board's rules for supervision of an anesthesiologist assistant; 3832

(36) Assisting suicide, as defined in section 3795.01 of 3833
the Revised Code; 3834

(37) Failure to comply with the requirements of section 3835
2317.561 of the Revised Code; 3836

(38) Failure to supervise a radiologist assistant in 3837
accordance with Chapter 4774. of the Revised Code and the 3838
board's rules for supervision of radiologist assistants; 3839

(39) Performing or inducing an abortion at an office or 3840
facility with knowledge that the office or facility fails to 3841

post the notice required under section 3701.791 of the Revised Code; 3842
3843

(40) Failure to comply with the standards and procedures 3844
established in rules under section 4731.054 of the Revised Code 3845
for the operation of or the provision of care at a pain 3846
management clinic; 3847

(41) Failure to comply with the standards and procedures 3848
established in rules under section 4731.054 of the Revised Code 3849
for providing supervision, direction, and control of individuals 3850
at a pain management clinic; 3851

(42) Failure to comply with the requirements of section 3852
4729.79 or 4731.055 of the Revised Code, unless the state board 3853
of pharmacy no longer maintains a drug database pursuant to 3854
section 4729.75 of the Revised Code; 3855

(43) Failure to comply with the requirements of section 3856
2919.171, 2919.202, or 2919.203 of the Revised Code or failure 3857
to submit to the department of health in accordance with a court 3858
order a complete report as described in section 2919.171 or 3859
2919.202 of the Revised Code; 3860

(44) Practicing at a facility that is subject to licensure 3861
as a category III terminal distributor of dangerous drugs with a 3862
pain management clinic classification unless the person 3863
operating the facility has obtained and maintains the license 3864
with the classification; 3865

(45) Owning a facility that is subject to licensure as a 3866
category III terminal distributor of dangerous drugs with a pain 3867
management clinic classification unless the facility is licensed 3868
with the classification; 3869

(46) Failure to comply with any of the requirements 3870

regarding making or maintaining medical records or documents 3871
described in division (A) of section 2919.192, division (C) of 3872
section 2919.193, division (B) of section 2919.195, or division 3873
(A) of section 2919.196 of the Revised Code; 3874

(47) Failure to comply with the requirements in section 3875
3719.061 of the Revised Code before issuing for a minor a 3876
prescription for an opioid analgesic, as defined in section 3877
3719.01 of the Revised Code; 3878

(48) Failure to comply with the requirements of section 3879
4731.30 of the Revised Code or rules adopted under section 3880
4731.301 of the Revised Code when recommending treatment with 3881
medical marijuana; 3882

(49) A pattern of continuous or repeated violations of 3883
division (E) (2) or (3) of section 3963.02 of the Revised Code; 3884

(50) Failure to fulfill the responsibilities of a 3885
collaboration agreement entered into with an athletic trainer as 3886
described in section 4755.621 of the Revised Code; 3887

(51) Failure to take the steps specified in section 3888
4731.911 of the Revised Code following an abortion or attempted 3889
abortion in an ambulatory surgical facility or other location 3890
that is not a hospital when a child is born alive; 3891

(52) Violation of section 4731.77 of the Revised Code; 3892

(53) Failure of a physician supervising a certified mental 3893
health assistant to maintain supervision in accordance with the 3894
requirements of Chapter 4772. of the Revised Code and the rules 3895
adopted under that chapter; 3896

(54) Failure to comply with the requirements of section 3897
3705.16 of the Revised Code when certifying a decedent's cause 3898

of death and completing and signing the medical certificate of 3899
death. 3900

(C) Disciplinary actions taken by the board under 3901
divisions (A) and (B) of this section shall be taken pursuant to 3902
an adjudication under Chapter 119. of the Revised Code, except 3903
that in lieu of an adjudication, the board may enter into a 3904
consent agreement with an individual to resolve an allegation of 3905
a violation of this chapter or any rule adopted under it. A 3906
consent agreement, when ratified by an affirmative vote of not 3907
fewer than six members of the board, shall constitute the 3908
findings and order of the board with respect to the matter 3909
addressed in the agreement. If the board refuses to ratify a 3910
consent agreement, the admissions and findings contained in the 3911
consent agreement shall be of no force or effect. 3912

A telephone conference call may be utilized for 3913
ratification of a consent agreement that revokes or suspends an 3914
individual's license or certificate to practice or certificate 3915
to recommend. The telephone conference call shall be considered 3916
a special meeting under division (F) of section 121.22 of the 3917
Revised Code. 3918

If the board takes disciplinary action against an 3919
individual under division (B) of this section for a second or 3920
subsequent plea of guilty to, or judicial finding of guilt of, a 3921
violation of section 2919.123 or 2919.124 of the Revised Code, 3922
the disciplinary action shall consist of a suspension of the 3923
individual's license or certificate to practice for a period of 3924
at least one year or, if determined appropriate by the board, a 3925
more serious sanction involving the individual's license or 3926
certificate to practice. Any consent agreement entered into 3927
under this division with an individual that pertains to a second 3928

or subsequent plea of guilty to, or judicial finding of guilt 3929
of, a violation of that section shall provide for a suspension 3930
of the individual's license or certificate to practice for a 3931
period of at least one year or, if determined appropriate by the 3932
board, a more serious sanction involving the individual's 3933
license or certificate to practice. 3934

(D) For purposes of divisions (B) (10), (12), and (14) of 3935
this section, the commission of the act may be established by a 3936
finding by the board, pursuant to an adjudication under Chapter 3937
119. of the Revised Code, that the individual committed the act. 3938
The board does not have jurisdiction under those divisions if 3939
the trial court renders a final judgment in the individual's 3940
favor and that judgment is based upon an adjudication on the 3941
merits. The board has jurisdiction under those divisions if the 3942
trial court issues an order of dismissal upon technical or 3943
procedural grounds. 3944

(E) The sealing or expungement of conviction records by 3945
any court shall have no effect upon a prior board order entered 3946
under this section or upon the board's jurisdiction to take 3947
action under this section if, based upon a plea of guilty, a 3948
judicial finding of guilt, or a judicial finding of eligibility 3949
for intervention in lieu of conviction, the board issued a 3950
notice of opportunity for a hearing prior to the court's order 3951
to seal or expunge the records. The board shall not be required 3952
to seal, expunge, destroy, redact, or otherwise modify its 3953
records to reflect the court's sealing of conviction records. 3954

(F) (1) The board shall investigate evidence that appears 3955
to show that a person has violated any provision of this chapter 3956
or any rule adopted under it. Any person may report to the board 3957
in a signed writing any information that the person may have 3958

that appears to show a violation of any provision of this 3959
chapter or any rule adopted under it. In the absence of bad 3960
faith, any person who reports information of that nature or who 3961
testifies before the board in any adjudication conducted under 3962
Chapter 119. of the Revised Code shall not be liable in damages 3963
in a civil action as a result of the report or testimony. Each 3964
complaint or allegation of a violation received by the board 3965
shall be assigned a case number and shall be recorded by the 3966
board. 3967

(2) Investigations of alleged violations of this chapter 3968
or any rule adopted under it shall be supervised by the 3969
supervising member elected by the board in accordance with 3970
section 4731.02 of the Revised Code and by the secretary as 3971
provided in section 4731.39 of the Revised Code. The president 3972
may designate another member of the board to supervise the 3973
investigation in place of the supervising member. Upon a vote of 3974
the majority of the board to authorize the addition of a 3975
consumer member in the supervision of any part of any 3976
investigation, the president shall designate a consumer member 3977
for supervision of investigations as determined by the 3978
president. The authorization of consumer member participation in 3979
investigation supervision may be rescinded by a majority vote of 3980
the board. No member of the board who supervises the 3981
investigation of a case shall participate in further 3982
adjudication of the case. 3983

(3) In investigating a possible violation of this chapter 3984
or any rule adopted under this chapter, or in conducting an 3985
inspection under division (E) of section 4731.054 of the Revised 3986
Code, the board may question witnesses, conduct interviews, 3987
administer oaths, order the taking of depositions, inspect and 3988
copy any books, accounts, papers, records, or documents, issue 3989

subpoenas, and compel the attendance of witnesses and production 3990
of books, accounts, papers, records, documents, and testimony, 3991
except that a subpoena for patient record information shall not 3992
be issued without consultation with the attorney general's 3993
office and approval of the secretary of the board. 3994

(a) Before issuance of a subpoena for patient record 3995
information, the secretary shall determine whether there is 3996
probable cause to believe that the complaint filed alleges a 3997
violation of this chapter or any rule adopted under it and that 3998
the records sought are relevant to the alleged violation and 3999
material to the investigation. The subpoena may apply only to 4000
records that cover a reasonable period of time surrounding the 4001
alleged violation. 4002

(b) On failure to comply with any subpoena issued by the 4003
board and after reasonable notice to the person being 4004
subpoenaed, the board may move for an order compelling the 4005
production of persons or records pursuant to the Rules of Civil 4006
Procedure. 4007

(c) A subpoena issued by the board may be served by a 4008
sheriff, the sheriff's deputy, or a board employee or agent 4009
designated by the board. Service of a subpoena issued by the 4010
board may be made by delivering a copy of the subpoena to the 4011
person named therein, reading it to the person, or leaving it at 4012
the person's usual place of residence, usual place of business, 4013
or address on file with the board. When serving a subpoena to an 4014
applicant for or the holder of a license or certificate issued 4015
under this chapter, service of the subpoena may be made by 4016
certified mail, return receipt requested, and the subpoena shall 4017
be deemed served on the date delivery is made or the date the 4018
person refuses to accept delivery. If the person being served 4019

refuses to accept the subpoena or is not located, service may be 4020
made to an attorney who notifies the board that the attorney is 4021
representing the person. 4022

(d) A sheriff's deputy who serves a subpoena shall receive 4023
the same fees as a sheriff. Each witness who appears before the 4024
board in obedience to a subpoena shall receive the fees and 4025
mileage provided for under section 119.094 of the Revised Code. 4026

(4) All hearings, investigations, and inspections of the 4027
board shall be considered civil actions for the purposes of 4028
section 2305.252 of the Revised Code. 4029

(5) A report required to be submitted to the board under 4030
this chapter, a complaint, or information received by the board 4031
pursuant to an investigation or pursuant to an inspection under 4032
division (E) of section 4731.054 of the Revised Code is 4033
confidential and not subject to discovery in any civil action. 4034

The board shall conduct all investigations or inspections 4035
and proceedings in a manner that protects the confidentiality of 4036
patients and persons who file complaints with the board. The 4037
board shall not make public the names or any other identifying 4038
information about patients or complainants unless proper consent 4039
is given or, in the case of a patient, a waiver of the patient 4040
privilege exists under division (B) of section 2317.02 of the 4041
Revised Code, except that consent or a waiver of that nature is 4042
not required if the board possesses reliable and substantial 4043
evidence that no bona fide physician-patient relationship 4044
exists. 4045

The board may share any information it receives pursuant 4046
to an investigation or inspection, including patient records and 4047
patient record information, with law enforcement agencies, other 4048

licensing boards, and other governmental agencies that are 4049
prosecuting, adjudicating, or investigating alleged violations 4050
of statutes or administrative rules. An agency or board that 4051
receives the information shall comply with the same requirements 4052
regarding confidentiality as those with which the state medical 4053
board must comply, notwithstanding any conflicting provision of 4054
the Revised Code or procedure of the agency or board that 4055
applies when it is dealing with other information in its 4056
possession. In a judicial proceeding, the information may be 4057
admitted into evidence only in accordance with the Rules of 4058
Evidence, but the court shall require that appropriate measures 4059
are taken to ensure that confidentiality is maintained with 4060
respect to any part of the information that contains names or 4061
other identifying information about patients or complainants 4062
whose confidentiality was protected by the state medical board 4063
when the information was in the board's possession. Measures to 4064
ensure confidentiality that may be taken by the court include 4065
sealing its records or deleting specific information from its 4066
records. 4067

No person shall knowingly access, use, or disclose 4068
confidential investigatory information in a manner prohibited by 4069
law. 4070

(6) On a quarterly basis, the board shall prepare a report 4071
that documents the disposition of all cases during the preceding 4072
three months. The report shall contain the following information 4073
for each case with which the board has completed its activities: 4074

(a) The case number assigned to the complaint or alleged 4075
violation; 4076

(b) The type of license or certificate to practice, if 4077
any, held by the individual against whom the complaint is 4078

directed; 4079

(c) A description of the allegations contained in the 4080
complaint; 4081

(d) Whether witnesses were interviewed; 4082

(e) Whether the individual against whom the complaint is 4083
directed is the subject of any pending complaints; 4084

(f) The disposition of the case. 4085

The report shall state how many cases are still pending 4086
and shall be prepared in a manner that protects the identity of 4087
each person involved in each case. The report shall be a public 4088
record under section 149.43 of the Revised Code. 4089

(7) The board may provide a status update regarding an 4090
investigation to a complainant on request if the board verifies 4091
the complainant's identity. 4092

(G) (1) If either of the following circumstances occur, the 4093
secretary and supervising member may recommend that the board 4094
suspend an individual's license or certificate to practice or 4095
certificate to recommend without a prior hearing: 4096

(a) The secretary and supervising member determine both of 4097
the following: 4098

(i) That there is clear and convincing evidence that an 4099
individual has violated division (B) of this section; 4100

(ii) That the individual's continued practice presents a 4101
danger of immediate and serious harm to the public. 4102

(b) The board receives verifiable information that a 4103
licensee has been charged in any state or federal court with a 4104
crime classified as a felony under the charging court's law and 4105

the conduct constitutes a violation of division (B) of this 4106
section. 4107

(2) If a recommendation is made to suspend without a prior 4108
hearing pursuant to division (G)(1) of this section, written 4109
allegations shall be prepared for consideration by the board. 4110
The board, upon review of those allegations and by an 4111
affirmative vote of not fewer than six of its members, excluding 4112
the secretary and supervising member, may suspend a license or 4113
certificate without a prior hearing. A telephone conference call 4114
may be utilized for reviewing the allegations and taking the 4115
vote on the summary suspension. 4116

The board shall serve a written order of suspension in 4117
accordance with sections 119.05 and 119.07 of the Revised Code. 4118
If the individual subject to the summary suspension requests an 4119
adjudicatory hearing by the board, the date set for the hearing 4120
shall be within fifteen days, but not earlier than seven days, 4121
after the individual requests the hearing, unless otherwise 4122
agreed to by both the board and the individual. 4123

(3) Any summary suspension imposed under division (G)(2) 4124
of this section is not a final appealable order and is not an 4125
adjudication that may be appealed under section 119.12 of the 4126
Revised Code. The summary suspension shall remain in effect 4127
until a final adjudicative order issued by the board pursuant to 4128
this section and Chapter 119. of the Revised Code becomes 4129
effective. Once a final adjudicative order has been issued by 4130
the board, any party adversely affected by it may file an appeal 4131
in accordance with the requirements of Chapter 119. of the 4132
Revised Code. 4133

The board shall issue its final adjudicative order within 4134
seventy-five days after completion of its hearing. A failure to 4135

issue the order within seventy-five days shall result in 4136
dissolution of the summary suspension order but shall not 4137
invalidate any subsequent, final adjudicative order. 4138

(H) If the board takes action under division (B) (9), (11), 4139
or (13) of this section and the judicial finding of guilt, 4140
guilty plea, or judicial finding of eligibility for intervention 4141
in lieu of conviction is overturned on appeal, upon exhaustion 4142
of the criminal appeal, a petition for reconsideration of the 4143
order may be filed with the board along with appropriate court 4144
documents. Upon receipt of a petition of that nature and 4145
supporting court documents, the board shall reinstate the 4146
individual's license or certificate to practice. The board may 4147
then hold an adjudication under Chapter 119. of the Revised Code 4148
to determine whether the individual committed the act in 4149
question. Notice of an opportunity for a hearing shall be given 4150
in accordance with Chapter 119. of the Revised Code. If the 4151
board finds, pursuant to an adjudication held under this 4152
division, that the individual committed the act or if no hearing 4153
is requested, the board may order any of the sanctions 4154
identified under division (B) of this section. 4155

(I) The license or certificate to practice issued to an 4156
individual under this chapter and the individual's practice in 4157
this state are automatically suspended as of the date of the 4158
individual's second or subsequent plea of guilty to, or judicial 4159
finding of guilt of, a violation of section 2919.123 or 2919.124 4160
of the Revised Code. In addition, the license or certificate to 4161
practice or certificate to recommend issued to an individual 4162
under this chapter and the individual's practice in this state 4163
are automatically suspended as of the date the individual pleads 4164
guilty to, is found by a judge or jury to be guilty of, or is 4165
subject to a judicial finding of eligibility for intervention in 4166

lieu of conviction in this state or treatment or intervention in 4167
lieu of conviction in another jurisdiction for any of the 4168
following criminal offenses in this state or a substantially 4169
equivalent criminal offense in another jurisdiction: aggravated 4170
murder, murder, voluntary manslaughter, felonious assault, 4171
trafficking in persons, kidnapping, rape, sexual battery, gross 4172
sexual imposition, aggravated arson, aggravated robbery, or 4173
aggravated burglary. Continued practice after suspension shall 4174
be considered practicing without a license or certificate. 4175

The board shall notify the individual subject to the 4176
suspension in accordance with sections 119.05 and 119.07 of the 4177
Revised Code. If an individual whose license or certificate is 4178
automatically suspended under this division fails to make a 4179
timely request for an adjudication under Chapter 119. of the 4180
Revised Code, the board shall do whichever of the following is 4181
applicable: 4182

(1) If the automatic suspension under this division is for 4183
a second or subsequent plea of guilty to, or judicial finding of 4184
guilt of, a violation of section 2919.123 or 2919.124 of the 4185
Revised Code, the board shall enter an order suspending the 4186
individual's license or certificate to practice for a period of 4187
at least one year or, if determined appropriate by the board, 4188
imposing a more serious sanction involving the individual's 4189
license or certificate to practice. 4190

(2) In all circumstances in which division (I)(1) of this 4191
section does not apply, enter a final order permanently revoking 4192
the individual's license or certificate to practice. 4193

(J) If the board is required by Chapter 119. of the 4194
Revised Code to give notice of an opportunity for a hearing and 4195
if the individual subject to the notice does not timely request 4196

a hearing in accordance with section 119.07 of the Revised Code, 4197
the board is not required to hold a hearing, but may adopt, by 4198
an affirmative vote of not fewer than six of its members, a 4199
final order that contains the board's findings. In that final 4200
order, the board may order any of the sanctions identified under 4201
division (A) or (B) of this section. 4202

(K) Any action taken by the board under division (B) of 4203
this section resulting in a suspension from practice shall be 4204
accompanied by a written statement of the conditions under which 4205
the individual's license or certificate to practice may be 4206
reinstated. The board shall adopt rules governing conditions to 4207
be imposed for reinstatement. Reinstatement of a license or 4208
certificate suspended pursuant to division (B) of this section 4209
requires an affirmative vote of not fewer than six members of 4210
the board. 4211

(L) When the board refuses to grant or issue a license or 4212
certificate to practice to an applicant, revokes an individual's 4213
license or certificate to practice, refuses to renew an 4214
individual's license or certificate to practice, or refuses to 4215
reinstate an individual's license or certificate to practice, 4216
the board may specify that its action is permanent. An 4217
individual subject to a permanent action taken by the board is 4218
forever thereafter ineligible to hold a license or certificate 4219
to practice and the board shall not accept an application for 4220
reinstatement of the license or certificate or for issuance of a 4221
new license or certificate. 4222

(M) Notwithstanding any other provision of the Revised 4223
Code, all of the following apply: 4224

(1) The surrender of a license or certificate issued under 4225
this chapter shall not be effective unless or until accepted by 4226

the board. A telephone conference call may be utilized for 4227
acceptance of the surrender of an individual's license or 4228
certificate to practice. The telephone conference call shall be 4229
considered a special meeting under division (F) of section 4230
121.22 of the Revised Code. Reinstatement of a license or 4231
certificate surrendered to the board requires an affirmative 4232
vote of not fewer than six members of the board. 4233

(2) An application for a license or certificate made under 4234
the provisions of this chapter may not be withdrawn without 4235
approval of the board. 4236

(3) Failure by an individual to renew a license or 4237
certificate to practice in accordance with this chapter or a 4238
certificate to recommend in accordance with rules adopted under 4239
section 4731.301 of the Revised Code does not remove or limit 4240
the board's jurisdiction to take any disciplinary action under 4241
this section against the individual. 4242

(4) The placement of an individual's license on retired 4243
status, as described in section 4731.283 of the Revised Code, 4244
does not remove or limit the board's jurisdiction to take any 4245
disciplinary action against the individual with regard to the 4246
license as it existed before being placed on retired status. 4247

(5) At the request of the board, a license or certificate 4248
holder shall immediately surrender to the board a license or 4249
certificate that the board has suspended, revoked, or 4250
permanently revoked. 4251

(N) Sanctions shall not be imposed under division (B) (28) 4252
of this section against any person who waives deductibles and 4253
copayments as follows: 4254

(1) In compliance with the health benefit plan that 4255

expressly allows such a practice. Waiver of the deductibles or 4256
copayments shall be made only with the full knowledge and 4257
consent of the plan purchaser, payer, and third-party 4258
administrator. Documentation of the consent shall be made 4259
available to the board upon request. 4260

(2) For professional services rendered to any other person 4261
authorized to practice pursuant to this chapter, to the extent 4262
allowed by this chapter and rules adopted by the board. 4263

(O) Under the board's investigative duties described in 4264
this section and subject to division (F) of this section, the 4265
board shall develop and implement a quality intervention program 4266
designed to improve through remedial education the clinical and 4267
communication skills of individuals authorized under this 4268
chapter to practice medicine and surgery, osteopathic medicine 4269
and surgery, and podiatric medicine and surgery. In developing 4270
and implementing the quality intervention program, the board may 4271
do all of the following: 4272

(1) Offer in appropriate cases as determined by the board 4273
an educational and assessment program pursuant to an 4274
investigation the board conducts under this section; 4275

(2) Select providers of educational and assessment 4276
services, including a quality intervention program panel of case 4277
reviewers; 4278

(3) Make referrals to educational and assessment service 4279
providers and approve individual educational programs 4280
recommended by those providers. The board shall monitor the 4281
progress of each individual undertaking a recommended individual 4282
educational program. 4283

(4) Determine what constitutes successful completion of an 4284

individual educational program and require further monitoring of 4285
the individual who completed the program or other action that 4286
the board determines to be appropriate; 4287

(5) Adopt rules in accordance with Chapter 119. of the 4288
Revised Code to further implement the quality intervention 4289
program. 4290

An individual who participates in an individual 4291
educational program pursuant to this division shall pay the 4292
financial obligations arising from that educational program. 4293

(P) The board shall not refuse to issue a license to an 4294
applicant because of a conviction, plea of guilty, judicial 4295
finding of guilt, judicial finding of eligibility for 4296
intervention in lieu of conviction, or the commission of an act 4297
that constitutes a criminal offense, unless the refusal is in 4298
accordance with section 9.79 of the Revised Code. 4299

(Q) A license or certificate to practice or certificate to 4300
recommend issued to an individual under this chapter and an 4301
individual's practice under this chapter in this state are 4302
automatically suspended if the individual's license or 4303
certificate to practice a health care occupation or provide 4304
health care services is suspended, revoked, or surrendered or 4305
relinquished in lieu of discipline by an agency responsible for 4306
authorizing, certifying, or regulating an individual to practice 4307
a health care occupation or provide health care services in this 4308
state or another jurisdiction. The automatic suspension begins 4309
immediately upon entry of the order by the agency and lasts for 4310
ninety days to permit the board to investigate the basis for the 4311
action under this chapter. Continued practice during the 4312
automatic suspension shall be considered practicing without a 4313
license or certificate. 4314

The board shall notify the individual subject to the 4315
automatic suspension by certified mail or in person in 4316
accordance with section 119.07 of the Revised Code. If an 4317
individual subject to an automatic suspension under this 4318
division fails to make a timely request for an adjudication 4319
under Chapter 119. of the Revised Code, the board is not 4320
required to hold a hearing, but may adopt, by an affirmative 4321
vote of not fewer than six of its members, a final order that 4322
contains the board's findings. In that final order, the board 4323
may order any of the sanctions identified under division (A) or 4324
(B) of this section. 4325

Sec. 4731.27. (A) As used in this section, 4326
"collaboration," "physician," "standard care arrangement," and 4327
"supervision" have the same meanings as in section 4723.01 of 4328
the Revised Code. 4329

(B) A physician or podiatrist shall enter into a standard 4330
care arrangement with each certified midwife, clinical nurse 4331
specialist, certified nurse-midwife, or certified nurse 4332
practitioner with whom the physician or podiatrist is in 4333
collaboration. 4334

The collaborating physician or podiatrist shall fulfill 4335
the responsibilities of collaboration, as specified in the 4336
arrangement and in accordance with division (A) of section 4337
4723.431 of the Revised Code. A copy of the standard care 4338
arrangement shall be retained on file by the certified midwife's 4339
or nurse's employer. Prior approval of the standard care 4340
arrangement by the state medical board is not required, but the 4341
board may periodically review it. 4342

A physician or podiatrist who terminates collaboration 4343
with a certified midwife, certified nurse-midwife, certified 4344

nurse practitioner, or clinical nurse specialist before their 4345
standard care arrangement expires shall give the certified 4346
midwife or nurse the written or electronic notice of termination 4347
required by division (D) (1) of section 4723.431 of the Revised 4348
Code. 4349

Nothing in this division prohibits a hospital from hiring 4350
a certified midwife, clinical nurse specialist, certified nurse- 4351
midwife, or certified nurse practitioner as an employee and 4352
negotiating standard care arrangements on behalf of the employee 4353
as necessary to meet the requirements of this section. A 4354
standard care arrangement between the hospital's employee and 4355
the employee's collaborating physician is subject to approval by 4356
the medical staff and governing body of the hospital prior to 4357
implementation of the arrangement at the hospital. 4358

(C) A physician or podiatrist shall cooperate with the 4359
board of nursing in any investigation the board conducts with 4360
respect to a certified midwife, clinical nurse specialist, 4361
certified nurse-midwife, or certified nurse practitioner who 4362
collaborates with the physician or podiatrist or with respect to 4363
a certified registered nurse anesthetist who practices with the 4364
supervision of the physician or podiatrist. 4365

Section 2. That existing sections 3701.351, 3702.30, 4366
3702.301, 4723.01, 4723.02, 4723.03, 4723.06, 4723.07, 4723.08, 4367
4723.271, 4723.28, 4723.282, 4723.33, 4723.34, 4723.341, 4368
4723.35, 4723.41, 4723.43, 4723.431, 4723.432, 4723.481, 4369
4723.483, 4723.487, 4723.488, 4723.4810, 4723.4811, 4723.50, 4370
4723.91, 4723.99, 4731.22, and 4731.27 of the Revised Code are 4371
hereby repealed. 4372

Section 3. Sections 4723.54 and 4724.02 of the Revised 4373
Code, as enacted by this act, take effect January 1, 2028. 4374

Section 4. The General Assembly, applying the principle 4375
stated in division (B) of section 1.52 of the Revised Code that 4376
amendments are to be harmonized if reasonably capable of 4377
simultaneous operation, finds that the following sections, 4378
presented in this act as composites of the sections as amended 4379
by the acts indicated, are the resulting versions of the 4380
sections in effect prior to the effective date of the sections 4381
as presented in this act: 4382

Section 4723.08 of the Revised Code as amended by both 4383
H.B. 509 and S.B. 131 of the 134th General Assembly. 4384

Section 4723.431 of the Revised Code as amended by both 4385
H.B. 497 and S.B. 196 of the 135th General Assembly. 4386

Section 4723.481 of the Revised Code as amended by H.B. 33 4387
of the 135th General Assembly and by H.B. 110 and H.B. 509 of 4388
the 134th General Assembly. 4389