

As Introduced

136th General Assembly

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H. B. No. 537

Representatives McClain, Miller, M.

Cosponsors: Representatives Fowler Arthur, Gross, Klopfenstein, Newman

To amend sections 3701.351, 3702.30, 4723.01, 1
4723.02, 4723.03, 4723.06, 4723.07, 4723.08, 2
4723.271, 4723.28, 4723.282, 4723.33, 4723.34, 3
4723.341, 4723.35, 4723.41, 4723.43, 4723.431, 4
4723.432, 4723.481, 4723.483, 4723.487, 5
4723.488, 4723.4810, 4723.4811, 4723.50, 6
4723.91, 4723.99, 4731.22, and 4731.27 and to 7
enact sections 5.2324, 3722.15, 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, 4723.01, 19
4723.02, 4723.03, 4723.06, 4723.07, 4723.08, 4723.271, 4723.28, 20

4723.282, 4723.33, 4723.34, 4723.341, 4723.35, 4723.41, 4723.43, 21
4723.431, 4723.432, 4723.481, 4723.483, 4723.487, 4723.488, 22
4723.4810, 4723.4811, 4723.50, 4723.91, 4723.99, 4731.22, and 23
4731.27 be amended and sections 5.2324, 3722.15, 4723.53, 24
4723.54, 4723.55, 4723.551, 4723.56, 4723.57, 4723.58, 4723.581, 25
4723.582, 4723.583, 4723.584, 4723.59, 4723.60, 4724.01, 26
4724.02, 4724.03, 4724.04, 4724.05, 4724.06, 4724.07, 4724.08, 27
4724.09, 4724.10, 4724.11, 4724.12, 4724.13, 4724.14, 4724.15, 28
4724.16, and 4724.99 of the Revised Code be enacted to read as 29
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: 82

(1) "Ambulatory surgical facility" means a facility in 83
which surgical services are provided to patients who do not 84
require hospitalization for inpatient care, the duration of 85
services for any patient does not extend beyond twenty-four 86
hours after the patient's admission, and to which any of the 87
following apply: 88

(a) The surgical services are provided in a building that 89
is separate from another building in which inpatient care is 90
provided, regardless of whether the separate building is part of 91
the same organization as the building in which inpatient care is 92
provided. 93

(b) The surgical services are provided within a building 94
in which inpatient care is provided and the entity that operates 95
the portion of the building where the surgical services are 96
provided is not the entity that operates the remainder of the 97
building. 98

(c) The facility is held out to any person or government 99
entity as an ambulatory surgical facility or similar facility by 100
means of signage, advertising, or other promotional efforts. 101

"Ambulatory surgical facility" does not include a hospital 102
emergency department, hospital provider-based department that is 103
otherwise licensed under Chapter 3722. of the Revised Code, or 104
an office of a physician, podiatrist, or dentist. 105

(2) "Health care facility" means any of the following: 106

(a) An ambulatory surgical facility; 107

(b) A freestanding dialysis center; 108

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

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

satisfies the informed consent compliance requirements specified 165
in division (C) of this section. 166

(E) (1) Except as provided in division (H) of this section 167
and in section 3702.301 of the Revised Code, no health care 168
facility shall operate without a license issued under this 169
section. 170

The general assembly does not intend for the provisions of 171
this section or section 3702.301 of the Revised Code that 172
establish health care facility licensing requirements or 173
exemptions to have an effect on any third-party payments that 174
may be available for the services provided by either a licensed 175
health care facility or an entity exempt from licensure. 176

(2) If the department of health finds that a physician who 177
practices at a health care facility is not complying with any 178
provision of the Revised Code related to the obtaining of 179
informed consent from a patient, the department shall report its 180
finding to the state medical board, the physician, and the 181
health care facility. 182

(3) Division (E) (2) of this section does not create, and 183
shall not be construed as creating, a new cause of action or 184
substantive legal right against a health care facility and in 185
favor of a patient who allegedly sustains harm as a result of 186
the failure of the patient's physician to obtain informed 187
consent from the patient prior to performing a procedure on or 188
otherwise caring for the patient in the health care facility. 189

(F) The rules adopted under division (B) of this section 190
shall include all of the following: 191

(1) Provisions governing application for, renewal, 192
suspension, and revocation of a license under this section; 193

(2) Provisions governing orders issued pursuant to section 194
3702.32 of the Revised Code for a health care facility to cease 195
its operations or to prohibit certain types of services provided 196
by a health care facility; 197

(3) Provisions governing the imposition under section 198
3702.32 of the Revised Code of civil penalties for violations of 199
this section or the rules adopted under this section, including 200
a scale for determining the amount of the penalties; 201

(4) Provisions specifying the form inspectors must use 202
when conducting inspections of ambulatory surgical facilities. 203

(G) An ambulatory surgical facility that performs or 204
induces abortions shall comply with section 3701.791 of the 205
Revised Code. 206

(H) The following entities are not required to obtain a 207
license as a freestanding diagnostic imaging center issued under 208
this section: 209

(1) A hospital registered under section 3701.07 of the 210
Revised Code that provides diagnostic imaging; 211

(2) An entity that is reviewed as part of a hospital 212
accreditation or certification program and that provides 213
diagnostic imaging; 214

(3) An ambulatory surgical facility that provides 215
diagnostic imaging in conjunction with or during any portion of 216
a surgical procedure. 217

Sec. 3722.15. (A) A hospital that is a medicaid provider 218
and that operates a maternity unit shall agree to a written 219
transfer agreement with any freestanding birthing center if both 220
of the following apply: 221

(1) The freestanding birthing center is located within a 222
thirty mile radius of the hospital. 223

(2) The freestanding birthing center has requested a 224
transfer agreement. 225

(B) A transfer agreement shall specify an effective 226
procedure for the safe and immediate transfer of patients from 227
the freestanding birthing center to the hospital when medical 228
care beyond the care that can be provided at the freestanding 229
birthing center is necessary, including when emergency 230
situations occur or medical complications arise. 231

(C) The freestanding birthing center shall file a copy of 232
the transfer agreement with the director of health. 233

Sec. 4723.01. As used in this chapter: 234

(A) "Registered nurse" means an individual who holds a 235
current, valid license issued under this chapter that authorizes 236
the practice of nursing as a registered nurse. 237

(B) "Practice of nursing as a registered nurse" means 238
providing to individuals and groups nursing care requiring 239
specialized knowledge, judgment, and skill derived from the 240
principles of biological, physical, behavioral, social, and 241
nursing sciences. Such nursing care includes: 242

(1) Identifying patterns of human responses to actual or 243
potential health problems amenable to a nursing regimen; 244

(2) Executing a nursing regimen through the selection, 245
performance, management, and evaluation of nursing actions; 246

(3) Assessing health status for the purpose of providing 247
nursing care; 248

(4) Providing health counseling and health teaching;	249
(5) Administering medications, treatments, and executing regimens authorized by an individual who is authorized to practice in this state and is acting within the course of the individual's professional practice;	250 251 252 253
(6) Teaching, administering, supervising, delegating, and evaluating nursing practice.	254 255
(C) "Nursing regimen" may include preventative, restorative, and health-promotion activities.	256 257
(D) "Assessing health status" means the collection of data through nursing assessment techniques, which may include interviews, observation, and physical evaluations for the purpose of providing nursing care.	258 259 260 261
(E) "Licensed practical nurse" means an individual who holds a current, valid license issued under this chapter that authorizes the practice of nursing as a licensed practical nurse.	262 263 264 265
(F) "The practice of nursing as a licensed practical nurse" means providing to individuals and groups nursing care requiring the application of basic knowledge of the biological, physical, behavioral, social, and nursing sciences at the direction of a registered nurse or any of the following who is authorized to practice in this state: a physician, physician assistant, dentist, podiatrist, optometrist, or chiropractor. Such nursing care includes:	266 267 268 269 270 271 272 273
(1) Observation, patient teaching, and care in a diversity of health care settings;	274 275
(2) Contributions to the planning, implementation, and	276

evaluation of nursing;	277
(3) Administration of medications and treatments	278
authorized by an individual who is authorized to practice in	279
this state and is acting within the course of the individual's	280
professional practice;	281
(4) Administration to an adult of intravenous therapy	282
authorized by an individual who is authorized to practice in	283
this state and is acting within the course of the individual's	284
professional practice, on the condition that the licensed	285
practical nurse is authorized under section 4723.18 or 4723.181	286
of the Revised Code to perform intravenous therapy and performs	287
intravenous therapy only in accordance with those sections;	288
(5) Delegation of nursing tasks as directed by a	289
registered nurse;	290
(6) Teaching nursing tasks to licensed practical nurses	291
and individuals to whom the licensed practical nurse is	292
authorized to delegate nursing tasks as directed by a registered	293
nurse.	294
(G) "Certified registered nurse anesthetist" means an	295
advanced practice registered nurse who holds a current, valid	296
license issued under this chapter and is designated as a	297
certified registered nurse anesthetist in accordance with	298
section 4723.42 of the Revised Code and rules adopted by the	299
board of nursing.	300
(H) "Clinical nurse specialist" means an advanced practice	301
registered nurse who holds a current, valid license issued under	302
this chapter and is designated as a clinical nurse specialist in	303
accordance with section 4723.42 of the Revised Code and rules	304
adopted by the board of nursing.	305

(I) "Certified nurse-midwife" means an advanced practice 306
registered nurse who holds a current, valid license issued under 307
this chapter and is designated as a certified nurse-midwife in 308
accordance with section 4723.42 of the Revised Code and rules 309
adopted by the board of nursing. A certified nurse-midwife does 310
not include a certified midwife, licensed midwife, or 311
traditional midwife. 312

(J) "Certified nurse practitioner" means an advanced 313
practice registered nurse who holds a current, valid license 314
issued under this chapter and is designated as a certified nurse 315
practitioner in accordance with section 4723.42 of the Revised 316
Code and rules adopted by the board of nursing. 317

(K) "Physician" means an individual authorized under 318
Chapter 4731. of the Revised Code to practice medicine and 319
surgery or osteopathic medicine and surgery. 320

(L) "Collaboration" or "collaborating" means the 321
following: 322

(1) In the case of a clinical nurse specialist or a 323
certified nurse practitioner, that one or more podiatrists 324
acting within the scope of practice of podiatry in accordance 325
with section 4731.51 of the Revised Code and with whom the nurse 326
has entered into a standard care arrangement or one or more 327
physicians with whom the nurse has entered into a standard care 328
arrangement are continuously available to communicate with the 329
clinical nurse specialist or certified nurse practitioner either 330
in person or by electronic communication; 331

(2) In the case of a certified nurse-midwife or certified 332
midwife, that one or more physicians with whom the certified 333
nurse-midwife or certified midwife has entered into a standard 334

care arrangement are continuously available to communicate with 335
the certified nurse-midwife or certified midwife either in 336
person or by electronic communication. 337

(M) "Supervision," as it pertains to a certified 338
registered nurse anesthetist, means that the certified 339
registered nurse anesthetist is under the direction of a 340
podiatrist acting within the podiatrist's scope of practice in 341
accordance with section 4731.51 of the Revised Code, a dentist 342
acting within the dentist's scope of practice in accordance with 343
Chapter 4715. of the Revised Code, or a physician, and, when 344
administering anesthesia, the certified registered nurse 345
anesthetist is in the immediate presence of the podiatrist, 346
dentist, or physician. 347

(N) "Standard care arrangement" means a written, formal 348
guide for planning and evaluating a patient's health care that 349
is developed by one or more collaborating physicians or 350
podiatrists and a clinical nurse specialist, certified nurse- 351
midwife, certified midwife, or certified nurse practitioner and 352
meets the requirements of section 4723.431 of the Revised Code. 353

(O) "Advanced practice registered nurse" means an 354
individual who holds a current, valid license issued under this 355
chapter that authorizes the practice of nursing as an advanced 356
practice registered nurse and is designated as any of the 357
following: 358

- (1) A certified registered nurse anesthetist; 359
- (2) A clinical nurse specialist; 360
- (3) A certified nurse-midwife; 361
- (4) A certified nurse practitioner. 362

(P) "Practice of nursing as an advanced practice 363
registered nurse" means providing to individuals and groups 364
nursing care that requires knowledge and skill obtained from 365
advanced formal education, training, and clinical experience. 366
Such nursing care includes the care described in section 4723.43 367
of the Revised Code. 368

(Q) "Dialysis care" means the care and procedures that a 369
dialysis technician or dialysis technician intern is authorized 370
to provide and perform, as specified in section 4723.72 of the 371
Revised Code. 372

(R) "Dialysis technician" means an individual who holds a 373
current, valid certificate to practice as a dialysis technician 374
issued under section 4723.75 of the Revised Code. 375

(S) "Dialysis technician intern" means an individual who 376
has not passed the dialysis technician certification examination 377
required by section 4723.751 of the Revised Code, but who has 378
successfully completed a dialysis training program approved by 379
the board of nursing under section 4723.74 of the Revised Code 380
within the previous eighteen months. 381

(T) "Certified community health worker" means an 382
individual who holds a current, valid certificate as a community 383
health worker issued under section 4723.85 of the Revised Code. 384

(U) "Medication aide" means an individual who holds a 385
current, valid certificate issued under this chapter that 386
authorizes the individual to administer medication in accordance 387
with section 4723.67 of the Revised Code; 388

(V) "Nursing specialty" means a specialty in practice as a 389
certified registered nurse anesthetist, clinical nurse 390
specialist, certified nurse-midwife, or certified nurse 391

practitioner. 392

(W) "Physician assistant" means an individual who is 393
licensed to practice as a physician assistant under Chapter 394
4730. of the Revised Code. 395

(X) "Certified midwife" means an individual who is 396
licensed under section 4723.56 of the Revised Code and engages 397
in one or more of the activities described in that section. A 398
certified midwife does not include a certified nurse-midwife, 399
licensed midwife, or traditional midwife. 400

(Y) "Licensed midwife" has the same meaning as in section 401
4724.01 of the Revised Code. A licensed midwife does not include 402
a certified nurse-midwife, certified midwife, or traditional 403
midwife. 404

(Z) "Traditional midwife" has the same meaning as in 405
section 4724.01 of the Revised Code. 406

Sec. 4723.02. The board of nursing shall assume and 407
exercise all the powers and perform all the duties conferred and 408
imposed on it by this chapter. 409

The board shall consist of ~~thirteen~~fifteen members who 410
shall be citizens of the United States and residents of Ohio. 411
Eight members shall be registered nurses, each of whom shall be 412
a graduate of an approved program of nursing education that 413
prepares persons for licensure as a registered nurse, shall hold 414
a currently active license issued under this chapter to practice 415
nursing as a registered nurse, and shall have been actively 416
engaged in the practice of nursing as a registered nurse for the 417
five years immediately preceding the member's initial 418
appointment to the board. Of the eight members who are 419
registered nurses, at least two shall hold a current, valid 420

license issued under this chapter that authorizes the practice 421
of nursing as an advanced practice registered nurse. Four 422
members shall be licensed practical nurses, each of whom shall 423
be a graduate of an approved program of nursing education that 424
prepares persons for licensure as a practical nurse, shall hold 425
a currently active license issued under this chapter to practice 426
nursing as a licensed practical nurse, and shall have been 427
actively engaged in the practice of nursing as a licensed 428
practical nurse for the five years immediately preceding the 429
member's initial appointment to the board. One member shall be a 430
certified nurse-midwife or a certified midwife practicing in an 431
urban setting. One member shall be a certified nurse-midwife or 432
a certified midwife practicing in a rural setting. One member 433
shall represent the interests of consumers of health care. 434
Neither this member nor any person in the member's immediate 435
family shall be a member of or associated with a health care 436
provider or profession or shall have a financial interest in the 437
delivery or financing of health care. Representation of nursing 438
service and nursing education and of the various geographical 439
areas of the state shall be considered in making appointments. 440

As the term of any member of the board expires, a 441
successor shall be appointed who has the qualifications the 442
vacancy requires. Terms of office shall be for four years, 443
commencing on the first day of January and ending on the thirty- 444
first day of December. 445

A current or former board member who has served not more 446
than one full term or one full term and not more than thirty 447
months of another term may be reappointed for one additional 448
term. 449

Each member shall hold office from the date of appointment 450

until the end of the term for which the member was appointed. 451
The term of a member shall expire if the member ceases to meet 452
any requirement of this section for the member's position on the 453
board. Any member appointed to fill a vacancy occurring prior to 454
the expiration of the term for which the member's predecessor 455
was appointed shall hold office for the remainder of such term. 456
Any member shall continue in office subsequent to the expiration 457
date of the member's term until the member's successor takes 458
office, or until a period of sixty days has elapsed, whichever 459
occurs first. 460

Nursing organizations of this state may each submit to the 461
governor the names of not more than five nominees for each 462
position to be filled on the board. From the names so submitted 463
or from others, at the governor's discretion, the governor with 464
the advice and consent of the senate shall make such 465
appointments. 466

Any member of the board may be removed by the governor for 467
neglect of any duty required by law or for incompetency or 468
unprofessional or dishonorable conduct, after a hearing as 469
provided in Chapter 119. of the Revised Code. 470

~~Seven~~ Eight members of the board, including at least four 471
registered nurses and at least one licensed practical nurse, 472
shall at all times constitute a quorum. 473

Each member of the board shall receive an amount fixed 474
pursuant to division (J) of section 124.15 of the Revised Code 475
for each day in attendance at board meetings and in discharge of 476
official duties, and in addition thereto, necessary expense 477
incurred in the performance of such duties. 478

The board shall elect one of its nurse members as 479

president and one as vice-president. The board shall elect one 480
of its registered nurse members to serve as the supervising 481
member for disciplinary matters. 482

The board may establish advisory groups to serve in 483
consultation with the board or the executive director. Each 484
advisory group shall be given a specific charge in writing and 485
shall report to the board. Members of advisory groups shall 486
serve without compensation but shall receive their actual and 487
necessary expenses incurred in the performance of their official 488
duties. 489

Sec. 4723.03. (A) No person shall engage in the practice 490
of nursing as a registered nurse, represent the person as being 491
a registered nurse, or use the title "registered nurse," the 492
initials "R.N.," or any other title implying that the person is 493
a registered nurse, for a fee, salary, or other consideration, 494
or as a volunteer, without holding a current, valid license as a 495
registered nurse under this chapter. 496

(B) No person shall knowingly do any of the following 497
without holding a current, valid license to practice nursing as 498
an advanced practice registered nurse issued under this chapter: 499

(1) Engage in the practice of nursing as an advanced 500
practice registered nurse; 501

(2) Represent the person as being an advanced practice 502
registered nurse; 503

(3) Use the title "advanced practice registered nurse," 504
the initials "A.P.R.N.," or any other title implying that the 505
person is an advanced practice registered nurse, for a fee, 506
salary, or other consideration, or as a volunteer. 507

(C) No person who is not otherwise authorized to do so 508

shall knowingly prescribe or personally furnish drugs or 509
therapeutic devices without holding a current, valid license to 510
practice nursing as an advanced practice registered nurse issued 511
under this chapter and being designated as a clinical nurse 512
specialist, certified nurse-midwife, or certified nurse 513
practitioner under section 4723.42 of the Revised Code; 514

(D) No person shall engage in the practice of nursing as a 515
licensed practical nurse, represent the person as being a 516
licensed practical nurse, or use the title "licensed practical 517
nurse," the initials "L.P.N.," or any other title implying that 518
the person is a licensed practical nurse, for a fee, salary, or 519
other consideration, or as a volunteer, without holding a 520
current, valid license as a practical nurse under this chapter. 521

(E) No person shall use the titles or initials "graduate 522
nurse," "G.N.," "professional nurse," "P.N.," "graduate 523
practical nurse," "G.P.N.," "practical nurse," "P.N.," "trained 524
nurse," "T.N.," or any other statement, title, or initials that 525
would imply or represent to the public that the person is 526
authorized to practice nursing in this state, except as follows: 527

(1) A person licensed under this chapter to practice 528
nursing as a registered nurse may use that title and the 529
initials "R.N."; 530

(2) A person licensed under this chapter to practice 531
nursing as a licensed practical nurse may use that title and the 532
initials "L.P.N."; 533

(3) A person licensed under this chapter to practice 534
nursing as an advanced practice registered nurse and designated 535
as a certified registered nurse anesthetist may use that title 536
or the initials "A.P.R.N.-C.R.N.A."; 537

(4) A person licensed under this chapter to practice 538
nursing as an advanced practice registered nurse and designated 539
as a clinical nurse specialist may use that title or the 540
initials "A.P.R.N.-C.N.S."; 541

(5) A person licensed under this chapter to practice 542
nursing as an advanced practice registered nurse and designated 543
as a certified nurse-midwife may use that title or the initials 544
"A.P.R.N.-C.N.M."; 545

(6) A person licensed under this chapter to practice 546
nursing as an advanced practice registered nurse and designated 547
as a certified nurse practitioner may use that title or the 548
initials "A.P.R.N.-C.N.P."; 549

(7) A person licensed under this chapter to practice 550
nursing as an advanced practice registered nurse may use the 551
title "advanced practice registered nurse" or the initials 552
"A.P.R.N." 553

(F) No person shall employ a person not licensed as a 554
registered nurse under this chapter to engage in the practice of 555
nursing as a registered nurse. 556

No person shall knowingly employ a person not licensed as 557
an advanced practice registered nurse under this chapter to 558
engage in the practice of nursing as an advanced practice 559
registered nurse. 560

No person shall employ a person not licensed as a 561
practical nurse under this chapter to engage in the practice of 562
nursing as a licensed practical nurse. 563

(G) No person shall sell or fraudulently obtain or furnish 564
any nursing diploma, license, certificate, renewal, or record, 565
or aid or abet such acts. 566

(H) (1) No person shall knowingly use the title "certified 567
nurse-midwife," the initials "C.N.M.," or any other title 568
implying that the person is a certified nurse-midwife without 569
holding a current, valid license as a certified nurse-midwife 570
under this chapter. 571

(2) No person shall knowingly use the title "certified 572
midwife," the initials "C.M.," or any other title implying that 573
the person is a certified midwife without holding a current, 574
valid license as a certified midwife under this chapter. 575

Sec. 4723.06. (A) The board of nursing shall: 576

(1) Administer and enforce the provisions of this chapter, 577
including the taking of disciplinary action for violations of 578
section 4723.28 of the Revised Code, any other provisions of 579
this chapter, or rules adopted under this chapter; 580

(2) Develop criteria that an applicant must meet to be 581
eligible to sit for the examination for licensure to practice as 582
a registered nurse or as a licensed practical nurse; 583

(3) Issue and renew nursing licenses, certified midwife 584
licenses, dialysis technician certificates, medication aide 585
certificates, and community health worker certificates, as 586
provided in this chapter; 587

(4) Define the minimum educational standards for the 588
schools and programs of registered nursing and practical nursing 589
in this state; 590

(5) Survey, inspect, and grant full approval to 591
prelicensure nursing education programs in this state that meet 592
the standards established by rules adopted under section 4723.07 593
of the Revised Code. Prelicensure nursing education programs 594
include, but are not limited to, diploma, associate degree, 595

baccalaureate degree, master's degree, and doctor of nursing 596
programs leading to initial licensure to practice nursing as a 597
registered nurse and practical nurse programs leading to initial 598
licensure to practice nursing as a licensed practical nurse. 599

(6) Grant conditional approval, by a vote of a quorum of 600
the board, to a new prelicensure nursing education program or a 601
program that is being reestablished after having ceased to 602
operate, if the program meets and maintains the minimum 603
standards of the board established by rules adopted under 604
section 4723.07 of the Revised Code. If the board does not grant 605
conditional approval, it shall hold an adjudication under 606
Chapter 119. of the Revised Code to consider conditional 607
approval of the program. If the board grants conditional 608
approval, at the first meeting following completion of the 609
survey process required by division (A)(5) of this section, the 610
board shall determine whether to grant full approval to the 611
program. If the board does not grant full approval or if it 612
appears that the program has failed to meet and maintain 613
standards established by rules adopted under section 4723.07 of 614
the Revised Code, the board shall hold an adjudication under 615
Chapter 119. of the Revised Code to consider the program. Based 616
on results of the adjudication, the board may continue or 617
withdraw conditional approval, or grant full approval. 618

(7) Place on provisional approval, for a period of time 619
specified by the board, a prelicensure nursing education program 620
that has ceased to meet and maintain the minimum standards of 621
the board established by rules adopted under section 4723.07 of 622
the Revised Code. Prior to or at the end of the period, the 623
board shall reconsider whether the program meets the standards 624
and shall grant full approval if it does. If it does not, the 625
board may withdraw approval, pursuant to an adjudication under 626

Chapter 119. of the Revised Code. 627

(8) Approve continuing education programs and courses 628
under standards established in rules adopted under sections 629
4723.07, 4723.69, 4723.79, and 4723.88 of the Revised Code; 630

(9) Establish the safe haven program in accordance with 631
sections 4723.35 and 4723.351 of the Revised Code; 632

(10) Establish the practice intervention and improvement 633
program in accordance with section 4723.282 of the Revised Code; 634

(11) Grant approval to the course of study in advanced 635
pharmacology and related topics described in section 4723.482 or 636
4723.551 of the Revised Code; 637

(12) Make an annual edition of the exclusionary formulary 638
established in rules adopted under section 4723.50 of the 639
Revised Code available to the public by electronic means and, as 640
soon as possible after any revision of the formulary becomes 641
effective, make the revision available to the public by 642
electronic means; 643

(13) Approve under section 4723.46 of the Revised Code 644
national certifying organizations for examination and licensure 645
of advanced practice registered nurses, which may include 646
separate organizations for each nursing specialty; 647

(14) Provide guidance and make recommendations to the 648
general assembly, the governor, state agencies, and the federal 649
government with respect to the regulation of the practice of 650
nursing and the enforcement of this chapter; 651

(15) Make an annual report to the governor, which shall be 652
open for public inspection; 653

(16) Maintain and have open for public inspection the 654

following records: 655

(a) A record of all its meetings and proceedings; 656

(b) A record of all applicants for, and holders of, 657
licenses and certificates issued by the board under this chapter 658
or in accordance with rules adopted under this chapter. The 659
record shall be maintained in a format determined by the board. 660

(c) A list of education and training programs approved by 661
the board. 662

(17) Deny conditional approval to a new prelicensure 663
nursing education program or a program that is being 664
reestablished after having ceased to operate if the program or a 665
person acting on behalf of the program submits or causes to be 666
submitted to the board false, misleading, or deceptive 667
statements, information, or documentation in the process of 668
applying for approval of the program. If the board proposes to 669
deny approval of the program, it shall do so pursuant to an 670
adjudication conducted under Chapter 119. of the Revised Code. 671

(B) The board may fulfill the requirement of division (A) 672
(8) of this section by authorizing persons who meet the 673
standards established in rules adopted under section 4723.07 of 674
the Revised Code to approve continuing education programs and 675
courses. Persons so authorized shall approve continuing 676
education programs and courses in accordance with standards 677
established in rules adopted under section 4723.07 of the 678
Revised Code. 679

Persons seeking authorization to approve continuing 680
education programs and courses shall apply to the board and pay 681
the appropriate fee established under section 4723.08 of the 682
Revised Code. Authorizations to approve continuing education 683

programs and courses shall expire and may be renewed according 684
to the schedule established in rules adopted under section 685
4723.07 of the Revised Code. 686

In addition to approving continuing education programs 687
under division (A) (8) of this section, the board may sponsor 688
continuing education activities that are directly related to the 689
statutes and rules the board enforces. 690

(C) (1) The board may deny conditional approval to a new 691
prelicensure nursing education program or program that is being 692
reestablished after having ceased to operate if the program is 693
controlled by a person who controls or has controlled a program 694
that had its approval withdrawn, revoked, suspended, or 695
restricted by the board or a board of another jurisdiction that 696
is a member of the national council of state boards of nursing. 697
If the board proposes to deny approval, it shall do so pursuant 698
to an adjudication conducted under Chapter 119. of the Revised 699
Code. 700

(2) As used in this division, "control" means any of the 701
following: 702

(a) Holding fifty per cent or more of the outstanding 703
voting securities or membership interest of a prelicensure 704
nursing education program; 705

(b) In the case of an unincorporated prelicensure nursing 706
education program, having the right to fifty per cent or more of 707
the program's profits or in the event of a dissolution, fifty 708
per cent or more of the program's assets; 709

(c) In the case of a prelicensure nursing education 710
program that is a for-profit or not-for-profit corporation, 711
having the contractual authority presently to designate fifty 712

per cent or more of its directors; 713

(d) In the case of a prelicensure nursing education 714
program that is a trust, having the contractual authority 715
presently to designate fifty per cent or more of its trustees; 716

(e) Having the authority to direct the management, 717
policies, or investments of a prelicensure nursing education 718
program. 719

(D) (1) When an action taken by the board under division 720
(A) (6), (7), or (17) or (C) (1) of this section is required to be 721
taken pursuant to an adjudication conducted under Chapter 119. 722
of the Revised Code, the board may, in lieu of an adjudication 723
hearing, enter into a consent agreement to resolve the matter. A 724
consent agreement, when ratified by a vote of a quorum of the 725
board, constitutes the findings and order of the board with 726
respect to the matter addressed in the agreement. If the board 727
refuses to ratify a consent agreement, the admissions and 728
findings contained in the agreement are of no effect. 729

(2) In any instance in which the board is required under 730
Chapter 119. of the Revised Code to give notice to a person 731
seeking approval of a prelicensure nursing education program of 732
an opportunity for a hearing and the person does not make a 733
timely request for a hearing in accordance with section 119.07 734
of the Revised Code, the board is not required to hold a 735
hearing, but may adopt, by a vote of a quorum, a final order 736
that contains the board's findings. 737

(3) When the board denies or withdraws approval of a 738
prelicensure nursing education program, the board may specify 739
that its action is permanent. A program subject to a permanent 740
action taken by the board is forever ineligible for approval and 741

the board shall not accept an application for the program's 742
reinstatement or approval. 743

Sec. 4723.07. In accordance with Chapter 119. of the 744
Revised Code, the board of nursing shall adopt and may amend and 745
rescind rules that establish all of the following: 746

(A) Provisions for the board's government and control of 747
its actions and business affairs; 748

(B) Subject to section 4723.072 of the Revised Code, 749
minimum standards for nursing education programs that prepare 750
graduates to be licensed under this chapter and procedures for 751
granting, renewing, and withdrawing approval of those programs; 752

(C) Criteria that applicants for licensure must meet to be 753
eligible to take examinations for licensure; 754

(D) Standards and procedures for renewal of the licenses 755
and certificates issued by the board; 756

(E) Standards for approval of continuing nursing education 757
programs and courses for registered nurses, advanced practice 758
registered nurses, and licensed practical nurses. The standards 759
may provide for approval of continuing nursing education 760
programs and courses that have been approved by other state 761
boards of nursing or by national accreditation systems for 762
nursing, including, but not limited to, the American nurses' 763
credentialing center and the national association for practical 764
nurse education and service. 765

(F) Standards that persons must meet to be authorized by 766
the board to approve continuing education programs and courses 767
and a schedule by which that authorization expires and may be 768
renewed; 769

(G) Requirements, including continuing education 770
requirements, for reactivating inactive licenses or 771
certificates, and for reinstating licenses or certificates that 772
have lapsed; 773

(H) Conditions that may be imposed for reinstatement of a 774
license or certificate following action taken under section 775
3123.47, 4723.28, 4723.281, 4723.652, or 4723.86 of the Revised 776
Code resulting in a license or certificate suspension; 777

(I) Criteria for evaluating the qualifications of an 778
applicant for a license to practice nursing as a registered 779
nurse, a license to practice nursing as an advanced practice 780
registered nurse, or a license to practice nursing as a licensed 781
practical nurse for the purpose of issuing the license by the 782
board's endorsement of the applicant's authority to practice 783
issued by the licensing agency of another state; 784

(J) Universal and standard precautions that shall be used 785
by each licensee or certificate holder. The rules shall define 786
and establish requirements for universal and standard 787
precautions that include the following: 788

(1) Appropriate use of hand washing; 789

(2) Disinfection and sterilization of equipment; 790

(3) Handling and disposal of needles and other sharp 791
instruments; 792

(4) Wearing and disposal of gloves and other protective 793
garments and devices. 794

(K) Quality assurance standards for advanced practice 795
registered nurses; 796

(L) Additional criteria for the standard care arrangement 797

required by section 4723.431 of the Revised Code entered into by 798
a certified midwife, clinical nurse specialist, certified nurse- 799
midwife, or certified nurse practitioner and the nurse's 800
collaborating physician or podiatrist; 801

(M) For purposes of division (B) (31) of section 4723.28 of 802
the Revised Code, the actions, omissions, or other circumstances 803
that constitute failure to establish and maintain professional 804
boundaries with a patient; 805

(N) Standards and procedures for delegation under section 806
4723.48 of the Revised Code of the authority to administer 807
drugs. 808

The board may adopt other rules necessary to carry out the 809
provisions of this chapter. The rules shall be adopted in 810
accordance with Chapter 119. of the Revised Code. 811

Sec. 4723.08. (A) The board of nursing may impose fees not 812
to exceed the following limits: 813

(1) For application for licensure by examination or 814
endorsement to practice nursing as a registered nurse or as a 815
licensed practical nurse submitted under division (A) or (B) of 816
section 4723.09 of the Revised Code, seventy-five dollars; 817

(2) For application for licensure to practice nursing as 818
an advanced practice registered nurse submitted under division 819
(A) or (B) (2) of section 4723.41 of the Revised Code, one 820
hundred fifty dollars; 821

(3) For application for a dialysis technician certificate, 822
the amount specified in rules adopted under section 4723.79 of 823
the Revised Code; 824

(4) For providing, pursuant to division (B) of section 825

4723.271 of the Revised Code, written verification of a nursing	826
license, dialysis technician certificate, medication aide	827
certificate, or community health worker certificate to another	828
jurisdiction, fifteen dollars;	829
(5) For providing, pursuant to division (A) of section	830
4723.271 of the Revised Code, a replacement copy of a wall	831
certificate suitable for framing as described in that division,	832
twenty-five dollars;	833
(6) For renewal of a license to practice as a registered	834
nurse or licensed practical nurse, sixty-five dollars;	835
(7) For renewal of a license to practice as an advanced	836
practice registered nurse, one hundred thirty-five dollars;	837
(8) For renewal of a dialysis technician certificate, the	838
amount specified in rules adopted under section 4723.79 of the	839
Revised Code;	840
(9) For processing a late application for renewal of a	841
nursing license or dialysis technician certificate, fifty	842
dollars;	843
(10) For application for authorization to approve	844
continuing education programs and courses from an applicant	845
accredited by a national accreditation system for nursing, five	846
hundred dollars;	847
(11) For application for authorization to approve	848
continuing education programs and courses from an applicant not	849
accredited by a national accreditation system for nursing, one	850
thousand dollars;	851
(12) For each year for which authorization to approve	852
continuing education programs and courses is renewed, one	853

hundred fifty dollars; 854

(13) For application for approval to operate a dialysis 855
training program, the amount specified in rules adopted under 856
section 4723.79 of the Revised Code; 857

(14) For reinstatement of a lapsed license or certificate 858
issued under this chapter, one hundred dollars except as 859
provided in section 5903.10 of the Revised Code; 860

(15) For processing a check returned to the board by a 861
financial institution, twenty-five dollars; 862

(16) The amounts specified in rules adopted under section 863
4723.88 of the Revised Code pertaining to the issuance of 864
certificates to community health workers, including fees for 865
application for a certificate, renewal of a certificate, 866
processing a late application for renewal of a certificate, 867
reinstatement of a lapsed certificate, application for approval 868
of a community health worker training program for community 869
health workers, and renewal of the approval of a training 870
program for community health workers; 871

(17) For application for licensure to practice as a 872
certified midwife, an amount equal to the fee for licensure to 873
practice as an advanced practice registered nurse; 874

(18) For renewal of a license to practice as a certified 875
midwife, an amount equal to the fee for renewal of a license to 876
practice as an advanced practice registered nurse. 877

(B) Each quarter, for purposes of transferring funds under 878
section 4743.05 of the Revised Code to the nurse education 879
assistance fund created in section 3333.28 of the Revised Code, 880
the board of nursing shall certify to the director of budget and 881
management the number of licenses renewed under this chapter 882

during the preceding quarter and the amount equal to that number 883
times five dollars. 884

(C) The board may charge a participant in a board- 885
sponsored continuing education activity an amount not exceeding 886
fifteen dollars for each activity. 887

(D) The board may contract for services pertaining to the 888
process of providing written verification of a license or 889
certificate when the verification is performed for purposes 890
other than providing verification to another jurisdiction. The 891
contract may include provisions pertaining to the collection of 892
the fee charged for providing the written verification. As part 893
of these provisions, the board may permit the contractor to 894
retain a portion of the fees as compensation, before any amounts 895
are deposited into the state treasury. 896

Sec. 4723.271. (A) Upon request of the holder of a nursing 897
license, certified midwife license, dialysis technician 898
certificate, medication aide certificate, or community health 899
worker certificate issued under this chapter, the presentment of 900
proper identification as prescribed in rules adopted by the 901
board of nursing, and payment of the fee authorized under 902
section 4723.08 of the Revised Code, the board of nursing shall 903
provide to the requestor a replacement copy of a wall 904
certificate suitable for framing. 905

(B) Upon request of the holder of a nursing license, 906
certified midwife license, volunteer's certificate, dialysis 907
technician certificate, medication aide certificate, or 908
community health worker certificate issued under this chapter 909
and payment of the fee authorized under section 4723.08 of the 910
Revised Code, the board shall verify to an agency of another 911
jurisdiction or foreign country the fact that the person holds 912

such nursing license, certified midwife license, volunteer's 913
certificate, dialysis technician certificate, medication aide 914
certificate, or community health worker certificate. 915

Sec. 4723.28. (A) The board of nursing, by a vote of a 916
quorum, may impose one or more of the following sanctions if it 917
finds that a person committed fraud in passing an examination 918
required to obtain a license or dialysis technician certificate 919
issued by the board or to have committed fraud, 920
misrepresentation, or deception in applying for or securing any 921
nursing license, certified midwife license, or dialysis 922
technician certificate issued by the board: deny, revoke, 923
suspend, or place restrictions on any nursing license, certified 924
midwife license, or dialysis technician certificate issued by 925
the board; reprimand or otherwise discipline a holder of a 926
nursing license, certified midwife license, or dialysis 927
technician certificate; or impose a fine of not more than five 928
hundred dollars per violation. 929

(B) Except as provided in section 4723.092 of the Revised 930
Code, the board of nursing, by a vote of a quorum, may impose 931
one or more of the following sanctions: deny, revoke, suspend, 932
or place restrictions on any nursing license, certified midwife 933
license, or dialysis technician certificate issued by the board; 934
reprimand or otherwise discipline a holder of a nursing license, 935
certified midwife license, or dialysis technician certificate; 936
or impose a fine of not more than five hundred dollars per 937
violation. The sanctions may be imposed for any of the 938
following: 939

(1) Denial, revocation, suspension, or restriction of 940
authority to engage in a licensed profession or practice a 941
health care occupation, including nursing or practice as a 942

certified midwife or dialysis technician, for any reason other 943
than a failure to renew, in Ohio or another state or 944
jurisdiction; 945

(2) Engaging in the practice of nursing or engaging in 946
practice as a certified midwife or dialysis technician, having 947
failed to renew a nursing license, certified midwife license, or 948
dialysis technician certificate issued under this chapter, or 949
while a nursing license, certified midwife license, or dialysis 950
technician certificate is under suspension; 951

(3) Conviction of, a plea of guilty to, a judicial finding 952
of guilt of, a judicial finding of guilt resulting from a plea 953
of no contest to, or a judicial finding of eligibility for a 954
pretrial diversion or similar program or for intervention in 955
lieu of conviction for, a misdemeanor committed in the course of 956
practice; 957

(4) Conviction of, a plea of guilty to, a judicial finding 958
of guilt of, a judicial finding of guilt resulting from a plea 959
of no contest to, or a judicial finding of eligibility for a 960
pretrial diversion or similar program or for intervention in 961
lieu of conviction for, any felony or of any crime involving 962
gross immorality or moral turpitude; 963

(5) Selling, giving away, or administering drugs or 964
therapeutic devices for other than legal and legitimate 965
therapeutic purposes; or conviction of, a plea of guilty to, a 966
judicial finding of guilt of, a judicial finding of guilt 967
resulting from a plea of no contest to, or a judicial finding of 968
eligibility for a pretrial diversion or similar program or for 969
intervention in lieu of conviction for, violating any municipal, 970
state, county, or federal drug law; 971

(6) Conviction of, a plea of guilty to, a judicial finding 972
of guilt of, a judicial finding of guilt resulting from a plea 973
of no contest to, or a judicial finding of eligibility for a 974
pretrial diversion or similar program or for intervention in 975
lieu of conviction for, an act in another jurisdiction that 976
would constitute a felony or a crime of moral turpitude in Ohio; 977

(7) Conviction of, a plea of guilty to, a judicial finding 978
of guilt of, a judicial finding of guilt resulting from a plea 979
of no contest to, or a judicial finding of eligibility for a 980
pretrial diversion or similar program or for intervention in 981
lieu of conviction for, an act in the course of practice in 982
another jurisdiction that would constitute a misdemeanor in 983
Ohio; 984

(8) Self-administering or otherwise taking into the body 985
any dangerous drug, as defined in section 4729.01 of the Revised 986
Code, in any way that is not in accordance with a legal, valid 987
prescription issued for that individual, or self-administering 988
or otherwise taking into the body any drug that is a schedule I 989
controlled substance; 990

(9) Habitual or excessive use of controlled substances, 991
other habit-forming drugs, or alcohol or other chemical 992
substances to an extent that impairs the individual's ability to 993
provide safe nursing care, safe care as a certified midwife, or 994
safe dialysis care; 995

(10) Impairment of the ability to practice according to 996
acceptable and prevailing standards of safe nursing care, safe 997
care as a certified midwife, or safe dialysis care because of 998
the use of drugs, alcohol, or other chemical substances; 999

(11) Impairment of the ability to practice according to 1000

acceptable and prevailing standards of safe nursing care or safe 1001
dialysis care because of a physical or mental disability; 1002

(12) Assaulting or causing harm to a patient or depriving 1003
a patient of the means to summon assistance; 1004

(13) Misappropriation or attempted misappropriation of 1005
money or anything of value in the course of practice; 1006

(14) Adjudication by a probate court of being mentally ill 1007
or mentally incompetent. The board may reinstate the person's 1008
nursing license, certified midwife license, or dialysis 1009
technician certificate upon adjudication by a probate court of 1010
the person's restoration to competency or upon submission to the 1011
board of other proof of competency. 1012

(15) The suspension or termination of employment by the 1013
United States department of defense or department of veterans 1014
affairs for any act that violates or would violate this chapter; 1015

(16) Violation of this chapter or any rules adopted under 1016
it; 1017

(17) Violation of any restrictions placed by the board on 1018
a nursing license, certified midwife license, or dialysis 1019
technician certificate; 1020

(18) Failure to use universal and standard precautions 1021
established by rules adopted under section 4723.07 of the 1022
Revised Code; 1023

(19) Failure to practice in accordance with acceptable and 1024
prevailing standards of safe nursing care, safe care as a 1025
certified midwife, or safe dialysis care; 1026

(20) In the case of a registered nurse, engaging in 1027
activities that exceed the practice of nursing as a registered 1028

nurse; 1029

(21) In the case of a licensed practical nurse, engaging 1030
in activities that exceed the practice of nursing as a licensed 1031
practical nurse; 1032

(22) In the case of a dialysis technician, engaging in 1033
activities that exceed those permitted under section 4723.72 of 1034
the Revised Code; 1035

(23) Aiding and abetting a person in that person's 1036
practice of nursing or as a certified midwife without a license 1037
or practice as a dialysis technician without a certificate 1038
issued under this chapter; 1039

(24) In the case of an advanced practice registered nurse, 1040
except as provided in division (M) of this section, either of 1041
the following: 1042

(a) Waiving the payment of all or any part of a deductible 1043
or copayment that a patient, pursuant to a health insurance or 1044
health care policy, contract, or plan that covers such nursing 1045
services, would otherwise be required to pay if the waiver is 1046
used as an enticement to a patient or group of patients to 1047
receive health care services from that provider; 1048

(b) Advertising that the nurse will waive the payment of 1049
all or any part of a deductible or copayment that a patient, 1050
pursuant to a health insurance or health care policy, contract, 1051
or plan that covers such nursing services, would otherwise be 1052
required to pay. 1053

(25) Failure to comply with the terms and conditions of 1054
participation in the safe haven program conducted under sections 1055
4723.35 and 4723.351 of the Revised Code; 1056

(26) Failure to comply with the terms and conditions	1057
required under the practice intervention and improvement program	1058
established under section 4723.282 of the Revised Code;	1059
(27) In the case of an advanced practice registered nurse:	1060
(a) Engaging in activities that exceed those permitted for	1061
the nurse's nursing specialty under section 4723.43 of the	1062
Revised Code;	1063
(b) Failure to meet the quality assurance standards	1064
established under section 4723.07 of the Revised Code.	1065
(28) In the case of an advanced practice registered nurse	1066
other than a certified registered nurse anesthetist, failure to	1067
maintain a standard care arrangement in accordance with section	1068
4723.431 of the Revised Code or to practice in accordance with	1069
the standard care arrangement;	1070
(29) In the case of an advanced practice registered nurse	1071
who is designated as a clinical nurse specialist, certified	1072
nurse-midwife, or certified nurse practitioner, failure to	1073
prescribe drugs and therapeutic devices in accordance with	1074
section 4723.481 of the Revised Code;	1075
(30) Prescribing any drug or device to perform or induce	1076
an abortion, or otherwise performing or inducing an abortion;	1077
(31) Failure to establish and maintain professional	1078
boundaries with a patient, as specified in rules adopted under	1079
section 4723.07 of the Revised Code;	1080
(32) Regardless of whether the contact or verbal behavior	1081
is consensual, engaging with a patient other than the spouse of	1082
the registered nurse, licensed practical nurse, <u>certified</u>	1083
<u>midwife</u> , or dialysis technician in any of the following:	1084

(a) Sexual contact, as defined in section 2907.01 of the	1085
Revised Code;	1086
(b) Verbal behavior that is sexually demeaning to the	1087
patient or may be reasonably interpreted by the patient as	1088
sexually demeaning.	1089
(33) Assisting suicide, as defined in section 3795.01 of	1090
the Revised Code;	1091
(34) Failure to comply with the requirements in section	1092
3719.061 of the Revised Code before issuing for a minor a	1093
prescription for an opioid analgesic, as defined in section	1094
3719.01 of the Revised Code;	1095
(35) Failure to comply with section 4723.487 of the	1096
Revised Code, unless the state board of pharmacy no longer	1097
maintains a drug database pursuant to section 4729.75 of the	1098
Revised Code;	1099
(36) The revocation, suspension, restriction, reduction,	1100
or termination of clinical privileges by the United States	1101
department of defense or department of veterans affairs or the	1102
termination or suspension of a certificate of registration to	1103
prescribe drugs by the drug enforcement administration of the	1104
United States department of justice;	1105
(37) In the case of an advanced practice registered nurse	1106
who is designated as a clinical nurse specialist, certified	1107
nurse-midwife, or certified nurse practitioner, failure to	1108
comply with the terms of a consult agreement entered into with a	1109
pharmacist pursuant to section 4729.39 of the Revised Code;	1110
(38) Violation of section 4723.93 of the Revised Code;	1111
(39) Failure to cooperate with an investigation conducted	1112

by the board under this chapter, including failure to comply 1113
with a subpoena or order issued by the board or failure to 1114
answer truthfully a question presented by the board in an 1115
investigative interview, in an investigative office conference, 1116
at a deposition, or in written interrogatories, except that 1117
failure to cooperate with an investigation does not constitute 1118
grounds for discipline if a court of competent jurisdiction has 1119
issued an order that either quashes a subpoena or permits the 1120
individual to withhold testimony or evidence at issue; 1121

(40) In the case of a certified midwife: 1122

(a) Engaging in activities that exceed those permitted 1123
under section 4723.57 of the Revised Code; 1124

(b) Failure to prescribe drugs and therapeutic devices in 1125
accordance with section 4723.481 of the Revised Code; 1126

(c) Failure to maintain a standard care arrangement in 1127
accordance with section 4723.431 of the Revised Code or to 1128
practice in accordance with the standard care arrangement. 1129

(C) Disciplinary actions taken by the board under 1130
divisions (A) and (B) of this section shall be taken pursuant to 1131
an adjudication conducted under Chapter 119. of the Revised 1132
Code, except that in lieu of a hearing, the board may enter into 1133
a consent agreement with an individual to resolve an allegation 1134
of a violation of this chapter or any rule adopted under it. A 1135
consent agreement, when ratified by a vote of a quorum, shall 1136
constitute the findings and order of the board with respect to 1137
the matter addressed in the agreement. If the board refuses to 1138
ratify a consent agreement, the admissions and findings 1139
contained in the agreement shall be of no effect. 1140

(D) The hearings of the board shall be conducted in 1141

accordance with Chapter 119. of the Revised Code, the board may 1142
appoint a hearing examiner, as provided in section 119.09 of the 1143
Revised Code, to conduct any hearing the board is authorized to 1144
hold under Chapter 119. of the Revised Code. 1145

In any instance in which the board is required under 1146
Chapter 119. of the Revised Code to give notice of an 1147
opportunity for a hearing and the applicant, licensee, or 1148
certificate holder does not make a timely request for a hearing 1149
in accordance with section 119.07 of the Revised Code, the board 1150
is not required to hold a hearing, but may adopt, by a vote of a 1151
quorum, a final order that contains the board's findings. In the 1152
final order, the board may order any of the sanctions listed in 1153
division (A) or (B) of this section. 1154

(E) If a criminal action is brought against a registered 1155
nurse, licensed practical nurse, certified midwife, or dialysis 1156
technician for an act or crime described in divisions (B) (3) to 1157
(7) of this section and the action is dismissed by the trial 1158
court other than on the merits, the board shall conduct an 1159
adjudication to determine whether the registered nurse, licensed 1160
practical nurse, certified midwife, or dialysis technician 1161
committed the act on which the action was based. If the board 1162
determines on the basis of the adjudication that the registered 1163
nurse, licensed practical nurse, certified midwife, or dialysis 1164
technician committed the act, or if the registered nurse, 1165
licensed practical nurse, certified midwife, or dialysis 1166
technician fails to participate in the adjudication, the board 1167
may take action as though the registered nurse, licensed 1168
practical nurse, certified midwife, or dialysis technician had 1169
been convicted of the act. 1170

If the board takes action on the basis of a conviction, 1171

plea, or a judicial finding as described in divisions (B) (3) to 1172
(7) of this section that is overturned on appeal, the registered 1173
nurse, licensed practical nurse, certified midwife, or dialysis 1174
technician may, on exhaustion of the appeal process, petition 1175
the board for reconsideration of its action. On receipt of the 1176
petition and supporting court documents, the board shall 1177
temporarily rescind its action. If the board determines that the 1178
decision on appeal was a decision on the merits, it shall 1179
permanently rescind its action. If the board determines that the 1180
decision on appeal was not a decision on the merits, it shall 1181
conduct an adjudication to determine whether the registered 1182
nurse, licensed practical nurse, certified midwife, or dialysis 1183
technician committed the act on which the original conviction, 1184
plea, or judicial finding was based. If the board determines on 1185
the basis of the adjudication that the registered nurse, 1186
licensed practical nurse, certified midwife, or dialysis 1187
technician committed such act, or if the registered nurse, 1188
licensed practical nurse, certified midwife, or dialysis 1189
technician does not request an adjudication, the board shall 1190
reinstate its action; otherwise, the board shall permanently 1191
rescind its action. 1192

Notwithstanding the provision of division (D) (2) of 1193
section 2953.32 or division (F) (1) of section 2953.39 of the 1194
Revised Code specifying that if records pertaining to a criminal 1195
case are sealed or expunged under that section the proceedings 1196
in the case shall be deemed not to have occurred, sealing or 1197
expungement of the following records on which the board has 1198
based an action under this section shall have no effect on the 1199
board's action or any sanction imposed by the board under this 1200
section: records of any conviction, guilty plea, judicial 1201
finding of guilt resulting from a plea of no contest, or a 1202

judicial finding of eligibility for a pretrial diversion program 1203
or intervention in lieu of conviction. 1204

The board shall not be required to seal, destroy, redact, 1205
or otherwise modify its records to reflect the court's sealing 1206
or expungement of conviction records. 1207

(F) The board may investigate an individual's criminal 1208
background in performing its duties under this section. As part 1209
of such investigation, the board may order the individual to 1210
submit, at the individual's expense, a request to the bureau of 1211
criminal identification and investigation for a criminal records 1212
check and check of federal bureau of investigation records in 1213
accordance with the procedure described in section 4723.091 of 1214
the Revised Code. 1215

(G) During the course of an investigation conducted under 1216
this section, the board may compel any registered nurse, 1217
licensed practical nurse, certified midwife, or dialysis 1218
technician or applicant under this chapter to submit to a mental 1219
or physical examination, or both, as required by the board and 1220
at the expense of the individual, if the board finds reason to 1221
believe that the individual under investigation may have a 1222
physical or mental impairment that may affect the individual's 1223
ability to provide safe nursing care. 1224

The board shall not compel an individual who has been 1225
referred to the safe haven program as described in sections 1226
4723.35 and 4723.351 of the Revised Code to submit to a mental 1227
or physical examination. 1228

Failure of any individual to submit to a mental or 1229
physical examination when directed constitutes an admission of 1230
the allegations, unless the failure is due to circumstances 1231

beyond the individual's control, and a default and final order 1232
may be entered without the taking of testimony or presentation 1233
of evidence. 1234

If the board finds that an individual is impaired, the 1235
board shall require the individual to submit to care, 1236
counseling, or treatment approved or designated by the board, as 1237
a condition for initial, continued, reinstated, or renewed 1238
authority to practice. The individual shall be afforded an 1239
opportunity to demonstrate to the board that the individual can 1240
begin or resume the individual's occupation in compliance with 1241
acceptable and prevailing standards of care under the provisions 1242
of the individual's authority to practice. 1243

For purposes of this division, any registered nurse, 1244
licensed practical nurse, certified midwife, or dialysis 1245
technician or applicant under this chapter shall be deemed to 1246
have given consent to submit to a mental or physical examination 1247
when directed to do so in writing by the board, and to have 1248
waived all objections to the admissibility of testimony or 1249
examination reports that constitute a privileged communication. 1250

(H) The board shall investigate evidence that appears to 1251
show that any person has violated any provision of this chapter 1252
or any rule of the board. Any person may report to the board any 1253
information the person may have that appears to show a violation 1254
of any provision of this chapter or rule of the board. In the 1255
absence of bad faith, any person who reports such information or 1256
who testifies before the board in any adjudication conducted 1257
under Chapter 119. of the Revised Code shall not be liable for 1258
civil damages as a result of the report or testimony. 1259

(I) All of the following apply under this chapter with 1260
respect to the confidentiality of information: 1261

(1) Information received by the board pursuant to a 1262
complaint or an investigation is confidential and not subject to 1263
discovery in any civil action, except that the board may 1264
disclose information to law enforcement officers and government 1265
entities for purposes of an investigation of either a licensed 1266
health care professional, including a registered nurse, licensed 1267
practical nurse, certified midwife, or dialysis technician, or a 1268
person who may have engaged in the unauthorized practice of 1269
nursing, certified midwifery, or dialysis care. No law 1270
enforcement officer or government entity with knowledge of any 1271
information disclosed by the board pursuant to this division 1272
shall divulge the information to any other person or government 1273
entity except for the purpose of a government investigation, a 1274
prosecution, or an adjudication by a court or government entity. 1275

(2) If an investigation requires a review of patient 1276
records, the investigation and proceeding shall be conducted in 1277
such a manner as to protect patient confidentiality. 1278

(3) All adjudications and investigations of the board 1279
shall be considered civil actions for the purposes of section 1280
2305.252 of the Revised Code. 1281

(4) Any board activity that involves continued monitoring 1282
of an individual as part of or following any disciplinary action 1283
taken under this section shall be conducted in a manner that 1284
maintains the individual's confidentiality. Information received 1285
or maintained by the board with respect to the board's 1286
monitoring activities is not subject to discovery in any civil 1287
action and is confidential, except that the board may disclose 1288
information to law enforcement officers and government entities 1289
for purposes of an investigation of a licensee or certificate 1290
holder. 1291

(J) Any action taken by the board under this section 1292
resulting in a suspension from practice shall be accompanied by 1293
a written statement of the conditions under which the person may 1294
be reinstated to practice. 1295

(K) When the board refuses to grant a license or 1296
certificate to an applicant, revokes a license or certificate, 1297
or refuses to reinstate a license or certificate, the board may 1298
specify that its action is permanent. An individual subject to 1299
permanent action taken by the board is forever ineligible to 1300
hold a license or certificate of the type that was refused or 1301
revoked and the board shall not accept from the individual an 1302
application for reinstatement of the license or certificate or 1303
for a new license or certificate. 1304

(L) No unilateral surrender of a nursing license, 1305
certified midwife license, or dialysis technician certificate 1306
issued under this chapter shall be effective unless accepted by 1307
majority vote of the board. No application for a nursing 1308
license, certified midwife license, or dialysis technician 1309
certificate issued under this chapter may be withdrawn without a 1310
majority vote of the board. The board's jurisdiction to take 1311
disciplinary action under this section is not removed or limited 1312
when an individual has a license or certificate classified as 1313
inactive or fails to renew a license or certificate. 1314

(M) Sanctions shall not be imposed under division (B) (24) 1315
of this section against any licensee who waives deductibles and 1316
copayments as follows: 1317

(1) In compliance with the health benefit plan that 1318
expressly allows such a practice. Waiver of the deductibles or 1319
copayments shall be made only with the full knowledge and 1320
consent of the plan purchaser, payer, and third-party 1321

administrator. Documentation of the consent shall be made 1322
available to the board upon request. 1323

(2) For professional services rendered to any other person 1324
licensed pursuant to this chapter to the extent allowed by this 1325
chapter and the rules of the board. 1326

Sec. 4723.282. (A) As used in this section, "practice 1327
deficiency" means any activity that does not meet acceptable and 1328
prevailing standards of safe and effective nursing care or 1329
dialysis care or safe and effective care as a certified midwife. 1330

(B) The board of nursing may abstain from taking 1331
disciplinary action under section 4723.28 of the Revised Code 1332
against the holder of a license or certificate issued under this 1333
chapter who has a practice deficiency that has been identified 1334
by the board through an investigation conducted under section 1335
4723.28 of the Revised Code. The board may abstain from taking 1336
action only if the board has reason to believe that the 1337
individual's practice deficiency can be corrected through 1338
remediation, and if the individual enters into an agreement with 1339
the board to seek remediation as prescribed by the board, 1340
complies with the terms and conditions of the remediation, and 1341
successfully completes the remediation. If an individual fails 1342
to complete the remediation or the board determines that 1343
remediation cannot correct the individual's practice deficiency, 1344
the board shall proceed with disciplinary action in accordance 1345
with section 4723.28 of the Revised Code. 1346

(C) To implement its authority under this section to 1347
abstain from taking disciplinary action, the board shall 1348
establish a practice intervention and improvement program. The 1349
board shall designate an administrator to operate the program 1350
and, in accordance with Chapter 119. of the Revised Code, adopt 1351

rules for the program that establish the following: 1352

(1) Criteria for use in identifying an individual's 1353
practice deficiency; 1354

(2) Requirements that an individual must meet to be 1355
eligible for remediation and the board's abstention from 1356
disciplinary action; 1357

(3) Standards and procedures for prescribing remediation 1358
that is appropriate for an individual's identified practice 1359
deficiency; 1360

(4) Terms and conditions that an individual must meet to 1361
be successful in completing the remediation prescribed; 1362

(5) Procedures for the board's monitoring of the 1363
individual's remediation; 1364

(6) Procedures for maintaining confidential records 1365
regarding individuals who participate in remediation; 1366

(7) Any other requirements or procedures necessary to 1367
develop and administer the program. 1368

(D) All records held by the board for purposes of the 1369
program shall be confidential, are not public records for 1370
purposes of section 149.43 of the Revised Code, and are not 1371
subject to discovery by subpoena or admissible as evidence in 1372
any judicial proceeding. The administrator of the program shall 1373
maintain all records in the board's office in accordance with 1374
the board's record retention schedule. 1375

(E) When an individual begins the remediation prescribed 1376
by the board, the individual shall sign a waiver permitting any 1377
entity that provides services related to the remediation to 1378
release to the board information regarding the individual's 1379

progress. An entity that provides services related to 1380
remediation shall report to the board if the individual fails to 1381
complete the remediation or does not make satisfactory progress 1382
in remediation. 1383

In the absence of fraud or bad faith, an entity that 1384
reports to the board regarding an individual's practice 1385
deficiency, or progress or lack of progress in remediation, is 1386
not liable in damages to any person as a result of making the 1387
report. 1388

(F) An individual participating in remediation prescribed 1389
under this section is responsible for all financial obligations 1390
that may arise from obtaining or completing the remediation. 1391

Sec. 4723.33. A registered nurse, licensed practical 1392
nurse, certified midwife, dialysis technician, community health 1393
worker, or medication aide who in good faith makes a report 1394
under this chapter or any other provision of the Revised Code 1395
regarding a violation of this chapter or any other provision of 1396
the Revised Code, or participates in any investigation, 1397
administrative proceeding, or judicial proceeding resulting from 1398
the report, has the full protection against retaliatory action 1399
provided by sections 4113.51 to 4113.53 of the Revised Code. 1400

Sec. 4723.34. (A) A person or governmental entity that 1401
employs, or contracts directly or through another person or 1402
governmental entity for the provision of services by, registered 1403
nurses, licensed practical nurses, nurses holding multistate 1404
licenses to practice registered or licensed practical nursing 1405
issued pursuant to section 4723.11 of the Revised Code, 1406
certified midwives, dialysis technicians, medication aides, or 1407
certified community health workers and that knows or has reason 1408
to believe that a current or former employee or person providing 1409

services under a contract who holds a license or certificate 1410
issued under this chapter engaged in conduct that would be 1411
grounds for disciplinary action by the board of nursing under 1412
this chapter or rules adopted under it shall report to the board 1413
of nursing the name of such current or former employee or person 1414
providing services under a contract. The report shall be made on 1415
the person's or governmental entity's behalf by an individual 1416
licensed by the board who the person or governmental entity has 1417
designated to make such reports. 1418

A prosecutor in a case described in divisions (B) (3) to 1419
(5) of section 4723.28 of the Revised Code, or in a case where 1420
the trial court issued an order of dismissal upon technical or 1421
procedural grounds of a charge of a misdemeanor committed in the 1422
course of practice, a felony charge, or a charge of gross 1423
immorality or moral turpitude, who knows or has reason to 1424
believe that the person charged is licensed under this chapter 1425
to practice nursing as a registered nurse or as a licensed 1426
practical nurse, is licensed under this chapter to practice as a 1427
certified midwife, or holds a certificate issued under this 1428
chapter to practice as a dialysis technician shall notify the 1429
board of nursing of the charge. With regard to certified 1430
community health workers and medication aides, the prosecutor in 1431
a case involving a charge of a misdemeanor committed in the 1432
course of employment, a felony charge, or a charge of gross 1433
immorality or moral turpitude, including a case dismissed on 1434
technical or procedural grounds, who knows or has reason to 1435
believe that the person charged holds a community health worker 1436
or medication aide certificate issued under this chapter shall 1437
notify the board of the charge. 1438

Each notification from a prosecutor shall be made on forms 1439
prescribed and provided by the board. The report shall include 1440

the name and address of the license or certificate holder, the 1441
charge, and the certified court documents recording the action. 1442

(B) If any person or governmental entity fails to provide 1443
a report required by this section, the board may seek an order 1444
from a court of competent jurisdiction compelling submission of 1445
the report. 1446

Sec. 4723.341. (A) As used in this section, "person" has 1447
the same meaning as in section 1.59 of the Revised Code and also 1448
includes the board of nursing and its members and employees; 1449
health care facilities, associations, and societies; insurers; 1450
and individuals. 1451

(B) In the absence of fraud or bad faith, no person 1452
reporting to the board of nursing or testifying in an 1453
adjudication conducted under Chapter 119. of the Revised Code 1454
with regard to alleged incidents of negligence or malpractice or 1455
matters subject to this chapter or sections 3123.41 to 3123.50 1456
of the Revised Code and any applicable rules adopted under 1457
section 3123.63 of the Revised Code shall be subject to either 1458
of the following based on making the report or testifying: 1459

(1) Liability in damages in a civil action for injury, 1460
death, or loss to person or property; 1461

(2) Discipline or dismissal by an employer. 1462

(C) An individual who is disciplined or dismissed in 1463
violation of division (B) (2) of this section has the same rights 1464
and duties accorded an employee under sections 4113.52 and 1465
4113.53 of the Revised Code. 1466

(D) In the absence of fraud or bad faith, no professional 1467
association of registered nurses, advanced practice registered 1468
nurses, licensed practical nurses, certified midwives, dialysis 1469

technicians, community health workers, or medication aides that 1470
sponsors a committee or program to provide peer assistance to 1471
individuals with substance abuse problems, no representative or 1472
agent of such a committee or program, and no member of the board 1473
of nursing shall be liable to any person for damages in a civil 1474
action by reason of actions taken to refer a nurse, certified 1475
midwife, dialysis technician, community health worker, or 1476
medication aide to a treatment provider or actions or omissions 1477
of the provider in treating a nurse, certified midwife, dialysis 1478
technician, community health worker, or medication aide. 1479

Sec. 4723.35. (A) As used in this section and section 1480
4723.351 of the Revised Code: 1481

(1) "Applicant" means an individual who has applied for a 1482
license or certificate to practice issued under this chapter. 1483
"Applicant" may include an individual who has been granted 1484
authority by the board of nursing to practice as one type of 1485
practitioner, but has applied for authority to practice as 1486
another type of practitioner. 1487

(2) "Impaired" or "impairment" means either or both of the 1488
following: 1489

(a) Impairment of the ability to practice as described in 1490
division (B)(10) of section 4723.28 of the Revised Code; 1491

(b) Impairment of the ability to practice as described in 1492
division (B)(11) of section 4723.28 of the Revised Code. 1493

(3) "Practitioner" means an individual authorized under 1494
this chapter to practice as a registered nurse, including as an 1495
advanced practice registered nurse, licensed practical nurse, 1496
certified midwife, dialysis technician, community health worker, 1497
or medication aide. 1498

(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.

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

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

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

(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.

(E) Determinations regarding an applicant's or

practitioner's eligibility for admission to, continued 1527
participation in, and successful completion of the safe haven 1528
program shall be made by the monitoring organization in 1529
accordance with rules adopted under section 4723.351 of the 1530
Revised Code. 1531

(F) The board shall abstain from taking disciplinary 1532
action under section 4723.28, 4723.652, or 4723.86 of the 1533
Revised Code against an individual whose health and 1534
effectiveness show signs of impairment or potential impairment, 1535
but who is not currently under the terms of a consent agreement 1536
with the board for impairment or an order issued by the board 1537
for impairment if the individual is participating in the safe 1538
haven program. 1539

An applicant's or practitioner's impairment neither 1540
excuses an applicant or practitioner who has committed other 1541
violations of this chapter nor precludes the board from 1542
investigating or taking disciplinary action against an applicant 1543
or practitioner for other violations of this chapter. 1544

(G) An applicant or practitioner is eligible to 1545
participate in the safe haven program if both of the following 1546
conditions are met: 1547

(1) The applicant or practitioner needs assistance with 1548
impairment or potential impairment. 1549

(2) The applicant or practitioner has an unencumbered 1550
license and is not currently under the terms of a consent 1551
agreement with the board for impairment or an order issued by 1552
the board for impairment. 1553

Sec. 4723.41. (A) Each person who desires to practice 1554
nursing as a certified nurse-midwife and has not been authorized 1555

to practice ~~midwifery~~ nurse-midwifery prior to December 1, 1967, 1556
and each person who desires to practice nursing as a certified 1557
registered nurse anesthetist, clinical nurse specialist, or 1558
certified nurse practitioner shall file with the board of 1559
nursing a written application for a license to practice nursing 1560
as an advanced practice registered nurse and designation in the 1561
desired specialty. The application must be filed, under oath, on 1562
a form prescribed by the board accompanied by the application 1563
fee required by section 4723.08 of the Revised Code. 1564

Except as provided in division (B), (C), or (D) of this 1565
section, at the time of making application, the applicant shall 1566
meet all of the following requirements: 1567

(1) Be a registered nurse; 1568

(2) Submit documentation satisfactory to the board that 1569
the applicant has earned a master's or doctoral degree with a 1570
major in a nursing specialty or in a related field that 1571
qualifies the applicant to sit for the certification examination 1572
of a national certifying organization approved by the board 1573
under section 4723.46 of the Revised Code; 1574

(3) Submit documentation satisfactory to the board of 1575
having passed the certification examination of a national 1576
certifying organization approved by the board under section 1577
4723.46 of the Revised Code to examine and certify, as 1578
applicable, nurse-midwives, registered nurse anesthetists, 1579
clinical nurse specialists, or nurse practitioners; 1580

(4) Submit an affidavit with the application that states 1581
all of the following: 1582

(a) That the applicant is the person named in the 1583
documents submitted under this section and is the lawful 1584

possessor thereof; 1585

(b) The applicant's age, residence, the school at which 1586
the applicant obtained education in the applicant's nursing 1587
specialty, and any other facts that the board requires; 1588

(c) The specialty in which the applicant seeks 1589
designation. 1590

(B) (1) A certified registered nurse anesthetist, clinical 1591
nurse specialist, certified nurse-midwife, or certified nurse 1592
practitioner who is practicing or has practiced as such in 1593
another jurisdiction other than another state may apply for a 1594
license by endorsement to practice nursing as an advanced 1595
practice registered nurse and designation as a certified 1596
registered nurse anesthetist, clinical nurse specialist, 1597
certified nurse-midwife, or certified nurse practitioner in this 1598
state if the nurse meets the requirements set forth in division 1599
(A) of this section or division (B) (2) of this section. 1600

(2) If an applicant who is practicing or has practiced in 1601
another jurisdiction other than another state applies for 1602
designation under division (B) (2) of this section, the 1603
application shall be submitted to the board in the form 1604
prescribed by rules of the board and be accompanied by the 1605
application fee required by section 4723.08 of the Revised Code. 1606
The application shall include evidence that the applicant meets 1607
the requirements of division (B) (2) of this section, holds 1608
authority to practice nursing and is in good standing in another 1609
jurisdiction other than another state granted after meeting 1610
requirements approved by the entity of that jurisdiction that 1611
regulates nurses, and other information required by rules of the 1612
board of nursing. 1613

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

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

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

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

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

(3) The board shall grant a license to practice nursing as 1643
an advanced practice registered nurse in accordance with Chapter 1644
4796. of the Revised Code to an applicant if either of the 1645
following applies: 1646

(a) The applicant holds a license in another state. 1647

(b) The applicant has satisfactory work experience, a 1648
government certification, or a private certification as 1649
described in that chapter as an advanced practice registered 1650
nurse in a state that does not issue that license. 1651

(4) The board may grant a nonrenewable temporary permit to 1652
practice nursing as an advanced practice registered nurse to an 1653
applicant for licensure under division (B) (2) or (3) of this 1654
section if the board is satisfied by the evidence that the 1655
applicant holds a valid, unrestricted license in or equivalent 1656
authorization from another jurisdiction. Chapter 4796. of the 1657
Revised Code does not apply to a temporary permit issued under 1658
this division. The temporary permit shall expire at the earlier 1659
of one hundred eighty days after issuance or upon the issuance 1660
of a license under division (B) (2) or (3) of this section. 1661

(C) An applicant who desires to practice nursing as a 1662
certified registered nurse anesthetist, certified nurse-midwife, 1663
or certified nurse practitioner is exempt from the educational 1664
requirements in division (A) (2) of this section if all of the 1665
following are the case: 1666

(1) Before January 1, 2001, the board issued to the 1667
applicant a certificate of authority to practice as a certified 1668
registered nurse anesthetist, certified nurse-midwife, or 1669
certified nurse practitioner; 1670

(2) The applicant submits documentation satisfactory to 1671

the board that the applicant obtained certification in the 1672
applicant's nursing specialty with a national certifying 1673
organization listed in division (A) (3) of section 4723.41 of the 1674
Revised Code as that division existed prior to March 20, 2013, 1675
or that was at that time approved by the board under section 1676
4723.46 of the Revised Code; 1677

(3) The applicant submits documentation satisfactory to 1678
the board that the applicant has maintained the certification 1679
described in division (C) (2) of this section. 1680

(D) An applicant who desires to practice as a clinical 1681
nurse specialist is exempt from the examination requirement in 1682
division (A) (3) of this section if both of the following are the 1683
case: 1684

(1) Before January 1, 2001, the board issued to the 1685
applicant a certificate of authority to practice as a clinical 1686
nurse specialist; 1687

(2) The applicant submits documentation satisfactory to 1688
the board that the applicant earned either of the following: 1689

(a) A master's or doctoral degree with a major in a 1690
clinical area of nursing from an educational institution 1691
accredited by a national or regional accrediting organization; 1692

(b) A master's or doctoral degree in nursing or a related 1693
field and was certified as a clinical nurse specialist by the 1694
American nurses credentialing center or another national 1695
certifying organization that was at that time approved by the 1696
board under section 4723.46 of the Revised Code. 1697

Sec. 4723.43. A certified registered nurse anesthetist, 1698
clinical nurse specialist, certified nurse-midwife, or certified 1699
nurse practitioner may provide to individuals and groups nursing 1700

care that requires knowledge and skill obtained from advanced 1701
formal education and clinical experience. In this capacity as an 1702
advanced practice registered nurse, a certified nurse-midwife is 1703
subject to division (A) of this section, a certified registered 1704
nurse anesthetist is subject to division (B) of this section, a 1705
certified nurse practitioner is subject to division (C) of this 1706
section, and a clinical nurse specialist is subject to division 1707
(D) of this section. 1708

(A) A-Subject to sections 4723.58 to 4723.584 of the 1709
Revised Code, a nurse authorized to practice as a certified 1710
nurse-midwife, in collaboration with one or more physicians, may 1711
provide the management of preventive services and those primary 1712
care services necessary to provide health care to women 1713
antepartally, intrapartally, postpartally, and gynecologically, 1714
consistent with the nurse's education and certification, and in 1715
accordance with rules adopted by the board of nursing. 1716

No certified nurse-midwife may perform version, ~~deliver~~ 1717
~~breech or face presentation,~~ use forceps, do any obstetric 1718
operation, or treat any other abnormal condition outside of the 1719
scope of practice for certified nurse-midwives established by 1720
the American college of nurse-midwives, except in emergencies. 1721
No certified nurse-midwife may deliver breech or face 1722
presentation except in an emergency or as provided in section 1723
4723.581 of the Revised Code. Division (A) of this section does 1724
not prohibit a certified nurse-midwife from performing 1725
episiotomies or normal vaginal deliveries, or repairing vaginal 1726
tears. A certified nurse-midwife may, in collaboration with one 1727
or more physicians, prescribe drugs and therapeutic devices in 1728
accordance with section 4723.481 of the Revised Code. A 1729
certified nurse-midwife may, in collaboration with one or more 1730
physicians, attend births in hospitals, homes, medical offices, 1731

and freestanding birthing centers and provide care for normal 1732
newborns during the period consistent with the scope of practice 1733
for certified nurse-midwives established by the American college 1734
of nurse-midwives. 1735

(B) A nurse authorized to practice as a certified 1736
registered nurse anesthetist, consistent with the nurse's 1737
education and certification and in accordance with rules adopted 1738
by the board, may do the following: 1739

(1) With supervision and in the immediate presence of a 1740
physician, podiatrist, or dentist, administer anesthesia and 1741
perform anesthesia induction, maintenance, and emergence; 1742

(2) With supervision, obtain informed consent for 1743
anesthesia care and perform preanesthetic preparation and 1744
evaluation, postanesthetic preparation and evaluation, 1745
postanesthesia care, and, subject to section 4723.433 of the 1746
Revised Code, clinical support functions; 1747

(3) With supervision and in accordance with section 1748
4723.434 of the Revised Code, engage in the activities described 1749
in division (A) of that section. 1750

The physician, podiatrist, or dentist supervising a 1751
certified registered nurse anesthetist must be actively engaged 1752
in practice in this state. When a certified registered nurse 1753
anesthetist is supervised by a podiatrist, the nurse's scope of 1754
practice is limited to the anesthesia procedures that the 1755
podiatrist has the authority under section 4731.51 of the 1756
Revised Code to perform. A certified registered nurse 1757
anesthetist may not administer general anesthesia under the 1758
supervision of a podiatrist in a podiatrist's office. When a 1759
certified registered nurse anesthetist is supervised by a 1760

dentist, the nurse's scope of practice is limited to the 1761
anesthesia procedures that the dentist has the authority under 1762
Chapter 4715. of the Revised Code to perform. 1763

(C) A nurse authorized to practice as a certified nurse 1764
practitioner, in collaboration with one or more physicians or 1765
podiatrists, may provide preventive and primary care services, 1766
provide services for acute illnesses, and evaluate and promote 1767
patient wellness within the nurse's nursing specialty, 1768
consistent with the nurse's education and certification, and in 1769
accordance with rules adopted by the board. A certified nurse 1770
practitioner may, in collaboration with one or more physicians 1771
or podiatrists, prescribe drugs and therapeutic devices in 1772
accordance with section 4723.481 of the Revised Code. 1773

When a certified nurse practitioner is collaborating with 1774
a podiatrist, the nurse's scope of practice is limited to the 1775
procedures that the podiatrist has the authority under section 1776
4731.51 of the Revised Code to perform. 1777

(D) A nurse authorized to practice as a clinical nurse 1778
specialist, in collaboration with one or more physicians or 1779
podiatrists, may provide and manage the care of individuals and 1780
groups with complex health problems and provide health care 1781
services that promote, improve, and manage health care within 1782
the nurse's nursing specialty, consistent with the nurse's 1783
education and in accordance with rules adopted by the board. A 1784
clinical nurse specialist may, in collaboration with one or more 1785
physicians or podiatrists, prescribe drugs and therapeutic 1786
devices in accordance with section 4723.481 of the Revised Code. 1787

When a clinical nurse specialist is collaborating with a 1788
podiatrist, the nurse's scope of practice is limited to the 1789
procedures that the podiatrist has the authority under section 1790

4731.51 of the Revised Code to perform. 1791

Sec. 4723.431. (A) (1) ~~An~~ A certified midwife or an 1792
advanced practice registered nurse who is designated as a 1793
clinical nurse specialist, certified nurse-midwife, or certified 1794
nurse practitioner may practice only in accordance with a 1795
standard care arrangement entered into with each physician or 1796
podiatrist with whom the certified midwife or nurse 1797
collaborates. A copy of the standard care arrangement shall be 1798
retained on file by the certified midwife's or nurse's employer. 1799
Prior approval of the standard care arrangement by the board of 1800
nursing is not required, but the board may periodically review 1801
it for compliance with this section. 1802

A certified midwife, clinical nurse specialist, certified 1803
nurse-midwife, or certified nurse practitioner may enter into a 1804
standard care arrangement with one or more collaborating 1805
physicians or podiatrists. If a collaborating physician or 1806
podiatrist enters into standard care arrangements with more than 1807
five certified midwives or nurses, the physician or podiatrist 1808
shall not collaborate at the same time with more than five 1809
certified midwives or nurses in the prescribing component of 1810
their practices. 1811

Not later than thirty days after first engaging in the 1812
practice of midwifery as a certified midwife or the practice of 1813
nursing as a clinical nurse specialist, certified nurse-midwife, 1814
or certified nurse practitioner, the certified midwife or nurse 1815
shall submit to the board the name and business address of each 1816
collaborating physician or podiatrist. Thereafter, the certified 1817
midwife or nurse shall notify the board of any additions or 1818
deletions to the midwife's or nurse's collaborating physicians 1819
or podiatrists. Except as provided in division (D) of this 1820

section, the notice must be provided not later than thirty days 1821
after the change takes effect. 1822

(2) All of the following conditions apply with respect to 1823
the practice of a collaborating physician or podiatrist with 1824
whom a certified midwife, clinical nurse specialist, certified 1825
nurse-midwife, or certified nurse practitioner may enter into a 1826
standard care arrangement: 1827

(a) The physician or podiatrist must be authorized to 1828
practice in this state. 1829

(b) Except as provided in division (A) (2) (c) of this 1830
section, the physician or podiatrist must be practicing in a 1831
specialty that is the same as or similar to the certified 1832
midwife's specialty or nurse's nursing specialty. 1833

(c) If the nurse is a clinical nurse specialist who is 1834
certified as a psychiatric-mental health CNS or the equivalent 1835
of such title by the American nurses credentialing center or a 1836
certified nurse practitioner who is certified as a psychiatric- 1837
mental health NP or the equivalent of such title by the American 1838
nurses credentialing center or American academy of nurse 1839
practitioners certification board, the nurse may enter into a 1840
standard care arrangement with a physician but not a podiatrist 1841
and the collaborating physician must be practicing in one of the 1842
following specialties: 1843

(i) Psychiatry; 1844

(ii) Pediatrics; 1845

(iii) Primary care or family practice. 1846

(B) A standard care arrangement shall be in writing and 1847
shall contain all of the following: 1848

(1) Criteria for referral of a patient by the certified 1849
midwife, clinical nurse specialist, certified nurse-midwife, or 1850
certified nurse practitioner to a collaborating physician or 1851
podiatrist or another physician or podiatrist; 1852

(2) A process for the certified midwife, clinical nurse 1853
specialist, certified nurse-midwife, or certified nurse 1854
practitioner to obtain a consultation with a collaborating 1855
physician or podiatrist or another physician or podiatrist; 1856

(3) A plan for coverage in instances of emergency or 1857
planned absences of either the certified midwife, clinical nurse 1858
specialist, certified nurse-midwife, or certified nurse 1859
practitioner or a collaborating physician or podiatrist that 1860
provides the means whereby a physician or podiatrist is 1861
available for emergency care; 1862

(4) The process for resolution of disagreements regarding 1863
matters of patient management between the certified midwife, 1864
clinical nurse specialist, certified nurse-midwife, or certified 1865
nurse practitioner and a collaborating physician or podiatrist; 1866

(5) An agreement that the collaborating physician shall 1867
complete and sign the medical certificate of death pursuant to 1868
section 3705.16 of the Revised Code; 1869

(6) Any other criteria required by rule of the board 1870
adopted pursuant to section 4723.07 or 4723.50 of the Revised 1871
Code. 1872

(C) A standard care arrangement entered into pursuant to 1873
this section may permit a clinical nurse specialist, certified 1874
nurse-midwife, or certified nurse practitioner to do any of the 1875
following: 1876

(1) Supervise services provided by a home health agency as 1877

defined in section 3740.01 of the Revised Code; 1878

(2) Admit a patient to a hospital in accordance with 1879
section 3727.06 of the Revised Code; 1880

(3) Sign any document relating to the admission, 1881
treatment, or discharge of an inpatient receiving psychiatric or 1882
other behavioral health care services, but only if the 1883
conditions of section 4723.436 of the Revised Code have been 1884
met. 1885

(D) (1) Except as provided in division (D) (2) of this 1886
section, if a physician or podiatrist terminates the 1887
collaboration between the physician or podiatrist and a 1888
certified midwife, certified nurse-midwife, certified nurse 1889
practitioner, or clinical nurse specialist before their standard 1890
care arrangement expires, all of the following apply: 1891

(a) The physician or podiatrist must give the certified 1892
midwife or nurse written or electronic notice of the 1893
termination. 1894

(b) Once the certified midwife or nurse receives the 1895
termination notice, the certified midwife or nurse must notify 1896
the board of nursing of the termination as soon as practicable 1897
by submitting to the board a copy of the physician's or 1898
podiatrist's termination notice. 1899

(c) Notwithstanding the ~~requirement~~ requirements of 1900
~~section~~ sections 4723.43 and 4723.57 of the Revised Code that 1901
the certified midwife or nurse practice in collaboration with a 1902
physician or podiatrist, the certified midwife or nurse may 1903
continue to practice under the existing standard care 1904
arrangement without a collaborating physician or podiatrist for 1905
not more than one hundred twenty days after submitting to the 1906

board a copy of the termination notice. 1907

(2) In the event that the collaboration between a 1908
physician or podiatrist and a certified midwife, certified 1909
nurse-midwife, certified nurse practitioner, or clinical nurse 1910
specialist terminates because of the physician's or podiatrist's 1911
death, the certified midwife or nurse must notify the board of 1912
the death as soon as practicable. The certified midwife or nurse 1913
may continue to practice under the existing standard care 1914
arrangement without a collaborating physician or podiatrist for 1915
not more than one hundred twenty days after notifying the board 1916
of the physician's or podiatrist's death. 1917

(E) (1) Nothing in this section prohibits a hospital from 1918
hiring a certified midwife, clinical nurse specialist, certified 1919
nurse-midwife, or certified nurse practitioner as an employee 1920
and negotiating standard care arrangements on behalf of the 1921
employee as necessary to meet the requirements of this section. 1922
A standard care arrangement between the hospital's employee and 1923
the employee's collaborating physician is subject to approval by 1924
the medical staff and governing body of the hospital prior to 1925
implementation of the arrangement at the hospital. 1926

(2) Nothing in this section prohibits a standard care 1927
arrangement from specifying actions that a clinical nurse 1928
specialist, certified nurse-midwife, or certified nurse 1929
practitioner is authorized to take, or is prohibited from 1930
taking, as part of the nurse's practice in collaboration with a 1931
physician or podiatrist. In specifying such actions, the 1932
standard care arrangement shall not authorize the nurse to take 1933
any action that is otherwise prohibited by the Revised Code or 1934
rule of the board. 1935

Sec. 4723.432. (A) ~~An~~ A certified midwife or an advanced 1936

practice registered nurse who is designated as a clinical nurse 1937
specialist, certified nurse-midwife, or certified nurse 1938
practitioner shall cooperate with the state medical board in any 1939
investigation the board conducts with respect to a physician or 1940
podiatrist who collaborates with the certified midwife or nurse. 1941
The certified midwife or nurse shall cooperate with the board in 1942
any investigation the board conducts with respect to the 1943
unauthorized practice of medicine by the certified midwife or 1944
nurse. 1945

(B) An advanced practice registered nurse who is 1946
designated as a certified registered nurse anesthetist shall 1947
cooperate with the state medical board or state dental board in 1948
any investigation either board conducts with respect to a 1949
physician, podiatrist, or dentist who permits the nurse to 1950
practice with the supervision of that physician, podiatrist, or 1951
dentist. The nurse shall cooperate with either board in any 1952
investigation it conducts with respect to the unauthorized 1953
practice of medicine or dentistry by the nurse. 1954

Sec. 4723.481. This section establishes standards and 1955
conditions regarding the authority of an advanced practice 1956
registered nurse who is designated as a clinical nurse 1957
specialist, certified nurse-midwife, or certified nurse 1958
practitioner to prescribe and personally furnish drugs and 1959
therapeutic devices under a license issued under section 4723.42 1960
of the Revised Code. 1961

This section also establishes standards and conditions 1962
regarding the authority of a certified midwife to prescribe and 1963
personally furnish drugs and therapeutic devices under a license 1964
issued under section 4723.56 of the Revised Code. 1965

(A) A clinical nurse specialist, certified nurse-midwife, 1966

~~or~~-certified nurse practitioner, or certified midwife shall not
prescribe or furnish any drug or therapeutic device that is
listed on the exclusionary formulary established in rules
adopted under section 4723.50 of the Revised Code.

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

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

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

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

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

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

(a) A hospital as defined in section 3722.01 of the Revised Code;	1996 1997
(b) An entity owned or controlled, in whole or in part, by a hospital or by an entity that owns or controls, in whole or in part, one or more hospitals;	1998 1999 2000
(c) A health care facility operated by the department of mental health and addiction services or the department of developmental disabilities;	2001 2002 2003
(d) A nursing home licensed under section 3721.02 of the Revised Code or by a political subdivision certified under section 3721.09 of the Revised Code;	2004 2005 2006
(e) A county home or district home operated under Chapter 5155. of the Revised Code that is certified under the medicare or medicaid program;	2007 2008 2009
(f) A hospice care program, as defined in section 3712.01 of the Revised Code;	2010 2011
(g) A community mental health services provider, as defined in section 5122.01 of the Revised Code;	2012 2013
(h) An ambulatory surgical facility, as defined in section 3702.30 of the Revised Code;	2014 2015
(i) A freestanding birthing center, as defined in section 3701.503 of the Revised Code;	2016 2017
(j) A federally qualified health center, as defined in section 3701.047 of the Revised Code;	2018 2019
(k) A federally qualified health center look-alike, as defined in section 3701.047 of the Revised Code;	2020 2021
(l) A health care office or facility operated by the board	2022

of health of a city or general health district or the authority 2023
having the duties of a board of health under section 3709.05 of 2024
the Revised Code; 2025

(m) A site where a medical practice is operated, but only 2026
if the practice is comprised of one or more physicians who also 2027
are owners of the practice; the practice is organized to provide 2028
direct patient care; and the clinical nurse specialist, 2029
certified nurse-midwife, ~~or~~ certified nurse practitioner, or 2030
certified midwife providing services at the site has a standard 2031
care arrangement and collaborates with at least one of the 2032
physician owners who practices primarily at that site; 2033

(n) A site where a behavioral health practice is operated 2034
that does not qualify as a location otherwise described in 2035
division (C) (2) of this section, but only if the practice is 2036
organized to provide outpatient services for the treatment of 2037
mental health conditions, substance use disorders, or both, and 2038
the clinical nurse specialist, certified nurse-midwife, ~~or~~ 2039
certified nurse practitioner, or certified midwife providing 2040
services at the site of the practice has a standard care 2041
arrangement and collaborates with at least one physician who is 2042
employed by that practice; 2043

(o) A residential care facility, as defined in section 2044
3721.01 of the Revised Code. 2045

(3) A clinical nurse specialist, certified nurse-midwife, 2046
~~or~~ certified nurse practitioner, or certified midwife shall not 2047
issue to a patient a prescription for a schedule II controlled 2048
substance from a convenience care clinic even if the clinic is 2049
owned or operated by an entity specified in division (C) (2) of 2050
this section. 2051

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

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

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

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

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

(2) An epinephrine autoinjector personally furnished or 2081
prescribed under division (A) (1) of this section must be 2082
furnished or prescribed in such a manner that it may be 2083
administered only in a manufactured dosage form. 2084

(B) A nurse or certified midwife who acts in good faith in 2085
accordance with this section is not liable for or subject to any 2086
of the following for any action or omission of an entity to 2087
which an epinephrine autoinjector is furnished or a prescription 2088
is issued: damages in any civil action, prosecution in any 2089
criminal proceeding, or professional disciplinary action. 2090

Sec. 4723.487. (A) As used in this section: 2091

(1) "Drug database" means the database established and 2092
maintained by the state board of pharmacy pursuant to section 2093
4729.75 of the Revised Code. 2094

(2) "Opioid analgesic" and "benzodiazepine" have the same 2095
meanings as in section 3719.01 of the Revised Code. 2096

(B) Except as provided in divisions (C) and (E) of this 2097
section, an advanced practice registered nurse who is designated 2098
as a clinical nurse specialist, certified nurse-midwife, or 2099
certified nurse practitioner or a certified midwife shall comply 2100
with all of the following as conditions of prescribing a drug 2101
that is either an opioid analgesic or a benzodiazepine as part 2102
of a patient's course of treatment for a particular condition: 2103

(1) Before initially prescribing the drug, the advanced 2104
practice registered nurse or certified midwife or the advanced 2105
practice registered nurse's or certified midwife's delegate 2106
shall request from the drug database a report of information 2107
related to the patient that covers at least the twelve months 2108
immediately preceding the date of the request. If the advanced 2109

practice registered nurse or certified midwife practices 2110
primarily in a county of this state that adjoins another state, 2111
the advanced practice registered nurse or certified midwife or 2112
delegate also shall request a report of any information 2113
available in the drug database that pertains to prescriptions 2114
issued or drugs furnished to the patient in the state adjoining 2115
that county. 2116

(2) If the patient's course of treatment for the condition 2117
continues for more than ninety days after the initial report is 2118
requested, the advanced practice registered nurse or certified 2119
midwife or delegate shall make periodic requests for reports of 2120
information from the drug database until the course of treatment 2121
has ended. The requests shall be made at intervals not exceeding 2122
ninety days, determined according to the date the initial 2123
request was made. The request shall be made in the same manner 2124
provided in division (B)(1) of this section for requesting the 2125
initial report of information from the drug database. 2126

(3) On receipt of a report under division (B)(1) or (2) of 2127
this section, the advanced practice registered nurse or 2128
certified midwife shall assess the information in the report. 2129
The advanced practice registered nurse or certified midwife 2130
shall document in the patient's record that the report was 2131
received and the information was assessed. 2132

(C) Division (B) of this section does not apply ~~if~~ in any 2133
of the following circumstances: 2134

(1) A drug database report regarding the patient is not 2135
available, in which case the advanced practice registered nurse 2136
or certified midwife shall document in the patient's record the 2137
reason that the report is not available. 2138

(2) The drug is prescribed in an amount indicated for a 2139
period not to exceed seven days. 2140

(3) The drug is prescribed for the treatment of cancer or 2141
another condition associated with cancer. 2142

(4) The drug is prescribed to a hospice patient in a 2143
hospice care program, as those terms are defined in section 2144
3712.01 of the Revised Code, or any other patient diagnosed as 2145
terminally ill. 2146

(5) The drug is prescribed for administration in a 2147
hospital, nursing home, or residential care facility. 2148

(D) The board of nursing may adopt rules, in accordance 2149
with Chapter 119. of the Revised Code, that establish standards 2150
and procedures to be followed by an advanced practice registered 2151
nurse or certified midwife regarding the review of patient 2152
information available through the drug database under division 2153
(A) (5) of section 4729.80 of the Revised Code. The rules shall 2154
be adopted in accordance with Chapter 119. of the Revised Code. 2155

(E) This section and any rules adopted under it do not 2156
apply if the state board of pharmacy no longer maintains the 2157
drug database. 2158

Sec. 4723.488. (A) Except as provided in division (B) of 2159
this section, in the case of a license holder who is seeking 2160
renewal of a license to practice nursing as an advanced practice 2161
registered nurse or a license to practice as a certified midwife 2162
and who prescribes opioid analgesics or benzodiazepines, as 2163
defined in section 3719.01 of the Revised Code, the holder shall 2164
certify to the board whether the holder has been granted access 2165
to the drug database established and maintained by the state 2166
board of pharmacy pursuant to section 4729.75 of the Revised 2167

Code. 2168

(B) The requirement in division (A) of this section does 2169
not apply if any of the following is the case: 2170

(1) The state board of pharmacy notifies the board of 2171
nursing pursuant to section 4729.861 of the Revised Code that 2172
the license holder has been restricted from obtaining further 2173
information from the drug database. 2174

(2) The state board of pharmacy no longer maintains the 2175
drug database. 2176

(3) The license holder does not practice ~~nursing as an~~ 2177
advanced practice registered nurse or certified midwife in this 2178
state. 2179

(C) If a license holder certifies to the board of nursing 2180
that the holder has been granted access to the drug database and 2181
the board finds through an audit or other means that the holder 2182
has not been granted access, the board may take action under 2183
section 4723.28 of the Revised Code. 2184

Sec. 4723.4810. (A) (1) Notwithstanding any conflicting 2185
provision of this chapter or rule adopted by the board of 2186
nursing, a clinical nurse specialist, certified nurse-midwife, 2187
~~or certified nurse practitioner, who holds a license to practice~~ 2188
~~nursing as an advanced practice registered nurse issued under~~ 2189
~~section 4723.42 of the Revised Code or certified midwife~~ may 2190
issue a prescription for or personally furnish a complete or 2191
partial supply of a drug to treat chlamydia, gonorrhea, or 2192
trichomoniasis, without having examined the individual for whom 2193
the drug is intended, if all of the following conditions are 2194
met: 2195

(a) The individual is a sexual partner of the nurse's or 2196

certified midwife's patient. 2197

(b) The patient has been diagnosed with chlamydia, 2198
gonorrhea, or trichomoniasis. 2199

(c) The patient reports to the nurse or certified midwife 2200
that the individual is unable or unlikely to be evaluated or 2201
treated by a health professional. 2202

(2) A prescription issued under this section shall include 2203
the individual's name and address, if known. If the nurse or 2204
certified midwife is unable to obtain the individual's name and 2205
address, the prescription shall include the patient's name and 2206
address and the words "expedited partner therapy" or the letters 2207
"EPT." 2208

(3) A nurse or certified midwife may prescribe or 2209
personally furnish a drug under this section for not more than a 2210
total of two individuals who are sexual partners of the nurse's_ 2211
or certified midwife's patient. 2212

(B) For each drug prescribed or personally furnished under 2213
this section, the nurse or certified midwife shall do all of the 2214
following: 2215

(1) Provide the patient with information concerning the 2216
drug for the purpose of sharing the information with the 2217
individual, including directions for use of the drug and any 2218
side effects, adverse reactions, or known contraindications 2219
associated with the drug; 2220

(2) Recommend to the patient that the individual seek 2221
treatment from a health professional; 2222

(3) Document all of the following in the patient's record: 2223

(a) The name of the drug prescribed or furnished and its 2224

dosage; 2225

(b) That information concerning the drug was provided to 2226
the patient for the purpose of sharing the information with the 2227
individual; 2228

(c) If known, any adverse reactions the individual 2229
experiences from treatment with the drug. 2230

(C) A nurse or certified midwife who prescribes or 2231
personally furnishes a drug under this section may contact the 2232
individual for whom the drug is intended. 2233

(1) If the nurse or certified midwife contacts the 2234
individual, the nurse or certified midwife shall do all of the 2235
following: 2236

(a) Inform the individual that the individual may have 2237
been exposed to chlamydia, gonorrhea, or trichomoniasis; 2238

(b) Encourage the individual to seek treatment from a 2239
health professional; 2240

(c) Explain the treatment options available to the 2241
individual, including treatment with a prescription drug, 2242
directions for use of the drug, and any side effects, adverse 2243
reactions, or known contraindications associated with the drug; 2244

(d) Document in the patient's record that the nurse or 2245
certified midwife contacted the individual. 2246

(2) If the nurse or certified midwife does not contact the 2247
individual, the nurse or certified midwife shall document that 2248
fact in the patient's record. 2249

(D) A nurse or certified midwife who in good faith 2250
prescribes or personally furnishes a drug under this section is 2251

not liable for or subject to any of the following: 2252

(1) Damages in any civil action; 2253

(2) Prosecution in any criminal proceeding; 2254

(3) Professional disciplinary action. 2255

Sec. 4723.4811. (A) (1) Subject to division (A) (2) of this 2256
section, and notwithstanding any provision of this chapter or 2257
rule adopted by the board of nursing, a clinical nurse 2258
specialist, certified nurse-midwife, ~~or~~ certified nurse 2259
~~practitioner licensed as an advanced practice registered nurse~~ 2260
~~under Chapter 4723. of the Revised Code,~~ or certified midwife 2261
may do either of the following without having examined an 2262
individual to whom glucagon may be administered: 2263

(a) Personally furnish a supply of injectable or nasally 2264
administered glucagon for use in accordance with sections 2265
3313.7115, 3313.7116, 3314.147, 3326.60, 3328.38, and 5180.262 2266
of the Revised Code; 2267

(b) Issue a prescription for injectable or nasally 2268
administered glucagon for use in accordance with sections 2269
3313.7115, 3313.7116, 3314.147, 3326.60, 3328.38, and 5180.262 2270
of the Revised Code. 2271

(2) Injectable or nasally administered glucagon personally 2272
furnished or prescribed under division (A) (1) of this section 2273
must be furnished or prescribed in such a manner that it may be 2274
administered only in a manufactured dosage form. 2275

(B) A nurse or certified midwife who acts in good faith in 2276
accordance with this section is not liable for or subject to any 2277
of the following for any action or omission of an entity to 2278
which injectable or nasally administered glucagon is furnished 2279

or a prescription is issued: damages in any civil action, 2280
prosecution in any criminal proceeding, or professional 2281
disciplinary action. 2282

Sec. 4723.50. (A) As used in this section: 2283

(1) "Controlled substance" has the same meaning as in 2284
section 3719.01 of the Revised Code. 2285

(2) "Medication-assisted treatment" has the same meaning 2286
as in section 340.01 of the Revised Code. 2287

(B) In accordance with Chapter 119. of the Revised Code, 2288
the board of nursing shall adopt rules as necessary to implement 2289
the provisions of this chapter pertaining to the authority of 2290
~~advanced practice registered nurses who are designated as~~ 2291
clinical nurse specialists, certified nurse-midwives, ~~and~~ 2292
certified nurse practitioners, and certified midwives to 2293
prescribe and furnish drugs and therapeutic devices. 2294

The board shall adopt rules establishing an exclusionary 2295
formulary. The exclusionary formulary shall permit, in a manner 2296
consistent with section 4723.481 of the Revised Code, the 2297
prescribing of controlled substances, including drugs that 2298
contain buprenorphine used in medication-assisted treatment and 2299
both oral and long-acting opioid antagonists. The formulary 2300
shall not permit the prescribing or furnishing of any of the 2301
following: 2302

(1) A drug or device to perform or induce an abortion; 2303

(2) A drug or device prohibited by federal or state law. 2304

(C) In addition to the rules described in division (B) of 2305
this section, the board shall adopt rules under this section 2306
that do the following: 2307

(1) Establish standards for board approval of the course 2308
of study in advanced pharmacology and related topics required by 2309
~~section~~ sections 4723.482 and 4723.551 of the Revised Code; 2310

(2) Establish requirements for board approval of the two- 2311
hour course of instruction in the laws of this state as required 2312
under division (C) (1) of section 4723.482 of the Revised Code; 2313

(3) Establish criteria for the components of the standard 2314
care arrangements described in section 4723.431 of the Revised 2315
Code that apply to the authority to prescribe, including the 2316
components that apply to the authority to prescribe schedule II 2317
controlled substances. The rules shall be consistent with that 2318
section and include all of the following: 2319

(a) Quality assurance standards; 2320

(b) Standards for periodic review by a collaborating 2321
physician or podiatrist of the records of patients treated by 2322
the clinical nurse specialist, certified nurse-midwife, ~~or~~ 2323
certified nurse practitioner, or certified midwife; 2324

(c) Acceptable travel time between the location at which 2325
the clinical nurse specialist, certified nurse-midwife, ~~or~~ 2326
certified nurse practitioner, or certified midwife is engaging 2327
in the prescribing components of the nurse's practice and the 2328
location of the nurse's or certified midwife's collaborating 2329
physician or podiatrist. 2330

Sec. 4723.53. As used in sections 4723.43 and 4723.53 to 2331
4723.60 of the Revised Code: 2332

(A) "Accreditation commission for midwifery education" 2333
means the organization known by that name or its successor 2334
organization. 2335

(B) "American college of nurse-midwives" means the 2336
organization known by that name or its successor organization. 2337

(C) "American midwifery certification board" means the 2338
organization known by that name or its successor organization. 2339

Sec. 4723.54. (A) Except as provided in division (B) of 2340
this section, no individual shall knowingly practice as a 2341
certified midwife unless the individual holds a current, valid 2342
license to practice as a certified midwife issued under section 2343
4723.56 of the Revised Code. 2344

(B) Division (A) of this section does not apply to any of 2345
the following: 2346

(1) A physician authorized under Chapter 4731. of the 2347
Revised Code to practice medicine and surgery, osteopathic 2348
medicine and surgery, or podiatric medicine and surgery; 2349

(2) A physician assistant authorized under Chapter 4730. 2350
of the Revised Code to practice as a physician assistant; 2351

(3) A registered nurse, advanced practice registered 2352
nurse, or licensed practical nurse authorized under this chapter 2353
to practice nursing as a registered nurse, advanced practice 2354
registered nurse, or licensed practical nurse; 2355

(4) A licensed midwife; 2356

(5) A traditional midwife; 2357

(6) A student who is participating in a midwifery 2358
education program accredited by the accreditation commission for 2359
midwifery education and who provides midwifery services under 2360
the auspices of the program and under the supervision of a 2361
certified midwife serving for the program as a faculty member, 2362
instructor, teaching assistant, or preceptor. 2363

Sec. 4723.55. (A) An individual seeking a license to 2364
practice as a certified midwife shall file with the board of 2365
nursing an application in a manner prescribed by the board. The 2366
application shall include all the information the board 2367
considers necessary to process the application, including 2368
evidence satisfactory to the board that the applicant meets the 2369
requirements specified in division (B) of this section. 2370

(B) To be eligible to receive a license to practice as a 2371
certified midwife, an applicant shall demonstrate to the board 2372
that the applicant meets all of the following requirements: 2373

(1) Is at least eighteen years of age; 2374

(2) Has attained a master's degree or higher; 2375

(3) Has graduated from a midwifery education program 2376
accredited by the accreditation commission for midwifery 2377
education; 2378

(4) Is certified by the American midwifery certification 2379
board; 2380

(5) Is certified in neonatal and adult cardiopulmonary 2381
resuscitation; 2382

(6) Has successfully completed the course of study in 2383
advanced pharmacology required by section 4723.551 of the 2384
Revised Code. 2385

(C) The board shall review all applications received under 2386
this section. After receiving an application it considers 2387
complete, the board shall determine whether the applicant meets 2388
the requirements for a license to practice as a certified 2389
midwife. 2390

Sec. 4723.551. (A) An applicant for a license to practice 2391

as a certified midwife shall include with the application 2392
submitted under section 4723.55 of the Revised Code evidence of 2393
successfully completing the course of study in advanced 2394
pharmacology and related topics in accordance with the 2395
requirements specified in division (B) of this section. 2396

(B) With respect to the course of study in advanced 2397
pharmacology and related topics, all of the following 2398
requirements apply: 2399

(1) The course of study shall be completed not more than 2400
five years before the application is filed. 2401

(2) The course of study shall include at least forty-five 2402
contact hours. 2403

(3) The course of study shall meet the requirements to be 2404
approved by the board in accordance with standards established 2405
in rules adopted under section 4723.50 of the Revised Code. 2406

(4) The content of the course of study shall be specific 2407
to midwifery. 2408

(5) The instruction provided in the course of study shall 2409
include all of the following: 2410

(a) A minimum of thirty-six contact hours of instruction 2411
in advanced pharmacology that includes pharmacokinetic 2412
principles and clinical application and the use of drugs and 2413
therapeutic devices in the prevention of illness and maintenance 2414
of health; 2415

(b) Instruction in the fiscal and ethical implications of 2416
prescribing drugs and therapeutic devices; 2417

(c) Instruction in the state and federal laws that apply 2418
to the authority to prescribe; 2419

<u>(d) Instruction that is specific to schedule II controlled</u>	2420
<u>substances, including instruction in all of the following:</u>	2421
<u>(i) Indications for the use of schedule II controlled</u>	2422
<u>substances in drug therapies;</u>	2423
<u>(ii) The most recent guidelines for pain management</u>	2424
<u>therapies, as established by state and national organizations</u>	2425
<u>such as the Ohio pain initiative and the American pain society;</u>	2426
<u>(iii) Fiscal and ethical implications of prescribing</u>	2427
<u>schedule II controlled substances;</u>	2428
<u>(iv) State and federal laws that apply to the authority to</u>	2429
<u>prescribe schedule II controlled substances;</u>	2430
<u>(v) Prevention of abuse and diversion of schedule II</u>	2431
<u>controlled substances, including identification of the risk of</u>	2432
<u>abuse and diversion, recognition of abuse and diversion, types</u>	2433
<u>of assistance available for prevention of abuse and diversion,</u>	2434
<u>and methods of establishing safeguards against abuse and</u>	2435
<u>diversion.</u>	2436
<u>Sec. 4723.56. (A) If the board of nursing determines under</u>	2437
<u>section 4723.55 of the Revised Code that an applicant meets the</u>	2438
<u>requirements for a license to practice as a certified midwife,</u>	2439
<u>the secretary of the board shall issue the license to the</u>	2440
<u>applicant.</u>	2441
<u>(B) Each license shall be valid for a two-year period</u>	2442
<u>unless revoked or suspended, shall expire on the date that is</u>	2443
<u>two years after the date of issuance, and may be renewed for</u>	2444
<u>additional two-year periods in accordance with rules adopted</u>	2445
<u>under section 4723.59 of the Revised Code.</u>	2446
<u>(C) To renew a license to practice as a certified midwife,</u>	2447

an applicant for renewal shall demonstrate both of the following 2448
to the board: 2449

(1) That the applicant has maintained certification in 2450
neonatal and adult cardiopulmonary resuscitation; 2451

(2) That the applicant has satisfied the continuing 2452
education requirements of the American midwifery certification 2453
board. 2454

Sec. 4723.57. (A) An individual who holds a current, valid 2455
license to practice as a certified midwife may, in collaboration 2456
with one or more physicians, engage in one or more of the 2457
following activities: 2458

(1) Providing primary health care services for women from 2459
adolescence and beyond menopause, including the independent 2460
provision of gynecologic and family planning services, 2461
preconception care, and care during pregnancy, childbirth, and 2462
the postpartum period; 2463

(2) Attending births in hospitals, homes, medical offices, 2464
and freestanding birthing centers; 2465

(3) Providing care for normal newborns during the period 2466
consistent with the scope of practice for certified nurse- 2467
midwives established by the American college of nurse-midwives; 2468

(4) Providing initial and ongoing comprehensive 2469
assessment, diagnosis, and treatment; 2470

(5) Conducting physical examinations; 2471

(6) Ordering and interpreting laboratory and diagnostic 2472
tests; 2473

(7) Administering medications, treatments, and executing 2474

regimens authorized by an individual who is authorized to 2475
practice in this state and is acting within the course of the 2476
individual's professional practice; 2477

(8) Providing care that includes health promotion, disease 2478
prevention, and individualized wellness education and 2479
counseling. 2480

(B) When engaging in any of the activities permitted under 2481
this section, a certified midwife shall maintain appropriate 2482
medical records regarding patient history, treatment, and 2483
outcomes. 2484

Sec. 4723.58. (A) This section establishes the process by 2485
which a certified nurse-midwife or certified midwife obtains a 2486
patient's consent to treatment authorized by section 4723.43 or 2487
4723.57 of the Revised Code, but only when the certified nurse- 2488
midwife or certified midwife seeks to provide the treatment in a 2489
setting other than a hospital or facility. 2490

(B) The following information shall be exchanged in 2491
writing between a certified nurse-midwife or certified midwife 2492
and patient when obtaining consent to treatment as described in 2493
division (A) of this section: 2494

(1) The name and license number of the certified nurse- 2495
midwife or certified midwife; 2496

(2) The patient's name, address, telephone number, and 2497
primary care provider, if the patient has one; 2498

(3) A description of the certified nurse-midwife's or 2499
certified midwife's education, training, and experience in 2500
nurse-midwifery or midwifery; 2501

(4) The certified nurse-midwife's or certified midwife's 2502

practice philosophy; 2503

(5) A promise to provide the patient, upon request, with 2504
separate documents describing the rules governing the practice 2505
of a certified nurse-midwife or certified midwife, including a 2506
list of conditions indicating the need for consultation, 2507
referral, transfer, or mandatory transfer and the certified 2508
nurse-midwife's or certified midwife's personal written practice 2509
guidelines; 2510

(6) A written plan for medical consultation and transfer 2511
of care; 2512

(7) A description of any hospital care and procedures that 2513
may be necessary in the event of an emergency transfer or care; 2514

(8) A description of the services provided to the patient 2515
by the certified nurse-midwife or certified midwife; 2516

(9) That the certified nurse-midwife or certified midwife 2517
holds a current, valid license to practice issued under this 2518
chapter; 2519

(10) The availability of a grievance process; 2520

(11) Whether the certified nurse-midwife or certified 2521
midwife is covered by professional liability insurance; 2522

(12) Any other information required in rules adopted by 2523
the board. 2524

(C) Once the required information has been exchanged and 2525
if the patient consents to treatment, the patient and certified 2526
nurse-midwife or certified midwife shall sign a written document 2527
to indicate as such. The certified nurse-midwife or certified 2528
midwife shall retain a copy of the document for at least four 2529
years from the date on which the document was signed. 2530

Sec. 4723.581. (A) The board of nursing shall adopt rules 2531
establishing the circumstances in which a certified nurse- 2532
midwife or certified midwife shall be prohibited from attending 2533
a home birth, which may include a high-risk pregnancy. In 2534
adopting the rules, the board shall allow a certified nurse- 2535
midwife or certified midwife to attend any of the following as a 2536
home birth only if the conditions described in division (B) of 2537
this section are satisfied: a vaginal birth after cesarean, 2538
birth of twins, or breech birth. 2539

(B) In the event of a home birth described in division (A) 2540
of this section, a certified nurse-midwife or certified midwife 2541
may attend the birth only if all of the following conditions are 2542
satisfied: 2543

(1) In addition to the informed consent required under 2544
section 4723.58 of the Revised Code, the certified nurse-midwife 2545
or certified midwife obtains the patient's written informed 2546
consent for the vaginal birth after cesarean, birth of twins, or 2547
breech birth, including a description of risks associated with 2548
the procedure. 2549

(2) The certified nurse-midwife or certified midwife 2550
consults with a physician about the patient and together with 2551
the physician determines whether referral is appropriate for the 2552
patient. 2553

If a referral is determined to be appropriate and the 2554
patient consents to the referral, the certified nurse-midwife or 2555
certified midwife shall refer the patient to the physician. If 2556
the patient refuses the referral, the certified nurse-midwife or 2557
certified midwife shall document the refusal and may continue to 2558
provide care to the patient, including attending the vaginal 2559
birth after cesarean, birth of twins, or breech birth at home. 2560

(3) The certified nurse-midwife or certified midwife 2561
satisfies any other conditions required in rules adopted by the 2562
board of nursing. 2563

(C) In adopting rules under this section, the board of 2564
nursing shall do both of the following: 2565

(1) Consider any relevant peer-reviewed medical 2566
literature; 2567

(2) Specify the content and format of the document to be 2568
used when obtaining informed consent as described in this 2569
section. 2570

Sec. 4723.582. (A) As used in this section and section 2571
4723.583 of the Revised Code, "emergency medical service," 2572
"emergency medical service personnel," and "emergency medical 2573
service organization" have the same meanings as in section 2574
4765.01 of the Revised Code. 2575

(B) For any pregnancy or childbirth in which a certified 2576
nurse-midwife or certified midwife provides care and a home 2577
birth is planned, both of the following apply: 2578

(1) The certified nurse-midwife or certified midwife shall 2579
create an individualized transfer of care plan with each 2580
patient. 2581

(2) The certified nurse-midwife or certified midwife shall 2582
assess the status of the patient, fetus, and newborn throughout 2583
the maternity care cycle and shall determine when or if a 2584
transfer to a hospital is necessary. 2585

(C) Each individualized transfer of care plan shall 2586
contain all of the following: 2587

(1) The name and location of geographically adjacent 2588

<u>hospitals that are appropriately equipped to provide emergency</u>	2589
<u>care, obstetrical care, and newborn care;</u>	2590
<u>(2) The approximate travel time to each hospital;</u>	2591
<u>(3) A list of the modes of transport services available,</u>	2592
<u>including an emergency medical service organization available by</u>	2593
<u>calling 9-1-1;</u>	2594
<u>(4) The requirements for activating each mode of</u>	2595
<u>transportation;</u>	2596
<u>(5) The mechanism by which medical records and other</u>	2597
<u>information concerning the patient may be rapidly transmitted to</u>	2598
<u>each hospital;</u>	2599
<u>(6) Confirmation that the certified nurse-midwife or</u>	2600
<u>certified midwife has recommended that the patient pre-register</u>	2601
<u>with the hospital closest to the patient's home that is</u>	2602
<u>appropriately equipped to provide emergency care, obstetrical</u>	2603
<u>care, and newborn care;</u>	2604
<u>(7) Contact information for either a health care provider</u>	2605
<u>or practice group who has agreed in advance to accept patients</u>	2606
<u>in transfer, or a hospital's preferred method of accessing care</u>	2607
<u>by the hospital's designated provider on call;</u>	2608
<u>(8) Any other information required in rules adopted by the</u>	2609
<u>board of nursing.</u>	2610
<u>(D) When it becomes necessary to transfer a patient, a</u>	2611
<u>certified nurse-midwife or certified midwife shall notify the</u>	2612
<u>receiving provider or hospital of all of the following:</u>	2613
<u>(1) The incoming transfer;</u>	2614
<u>(2) The reason for the transfer;</u>	2615

<u>(3) A brief relevant clinical history;</u>	2616
<u>(4) The planned mode of transport;</u>	2617
<u>(5) The expected time of arrival;</u>	2618
<u>(6) Any other information required in rules adopted by the</u>	2619
<u>board.</u>	2620
<u>The certified nurse-midwife or certified midwife shall</u>	2621
<u>continue to provide routine or urgent care en route in</u>	2622
<u>coordination with any emergency medical services personnel or</u>	2623
<u>emergency medical service organization and shall address the</u>	2624
<u>psychosocial needs of the patient during the change of birth</u>	2625
<u>setting.</u>	2626
<u>(E) On arrival at the hospital, the certified nurse-</u>	2627
<u>midwife or certified midwife shall do all of the following:</u>	2628
<u>(1) Provide a verbal report that includes details on the</u>	2629
<u>patient's current health status and the need for urgent care;</u>	2630
<u>(2) Provide a legible copy of relevant prenatal and labor</u>	2631
<u>medical records;</u>	2632
<u>(3) Transfer clinical responsibility to the receiving</u>	2633
<u>provider or hospital;</u>	2634
<u>(4) Satisfy any other requirement established in rules</u>	2635
<u>adopted by the board of nursing.</u>	2636
<u>If the patient chooses, the certified nurse-midwife or</u>	2637
<u>certified midwife may remain at the hospital to provide</u>	2638
<u>continuous support. The certified nurse-midwife or certified</u>	2639
<u>midwife also may continue to provide midwifery services, but</u>	2640
<u>only if the hospital has granted the certified nurse-midwife or</u>	2641
<u>certified midwife clinical privileges. Whenever possible, the</u>	2642

patient and her newborn shall be together during the transfer 2643
and after admission to the hospital. 2644

Sec. 4723.583. Emergency medical service personnel or an 2645
emergency medical service organization, hospital, facility, 2646
physician, advanced practice registered nurse, or certified 2647
midwife that provides services or care following an adverse 2648
incident as defined in section 4723.584 of the Revised Code or 2649
during and after a transfer of care as described in section 2650
4723.582 of the Revised Code are not liable in damages in a tort 2651
or other civil action for injury or loss to person or property 2652
arising from the services or care, unless the services or care 2653
are provided in a manner that constitutes willful or wanton 2654
misconduct. 2655

Sec. 4723.584. (A) As used in this section, "adverse 2656
incident" means an incident over which a certified nurse-midwife 2657
or certified midwife could exercise control, that is associated 2658
with an attempted or completed birth in a setting or facility 2659
other than a hospital, and that results in one or more of the 2660
following injuries or conditions: 2661

(1) A maternal death that occurs during delivery or within 2662
forty-two days after delivery; 2663

(2) The transfer of a maternal patient to a hospital 2664
intensive care unit; 2665

(3) A maternal patient experiencing hemorrhagic shock or 2666
requiring a transfusion of more than two units of blood or blood 2667
products; 2668

(4) A fetal or newborn death, including a stillbirth, 2669
associated with an obstetrical delivery; 2670

(5) A transfer of a newborn to a neonatal intensive care 2671

unit due to a traumatic physical or neurological birth injury, 2672
including any degree of a brachial plexus injury; 2673

(6) A transfer of a newborn to a neonatal intensive care 2674
unit within the first seventy-two hours after birth if the 2675
newborn remains in such unit for more than seventy-two hours; 2676

(7) Any other condition as determined by the board of 2677
nursing in rules adopted under section 4723.07 or 4723.59 of the 2678
Revised Code. 2679

(B) Beginning July 1, 2027, a certified nurse-midwife or 2680
certified midwife who attends a birth planned for a facility or 2681
setting other than a hospital must report any adverse incident, 2682
along with a medical summary of events, to both of the following 2683
within fifteen days after the adverse incident occurs: 2684

(1) The department of health; 2685

(2) The Ohio perinatal quality collaborative. 2686

(C) Beginning July 1, 2027, each certified nurse-midwife 2687
or certified midwife shall report annually to the department of 2688
health the following information regarding cases in which the 2689
midwife provided services when the intended place of birth at 2690
the onset of care was in a facility or setting other than a 2691
hospital: 2692

(1) The total number of patients provided nurse-midwifery 2693
or certified midwifery services at the onset of care; 2694

(2) The number of live births attended; 2695

(3) The number of cases of fetal demise, newborn deaths, 2696
and maternal deaths attended as a certified nurse-midwife or 2697
certified midwife at the discovery of the demise or death; 2698

(4) The number, reason for, and outcome of each transport 2699
of a patient in the antepartum, intrapartum period, or immediate 2700
postpartum period; 2701

(5) A brief description of any complications resulting in 2702
the morbidity or mortality of a maternal patient or a newborn; 2703

(6) The planned delivery setting and the actual setting; 2704

(7) Any other information required in rules adopted by the 2705
department. 2706

(D) The department shall adopt rules to implement this 2707
section and shall develop a form to be used for the reporting 2708
required under divisions (B) and (C) of this section. 2709

Sec. 4723.59. (A) In addition to the rules described in 2710
section 4723.07 of the Revised Code, the board of nursing shall 2711
adopt rules establishing standards and procedures for the 2712
licensure and regulation of certified midwives, including those 2713
establishing license application and renewal procedures. The 2714
rules shall be adopted in accordance with Chapter 119. of the 2715
Revised Code. 2716

(B) The board also may adopt, in accordance with Chapter 2717
119. of the Revised Code, any other rules it considers necessary 2718
to implement and administer sections 4723.53 to 4723.60 of the 2719
Revised Code. The rules may require the completion of a criminal 2720
records check and, in the case of a license to practice as a 2721
certified midwife issued by another jurisdiction, may provide 2722
for licensure by endorsement. 2723

Sec. 4723.60. Sections 4723.53 to 4723.59 of the Revised 2724
Code do not abridge, change, or limit in any way the right of a 2725
parent to deliver the parent's baby where, when, how, and with 2726
whom the parent chooses, regardless of the licensure 2727

requirements established in those sections. 2728

Sec. 4723.91. On receipt of a notice pursuant to section 2729
3123.43 of the Revised Code, the board of nursing shall comply 2730
with sections 3123.41 to 3123.50 of the Revised Code and any 2731
applicable rules adopted under section 3123.63 of the Revised 2732
Code with respect to a nursing license, certified midwife 2733
license, medication aide certificate, dialysis technician 2734
certificate, or community health worker certificate issued 2735
pursuant to this chapter. 2736

Sec. 4723.99. (A) Except as provided in division (B) or 2737
(C) of this section, whoever violates section 4723.03, 4723.44, 2738
4723.54, 4723.653, or 4723.73 of the Revised Code is guilty of a 2739
felony of the fifth degree on a first offense and a felony of 2740
the fourth degree on each subsequent offense. 2741

(B) Each of the following is guilty of a minor 2742
misdemeanor: 2743

(1) A registered nurse, advanced practice registered 2744
nurse, or licensed practical nurse who violates division (A), 2745
(B), (C), or (D) of section 4723.03 of the Revised Code by 2746
reason of a license to practice nursing that has lapsed for 2747
failure to renew or by practicing nursing after a license has 2748
been classified as inactive; 2749

(2) A medication aide who violates section 4723.653 of the 2750
Revised Code by reason of a medication aide certificate that has 2751
lapsed for failure to renew or by administering medication as a 2752
medication aide after a certificate has been classified as 2753
inactive. 2754

(C) Whoever violates division (H) of section 4723.03 of 2755
the Revised Code is guilty of a misdemeanor of the first degree. 2756

Sec. 4724.01. As used in this chapter:

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

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

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

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

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

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

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

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

Sec. 4724.02. (A) Except as provided in division (B) of this section, no individual shall knowingly practice as a

licensed midwife unless the individual holds a current, valid 2785
license to practice issued under section 4724.04 of the Revised 2786
Code. 2787

(B) Division (A) of this section does not apply to any of 2788
the following: 2789

(1) A physician; 2790

(2) A physician assistant authorized under Chapter 4730. 2791
of the Revised Code to practice as a physician assistant; 2792

(3) A registered nurse, advanced practice registered 2793
nurse, or licensed practical nurse authorized under Chapter 2794
4723. of the Revised Code to practice nursing as a registered 2795
nurse, advanced practice registered nurse, or licensed practical 2796
nurse; 2797

(4) A certified midwife authorized under Chapter 4723. of 2798
the Revised Code to practice as a certified midwife; 2799

(5) A student who is participating in a professional 2800
midwifery education program and who provides midwifery services 2801
under the auspices of the program and under the supervision of a 2802
licensed midwife serving for the program as a faculty member, 2803
instructor, teaching assistant, or preceptor; 2804

(6) An individual who is participating in a professional 2805
midwifery apprenticeship and who provides midwifery services as 2806
part of the apprenticeship program and under the supervision of 2807
a licensed midwife serving for the program as an instructor, 2808
teaching assistant, or preceptor; 2809

(7) An individual who provides midwifery services without 2810
a license while engaging in good faith in the practice of the 2811
religious tenets of any church or in any religious act; 2812

(8) An individual who is not engaged in the practice of 2813
the religious tenets of any church or in any religious act but 2814
who provides midwifery services without a license to others 2815
engaging in good faith in the practice of the religious tenets 2816
of any church or in any religious act; 2817

(9) An individual who is a member of a Native American 2818
community and provides midwifery services without a license to 2819
another member of the community; 2820

(10) A traditional midwife; 2821

(11) An individual who is participating in a midwifery 2822
apprenticeship under the supervision of a traditional midwife 2823
and who provides midwifery services as part of the 2824
apprenticeship program under the supervision of a traditional 2825
midwife; 2826

(12) A certified professional midwife or certified 2827
international midwife, but only if the certified professional 2828
midwife or certified international midwife does not, as a part 2829
of the midwife's practice, obtain or administer drugs or perform 2830
surgical suturing. 2831

(C) No individual shall knowingly use the title "licensed 2832
midwife" or any other title implying that the individual is a 2833
licensed midwife unless the individual holds a current, valid 2834
license to practice issued under section 4724.04 of the Revised 2835
Code. 2836

Sec. 4724.03. (A) An individual seeking a license to 2837
practice as a licensed midwife shall file with the department of 2838
commerce an application in a manner prescribed by the 2839
department. The application shall include all the information 2840
the department considers necessary to process the application, 2841

including evidence satisfactory to the department that the 2842
applicant meets the requirements specified in division (B) (1) or 2843
(2) of this section. 2844

(B) (1) To be eligible to receive a license to practice as 2845
a licensed midwife, an applicant shall demonstrate to the 2846
department that the applicant meets all of the following 2847
requirements: 2848

(a) Is at least eighteen years of age; 2849

(b) Has attained a high school degree or equivalent; 2850

(c) Is certified by the north American registry of 2851
midwives, international registry of midwives, or another 2852
certifying organization approved by the department in rules 2853
adopted under section 4724.11 of the Revised Code; 2854

(d) Is certified in neonatal and adult cardiopulmonary 2855
resuscitation; 2856

(e) Has successfully completed a course of study in breech 2857
births approved by the department in rules adopted under section 2858
4724.11 of the Revised Code; 2859

(f) Has successfully completed a course of study in 2860
pharmacology approved by the department in rules adopted under 2861
section 4724.11 of the Revised Code. 2862

(2) In lieu of meeting the requirements described in 2863
division (B) (1) (c) of this section, an applicant may demonstrate 2864
either of the following: 2865

(a) That the applicant holds a current, valid license to 2866
practice as a licensed midwife issued by another state and the 2867
department has determined that the other state's requirements 2868
for licensure are substantially similar to those described in 2869

division (B) (1) of this section; 2870

(b) That the applicant is certified by the north American 2871
registry of midwives and holds a midwifery bridge certificate. 2872

(C) The department shall review all applications received 2873
under this section. After receiving an application it considers 2874
complete, the department shall determine whether the applicant 2875
meets the requirements for a license to practice as a licensed 2876
midwife. 2877

Sec. 4724.04. (A) If the department of commerce determines 2878
under section 4724.03 of the Revised Code that an applicant 2879
meets the requirements for a license to practice as a licensed 2880
midwife, the department shall issue the license to the 2881
applicant. 2882

(B) Each license shall be valid for a two-year period 2883
unless revoked or suspended, shall expire on the date that is 2884
two years after the date of issuance, and may be renewed for 2885
additional two-year periods in accordance with rules adopted 2886
under section 4724.11 of the Revised Code. 2887

(C) To renew a license to practice as a licensed midwife, 2888
an applicant for renewal shall demonstrate both of the following 2889
to the department: 2890

(1) That the applicant has maintained certification in 2891
neonatal and adult cardiopulmonary resuscitation; 2892

(2) That the applicant has maintained certification with 2893
the north American registry of midwives, international registry 2894
of midwives, or another certifying organization approved by the 2895
department in rules adopted under section 4724.11 of the Revised 2896
Code. 2897

(D) In the event a license issued under this section is 2898
not renewed and is therefore expired or inactive, the department 2899
shall reinstate or restore the license if the individual seeking 2900
reinstatement or restoration satisfies the conditions specified 2901
in rules adopted under section 4724.11 of the Revised Code. 2902

Sec. 4724.05. (A) An individual who holds a current, valid 2903
license to practice as a licensed midwife may engage in one or 2904
more of the following activities during the antepartum, 2905
intrapartum, postpartum, and newborn period as part of the scope 2906
of practice for a licensed midwife: 2907

(1) Offering care, education, counseling, and support to 2908
women and newborns during pregnancy, birth, and the postpartum 2909
period; 2910

(2) Attending births in hospitals, homes, medical offices, 2911
and freestanding birthing centers; 2912

(3) Providing ongoing and routine prenatal care throughout 2913
pregnancy and hands on care during labor, birth, and the 2914
immediate postpartum period; 2915

(4) Providing maternal and newborn assessment for the six- 2916
to eight-week period following delivery; 2917

(5) Providing initial and ongoing comprehensive 2918
assessment, diagnosis, and treatment; 2919

(6) Recognizing abnormal or dangerous conditions requiring 2920
consultations with or referrals to other licensed health care 2921
professionals; 2922

(7) Conducting maternal and newborn physical examinations; 2923

(8) Ordering and interpreting laboratory and diagnostic 2924
tests without a physician's order. 2925

(B) An individual who holds a current, valid license to 2926
practice as a licensed midwife shall not engage in any of the 2927
following activities: 2928

(1) Administering cytotec or oxytocics, including pitocin 2929
and methergine, except when indicated during the postpartum 2930
period; 2931

(2) Using forceps or vacuum extraction to assist with 2932
birth; 2933

(3) Performing any operative procedures or surgical 2934
repairs other than the following: artificial rupture of 2935
membranes; episiotomies; first or second degree perineal, 2936
vaginal, or labial repairs; clamping or cutting the umbilical 2937
cord; or frenotomies. 2938

(C) For the purpose of engaging in one or more of the 2939
activities permitted under division (A) of this section, the 2940
scope of practice for a licensed midwife shall include the 2941
ability to purchase, obtain, possess, and administer the 2942
following: 2943

(1) Subject to division (B) of this section, an 2944
antihemorrhagic agent or device, including tranexamic acid, 2945
pitocin, oxytocin, misoprostol, and methergine; 2946

(2) Intravenous fluids to stabilize the laboring or 2947
postpartum patient or as necessary to administer another drug 2948
authorized by this division; 2949

(3) Neonatal injectable vitamin K; 2950

(4) Newborn antibiotic eye prophylaxis; 2951

(5) Oxygen; 2952

<u>(6) Intravenous antibiotics for group B streptococcal</u>	2953
<u>prophylaxis;</u>	2954
<u>(7) Rho (D) immune globulin;</u>	2955
<u>(8) Local anesthesia;</u>	2956
<u>(9) Epinephrine, but only to address an adverse reaction</u>	2957
<u>to a medication;</u>	2958
<u>(10) A drug prescribed for the patient by a prescriber.</u>	2959
<u>A licensed midwife also may obtain, without a physician's</u>	2960
<u>order, one or more supplies necessary to administer any of the</u>	2961
<u>drugs described in division (C) of this section.</u>	2962
<u>(D) This section does not authorize a licensed midwife to</u>	2963
<u>prescribe, personally furnish, obtain, or administer either of</u>	2964
<u>the following:</u>	2965
<u>(1) Any controlled substance as defined in section 3719.01</u>	2966
<u>of the Revised Code;</u>	2967
<u>(2) A drug or device to perform or induce an abortion.</u>	2968
<u>(E) When engaging in any of the activities permitted under</u>	2969
<u>this section, a licensed midwife shall maintain appropriate</u>	2970
<u>medical records regarding patient history, treatment, and</u>	2971
<u>outcomes.</u>	2972
<u>Sec. 4724.06. The department of commerce shall limit,</u>	2973
<u>revoke, or suspend an individual's license to practice as a</u>	2974
<u>licensed midwife, refuse to issue a license to an applicant,</u>	2975
<u>refuse to renew a license, refuse to reinstate or restore a</u>	2976
<u>license, or reprimand or place on probation the holder of a</u>	2977
<u>license for any of the reasons specified in rules adopted under</u>	2978
<u>section 4724.11 of the Revised Code.</u>	2979

Sec. 4724.07. (A) This section establishes the process by 2980
which a licensed midwife obtains a patient's consent to 2981
treatment authorized by section 4724.05 of the Revised Code, 2982
including attending a home birth or providing care during a 2983
high-risk pregnancy. 2984

(B) The following information shall be exchanged in 2985
writing between a licensed midwife and patient when obtaining 2986
consent to treatment as described in division (A) of this 2987
section: 2988

(1) The name and license number of the licensed midwife; 2989

(2) The patient's name, address, telephone number, and 2990
primary care provider, if the patient has one; 2991

(3) A description of the licensed midwife's education, 2992
training, and experience in midwifery; 2993

(4) The licensed midwife's practice philosophy; 2994

(5) A promise to provide the patient, upon request, with 2995
separate documents describing the rules governing the practice 2996
of midwifery, including a list of conditions indicating the need 2997
for consultation, referral, transfer, or mandatory transfer and 2998
the licensed midwife's personal written practice guidelines; 2999

(6) A written plan for medical consultation and transfer 3000
of care; 3001

(7) A description of any hospital care and procedures that 3002
may be necessary in the event of an emergency transfer or care; 3003

(8) A description of the services provided to the patient 3004
by the licensed midwife; 3005

(9) That the licensed midwife holds a current, valid 3006

license to practice issued under this chapter; 3007

(10) The availability of a grievance process; 3008

(11) Whether the licensed midwife is covered by 3009
professional liability insurance; 3010

(12) Any other information required in rules adopted by 3011
the department. 3012

(C) Once the required information has been exchanged and 3013
if the patient consents to treatment, the patient and licensed 3014
midwife shall sign a written document to indicate as such. The 3015
licensed midwife shall retain a copy of the document for at 3016
least four years from the date on which the document was signed. 3017

Sec. 4724.08. (A) The department of commerce shall adopt 3018
rules establishing the circumstances in which a licensed midwife 3019
shall be prohibited from attending a home birth, which may 3020
include a high-risk pregnancy. In adopting the rules, the 3021
department shall allow a licensed midwife to attend a vaginal 3022
birth after cesarean, birth of twins, or breech birth as a home 3023
birth if the conditions described in division (B) of this 3024
section are satisfied. 3025

(B) In the event of a home birth described in division (A) 3026
of this section, a licensed midwife may attend the birth only if 3027
all of the following conditions are satisfied: 3028

(1) In addition to the informed consent required under 3029
section 4724.07 of the Revised Code, the licensed midwife 3030
obtains the patient's written informed consent for the vaginal 3031
birth after cesarean, birth of twins, or breech birth, including 3032
a description of risks associated with the procedure. 3033

(2) The licensed midwife consults with a physician, 3034

certified nurse-midwife, or certified midwife about the patient 3035
and together with the physician or midwife determines whether 3036
referral is appropriate for the patient. If a referral is 3037
determined to be appropriate and the patient consents to the 3038
referral, the licensed midwife shall refer the patient to the 3039
physician or provider. If the patient refuses the referral, the 3040
licensed midwife shall document the refusal and may continue to 3041
provide care to the patient, including attending the vaginal 3042
birth after cesarean, birth of twins, or breech birth. 3043

(3) The licensed midwife satisfies any other conditions 3044
required in rules adopted by the department. 3045

(C) In adopting rules under this section, the department 3046
shall do both of the following: 3047

(1) Adhere to the recommendations of the licensed 3048
midwifery advisory council and any relevant peer-reviewed 3049
medical literature; 3050

(2) Specify the content and format of the document to be 3051
used when obtaining informed consent as described in this 3052
section. 3053

Sec. 4724.09. (A) As used in this section and section 3054
4724.10 of the Revised Code, "emergency medical service," 3055
"emergency medical service personnel," and "emergency medical 3056
service organization" have the same meanings as in section 3057
4765.01 of the Revised Code. 3058

(B) For any pregnancy or childbirth in which a licensed 3059
midwife provides care and a home birth is planned, both of the 3060
following apply: 3061

(1) The licensed midwife shall create an individualized 3062
transfer of care plan with each patient. 3063

(2) The licensed midwife shall assess the status of the 3064
patient, fetus, and newborn throughout the maternity care cycle 3065
and shall determine when or if a transfer to a hospital is 3066
necessary. 3067

(C) Each individualized transfer of care plan shall 3068
contain all of the following: 3069

(1) The name and location of geographically adjacent 3070
hospitals that are appropriately equipped to provide emergency 3071
care, obstetrical care, and newborn care; 3072

(2) The approximate travel time to each hospital; 3073

(3) A list of the modes of transport services available, 3074
including an emergency medical service organization available by 3075
calling 9-1-1; 3076

(4) The requirements for activating each mode of 3077
transportation; 3078

(5) The mechanism by which medical records and other 3079
information concerning the patient may be rapidly transmitted to 3080
each hospital; 3081

(6) Confirmation that the licensed midwife has recommended 3082
that the patient pre-register with the hospital closest to the 3083
patient's home that is appropriately equipped to provide 3084
emergency care, obstetrical care, and newborn care; 3085

(7) Contact information for either a health care provider 3086
or practice group who has agreed in advance to accept patients 3087
in transfer, or a hospital's preferred method of accessing care 3088
by the hospital's designated provider on call; 3089

(8) Any other information required in rules adopted by the 3090
department of commerce. 3091

(D) When it becomes necessary to transfer a patient, a 3092
licensed midwife shall notify the receiving provider or hospital 3093
of all of the following: 3094

(1) The incoming transfer; 3095

(2) The reason for the transfer; 3096

(3) A brief relevant clinical history; 3097

(4) The planned mode of transport; 3098

(5) The expected time of arrival; 3099

(6) Any other information required in rules adopted by the 3100
department. 3101

The licensed midwife may continue to provide routine or 3102
urgent care en route in coordination with any emergency medical 3103
services personnel or emergency medical service organization 3104
and, if continued care is provided, the licensed midwife shall 3105
address the psychosocial needs of the patient during the change 3106
of birth setting. 3107

(E) On arrival at the hospital, the licensed midwife shall 3108
do all of the following: 3109

(1) Provide a verbal report that includes details on the 3110
patient's current health status and the need for urgent care; 3111

(2) Provide a legible copy of relevant prenatal and labor 3112
medical records; 3113

(3) Transfer clinical responsibility to the receiving 3114
provider or hospital; 3115

(4) Satisfy any other requirement established in rules 3116
adopted by the department. 3117

If the patient chooses, the licensed midwife may remain at 3118
the hospital to provide continuous support. The licensed midwife 3119
also may continue to provide midwifery services, but only if the 3120
hospital has granted the licensed midwife clinical privileges. 3121
Whenever possible, the patient and her newborn shall be together 3122
during the transfer and after admission to the hospital. 3123

Sec. 4724.10. (A) As used in this section, "adverse 3124
incident" means an incident over which a licensed midwife could 3125
exercise control, that is associated with an attempted or 3126
completed birth in a setting or facility other than a hospital, 3127
and that results in one or more of the following injuries or 3128
conditions: 3129

(1) A maternal death that occurs during delivery or within 3130
forty-two days after delivery; 3131

(2) The transfer of a maternal patient to a hospital 3132
intensive care unit; 3133

(3) A maternal patient experiencing hemorrhagic shock or 3134
requiring a transfusion of more than two units of blood or blood 3135
products; 3136

(4) A fetal or neonatal death, including a stillbirth, 3137
associated with an obstetrical delivery; 3138

(5) A transfer of a newborn to a neonatal intensive care 3139
unit due to a traumatic physical or neurological birth injury, 3140
including any degree of a brachial plexus injury; 3141

(6) A transfer of a newborn to a neonatal intensive care 3142
unit within the first seventy-two hours after birth if the 3143
newborn remains in such unit for more than seventy-two hours; 3144

(7) Any other condition as determined by the department of 3145

commerce in rules adopted under section 4724.11 of the Revised 3146
Code. 3147

(B) Beginning July 1, 2027, a licensed midwife who attends 3148
a birth planned for a facility or setting other than a hospital 3149
must report any adverse incident, along with a medical summary 3150
of events, to both of the following within fifteen days after 3151
the adverse incident occurs: 3152

(1) The licensed midwifery advisory council; 3153

(2) The Ohio perinatal quality collaborative. 3154

(C) Beginning July 1, 2027, each licensed midwife shall 3155
report annually to the licensed midwifery advisory council the 3156
following information regarding cases in which the licensed 3157
midwife provided services when the intended place of birth at 3158
the onset of care was in a facility or setting other than a 3159
hospital: 3160

(1) The total number of patients provided licensed 3161
midwifery services at the onset of care; 3162

(2) The number of live births attended; 3163

(3) The number of cases of fetal demise, newborn deaths, 3164
and maternal deaths attended as a licensed midwife at the 3165
discovery of the demise or death; 3166

(4) The number, reason for, and outcome of each transport 3167
of a patient in the antepartum, intrapartum period, or immediate 3168
postpartum period; 3169

(5) A brief description of any complications resulting in 3170
the morbidity or mortality of a maternal patient or a newborn; 3171

(6) The planned delivery setting and the actual setting; 3172

(7) Any other information required in rules adopted by the 3173
department of commerce. 3174

(D) The department shall adopt rules to implement this 3175
section and shall develop a form to be used for the reporting 3176
required under divisions (B) and (C) of this section. 3177

Sec. 4724.11. (A) In accordance with Chapter 119. of the 3178
Revised Code, the department of commerce shall adopt rules that 3179
establish all of the following: 3180

(1) Standards and procedures for applying for, renewing, 3181
reinstating, or restoring a license to practice as a licensed 3182
midwife; 3183

(2) Application, renewal, reinstatement, and restoration 3184
fee amounts for a license to practice as a licensed midwife, 3185
with the amount of the application fee not to exceed forty-five 3186
dollars and the amount of the renewal fee not to exceed twenty 3187
dollars; 3188

(3) Standards and procedures for approving and 3189
successfully completing a course of study in breech births and a 3190
course of study in pharmacology, each as described in section 3191
4724.03 of the Revised Code; 3192

(4) Subject to division (C) of this section, standards and 3193
procedures for approving certifying organizations as described 3194
in section 4724.03 of the Revised Code; 3195

(5) Reasons for which the department may refuse to issue, 3196
or renew, suspend, or revoke a license or otherwise impose 3197
discipline on a licensed midwife; 3198

(6) Conditions to be satisfied before the department 3199
reinstates or restores an expired or inactive license; 3200

(7) Procedures for reporting to the department license 3201
holder misconduct; 3202

(8) Procedures by which the department conducts 3203
disciplinary investigations. 3204

(B) In adopting rules establishing standards and 3205
procedures for the approval of certifying organizations, the 3206
department shall approve an organization only if its 3207
certification requirements meet or exceed those of the north 3208
American registry of midwives or the international registry of 3209
midwives. 3210

(C) The department also may adopt, in accordance with 3211
Chapter 119. of the Revised Code, any other rules it considers 3212
necessary to implement and administer this chapter. The rules 3213
may require the completion of a criminal records check. 3214

Sec. 4724.12. This chapter does not abridge, change, or 3215
limit in any way the right of a parent to deliver the parent's 3216
baby where, when, how, and with whom the parent chooses, 3217
regardless of the licensure requirements established in this 3218
chapter. 3219

Sec. 4724.13. (A) There is hereby created within the 3220
department of commerce the licensed midwifery advisory council. 3221
The council shall consist of all of the following members: 3222

(1) One certified nurse-midwife and one certified midwife 3223
or certified nurse-midwife, preferably with experience attending 3224
a birth in a setting or facility other than a hospital; 3225

(2) Four licensed midwives, including one practicing in an 3226
urban setting and one serving a plain Amish or Mennonite 3227
community; 3228

(3) One physician who is board-certified in obstetrics and 3229
gynecology, as those designations are issued by a medical 3230
specialty certifying board recognized by the American board of 3231
medical specialties or American osteopathic association, and 3232
with experience consulting with midwives who provide midwifery 3233
services in locations other than hospitals; 3234

(4) One physician who is board-certified in neonatal 3235
medicine, as that designation is issued by a medical specialty 3236
certifying board recognized by the American board of medical 3237
specialties or American osteopathic association, and with 3238
experience consulting with midwives who provide midwifery 3239
services in locations other than hospitals; 3240

(5) One member of the public who has experience utilizing 3241
or receiving midwifery services in locations other than 3242
hospitals. 3243

Of the members who are licensed midwives, each shall 3244
obtain licensure as a licensed midwife under this chapter not 3245
later than January 1, 2028. 3246

(B) The department shall appoint the members described in 3247
division (A) of this section. The department may solicit 3248
nominations for initial appointments and for filling any 3249
vacancies from individuals or organizations with an interest in 3250
midwifery services. If the department does not receive any 3251
nominations or receives an insufficient number of nominations, 3252
the department shall appoint members and fill vacancies on its 3253
own advice. 3254

Of the physician members described in divisions (A) (3) and 3255
(4) of this section, if the department does not receive any 3256
nominations for physicians with experience consulting with 3257

midwives who provide midwifery services in locations other than 3258
hospitals, the department shall appoint physicians without such 3259
experience, but only if the department determines that each 3260
physician satisfies the other requirements of division (A) (3) or 3261
(4) of this section. 3262

Initial appointments to the council shall be made not 3263
later than ninety days after the effective date of this section. 3264
Of the initial appointments described in division (A) of this 3265
section, four shall be for terms of three years and five shall 3266
be for terms of four years. Thereafter, terms shall be for four 3267
years, with each term ending on the same day of the same month 3268
as did the term that it succeeds. Vacancies shall be filled in 3269
the same manner as appointments. 3270

When the term of any member expires, a successor shall be 3271
appointed in the same manner as the initial appointment. Any 3272
member appointed to fill a vacancy occurring prior to the 3273
expiration of the term for which the member's predecessor was 3274
appointed shall hold office for the remainder of that term. A 3275
member shall continue in office subsequent to the expiration 3276
date of the member's term until the member's successor takes 3277
office or until a period of sixty days has elapsed, whichever 3278
occurs first. A member may be reappointed. 3279

(C) The council shall organize by selecting a chairperson 3280
from among its members. The council may select a new chairperson 3281
at any time. Four members constitute a quorum for the 3282
transaction of official business. Members shall serve without 3283
compensation but shall receive payment for their actual and 3284
necessary expenses incurred in the performance of their official 3285
duties. The expenses shall be paid by the department. 3286

(D) The council shall advise and make recommendations to 3287

the department regarding the practice and regulation of licensed 3288
midwives. The department shall adhere to such advice and 3289
recommendations when adopting any rules governing the practice 3290
of licensed midwives, including rules to address the following: 3291

(1) Circumstances in which attending a home birth is 3292
prohibited, as described in section 4724.08 of the Revised Code; 3293

(2) Limitations on providing care during a high-risk 3294
pregnancy, including when a home birth is planned; 3295

(3) Adverse incident reporting and annual reporting, both 3296
required under section 4724.10 of the Revised Code; 3297

(4) Obtaining a patient's informed consent, as described 3298
in section 4724.07 of the Revised Code; 3299

(5) Creating an individualized transfer of care plan, as 3300
described in section 4724.09 of the Revised Code. 3301

(E) The council shall review each adverse incident report 3302
submitted to the council as described in section 4724.10 of the 3303
Revised Code. As soon as practicable after the required review, 3304
the council shall make a recommendation to the department 3305
regarding whether discipline should be imposed on the licensed 3306
midwife, and if so, the type of discipline to be imposed. 3307

The council shall develop a policy by which it addresses 3308
and considers adverse incident reports. 3309

Sec. 4724.14. A traditional midwife may engage in one or 3310
more of the following activities during the antepartum, 3311
intrapartum, postpartum, and newborn period as part of the scope 3312
of practice for a traditional midwife: 3313

(A) Offering care, education, counseling, and support 3314
during pregnancy, birth, and the postpartum period; 3315

<u>(B) Attending births in locations other than hospitals;</u>	3316
<u>(C) Providing ongoing and routine prenatal care throughout</u>	3317
<u>pregnancy and hands on care during labor, birth, and the</u>	3318
<u>immediate postpartum period;</u>	3319
<u>(D) Providing maternal and newborn assessment for the six-</u>	3320
<u>to eight-week period following delivery;</u>	3321
<u>(E) Recognizing abnormal or dangerous conditions requiring</u>	3322
<u>consultations with or referrals to licensed health care</u>	3323
<u>professionals.</u>	3324
<u>Sec. 4724.15.</u> (A) This section establishes the process by	3325
<u>which a traditional midwife obtains a patient's consent to</u>	3326
<u>treatment authorized by section 4724.14 of the Revised Code.</u>	3327
<u>(B) The following information shall be exchanged in</u>	3328
<u>writing between a traditional midwife and patient when obtaining</u>	3329
<u>consent to treatment as described in division (A) of this</u>	3330
<u>section:</u>	3331
<u>(1) The name of the traditional midwife;</u>	3332
<u>(2) The patient's name, address, telephone number, and</u>	3333
<u>primary care provider, if the patient has one;</u>	3334
<u>(3) A description of the traditional midwife's education,</u>	3335
<u>training, and experience in midwifery;</u>	3336
<u>(4) The traditional midwife's practice philosophy;</u>	3337
<u>(5) A promise to provide the patient, upon request, with</u>	3338
<u>separate documents describing a traditional midwife's scope of</u>	3339
<u>practice;</u>	3340
<u>(6) A written plan for medical consultation and transfer</u>	3341
<u>of care;</u>	3342

(7) A description of any hospital care and procedures that 3343
may be necessary in the event of an emergency transfer of care; 3344

(8) A description of the services provided to the patient 3345
by the traditional midwife; 3346

(9) Whether the traditional midwife is covered by 3347
professional liability insurance; 3348

(10) Any other information required in rules adopted by 3349
the department. 3350

(C) Once the required information has been exchanged and 3351
if the patient consents to treatment, the patient and 3352
traditional midwife shall sign a written document to indicate as 3353
such. The traditional midwife shall retain a copy of the 3354
document for at least four years from the date on which the 3355
document was signed. 3356

(D) The rights and liabilities arising from the provision 3357
of traditional midwifery services shall be governed exclusively 3358
by the agreement between the traditional midwife and the patient 3359
entered pursuant to division (C) of this section. 3360

Sec. 4724.16. Emergency medical service personnel or an 3361
emergency medical service organization, hospital, facility, 3362
physician, advanced practice registered nurse, licensed midwife, 3363
or traditional midwife that provides services or care following 3364
an adverse incident as defined in section 4724.10 of the Revised 3365
Code, or during and after a transfer of care as described in 3366
section 4724.09 of the Revised Code, are not liable in damages 3367
in a tort or other civil action for injury or loss to person or 3368
property arising from the services or care, unless the services 3369
or care are provided in a manner that constitutes willful or 3370
wanton misconduct. 3371

Sec. 4724.99. (A) Whoever violates division (A) of section 4724.02 of the Revised Code is guilty of a felony of the fifth degree on a first offense and a felony of the fourth degree on each subsequent offense. 3372
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(B) Whoever violates division (C) of section 4724.02 of the Revised Code is guilty of a misdemeanor of the first degree and is subject to a fine in the amount of one thousand dollars and a jail term of not more than one hundred eighty days. 3376
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Sec. 4731.22. (A) The state medical board, by an affirmative vote of not fewer than six of its members, may limit, revoke, or suspend a license or certificate to practice or certificate to recommend, refuse to grant a license or certificate, refuse to renew a license or certificate, refuse to reinstate a license or certificate, or reprimand or place on probation the holder of a license or certificate if the individual applying for or holding the license or certificate is found by the board to have committed fraud during the administration of the examination for a license or certificate to practice or to have committed fraud, misrepresentation, or deception in applying for, renewing, or securing any license or certificate to practice or certificate to recommend issued by the board. 3380
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(B) Except as provided in division (P) of this section, the board, by an affirmative vote of not fewer than six members, shall, to the extent permitted by law, limit, revoke, or suspend a license or certificate to practice or certificate to recommend, refuse to issue a license or certificate, refuse to renew a license or certificate, refuse to reinstate a license or certificate, or reprimand or place on probation the holder of a license or certificate for one or more of the following reasons: 3394
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(1) Permitting one's name or one's license or certificate 3402
to practice to be used by a person, group, or corporation when 3403
the individual concerned is not actually directing the treatment 3404
given; 3405

(2) Failure to maintain minimal standards applicable to 3406
the selection or administration of drugs, or failure to employ 3407
acceptable scientific methods in the selection of drugs or other 3408
modalities for treatment of disease; 3409

(3) Except as provided in section 4731.97 of the Revised 3410
Code, selling, giving away, personally furnishing, prescribing, 3411
or administering drugs for other than legal and legitimate 3412
therapeutic purposes or a plea of guilty to, a judicial finding 3413
of guilt of, or a judicial finding of eligibility for 3414
intervention in lieu of conviction of, a violation of any 3415
federal or state law regulating the possession, distribution, or 3416
use of any drug; 3417

(4) Willfully betraying a professional confidence. 3418

For purposes of this division, "willfully betraying a 3419
professional confidence" does not include providing any 3420
information, documents, or reports under sections 307.621 to 3421
307.629 of the Revised Code to a child fatality review board; 3422
does not include providing any information, documents, or 3423
reports under sections 307.631 to 307.6410 of the Revised Code 3424
to a drug overdose fatality review committee, a suicide fatality 3425
review committee, or hybrid drug overdose fatality and suicide 3426
fatality review committee; does not include providing any 3427
information, documents, or reports under sections 307.651 to 3428
307.659 of the Revised Code to a domestic violence fatality 3429
review board; does not include providing any information, 3430
documents, or reports to the director of health pursuant to 3431

guidelines established under section 3701.70 of the Revised 3432
Code; does not include written notice to a mental health 3433
professional under section 4731.62 of the Revised Code; does not 3434
include making a report as described in division (F) of section 3435
2921.22 and section 4731.224 of the Revised Code; and does not 3436
include the making of a report of an employee's use of a drug of 3437
abuse, or a report of a condition of an employee other than one 3438
involving the use of a drug of abuse, to the employer of the 3439
employee as described in division (B) of section 2305.33 of the 3440
Revised Code. Nothing in this division affects the immunity from 3441
civil liability conferred by section 2305.33 or 4731.62 of the 3442
Revised Code upon a physician who makes a report in accordance 3443
with section 2305.33 or notifies a mental health professional in 3444
accordance with section 4731.62 of the Revised Code. As used in 3445
this division, "employee," "employer," and "physician" have the 3446
same meanings as in section 2305.33 of the Revised Code. 3447

(5) Making a false, fraudulent, deceptive, or misleading 3448
statement in the solicitation of or advertising for patients; in 3449
relation to the practice of medicine and surgery, osteopathic 3450
medicine and surgery, podiatric medicine and surgery, or a 3451
limited branch of medicine; or in securing or attempting to 3452
secure any license or certificate to practice issued by the 3453
board. 3454

As used in this division, "false, fraudulent, deceptive, 3455
or misleading statement" means a statement that includes a 3456
misrepresentation of fact, is likely to mislead or deceive 3457
because of a failure to disclose material facts, is intended or 3458
is likely to create false or unjustified expectations of 3459
favorable results, or includes representations or implications 3460
that in reasonable probability will cause an ordinarily prudent 3461
person to misunderstand or be deceived. 3462

(6) A departure from, or the failure to conform to, 3463
minimal standards of care of similar practitioners under the 3464
same or similar circumstances, whether or not actual injury to a 3465
patient is established; 3466

(7) Representing, with the purpose of obtaining 3467
compensation or other advantage as personal gain or for any 3468
other person, that an incurable disease or injury, or other 3469
incurable condition, can be permanently cured; 3470

(8) The obtaining of, or attempting to obtain, money or 3471
anything of value by fraudulent misrepresentations in the course 3472
of practice; 3473

(9) A plea of guilty to, a judicial finding of guilt of, 3474
or a judicial finding of eligibility for intervention in lieu of 3475
conviction for, a felony; 3476

(10) Commission of an act that constitutes a felony in 3477
this state, regardless of the jurisdiction in which the act was 3478
committed; 3479

(11) A plea of guilty to, a judicial finding of guilt of, 3480
or a judicial finding of eligibility for intervention in lieu of 3481
conviction for, a misdemeanor committed in the course of 3482
practice; 3483

(12) Commission of an act in the course of practice that 3484
constitutes a misdemeanor in this state, regardless of the 3485
jurisdiction in which the act was committed; 3486

(13) A plea of guilty to, a judicial finding of guilt of, 3487
or a judicial finding of eligibility for intervention in lieu of 3488
conviction for, a misdemeanor involving moral turpitude; 3489

(14) Commission of an act involving moral turpitude that 3490

constitutes a misdemeanor in this state, regardless of the 3491
jurisdiction in which the act was committed; 3492

(15) Violation of the conditions of limitation placed by 3493
the board upon a license or certificate to practice; 3494

(16) Failure to pay license renewal fees specified in this 3495
chapter; 3496

(17) Except as authorized in section 4731.31 of the 3497
Revised Code, engaging in the division of fees for referral of 3498
patients, or the receiving of a thing of value in return for a 3499
specific referral of a patient to utilize a particular service 3500
or business; 3501

(18) Subject to section 4731.226 of the Revised Code, 3502
violation of any provision of a code of ethics of the American 3503
medical association, the American osteopathic association, the 3504
American podiatric medical association, or any other national 3505
professional organizations that the board specifies by rule. The 3506
state medical board shall obtain and keep on file current copies 3507
of the codes of ethics of the various national professional 3508
organizations. The individual whose license or certificate is 3509
being suspended or revoked shall not be found to have violated 3510
any provision of a code of ethics of an organization not 3511
appropriate to the individual's profession. 3512

For purposes of this division, a "provision of a code of 3513
ethics of a national professional organization" does not include 3514
any provision that would preclude the making of a report by a 3515
physician of an employee's use of a drug of abuse, or of a 3516
condition of an employee other than one involving the use of a 3517
drug of abuse, to the employer of the employee as described in 3518
division (B) of section 2305.33 of the Revised Code. Nothing in 3519

this division affects the immunity from civil liability 3520
conferred by that section upon a physician who makes either type 3521
of report in accordance with division (B) of that section. As 3522
used in this division, "employee," "employer," and "physician" 3523
have the same meanings as in section 2305.33 of the Revised 3524
Code. 3525

(19) Inability to practice according to acceptable and 3526
prevailing standards of care by reason of mental illness or 3527
physical illness, including, but not limited to, physical 3528
deterioration that adversely affects cognitive, motor, or 3529
perceptive skills. 3530

In enforcing this division, the board, upon a showing of a 3531
possible violation, shall refer any individual who is authorized 3532
to practice by this chapter or who has submitted an application 3533
pursuant to this chapter to the monitoring organization that 3534
conducts the confidential monitoring program established under 3535
section 4731.25 of the Revised Code. The board also may compel 3536
the individual to submit to a mental examination, physical 3537
examination, including an HIV test, or both a mental and a 3538
physical examination. The expense of the examination is the 3539
responsibility of the individual compelled to be examined. 3540
Failure to submit to a mental or physical examination or consent 3541
to an HIV test ordered by the board constitutes an admission of 3542
the allegations against the individual unless the failure is due 3543
to circumstances beyond the individual's control, and a default 3544
and final order may be entered without the taking of testimony 3545
or presentation of evidence. If the board finds an individual 3546
unable to practice because of the reasons set forth in this 3547
division, the board shall require the individual to submit to 3548
care, counseling, or treatment by physicians approved or 3549
designated by the board, as a condition for initial, continued, 3550

reinstated, or renewed authority to practice. An individual 3551
affected under this division shall be afforded an opportunity to 3552
demonstrate to the board the ability to resume practice in 3553
compliance with acceptable and prevailing standards under the 3554
provisions of the individual's license or certificate. For the 3555
purpose of this division, any individual who applies for or 3556
receives a license or certificate to practice under this chapter 3557
accepts the privilege of practicing in this state and, by so 3558
doing, shall be deemed to have given consent to submit to a 3559
mental or physical examination when directed to do so in writing 3560
by the board, and to have waived all objections to the 3561
admissibility of testimony or examination reports that 3562
constitute a privileged communication. 3563

(20) Except as provided in division (F)(1)(b) of section 3564
4731.282 of the Revised Code or when civil penalties are imposed 3565
under section 4731.225 of the Revised Code, and subject to 3566
section 4731.226 of the Revised Code, violating or attempting to 3567
violate, directly or indirectly, or assisting in or abetting the 3568
violation of, or conspiring to violate, any provisions of this 3569
chapter or any rule promulgated by the board. 3570

This division does not apply to a violation or attempted 3571
violation of, assisting in or abetting the violation of, or a 3572
conspiracy to violate, any provision of this chapter or any rule 3573
adopted by the board that would preclude the making of a report 3574
by a physician of an employee's use of a drug of abuse, or of a 3575
condition of an employee other than one involving the use of a 3576
drug of abuse, to the employer of the employee as described in 3577
division (B) of section 2305.33 of the Revised Code. Nothing in 3578
this division affects the immunity from civil liability 3579
conferred by that section upon a physician who makes either type 3580
of report in accordance with division (B) of that section. As 3581

used in this division, "employee," "employer," and "physician" 3582
have the same meanings as in section 2305.33 of the Revised 3583
Code. 3584

(21) The violation of section 3701.79 of the Revised Code 3585
or of any abortion rule adopted by the director of health 3586
pursuant to section 3701.341 of the Revised Code; 3587

(22) Any of the following actions taken by an agency 3588
responsible for authorizing, certifying, or regulating an 3589
individual to practice a health care occupation or provide 3590
health care services in this state or another jurisdiction, for 3591
any reason other than the nonpayment of fees: the limitation, 3592
revocation, or suspension of an individual's license to 3593
practice; acceptance of an individual's license surrender; 3594
denial of a license; refusal to renew or reinstate a license; 3595
imposition of probation; or issuance of an order of censure or 3596
other reprimand; 3597

(23) The violation of section 2919.12 of the Revised Code 3598
or the performance or inducement of an abortion upon a pregnant 3599
woman with actual knowledge that the conditions specified in 3600
division (B) of section 2317.56 of the Revised Code have not 3601
been satisfied or with a heedless indifference as to whether 3602
those conditions have been satisfied, unless an affirmative 3603
defense as specified in division (H)(2) of that section would 3604
apply in a civil action authorized by division (H)(1) of that 3605
section; 3606

(24) The revocation, suspension, restriction, reduction, 3607
or termination of clinical privileges by the United States 3608
department of defense or department of veterans affairs or the 3609
termination or suspension of a certificate of registration to 3610
prescribe drugs by the drug enforcement administration of the 3611

United States department of justice; 3612

(25) Termination or suspension from participation in the 3613
medicare or medicaid programs by the department of health and 3614
human services or other responsible agency; 3615

(26) Impairment of ability to practice according to 3616
acceptable and prevailing standards of care because of substance 3617
use disorder or excessive use or abuse of drugs, alcohol, or 3618
other substances that may impair ability to practice. 3619

For the purposes of this division, any individual 3620
authorized to practice by this chapter accepts the privilege of 3621
practicing in this state subject to supervision by the board. By 3622
filing an application for or holding a license or certificate to 3623
practice under this chapter, an individual shall be deemed to 3624
have given consent to submit to a mental or physical examination 3625
when ordered to do so by the board in writing, and to have 3626
waived all objections to the admissibility of testimony or 3627
examination reports that constitute privileged communications. 3628

If it has reason to believe that any individual authorized 3629
to practice by this chapter or any applicant for licensure or 3630
certification to practice suffers such impairment, the board 3631
shall refer the individual to the monitoring organization that 3632
conducts the confidential monitoring program established under 3633
section 4731.25 of the Revised Code. The board also may compel 3634
the individual to submit to a mental or physical examination, or 3635
both. The expense of the examination is the responsibility of 3636
the individual compelled to be examined. Any mental or physical 3637
examination required under this division shall be undertaken by 3638
a treatment provider or physician who is qualified to conduct 3639
the examination and who is approved under section 4731.251 of 3640
the Revised Code. 3641

Failure to submit to a mental or physical examination 3642
ordered by the board constitutes an admission of the allegations 3643
against the individual unless the failure is due to 3644
circumstances beyond the individual's control, and a default and 3645
final order may be entered without the taking of testimony or 3646
presentation of evidence. If the board determines that the 3647
individual's ability to practice is impaired, the board shall 3648
suspend the individual's license or certificate or deny the 3649
individual's application and shall require the individual, as a 3650
condition for initial, continued, reinstated, or renewed 3651
licensure or certification to practice, to submit to treatment. 3652

Before being eligible to apply for reinstatement of a 3653
license or certificate suspended under this division, the 3654
impaired practitioner shall demonstrate to the board the ability 3655
to resume practice in compliance with acceptable and prevailing 3656
standards of care under the provisions of the practitioner's 3657
license or certificate. The demonstration shall include, but 3658
shall not be limited to, the following: 3659

(a) Certification from a treatment provider approved under 3660
section 4731.251 of the Revised Code that the individual has 3661
successfully completed any required inpatient treatment; 3662

(b) Evidence of continuing full compliance with an 3663
aftercare contract or consent agreement; 3664

(c) Two written reports indicating that the individual's 3665
ability to practice has been assessed and that the individual 3666
has been found capable of practicing according to acceptable and 3667
prevailing standards of care. The reports shall be made by 3668
individuals or providers approved by the board for making the 3669
assessments and shall describe the basis for their 3670
determination. 3671

The board may reinstate a license or certificate suspended 3672
under this division after that demonstration and after the 3673
individual has entered into a written consent agreement. 3674

When the impaired practitioner resumes practice, the board 3675
shall require continued monitoring of the individual. The 3676
monitoring shall include, but not be limited to, compliance with 3677
the written consent agreement entered into before reinstatement 3678
or with conditions imposed by board order after a hearing, and, 3679
upon termination of the consent agreement, submission to the 3680
board for at least two years of annual written progress reports 3681
made under penalty of perjury stating whether the individual has 3682
maintained sobriety. 3683

(27) A second or subsequent violation of section 4731.66 3684
or 4731.69 of the Revised Code; 3685

(28) Except as provided in division (N) of this section: 3686

(a) Waiving the payment of all or any part of a deductible 3687
or copayment that a patient, pursuant to a health insurance or 3688
health care policy, contract, or plan that covers the 3689
individual's services, otherwise would be required to pay if the 3690
waiver is used as an enticement to a patient or group of 3691
patients to receive health care services from that individual; 3692

(b) Advertising that the individual will waive the payment 3693
of all or any part of a deductible or copayment that a patient, 3694
pursuant to a health insurance or health care policy, contract, 3695
or plan that covers the individual's services, otherwise would 3696
be required to pay. 3697

(29) Failure to use universal blood and body fluid 3698
precautions established by rules adopted under section 4731.051 3699
of the Revised Code; 3700

(30) Failure to provide notice to, and receive 3701
acknowledgment of the notice from, a patient when required by 3702
section 4731.143 of the Revised Code prior to providing 3703
nonemergency professional services, or failure to maintain that 3704
notice in the patient's medical record; 3705

(31) Failure of a physician supervising a physician 3706
assistant to maintain supervision in accordance with the 3707
requirements of Chapter 4730. of the Revised Code and the rules 3708
adopted under that chapter; 3709

(32) Failure of a physician or podiatrist to enter into a 3710
standard care arrangement with a certified midwife, clinical 3711
nurse specialist, certified nurse-midwife, or certified nurse 3712
practitioner with whom the physician or podiatrist is in 3713
collaboration pursuant to section 4731.27 of the Revised Code or 3714
failure to fulfill the responsibilities of collaboration after 3715
entering into a standard care arrangement; 3716

(33) Failure to comply with the terms of a consult 3717
agreement entered into with a pharmacist pursuant to section 3718
4729.39 of the Revised Code; 3719

(34) Failure to cooperate in an investigation conducted by 3720
the board under division (F) of this section, including failure 3721
to comply with a subpoena or order issued by the board or 3722
failure to answer truthfully a question presented by the board 3723
in an investigative interview, an investigative office 3724
conference, at a deposition, or in written interrogatories, 3725
except that failure to cooperate with an investigation shall not 3726
constitute grounds for discipline under this section if a court 3727
of competent jurisdiction has issued an order that either 3728
quashes a subpoena or permits the individual to withhold the 3729
testimony or evidence in issue; 3730

(35) Failure to supervise an anesthesiologist assistant in	3731
accordance with Chapter 4760. of the Revised Code and the	3732
board's rules for supervision of an anesthesiologist assistant;	3733
(36) Assisting suicide, as defined in section 3795.01 of	3734
the Revised Code;	3735
(37) Failure to comply with the requirements of section	3736
2317.561 of the Revised Code;	3737
(38) Failure to supervise a radiologist assistant in	3738
accordance with Chapter 4774. of the Revised Code and the	3739
board's rules for supervision of radiologist assistants;	3740
(39) Performing or inducing an abortion at an office or	3741
facility with knowledge that the office or facility fails to	3742
post the notice required under section 3701.791 of the Revised	3743
Code;	3744
(40) Failure to comply with the standards and procedures	3745
established in rules under section 4731.054 of the Revised Code	3746
for the operation of or the provision of care at a pain	3747
management clinic;	3748
(41) Failure to comply with the standards and procedures	3749
established in rules under section 4731.054 of the Revised Code	3750
for providing supervision, direction, and control of individuals	3751
at a pain management clinic;	3752
(42) Failure to comply with the requirements of section	3753
4729.79 or 4731.055 of the Revised Code, unless the state board	3754
of pharmacy no longer maintains a drug database pursuant to	3755
section 4729.75 of the Revised Code;	3756
(43) Failure to comply with the requirements of section	3757
2919.171, 2919.202, or 2919.203 of the Revised Code or failure	3758

to submit to the department of health in accordance with a court 3759
order a complete report as described in section 2919.171 or 3760
2919.202 of the Revised Code; 3761

(44) Practicing at a facility that is subject to licensure 3762
as a category III terminal distributor of dangerous drugs with a 3763
pain management clinic classification unless the person 3764
operating the facility has obtained and maintains the license 3765
with the classification; 3766

(45) Owning a facility that is subject to licensure as a 3767
category III terminal distributor of dangerous drugs with a pain 3768
management clinic classification unless the facility is licensed 3769
with the classification; 3770

(46) Failure to comply with any of the requirements 3771
regarding making or maintaining medical records or documents 3772
described in division (A) of section 2919.192, division (C) of 3773
section 2919.193, division (B) of section 2919.195, or division 3774
(A) of section 2919.196 of the Revised Code; 3775

(47) Failure to comply with the requirements in section 3776
3719.061 of the Revised Code before issuing for a minor a 3777
prescription for an opioid analgesic, as defined in section 3778
3719.01 of the Revised Code; 3779

(48) Failure to comply with the requirements of section 3780
4731.30 of the Revised Code or rules adopted under section 3781
4731.301 of the Revised Code when recommending treatment with 3782
medical marijuana; 3783

(49) A pattern of continuous or repeated violations of 3784
division (E) (2) or (3) of section 3963.02 of the Revised Code; 3785

(50) Failure to fulfill the responsibilities of a 3786
collaboration agreement entered into with an athletic trainer as 3787

described in section 4755.621 of the Revised Code; 3788

(51) Failure to take the steps specified in section 3789
4731.911 of the Revised Code following an abortion or attempted 3790
abortion in an ambulatory surgical facility or other location 3791
that is not a hospital when a child is born alive; 3792

(52) Violation of section 4731.77 of the Revised Code; 3793

(53) Failure of a physician supervising a certified mental 3794
health assistant to maintain supervision in accordance with the 3795
requirements of Chapter 4772. of the Revised Code and the rules 3796
adopted under that chapter; 3797

(54) Failure to comply with the requirements of section 3798
3705.16 of the Revised Code when certifying a decedent's cause 3799
of death and completing and signing the medical certificate of 3800
death. 3801

(C) Disciplinary actions taken by the board under 3802
divisions (A) and (B) of this section shall be taken pursuant to 3803
an adjudication under Chapter 119. of the Revised Code, except 3804
that in lieu of an adjudication, the board may enter into a 3805
consent agreement with an individual to resolve an allegation of 3806
a violation of this chapter or any rule adopted under it. A 3807
consent agreement, when ratified by an affirmative vote of not 3808
fewer than six members of the board, shall constitute the 3809
findings and order of the board with respect to the matter 3810
addressed in the agreement. If the board refuses to ratify a 3811
consent agreement, the admissions and findings contained in the 3812
consent agreement shall be of no force or effect. 3813

A telephone conference call may be utilized for 3814
ratification of a consent agreement that revokes or suspends an 3815
individual's license or certificate to practice or certificate 3816

to recommend. The telephone conference call shall be considered 3817
a special meeting under division (F) of section 121.22 of the 3818
Revised Code. 3819

If the board takes disciplinary action against an 3820
individual under division (B) of this section for a second or 3821
subsequent plea of guilty to, or judicial finding of guilt of, a 3822
violation of section 2919.123 or 2919.124 of the Revised Code, 3823
the disciplinary action shall consist of a suspension of the 3824
individual's license or certificate to practice for a period of 3825
at least one year or, if determined appropriate by the board, a 3826
more serious sanction involving the individual's license or 3827
certificate to practice. Any consent agreement entered into 3828
under this division with an individual that pertains to a second 3829
or subsequent plea of guilty to, or judicial finding of guilt 3830
of, a violation of that section shall provide for a suspension 3831
of the individual's license or certificate to practice for a 3832
period of at least one year or, if determined appropriate by the 3833
board, a more serious sanction involving the individual's 3834
license or certificate to practice. 3835

(D) For purposes of divisions (B) (10), (12), and (14) of 3836
this section, the commission of the act may be established by a 3837
finding by the board, pursuant to an adjudication under Chapter 3838
119. of the Revised Code, that the individual committed the act. 3839
The board does not have jurisdiction under those divisions if 3840
the trial court renders a final judgment in the individual's 3841
favor and that judgment is based upon an adjudication on the 3842
merits. The board has jurisdiction under those divisions if the 3843
trial court issues an order of dismissal upon technical or 3844
procedural grounds. 3845

(E) The sealing or expungement of conviction records by 3846

any court shall have no effect upon a prior board order entered 3847
under this section or upon the board's jurisdiction to take 3848
action under this section if, based upon a plea of guilty, a 3849
judicial finding of guilt, or a judicial finding of eligibility 3850
for intervention in lieu of conviction, the board issued a 3851
notice of opportunity for a hearing prior to the court's order 3852
to seal or expunge the records. The board shall not be required 3853
to seal, expunge, destroy, redact, or otherwise modify its 3854
records to reflect the court's sealing of conviction records. 3855

(F) (1) The board shall investigate evidence that appears 3856
to show that a person has violated any provision of this chapter 3857
or any rule adopted under it. Any person may report to the board 3858
in a signed writing any information that the person may have 3859
that appears to show a violation of any provision of this 3860
chapter or any rule adopted under it. In the absence of bad 3861
faith, any person who reports information of that nature or who 3862
testifies before the board in any adjudication conducted under 3863
Chapter 119. of the Revised Code shall not be liable in damages 3864
in a civil action as a result of the report or testimony. Each 3865
complaint or allegation of a violation received by the board 3866
shall be assigned a case number and shall be recorded by the 3867
board. 3868

(2) Investigations of alleged violations of this chapter 3869
or any rule adopted under it shall be supervised by the 3870
supervising member elected by the board in accordance with 3871
section 4731.02 of the Revised Code and by the secretary as 3872
provided in section 4731.39 of the Revised Code. The president 3873
may designate another member of the board to supervise the 3874
investigation in place of the supervising member. Upon a vote of 3875
the majority of the board to authorize the addition of a 3876
consumer member in the supervision of any part of any 3877

investigation, the president shall designate a consumer member 3878
for supervision of investigations as determined by the 3879
president. The authorization of consumer member participation in 3880
investigation supervision may be rescinded by a majority vote of 3881
the board. No member of the board who supervises the 3882
investigation of a case shall participate in further 3883
adjudication of the case. 3884

(3) In investigating a possible violation of this chapter 3885
or any rule adopted under this chapter, or in conducting an 3886
inspection under division (E) of section 4731.054 of the Revised 3887
Code, the board may question witnesses, conduct interviews, 3888
administer oaths, order the taking of depositions, inspect and 3889
copy any books, accounts, papers, records, or documents, issue 3890
subpoenas, and compel the attendance of witnesses and production 3891
of books, accounts, papers, records, documents, and testimony, 3892
except that a subpoena for patient record information shall not 3893
be issued without consultation with the attorney general's 3894
office and approval of the secretary of the board. 3895

(a) Before issuance of a subpoena for patient record 3896
information, the secretary shall determine whether there is 3897
probable cause to believe that the complaint filed alleges a 3898
violation of this chapter or any rule adopted under it and that 3899
the records sought are relevant to the alleged violation and 3900
material to the investigation. The subpoena may apply only to 3901
records that cover a reasonable period of time surrounding the 3902
alleged violation. 3903

(b) On failure to comply with any subpoena issued by the 3904
board and after reasonable notice to the person being 3905
subpoenaed, the board may move for an order compelling the 3906
production of persons or records pursuant to the Rules of Civil 3907

Procedure. 3908

(c) A subpoena issued by the board may be served by a 3909
sheriff, the sheriff's deputy, or a board employee or agent 3910
designated by the board. Service of a subpoena issued by the 3911
board may be made by delivering a copy of the subpoena to the 3912
person named therein, reading it to the person, or leaving it at 3913
the person's usual place of residence, usual place of business, 3914
or address on file with the board. When serving a subpoena to an 3915
applicant for or the holder of a license or certificate issued 3916
under this chapter, service of the subpoena may be made by 3917
certified mail, return receipt requested, and the subpoena shall 3918
be deemed served on the date delivery is made or the date the 3919
person refuses to accept delivery. If the person being served 3920
refuses to accept the subpoena or is not located, service may be 3921
made to an attorney who notifies the board that the attorney is 3922
representing the person. 3923

(d) A sheriff's deputy who serves a subpoena shall receive 3924
the same fees as a sheriff. Each witness who appears before the 3925
board in obedience to a subpoena shall receive the fees and 3926
mileage provided for under section 119.094 of the Revised Code. 3927

(4) All hearings, investigations, and inspections of the 3928
board shall be considered civil actions for the purposes of 3929
section 2305.252 of the Revised Code. 3930

(5) A report required to be submitted to the board under 3931
this chapter, a complaint, or information received by the board 3932
pursuant to an investigation or pursuant to an inspection under 3933
division (E) of section 4731.054 of the Revised Code is 3934
confidential and not subject to discovery in any civil action. 3935

The board shall conduct all investigations or inspections 3936

and proceedings in a manner that protects the confidentiality of 3937
patients and persons who file complaints with the board. The 3938
board shall not make public the names or any other identifying 3939
information about patients or complainants unless proper consent 3940
is given or, in the case of a patient, a waiver of the patient 3941
privilege exists under division (B) of section 2317.02 of the 3942
Revised Code, except that consent or a waiver of that nature is 3943
not required if the board possesses reliable and substantial 3944
evidence that no bona fide physician-patient relationship 3945
exists. 3946

The board may share any information it receives pursuant 3947
to an investigation or inspection, including patient records and 3948
patient record information, with law enforcement agencies, other 3949
licensing boards, and other governmental agencies that are 3950
prosecuting, adjudicating, or investigating alleged violations 3951
of statutes or administrative rules. An agency or board that 3952
receives the information shall comply with the same requirements 3953
regarding confidentiality as those with which the state medical 3954
board must comply, notwithstanding any conflicting provision of 3955
the Revised Code or procedure of the agency or board that 3956
applies when it is dealing with other information in its 3957
possession. In a judicial proceeding, the information may be 3958
admitted into evidence only in accordance with the Rules of 3959
Evidence, but the court shall require that appropriate measures 3960
are taken to ensure that confidentiality is maintained with 3961
respect to any part of the information that contains names or 3962
other identifying information about patients or complainants 3963
whose confidentiality was protected by the state medical board 3964
when the information was in the board's possession. Measures to 3965
ensure confidentiality that may be taken by the court include 3966
sealing its records or deleting specific information from its 3967

records. 3968

No person shall knowingly access, use, or disclose 3969
confidential investigatory information in a manner prohibited by 3970
law. 3971

(6) On a quarterly basis, the board shall prepare a report 3972
that documents the disposition of all cases during the preceding 3973
three months. The report shall contain the following information 3974
for each case with which the board has completed its activities: 3975

(a) The case number assigned to the complaint or alleged 3976
violation; 3977

(b) The type of license or certificate to practice, if 3978
any, held by the individual against whom the complaint is 3979
directed; 3980

(c) A description of the allegations contained in the 3981
complaint; 3982

(d) Whether witnesses were interviewed; 3983

(e) Whether the individual against whom the complaint is 3984
directed is the subject of any pending complaints; 3985

(f) The disposition of the case. 3986

The report shall state how many cases are still pending 3987
and shall be prepared in a manner that protects the identity of 3988
each person involved in each case. The report shall be a public 3989
record under section 149.43 of the Revised Code. 3990

(7) The board may provide a status update regarding an 3991
investigation to a complainant on request if the board verifies 3992
the complainant's identity. 3993

(G) (1) If either of the following circumstances occur, the 3994

secretary and supervising member may recommend that the board 3995
suspend an individual's license or certificate to practice or 3996
certificate to recommend without a prior hearing: 3997

(a) The secretary and supervising member determine both of 3998
the following: 3999

(i) That there is clear and convincing evidence that an 4000
individual has violated division (B) of this section; 4001

(ii) That the individual's continued practice presents a 4002
danger of immediate and serious harm to the public. 4003

(b) The board receives verifiable information that a 4004
licensee has been charged in any state or federal court with a 4005
crime classified as a felony under the charging court's law and 4006
the conduct constitutes a violation of division (B) of this 4007
section. 4008

(2) If a recommendation is made to suspend without a prior 4009
hearing pursuant to division (G)(1) of this section, written 4010
allegations shall be prepared for consideration by the board. 4011
The board, upon review of those allegations and by an 4012
affirmative vote of not fewer than six of its members, excluding 4013
the secretary and supervising member, may suspend a license or 4014
certificate without a prior hearing. A telephone conference call 4015
may be utilized for reviewing the allegations and taking the 4016
vote on the summary suspension. 4017

The board shall serve a written order of suspension in 4018
accordance with sections 119.05 and 119.07 of the Revised Code. 4019
If the individual subject to the summary suspension requests an 4020
adjudicatory hearing by the board, the date set for the hearing 4021
shall be within fifteen days, but not earlier than seven days, 4022
after the individual requests the hearing, unless otherwise 4023

agreed to by both the board and the individual. 4024

(3) Any summary suspension imposed under division (G) (2) 4025
of this section is not a final appealable order and is not an 4026
adjudication that may be appealed under section 119.12 of the 4027
Revised Code. The summary suspension shall remain in effect 4028
until a final adjudicative order issued by the board pursuant to 4029
this section and Chapter 119. of the Revised Code becomes 4030
effective. Once a final adjudicative order has been issued by 4031
the board, any party adversely affected by it may file an appeal 4032
in accordance with the requirements of Chapter 119. of the 4033
Revised Code. 4034

The board shall issue its final adjudicative order within 4035
seventy-five days after completion of its hearing. A failure to 4036
issue the order within seventy-five days shall result in 4037
dissolution of the summary suspension order but shall not 4038
invalidate any subsequent, final adjudicative order. 4039

(H) If the board takes action under division (B) (9), (11), 4040
or (13) of this section and the judicial finding of guilt, 4041
guilty plea, or judicial finding of eligibility for intervention 4042
in lieu of conviction is overturned on appeal, upon exhaustion 4043
of the criminal appeal, a petition for reconsideration of the 4044
order may be filed with the board along with appropriate court 4045
documents. Upon receipt of a petition of that nature and 4046
supporting court documents, the board shall reinstate the 4047
individual's license or certificate to practice. The board may 4048
then hold an adjudication under Chapter 119. of the Revised Code 4049
to determine whether the individual committed the act in 4050
question. Notice of an opportunity for a hearing shall be given 4051
in accordance with Chapter 119. of the Revised Code. If the 4052
board finds, pursuant to an adjudication held under this 4053

division, that the individual committed the act or if no hearing 4054
is requested, the board may order any of the sanctions 4055
identified under division (B) of this section. 4056

(I) The license or certificate to practice issued to an 4057
individual under this chapter and the individual's practice in 4058
this state are automatically suspended as of the date of the 4059
individual's second or subsequent plea of guilty to, or judicial 4060
finding of guilt of, a violation of section 2919.123 or 2919.124 4061
of the Revised Code. In addition, the license or certificate to 4062
practice or certificate to recommend issued to an individual 4063
under this chapter and the individual's practice in this state 4064
are automatically suspended as of the date the individual pleads 4065
guilty to, is found by a judge or jury to be guilty of, or is 4066
subject to a judicial finding of eligibility for intervention in 4067
lieu of conviction in this state or treatment or intervention in 4068
lieu of conviction in another jurisdiction for any of the 4069
following criminal offenses in this state or a substantially 4070
equivalent criminal offense in another jurisdiction: aggravated 4071
murder, murder, voluntary manslaughter, felonious assault, 4072
trafficking in persons, kidnapping, rape, sexual battery, gross 4073
sexual imposition, aggravated arson, aggravated robbery, or 4074
aggravated burglary. Continued practice after suspension shall 4075
be considered practicing without a license or certificate. 4076

The board shall notify the individual subject to the 4077
suspension in accordance with sections 119.05 and 119.07 of the 4078
Revised Code. If an individual whose license or certificate is 4079
automatically suspended under this division fails to make a 4080
timely request for an adjudication under Chapter 119. of the 4081
Revised Code, the board shall do whichever of the following is 4082
applicable: 4083

(1) If the automatic suspension under this division is for 4084
a second or subsequent plea of guilty to, or judicial finding of 4085
guilt of, a violation of section 2919.123 or 2919.124 of the 4086
Revised Code, the board shall enter an order suspending the 4087
individual's license or certificate to practice for a period of 4088
at least one year or, if determined appropriate by the board, 4089
imposing a more serious sanction involving the individual's 4090
license or certificate to practice. 4091

(2) In all circumstances in which division (I) (1) of this 4092
section does not apply, enter a final order permanently revoking 4093
the individual's license or certificate to practice. 4094

(J) If the board is required by Chapter 119. of the 4095
Revised Code to give notice of an opportunity for a hearing and 4096
if the individual subject to the notice does not timely request 4097
a hearing in accordance with section 119.07 of the Revised Code, 4098
the board is not required to hold a hearing, but may adopt, by 4099
an affirmative vote of not fewer than six of its members, a 4100
final order that contains the board's findings. In that final 4101
order, the board may order any of the sanctions identified under 4102
division (A) or (B) of this section. 4103

(K) Any action taken by the board under division (B) of 4104
this section resulting in a suspension from practice shall be 4105
accompanied by a written statement of the conditions under which 4106
the individual's license or certificate to practice may be 4107
reinstated. The board shall adopt rules governing conditions to 4108
be imposed for reinstatement. Reinstatement of a license or 4109
certificate suspended pursuant to division (B) of this section 4110
requires an affirmative vote of not fewer than six members of 4111
the board. 4112

(L) When the board refuses to grant or issue a license or 4113

certificate to practice to an applicant, revokes an individual's 4114
license or certificate to practice, refuses to renew an 4115
individual's license or certificate to practice, or refuses to 4116
reinstate an individual's license or certificate to practice, 4117
the board may specify that its action is permanent. An 4118
individual subject to a permanent action taken by the board is 4119
forever thereafter ineligible to hold a license or certificate 4120
to practice and the board shall not accept an application for 4121
reinstatement of the license or certificate or for issuance of a 4122
new license or certificate. 4123

(M) Notwithstanding any other provision of the Revised 4124
Code, all of the following apply: 4125

(1) The surrender of a license or certificate issued under 4126
this chapter shall not be effective unless or until accepted by 4127
the board. A telephone conference call may be utilized for 4128
acceptance of the surrender of an individual's license or 4129
certificate to practice. The telephone conference call shall be 4130
considered a special meeting under division (F) of section 4131
121.22 of the Revised Code. Reinstatement of a license or 4132
certificate surrendered to the board requires an affirmative 4133
vote of not fewer than six members of the board. 4134

(2) An application for a license or certificate made under 4135
the provisions of this chapter may not be withdrawn without 4136
approval of the board. 4137

(3) Failure by an individual to renew a license or 4138
certificate to practice in accordance with this chapter or a 4139
certificate to recommend in accordance with rules adopted under 4140
section 4731.301 of the Revised Code does not remove or limit 4141
the board's jurisdiction to take any disciplinary action under 4142
this section against the individual. 4143

(4) The placement of an individual's license on retired status, as described in section 4731.283 of the Revised Code, does not remove or limit the board's jurisdiction to take any disciplinary action against the individual with regard to the license as it existed before being placed on retired status.

(5) At the request of the board, a license or certificate holder shall immediately surrender to the board a license or certificate that the board has suspended, revoked, or permanently revoked.

(N) Sanctions shall not be imposed under division (B) (28) of this section against any person 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 authorized to practice pursuant to this chapter, to the extent allowed by this chapter and rules adopted by the board.

(O) Under the board's investigative duties described in this section and subject to division (F) of this section, the board shall develop and implement a quality intervention program designed to improve through remedial education the clinical and communication skills of individuals authorized under this chapter to practice medicine and surgery, osteopathic medicine and surgery, and podiatric medicine and surgery. In developing and implementing the quality intervention program, the board may

do all of the following: 4173

(1) Offer in appropriate cases as determined by the board 4174
an educational and assessment program pursuant to an 4175
investigation the board conducts under this section; 4176

(2) Select providers of educational and assessment 4177
services, including a quality intervention program panel of case 4178
reviewers; 4179

(3) Make referrals to educational and assessment service 4180
providers and approve individual educational programs 4181
recommended by those providers. The board shall monitor the 4182
progress of each individual undertaking a recommended individual 4183
educational program. 4184

(4) Determine what constitutes successful completion of an 4185
individual educational program and require further monitoring of 4186
the individual who completed the program or other action that 4187
the board determines to be appropriate; 4188

(5) Adopt rules in accordance with Chapter 119. of the 4189
Revised Code to further implement the quality intervention 4190
program. 4191

An individual who participates in an individual 4192
educational program pursuant to this division shall pay the 4193
financial obligations arising from that educational program. 4194

(P) The board shall not refuse to issue a license to an 4195
applicant because of a conviction, plea of guilty, judicial 4196
finding of guilt, judicial finding of eligibility for 4197
intervention in lieu of conviction, or the commission of an act 4198
that constitutes a criminal offense, unless the refusal is in 4199
accordance with section 9.79 of the Revised Code. 4200

(Q) A license or certificate to practice or certificate to
recommend issued to an individual under this chapter and an
individual's practice under this chapter in this state are
automatically suspended if the individual's license or
certificate to practice a health care occupation or provide
health care services is suspended, revoked, or surrendered or
relinquished in lieu of discipline by an agency responsible for
authorizing, certifying, or regulating an individual to practice
a health care occupation or provide health care services in this
state or another jurisdiction. The automatic suspension begins
immediately upon entry of the order by the agency and lasts for
ninety days to permit the board to investigate the basis for the
action under this chapter. Continued practice during the
automatic suspension shall be considered practicing without a
license or certificate.

The board shall notify the individual subject to the
automatic suspension by certified mail or in person in
accordance with section 119.07 of the Revised Code. If an
individual subject to an automatic suspension under this
division fails to make a timely request for an adjudication
under Chapter 119. of the Revised Code, the board is not
required to hold a hearing, but may adopt, by an affirmative
vote of not fewer than six of its members, a final order that
contains the board's findings. In that final order, the board
may order any of the sanctions identified under division (A) or
(B) of this section.

Sec. 4731.27. (A) As used in this section,
"collaboration," "physician," "standard care arrangement," and
"supervision" have the same meanings as in section 4723.01 of
the Revised Code.

(B) A physician or podiatrist shall enter into a standard 4231
care arrangement with each certified midwife, clinical nurse 4232
specialist, certified nurse-midwife, or certified nurse 4233
practitioner with whom the physician or podiatrist is in 4234
collaboration. 4235

The collaborating physician or podiatrist shall fulfill 4236
the responsibilities of collaboration, as specified in the 4237
arrangement and in accordance with division (A) of section 4238
4723.431 of the Revised Code. A copy of the standard care 4239
arrangement shall be retained on file by the certified midwife's 4240
or nurse's employer. Prior approval of the standard care 4241
arrangement by the state medical board is not required, but the 4242
board may periodically review it. 4243

A physician or podiatrist who terminates collaboration 4244
with a certified midwife, certified nurse-midwife, certified 4245
nurse practitioner, or clinical nurse specialist before their 4246
standard care arrangement expires shall give the certified 4247
midwife or nurse the written or electronic notice of termination 4248
required by division (D)(1) of section 4723.431 of the Revised 4249
Code. 4250

Nothing in this division prohibits a hospital from hiring 4251
a certified midwife, clinical nurse specialist, certified nurse- 4252
midwife, or certified nurse practitioner as an employee and 4253
negotiating standard care arrangements on behalf of the employee 4254
as necessary to meet the requirements of this section. A 4255
standard care arrangement between the hospital's employee and 4256
the employee's collaborating physician is subject to approval by 4257
the medical staff and governing body of the hospital prior to 4258
implementation of the arrangement at the hospital. 4259

(C) A physician or podiatrist shall cooperate with the 4260

board of nursing in any investigation the board conducts with 4261
respect to a certified midwife, clinical nurse specialist, 4262
certified nurse-midwife, or certified nurse practitioner who 4263
collaborates with the physician or podiatrist or with respect to 4264
a certified registered nurse anesthetist who practices with the 4265
supervision of the physician or podiatrist. 4266

Section 2. That existing sections 3701.351, 3702.30, 4267
4723.01, 4723.02, 4723.03, 4723.06, 4723.07, 4723.08, 4723.271, 4268
4723.28, 4723.282, 4723.33, 4723.34, 4723.341, 4723.35, 4723.41, 4269
4723.43, 4723.431, 4723.432, 4723.481, 4723.483, 4723.487, 4270
4723.488, 4723.4810, 4723.4811, 4723.50, 4723.91, 4723.99, 4271
4731.22, and 4731.27 of the Revised Code are hereby repealed. 4272

Section 3. Sections 4723.54 and 4724.02 of the Revised 4273
Code, as enacted by this act, take effect January 1, 2028. 4274

Section 4. The General Assembly, applying the principle 4275
stated in division (B) of section 1.52 of the Revised Code that 4276
amendments are to be harmonized if reasonably capable of 4277
simultaneous operation, finds that the following sections, 4278
presented in this act as composites of the sections as amended 4279
by the acts indicated, are the resulting versions of the 4280
sections in effect prior to the effective date of the sections 4281
as presented in this act: 4282

Section 4723.08 of the Revised Code as amended by both 4283
H.B. 509 and S.B. 131 of the 134th General Assembly. 4284

Section 4723.431 of the Revised Code as amended by both 4285
H.B. 497 and S.B. 196 of the 135th General Assembly. 4286

Section 4723.481 of the Revised Code as amended by H.B. 33 4287
of the 135th General Assembly and by H.B. 110 and H.B. 509 of 4288
the 134th General Assembly. 4289