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Representative Deeter

Cosponsors: Representatives Schmidt, Brennan, Mathews, A., Sigrist, Thomas, C., Thomas, D., White, E., Williams, Willis, Young

To amend sections 109.71, 3129.01, 3313.5310, 3333.28, 3701.69, 3701.92, 3701.921, 3705.01, 3705.30, 3707.58, 3721.011, 3728.01, 4503.44, 4723.01, 4723.063, 4723.18, 4723.181, 4723.28, 4723.34, 4723.35, 4723.36, 4723.43, 4723.431, 4723.47, 4723.481, 4723.482, 4723.483, 4723.493, 4723.52, 4723.66, 4723.67, 4723.69, 4731.297, and 5122.10 and to repeal sections 3701.923, 3701.924, 3701.925, 3701.926, 3701.927, and 3701.929 of the Revised Code to modify the laws governing a Board of Nursing advisory body for advanced practice registered nurses and to make various corrections in other laws pertaining to the Board and the professionals it regulates.

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

Section 1. That sections 109.71, 3129.01, 3313.5310, 3333.28, 3701.69, 3701.92, 3701.921, 3705.01, 3705.30, 3707.58, 3721.011, 3728.01, 4503.44, 4723.01, 4723.063, 4723.18, 4723.181, 4723.28, 4723.34, 4723.35, 4723.36, 4723.43, 4723.431, 4723.47, 4723.481, 4723.482, 4723.483, 4723.493, 4723.52,

4723.66, 4723.67, 4723.69, 4731.297, and 5122.10 of the Revised Code be amended to read as follows:

Sec. 109.71. There is hereby created in the office of the attorney general the Ohio peace officer training commission. The commission shall consist of ten members appointed by the governor with the advice and consent of the senate and selected as follows: one member representing the public; one member who represents a fraternal organization representing law enforcement officers; two members who are incumbent sheriffs; two members who are incumbent chiefs of police; one member from the bureau of criminal identification and investigation; one member from the state highway patrol; one member who is the special agent in charge of a field office of the federal bureau of investigation in this state; and one member from the department of education and workforce, trade and industrial education services, law enforcement training.

This section does not confer any arrest authority or any ability or authority to detain a person, write or issue any citation, or provide any disposition alternative, as granted under Chapter 2935. of the Revised Code.

The commission is exempt from the requirements of sections 101.82 to 101.87 of the Revised Code.

As used in sections 109.71 to 109.801 of the Revised Code:

(A) "Peace officer" means:

(1) A deputy sheriff, marshal, deputy marshal, member of the organized police department of a township or municipal corporation, member of a township police district or joint police district police force, member of a police force employed by a metropolitan housing authority under division (D) of

section 3735.31 of the Revised Code, or township constable, who is commissioned and employed as a peace officer by a political subdivision of this state or by a metropolitan housing authority, and whose primary duties are to preserve the peace, to protect life and property, and to enforce the laws of this state, ordinances of a municipal corporation, resolutions of a township, or regulations of a board of county commissioners or board of township trustees, or any of those laws, ordinances, resolutions, or regulations;

(2) A police officer who is employed by a railroad company and appointed and commissioned by the secretary of state pursuant to sections 4973.17 to 4973.22 of the Revised Code;

(3) Employees of the department of taxation engaged in the enforcement of Chapter 5743. of the Revised Code and designated by the tax commissioner for peace officer training for purposes of the delegation of investigation powers under section 5743.45 of the Revised Code;

(4) An undercover drug agent;

(5) Enforcement agents of the department of public safety whom the director of public safety designates under section 5502.14 of the Revised Code;

(6) An employee of the department of natural resources who is a natural resources law enforcement staff officer designated pursuant to section 1501.013, a natural resources officer appointed pursuant to section 1501.24, a forest-fire investigator appointed pursuant to section 1503.09, or a wildlife officer designated pursuant to section 1531.13 of the Revised Code;

(7) An employee of a park district who is designated

pursuant to section 511.232 or 1545.13 of the Revised Code;

(8) An employee of a conservancy district who is designated pursuant to section 6101.75 of the Revised Code;

(9) A police officer who is employed by a hospital that employs and maintains its own proprietary police department or security department, and who is appointed and commissioned by the secretary of state pursuant to sections 4973.17 to 4973.22 of the Revised Code;

(10) Veterans' homes police officers designated under section 5907.02 of the Revised Code;

(11) A police officer who is employed by a qualified nonprofit corporation police department pursuant to section 1702.80 of the Revised Code;

(12) A state university law enforcement officer appointed under section 3345.04 of the Revised Code or a person serving as a state university law enforcement officer on a permanent basis on June 19, 1978, who has been awarded a certificate by the executive director of the Ohio peace officer training commission attesting to the person's satisfactory completion of an approved state, county, municipal, or department of natural resources peace officer basic training program;

(13) A special police officer employed by the department of ~~mental~~ behavioral health ~~and addiction services~~ pursuant to section 5119.08 of the Revised Code or the department of developmental disabilities pursuant to section 5123.13 of the Revised Code;

(14) A member of a campus police department appointed under section 1713.50 of the Revised Code;

(15) A member of a police force employed by a regional transit authority under division (Y) of section 306.35 of the Revised Code;

(16) Investigators appointed by the auditor of state pursuant to section 117.091 of the Revised Code and engaged in the enforcement of Chapter 117. of the Revised Code;

(17) A special police officer designated by the superintendent of the state highway patrol pursuant to section 5503.09 of the Revised Code or a person who was serving as a special police officer pursuant to that section on a permanent basis on October 21, 1997, and who has been awarded a certificate by the executive director of the Ohio peace officer training commission attesting to the person's satisfactory completion of an approved state, county, municipal, or department of natural resources peace officer basic training program;

(18) A special police officer employed by a port authority under section 4582.04 or 4582.28 of the Revised Code or a person serving as a special police officer employed by a port authority on a permanent basis on May 17, 2000, who has been awarded a certificate by the executive director of the Ohio peace officer training commission attesting to the person's satisfactory completion of an approved state, county, municipal, or department of natural resources peace officer basic training program;

(19) A special police officer employed by a municipal corporation who has been awarded a certificate by the executive director of the Ohio peace officer training commission for satisfactory completion of an approved peace officer basic training program and who is employed on a permanent basis on or

after March 19, 2003, at a municipal airport, or other municipal air navigation facility, that has scheduled operations, as defined in section 119.3 of Title 14 of the Code of Federal Regulations, 14 C.F.R. 119.3, as amended, and that is required to be under a security program and is governed by aviation security rules of the transportation security administration of the United States department of transportation as provided in Parts 1542. and 1544. of Title 49 of the Code of Federal Regulations, as amended;

(20) A police officer who is employed by an owner or operator of an amusement park that has an average yearly attendance in excess of six hundred thousand guests and that employs and maintains its own proprietary police department or security department, and who is appointed and commissioned by a judge of the appropriate municipal court or county court pursuant to section 4973.17 of the Revised Code;

(21) A police officer who is employed by a bank, savings and loan association, savings bank, credit union, or association of banks, savings and loan associations, savings banks, or credit unions, who has been appointed and commissioned by the secretary of state pursuant to sections 4973.17 to 4973.22 of the Revised Code, and who has been awarded a certificate by the executive director of the Ohio peace officer training commission attesting to the person's satisfactory completion of a state, county, municipal, or department of natural resources peace officer basic training program;

(22) An investigator, as defined in section 109.541 of the Revised Code, of the bureau of criminal identification and investigation who is commissioned by the superintendent of the bureau as a special agent for the purpose of assisting law

enforcement officers or providing emergency assistance to peace officers pursuant to authority granted under that section;

(23) A state fire marshal law enforcement officer appointed under section 3737.22 of the Revised Code or a person serving as a state fire marshal law enforcement officer on a permanent basis on or after July 1, 1982, who has been awarded a certificate by the executive director of the Ohio peace officer training commission attesting to the person's satisfactory completion of an approved state, county, municipal, or department of natural resources peace officer basic training program;

(24) A gaming agent employed under section 3772.03 of the Revised Code;

(25) An employee of the state board of pharmacy designated by the executive director of the board pursuant to section 4729.04 of the Revised Code to investigate violations of Chapters 2925., 3715., 3719., 3796., 4729., and 4752. of the Revised Code and rules adopted thereunder.

(B) "Undercover drug agent" has the same meaning as in division (B)(2) of section 109.79 of the Revised Code.

(C) "Crisis intervention training" means training in the use of interpersonal and communication skills to most effectively and sensitively interview victims of rape.

(D) "Missing children" has the same meaning as in section 2901.30 of the Revised Code.

(E) "Tactical medical professional" means an EMT, ~~EMT-basic,~~ AEMT, ~~EMT-I,~~ paramedic, nurse, or physician who is trained and certified in a nationally recognized tactical medical training program that is equivalent to "tactical combat

casualty care" (TCCC) and "tactical emergency medical support" (TEMS) and who functions in the tactical or austere environment while attached to a law enforcement agency of either this state or a political subdivision of this state.

(F) ~~"EMT-basic," "EMT-I," and "paramedic" have the same meanings as in section 4765.01 of the Revised Code and~~ "EMT" and "AEMT" have the same meanings, respectively, as "EMT-basic" and "EMT-I" in section 4765.01 and as recognized in section 4765.011 of the Revised Code, and "paramedic" has the same meaning as in section 4765.01 of the Revised Code.

(G) "Nurse" means any of the following:

(1) Any person who is licensed to practice nursing as a registered nurse by the board of nursing pursuant to Chapter 4723. of the Revised Code;

(2) Any certified nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist, or certified nurse-midwife ~~who holds a certificate of authority issued by the board of nursing under Chapter 4723.~~ , as defined in section 4723.01 of the Revised Code;

(3) Any person who is licensed to practice nursing as a licensed practical nurse by the board of nursing pursuant to Chapter 4723. of the Revised Code.

(H) "Physician" means a person who is licensed pursuant to Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery.

(I) "County correctional officer" has the same meaning as in section 341.41 of the Revised Code.

(J)(1) "Fire investigator" means an employee of a fire

department charged with investigating fires and explosions who has been authorized, in accordance with sections 737.27 and 3737.24 of the Revised Code, to perform the duties of investigating the origin and cause of fires and explosions using the scientific method to investigate elements of the event including the circumstances, actions, persons, means, and motives that resulted in the fire or explosion or the report of a fire or explosion within this state.

(2) "Fire investigator" does not include a person who is acting as a fire investigator on behalf of an insurance company or any other privately owned or operated enterprise.

(K) "Fire department" means a fire department of the state or an instrumentality of the state or of a municipal corporation, township, joint fire district, or other political subdivision.

(L) "At-risk youth" means an individual who is all of the following:

(1) Under twenty-one years of age;

(2) One of the following:

(a) At risk of becoming an abused, neglected, or dependent child, delinquent or unruly child, or juvenile traffic offender;

(b) An abused, neglected, or dependent child, delinquent or unruly child, or juvenile traffic offender.

(3) Residing in a state correctional institution, a department of youth services institution, or a residential facility.

(M) "Residential facility" has the same meaning as in section 2151.46 of the Revised Code.

Sec. 3129.01. As used in this chapter:

(A) "Biological sex," "birth sex," and "sex" mean the biological indication of male and female, including sex chromosomes, naturally occurring sex hormones, gonads, and nonambiguous internal and external genitalia present at birth, without regard to an individual's psychological, chosen, or subjective experience of gender.

(B) "Cross-sex hormone" means testosterone, estrogen, or progesterone given to a minor individual in an amount greater than would normally be produced endogenously in a healthy individual of the minor individual's age and sex.

(C) "Gender reassignment surgery" means any surgery performed for the purpose of assisting an individual with gender transition that seeks to surgically alter or remove healthy physical or anatomical characteristics or features that are typical for the individual's biological sex, in order to instill or create physiological or anatomical characteristics that resemble a sex different from the individual's birth sex, including genital or non-genital gender reassignment surgery.

(D) "Gender-related condition" means any condition where an individual feels an incongruence between the individual's gender identity and biological sex. "Gender-related condition" includes gender dysphoria.

(E) "Gender transition" means the process in which an individual goes from identifying with and living as a gender that corresponds to his or her biological sex to identifying with and living as a gender different from his or her biological sex, including social, legal, or physical changes.

(F) "Gender transition services" means any medical or

surgical service (including physician services, inpatient and outpatient hospital services, or prescription drugs or hormones) provided for the purpose of assisting an individual with gender transition that seeks to alter or remove physical or anatomical characteristics or features that are typical for the individual's biological sex, or to instill or create physiological or anatomical characteristics that resemble a sex different from the individual's birth sex, including medical services that provide puberty blocking drugs, cross-sex hormones, or other mechanisms to promote the development of feminizing or masculinizing features in the opposite sex, or genital or non-genital gender reassignment surgery.

(G) "Genital gender reassignment surgery" means surgery performed for the purpose of assisting an individual with gender transition and includes both of the following:

(1) Surgeries that sterilize, such as castration, vasectomy, hysterectomy, oophorectomy, orchiectomy, and penectomy;

(2) Surgeries that artificially construct tissue with the appearance of genitalia that differs from the individual's biological sex, such as metoidiplasty, phalloplasty, and vaginoplasty.

(H) "Mental health professional" means all of the following:

(1) Either of the following advanced practice registered nurses who holds a current, valid license issued under Chapter 4723. of the Revised Code that authorizes the practice of nursing as an advanced practice registered nurse:

(a) A clinical nurse specialist who is certified as a

psychiatric-mental health CNS, or the equivalent of such title, by the American nurses credentialing center;

(b) A certified nurse practitioner who is certified as a psychiatric-mental health NP, or the equivalent of such title, by the American nurses credentialing center or American academy of nurse practitioners certification board.

(2) A physician specializing in psychiatry;

(3) A psychologist, school psychologist, or independent school psychologist licensed under Chapter 4732. of the Revised Code or under rules adopted in accordance with sections 3301.07 and 3319.22 of the Revised Code;

(4) An independent social worker, social worker, licensed professional clinical counselor, licensed professional counselor, independent marriage and family therapist, or marriage and family therapist licensed under Chapter 4757. of the Revised Code.

(I) "Minor individual" means an individual under eighteen years of age.

(J) "Non-genital gender reassignment surgery" means surgery performed for the purpose of assisting an individual with gender transition such as augmentation mammoplasty, facial feminization surgery, liposuction, lipofilling, voice surgery, thyroid cartilage reduction, gluteal augmentation, pectoral implants, or other aesthetic procedures.

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

(L) "Puberty-blocking drugs" means Gonadotropin-releasing

hormone analogs or other synthetic drugs used to stop luteinizing hormone and follicle stimulating hormone secretion, synthetic antiandrogen drugs used to block the androgen receptor, or any drug to delay or suppress normal puberty.

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

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

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

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

(a) Interscholastic athletics;

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

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

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

(B) Prior to the start of each athletic season, a school that is subject to this section shall hold an informational meeting for students, parents, guardians, other persons having care or charge of a student, physicians, pediatric

cardiologists, athletic trainers, and any other persons regarding the symptoms and warning signs of sudden cardiac arrest for all ages of students.

(C) No student shall participate in an athletic activity until the student has submitted to a designated school official a form signed by the student and the parent, guardian, or other person having care or charge of the student stating that the student and the parent, guardian, or other person having care or charge of the student have received and reviewed a copy of the information jointly developed by the department of health and the department of education and workforce and posted on their respective web sites as required by section 3707.59 of the Revised Code. A completed form shall be submitted each school year, as defined in section 3313.62 of the Revised Code, in which the student participates in an athletic activity.

(D) No individual, including coaches and assistant coaches, shall coach an athletic activity unless the individual has completed the sudden cardiac arrest training course approved by the department of health under division (C) of section 3707.59 of the Revised Code in accordance with section 3319.303 of the Revised Code.

(E)(1) A student shall not be allowed to participate in an athletic activity if either of the following is the case:

(a) The student's biological parent, biological sibling, or biological child has previously experienced sudden cardiac arrest, and the student has not been evaluated and cleared for participation in an athletic activity by a physician authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery.

(b) The student is known to have exhibited syncope or fainting at any time prior to or following an athletic activity and has not been evaluated and cleared for return under division (E)(3) of this section after exhibiting syncope or fainting.

(2) A student shall be removed by the student's coach from participation in an athletic activity if the student exhibits syncope or fainting.

(3) If a student is not allowed to participate in or is removed from participation in an athletic activity under division (E)(1) or (2) of this section, the student shall not be allowed to return to participation until the student is evaluated and cleared for return in writing by any of the following:

(a) A physician authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery, including a physician who specializes in cardiology;

(b) A certified nurse practitioner, clinical nurse specialist, or certified nurse-midwife ~~who holds a certificate of authority issued under Chapter 4723.~~, as defined in section 4723.01 of the Revised Code;

(c) A physician assistant licensed under Chapter 4730. of the Revised Code;

(d) An athletic trainer licensed under Chapter 4755. of the Revised Code.

The licensed health care providers specified in divisions (E)(3)(a) to (d) of this section may consult with any other licensed or certified health care providers in order to determine whether a student is ready to return to participation.

(F) A school that is subject to this section shall establish penalties for a coach who violates the provisions of division (E) of this section.

(G) Nothing in this section shall be construed to abridge or limit any rights provided under a collective bargaining agreement entered into under Chapter 4117. of the Revised Code prior to March 14, 2017.

(H)(1) A school district, member of a school district board of education, or school district employee or volunteer, including a coach, is not liable in damages in a civil action for injury, death, or loss to person or property allegedly arising from providing services or performing duties under this section, unless the act or omission constitutes willful or wanton misconduct.

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

(2) A chartered or nonchartered nonpublic school or any officer, director, employee, or volunteer of the school, including a coach, is not liable in damages in a civil action for injury, death, or loss to person or property allegedly arising from providing services or performing duties under this section, unless the act or omission constitutes willful or wanton misconduct.

Sec. 3333.28. (A) The chancellor of higher education shall establish the nurse education assistance program, the purpose of

which shall be to make loans to students enrolled in prelicensure ~~nurse~~ nursing education programs ~~at institutions~~ approved by the board of nursing under section 4723.06 of the Revised Code and postlicensure ~~nurse~~ nursing education programs approved by the chancellor under section 3333.04 of the Revised Code or offered by an institution holding a certificate of authorization issued under Chapter 1713. of the Revised Code. ~~The~~

The chancellor shall determine the manner in which to distribute loans under the program. The board of nursing shall assist the chancellor in administering the program.

(B) There is hereby created in the state treasury the nurse education assistance fund, which shall consist of all money transferred to it pursuant to section 4743.05 of the Revised Code. The fund shall be used by the chancellor for loans made under division (A) of this section and for expenses of administering the loan program.

(C) ~~Between July 1, 2005, and January 1, 2012, the chancellor shall distribute money in the nurse education assistance fund in the following manner:~~

~~(1)(a) Fifty per cent of available funds shall be awarded as loans to registered nurses enrolled in postlicensure nurse education programs described in division (A) of this section. To be eligible for a loan, the applicant shall provide the chancellor with a letter of intent to practice as a faculty member at a prelicensure or postlicensure program for nursing in this state upon completion of the applicant's academic program.~~

~~(b) If the borrower of a loan under division (C)(1)(a) of this section secures employment as a faculty member of an~~

~~approved nursing education program in this state within six months following graduation from an approved nurse education program, the chancellor may forgive the principal and interest of the student's loans received under division (C)(1)(a) of this section at a rate of twenty-five per cent per year, for a maximum of four years, for each year in which the borrower is so employed. A deferment of the service obligation, and other conditions regarding the forgiveness of loans may be granted as provided by the rules adopted under division (D)(7) of this section.~~

~~(c) Loans awarded under division (C)(1)(a) of this section shall be awarded on the basis of the student's expected family contribution, with preference given to those applicants with the lowest expected family contribution. However, the chancellor may consider other factors the chancellor determines relevant in ranking the applications.~~

~~(d) Each loan awarded to a student under division (C)(1)(a) of this section shall be not less than five thousand dollars per year.~~

~~(2) Twenty-five per cent of available funds shall be awarded to students enrolled in prelicensure nurse education programs for registered nurses, as defined in section 4723.01 of the Revised Code.~~

~~(3) Twenty-five per cent of available funds shall be awarded to students enrolled in nurse education programs as determined by the chancellor, with preference given to programs aimed at increasing enrollment in an area of need.~~

~~After January 1, 2012, the chancellor shall determine the manner in which to distribute loans under this section.~~

~~(D) Subject to the requirements specified in division (C) of this section, the~~ The chancellor shall adopt rules in accordance with Chapter 119. of the Revised Code establishing:

(1) Eligibility criteria for receipt of a loan;

(2) Loan application procedures;

(3) The amounts in which loans may be made and the total amount that may be loaned to an individual;

(4) The total amount of loans that can be made each year;

(5) The percentage of the money in the fund that must remain in the fund at all times as a fund balance;

(6) Interest and principal repayment schedules;

(7) Conditions under which a portion of principal and interest obligations incurred by an individual under the program will be forgiven;

(8) Conditions under which all or a portion of the principal and interest obligations incurred by an individual who is deployed on active duty outside of the state or who is the spouse of a person deployed on active duty outside of the state may be deferred or forgiven~~.~~ ;

(9) Ways that the program may be used to encourage individuals who are members of minority groups to enter the nursing profession;

(10) Any other matters incidental to the operation of the program.

~~(E)~~ (D)(1) The obligation to repay a portion of the principal and interest on a loan made under this section shall be forgiven if the recipient of the loan meets the ~~criteria~~

conditions for forgiveness established ~~by division (C)(1)(b) of this section, in the case of loans awarded under division (C)(1)(a) of this section, or~~ by the chancellor under the rule adopted under division ~~(D)(7)~~(C)(7) of this section~~, in the case of other loans awarded under this section~~.

~~(F)~~(2) The obligation to repay all or a portion of the principal and interest on a loan made under this section may be deferred or forgiven if the recipient of the loan meets the ~~criteria~~ conditions for deferment or forgiveness established by the chancellor under the rule adopted under division ~~(D)(8)~~(C)(8) of this section.

~~(G)~~(E) The receipt of a loan under this section shall not affect a student's eligibility for assistance, or the amount of that assistance, granted under section 3333.122, 3333.22, 3333.26, 5910.03, 5910.032, or 5919.34 of the Revised Code, but the rules of the chancellor may provide for taking assistance received under those sections into consideration when determining a student's eligibility for a loan under this section.

~~(H)~~(F) As used in this section, "active duty" means active duty pursuant to an executive order of the president of the United States, an act of the congress of the United States, or section 5919.29 or 5923.21 of the Revised Code.

Sec. 3701.69. (A)(1) The department of health shall create a Down syndrome information sheet that includes all of the following:

(a) A description of Down syndrome, including its causes, effects on development, and potential complications;

(b) Diagnostic tests;

(c) Options for treatment and therapy;

(d) Contact information for local, state, and national organizations that provide Down syndrome educational and support services and programs.

(2) With respect to the medical information included in the information sheet, the department shall include only information that is current and based on medical evidence.

(3) The department shall periodically review and update the information sheet and shall make it available on the department's internet web site.

(B) If a patient under the care of any of the following health care professionals or facilities receives either a test result indicating Down syndrome or a prenatal or postnatal diagnosis of Down syndrome, the health care professional or facility shall provide to the patient or the patient's representative a copy of the information sheet created under division (A) of this section:

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

(2) A certified nurse-midwife ~~who holds a certificate of authority issued under Chapter 4723.~~, as defined in section 4723.01 of the Revised Code;

(3) A genetic counselor licensed under Chapter 4778. of the Revised Code;

(4) A hospital licensed under Chapter 3722. of the Revised Code that operates a maternity unit or newborn care nursery;

(5) A maternity home licensed under Chapter 3711. of the

Revised Code;

(6) A freestanding birthing center licensed under section 3702.30 of the Revised Code.

Sec. 3701.92. As used in sections 3701.921 to ~~3701.929~~ 3701.928 of the Revised Code:

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

(B) ~~"Patient centered medical home education advisory group" means the entity established under section 3701.924 of the Revised Code.~~

~~(C)~~ "Patient centered medical home education program" means the program established under section 3701.921 of the Revised Code and any pilot projects operated pursuant to that section.

~~(D) "Patient centered medical home education pilot project" means the pilot project established under section 3701.923 of the Revised Code.~~

~~(E)~~ (C) "Physician assistant" means a person who is licensed as a physician assistant under Chapter 4730. of the Revised Code.

Sec. 3701.921. There is hereby established the patient centered medical home education program in the department of health. For the purpose of advancing education in the patient centered medical home model of care, the director of health may implement and administer the program pursuant to sections 3701.922 to ~~3701.929~~ 3701.928 of the Revised Code. The patient centered medical home model of care is an enhanced model of primary care in which care teams attend to the multifaceted

needs of patients, providing whole person comprehensive and coordinate patient centered care.

To the extent that funds are available, the program ~~shall include the patient centered medical home education pilot project and~~ may include any ~~other~~ projects the director establishes pursuant to division (A)(3) of section 3701.922 of the Revised Code.

Sec. 3705.01. As used in this chapter:

(A) "Live birth" means the complete expulsion or extraction from its mother of a product of human conception that after such expulsion or extraction breathes or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached.

(B)(1) "Fetal death" means death prior to the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy, which after such expulsion or extraction does not breathe or show any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles.

(2) "Stillborn" means that an infant of at least twenty weeks of gestation suffered a fetal death.

(C) "Dead body" means a human body or part of a human body from the condition of which it reasonably may be concluded that death recently occurred.

(D) "Physician" means a person licensed pursuant to Chapter 4731. of the Revised Code to practice medicine or

surgery or osteopathic medicine and surgery.

(E) "Attending physician," when used in the context of the death of a patient, means the physician in charge of the patient's care for the illness or condition that resulted in death.

(F) "Institution" means any establishment, public or private, that provides medical, surgical, or diagnostic care or treatment, or domiciliary care, to two or more unrelated individuals, or to persons committed by law.

(G) "Funeral director" has the meaning given in section 4717.01 of the Revised Code.

(H) "State registrar" means the head of the office of vital statistics in the department of health.

(I) "Medical certification" means completion of the medical certification portion of the certificate of death or fetal death as to the cause of death or fetal death.

(J) "Final disposition" means the interment, cremation, removal from the state, donation, or other authorized disposition of a dead body or a fetal death.

(K) "Interment" means the final disposition of the remains of a dead body by burial or entombment.

(L) "Cremation" means the reduction to ashes of a dead body.

(M) "Donation" means gift of a dead body to a research institution or medical school.

(N) "System of vital statistics" means the registration, collection, preservation, amendment, and certification of vital

records, the collection of other reports required by this chapter, and activities related thereto.

(O) "Vital records" means certificates or reports of birth, death, fetal death, marriage, divorce, dissolution of marriage, annulment, and data related thereto and other documents maintained as required by statute.

(P) "File" means the presentation of vital records for registration by the office of vital statistics.

(Q) "Registration" means the acceptance by the office of vital statistics and the incorporation of vital records into its official records.

(R) "Birth record" means a birth certificate that has been registered with the office of vital statistics; or, if registered prior to March 16, 1989, with the division of vital statistics; or, if registered prior to the establishment of the division of vital statistics, with the department of health or a local registrar.

(S) "Certification of birth" means a document issued by the director of health or state registrar or a local registrar under division (B) of section 3705.23 of the Revised Code.

(T) "Certified nurse-midwife," ~~has~~ "clinical nurse specialist," and "certified nurse practitioner" have the same ~~meaning~~ meanings as in section 4723.01 of the Revised Code.

Sec. 3705.30. (A) As used in this section:

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

~~(2)~~ "Freestanding birthing center" has the same meaning as

in section 3701.503 of the Revised Code.

~~(3)~~(2) "Hospital" ~~has the same meaning as in section 3722.01~~ means an institution or facility licensed under Chapter 3722. of the Revised Code.

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

(B) The director of health shall establish and, if funds for this purpose are available, implement a statewide birth defects information system for the collection of information concerning congenital anomalies, stillbirths, and abnormal conditions of newborns.

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

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

(2) On request, each physician, certified nurse-midwife, clinical nurse specialist, certified nurse practitioner, hospital, and freestanding birthing center shall give the director or authorized employees of the department of health

access to the medical records of any patient described in division (C)(1) of this section. The department shall pay the costs of copying any medical records pursuant to this division.

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

(D) A physician, certified nurse-midwife, clinical nurse specialist, certified nurse practitioner, hospital, or freestanding birthing center that provides information to the system under division (C) of this section shall not be subject to criminal or civil liability for providing the information.

Sec. 3707.58. (A) As used in this section:

(1) "Youth athlete" means an individual who wishes to practice for or compete in athletic activities organized by a youth sports organization;

(2) "Youth sports organization" has the same meaning as in section 3707.51 of the Revised Code.

(B) Prior to the start of each athletic season, a youth sports organization that is subject to this section shall hold an informational meeting for youth athletes, parents, guardians, other persons having care or charge of a youth athlete, physicians, pediatric cardiologists, athletic trainers, and any other persons regarding the symptoms and warning signs of sudden cardiac arrest for all ages of youth athletes.

(C) No youth athlete shall participate in an athletic activity organized by a youth sports organization until the youth athlete has submitted to a designated official of the youth sports organization a form signed by the youth athlete and

the parent, guardian, or other person having care or charge of the youth athlete stating that the youth athlete and the parent, guardian, or other person having care or charge of the youth athlete have received and reviewed a copy of the information developed by the department of health and the department of education and workforce and posted on their respective internet web sites as required by section 3707.59 of the Revised Code. A completed form shall be submitted each calendar year to each youth sports organization that organizes an athletic activity in which the youth athlete participates.

(D) No individual shall coach an athletic activity organized by a youth sports organization unless the individual has completed, on an annual basis, the sudden cardiac arrest training course approved by the department of health under division (C) of section 3707.59 of the Revised Code.

(E)(1) A youth athlete shall not be allowed to participate in an athletic activity organized by a youth sports organization if either of the following is the case:

(a) The youth athlete's biological parent, biological sibling, or biological child has previously experienced sudden cardiac arrest, and the youth athlete has not been evaluated and cleared for participation in an athletic activity organized by a youth sports organization by a physician authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery.

(b) The youth athlete is known to have exhibited syncope or fainting at any time prior to or following an athletic activity and has not been evaluated and cleared for return under division (E)(3) of this section after exhibiting syncope or fainting.

(2) A youth athlete shall be removed by the youth athlete's coach from participation in an athletic activity organized by a youth sports organization if the youth athlete exhibits syncope or fainting.

(3) If a youth athlete is not allowed to participate in or is removed from participation in an athletic activity organized by a youth sports organization under division (E)(1) or (2) of this section, the youth athlete shall not be allowed to return to participation until the youth athlete is evaluated and cleared for return in writing by any of the following:

(a) A physician authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery, including a physician who specializes in cardiology;

(b) A certified nurse practitioner, clinical nurse specialist, or certified nurse-midwife ~~who holds a certificate of authority issued under Chapter 4723.~~, as defined in section 4723.01 of the Revised Code.

The licensed health care providers specified in divisions (E)(3)(a) and (b) of this section may consult with any other licensed or certified health care providers in order to determine whether a youth athlete is ready to return to participation.

(F) A youth sports organization that is subject to this section shall establish penalties for a coach who violates the provisions of division (E) of this section.

(G)(1) A youth sports organization or official, employee, or volunteer of a youth sports organization, including a coach, is not liable in damages in a civil action for injury, death, or

loss to person or property allegedly arising from providing services or performing duties under this section, unless the act or omission constitutes willful or wanton misconduct.

(2) This section does not eliminate, limit, or reduce any other immunity or defense that a public entity, public official, or public employee may be entitled to under Chapter 2744. or any other provision of the Revised Code or under the common law of this state.

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

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

(a) Supervision of special diets;

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

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

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

(3) Provide skilled nursing care for more than one hundred twenty days in a twelve-month period to a resident when the requirements of division (D) of this section are met.

A residential care facility may not admit or retain an individual requiring skilled nursing care that is not authorized by this section. A residential care facility may not provide

skilled nursing care beyond the limits established by this section.

(B)(1) A residential care facility may admit or retain an individual requiring medication, including biologicals, only if the individual's personal physician, certified nurse-midwife if authorized as described in section 4723.438 of the Revised Code, clinical nurse specialist, or certified nurse practitioner has determined in writing that the individual is capable of self-administering the medication or the facility provides for the medication to be administered to the individual by a home health agency certified under Title XVIII of the "Social Security Act," 79 Stat. 620 (1965), 42 U.S.C. 1395, as amended; a hospice care program licensed under Chapter 3712. of the Revised Code; or a member of the staff of the residential care facility who is qualified to perform medication administration. Medication may be administered in a residential care facility only by the following persons authorized by law to administer medication:

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

(b) A licensed practical nurse licensed under Chapter 4723. of the Revised Code ~~who holds proof of successful completion of a course in medication administration approved by the board of nursing and~~ who administers the medication only at the direction of a registered nurse or a physician authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery;

(c) A medication aide certified under Chapter 4723. of the Revised Code;

(d) A physician authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery.

(2) In assisting a resident with self-administration of medication, any member of the staff of a residential care facility may do the following:

(a) Remind a resident when to take medication and watch to ensure that the resident follows the directions on the container;

(b) Assist a resident by taking the medication from the locked area where it is stored, in accordance with rules adopted pursuant to section 3721.04 of the Revised Code, and handing it to the resident. If the resident is physically unable to open the container, a staff member may open the container for the resident.

(c) Assist a resident who is physically impaired but mentally alert, such as a resident with arthritis, cerebral palsy, or Parkinson's disease, in removing oral or topical medication from containers and in consuming or applying the medication, upon request by or with the consent of the resident. If a resident is physically unable to place a dose of medicine to the resident's mouth without spilling it, a staff member may place the dose in a container and place the container to the mouth of the resident.

(C) Except as provided in division (D) of this section, a residential care facility may admit or retain individuals who require skilled nursing care beyond the supervision of special diets, application of dressings, or administration of medication, only if the care will be provided on a part-time,

intermittent basis for not more than a total of one hundred twenty days in any twelve-month period. In accordance with Chapter 119. of the Revised Code, the director of health shall adopt rules specifying what constitutes the need for skilled nursing care on a part-time, intermittent basis. The director shall adopt rules that are consistent with rules pertaining to home health care adopted by the medicaid director for the medicaid program. Skilled nursing care provided pursuant to this division may be provided by a home health agency certified for participation in the medicare program, a hospice care program licensed under Chapter 3712. of the Revised Code, or a member of the staff of a residential care facility who is qualified to perform skilled nursing care.

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

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

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

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

(a) The individual or individual's sponsor;

(b) The individual's personal physician, certified nurse-midwife if authorized as described in section 4723.438 of the Revised Code, clinical nurse specialist, or certified nurse

practitioner;

(c) Unless the individual's personal physician, certified nurse-midwife, clinical nurse specialist, or certified nurse practitioner oversees the skilled nursing care, the provider of the skilled nursing care;

(d) If the individual is a hospice patient as defined in section 3712.01 of the Revised Code, a hospice care program licensed under Chapter 3712. of the Revised Code.

(2) The agreement required by division (D)(1) of this section shall include all of the following provisions:

(a) That the individual will be provided skilled nursing care in the facility only if a determination has been made that the individual's needs can be met at the facility;

(b) That the individual will be retained in the facility only if periodic redeterminations are made that the individual's needs are being met at the facility;

(c) That the redeterminations will be made according to a schedule specified in the agreement;

(d) If the individual is a hospice patient, that the individual has been given an opportunity to choose the hospice care program that best meets the individual's needs;

(e) Unless the individual is a hospice patient, that the individual's personal physician, certified nurse-midwife, clinical nurse specialist, or certified nurse practitioner has determined that the skilled nursing care the individual needs is routine.

(E) Notwithstanding any other provision of this chapter, a residential care facility in which residents receive skilled

nursing care pursuant to this section is not a nursing home.

Sec. 3728.01. As used in this chapter:

(A) "Administer epinephrine" means to inject an individual with epinephrine using an autoinjector in a manufactured dosage form.

(B) "Peace officer" has the same meaning as in section 109.71 of the Revised Code and also includes a sheriff.

(C) "Prescriber" means an individual who is authorized by law to prescribe drugs or dangerous drugs or drug therapy related devices in the course of the individual's professional practice, including only the following:

(1) 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~~;

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

(3) A physician assistant who is licensed under Chapter 4730. of the Revised Code, holds a valid prescriber number issued by the state medical board, and has been granted physician-delegated prescriptive authority.

(D) "Qualified entity" means either of the following:

(1) Any public or private entity that is associated with a location where allergens capable of causing anaphylaxis may be present, including child care centers, colleges and universities, places of employment, restaurants, amusement parks, recreation camps, sports playing fields and arenas, and other similar locations, except that "qualified entity" does not

include either of the following:

(a) A chartered or nonchartered nonpublic school; community school; science, technology, engineering, and mathematics school; college-preparatory boarding school; or a school operated by the board of education of a city, local, exempted village, or joint vocational school district, as those entities are otherwise authorized to procure epinephrine autoinjectors pursuant to sections 3313.7110, 3313.7111, 3314.143, 3326.28, or 3328.29 of the Revised Code;

(b) A camp described in section 5180.26 of the Revised Code that is authorized to procure epinephrine autoinjectors pursuant to that section;

(2) Either of the following served by a peace officer: a law enforcement agency or other entity described in division (A) of section 109.71 of the Revised Code.

Sec. 4503.44. (A) As used in this section and in section 4511.69 of the Revised Code:

(1) "Person with a disability that limits or impairs the ability to walk" means any person who, as determined by a health care provider, meets any of the following criteria:

(a) Cannot walk two hundred feet without stopping to rest;

(b) Cannot walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive device;

(c) Is restricted by a lung disease to such an extent that the person's forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter, or the arterial oxygen tension is less than sixty millimeters of

mercury on room air at rest;

(d) Uses portable oxygen;

(e) Has a cardiac condition to the extent that the person's functional limitations are classified in severity as class III or class IV according to standards set by the American heart association;

(f) Is severely limited in the ability to walk due to an arthritic, neurological, or orthopedic condition;

(g) Is blind, legally blind, or severely visually impaired.

(2) "Organization" means any private organization or corporation, or any governmental board, agency, department, division, or office, that, as part of its business or program, transports persons with disabilities that limit or impair the ability to walk on a regular basis in a motor vehicle that has not been altered for the purpose of providing it with accessible equipment for use by persons with disabilities. This definition does not apply to division (I) of this section.

(3) "Health care provider" means a physician, physician assistant, advanced practice registered nurse, optometrist, or chiropractor as defined in this section except that an optometrist shall only make determinations as to division (A)(1)(g) of this section.

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

(5) "Chiropractor" means a person licensed to practice chiropractic under Chapter 4734. of the Revised Code.

(6) "Advanced practice registered nurse" ~~means a certified nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist, or certified nurse-midwife who holds a certificate of authority issued by the board of nursing under Chapter 4723.~~ has the same meaning as in section 4723.01 of the Revised Code.

(7) "Physician assistant" means a person who is licensed as a physician assistant under Chapter 4730. of the Revised Code.

(8) "Optometrist" means a person licensed to engage in the practice of optometry under Chapter 4725. of the Revised Code.

(9) "Removable windshield placard" includes a standard removable windshield placard, a temporary removable windshield placard, or a permanent removable windshield placard, unless otherwise specified.

(B)(1) An organization, or a person with a disability that limits or impairs the ability to walk, may apply for the registration of any motor vehicle the organization or person owns or leases. When an adaptive mobility vehicle is owned or leased by someone other than a person with a disability that limits or impairs the ability to walk, the owner or lessee may apply to the registrar of motor vehicles or a deputy registrar for registration under this section. The application for registration of a motor vehicle owned or leased by a person with a disability that limits or impairs the ability to walk shall be accompanied by a signed statement from the applicant's health care provider certifying that the applicant meets at least one of the criteria contained in division (A)(1) of this section and that the disability is expected to continue for more than six consecutive months. The application for registration of an

adaptive mobility vehicle that is owned by someone other than a person with a disability that limits or impairs the ability to walk shall be accompanied by such documentary evidence of vehicle specifications or alterations as the registrar may require by rule.

(2) When an organization, a person with a disability that limits or impairs the ability to walk, or a person who does not have a disability that limits or impairs the ability to walk but owns a motor vehicle that has been altered for the purpose of providing it with accessible equipment for a person with a disability that limits or impairs the ability to walk first submits an application for registration of a motor vehicle under this section and every fifth year thereafter, the organization or person shall submit a signed statement from the applicant's health care provider, a completed application, and any required documentary evidence of vehicle specifications or alterations as provided in division (B)(1) of this section, and also a power of attorney from the owner of the motor vehicle if the applicant leases the vehicle. Upon submission of these items, the registrar or deputy registrar shall issue to the applicant appropriate vehicle registration and a set of license plates and validation stickers, or validation stickers alone when required by section 4503.191 of the Revised Code. In addition to the letters and numbers ordinarily inscribed thereon, the license plates shall be imprinted with the international symbol of access. The license plates and validation stickers shall be issued upon payment of the regular license fee as prescribed under section 4503.04 of the Revised Code and any motor vehicle tax levied under Chapter 4504. of the Revised Code, and the payment of a service fee equal to the amount established under section 4503.038 of the Revised Code.

(C)(1) A person with a disability that limits or impairs the ability to walk may apply to the registrar for a removable windshield placard by completing and signing an application provided by the registrar.

(2) The person shall include with the application a prescription from the person's health care provider prescribing such a placard for the person based upon a determination that the person meets at least one of the criteria contained in division (A)(1) of this section. The health care provider shall state on the prescription the length of time the health care provider expects the applicant to have the disability that limits or impairs the person's ability to walk. If the length of time the applicant is expected to have the disability is six consecutive months or less, the applicant shall submit an application for a temporary removable windshield placard. If the length of time the applicant is expected to have the disability is permanent, the applicant shall submit an application for a permanent removable windshield placard. All other applicants shall submit an application for a standard removable windshield placard.

(3) In addition to one placard or one or more sets of license plates, a person with a disability that limits or impairs the ability to walk is entitled to one additional placard, but only if the person applies separately for the additional placard, states the reasons why the additional placard is needed, and the registrar, in the registrar's discretion determines that good and justifiable cause exists to approve the request for the additional placard.

(4) An organization may apply to the registrar of motor vehicles for a standard removable windshield placard by

completing and signing an application provided by the registrar. The organization shall comply with any procedures the registrar establishes by rule. The organization shall include with the application documentary evidence that the registrar requires by rule showing that the organization regularly transports persons with disabilities that limit or impair the ability to walk.

(5) The registrar or deputy registrar shall issue to an applicant a standard removable windshield placard, a temporary removable windshield placard, or a permanent removable windshield placard, as applicable, upon receipt of all of the following:

(a) A completed and signed application for a removable windshield placard;

(b) The accompanying documents required under division (C)(2) or (4) of this section;

(c) Payment of a service fee equal to the amount established under section 4503.038 of the Revised Code for a standard removable windshield placard or a temporary removable windshield placard, or payment of fifteen dollars for a permanent removable windshield placard.

(6) The removable windshield placard shall display the date of expiration on both sides of the placard, or the word "permanent" if the placard is a permanent removable windshield placard, and shall be valid until expired, revoked, or surrendered. Except for a permanent removable windshield placard, which has no expiration, a removable windshield placard expires on the earliest of the following two dates:

(a) The date that the person issued the placard is expected to no longer have the disability that limits or impairs

the ability to walk, as indicated on the prescription submitted with the application for the placard;

(b) Ten years after the date of issuance on the placard.

In no case shall a removable windshield placard be valid for a period of less than sixty days.

(7) Standard removable windshield placards shall be renewable upon application and upon payment of a service fee equal to the amount established under section 4503.038 of the Revised Code. The registrar shall provide the application form and shall determine the information to be included thereon.

(8) The registrar shall determine the form and size of each type of the removable windshield placard, the material of which it is to be made, any differences in color between each type of placard to make them readily identifiable, and any other information to be included thereon, and shall adopt rules relating to the issuance, expiration, revocation, surrender, and proper display of such placards. A temporary removable windshield placard shall display the word "temporary" in letters of such size as the registrar shall prescribe. Any placard issued after October 14, 1999, shall be manufactured in a manner that allows the expiration date of the placard to be indicated on it through the punching, drilling, boring, or creation by any other means of holes in the placard.

(9) At the time a removable windshield placard is issued to a person with a disability that limits or impairs the ability to walk, the registrar or deputy registrar shall enter into the records of the bureau of motor vehicles the last date on which the person will have that disability, as indicated on the accompanying prescription. For a standard removable windshield

placard, not less than thirty days prior to that date and any renewal dates, the bureau shall send a renewal notice to that person at the person's last known address as shown in the records of the bureau, informing the person that the person's removable windshield placard will expire on the indicated date, and that the person is required to renew the placard by submitting to the registrar or a deputy registrar another prescription, and by complying with the renewal provisions. If such a prescription is not received by the registrar or a deputy registrar by that date, the placard issued to that person expires and no longer is valid, and this fact shall be recorded in the records of the bureau.

(10) At least once every year, on a date determined by the registrar, the bureau shall examine the records of the office of vital statistics, located within the department of health, that pertain to deceased persons, and also the bureau's records of all persons who have been issued removable windshield placards. If the records of the office of vital statistics indicate that a person to whom a removable windshield placard has been issued is deceased, the bureau shall cancel that placard, and note the cancellation in its records.

The office of vital statistics shall make available to the bureau all information necessary to enable the bureau to comply with division (C)(10) of this section.

(11) Nothing in this section shall be construed to require a person or organization to apply for a removable windshield placard or accessible license plates if the accessible license plates issued to the person or organization under prior law have not expired or been surrendered or revoked.

(D) Any active-duty member of the armed forces of the

United States, including the reserve components of the armed forces and the national guard, who has an illness or injury that limits or impairs the ability to walk may apply to the registrar or a deputy registrar for a temporary removable windshield placard. With the application, the person shall present evidence of the person's active-duty status and the illness or injury. Evidence of the illness or injury may include a current department of defense convalescent leave statement, any department of defense document indicating that the person currently has an ill or injured casualty status or has limited duties, or a prescription from any health care provider prescribing the placard for the applicant. Upon receipt of the application and the necessary evidence, the registrar or deputy registrar shall issue the applicant the temporary removable windshield placard without the payment of any service fee.

(E) If an applicant for a removable windshield placard is a veteran of the armed forces of the United States whose disability, as defined in division (A)(1) of this section, is service-connected, the registrar or deputy registrar, upon receipt of the application, presentation of a signed statement from the applicant's health care provider certifying the applicant's disability, and presentation of such documentary evidence from the department of veterans affairs that the disability of the applicant meets at least one of the criteria identified in division (A)(1) of this section and is service-connected as the registrar may require by rule, but without the payment of any service fee, shall issue the applicant a removable windshield placard that is valid until expired, surrendered, or revoked.

(F)(1) Upon a conviction of a violation of division (H) or (I) of this section, the court shall report the conviction, and

send the placard, if available, to the registrar, who thereupon shall revoke the privilege of using the placard and send notice in writing to the placardholder at that holder's last known address as shown in the records of the bureau, and the placardholder shall return the placard if not previously surrendered to the court, to the registrar within ten days following mailing of the notice.

(2) Whenever a person to whom a removable windshield placard has been issued moves to another state, the person shall surrender the placard to the registrar; and whenever an organization to which a placard has been issued changes its place of operation to another state, the organization shall surrender the placard to the registrar.

(3) If a person no longer requires a permanent removable windshield placard, the person shall notify and surrender the placard to the registrar or deputy registrar within ten days of no longer requiring the placard. The person may still apply for a standard removable windshield placard or temporary removable windshield placard, if applicable.

(G) Subject to division (F) of section 4511.69 of the Revised Code, the operator of a motor vehicle displaying a removable windshield placard or the accessible license plates authorized by this section is entitled to park the motor vehicle in any accessible parking location reserved for persons with disabilities that limit or impair the ability to walk.

(H) No person or organization that is not eligible for the issuance of license plates or any placard under this section shall willfully and falsely represent that the person or organization is so eligible.

No person or organization shall display license plates issued under this section unless the license plates have been issued for the vehicle on which they are displayed and are valid.

(I) No person or organization to which a removable windshield placard is issued shall do either of the following:

(1) Display or permit the display of the placard on any motor vehicle when having reasonable cause to believe the motor vehicle is being used in connection with an activity that does not include providing transportation for persons with disabilities that limit or impair the ability to walk;

(2) Refuse to return or surrender the placard, when required.

(J) If a removable windshield placard or parking card is lost, destroyed, or mutilated, the placardholder or cardholder may obtain a duplicate by doing both of the following:

(1) Furnishing suitable proof of the loss, destruction, or mutilation to the registrar;

(2) Paying a service fee equal to the amount paid when the placardholder obtained the original placard.

Any placardholder who loses a placard and, after obtaining a duplicate, finds the original, immediately shall surrender the original placard to the registrar.

(K)(1) The registrar shall pay all fees received under this section for the issuance of removable windshield placards or duplicate removable windshield placards into the state treasury to the credit of the public safety - highway purposes fund created in section 4501.06 of the Revised Code.

(2) In addition to the fees collected under this section, the registrar or deputy registrar shall ask each person applying for a removable windshield placard or duplicate removable windshield placard or license plate issued under this section, whether the person wishes to make a two-dollar voluntary contribution to support rehabilitation employment services. The registrar shall transmit the contributions received under this division to the treasurer of state for deposit into the rehabilitation employment fund, which is hereby created in the state treasury. A deputy registrar shall transmit the contributions received under this division to the registrar in the time and manner prescribed by the registrar. The contributions in the fund shall be used by the opportunities for Ohioans with disabilities agency to purchase services related to vocational evaluation, work adjustment, personal adjustment, job placement, job coaching, and community-based assessment from accredited community rehabilitation program facilities.

(L) For purposes of enforcing this section, every peace officer is deemed to be an agent of the registrar. Any peace officer or any authorized employee of the bureau of motor vehicles who, in the performance of duties authorized by law, becomes aware of a person whose removable windshield placard or parking card has been revoked pursuant to this section, may confiscate that placard or parking card and return it to the registrar. The registrar shall prescribe any forms used by law enforcement agencies in administering this section.

No peace officer, law enforcement agency employing a peace officer, or political subdivision or governmental agency employing a peace officer, and no employee of the bureau is liable in a civil action for damages or loss to persons arising out of the performance of any duty required or authorized by

this section. As used in this division, "peace officer" has the same meaning as in division (B) of section 2935.01 of the Revised Code.

(M) All applications for registration of motor vehicles and removable windshield placards issued under this section, all renewal notices for such items, and all other publications issued by the bureau that relate to this section shall set forth the criminal penalties that may be imposed upon a person who violates any provision relating to accessible license plates issued under this section, the parking of vehicles displaying such license plates, and the issuance, procurement, use, and display of removable windshield placards issued under this section.

(N) Whoever violates this section is guilty of a misdemeanor of the fourth degree.

Sec. 4723.01. As used in this chapter:

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

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

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

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

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

(4) Providing health counseling and health teaching;

(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;

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

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

(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.

(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.

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

(1) Observation, patient teaching, and care in a diversity

of health care settings;

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

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

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

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

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

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

(H) "Clinical nurse specialist" means an advanced practice registered nurse who holds a current, valid license issued under

this chapter and is designated as a clinical nurse specialist in accordance with section 4723.42 of the Revised Code and rules adopted by the board of nursing.

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

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

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

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

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

(2) In the case of a certified nurse-midwife, that one or more physicians with whom the certified nurse-midwife has

entered into a standard care arrangement are continuously available to communicate with the certified nurse-midwife either in person or by electronic communication.

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

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

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

(1) A certified registered nurse anesthetist;

(2) A clinical nurse specialist;

(3) A certified nurse-midwife;

(4) A certified nurse practitioner.

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

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

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

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

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

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

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

practitioner.

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

Sec. 4723.063. (A) As used in this section:

(1) "Health care facility" means:

(a) A hospital ~~as defined in section~~ licensed under Chapter 3722.01 of the Revised Code;

(b) 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;

(c) A county home or a county nursing home as defined in section 5155.31 of the Revised Code that is certified under Title XVIII or XIX of the "Social Security Act," 49 Stat. 620 (1935), 42 U.S.C. 301, as amended;

(d) A freestanding dialysis center;

(e) A freestanding inpatient rehabilitation facility;

(f) An ambulatory surgical facility;

(g) A freestanding cardiac catheterization facility;

(h) A freestanding birthing center;

(i) A freestanding or mobile diagnostic imaging center;

(j) A freestanding radiation therapy center.

(2) "~~Nurse~~ Nursing education program" means a prelicensure ~~nurse~~ nursing education program approved by the board of nursing under section 4723.06 of the Revised Code or a postlicensure ~~nurse~~ nursing education program approved by the chancellor of

higher education under section 3333.04 of the Revised Code.

(B) The ~~state~~ board of nursing shall establish and administer the nurse education grant program. Under the program, the board shall award grants to ~~nurse~~ nursing education programs that have partnerships with other education programs, community health agencies, health care facilities, or patient centered medical homes. Grant recipients shall use the money to fund partnerships to increase the nurse education program's enrollment capacity. Methods of increasing a program's enrollment capacity may include hiring faculty and preceptors, purchasing educational equipment and materials, and other actions acceptable to the board. Grant money shall not be used to construct or renovate buildings. Partnerships may be developed between one or more ~~nurse~~ nursing education programs and one or more health care facilities.

In awarding grants, the board shall give preference to partnerships between ~~nurse~~ nursing education programs and hospitals, nursing homes, and county homes or county nursing homes, but may also award grants to fund partnerships between ~~nurse~~ nursing education programs and other health care facilities and between ~~nurse~~ nursing education programs and patient centered medical homes.

(C) The board shall adopt rules in accordance with Chapter 119. of the Revised Code establishing the following:

(1) Eligibility requirements for receipt of a grant;

(2) Grant application forms and procedures;

(3) The amounts in which grants may be made and the total amount that may be awarded to a ~~nurse~~ nursing education program that has a partnership with other education programs, a

community health agency, a health care facility, or a patient centered medical home;

(4) A method whereby the board may evaluate the effectiveness of a partnership between joint recipients in increasing the ~~nurse~~ nursing education program's enrollment capacity;

(5) The percentage of the money in the fund that must remain in the fund at all times to maintain a fiscally responsible fund balance;

(6) The percentage of available grants to be awarded to licensed practical nurse education programs, registered nurse education programs, and graduate programs;

(7) Any other matters incidental to the operation of the program.

(D) Until December 31, 2033, ten dollars of each nursing license renewal fee collected under section 4723.08 of the Revised Code shall be dedicated to the nurse education grant program fund, which is hereby created in the state treasury. The board shall use money in the fund for grants awarded under division ~~(A)~~ (B) of this section and for expenses of administering the grant program. The amount used for administrative expenses in any year shall not exceed ten per cent of the amount transferred to the fund in that year.

(E) Each quarter, for the purposes of transferring funds to the nurse education grant program, the board of nursing shall certify to the director of budget and management the number of licenses renewed under this chapter during the preceding quarter and the amount equal to that number times ten dollars.

(F) Notwithstanding the requirements of section 4743.05 of

the Revised Code, from January 1, 2004, until December 31, 2033, at the end of each quarter, the director of budget and management shall transfer from the occupational licensing and regulatory fund to the nurse education grant program fund the amount certified under division (E) of this section.

Sec. 4723.18. (A) Except ~~as provided~~ in the case of an intravenous therapy procedure that may be performed under section 4723.181 of the Revised Code~~ and subject to the restrictions in division (C) of this section~~, a licensed practical nurse may perform intravenous therapy on an adult patient, subject to the restrictions in division (C) of this section, only at the direction of one of the following:

(1) A registered nurse in accordance with division (B) of this section;

(2) A physician, physician assistant, dentist, optometrist, or podiatrist who is authorized to practice in this state and, except as provided in division (B)(2) of this section, is present and readily available at the facility where the intravenous therapy procedure is performed~~;~~

~~(2) A registered nurse in accordance with division (B) of this section~~.

(B)(1) Except as provided in division (B)(2) of this section~~ and section 4723.181 of the Revised Code~~, when a licensed practical nurse performs an intravenous therapy procedure under this section at the direction of a registered nurse, the registered nurse or another registered nurse shall be readily available at the site where the intravenous therapy is performed, and before the licensed practical nurse initiates the intravenous therapy, the registered nurse shall personally

perform an on-site assessment of the adult patient who is to receive the intravenous therapy.

(2) When a licensed practical nurse performs an intravenous therapy procedure in a home as defined in section 3721.10 of the Revised Code, or in an intermediate care facility for individuals with intellectual disabilities as defined in section 5124.01 of the Revised Code, at the direction of a registered nurse or ~~licensed~~ at the direction of a physician, physician assistant, dentist, optometrist, or podiatrist who is authorized to practice in this state, a registered nurse shall be on the premises of the home or facility or accessible by some form of telecommunication.

(C) No licensed practical nurse shall perform any of the following intravenous therapy procedures:

(1) Initiating or maintaining any of the following:

(a) Blood or blood components;

(b) Solutions for total parenteral nutrition;

(c) Any cancer therapeutic medication including, but not limited to, cancer chemotherapy or an anti-neoplastic agent;

(d) Solutions administered through any central venous line or arterial line or any other line that does not terminate in a peripheral vein, except that a licensed practical nurse may maintain the solutions specified in division (C)(6)(a) of this section that are being administered through a central venous line or peripherally inserted central catheter;

(e) Any investigational or experimental medication.

(2) Initiating intravenous therapy in any vein, except that a licensed practical nurse may initiate intravenous therapy

in accordance with this section in a vein of the hand, forearm, or antecubital fossa;

(3) Discontinuing a central venous, arterial, or any other line that does not terminate in a peripheral vein;

(4) Initiating or discontinuing a peripherally inserted central catheter;

(5) Mixing, preparing, or reconstituting any medication for intravenous therapy, except that a licensed practical nurse may prepare or reconstitute an antibiotic additive;

(6) Administering medication via the intravenous route, including all of the following activities:

(a) Adding medication to an intravenous solution or to an existing infusion, except that a licensed practical nurse may do any of the following:

(i) Initiate an intravenous infusion containing one or more of the following elements: dextrose 5%, normal saline, lactated ringers, sodium chloride.45%, sodium chloride 0.2%, sterile water;

(ii) Hang subsequent containers of the intravenous solutions specified in division (C)(6)(a)(i) of this section that contain vitamins or electrolytes, if a registered nurse initiated the infusion of that same intravenous solution;

(iii) Initiate or maintain an intravenous infusion containing an antibiotic additive.

(b) Injecting medication via a direct intravenous route, except that a licensed practical nurse may inject heparin or normal saline to flush an intermittent infusion device or heparin lock including, but not limited to, bolus or push.

(7) Changing tubing on any line including, but not limited to, an arterial line or a central venous line, except that a licensed practical nurse may change tubing on an intravenous line that terminates in a peripheral vein;

(8) Programming or setting any function of a patient controlled infusion pump.

(D) Notwithstanding divisions (B) and (C) of this section, at the direction of a registered nurse or at the direction of a physician ~~or a registered nurse~~, a licensed practical nurse may perform the following activities for the purpose of performing dialysis:

(1) The routine administration and regulation of saline solution for the purpose of maintaining an established fluid plan;

(2) The administration of a heparin dose intravenously;

(3) The administration of a heparin dose peripherally via a fistula needle;

(4) The loading and activation of a constant infusion pump;

(5) The intermittent injection of a dose of medication that is administered via the hemodialysis blood circuit and through the patient's venous access.

Sec. 4723.181. (A) A licensed practical nurse may perform on any person, whether an adult or pediatric patient, any of the intravenous therapy procedures specified in division (B) of this section if both of the following apply:

(1) The licensed practical nurse acts at the direction of a registered nurse or at the direction of a physician, physician

assistant, dentist, optometrist, or podiatrist who is authorized to practice in this state and the registered nurse, physician, physician assistant, dentist, optometrist, or podiatrist is on the premises where the procedure is to be performed or accessible by some form of telecommunication.

(2) The licensed practical nurse can demonstrate the knowledge, skills, and ability to perform the procedure safely.

(B) The intravenous therapy procedures that a licensed practical nurse may perform pursuant to division (A) of this section are limited to the following:

(1) Verification of the type of peripheral intravenous solution being administered;

(2) Examination of a peripheral infusion site and the extremity for possible infiltration;

(3) Regulation of a peripheral intravenous infusion according to the prescribed flow rate;

(4) Discontinuation of a peripheral intravenous device at the appropriate time;

(5) Performance of routine dressing changes at the insertion site of a peripheral venous or arterial infusion, peripherally inserted central catheter infusion, or central venous pressure subclavian infusion.

Sec. 4723.28. ~~(A)~~ The board of nursing, by a vote of a quorum, may impose one or more of the following sanctions pursuant to divisions (A) and (B) of this section: deny, revoke, suspend, or place restrictions on any nursing license or dialysis technician certificate issued by the board; reprimand or otherwise discipline a holder of a nursing license or

dialysis technician certificate; or impose a fine of not more than five hundred dollars per violation.

(A) One or more of the sanctions authorized by this section may be imposed by the board if it finds ~~that~~ either of the following:

(1) That a person committed fraud in passing an examination required to obtain a license or dialysis technician certificate issued by the board ~~or to have~~ ;

(2) That a person committed fraud, misrepresentation, or deception in applying for or securing any nursing license or dialysis technician certificate issued by the board~~: deny, revoke, suspend, or place restrictions on any nursing license or dialysis technician certificate issued by the board; reprimand or otherwise discipline a holder of a nursing license or dialysis technician certificate; or impose a fine of not more than five hundred dollars per violation~~.

(B) Except as provided in section 4723.092 of the Revised Code, ~~the board of nursing, by a vote of a quorum, may impose~~ one or more of the ~~following sanctions: deny, revoke, suspend, or place restrictions on any nursing license or dialysis technician certificate issued by the board; reprimand or otherwise discipline a holder of a nursing license or dialysis technician certificate; or impose a fine of not more than five hundred dollars per violation. The~~ sanctions authorized by this section may be imposed by the board for any of the following:

(1) Denial, revocation, suspension, or restriction of authority to engage in a licensed profession or practice a health care occupation, including nursing or practice as a dialysis technician, for any reason other than a failure to

renew, in Ohio or another state or jurisdiction;

(2) Engaging in the practice of nursing or engaging in practice as a dialysis technician, having failed to renew a nursing license or dialysis technician certificate issued under this chapter, or while a nursing license or dialysis technician certificate is under suspension;

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

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

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

(6) Conviction of, a plea of guilty to, a judicial finding of guilt of, a judicial finding of guilt resulting from a plea of no contest to, or a judicial finding of eligibility for a

pretrial diversion or similar program or for intervention in lieu of conviction for, an act in another jurisdiction that would constitute a felony or a crime of moral turpitude in Ohio;

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

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

(9) Habitual or excessive use of controlled substances, other habit-forming drugs, or alcohol or other chemical substances to an extent that impairs the individual's ability to provide safe nursing care or safe dialysis care;

(10) Impairment of the ability to practice according to acceptable and prevailing standards of safe nursing care or safe dialysis care because of the use of drugs, alcohol, or other chemical substances;

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

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

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

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

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

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

(17) Violation of any restrictions placed by the board on a nursing license or dialysis technician certificate;

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

(19) Failure to practice in accordance with acceptable and prevailing standards of safe nursing care or safe dialysis care;

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

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

(22) In the case of a dialysis technician, engaging in activities that exceed those permitted under section 4723.72 of

the Revised Code;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

individual to withhold testimony or evidence at issue.

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

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

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

(E) If a criminal action is brought against a registered nurse, licensed practical nurse, or dialysis technician for an act or crime described in divisions (B)(3) to (7) of this section and the action is dismissed by the trial court other

than on the merits, the board shall conduct an adjudication to determine whether the registered nurse, licensed practical nurse, or dialysis technician committed the act on which the action was based. If the board determines on the basis of the adjudication that the registered nurse, licensed practical nurse, or dialysis technician committed the act, or if the registered nurse, licensed practical nurse, or dialysis technician fails to participate in the adjudication, the board may take action as though the registered nurse, licensed practical nurse, or dialysis technician had been convicted of the act.

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

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

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

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

(G) During the course of an investigation conducted under this section, the board may compel any registered nurse, licensed practical nurse, or dialysis technician or applicant under this chapter to submit to a mental or physical examination, or both, as required by the board and at the expense of the individual, if the board finds reason to believe that the individual under investigation may have a physical or

mental impairment that may affect the individual's ability to provide safe nursing or dialysis care.

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

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

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

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

(H) The board shall investigate evidence that appears to

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

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

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

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

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

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

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

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

(L) No unilateral surrender of a nursing license or dialysis technician certificate issued under this chapter shall be effective unless accepted by majority vote of the board. No application for a nursing license or dialysis technician certificate issued under this chapter may be withdrawn without a majority vote of the board. The board's jurisdiction to take disciplinary action under this section is not removed or limited

when an individual has a license or certificate classified as inactive or fails to renew a license or certificate.

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

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

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

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

certified by the board who the person or governmental entity has designated to make such reports.

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

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

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

Sec. 4723.35. (A) As used in this section and section

4723.351 of the Revised Code:

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

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

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

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

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

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

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

(a) The monitoring and oversight of ~~licensees~~ practitioners 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~~ practitioners 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~~practitioners.

(b) The monitoring organization shall immediately report to the board any ~~licensee~~ practitioner 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 participation in, and successful completion of the safe haven program shall be made by the monitoring organization in accordance with rules adopted under section 4723.351 of the Revised Code.

(F) The board shall abstain from taking disciplinary action under section 4723.28, 4723.652, or 4723.86 of the Revised Code against an individual whose health and

effectiveness show signs of impairment or potential impairment, but who is not currently under the terms of a consent agreement with the board for impairment or an order issued by the board for impairment if the individual is participating in the safe haven program.

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

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

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

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

Sec. 4723.36. (A) A certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist may determine and pronounce an individual's death.

~~(B)(1)~~ (B) A registered nurse who is not described in division (A) of this section may determine and pronounce an individual's death, but only if the individual's respiratory and circulatory functions are not being artificially sustained and, at the time the determination and pronouncement of death is made, the registered nurse is providing or supervising the individual's care through a hospice care program licensed under

Chapter 3712. of the Revised Code or any other entity that provides palliative care.

~~(2)~~ (C) A ~~registered~~ nurse who determines and pronounces an individual's death under division ~~(B)(1)~~ (A) or (B) of this section shall comply with both of the following:

(a) The nurse shall not complete any portion of the individual's death certificate.

(b) The nurse shall notify the individual's attending physician~~, certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist~~ of the determination and pronouncement of death in order for the physician~~, certified nurse-midwife, certified nurse practitioner, or clinical nurse specialist~~ to fulfill the physician's~~, certified nurse-midwife's, certified nurse practitioner's, or clinical nurse specialist's~~ duties under section 3705.16 of the Revised Code. The nurse shall provide the notification within a period of time that is reasonable but not later than twenty-four hours following the determination and pronouncement of the individual's death.

Sec. 4723.43. A certified registered nurse anesthetist, clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner may provide to individuals and groups nursing care that requires knowledge and skill obtained from advanced formal education and clinical experience. In providing this ~~capacity~~ nursing care as an advanced practice registered nurse, a certified nurse-midwife is subject to division (A) of this section, a certified registered nurse anesthetist is subject to division (B) of this section, a certified nurse practitioner is subject to division (C) of this section, and a clinical nurse specialist is subject to division (D) of this section.

(A) A nurse authorized to practice as a certified nurse-midwife, in collaboration with one or more physicians, may provide the management of preventive services and those primary care services necessary to provide health care to women antepartally, intrapartally, postpartally, and gynecologically, consistent with the nurse's education and certification, and in accordance with rules adopted by the board of nursing.

No certified nurse-midwife may perform version, deliver breech or face presentation, use forceps, do any obstetric operation, or treat any other abnormal condition, except in emergencies. ~~Division (A) of this section~~ This division does not prohibit a certified nurse-midwife from performing episiotomies or normal vaginal deliveries, or repairing vaginal tears. A certified nurse-midwife may, in collaboration with one or more physicians, prescribe drugs and therapeutic devices in accordance with section 4723.481 of the Revised Code.

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

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

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

(3) With supervision and in accordance with section

4723.434 of the Revised Code, engage in the activities described in division (A) of that section.

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

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

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

(D) A nurse authorized to practice as a clinical nurse

specialist, in collaboration with one or more physicians or podiatrists, may provide and manage the care of individuals and groups with complex health problems and provide health care services that promote, improve, and manage health care within the nurse's nursing specialty, consistent with the nurse's education and in accordance with rules adopted by the board. A clinical nurse specialist may, in collaboration with one or more physicians or podiatrists, prescribe drugs and therapeutic devices in accordance with section 4723.481 of the Revised Code.

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

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

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

practices.

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

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

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

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

(c) If the nurse is a clinical nurse specialist who is certified as a psychiatric-mental health CNS or the equivalent of such title by the American nurses credentialing center or a certified nurse practitioner who is certified as a psychiatric-mental health NP or the equivalent of such title by the American nurses credentialing center or American academy of nurse practitioners certification board, the nurse may enter into a

standard care arrangement with a physician but not a podiatrist and the collaborating physician must be practicing in one of the following specialties:

(i) Psychiatry;

(ii) Pediatrics;

(iii) Primary care or family practice.

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

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

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

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

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

(5) An agreement that, if the nurse determines and pronounces death as provided in section 4723.36 of the Revised

Code, the collaborating physician shall complete and sign the medical certificate of death pursuant to section 3705.16 of the Revised Code;

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

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

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

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

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

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

(a) The physician or podiatrist must give the nurse written or electronic notice of the termination.

(b) Once the nurse receives the termination notice, the

nurse must notify the board of nursing of the termination as soon as practicable by submitting to the board a copy of the physician's or podiatrist's termination notice.

(c) Notwithstanding the requirement of section 4723.43 of the Revised Code that the nurse practice in collaboration with a physician or podiatrist, the nurse may continue to practice under the existing standard care arrangement without a collaborating physician or podiatrist for not more than one hundred twenty days after submitting to the board a copy of the termination notice.

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

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

(2) Nothing in this section prohibits a standard care arrangement from specifying actions that a clinical nurse

specialist, certified nurse-midwife, or certified nurse practitioner is authorized to take, or is prohibited from taking, as part of the nurse's practice in collaboration with a physician or podiatrist. In specifying such actions, the standard care arrangement shall not authorize the nurse to take any action that is otherwise prohibited by the Revised Code or rule of the board.

Sec. 4723.47. If an advanced practice registered nurse's license to practice nursing as a registered nurse lapses for failure to renew under section 4723.24 of the Revised Code, the nurse's license to practice nursing as an advanced practice registered nurse is lapsed until the license to practice nursing as a registered nurse is reinstated. If an advanced practice registered nurse's license to practice nursing as a registered nurse is classified as inactive under section 4723.24 of the Revised Code, the nurse's license to practice nursing as an advanced practice registered nurse is automatically classified as inactive while the license to practice nursing as a registered nurse remains inactive. If either license held by an advanced practice registered nurse is revoked under section 4723.28 or 4723.281 of the Revised Code, the other license is automatically revoked. If either license is suspended under section 4723.28 or 4728.281 of the Revised Code, the other license is automatically suspended while the suspension remains in effect.

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

of the Revised Code.

(A) A clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner 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 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~~ , including products containing tramadol, as that authority is 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 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 issues the prescription to the patient from any of the following entities:

(a) A hospital ~~as defined in section 3722.01~~ licensed under Chapter 3722. of the Revised Code;

(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;

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

(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;

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

(f) A hospice care program~~, as defined in section 3712.01~~ licensed under Chapter 3712. of the Revised Code;

(g) A community mental health services provider, as defined in section ~~5122.01~~ 5119.01 of the Revised Code;

(h) An ambulatory surgical facility~~, as defined in~~ licensed under section 3702.30 of the Revised Code;

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

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

(k) A federally qualified health center look-alike, as

defined in section 3701.047 of the Revised Code;

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

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

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

(o) A residential care facility~~, as defined in section 3721.01~~ licensed under Chapter 3721. of the Revised Code.

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

(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 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 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. 4723.482. (A) Except as provided in divisions (C) and (D) of this section, an applicant for a license to practice nursing as an advanced practice registered nurse who seeks designation as a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner shall include with the application submitted under section 4723.41 of the Revised Code evidence of successfully completing the course of study in advanced pharmacology and related topics in accordance with the requirements specified in division (B) of this section.

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

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

(2) The course of study shall be not less than forty-five contact hours.

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

(4) The content of the course of study shall be specific to the applicant's nursing specialty.

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

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

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

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

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

(i) Indications for the use of schedule II controlled substances in drug therapies;

(ii) The most recent guidelines for pain management therapies, as established by state and national organizations such as the Ohio pain initiative and the American pain society;

(iii) Fiscal and ethical implications of prescribing schedule II controlled substances;

(iv) State and federal laws that apply to the authority to

prescribe schedule II controlled substances;

(v) Prevention of abuse and diversion of schedule II controlled substances, including identification of the risk of abuse and diversion, recognition of abuse and diversion, types of assistance available for prevention of abuse and diversion, and methods of establishing safeguards against abuse and diversion.

(C) An applicant who practiced or is practicing as a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner in another jurisdiction or as an employee of the United States government shall include with the application submitted under section 4723.41 of the Revised Code all of the following:

(1) Evidence of having completed a two-hour course of instruction approved by the board in the laws of this state that govern drugs and prescriptive authority;

(2) Either of the following:

(a) Evidence of having held, for a continuous period of at least one year during the three years immediately preceding the date of application, valid authority issued by another jurisdiction to prescribe therapeutic devices and drugs, including at least some controlled substances;

(b) Evidence of having been employed by the United States government and authorized, for a continuous period of at least one year during the three years immediately preceding the date of application, to prescribe therapeutic devices and drugs, including at least some controlled substances, in conjunction with that employment.

(D) In lieu of including with an application submitted

under section 4723.41 of the Revised Code the evidence described in division (A) of this section, an applicant described in division (C) or (D) of section 4723.41 of the Revised Code may include evidence of all of the following:

(1) Successfully completing the course of study in advanced pharmacology and related topics more than five years before the date the application is filed;

(2) Holding, for a continuous period of at least one year during the three years immediately preceding the date of application, valid authority in any jurisdiction to prescribe therapeutic devices and drugs, including at least some controlled substances;

(3) Exercising the prescriptive authority described in division (D)(2) of this section for the minimum one-year period.

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~~ 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 prescribed under division (A)(1) of this section must be furnished or prescribed in such a manner that it may be administered only in a manufactured dosage form.

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

Sec. 4723.493. (A) There is ~~hereby created~~ within the board of nursing the advisory ~~committee~~ group on advanced practice registered nursing. ~~The committee shall consist of~~ The advisory group shall advise the board regarding the practice and regulation of advanced practice registered nurses.

(B) The board shall appoint the following as members ~~and any other members the board appoints under division (B) of this section~~ of the advisory group:

(1) Four advanced practice registered nurses, each actively engaged in the practice of advanced practice registered nursing in a clinical setting in this state, at least one of whom is actively engaged in providing primary care, at least one of whom is actively engaged in practice as a certified registered nurse anesthetist, and at least one of whom is actively engaged in practice as a certified nurse-midwife;

(2) Two advanced practice registered nurses, each serving as a faculty member of an approved program of nursing education that prepares students for licensure as advanced practice

registered nurses;

(3) A member of the board of nursing who is an advanced practice registered nurse;

(4) A representative of an entity employing ten or more advanced practice registered nurses actively engaged in practice in this state.

~~(B) The board of nursing shall appoint the members described in division (A) of this section.~~ (C) Recommendations ~~for initial appointments and for filling any vacancies~~ regarding individuals to serve as members under division (B) of this section may be submitted to the board by organizations representing advanced practice registered nurses practicing in this state and by schools of advanced practice registered nursing. The board shall appoint ~~initial~~ members and fill vacancies according to the recommendations it receives. If it does not receive any recommendations or receives an insufficient number of recommendations, the board shall appoint members and fill vacancies on its own advice.

(D) The members who serve under division (B) of this section may recommend to the board that an individual with expertise in a specialized area of advanced practice registered nursing be appointed as an additional member of the advisory group. If the board receives such a recommendation, the board may appoint the additional member.

~~Initial appointments to the committee shall be made not later than sixty days after April 6, 2017. Of the initial appointments described in division (A)(1) of this section, two shall be for terms of one year and two shall be for terms of two years. Of the initial appointments described in division (A)(2)~~

~~of this section, one shall be for a term of one year and one shall be for a term of two years. Of the initial appointments described in divisions (A)(3) and (4) of this section, each shall be for a term of two years. Thereafter, terms~~

(E) Terms for all members shall be for two years, with each term ending on the same day of the same month as did the term that it succeeds. Vacancies shall be filled in the same manner as appointments.

When the term of any member expires, a successor shall be appointed in the same manner as the ~~initial~~ original appointment. Any member appointed to fill a vacancy occurring prior to the expiration of the term for which the member's predecessor was appointed shall hold office for the remainder of that term. A member shall continue in office subsequent to the expiration date of the member's term until the member's successor takes office or until a period of sixty days has elapsed, whichever occurs first. A member may be reappointed for one additional term only.

~~(C) The committee shall organize by selecting a chairperson from among its members. The committee may select a new chairperson at any time~~(F) The member of the board appointed under division (B)(3) of this section shall serve as the advisory group's chairperson. Five members constitute a quorum for the transaction of official business. ~~Members~~

Members shall serve without compensation but receive payment for their actual and necessary expenses incurred in the performance of their official duties. The expenses shall be paid by the board ~~of nursing~~.

~~(D) The committee shall advise the board regarding the~~

~~practice and regulation of advanced practice registered nurses. The committee may also recommend to the board that an individual with expertise in an advanced practice registered nursing specialty be appointed under division (B) of this section as an additional member of the committee.~~

Sec. 4723.52. (A) As used in this section~~:~~

~~(1) "Community addiction services provider" has the same meaning as in section 5119.01 of the Revised Code.~~

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

(B) An advanced practice registered nurse shall comply with section 3719.064 of the Revised Code and rules adopted under section 4723.51 of the Revised Code when treating a patient for addiction with medication-assisted treatment or proposing to initiate such treatment.

Sec. 4723.66. (A) A person or government entity seeking approval to provide a medication aide training program shall apply to the board of nursing on a form prescribed and provided by the board. The application shall be accompanied by a fee of fifty dollars.

(B) Except as provided in division ~~(C)~~ (D) of this section, the board shall approve the applicant to provide a medication aide training program if the content of the course of instruction to be provided by the program includes all of the following:

(1) Thirty clock-hours of instruction in medication administration, including both classroom instruction and at least sixteen clock-hours of supervised clinical practice;

(2) A mechanism for evaluating whether an individual's reading, writing, and mathematical skills are sufficient for the individual to be able to administer prescription medications safely;

(3) An examination that tests the ability to administer prescription medications safely. The examination may be administered by the program that provides the instruction required by division (B)(1) of this section.

(C) Approval of a training program is valid for two years, unless earlier suspended or revoked. The approval of a training program may be renewed.

(D) The board shall deny ~~the~~ an application for initial approval or renewal of approval if ~~an~~ the applicant submits or causes to be submitted to the board false, misleading, or deceptive statements, information, or documentation in the process of applying for approval of the program.

~~(D)~~ The board may deny an application for initial approval or renewal of approval, or suspend~~,~~ or revoke the approval granted to a medication aide training program, for failure to meet any of the standards specified in division (B) of this section.

~~(E)~~ All actions taken by the board to deny, suspend, or revoke the approval of a training program shall be taken in accordance with Chapter 119. of the Revised Code.

Sec. 4723.67. (A) In accordance with this section, a medication aide who holds a current, valid medication aide certificate issued under this chapter may administer prescription medications to the residents of nursing homes and residential care facilities, but only pursuant to the

supervision of a registered nurse or a licensed practical nurse acting at the direction of a registered nurse.

(B) In exercising the authority to administer prescription medications pursuant to nursing supervision, all of the following apply to a medication aide:

(1) Subject to division (B)(4) of this section, a medication aide may administer prescription medications by any of the following methods:

(a) Giving medications to be taken orally;

(b) Topical application;

(c) Application as drops to the eye, ear, or nose;

(d) Rectal insertion and vaginal insertion.

(2) A medication aide may administer medications prescribed with a designation authorizing or requiring administration on an as-needed basis, regardless of whether the supervising nurse is present at the home or facility.

(3) A medication aide may administer initial doses of prescription medications.

(4) A medication aide may administer medications containing a schedule II controlled substance, as defined in section 3719.01 of the Revised Code, but only by the methods described in divisions (B)(1)(a) and (b) of this section.

(C) All of the following limitations apply to the authority of a medication aide to administer prescription medication:

(1) A medication aide shall not administer prescription medications requiring dosage calculations.

(2) A medication aide shall not administer prescription medications by ~~any~~ either of the following methods:

(a) Injection, except for insulin as provided in division (D) of this section;

(b) Intravenous therapy procedures~~;~~.

(3) A medication aide shall not split pills for purposes of changing the dose being given.

(D) A medication aide may administer insulin to a resident by injection, but only if both of the following are satisfied:

(1) The medication aide satisfies training and competency requirements established by the aide's employer.

(2) The insulin is injected using an insulin pen device that contains a dosage indicator.

Sec. 4723.69. (A) The board of nursing may adopt rules to implement sections 4723.63 to 4723.68 of the Revised Code. All rules adopted under this section shall be adopted in accordance with Chapter 119. of the Revised Code.

(B) If the board adopts rules under this section establishing standards governing approval of and participation in medication aide training programs, both of the following apply:

(1) With respect to supervised clinical practice components of training programs, when such training is provided in a nursing home or residential care facility and the home or facility has been notified by the department of health of real and present danger related to its administration of medications or provision of any other type of skilled nursing care, the board shall prohibit the home or facility from commencing any

further supervised clinical practice components until either of the following occurs:

(a) A plan of correction is approved.

(b) The home or facility resolves the danger.

The board shall allow a training program to continue any supervised clinical practice components that commenced prior to the department of health notifying the home or facility.

(2) If the rules establish a minimum or maximum number of days for participating in or completing a training program, the board shall base that number on calendar days rather than business days.

Sec. 4731.297. (A) As used in this section:

(1) "Academic medical center" means a medical school and its affiliated teaching hospitals and clinics partnering to do all of the following:

(a) Provide the highest quality of patient care from expert physicians;

(b) Conduct groundbreaking research leading to medical advancements for current and future patients;

(c) Provide medical education and graduate medical education to educate and train physicians.

(2) "Affiliated physician group practice" means a medical practice that consists of one or more physicians authorized under this chapter to practice medicine and surgery or osteopathic medicine and surgery and that is affiliated with an academic medical center to further the objectives described in divisions (A)(1)(a) to (c) of this section.

(B) The state medical board shall issue, without examination, to an applicant who meets the requirements of this section a certificate of conceded eminence authorizing the practice of medicine and surgery or osteopathic medicine and surgery as part of the applicant's employment with an academic medical center in this state or affiliated physician group practice in this state.

(C) To be eligible for a certificate of conceded eminence, an applicant shall provide to the board all of the following:

(1) Evidence satisfactory to the board of all of the following:

(a) That the applicant is an international medical graduate who holds a medical degree from an educational institution listed in the international medical education directory;

(b) That the applicant has been appointed to serve in this state as a full-time faculty member of a medical school accredited by the liaison committee on medical education or an osteopathic medical school accredited by the American osteopathic association;

(c) That the applicant has accepted an offer of employment with an academic medical center in this state or affiliated physician group practice in this state;

(d) That the applicant holds a license in good standing in another state or country authorizing the practice of medicine and surgery or osteopathic medicine and surgery;

(e) That the applicant has unique talents and extraordinary abilities not generally found within the applicant's specialty, as demonstrated by satisfying at least

four of the following:

(i) The applicant has achieved educational qualifications beyond those that are required for entry into the applicant's specialty, including advanced degrees, special certifications, or other academic credentials.

(ii) The applicant has written multiple articles in journals listed in the index medicus or an equivalent scholarly publication acceptable to the board.

(iii) The applicant has a sustained record of excellence in original research, at least some of which involves serving as the principal investigator or co-principal investigator for a research project.

(iv) The applicant has received nationally or internationally recognized prizes or awards for excellence.

(v) The applicant has participated in peer review in a field of specialization that is the same as or similar to the applicant's specialty.

(vi) The applicant has developed new procedures or treatments for complex medical problems that are recognized by peers as a significant advancement in the applicable field of medicine.

(vii) The applicant has held previous academic appointments with or been employed by a health care organization that has a distinguished national or international reputation.

(viii) The applicant has been the recipient of a national institutes of health or other competitive grant award.

(f) That the applicant has received staff membership or professional privileges from the academic medical center

pursuant to standards adopted under section 3701.351 of the Revised Code on a basis that requires the applicant's medical education and graduate medical education to be at least equivalent to that of a physician educated and trained in the United States;

(g) That the applicant has sufficient written and oral English skills to communicate effectively and reliably with patients, their families, and other medical professionals;

(h) That the applicant will have professional liability insurance through the applicant's employment with the academic medical center or affiliated physician group practice.

(2) An attestation that the applicant agrees to practice only within the clinical setting of the academic medical center or for the affiliated physician group practice;

(3) Three letters of reference from distinguished experts in the applicant's specialty attesting to the unique capabilities of the applicant, at least one of which must be from outside the academic medical center or affiliated physician group practice;

(4) An affidavit from the dean of the medical school where the applicant has been appointed to serve as a faculty member stating that the applicant meets all of the requirements of division (C)(1) of this section and that the letters of reference submitted under division (C)(3) of this section are from distinguished experts in the applicant's specialty, and documentation to support the affidavit;

(5) A fee of one thousand dollars for the certificate.

(D)(1) The holder of a certificate of conceded eminence may practice medicine and surgery or osteopathic medicine and

surgery only within the clinical setting of the academic medical center with which the certificate holder is employed or for the affiliated physician group practice with which the certificate holder is employed.

(2) A certificate holder may supervise medical students, physicians participating in graduate medical education, advanced practice registered nurses, and physician assistants when performing clinical services in the certificate holder's area of specialty.

(E) The board may revoke a certificate issued under this section on receiving proof satisfactory to the board that the certificate holder has engaged in practice in this state outside the scope of the certificate or that there are grounds for action against the certificate holder under section 4731.22 of the Revised Code.

(F) A certificate of conceded eminence is valid for the shorter of two years or the duration of the certificate holder's employment with the academic medical center or affiliated physician group practice. The certificate ceases to be valid if the holder resigns or is otherwise terminated from the academic medical center or affiliated physician group practice.

(G) A certificate of conceded eminence may be renewed for an additional two-year period. There is no limit on the number of times a certificate may be renewed. A person seeking renewal of a certificate shall apply to the board and is eligible for renewal if the applicant does all of the following:

(1) Pays the renewal fee of one thousand dollars;

(2) Provides to the board an affidavit and supporting documentation from the academic medical center or affiliated

physician group practice of all of the following:

(a) That the applicant's initial appointment to the medical faculty is still valid or has been renewed;

(b) That the applicant's clinical practice is consistent with the established standards in the field;

(c) That the applicant has demonstrated continued scholarly achievement;

(d) That the applicant has demonstrated continued professional achievement consistent with the academic medical center's requirements, established pursuant to standards adopted under section 3701.351 of the Revised Code, for physicians with staff membership or professional privileges with the academic medical center.

(3) Satisfies the same continuing medical education requirements set forth in section 4731.282 of the Revised Code that apply to a person who holds a certificate to practice medicine and surgery or osteopathic medicine and surgery issued under this chapter.

(4) Complies with any other requirements established by the board.

(H) The board shall not require a person to obtain a certificate under Chapter 4796. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery if the person holds a certificate of conceded eminence issued under this section.

(I) The board may adopt any rules it considers necessary to implement this section. The rules shall be adopted in accordance with Chapter 119. of the Revised Code.

Sec. 5122.10. (A)(1) Any of the following who has reason to believe that a person is a person with a mental illness subject to court order and represents a substantial risk of physical harm to self or others if allowed to remain at liberty pending examination may take the person into custody and may immediately transport the person to a hospital or, notwithstanding section 5119.33 of the Revised Code, to a general hospital not licensed by the department of behavioral health where the person may be held for the period prescribed in this section:

(a) A psychiatrist;

(b) A licensed physician;

(c) A licensed clinical psychologist;

(d) A clinical nurse specialist who is certified as a psychiatric-mental health CNS, or the equivalent of such title, by the American nurses credentialing center;

(e) A certified nurse practitioner who is certified as a psychiatric-mental health NP, or the equivalent of such title, by the American nurses credentialing center or American academy of nurse practitioners certification board;

(f) A health officer;

(g) A parole officer;

(h) A police officer;

(i) A sheriff.

(2) If the chief of the adult parole authority or a parole or probation officer with the approval of the chief of the authority has reason to believe that a parolee, an offender

under a community control sanction or post-release control sanction, or an offender under transitional control is a person with a mental illness subject to court order and represents a substantial risk of physical harm to self or others if allowed to remain at liberty pending examination, the chief or officer may take the parolee or offender into custody and may immediately transport the parolee or offender to a hospital or, notwithstanding section 5119.33 of the Revised Code, to a general hospital not licensed by the department of behavioral health where the parolee or offender may be held for the period prescribed in this section.

(B) A written statement shall be given to the hospital by the individual authorized under division (A)(1) or (2) of this section to transport the person. The statement shall specify the circumstances under which such person was taken into custody and the reasons for the belief that the person is a person with a mental illness subject to court order and represents a substantial risk of physical harm to self or others if allowed to remain at liberty pending examination. This statement shall be made available to the respondent or the respondent's attorney upon request of either.

(C) Every reasonable and appropriate effort shall be made to take persons into custody in the least conspicuous manner possible. A person taking the respondent into custody pursuant to this section shall explain to the respondent: the name and professional designation and affiliation of the person taking the respondent into custody; that the custody-taking is not a criminal arrest; and that the person is being taken for examination by mental health professionals at a specified mental health facility identified by name.

(D) If a person taken into custody under this section is transported to a general hospital, the general hospital may admit the person, or provide care and treatment for the person, or both, notwithstanding section 5119.33 of the Revised Code, but by the end of twenty-four hours after arrival at the general hospital, the person shall be transferred to a hospital as defined in section 5122.01 of the Revised Code.

(E) A person transported or transferred to a hospital or community mental health services provider under this section shall be examined by the staff of the hospital or services provider within twenty-four hours after arrival at the hospital or services provider. If to conduct the examination requires that the person remain overnight, the hospital or services provider shall admit the person in an unclassified status until making a disposition under this section. After the examination, if the chief clinical officer of the hospital or services provider believes that the person is not a person with a mental illness subject to court order, the chief clinical officer shall release or discharge the person immediately unless a court has issued a temporary order of detention applicable to the person under section 5122.11 of the Revised Code. After the examination, if the chief clinical officer believes that the person is a person with a mental illness subject to court order, the chief clinical officer may detain the person for not more than three court days following the day of the examination and during such period admit the person as a voluntary patient under section 5122.02 of the Revised Code or file an affidavit under section 5122.11 of the Revised Code. If neither action is taken and a court has not otherwise issued a temporary order of detention applicable to the person under section 5122.11 of the Revised Code, the chief clinical officer shall discharge the

person at the end of the three-day period unless the person has been sentenced to the department of rehabilitation and correction and has not been released from the person's sentence, in which case the person shall be returned to that department.

Section 2. That existing sections 109.71, 3129.01, 3313.5310, 3333.28, 3701.69, 3701.92, 3701.921, 3705.01, 3705.30, 3707.58, 3721.011, 3728.01, 4503.44, 4723.01, 4723.063, 4723.18, 4723.181, 4723.28, 4723.34, 4723.35, 4723.36, 4723.43, 4723.431, 4723.47, 4723.481, 4723.482, 4723.483, 4723.493, 4723.52, 4723.66, 4723.67, 4723.69, 4731.297, and 5122.10 of the Revised Code are hereby repealed.

Section 3. That sections 3701.923, 3701.924, 3701.925, 3701.926, 3701.927, and 3701.929 of the Revised Code are hereby repealed.

Section 4. The amendment by this act of section 4723.063 of the Revised Code does not supersede the repeal of that section on December 31, 2033, as prescribed by Section 610.110 of H.B. 33 of the 135th General Assembly.

Section 5. The General Assembly, applying the principle stated in division (B) of section 1.52 of the Revised Code that amendments are to be harmonized if reasonably capable of simultaneous operation, finds that the following sections, presented in this act as composites of the sections as amended by the acts indicated, are the resulting versions of the sections in effect prior to the effective date of the sections as presented in this act:

Section 4503.44 of the Revised Code as amended by both H.B. 33 and H.B. 195 of the 135th General Assembly.

Section 4723.431 of the Revised Code as amended by both

H.B. 497 and S.B. 196 of the 135th General Assembly.

Section 4723.481 of the Revised Code as amended by H.B. 33 of the 135th General Assembly and by H.B. 110 and H.B. 509 of the 134th General Assembly.