

As Introduced

**136th General Assembly
Regular Session
2025-2026**

H. B. No. 920

Representative Baker

To amend sections 1337.12, 2108.23, 2108.231, 1
2133.01, 2133.03, 2133.07, 2133.21, 2133.22, 2
2133.23, 2133.24, 2133.25, 2133.26, 4765.35, 3
4765.37, 4765.38, and 4765.39 and to enact 4
section 2133.151 of the Revised Code to provide 5
for a do-not-intubate order, protocol, and 6
identification separate from a do-not- 7
resuscitate order, protocol, and identification. 8

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

Section 1. That sections 1337.12, 2108.23, 2108.231, 9
2133.01, 2133.03, 2133.07, 2133.21, 2133.22, 2133.23, 2133.24, 10
2133.25, 2133.26, 4765.35, 4765.37, 4765.38, and 4765.39 be 11
amended and section 2133.151 of the Revised Code be enacted to 12
read as follows: 13

Sec. 1337.12. (A) (1) An adult who is of sound mind 14
voluntarily may create a valid durable power of attorney for 15
health care by executing a durable power of attorney, in 16
accordance with section 1337.24 of the Revised Code, that 17
authorizes an attorney in fact as described in division (A) (2) 18
of this section to make health care decisions for the principal 19
at any time that the attending physician of the principal 20
determines that the principal has lost the capacity to make 21

informed health care decisions for the principal. The durable 22
power of attorney for health care may authorize the attorney in 23
fact, commencing immediately upon the execution of the 24
instrument or at any subsequent time and regardless of whether 25
the principal has lost the capacity to make informed health care 26
decisions, to obtain information concerning the principal's 27
health, including protected health information as defined in 45 28
C.F.R. 160.103. Except as otherwise provided in divisions (B) to 29
(F) of section 1337.13 of the Revised Code, the authorization 30
may include the right to give informed consent, to refuse to 31
give informed consent, or to withdraw informed consent to any 32
health care that is being or could be provided to the principal. 33
Additionally, to be valid, a durable power of attorney for 34
health care shall satisfy both of the following: 35

(a) It shall be signed at the end of the instrument by the 36
principal and shall state the date of its execution. 37

(b) It shall be witnessed in accordance with division (B) 38
of this section or be acknowledged by the principal in 39
accordance with division (C) of this section. 40

(2) Except as otherwise provided in this division, a 41
durable power of attorney for health care may designate any 42
competent adult as the attorney in fact. The attending physician 43
of the principal and an administrator of any nursing home in 44
which the principal is receiving care shall not be designated as 45
an attorney in fact in, or act as an attorney in fact pursuant 46
to, a durable power of attorney for health care. An employee or 47
agent of the attending physician of the principal and an 48
employee or agent of any health care facility in which the 49
principal is being treated shall not be designated as an 50
attorney in fact in, or act as an attorney in fact pursuant to, 51

a durable power of attorney for health care, except that these 52
limitations do not preclude a principal from designating either 53
type of employee or agent as the principal's attorney in fact if 54
the individual is a competent adult and related to the principal 55
by blood, marriage, or adoption, or if the individual is a 56
competent adult and the principal and the individual are members 57
of the same religious order. 58

(3) A durable power of attorney for health care shall not 59
expire, unless the principal specifies an expiration date in the 60
instrument. However, when a durable power of attorney contains 61
an expiration date, if the principal lacks the capacity to make 62
informed health care decisions for the principal on the 63
expiration date, the instrument shall continue in effect until 64
the principal regains the capacity to make informed health care 65
decisions for the principal. 66

(B) If witnessed for purposes of division (A) (1) (b) of 67
this section, a durable power of attorney for health care shall 68
be witnessed by at least two individuals who are adults and who 69
are not ineligible to be witnesses under this division. Any 70
person who is related to the principal by blood, marriage, or 71
adoption, any person who is designated as the attorney in fact 72
or alternate attorney in fact in the instrument, the attending 73
physician of the principal, and the administrator of any nursing 74
home in which the principal is receiving care are ineligible to 75
be witnesses. 76

The witnessing of a durable power of attorney for health 77
care shall involve the principal signing, or acknowledging the 78
principal's signature, at the end of the instrument in the 79
presence of each witness. Then, each witness shall subscribe the 80
witness's signature after the signature of the principal and, by 81

doing so, attest to the witness's belief that the principal 82
appears to be of sound mind and not under or subject to duress, 83
fraud, or undue influence. The signatures of the principal and 84
the witnesses under this division are not required to appear on 85
the same page of the instrument. 86

(C) If acknowledged for purposes of division (A) (1) (b) of 87
this section, a durable power of attorney for health care shall 88
be acknowledged before a notary public, who shall make the 89
certification described in section 147.53 of the Revised Code 90
and also shall attest that the principal appears to be of sound 91
mind and not under or subject to duress, fraud, or undue 92
influence. 93

(D) (1) If a principal has both a valid durable power of 94
attorney for health care and a valid declaration, division (B) 95
of section 2133.03 of the Revised Code applies. If a principal 96
has both a valid durable power of attorney for health care and a 97
DNR identification or DNI identification that is based upon a 98
valid declaration and if the declaration supersedes the durable 99
power of attorney for health care under division (B) of section 100
2133.03 of the Revised Code, the DNR identification or DNI 101
identification supersedes the durable power of attorney for 102
health care to the extent of any conflict between the two. A 103
valid durable power of attorney for health care supersedes any 104
DNR identification or DNI identification that is based upon a 105
do-not-resuscitate order or a do-not-intubate order that a 106
physician issued for the principal which is inconsistent with 107
the durable power of attorney for health care or a valid 108
decision by the attorney in fact under a durable power of 109
attorney. 110

(2) As used in division (D) of this section: 111

(a) "Declaration" has the same meaning as in section 112
2133.01 of the Revised Code. 113

(b) "Do-not-intubate order," ~~"Do-not-resuscitate do-not-~~ 114
resuscitate order," "DNI identification," and "DNR 115
identification" have the same meanings as in section 2133.21 of 116
the Revised Code. 117

(E) (1) In a durable power of attorney for health care, a 118
principal may nominate a guardian of the principal's person, 119
estate, or both for consideration by a court if proceedings for 120
the appointment of a guardian for the principal's person, 121
estate, or both are commenced at a later time. The principal may 122
authorize the person nominated as the guardian or the attorney 123
in fact to nominate a successor guardian for consideration by 124
the court. The principal's nomination of a guardian of the 125
principal's person, estate, or both is revoked by the 126
principal's subsequent nomination of a guardian of the 127
principal's person, estate, or both, and, except for good cause 128
shown or disqualification, the court shall make its appointment 129
in accordance with the principal's most recent nomination. 130

(2) The principal may direct that bond be waived for a 131
person nominated as guardian or successor guardian under 132
division (E) (1) of this section. 133

(3) A durable power of attorney for health care that 134
contains the nomination of a person to be the guardian of the 135
person, estate, or both of the principal may be filed with the 136
probate court for safekeeping, and the probate court shall 137
designate the nomination as the nomination of a standby 138
guardian. 139

(4) If a guardian is appointed for the principal, a 140

141 durable power of attorney for health care is not terminated, and
142 the authority of the attorney in fact continues unless the
143 court, pursuant to its authority under section 2111.50 of the
144 Revised Code, limits, suspends, or terminates the power of
145 attorney after notice to the attorney in fact and upon a finding
146 that the limitation, suspension, or termination is in the best
147 interest of the principal.

Sec. 2108.23. (A) (1) The bureau of motor vehicles shall 148
149 develop and maintain a donor registry that identifies each
150 individual who has agreed to make an anatomical gift at the time
151 of application or renewal of a driver's license, identification
152 card, or motor vehicle registration as provided in division (A)
153 (1) or (2) of section 2108.05 of the Revised Code. The registry
154 shall be fully operational not later than July 1, 2002.

(2) The registrar of motor vehicles or a deputy registrar 155
156 shall ask whether each of the following wishes to certify the
157 applicant's willingness to become a donor:

(a) A person applying for or renewing a driver's license; 158

(b) A person applying for or renewing an identification 159
160 card;

(c) A person applying for or renewing a motor vehicle 161
162 registration.

(3) The registrar or deputy registrar shall provide to any 163
164 applicant who wishes to certify the applicant's willingness to
165 become a donor the form set forth in division ~~(C) (2)~~ (B) (2) of
166 section 2133.07 of the Revised Code.

(4) Any person who provides to the bureau the form set 167
168 forth in division ~~(C) (2)~~ (B) (2) of section 2133.07 of the Revised
169 Code requesting to be included in the donor registry shall be

included.	170
(5) Neither the registrar nor a deputy registrar shall ask a person, who is already included in the donor registry, to be a donor.	171 172 173
(B) The bureau shall maintain the registry in a manner that provides to organ procurement organizations, tissue banks, and eye banks immediate access to the information in the registry twenty-four hours a day and seven days a week.	174 175 176 177
(C) (1) The registrar of motor vehicles, in consultation with the director of health and the second chance trust fund advisory committee created under section 2108.35 of the Revised Code, shall formulate proposed rules that specify all of the following:	178 179 180 181 182
(a) The information to be included in the registry;	183
(b) A process, in accordance with division (B) of section 2108.06 of the Revised Code, for an individual to revoke the individual's intent to make an anatomical gift and for updating information in the registry;	184 185 186 187
(c) How the registry will be made available to organ procurement organizations, tissue banks, and eye banks;	188 189
(d) Limitations on the use of and access to the registry;	190
(e) How information on organ, tissue, and eye donation will be developed and disseminated to the public by the bureau and the department of health;	191 192 193
(f) The manner in which a person may request to be included in the registry on a written application for a driver's license, identification card, motor vehicle registration, or the renewal thereof. The manner of the request may include either	194 195 196 197

allowing the requestor to provide the necessary information on	198
the bureau application or redirecting the requestor to another	199
form specific to the registry.	200
(g) Anything else the registrar considers appropriate.	201
(2) In adopting the proposed rules under this division,	202
the registrar may consult with any person or entity that	203
expresses an interest in the matters to be dealt with in the	204
rules.	205
(3) Following formulation of the proposed rules, the	206
registrar shall adopt rules in accordance with Chapter 119. of	207
the Revised Code.	208
(D) The costs of developing and initially implementing the	209
registry shall be paid from the second chance trust fund created	210
in section 2108.34 of the Revised Code.	211
Sec. 2108.231. (A) As used in this section:	212
(1) "Eligible person" means a person who is all of the	213
following:	214
(a) A resident of this state;	215
(b) Eligible to make an anatomical gift under division (A)	216
of section 2108.04 of the Revised Code;	217
(c) Not already included in the donor registry established	218
under section 2108.23 of the Revised Code.	219
(2) "Issuer" means the chief of the division of wildlife	220
and agents authorized under section 1533.13 of the Revised Code	221
to issue hunting and fishing licenses.	222
(B) (1) Beginning on August 1, 2025, an issuer shall ask	223
whether an eligible person wishes to certify the person's	224

willingness to become an anatomical gift donor when the person 225
is applying for a hunting or fishing license in person. 226

(2) If an eligible person indicates to the issuer the 227
person's willingness to become an anatomical gift donor, the 228
issuer shall register the eligible person in the donor registry 229
maintained by the bureau of motor vehicles under section 2108.23 230
of the Revised Code. 231

(C) Beginning on August 1, 2025, the chief of the division 232
of wildlife shall provide the form set forth in division ~~(C)(2)~~ 233
(B)(2) of section 2133.07 of the Revised Code to a person 234
applying for a hunting or fishing license by mail. An eligible 235
person who provides the form to the bureau of motor vehicles 236
requesting to be included in the donor registry shall be 237
included. 238

(D) Beginning on August 1, 2025, the chief shall provide 239
any person applying online for a hunting or fishing license who 240
is willing to become an anatomical gift donor with an electronic 241
hyperlink to the donor registry. An eligible person who 242
registers electronically with the donor registry shall be 243
included in the donor registry. 244

Sec. 2133.01. Unless the context otherwise requires, as 245
used in sections 2133.01 to 2133.15 of the Revised Code: 246

(A) "Adult" means an individual who is eighteen years of 247
age or older. 248

(B) "Attending physician" means the physician to whom a 249
declarant or other patient, or the family of a declarant or 250
other patient, has assigned primary responsibility for the 251
treatment or care of the declarant or other patient, or, if the 252
responsibility has not been assigned, the physician who has 253

accepted that responsibility.	254
(C) "Comfort care" means any of the following:	255
(1) Nutrition when administered to diminish the pain or discomfort of a declarant or other patient, but not to postpone the declarant's or other patient's death;	256 257 258
(2) Hydration when administered to diminish the pain or discomfort of a declarant or other patient, but not to postpone the declarant's or other patient's death;	259 260 261
(3) Any other medical or nursing procedure, treatment, intervention, or other measure that is taken to diminish the pain or discomfort of a declarant or other patient, but not to postpone the declarant's or other patient's death.	262 263 264 265
(D) "Consulting physician" means a physician who, in conjunction with the attending physician of a declarant or other patient, makes one or more determinations that are required to be made by the attending physician, or to be made by the attending physician and one other physician, by an applicable provision of this chapter, to a reasonable degree of medical certainty and in accordance with reasonable medical standards.	266 267 268 269 270 271 272
(E) "Declarant" means any adult who has executed a declaration in accordance with section 2133.02 of the Revised Code.	273 274 275
(F) "Declaration" means a written document executed in accordance with section 2133.02 of the Revised Code.	276 277
(G) <u>"DNI identification," "DNR identification," "do-not-intubate order," and "do-not-resuscitate order" have the same meanings as in section 2133.21 of the Revised Code.</u>	278 279 280
<u>(H) "Durable power of attorney for health care" means a</u>	281

document created pursuant to sections 1337.11 to 1337.17 of the Revised Code.	282 283
(H) (I) "Guardian" means a person appointed by a probate court pursuant to Chapter 2111. of the Revised Code to have the care and management of the person of an incompetent.	284 285 286
(I) (J) "Health care facility" means any of the following:	287
(1) A hospital;	288
(2) A hospice care program, pediatric respite care program, or other institution that specializes in comfort care of patients in a terminal condition or in a permanently unconscious state;	289 290 291 292
(3) A nursing home or residential care facility, as defined in section 3721.01 of the Revised Code;	293 294
(4) A home health agency and any residential facility where a person is receiving care under the direction of a home health agency;	295 296 297
(5) An intermediate care facility for individuals with intellectual disabilities.	298 299
(J) (K) "Health care personnel" means physicians, nurses, physician assistants, emergency medical technicians-basic, emergency medical technicians-intermediate, emergency medical technicians-paramedic, medical technicians, dietitians, other authorized persons acting under the direction of an attending physician, and administrators of health care facilities.	300 301 302 303 304 305
(K) (L) "Home health agency" has the same meaning as in section 3740.01 of the Revised Code.	306 307
(L) (M) "Hospice care program" and "pediatric respite care	308

program" have the same meanings as in section 3712.01 of the Revised Code.

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

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

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

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

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

~~(R)~~(S) "Nurse" means a person who is licensed to practice nursing as a registered nurse or to practice practical nursing as a licensed practical nurse pursuant to Chapter 4723. of the Revised Code.

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

~~(T)~~(U) "Nutrition" means sustenance that is artificially or technologically administered.

~~(U)~~(V) "Permanently unconscious state" means a state of permanent unconsciousness in a declarant or other patient that, to a reasonable degree of medical certainty as determined in accordance with reasonable medical standards by the declarant's or other patient's attending physician and one other physician

who has examined the declarant or other patient, is 337
characterized by both of the following: 338

(1) Irreversible unawareness of one's being and 339
environment. 340

(2) Total loss of cerebral cortical functioning, resulting 341
in the declarant or other patient having no capacity to 342
experience pain or suffering. 343

~~(V)~~(W) "Person" has the same meaning as in section 1.59 of 344
the Revised Code and additionally includes political 345
subdivisions and governmental agencies, boards, commissions, 346
departments, institutions, offices, and other instrumentalities. 347

~~(W)~~(X) "Physician" means a person who is authorized under 348
Chapter 4731. of the Revised Code to practice medicine and 349
surgery or osteopathic medicine and surgery. 350

~~(X)~~(Y) "Political subdivision" and "state" have the same 351
meanings as in section 2744.01 of the Revised Code. 352

~~(Y)~~(Z) "Professional disciplinary action" means action 353
taken by the board or other entity that regulates the 354
professional conduct of health care personnel, including the 355
state medical board and the board of nursing. 356

~~(Z)~~(AA) "Qualified patient" means an adult who has 357
executed a declaration and has been determined to be in a 358
terminal condition or in a permanently unconscious state. 359

~~(AA)~~(BB) "Terminal condition" means an irreversible, 360
incurable, and untreatable condition caused by disease, illness, 361
or injury from which, to a reasonable degree of medical 362
certainty as determined in accordance with reasonable medical 363
standards by a declarant's or other patient's attending 364

physician and one other physician who has examined the declarant 365
or other patient, both of the following apply: 366

(1) There can be no recovery. 367

(2) Death is likely to occur within a relatively short 368
time if life-sustaining treatment is not administered. 369

~~(BB)~~ (CC) "Tort action" means a civil action for damages 370
for injury, death, or loss to person or property, other than a 371
civil action for damages for breach of a contract or another 372
agreement between persons. 373

Sec. 2133.03. (A) (1) A declaration becomes operative when 374
it is communicated to the attending physician of the declarant, 375
the attending physician and one other physician who examines the 376
declarant determine that the declarant is in a terminal 377
condition or in a permanently unconscious state, whichever is 378
addressed in the declaration, the applicable requirements of 379
divisions (A) (2) and (3) of this section are satisfied, and the 380
attending physician determines that the declarant no longer is 381
able to make informed decisions regarding the administration of 382
life-sustaining treatment. When the declaration becomes 383
operative, the attending physician and health care facilities 384
shall act in accordance with its provisions or comply with the 385
provisions of section 2133.10 of the Revised Code. 386

(2) In order for a declaration to become operative in 387
connection with a declarant who is in a permanently unconscious 388
state, the consulting physician associated with the 389
determination that the declarant is in the permanently 390
unconscious state shall be a physician who, by virtue of 391
advanced education or training, of a practice limited to 392
particular diseases, illnesses, injuries, therapies, or branches 393

of medicine or surgery or osteopathic medicine and surgery, of 394
certification as a specialist in a particular branch of medicine 395
or surgery or osteopathic medicine and surgery, or of experience 396
acquired in the practice of medicine or surgery or osteopathic 397
medicine and surgery, is qualified to determine whether the 398
declarant is in a permanently unconscious state. 399

(3) In order for a declaration to become operative in 400
connection with a declarant who is in a terminal condition or in 401
a permanently unconscious state, the attending physician of the 402
declarant shall determine, in good faith, to a reasonable degree 403
of medical certainty, and in accordance with reasonable medical 404
standards, that there is no reasonable possibility that the 405
declarant will regain the capacity to make informed decisions 406
regarding the administration of life-sustaining treatment. 407

(B) (1) (a) A declaration supersedes any general consent to 408
treatment form signed by or on behalf of the declarant prior to, 409
upon, or after the declarant's admission to a health care 410
facility to the extent there is a conflict between the 411
declaration and the form, even if the form is signed after the 412
execution of the declaration. To the extent that the provisions 413
of a declaration and a general consent to treatment form do not 414
conflict, both documents shall govern the use or continuation, 415
or the withholding or withdrawal, of life-sustaining treatment 416
and other medical or nursing procedures, treatments, 417
interventions, or other measures in connection with the 418
declarant. Division (B) (1) (a) of this section does not apply if 419
a declaration is revoked pursuant to section 2133.04 of the 420
Revised Code after the signing of a general consent to treatment 421
form. 422

(b) A declaration supersedes a DNI identification or DNR 423

identification, ~~as defined in section 2133.21 of the Revised~~ 424
~~Code,~~ of the declarant that is based upon a prior, inconsistent 425
declaration of the declarant or that is based upon a do-not- 426
intubate order or a do-not-resuscitate order, ~~as defined in~~ 427
~~section 2133.21 of the Revised Code,~~ that a physician has issued 428
for the declarant and that is inconsistent with the declaration. 429

(2) If a declarant has both a valid durable power of 430
attorney for health care and a valid declaration, the 431
declaration supersedes the durable power of attorney for health 432
care to the extent that the provisions of the documents would 433
conflict if the declarant should be in a terminal condition or 434
in a permanently unconscious state. Division (B) (2) of this 435
section does not apply if the declarant revokes the declaration 436
pursuant to section 2133.04 of the Revised Code. 437

Sec. 2133.07. (A) ~~As used in this section, "DNR-~~ 438
~~identification" has the same meaning as in section 2133.21 of~~ 439
~~the Revised Code.~~ 440

~~(B)~~ A printed form of a declaration may be sold or 441
otherwise distributed in this state for use by adults who are 442
not advised by an attorney. By use of a printed form of that 443
nature, a declarant may authorize the use or continuation, or 444
the withholding or withdrawal, of life-sustaining treatment 445
should the declarant be in a terminal condition, a permanently 446
unconscious state, or either a terminal condition or a 447
permanently unconscious state, may authorize the withholding or 448
withdrawal of nutrition or hydration should the declarant be in 449
a permanently unconscious state as described in division (A) (3) 450
(a) of section 2133.02 of the Revised Code, and may designate 451
one or more persons who are to be notified by the declarant's 452
attending physician at any time that life-sustaining treatment 453

would be withheld or withdrawn pursuant to the declaration. The 454
printed form shall not be used as an instrument for granting any 455
other type of authority or for making any other type of 456
designation, except that the printed form may be used as a DNI 457
identification or DNR identification if the declarant specifies 458
on the form that the declarant wishes to use it as a DNI 459
identification or DNR identification. 460

~~(C) (1)~~ (B) (1) A printed form of a declaration under 461
division ~~(B)~~ (A) of this section shall include, as a separate 462
page or as a portion of a page that can be detached from the 463
declaration, a donor registry enrollment form that permits the 464
donor to be included in the donor registry created under section 465
2108.23 of the Revised Code. 466

(2) The donor registry enrollment form may be in any form 467
that complies with the requirements of division (B) of section 468
2108.05 of the Revised Code. On completion, the form shall be 469
forwarded to the bureau of motor vehicles. 470

Sec. 2133.151. Any do-not-resuscitate order that is 471
executed not later than twelve months after the effective date 472
of this section in accordance with former Chapter 2133. of the 473
Revised Code as that chapter existed prior to the effective date 474
of this section is valid until revoked by the individual. 475

Sec. 2133.21. As used in sections 2133.21 to 2133.26 of 476
the Revised Code, unless the context clearly requires otherwise: 477

(A) "Attending physician" means the physician to whom a 478
person, or the family of a person, has assigned primary 479
responsibility for the treatment or care of the person or, if 480
the person or the person's family has not assigned that 481
responsibility, the physician who has accepted that 482

responsibility. 483

(B) "CPR" means cardiopulmonary resuscitation or a 484
component of cardiopulmonary resuscitation, but it does not 485
include clearing a person's airway for a purpose other than as a 486
component of CPR. 487

(C) "Declaration," "health care facility," "life- 488
sustaining treatment," "physician," "professional disciplinary 489
action," and "tort action" have the same meanings as in section 490
2133.01 of the Revised Code. 491

~~(C)~~(D) "DNI identification" means a standardized 492
identification card, form, necklace, or bracelet that is of 493
uniform size and design, that has been approved by the 494
department of health pursuant to section 2133.25 of the Revised 495
Code, and that signifies either of the following: 496

(1) That the person who is named on and possesses the 497
card, form, necklace, or bracelet has executed a declaration 498
that authorizes the withholding or withdrawal of intubation and 499
that has not been revoked pursuant to section 2133.04 of the 500
Revised Code; 501

(2) That the attending physician of the person who is 502
named on and possesses the card, form, necklace, or bracelet has 503
issued a current do-not-intubate order, in accordance with the 504
do-not-intubate protocol adopted by the department of health 505
pursuant to section 2133.25 of the Revised Code, for that person 506
and has documented the grounds for the order in that person's 507
medical record. 508

(E) "DNR identification" means a standardized 509
identification card, form, necklace, or bracelet that is of 510
uniform size and design, that has been approved by the 511

department of health pursuant to section 2133.25 of the Revised Code, and that signifies either of the following:

(1) That the person who is named on and possesses the card, form, necklace, or bracelet has executed a declaration that authorizes the withholding or withdrawal of CPR and that has not been revoked pursuant to section 2133.04 of the Revised Code;

(2) That the attending physician of the person who is named on and possesses the card, form, necklace, or bracelet has issued a current do-not-resuscitate order, in accordance with the do-not-resuscitate protocol adopted by the department of health pursuant to section 2133.25 of the Revised Code, for that person and has documented the grounds for the order in that person's medical record.

~~(D)~~(F) "Do-not-intubate order" means a directive issued by a physician that identifies a person and specifies that the person so identified should not be intubated.

(G) "Do-not-intubate protocol" means the standardized method of procedure for the withholding of intubation by physicians, emergency medical service personnel, and health care facilities that is adopted in the rules of the department of health pursuant to section 2133.25 of the Revised Code.

(H) "Do-not-resuscitate order" means a directive issued by a physician that identifies a person and specifies that CPR should not be administered to the person so identified.

~~(E)~~(I) "Do-not-resuscitate protocol" means the standardized method of procedure for the withholding of CPR by physicians, emergency medical service personnel, and health care facilities that is adopted in the rules of the department of

health pursuant to section 2133.25 of the Revised Code. 541

~~(F)~~(J) "Emergency medical services personnel" means paid 542
or volunteer firefighters, law enforcement officers, first 543
responders, emergency medical technicians-basic, emergency 544
medical technicians-intermediate, emergency medical technicians- 545
paramedic, medical technicians, or other emergency services 546
personnel acting within the ordinary course of their profession. 547

~~(G) "CPR" means cardiopulmonary resuscitation or a 548
component of cardiopulmonary resuscitation, but it does not 549
include clearing a person's airway for a purpose other than as a 550
component of CPR.~~(K) "Intubate" or "intubation" means the 551
medical procedure of inserting a tube into a person's trachea to 552
maintain an open airway and facilitate breathing. It also 553
includes the use of a supraglottic airway device. 554

Sec. 2133.22. (A) (1) None of the following are subject to 555
criminal prosecution, to liability in damages in a tort or other 556
civil action for injury, death, or loss to person or property, 557
or to professional disciplinary action arising out of or 558
relating to the withholding or withdrawal of intubation or the 559
withholding or withdrawal of CPR from a person after DNI 560
identification or DNR identification, as applicable, is 561
discovered in the person's possession and reasonable efforts 562
have been made to determine that the person in possession of the 563
DNR-identification is the person named on the DNR- 564
identification: 565

(a) A physician who causes the withholding or withdrawal 566
of CPR or the withholding or withdrawal of intubation from the 567
person possessing the DNR or DNI identification, as applicable; 568

(b) A person who participates under the direction of or 569

with the authorization of a physician in the withholding or 570
withdrawal of CPR or the withholding or withdrawal of intubation 571
from the person possessing the DNR or DNI identification, as 572
applicable; 573

(c) Any emergency medical services personnel who cause or 574
participate in the withholding or withdrawal of CPR or the 575
withholding or withdrawal of intubation from the person 576
possessing the DNR or DNI identification, as applicable. 577

(2) None of the following are subject to criminal 578
prosecution, to liability in damages in a tort or other civil 579
action for injury, death, or loss to person or property, or to 580
professional disciplinary action arising out of or relating to 581
the withholding or withdrawal of CPR or the withholding or 582
withdrawal of intubation from a person in a health care facility 583
after DNR or DNI identification, as applicable, is discovered in 584
the person's possession and reasonable efforts have been made to 585
determine that the person in possession of the ~~DNR~~ 586
identification is the person named on the ~~DNR~~-identification, or 587
a do-not-intubate order or do-not-resuscitate order is issued 588
for the person: 589

(a) The health care facility or the administrator of the 590
health care facility; 591

(b) A physician who causes the withholding or withdrawal 592
of CPR or the withholding or withdrawal of intubation from the 593
person possessing the DNR identification or DNI identification, 594
as applicable, or for whom the do-not-resuscitate order or do- 595
not-intubate order has been issued; 596

(c) Any person who works for the health care facility as 597
an employee, contractor, or volunteer and who participates under 598

the direction of or with the authorization of a physician in the 599
withholding or withdrawal of CPR or in the withholding or 600
withdrawal of intubation from the person possessing the DNR or 601
DNI identification, as applicable; 602

(d) Any person who works for the health care facility as 603
an employee, contractor, or volunteer and who participates under 604
the direction of or with the authorization of a physician in the 605
withholding or withdrawal of CPR or in the withholding or 606
withdrawal of intubation from the person for whom the do-not- 607
resuscitate order or do-not-intubate order has been issued. 608

(3) If, after DNR identification or DNI identification is 609
discovered in the possession of a person, the person makes an 610
oral or written request to receive CPR or intubation, as 611
applicable, any person who provides CPR or intubation pursuant 612
to the request, any health care facility in which CPR or 613
intubation is provided, and the administrator of any health care 614
facility in which CPR or intubation is provided are not subject 615
to criminal prosecution as a result of the provision of the CPR or 616
intubation, are not liable in damages in a tort or other 617
civil action for injury, death, or loss to person or property 618
that arises out of or is related to the provision of the CPR or 619
intubation, and are not subject to professional disciplinary 620
action as a result of the provision of the CPR or intubation. 621

(B) Divisions (A) (1), (A) (2), and (C) of this section do 622
not apply when either: 623

(1) CPR is withheld or withdrawn from a person who 624
possesses DNR identification or for whom a do-not-resuscitate 625
order has been issued unless the withholding or withdrawal is in 626
accordance with the do-not-resuscitate protocol. 627

(2) Intubation is withheld or withdrawn from a person who 628
possesses DNI identification or for whom a do-not-intubate order 629
has been issued unless the withholding or withdrawal is in 630
accordance with the do-not-intubate protocol. 631

(C) Any emergency medical services personnel who comply 632
with a do-not-resuscitate order or do-not-intubate order issued 633
by a physician and any individuals who work for a health care 634
facility as employees, contractors, or volunteers and who comply 635
with a do-not-resuscitate order or do-not-intubate order issued 636
by a physician are not subject to liability in damages in a 637
civil action for injury, death, or loss to person or property 638
that arises out of or is related to compliance with the order, 639
are not subject to criminal prosecution as a result of 640
compliance with the order, and are not subject to professional 641
disciplinary action as a result of compliance with the order. 642

In an emergency situation, emergency medical services 643
personnel and emergency department personnel are not required to 644
search a person to determine if the person possesses DNR 645
identification or DNI identification. If a person possesses DNR 646
identification or DNI identification, if emergency medical 647
services personnel or emergency department personnel provide CPR 648
or intubation to the person in an emergency situation, and if, 649
at that time, the personnel do not know and do not have 650
reasonable cause to believe that the person possesses DNR 651
identification or DNI identification, the emergency medical 652
services personnel and emergency department personnel are not 653
subject to criminal prosecution as a result of the provision of 654
the CPR or intubation, are not liable in damages in a tort or 655
other civil action for injury, death, or loss to person or 656
property that arises out of or is related to the provision of 657
the CPR or intubation, and are not subject to professional 658

disciplinary action as a result of the provision of the CPR or 659
intubation. 660

(D) Nothing in sections 2133.21 to 2133.26 of the Revised 661
Code ~~or~~, the do-not-resuscitate protocol, or the do-not- 662
intubate protocol grants immunity to a physician for issuing a 663
do-not-resuscitate order or do-not-intubate order that is 664
contrary to reasonable medical standards or that the physician 665
knows or has reason to know is contrary to the wishes of the 666
patient or of a person who is lawfully authorized to make 667
informed medical decisions on the patient's behalf. 668

Sec. 2133.23. (A) If emergency medical services personnel, 669
other than physicians, are presented with DNI identification or 670
DNR identification possessed by a person or are presented with a 671
written do-not-intubate order or do-not-resuscitate order for a 672
person or if a physician directly issues to emergency medical 673
services personnel, other than physicians, an oral do-not- 674
intubate order or do-not-resuscitate order for a person, the 675
emergency medical services personnel shall comply with the do- 676
not-intubate protocol or do-not-resuscitate protocol for the 677
person. If an oral do-not-intubate order or do-not-resuscitate 678
order is issued by a physician who is not present at the scene, 679
the emergency medical services personnel shall verify the 680
physician's identity. 681

(B) If a person possesses DNI identification or DNR 682
identification and if the person's attending physician or the 683
health care facility in which the person is located is unwilling 684
or unable to comply with the do-not-intubate protocol or do-not- 685
resuscitate protocol for the person, the attending physician or 686
the health care facility shall not prevent or attempt to 687
prevent, or unreasonably delay or attempt to delay, the transfer 688

of the person to a different physician who will follow the 689
protocol or to a different health care facility in which the 690
protocol will be followed. 691

(C) If a person who possesses DNI identification or DNR 692
identification or for whom a current do-not-intubate order or 693
do-not-resuscitate order has been issued is being transferred 694
from one health care facility to another, before or at the time 695
of the transfer, the transferring health care facility shall 696
notify the receiving health care facility and the persons 697
transporting the person of the existence of the DNI 698
identification or DNR identification or the order. If a current 699
do-not-intubate order or do-not-resuscitate order was issued 700
orally, it shall be reduced to writing before the time of the 701
transfer. The DNI identification or DNR identification or ~~the~~ 702
order shall accompany the person to the receiving health care 703
facility and shall remain in effect unless it is revoked or 704
unless, in the case of a do-not-intubate order or do-not- 705
resuscitate order, the order no longer is current. 706

Sec. 2133.24. (A) The death of a person resulting from the 707
withholding or withdrawal of CPR or the withholding or 708
withdrawal of intubation for the person pursuant to the do-not- 709
intubate protocol or do-not-resuscitate protocol and in the 710
circumstances described in section 2133.22 of the Revised Code 711
or in accordance with division (A) of section 2133.23 of the 712
Revised Code does not constitute for any purpose a suicide, 713
aggravated murder, murder, or any other homicide. 714

(B) (1) If a person possesses DNI identification or DNR 715
identification or if a current do-not-intubate order or do-not- 716
resuscitate order has been issued for a person, the possession 717
or order shall not do either of the following: 718

(a) Affect in any manner the sale, procurement, issuance, 719
or renewal of a policy of life insurance or annuity, 720
notwithstanding any term of a policy or annuity to the contrary; 721

(b) Be deemed to modify in any manner or invalidate the 722
terms of any policy of life insurance or annuity that is in 723
effect on the effective date of this section. 724

(2) Notwithstanding any term of a policy of life insurance 725
or annuity to the contrary, the withholding or withdrawal of CPR 726
or the withholding or withdrawal of intubation, as applicable, 727
from a person who is insured or covered under the policy or 728
annuity and who possesses DNR identification or DNI 729
identification or for whom a current do-not-resuscitate order or 730
do-not-intubate order has been issued, in accordance with 731
sections 2133.21 to 2133.26 of the Revised Code, shall not 732
impair or invalidate any policy of life insurance or annuity. 733

(3) Notwithstanding any term of a policy or plan to the 734
contrary, neither of the following shall impair or invalidate 735
any policy of health insurance or other health care benefit 736
plan: 737

(a) The withholding or withdrawal in accordance with 738
sections 2133.21 to 2133.26 of the Revised Code of CPR or 739
intubation from a person who is insured or covered under the 740
policy or plan and who possesses DNR identification or DNI 741
identification or for whom a current do-not-resuscitate order or 742
do-not-intubate order has been issued; 743

(b) The provision in accordance with sections 2133.21 to 744
2133.26 of the Revised Code of CPR or intubation, as applicable, 745
to a person of the nature described in division (B) (3) (a) of 746
this section. 747

(4) No physician, health care facility, other health care provider, person authorized to engage in the business of insurance in this state under Title XXXIX of the Revised Code, health insuring corporation, other health care benefit plan, legal entity that is self-insured and provides benefits to its employees or members, or other person shall require an individual to possess DNI identification or DNR identification, or shall require an individual to revoke or refrain from possessing DNI identification or DNR identification, as a condition of being insured or of receiving health care benefits or services.

(C) (1) Sections 2133.21 to 2133.26 of the Revised Code do not create any presumption concerning the intent of an individual who does not possess DNR identification or DNI identification with respect to the use, withholding, or withdrawal of CPR or intubation.

(2) Sections 2133.21 to 2133.26 of the Revised Code do not affect the right of a person to make informed decisions regarding the use, withholding, or withdrawal of CPR or intubation, as applicable, for the person as long as the person is able to make those decisions.

(3) Sections 2133.21 to 2133.26 of the Revised Code are in addition to and independent of, and do not limit, impair, or supersede, any right or responsibility that a person has to effect the withholding or withdrawal of life-sustaining treatment to another pursuant to sections 2133.01 to 2133.15 of the Revised Code or in any other lawful manner.

(D) Nothing in sections 2133.21 to 2133.26 of the Revised Code condones, authorizes, or approves of mercy killing, assisted suicide, or euthanasia.

Sec. 2133.25. (A) The department of health, by rule 778
adopted pursuant to Chapter 119. of the Revised Code, shall 779
adopt a standardized method of procedure for the withholding of 780
CPR and the withholding of intubation by physicians, certified 781
nurse-midwives, clinical nurse specialists, certified nurse 782
practitioners, emergency medical services personnel, and health 783
care facilities in accordance with sections 2133.21 to 2133.26 784
of the Revised Code. The standardized ~~method~~ methods shall 785
specify criteria for determining when a do-not-intubate order or 786
do-not-resuscitate order is current. The standardized ~~method~~ 787
methods so adopted shall be the "do-not-intubate protocol" and 788
the "do-not-resuscitate protocol" for purposes of sections 789
2133.21 to 2133.26 of the Revised Code. The department also 790
shall approve one or more standard forms of DNI identification 791
and DNR identification to be used throughout this state. 792

(B) The department of health shall adopt rules in 793
accordance with Chapter 119. of the Revised Code for the 794
administration of sections 2133.21 to 2133.26 of the Revised 795
Code. 796

(C) The department of health shall appoint an advisory 797
committee to advise the department in the development of rules 798
under this section. The advisory committee shall include, but 799
shall not be limited to, representatives of each of the 800
following organizations: 801

(1) The Ohio hospital association; 802

(2) The Ohio state medical association; 803

(3) The Ohio chapter of the American college of emergency 804
physicians; 805

(4) The Ohio hospice organization; 806

(5) The Ohio council for home care and hospice;	807
(6) The Ohio health care association;	808
(7) The Ohio ambulance association;	809
(8) The Ohio medical directors association;	810
(9) The Ohio association of emergency medical services;	811
(10) The bioethics network of Ohio;	812
(11) The Ohio nurses association;	813
(12) The Ohio academy of nursing homes;	814
(13) The Ohio association of professional firefighters;	815
(14) The department of developmental disabilities;	816
(15) The Ohio osteopathic association;	817
(16) The association of Ohio philanthropic homes and housing services for the aging;	818 819
(17) The catholic conference of Ohio;	820
(18) The department of aging;	821
(19) The department of mental health and addiction <u>services behavioral health</u> ;	822 823
(20) The Ohio private residential association;	824
(21) The northern Ohio fire fighters association;	825
(22) The Ohio association of advanced practice nurses.	826
Sec. 2133.26. (A) (1) No physician shall purposely prevent	827
or attempt to prevent, or delay or unreasonably attempt to	828
delay, the transfer of a patient in violation of division (B) of	829
section 2133.23 of the Revised Code.	830

(2) No person shall purposely conceal, cancel, deface, or obliterate the DNI identification or DNR identification of another person without the consent of the other person.

(3) No person shall purposely falsify or forge a revocation of a declaration that is the basis of the DNI identification or DNR identification of another person or purposely falsify or forge an order of a physician that purports to supersede a do-not-intubate order or a do-not-resuscitate order issued for another person.

(4) No person shall purposely falsify or forge the DNI identification or DNR identification of another person with the intent to cause the use, withholding, or withdrawal of CPR or intubation, as applicable, for the other person.

(5) No person who has personal knowledge that another person has revoked a declaration that is the basis of the other person's DNI identification or DNR identification or personal knowledge that a physician has issued an order that supersedes a do-not-intubate order or a do-not-resuscitate order that the physician issued for another person shall purposely conceal or withhold that personal knowledge with the intent to cause the use, withholding, or withdrawal of CPR or intubation, as applicable, for the other person.

(B) (1) Whoever violates division (A) (1) or (5) of this section is guilty of a misdemeanor of the third degree.

(2) Whoever violates division (A) (2), (3), or (4) of this section is guilty of a misdemeanor of the first degree.

Sec. 4765.35. (A) A first responder may perform any of the emergency medical services specified for first responders in rules adopted under section 4765.11 of the Revised Code by the

state board of emergency medical, fire, and transportation 860
services. A first responder shall perform the emergency medical 861
services in accordance with this chapter and any rules adopted 862
under it by the board. 863

(B) (1) Except as provided in division (B) (2) of this 864
section, the emergency medical services provided by a first 865
responder shall be performed only pursuant to one of the 866
following: 867

(a) The written or verbal authorization of a physician or 868
of the cooperating physician advisory board; 869

(b) An authorization transmitted through a direct 870
communication device by a physician, physician assistant 871
designated by a physician, or registered nurse designated by a 872
physician; 873

(c) Any applicable protocols adopted by the emergency 874
medical service organization with which the first responder is 875
affiliated. 876

(2) Division (B) (1) of this section does not prohibit a 877
first responder from complying with a do-not-intubate order or a 878
do-not-resuscitate order issued by a physician assistant or 879
advanced practice registered nurse pursuant to section 2133.211 880
of the Revised Code. 881

Sec. 4765.37. (A) An emergency medical technician-basic 882
may perform any of the emergency medical services specified for 883
EMTs-basic in rules adopted under section 4765.11 of the Revised 884
Code by the state board of emergency medical, fire, and 885
transportation services. An EMT-basic shall perform the 886
emergency medical services in accordance with this chapter and 887
any rules adopted under it by the board. 888

(B) (1) Except as provided in division (B) (2) of this 889
section, the emergency medical services provided by an EMT-basic 890
shall be performed only pursuant to one of the following: 891

(a) The written or verbal authorization of a physician or 892
of the cooperating physician advisory board; 893

(b) An authorization transmitted through a direct 894
communication device by a physician, physician assistant 895
designated by a physician, or registered nurse designated by a 896
physician; 897

(c) Any applicable protocols adopted by the emergency 898
medical service organization with which the EMT-basic is 899
affiliated. 900

(2) Division (B) (1) of this section does not prohibit an 901
EMT-basic from complying with a do-not-intubate order or a do- 902
not-resuscitate order issued by a physician assistant or 903
advanced practice registered nurse pursuant to section 2133.211 904
of the Revised Code. 905

Sec. 4765.38. (A) An emergency medical technician- 906
intermediate may perform any of the emergency medical services 907
specified for EMTs-I in rules adopted under section 4765.11 of 908
the Revised Code by the state board of emergency medical, fire, 909
and transportation services. An EMT-I shall perform emergency 910
medical services in accordance with this chapter and any rules 911
adopted under it by the board. 912

(B) (1) Except as provided in division (B) (2) of this 913
section, the emergency medical services provided by an EMT-I 914
shall be performed only pursuant to one of the following: 915

(a) The written or verbal authorization of a physician or 916
of the cooperating physician advisory board; 917

(b) An authorization transmitted through a direct 918
communication device by a physician, physician assistant 919
designated by a physician, or registered nurse designated by a 920
physician; 921

(c) Any applicable protocols adopted by the emergency 922
medical service organization with which the EMT-I is affiliated. 923

(2) Division (B) (1) of this section does not prohibit an 924
EMT-I from complying with a do-not-intubate order or a do-not- 925
resuscitate order issued by a physician assistant or advanced 926
practice registered nurse pursuant to section 2133.211 of the 927
Revised Code. 928

(C) In addition to, and in the course of, providing 929
emergency medical treatment, an EMT-I may withdraw blood as 930
provided under sections 1547.11, 4506.17, and 4511.19 of the 931
Revised Code. An EMT-I shall withdraw blood in accordance with 932
this chapter and any rules adopted under it by the board. 933

Sec. 4765.39. (A) An emergency medical technician- 934
paramedic may perform any of the emergency medical services 935
specified for paramedics in rules adopted under section 4765.11 936
of the Revised Code by the state board of emergency medical, 937
fire, and transportation services. A paramedic shall perform 938
emergency medical services in accordance with this chapter and 939
any rules adopted under it by the state board of emergency 940
medical, fire, and transportation services. 941

(B) (1) Except as provided in division (B) (2) of this 942
section, the emergency medical services provided by a paramedic 943
shall be performed only pursuant to one of the following: 944

(a) The written or verbal authorization of a physician or 945
of the cooperating physician advisory board; 946

(b) An authorization transmitted through a direct 947
communication device by a physician, physician assistant 948
designated by a physician, or registered nurse designated by a 949
physician; 950

(c) Any applicable protocols adopted by the emergency 951
medical service organization with which the paramedic is 952
affiliated. 953

(2) Division (B)(1) of this section does not prohibit a 954
paramedic from complying with a do-not-intubate order or a do- 955
not-resuscitate order issued by a physician assistant or 956
advanced practice registered nurse pursuant to section 2133.211 957
of the Revised Code. 958

(C) In addition to, and in the course of, providing 959
emergency medical treatment, a paramedic may withdraw blood as 960
provided under sections 1547.11, 4506.17, and 4511.19 of the 961
Revised Code. A paramedic shall withdraw blood in accordance 962
with this chapter and any rules adopted under it by the board. 963

Section 2. That existing sections 1337.12, 2108.23, 964
2108.231, 2133.01, 2133.03, 2133.07, 2133.21, 2133.22, 2133.23, 965
2133.24, 2133.25, 2133.26, 4765.35, 4765.37, 4765.38, and 966
4765.39 of the Revised Code are hereby repealed. 967