

**As Introduced**

**136th General Assembly  
Regular Session  
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**H. B. No. 963**

**Representatives Deeter, Craig**

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To amend sections 1.64, 2108.16, 2108.61, 2111.031, 1  
2111.49, 2133.211, 2305.51, 2907.13, 3313.7112, 2  
3313.7117, 3705.01, 3705.09, 3705.15, 3705.16, 3  
3705.17, 3705.22, 3705.29, 3705.30, 3705.33, 4  
3705.35, 3705.99, 3715.50, 3719.06, 3719.064, 5  
3727.06, 3727.70, 3728.01, 4723.36, 4725.27, 6  
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4729.39, 4730.01, 4730.02, 4730.03, 4730.04, 8  
4730.05, 4730.06, 4730.07, 4730.08, 4730.141, 9  
4730.15, 4730.20, 4730.201, 4730.203, 4730.204, 10  
4730.22, 4730.25, 4730.26, 4730.39, 4730.41, 11  
4730.411, 4730.43, 4730.432, 4730.433, 4730.437, 12  
4730.49, 4730.53, 4730.56, 4731.22, 4731.297, 13  
4731.33, 4761.17, 4765.51, 4773.01, 4773.02, 14  
4773.06, 5122.10, 5164.301, and 5903.12; to 15  
enact sections 3902.65, 4730.021, 4730.081, 16  
4730.09, 4730.091, 4730.16, 4730.205, and 17  
4730.23; and to repeal sections 4730.19, 18  
4730.202, 4730.21, 4730.38, 4730.42, and 4730.44 19  
of the Revised Code to revise the law governing 20  
the practice of physician assistants. 21

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

**Section 1.** That sections 1.64, 2108.16, 2108.61, 2111.031, 22  
2111.49, 2133.211, 2305.51, 2907.13, 3313.7112, 3313.7117, 23  
3705.01, 3705.09, 3705.15, 3705.16, 3705.17, 3705.22, 3705.29, 24  
3705.30, 3705.33, 3705.35, 3705.99, 3715.50, 3719.06, 3719.064, 25  
3727.06, 3727.70, 3728.01, 4723.36, 4725.27, 4725.40, 4725.53, 26  
4725.56, 4725.59, 4729.01, 4729.39, 4730.01, 4730.02, 4730.03, 27  
4730.04, 4730.05, 4730.06, 4730.07, 4730.08, 4730.141, 4730.15, 28  
4730.20, 4730.201, 4730.203, 4730.204, 4730.22, 4730.25, 29  
4730.26, 4730.39, 4730.41, 4730.411, 4730.43, 4730.432, 30  
4730.433, 4730.437, 4730.49, 4730.53, 4730.56, 4731.22, 31  
4731.297, 4731.33, 4761.17, 4765.51, 4773.01, 4773.02, 4773.06, 32  
5122.10, 5164.301, and 5903.12 be amended and sections 3902.65, 33  
4730.021, 4730.081, 4730.09, 4730.091, 4730.16, 4730.205, and 34  
4730.23 of the Revised Code be enacted to read as follows: 35

**Sec. 1.64.** As used in the Revised Code: 36

(A) "Certified nurse-midwife" means an advanced practice 37  
registered nurse who holds a current, valid license issued under 38  
Chapter 4723. of the Revised Code and is designated as a 39  
certified nurse-midwife in accordance with section 4723.42 of 40  
the Revised Code and rules adopted by the board of nursing. 41

(B) "Certified nurse practitioner" means an advanced 42  
practice registered nurse who holds a current, valid license 43  
issued under Chapter 4723. of the Revised Code and is designated 44  
as a certified nurse practitioner in accordance with section 45  
4723.42 of the Revised Code and rules adopted by the board of 46  
nursing. 47

(C) "Clinical nurse specialist" means an advanced practice 48  
registered nurse who holds a current, valid license issued under 49  
Chapter 4723. of the Revised Code and is designated as a 50  
clinical nurse specialist in accordance with section 4723.42 of 51

the Revised Code and rules adopted by the board of nursing. 52

(D) "Physician assistant" means an individual who is 53  
licensed ~~under Chapter 4730. of the Revised Code to provide~~ 54  
~~services practice~~ as a physician assistant ~~to patients under the~~ 55  
~~supervision, control, and direction of one or more physicians~~ 56  
under Chapter 4730. of the Revised Code. 57

**Sec. 2108.16.** (A) Except as provided in division (B) of 58  
this section, a physician or technician may remove a donated 59  
part from the body of a donor that the physician or technician 60  
is qualified to remove. 61

(B) Neither the physician, physician assistant, certified 62  
nurse-midwife, clinical nurse specialist, or certified nurse 63  
practitioner who attends the decedent at death nor the 64  
physician, physician assistant, certified nurse-midwife, 65  
clinical nurse specialist, or certified nurse practitioner who 66  
determines the time of the decedent's death shall participate in 67  
the procedures for removing or transplanting a part from the 68  
decedent. 69

**Sec. 2108.61.** (A) As used in this section and sections 70  
2108.62 and 2108.63 of the Revised Code: 71

(1) "Health care institution" means a hospital registered 72  
as such under section 3701.07 of the Revised Code or a 73  
freestanding birthing center. 74

(2) "Health care professional" means a physician 75  
authorized under Chapter 4731. of the Revised Code to practice 76  
medicine and surgery or osteopathic medicine and surgery; a 77  
registered nurse, including a certified nurse-midwife, 78  
authorized to practice under Chapter 4723. of the Revised Code; 79  
or a physician assistant authorized to practice under Chapter- 80

~~4130.~~ 4730. of the Revised Code. 81

(3) "Umbilical cord blood" means the blood that remains in 82  
the umbilical cord and placenta after the birth of a newborn 83  
child. 84

(B) The department of health shall encourage health care 85  
professionals who provide health care services that are directly 86  
related to a woman's pregnancy to provide a woman before her 87  
third trimester of pregnancy with the publications described in 88  
section 2108.62 of the Revised Code. 89

**Sec. 2111.031.** In connection with an application for the 90  
appointment of a guardian for an alleged incompetent, the court 91  
may appoint physicians, physician assistants, clinical nurse 92  
specialists, certified nurse practitioners, and other qualified 93  
persons to examine, investigate, or represent the alleged 94  
incompetent, to assist the court in deciding whether a 95  
guardianship is necessary. If the person is determined to be an 96  
incompetent and a guardian is appointed for the person, the 97  
costs, fees, or expenses incurred to so assist the court shall 98  
be charged either against the estate of the person or against 99  
the applicant, unless the court determines, for good cause 100  
shown, that the costs, fees, or expenses are to be recovered 101  
from the county, in which case they shall be charged against the 102  
county. If the person is not determined to be an incompetent or 103  
a guardian is not appointed for the person, the costs, fees, or 104  
expenses incurred to so assist the court shall be charged 105  
against the applicant, unless the court determines, for good 106  
cause shown, that the costs, fees, or expenses are to be 107  
recovered from the county, in which case they shall be charged 108  
against the county. 109

A court may require the applicant to make an advance 110

deposit of an amount that the court determines is necessary to 111  
defray the anticipated costs of examinations of an alleged 112  
incompetent and to cover fees or expenses to be incurred to 113  
assist it in deciding whether a guardianship is necessary. 114

This section does not affect or apply to the duties of a 115  
probate court investigator under sections 2111.04 and 2111.041 116  
of the Revised Code. 117

**Sec. 2111.49.** (A) (1) Subject to division (A) (3) of this 118  
section, the guardian of an incompetent person shall file a 119  
guardian's report with the court two years after the date of the 120  
issuance of the guardian's letters of appointment and biennially 121  
after that time, or at any other time upon the motion or a rule 122  
of the probate court. The report shall be in a form prescribed 123  
by the court and shall include all of the following. 124

(a) The present address of the place of residence of the 125  
ward; 126

(b) The present address of the guardian; 127

(c) If the place of residence of the ward is not the 128  
ward's personal home, the name of the facility at which the ward 129  
resides and the name of the person responsible for the ward's 130  
care; 131

(d) The approximate number of times during the period 132  
covered by the report that the guardian has had contact with the 133  
ward, the nature of those contacts, and the date that the ward 134  
was last seen by the guardian; 135

(e) Any major changes in the physical or mental condition 136  
of the ward observed by the guardian; 137

(f) The opinion of the guardian as to the necessity for 138

the continuation of the guardianship;	139
(g) The opinion of the guardian as to the adequacy of the present care of the ward;	140 141
(h) The date that the ward was last examined or otherwise seen by a physician, <u>physician assistant, clinical nurse specialist, or certified nurse practitioner</u> and the purpose of that visit;	142 143 144 145
(i) A statement by a licensed physician, <u>licensed physician assistant, licensed clinical nurse specialist, licensed certified nurse practitioner, licensed clinical psychologist, licensed independent social worker, licensed professional clinical counselor, or developmental disability team</u> that has evaluated or examined the ward within three months prior to the date of the report as to the need for continuing the guardianship.	146 147 148 149 150 151 152 153
(2) The court shall review a report filed pursuant to division (A)(1) of this section to determine if a continued necessity for the guardianship exists. The court may direct a probate court investigator to verify aspects of the report.	154 155 156 157
(3) Division (A)(1) of this section applies to guardians appointed prior to, as well as on or after, <del>the effective date of this section</del> <u>October 12, 2016</u> . A guardian appointed prior to that date shall file the first report in accordance with any applicable court rule or motion, or, in the absence of such a rule or motion, upon the next occurring date on which a report would have been due if division (A)(1) of this section had been in effect on the date of appointment as guardian, and shall file all subsequently due reports biennially after that time.	158 159 160 161 162 163 164 165 166
(B) If, upon review of any report required by division (A)	167

(1) of this section, the court finds that it is necessary to 168  
intervene in a guardianship, the court shall take any action 169  
that it determines is necessary, including, but not limited to, 170  
terminating or modifying the guardianship. 171

(C) Except as provided in this division, for any 172  
guardianship, upon written request by the ward, the ward's 173  
attorney, or any other interested party made at any time after 174  
the expiration of one hundred twenty days from the date of the 175  
original appointment of the guardian, a hearing shall be held in 176  
accordance with section 2111.02 of the Revised Code to evaluate 177  
the continued necessity of the guardianship. Upon written 178  
request, the court shall conduct a minimum of one hearing under 179  
this division in the calendar year in which the guardian was 180  
appointed, and upon written request, shall conduct a minimum of 181  
one hearing in each of the following calendar years. Upon its 182  
own motion or upon written request, the court may, in its 183  
discretion, conduct a hearing within the first one hundred 184  
twenty days after appointment of the guardian or conduct more 185  
than one hearing in a calendar year. If the ward alleges 186  
competence, the burden of proving incompetence shall be upon the 187  
applicant for guardianship or the guardian, by clear and 188  
convincing evidence. 189

**Sec. 2133.211.** A person who holds a current, valid license 190  
issued under Chapter 4723. of the Revised Code to practice as an 191  
advanced practice registered nurse may take any action that may 192  
be taken by an attending physician under sections 2133.21 to 193  
2133.26 of the Revised Code and has the immunity provided by 194  
section 2133.22 of the Revised Code if the action is taken 195  
pursuant to a standard care arrangement with a collaborating 196  
physician. 197

A person who holds a license to practice as a physician 198  
assistant issued under Chapter 4730. of the Revised Code may 199  
take any action that may be taken by an attending physician 200  
under sections 2133.21 to 2133.26 of the Revised Code and has 201  
the immunity provided by section 2133.22 of the Revised Code ~~if~~ 202  
~~the action is taken pursuant to a supervision agreement entered~~ 203  
~~into under section 4730.19 of the Revised Code, including, if~~ 204  
~~applicable, the policies of a health care facility in which the~~ 205  
~~physician assistant is practicing, subject to the physician~~ 206  
assistant's authority to practice as provided in section 4730.08 207  
of the Revised Code. 208

**Sec. 2305.51.** (A) (1) As used in this section: 209

(a) "Civil Rights" has the same meaning as in section 210  
5122.301 of the Revised Code. 211

(b) "Mental health client or patient" means an individual 212  
who is receiving mental health services from a mental health 213  
professional or organization. 214

(c) "Mental health organization" means an organization 215  
that engages one or more mental health professionals to provide 216  
mental health services to one or more mental health clients or 217  
patients. 218

(d) "Mental health professional" means an individual who 219  
is licensed, certified, or registered under the Revised Code, or 220  
otherwise authorized in this state, to provide mental health 221  
services for compensation, remuneration, or other personal gain. 222

(e) "Mental health service" means a service provided to an 223  
individual or group of individuals involving the application of 224  
medical, psychiatric, psychological, professional counseling, 225  
social work, marriage and family therapy, or nursing principles 226

or procedures to either of the following:	227
(i) The assessment, diagnosis, prevention, treatment, or amelioration of mental, emotional, psychiatric, psychological, or psychosocial disorders or diseases, as described in the most recent edition of the diagnostic and statistical manual of mental disorders published by the American psychiatric association;	228 229 230 231 232 233
(ii) The assessment or improvement of mental, emotional, psychiatric, psychological, or psychosocial adjustment or functioning, regardless of whether there is a diagnosable, pre-existing disorder or disease.	234 235 236 237
(f) "Knowledgeable person" means an individual who has reason to believe that a mental health client or patient has the intent and ability to carry out an explicit threat of inflicting imminent and serious physical harm to or causing the death of a clearly identifiable potential victim or victims and who is either an immediate family member of the client or patient or an individual who otherwise personally knows the client or patient.	238 239 240 241 242 243 244
(g) "Advanced practice registered nurse" has the same meaning as in section 4723.01 of the Revised Code.	245 246
(h) "Hospital" has the same meaning as in section 2305.25 of the Revised Code.	247 248
(i) "Physician" means an individual authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery.	249 250 251
(j) <del>"Physician assistant" has the same meaning as in section 4730.01</del> <u>means an individual who is licensed to practice as a physician assistant under Chapter 4730.</u> of the Revised Code.	252 253 254 255

(k) "Certified mental health assistant" has the same 256  
meaning as in section 4772.01 of the Revised Code. 257

(2) For the purpose of this section, in the case of a 258  
threat to a readily identifiable structure, "clearly 259  
identifiable potential victim" includes any potential occupant 260  
of the structure. 261

(B) A mental health professional or mental health 262  
organization may be held liable in damages in a civil action, or 263  
may be made subject to disciplinary action by an entity with 264  
licensing or other regulatory authority over the professional or 265  
organization, for serious physical harm or death resulting from 266  
failing to predict, warn of, or take precautions to provide 267  
protection from the violent behavior of a mental health client 268  
or patient, only if the client or patient or a knowledgeable 269  
person has communicated to the professional or organization an 270  
explicit threat of inflicting imminent and serious physical harm 271  
to or causing the death of one or more clearly identifiable 272  
potential victims, the professional or organization has reason 273  
to believe that the client or patient has the intent and ability 274  
to carry out the threat, and the professional or organization 275  
fails to take one or more of the following actions in a timely 276  
manner: 277

(1) Exercise any authority the professional or 278  
organization possesses to hospitalize the client or patient on 279  
an emergency basis pursuant to section 5122.10 of the Revised 280  
Code; 281

(2) Exercise any authority the professional or 282  
organization possesses to have the client or patient 283  
involuntarily or voluntarily hospitalized under Chapter 5122. of 284  
the Revised Code; 285

(3) Establish and undertake a documented treatment plan	286
that is reasonably calculated, according to appropriate	287
standards of professional practice, to eliminate the possibility	288
that the client or patient will carry out the threat, and,	289
concurrent with establishing and undertaking the treatment plan,	290
initiate arrangements for a second opinion risk assessment	291
through a management consultation about the treatment plan with,	292
in the case of a mental health organization, the clinical	293
director of the organization, or, in the case of a mental health	294
professional who is not acting as part of a mental health	295
organization, any mental health professional who is licensed to	296
engage in independent practice;	297
(4) Communicate to a law enforcement agency with	298
jurisdiction in the area where each potential victim resides,	299
where a structure threatened by a mental health client or	300
patient is located, or where the mental health client or patient	301
resides, and if feasible, communicate to each potential victim	302
or a potential victim's parent or guardian if the potential	303
victim is a minor or has been adjudicated incompetent, all of	304
the following information:	305
(a) The nature of the threat;	306
(b) The identity of the mental health client or patient	307
making the threat;	308
(c) The identity of each potential victim of the threat.	309
(C) All of the following apply when a mental health	310
professional or organization takes one or more of the actions	311
set forth in divisions (B) (1) to (4) of this section:	312
(1) The mental health professional or organization shall	313
consider each of the alternatives set forth and shall document	314

the reasons for choosing or rejecting each alternative. 315

(2) The mental health professional or organization may 316  
give special consideration to those alternatives which, 317  
consistent with public safety, would least abridge the rights of 318  
the mental health client or patient established under the 319  
Revised Code, including the rights specified in sections 5122.27 320  
to 5122.31 of the Revised Code. 321

(3) The mental health professional or organization is not 322  
required to take an action that, in the exercise of reasonable 323  
professional judgment, would physically endanger the 324  
professional or organization, increase the danger to a potential 325  
victim, or increase the danger to the mental health client or 326  
patient. 327

(4) The mental health professional or organization is not 328  
liable in damages in a civil action, and shall not be made 329  
subject to disciplinary action by any entity with licensing or 330  
other regulatory authority over the professional or 331  
organization, for disclosing any confidential information about 332  
a mental health client or patient that is disclosed for the 333  
purpose of taking any of the actions. 334

(D) Notwithstanding any other provision of the Revised 335  
Code, a physician, physician assistant, advanced practice 336  
registered nurse, certified mental health assistant, or hospital 337  
is not liable in damages in a civil action, and shall not be 338  
made subject to disciplinary action by any entity with licensing 339  
or other regulatory authority, for doing either of the 340  
following: 341

(1) Failing to discharge or to allow a patient to leave 342  
the facility if the physician, physician assistant, advanced 343

practice registered nurse, certified mental health assistant, or 344  
hospital believes in the good faith exercise of professional 345  
medical, advanced practice registered nursing, physician 346  
assistant, or certified mental health assistant judgment 347  
according to appropriate standards of professional practice that 348  
the patient has a mental health condition that threatens the 349  
safety of the patient or others; 350

(2) Discharging a patient whom the physician, physician 351  
assistant, advanced practice registered nurse, certified mental 352  
health assistant, or hospital believes in the good faith 353  
exercise of professional medical, advanced practice registered 354  
nursing, physician assistant, or certified mental health 355  
assistant judgment according to appropriate standards of 356  
professional practice not to have a mental health condition that 357  
threatens the safety of the patient or others. 358

(E) The immunities from civil liability and disciplinary 359  
action conferred by this section are in addition to and not in 360  
limitation of any immunity conferred on a mental health 361  
professional or organization or on a physician, physician 362  
assistant, advanced practice registered nurse, certified mental 363  
health assistant, or hospital by any other section of the 364  
Revised Code or by judicial precedent. 365

(F) This section does not affect the civil rights of a 366  
mental health client or patient under Ohio or federal law. 367

**Sec. 2907.13.** (A) As used in this section: 368

(1) "Human reproductive material" means: 369

(a) Human spermatozoa or ova; 370

(b) A human organism at any stage of development from 371  
fertilized ovum to embryo. 372

(2) "Assisted reproduction" means a method of causing pregnancy other than through sexual intercourse including all of the following:	373 374 375
(a) Intrauterine insemination;	376
(b) Human reproductive material donation;	377
(c) In vitro fertilization and transfer of embryos;	378
(d) Intracytoplasmic sperm injection.	379
(3) "Donor" means an individual who provides human reproductive material to a health care professional to be used for assisted reproduction, regardless of whether the human reproductive material is provided for consideration. The term does not include any of the following:	380 381 382 383 384
(a) A husband or a wife who provides human reproductive material to be used for assisted reproduction by the wife;	385 386
(b) A woman who gives birth to a child by means of assisted reproduction;	387 388
(c) An unmarried man who, with the intent to be the father of the resulting child, provides human reproductive material to be used for assisted reproduction by an unmarried woman.	389 390 391
(4) "Health care professional" means any of the following:	392
(a) A physician <u>authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery;</u>	393 394 395
(b) An advanced practice registered nurse, <u>as defined in section 4723.01 of the Revised Code;</u>	396 397
(c) <del>A certified nurse practitioner;</del>	398

<del>(d) A clinical nurse specialist;</del>	399
<del>(e) A physician's physician assistant;</del>	400
<del>(f) A certified nurse-midwife licensed under Chapter 4730.</del>	401
<u>of the Revised Code.</u>	402
(B) No health care professional shall, in connection with	403
an assisted reproduction procedure, knowingly do any of the	404
following:	405
(1) Use human reproductive material from the health care	406
professional, a donor, or any other person while performing the	407
procedure if the patient receiving the procedure has not	408
expressly consented to the use of that material;	409
(2) Fail to comply with the standards or requirements of	410
sections 3111.88 to 3111.96 of the Revised Code, including the	411
terms of the required written consent form;	412
(3) Misrepresent to the patient receiving the procedure	413
any material information about the donor's profile, including	414
the types of information listed in division (A)(2) of section	415
3111.93 of the Revised Code, or the manner or extent to which	416
the material will be used.	417
(C) Whoever violates this section is guilty of fraudulent	418
assisted reproduction, a felony of the third degree. If an	419
offender commits a violation of division (B) of this section and	420
the violation occurs as part of a course of conduct involving	421
other violations of division (B) of this section, a violation of	422
this section is a felony of the second degree. The course of	423
conduct may involve one victim or more than one victim.	424
(D) Patient consent to the use of human reproductive	425
material from an anonymous donor is not effective to provide	426

consent for use of human reproductive material of the health 427  
care professional performing the procedure. 428

(E) It is not a defense to a violation of this section 429  
that a patient expressly consented in writing, or by any other 430  
means, to the use of human reproductive material from an 431  
anonymous donor. 432

**Sec. 3313.7112.** (A) As used in this section: 433

(1) "Board of education" means a board of education of a 434  
city, local, exempted village, or joint vocational school 435  
district. 436

(2) "Governing authority" means a governing authority of a 437  
chartered nonpublic school. 438

(3) "Licensed health care professional" means any of the 439  
following: 440

(a) A physician authorized under Chapter 4731. of the 441  
Revised Code to practice medicine and surgery or osteopathic 442  
medicine and surgery; 443

(b) A registered nurse, advanced practice registered 444  
nurse, or licensed practical nurse licensed under Chapter 4723. 445  
of the Revised Code; 446

(c) A physician assistant licensed under Chapter 4730. of 447  
the Revised Code. 448

(4) "Local health department" means a department operated 449  
by a board of health of a city or general health district or the 450  
authority having the duties of a board of health as described in 451  
section 3709.05 of the Revised Code. 452

(5) "School employee" or "employee" means either of the 453

following: 454

(a) A person employed by a board of education or governing authority; 455  
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(b) A licensed health care professional employed by or under contract with a local health department who is assigned to a school in a city, local, exempted village, or joint vocational school district or a chartered nonpublic school. 457  
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(6) "Treating practitioner" means any of the following who has primary responsibility for treating a student's diabetes and has been identified as such by the student's parent, guardian, or other person having care or charge of the student or, if the student is at least eighteen years of age, by the student: 461  
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(a) A physician authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery; 466  
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(b) An advanced practice registered nurse who holds a current, valid license to practice nursing as an advanced practice registered nurse issued under Chapter 4723. of the Revised Code and is designated as a clinical nurse specialist or certified nurse practitioner in accordance with section 4723.42 of the Revised Code; 469  
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(c) A physician assistant who holds a license issued 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 as provided in~~ section 4730.15 of the Revised Code. 475  
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(7) "504 plan" means a plan based on an evaluation conducted in accordance with section 504 of the "Rehabilitation Act of 1973," 29 U.S.C. 794, as amended. 480  
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(B) (1) Each board of education or governing authority 483  
shall ensure that each student enrolled in the school district 484  
or chartered nonpublic school who has diabetes receives 485  
appropriate and needed diabetes care in accordance with an order 486  
signed by the student's treating practitioner. The diabetes care 487  
to be provided includes any of the following: 488

(a) Checking and recording blood glucose levels and ketone 489  
levels or assisting the student with checking and recording 490  
these levels; 491

(b) Responding to blood glucose levels that are outside of 492  
the student's target range; 493

(c) In the case of severe hypoglycemia, administering 494  
glucagon and other emergency treatments as prescribed; 495

(d) Administering insulin or assisting the student in 496  
self-administering insulin through the insulin delivery system 497  
the student uses; 498

(e) Providing oral diabetes medications; 499

(f) Understanding recommended schedules and food intake 500  
for meals and snacks in order to calculate medication dosages 501  
pursuant to the order of the student's treating practitioner; 502

(g) Following the treating practitioner's instructions 503  
regarding meals, snacks, and physical activity; 504

(h) Administering diabetes medication, as long as the 505  
conditions prescribed in division (C) of this section are 506  
satisfied. 507

(2) Not later than fourteen days after receipt of an order 508  
signed by the treating practitioner of a student with diabetes, 509  
the board of education or governing authority shall inform the 510

student's parent, guardian, or other person having care or 511  
charge of the student that the student may be entitled to a 504 512  
plan regarding the student's diabetes. The department of 513  
education and workforce shall develop a 504 plan information 514  
sheet for use by a board of education or governing authority 515  
when informing a student's parent, guardian, or other person 516  
having care or charge of the student that the student may be 517  
entitled to a 504 plan regarding the student's diabetes. 518

(C) Notwithstanding division (B) of section 3313.713 of 519  
the Revised Code or any other provision of the Revised Code, 520  
diabetes medication may be administered under this section by a 521  
school nurse or, in the absence of a school nurse, a school 522  
employee who is trained in diabetes care under division (E) of 523  
this section. Medication administration may be provided under 524  
this section only when the conditions prescribed in division (C) 525  
of section 3313.713 of the Revised Code are satisfied. 526

Notwithstanding division (D) of section 3313.713 of the 527  
Revised Code, medication that is to be administered under this 528  
section may be kept in an easily accessible location. 529

(D) (1) The department of education and workforce shall 530  
adopt nationally recognized guidelines, as determined by the 531  
department, for the training of school employees in diabetes 532  
care for students. In doing so, the department shall consult 533  
with the department of health, the American diabetes 534  
association, and the Ohio school nurses association. The 535  
department may consult with any other organizations as 536  
determined appropriate by the department. 537

(2) The guidelines shall address all of the following 538  
issues: 539

(a) Recognizing the symptoms of hypoglycemia and hyperglycemia;	540 541
(b) The appropriate treatment for a student who exhibits the symptoms of hypoglycemia or hyperglycemia;	542 543
(c) Recognizing situations that require the provision of emergency medical assistance to a student;	544 545
(d) Understanding the appropriate treatment for a student, based on an order issued by the student's treating practitioner, if the student's blood glucose level is not within the target range indicated by the order;	546 547 548 549
(e) Understanding the instructions in an order issued by a student's treating practitioner concerning necessary medications;	550 551 552
(f) Performing blood glucose and ketone tests for a student in accordance with an order issued by the student's treating practitioner and recording the results of those tests;	553 554 555
(g) Administering insulin, glucagon, or other medication to a student in accordance with an order issued by the student's treating practitioner and recording the results of the administration;	556 557 558 559
(h) Understanding the relationship between the diet recommended in an order issued by a student's treating practitioner and actions that may be taken if the recommended diet is not followed.	560 561 562 563
(E) (1) To ensure that a student with diabetes receives the diabetes care specified in division (B) of this section, a board of education or governing authority may provide training that complies with the guidelines developed under division (D) of	564 565 566 567

this section to a school employee at each school attended by a student with diabetes. With respect to any training provided, all of the following apply:

(a) The training shall be coordinated by a school nurse or, if the school does not employ a school nurse, a licensed health care professional with expertise in diabetes who is approved by the school to provide the training.

(b) The training shall take place prior to the beginning of each school year or, as needed, not later than fourteen days after receipt by the board of education or governing authority of an order signed by the treating practitioner of a student with diabetes.

(c) On completion of the training, the board of education or governing authority, in a manner it determines, shall determine whether each employee trained is competent to provide diabetes care.

(d) The school nurse or approved licensed health care professional with expertise in diabetes care shall promptly provide all necessary follow-up training and supervision to an employee who receives training.

(2) The principal of a school attended by a student with diabetes or another school official authorized to act on behalf of the principal may distribute a written notice to each employee containing all of the following:

(a) A statement that the school is required to provide diabetes care to a student with diabetes and is seeking employees who are willing to be trained to provide that care;

(b) A description of the tasks to be performed;

(c) A statement that participation is voluntary and that 596  
the school district or governing authority will not take action 597  
against an employee who does not agree to provide diabetes care; 598

(d) A statement that training will be provided by a 599  
licensed health care professional to an employee who agrees to 600  
provide care; 601

(e) A statement that a trained employee is immune from 602  
liability under division (J) of this section; 603

(f) The name of the individual who should be contacted if 604  
an employee is interested in providing diabetes care. 605

(3) No employee of a board of education or governing 606  
authority shall be subject to a penalty or disciplinary action 607  
under school or district policies for refusing to volunteer to 608  
be trained in diabetes care. 609

(4) No board or governing authority shall discourage 610  
employees from agreeing to provide diabetes care under this 611  
section. 612

(F) A board of education or governing authority may 613  
provide training in the recognition of hypoglycemia and 614  
hyperglycemia and actions to take in response to emergency 615  
situations involving these conditions to both of the following: 616

(1) A school employee who has primary responsibility for 617  
supervising a student with diabetes during some portion of the 618  
school day; 619

(2) A bus driver employed by a school district or 620  
chartered nonpublic school responsible for the transportation of 621  
a student with diabetes. 622

(G) A student with diabetes shall be permitted to attend 623

the school the student would otherwise attend if the student did 624  
not have diabetes and the diabetes care specified in division 625  
(B) of this section shall be provided at the school. A board of 626  
education or governing authority shall not restrict a student 627  
who has diabetes from attending the school on the basis that the 628  
student has diabetes, that the school does not have a full-time 629  
school nurse, or that the school does not have an employee 630  
trained in diabetes care. The school shall not require or 631  
pressure a parent, guardian, or other person having care or 632  
charge of a student to provide diabetes care for the student 633  
with diabetes at school or school-related activities. 634

(H) (1) Notwithstanding section 3313.713 of the Revised 635  
Code or any policy adopted under that section and except as 636  
provided in division (H) (2) of this section, on written request 637  
of the parent, guardian, or other person having care or charge 638  
of a student and authorization by the student's treating 639  
practitioner, a student with diabetes shall be permitted during 640  
regular school hours and school-sponsored activities to attend 641  
to the care and management of the student's diabetes in 642  
accordance with the order issued by the student's treating 643  
practitioner if the student's treating practitioner determines 644  
that the student is capable of performing diabetes care tasks. 645  
The student shall be permitted to perform diabetes care tasks in 646  
a classroom, in any area of the school or school grounds, and at 647  
any school-related activity, and to possess on the student's 648  
self at all times all necessary supplies and equipment to 649  
perform these tasks. If the student or the parent, guardian, or 650  
other person having care or charge of the student so requests, 651  
the student shall have access to a private area for performing 652  
diabetes care tasks. 653

(2) If the student performs any diabetes care tasks or 654

uses medical equipment for purposes other than the student's own 655  
care, the board of education or governing authority may revoke 656  
the student's permission to attend to the care and management of 657  
the student's diabetes. 658

(I) (1) Notwithstanding any other provision of the Revised 659  
Code to the contrary, a licensed health care professional shall 660  
be permitted to provide training to a school employee under 661  
division (E) of this section or to supervise the employee in 662  
performing diabetes care tasks. 663

(2) Nothing in this section diminishes the rights of 664  
eligible students or the obligations of school districts or 665  
governing authorities under the "Individuals with Disabilities 666  
Education Act," 20 U.S.C. 1400 et seq., section 504 of the 667  
"Rehabilitation Act," 29 U.S.C. 794, or the "Americans with 668  
Disabilities Act," 42 U.S.C. 12101 et seq. 669

(J) (1) A school or school district, a member of a board or 670  
governing authority, or a district or school employee is not 671  
liable in damages in a civil action for injury, death, or loss 672  
to person or property allegedly arising from providing care or 673  
performing duties under this section unless the act or omission 674  
constitutes willful or wanton misconduct. 675

This section does not eliminate, limit, or reduce any 676  
other immunity or defense that a school or school district, 677  
member of a board of education or governing authority, or 678  
district or school employee may be entitled to under Chapter 679  
2744. or any other provision of the Revised Code or under the 680  
common law of this state. 681

(2) A school employee shall not be subject to disciplinary 682  
action under school or district policies for providing care or 683

performing duties under this section. 684

(3) A school nurse or other licensed health care 685  
professional shall be immune from disciplinary action by the 686  
board of nursing or any other regulatory board for providing 687  
care or performing duties under this section if the care 688  
provided or duties performed are consistent with applicable 689  
professional standards. 690

(K) (1) Not later than the last day of December of each 691  
year, a board of education or governing authority shall report 692  
to the department of education and workforce both of the 693  
following: 694

(a) The number of students with diabetes enrolled in the 695  
school district or chartered nonpublic school during the 696  
previous school year; 697

(b) The number of errors associated with the 698  
administration of diabetes medication to students with diabetes 699  
during the previous school year. 700

(2) Not later than the last day of March of each year, the 701  
department shall issue a report summarizing the information 702  
received by the department under division (K) (1) of this section 703  
for the previous school year. The department shall make the 704  
report available on its internet web site. 705

**Sec. 3313.7117.** (A) As used in this section: 706

(1) ~~"Licensed health care professional" means any of the~~ 707  
~~following:~~ 708

~~(a) A physician authorized under Chapter 4731. of the~~ 709  
~~Revised Code to practice medicine and surgery or osteopathic~~ 710  
~~medicine and surgery;~~ 711

~~(b) A registered nurse, advanced practice registered nurse, or licensed practical nurse licensed under Chapter 4723. of the Revised Code;~~ 712  
713  
714

~~(c) A physician assistant licensed under Chapter 4730. of the Revised Code.~~ 715  
716

~~(2)~~ "Seizure disorder" means epilepsy or involuntary disturbance of brain function that may manifest as an impairment, loss of consciousness, behavioral abnormalities, sensory disturbance or convulsions. 717  
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719  
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~~(3)~~ (2) "Treating practitioner" means any of the following who has primary responsibility for treating a student's seizure disorder and has been identified as such by the student's parent, guardian, or other person having care or charge of the student or, if the student is at least eighteen years of age, by the student: 721  
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723  
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(a) A physician authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery; 727  
728  
729

(b) An advanced practice registered nurse who holds a current, valid license to practice nursing as an advanced practice registered nurse issued under Chapter 4723. of the Revised Code and is designated as a clinical nurse specialist or certified nurse practitioner in accordance with section 4723.42 of the Revised Code; 730  
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(c) A physician assistant who holds a license issued 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 as provided in section 4730.15 of the Revised Code. 736  
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740

(B) A school nurse, or another district or school employee 741  
if a district or school does not have a school nurse, of each 742  
city, local, exempted village, and joint vocational school 743  
district and the governing authority of a chartered nonpublic 744  
school, acting in collaboration with a student's parents or 745  
guardian, shall create an individualized seizure action plan for 746  
each student enrolled in the school district or chartered 747  
nonpublic school who has an active seizure disorder diagnosis. A 748  
plan shall include all of the following components: 749

(1) A written request signed by the parent, guardian, or 750  
other person having care or charge of the student, required by 751  
division (C) (1) of section 3313.713 of the Revised Code, to have 752  
one or more drugs prescribed for a seizure disorder administered 753  
to the student; 754

(2) A written statement from the student's treating 755  
practitioner providing the drug information required by division 756  
(C) (2) of section 3313.713 of the Revised Code for each drug 757  
prescribed to the student for a seizure disorder. 758

(3) Any other component required by the department of 759  
education and workforce. 760

(C) (1) The school nurse or a school administrator if the 761  
district does not employ a school nurse, shall notify a school 762  
employee, contractor, and volunteer in writing regarding the 763  
existence and content of each seizure action plan in force if 764  
the employee, contractor, or volunteer does any of the 765  
following: 766

(a) Regularly interacts with the student; 767

(b) Has legitimate educational interest in the student or 768  
is responsible for the direct supervision of the student; 769

(c) Is responsible for transportation of the student to 770  
and from school. 771

(2) The school nurse or a school administrator if the 772  
district does not employ a school nurse, shall identify each 773  
individual who has received training under division (G) of this 774  
section in the administration of drugs prescribed for seizure 775  
disorders. The school nurse, or another district employee if a 776  
district does not employ a school nurse, shall coordinate 777  
seizure disorder care at that school and ensure that all staff 778  
described in division (C) (1) of this section are trained in the 779  
care of students with seizure disorders. 780

(D) (1) A drug prescribed to a student with a seizure 781  
disorder shall be provided to the school nurse or another person 782  
at the school who is authorized to administer it to the student 783  
if the district does not employ a full-time school nurse. The 784  
drug shall be provided in the container in which it was 785  
dispensed by the prescriber or a licensed pharmacist. 786  
Notwithstanding division (D) of section 3313.713 of the Revised 787  
Code, drugs prescribed for a seizure disorder that are to be 788  
administered to students under this section may be kept in an 789  
easily accessible location. 790

(2) Notwithstanding division (D) (1) of this section, 791  
section 3313.713 of the Revised Code, or any policy adopted 792  
under that section, a student enrolled in a school district or 793  
chartered nonpublic school may possess a drug prescribed to the 794  
student designed to prevent the onset of a seizure or to 795  
alleviate the symptoms of a seizure if both of the following 796  
conditions are satisfied: 797

(a) The student has the written approval of the student's 798  
physician and, if the student is a minor, the written approval 799

of the parent, guardian, or other person having care or charge 800  
of the student. The physician's written approval shall include 801  
at least all of the following information: 802

- (i) The student's name and address; 803
- (ii) The name of the drug and the dosage, if any, to be 804  
administered; 805
- (iii) The circumstances under which the drug is to be 806  
administered to the student; 807
- (iv) How the drug is to be administered to the student; 808
- (v) Written instructions that outline procedures school 809  
personnel should follow in the event that the drug does not 810  
prevent the onset of a seizure or alleviate the symptoms of a 811  
seizure; 812
- (vi) Any severe adverse reactions that may occur to the 813  
student for whom the drug is prescribed and that should be 814  
reported to the physician; 815
- (vii) Any severe adverse reactions that may occur to 816  
another student for whom the drug is not prescribed, should such 817  
a student receive a dose of the drug; 818
- (viii) At least one emergency telephone number for 819  
contacting the physician in an emergency; 820
- (ix) At least one emergency telephone number for 821  
contacting the parent, guardian, or other person having care or 822  
charge of the student in an emergency; 823
- (x) Any other special instructions from the physician. 824

(b) The school principal and, if a school nurse is 825  
assigned to the student's school building, the school nurse have 826

received copies of the written approvals required by division 827  
(D) (2) (a) of this section. 828

If these conditions are satisfied, the student may possess 829  
a drug described in division (D) (2) of this section at school or 830  
at any activity, event, or program sponsored by or in which the 831  
student's school is a participant. 832

(3) Notwithstanding division (B) (2) of section 3313.713 of 833  
the Revised Code or any policy adopted under that section, any 834  
individual identified in division (C) (1) of this section may 835  
administer to a student a prescribed drug that is designed to 836  
prevent the onset of a seizure or to alleviate the symptoms of a 837  
seizure if both of the following conditions are satisfied: 838

(a) The individual has received a copy of the written 839  
approval issued by the student's physician which contains the 840  
information required by division (D) (2) (a) of this section. 841

(b) The individual has received training regarding the 842  
circumstances under which the drug is to be administered to the 843  
student and how the drug is to be administered to the student. 844

(E) A seizure action plan is effective only for the school 845  
year in which the written request described in division (B) (1) 846  
of this section was submitted and must be renewed at the 847  
beginning of each school year. 848

(F) A seizure action plan created under division (B) of 849  
this section shall be maintained in the office of the school 850  
nurse or school administrator if the district does not employ a 851  
full-time school nurse. 852

(G) A school district or governing authority of a 853  
chartered nonpublic school shall designate at least one employee 854  
at each school building it operates, aside from a school nurse, 855

to be trained on the implementation of seizure action plans 856  
every two years. The district or governing authority shall 857  
provide or arrange for the training of the employee. The 858  
training must include and be consistent with guidelines and best 859  
practices established by a nonprofit organization that supports 860  
the welfare of individuals with epilepsy and seizure disorders, 861  
such as the ~~Epilepsy Alliance~~epilepsy alliance Ohio or ~~Epilepsy-~~ 862  
~~Foundation of~~ epilepsy foundation Ohio or other similar 863  
organizations as determined by the department, and address all 864  
of the following: 865

(1) Recognizing the signs and symptoms of a seizure; 866

(2) The appropriate treatment for a student who exhibits 867  
the symptoms of a seizure; 868

(3) Administering drugs prescribed for seizure disorders, 869  
subject to this section and section 3313.713 of the Revised 870  
Code. 871

A seizure training program under division (G) of this 872  
section shall not exceed one hour and shall qualify as a 873  
professional development activity for the renewal of educator 874  
licenses, including activities approved by local professional 875  
development committees under division (F) of section 3319.22 of 876  
the Revised Code. If the training is provided to a school 877  
district on portable media by a nonprofit entity, the training 878  
shall be provided free of charge. 879

(H) A board of education or governing authority shall 880  
require each person it employs as an administrator, guidance 881  
counselor, teacher, or bus driver to complete a minimum of one 882  
hour of self-study training or in-person training on seizure 883  
disorders not later than twenty-four months after October 3, 884

2023. Any such person employed after that date shall complete 885  
the training within ninety days of employment. The training 886  
shall qualify as a professional development activity for the 887  
renewal of educator licenses, including activities approved by 888  
local professional development committees under division (F) of 889  
section 3319.22 of the Revised Code. 890

(I) (1) A school or school district, a member of a board or 891  
governing authority, or a district or school employee is not 892  
liable in damages in a civil action for injury, death, or loss 893  
to person or property allegedly arising from providing care or 894  
performing duties under this section unless the act or omission 895  
constitutes willful or wanton misconduct. 896

This section does not eliminate, limit, or reduce any 897  
other immunity or defense that a school district, member of a 898  
school district board of education, or school district employee 899  
may be entitled to under Chapter 2744. or any other provision of 900  
the Revised Code or under the common law of this state. 901

(2) A chartered nonpublic school or any officer, director, 902  
or employee of the school is not liable in damages in a civil 903  
action for injury, death, or loss to person or property 904  
allegedly arising from providing care or performing duties under 905  
this section unless the act or omission constitutes willful or 906  
wanton misconduct. 907

**Sec. 3705.01.** As used in this chapter: 908

(A) "Live birth" means the complete expulsion or 909  
extraction from its mother of a product of human conception that 910  
after such expulsion or extraction breathes or shows any other 911  
evidence of life such as beating of the heart, pulsation of the 912  
umbilical cord, or definite movement of voluntary muscles, 913

whether or not the umbilical cord has been cut or the placenta 914  
is attached. 915

(B) (1) "Fetal death" means death prior to the complete 916  
expulsion or extraction from its mother of a product of human 917  
conception, irrespective of the duration of pregnancy, which 918  
after such expulsion or extraction does not breathe or show any 919  
other evidence of life such as beating of the heart, pulsation 920  
of the umbilical cord, or definite movement of voluntary 921  
muscles. 922

(2) "Stillborn" means that an infant of at least twenty 923  
weeks of gestation suffered a fetal death. 924

(C) "Dead body" means a human body or part of a human body 925  
from the condition of which it reasonably may be concluded that 926  
death recently occurred. 927

(D) "Physician" means a person licensed pursuant to 928  
Chapter 4731. of the Revised Code to practice medicine or 929  
surgery or osteopathic medicine and surgery. 930

(E) "Attending physician," when used in the context of a 931  
decedent, means the physician in charge of the patient's care 932  
for the illness or condition that resulted in death. 933

(F) "Institution" means any establishment, public or 934  
private, that provides medical, surgical, or diagnostic care or 935  
treatment, or domiciliary care, to two or more unrelated 936  
individuals, or to persons committed by law. 937

(G) "Funeral director" has the meaning given in section 938  
4717.01 of the Revised Code. 939

(H) "State registrar" means the head of the office of 940  
vital statistics in the department of health. 941

(I) "Medical certification" means completion of the	942
medical certification portion of the certificate of death or	943
fetal death as to the cause of death or fetal death.	944
(J) "Final disposition" means the interment, cremation,	945
removal from the state, donation, or other authorized	946
disposition of a dead body or a fetal death.	947
(K) "Interment" means the final disposition of the remains	948
of a dead body by burial or entombment.	949
(L) "Cremation" means the reduction to ashes of a dead	950
body.	951
(M) "Donation" means gift of a dead body to a research	952
institution or medical school.	953
(N) "System of vital statistics" means the registration,	954
collection, preservation, amendment, and certification of vital	955
records, the collection of other reports required by this	956
chapter, and activities related thereto.	957
(O) "Vital records" means certificates or reports of	958
birth, death, fetal death, marriage, divorce, dissolution of	959
marriage, annulment, and data related thereto and other	960
documents maintained as required by statute.	961
(P) "File" means the presentation of vital records for	962
registration by the office of vital statistics.	963
(Q) "Registration" means the acceptance by the office of	964
vital statistics and the incorporation of vital records into its	965
official records.	966
(R) "Birth record" means a birth certificate that has been	967
registered with the office of vital statistics; or, if	968
registered prior to March 16, 1989, with the division of vital	969

statistics; or, if registered prior to the establishment of the 970  
division of vital statistics, with the department of health or a 971  
local registrar. 972

(S) "Certification of birth" means a document issued by 973  
the director of health or state registrar or a local registrar 974  
under division (B) of section 3705.23 of the Revised Code. 975

(T) "Certified nurse-midwife," ~~has~~ "clinical nurse 976  
specialist," and "certified nurse practitioner" have the same 977  
~~meaning-meanings~~ as in section 4723.01 of the Revised Code. 978

(U) "Physician assistant" means an individual who is 979  
licensed to practice as a physician assistant under Chapter 980  
4730. of the Revised Code. 981

**Sec. 3705.09.** (A) A birth certificate for each live birth 982  
in this state shall be filed in the registration district in 983  
which it occurs within ten calendar days after such birth and 984  
shall be registered if it has been completed and filed in 985  
accordance with this section. 986

(B) When a birth occurs in or en route to an institution, 987  
the person in charge of the institution or a designated 988  
representative shall obtain the personal data, prepare the 989  
certificate, and complete and certify the facts of birth on the 990  
certificate within ten calendar days. The physician, physician 991  
assistant, or certified nurse-midwife in attendance shall be 992  
listed on the birth record. 993

(C) When a birth occurs outside an institution, the birth 994  
certificate shall be prepared and filed by one of the following 995  
in the indicated order of priority: 996

(1) The physician, physician assistant, or certified 997  
nurse-midwife in attendance at or immediately after the birth; 998

(2) Any other person in attendance at or immediately after the birth;	999 1000
(3) The father;	1001
(4) The mother;	1002
(5) The person in charge of the premises where the birth occurred.	1003 1004
(D) Either of the parents of the child or other informant shall attest to the accuracy of the personal data entered on the birth certificate in time to permit the filing of the certificate within the ten days prescribed in this section.	1005 1006 1007 1008
(E) When a birth occurs in a moving conveyance within the United States and the child is first removed from the conveyance in this state, the birth shall be registered in this state and the place where it is first removed shall be considered the place of birth. When a birth occurs on a moving conveyance while in international waters or air space or in a foreign country or its air space and the child is first removed from the conveyance in this state, the birth shall be registered in this state but the record shall show the actual place of birth insofar as can be determined.	1009 1010 1011 1012 1013 1014 1015 1016 1017 1018
(F) (1) If the mother of a child was married at the time of either conception or birth or between conception and birth, the child shall be registered in the surname designated by the mother, and the name of the husband shall be entered on the certificate as the father of the child. The presumption of paternity shall be in accordance with section 3111.03 of the Revised Code.	1019 1020 1021 1022 1023 1024 1025
(2) If the mother was not married at the time of conception or birth or between conception and birth, the child	1026 1027

shall be registered by the surname designated by the mother. The 1028  
name of the father of such child shall also be inserted on the 1029  
birth certificate if both the mother and the father sign an 1030  
~~acknowledgement~~acknowledgment of paternity affidavit before the 1031  
birth record has been sent to the local registrar. If the father 1032  
is not named on the birth certificate pursuant to division (F) 1033  
(1) or (2) of this section, no other information about the 1034  
father shall be entered on the record. 1035

(G) When a man is presumed, found, or declared to be the 1036  
father of a child, according to section 2105.26, sections 1037  
3111.01 to 3111.18, former section 3111.21, or sections 3111.38 1038  
to 3111.54 of the Revised Code, or the father has acknowledged 1039  
the child as his child in an acknowledgment of paternity, and 1040  
the acknowledgment has become final pursuant to section 1041  
2151.232, 3111.25, or 3111.821 of the Revised Code, and 1042  
documentary evidence of such fact is submitted to the department 1043  
of health in such form as the director may require, a new birth 1044  
record shall be issued by the department which shall have the 1045  
same overall appearance as the record which would have been 1046  
issued under this section if a marriage had occurred before the 1047  
birth of such child. Where handwriting is required to effect 1048  
such appearance, the department shall supply it. Upon the 1049  
issuance of such new birth record, the original birth record 1050  
shall cease to be a public record. Except as provided in 1051  
division (C) of section 3705.091 of the Revised Code, the 1052  
original record and any documentary evidence supporting the new 1053  
registration of birth shall be placed in an envelope which shall 1054  
be sealed by the department and shall not be open to inspection 1055  
or copy unless so ordered by a court of competent jurisdiction. 1056

(H) Every birth certificate filed under this section on or 1057  
after July 1, 1990, shall be accompanied by all social security 1058

numbers that have been issued to the parents of the child, 1059  
unless the division of child support in the department of job 1060  
and family services, acting in accordance with regulations 1061  
prescribed under the "Family Support Act of 1988," 102 Stat. 1062  
2353, 42 U.S.C.A. 405, as amended, finds good cause for not 1063  
requiring that the numbers be furnished with the certificate. 1064  
The parents' social security numbers shall not be recorded on 1065  
the certificate. No social security number obtained under this 1066  
division shall be used for any purpose other than the purposes 1067  
specified in division (B) (1) of section 3705.07 of the Revised 1068  
Code. 1069

**Sec. 3705.15.** Whoever claims to have been born in this 1070  
state, and whose registration of birth is not recorded, or has 1071  
been lost or destroyed, or has not been properly and accurately 1072  
recorded, may file an application for registration of birth or 1073  
correction of the birth record in the probate court of the 1074  
county of the person's birth or residence or the county in which 1075  
the person's mother resided at the time of the person's birth. 1076  
If the person is a minor the application shall be signed by 1077  
either parent or the person's guardian. 1078

(A) An application to correct a birth record shall set 1079  
forth all of the available facts required on a birth record and 1080  
the reasons for making the application, and shall be verified by 1081  
the applicant. Upon the filing of the application the court may 1082  
fix a date for a hearing, which shall not be less than seven 1083  
days after the filing date. The court may require one 1084  
publication of notice of the hearing in a newspaper of general 1085  
circulation in the county at least seven days prior to the date 1086  
of the hearing. The application shall be supported by the 1087  
affidavit of the physician, physician assistant, or certified 1088  
nurse-midwife in attendance. If an affidavit is not available, 1089

the application shall be supported by the affidavits of at least 1090  
two persons having knowledge of the facts stated in the 1091  
application, by documentary evidence, or by other evidence the 1092  
court deems sufficient. 1093

The probate judge, if satisfied that the facts are as 1094  
stated, shall make an order correcting the birth record, except 1095  
that in the case of an application to correct the date of birth, 1096  
the judge shall make the order only if any date shown as the 1097  
date the attending physician, physician assistant, or certified 1098  
nurse-midwife signed the birth record or the date the local 1099  
registrar filed the record is consistent with the corrected date 1100  
of birth. If supported by sufficient evidence, the judge may 1101  
include in an order correcting the date of birth an order 1102  
correcting the date the attending physician, physician 1103  
assistant, or certified nurse-midwife signed the birth record or 1104  
the date the local registrar filed the record. 1105

(B) An application of a person whose registration of birth 1106  
is not recorded, or has been lost or destroyed, must comply with 1107  
division (A) of this section. Upon the filing of the application 1108  
the court may fix a date for a hearing, which shall be not less 1109  
than seven days after the filing date. The court may require one 1110  
publication of notice of the hearing in a newspaper of general 1111  
circulation in the county at least seven days prior to the date 1112  
of the hearing. The probate judge, or a special master 1113  
commissioner, shall personally examine the applicant in open 1114  
court and shall take sworn testimony on the application which 1115  
shall include the testimony of at least two credible witnesses, 1116  
or clear and convincing documentary evidence. The probate court 1117  
may conduct any necessary investigation, and shall permit the 1118  
applicant and all witnesses presented to be cross-examined by 1119  
any interested person, or by the prosecuting attorney of the 1120

county. When a witness or the applicant is unable to appear in 1121  
open court, the court may authorize the taking of the witness's 1122  
or applicant's deposition. The court may cause a complete record 1123  
to be taken of the hearing, shall file it with the other papers 1124  
in the case, and may order the transcript of the testimony to be 1125  
filed and made a matter of record in the court. Upon being 1126  
satisfied that notice of the hearing on the application has been 1127  
given by publication, if required, and that the claim of the 1128  
applicant is true, the court shall make a finding upon all the 1129  
facts required on a birth record, and shall order the 1130  
registration of the birth of the applicant. The court shall 1131  
forthwith transmit to the director of health a certified summary 1132  
of its finding and order, on a form prescribed by the director, 1133  
who shall file it in the records of the central division of 1134  
vital statistics. 1135

(C) The director may forward a copy of the summary for the 1136  
registration of a birth in the director's office to the 1137  
appropriate local registrar of vital statistics. 1138

A certified copy of the birth record corrected or 1139  
registered by court order as provided in this section shall have 1140  
the same legal effect for all purposes as an original birth 1141  
record. 1142

The application, affidavits, findings, and orders of the 1143  
court, together with a transcript of the testimony if ordered by 1144  
the court, for the correction of a birth record or for the 1145  
registration of a birth, shall be recorded in a book kept for 1146  
that purpose and shall be properly indexed. The book shall 1147  
become a part of the records of the probate court. 1148

(D) (1) Except as provided in division (D) (2) of this 1149  
section, whenever a correction is ordered in a birth record 1150

under division (A) of this section, the court ordering the 1151  
correction shall forthwith forward to the department of health a 1152  
certified copy of the order containing such information as will 1153  
enable the department to prepare a new birth record. Thereupon, 1154  
the department shall record a new birth record using the correct 1155  
information supplied by the court and the new birth record shall 1156  
have the same overall appearance as the original record which 1157  
would have been issued under this chapter. Where handwriting is 1158  
required to effect that appearance, the department shall supply 1159  
it. Upon the preparation and filing of the new birth record, the 1160  
original birth record and index references shall cease to be a 1161  
public record. The original record and all other information 1162  
pertaining to it shall be placed in an envelope which shall be 1163  
sealed by the department, and its contents shall not be open to 1164  
inspection or copy unless so ordered by the probate court of the 1165  
county that ordered the correction. 1166

The department shall promptly forward a copy of the new 1167  
birth record to the local registrar of vital statistics of the 1168  
district in which the birth occurred and the local registrar 1169  
shall file a copy of the new birth record along with and in the 1170  
same manner as the other copies of birth records in the local 1171  
registrar's possession. All copies of the original birth record, 1172  
as well as any and all other papers, documents, and index 1173  
references pertaining to it, in the possession of the local 1174  
registrar shall be destroyed. The probate court shall retain 1175  
permanently in the file of its proceedings such information as 1176  
will enable the court to identify both the original birth record 1177  
and the new birth record. 1178

The new birth record, as well as any certified copies of 1179  
it when properly authenticated by a duly authorized person, 1180  
shall be prima-facie evidence in all courts and places of the 1181

facts therein stated. 1182

(2) If the correction ordered in the birth record under 1183  
division (A) of this section involves a change in the date of 1184  
birth of the applicant and the department of health determines 1185  
that the corrected date of birth is inconsistent with the date 1186  
shown as the date the attending physician, physician assistant, 1187  
or certified nurse-midwife signed the birth record or the date 1188  
the local registrar filed the record, the department shall 1189  
request that the court reconsider the order and, if appropriate, 1190  
make a new order in which the dates are consistent. If the court 1191  
does not make a new order within a reasonable time, instead of 1192  
issuing a new birth record, the department shall file and record 1193  
the court's order in the same manner as other birth records and 1194  
make a cross-reference on the original and on the corrected 1195  
record. 1196

(E) The probate court shall assess costs of registering a 1197  
birth or correcting a birth record under this section against 1198  
the person who makes application for the registration or 1199  
correction. 1200

**Sec. 3705.16.** (A) For purposes of this section 1201  
notwithstanding section 3705.01 of the Revised Code, "fetal 1202  
death" does not include death of the product of human conception 1203  
prior to twenty weeks of gestation. 1204

(B) Each death or fetal death that occurs in this state 1205  
shall be registered with the local registrar of vital statistics 1206  
of the district in which the death or fetal death occurred, by 1207  
the funeral director or other person in charge of the final 1208  
disposition of the remains. The personal and statistical 1209  
information in the death or fetal death certificate shall be 1210  
obtained from the best qualified persons or sources available, 1211

by the funeral director or other person in charge of the final 1212  
disposition of the remains. The statement of facts relating to 1213  
the disposition of the body and information relative to the 1214  
armed services referred to in section 3705.19 of the Revised 1215  
Code shall be signed by the funeral director or other person in 1216  
charge of the final disposition of the remains. 1217

(C) (1) For certification of the cause of death, the 1218  
funeral director or other person in charge of the final 1219  
disposition of the remains shall present the death or fetal 1220  
death certificate to one of the following individuals: 1221

(a) If a death or fetal death occurs under any 1222  
circumstance described in section 313.12 of the Revised Code, 1223  
the coroner in the county in which the death occurs or the 1224  
medical examiner; 1225

(b) If a death or fetal death occurs under a circumstance 1226  
other than as described in section 313.12 of the Revised Code, 1227  
the attending physician or physician assistant of the decedent, 1228  
except that, in the case of decedent who did not have an 1229  
attending physician or physician assistant, the physician or 1230  
physician assistant who, either in person or through a means of 1231  
telehealth, last examined or treated the decedent for any 1232  
illness or condition. 1233

(2) After the death or fetal death certificate is 1234  
presented, the cause of death shall be certified and the medical 1235  
certificate of death shall be completed and signed as follows: 1236

(a) If the death or fetal death certificate is presented 1237  
to the coroner or medical examiner, the coroner, shall certify 1238  
the cause of death or a deputy coroner, medical examiner, or 1239  
deputy medical examiner serving in ~~an~~ a capacity equivalent- 1240

~~capacity,~~ to the coroner shall certify the cause of death. 1241

(b) If the death or fetal death certificate is presented 1242  
to the physician or physician assistant described in division 1243  
(C) (1) (b) of this section, that physician or physician assistant 1244  
shall certify the cause of death. 1245

(3) The medical certificate of death shall be completed 1246  
and signed by the coroner or medical examiner, physician or 1247  
physician assistant who attended the decedent, or physician or 1248  
physician assistant who last examined or treated the decedent, 1249  
as appropriate, within forty-eight hours after notification of 1250  
the death or fetal death. 1251

A coroner or medical examiner may satisfy the requirement 1252  
of signing a medical certificate showing the cause of death or 1253  
fetal death as pending by signing it within forty-eight hours 1254  
after notification of the death or fetal death, provided that 1255  
the coroner or medical examiner shall sign any other medical 1256  
certificate of death or supplementary medical certification 1257  
within forty-eight hours after the cause of death has been 1258  
determined. 1259

A physician or physician assistant described in division 1260  
(C) (1) (b) of this section may satisfy the requirement of signing 1261  
a medical certificate by signing with an electronic signature. 1262

(D) A coroner, medical examiner, ~~or~~ physician, or 1263  
physician assistant who acts in good faith in accordance with 1264  
this section, without fraud or malice, and upon reasonable 1265  
belief of the cause of death or fetal death based on the 1266  
information, if any, presented is not subject to civil liability 1267  
or professional disciplinary action for any act or omission in 1268  
certifying the cause of death or in completing and signing the 1269

medical certificate of death. 1270

(E) Any death certificate registered pursuant to this 1271  
section shall contain the social security number of the 1272  
decedent, if available. A social security number obtained under 1273  
this section is a public record under section 149.43 of the 1274  
Revised Code. 1275

**Sec. 3705.17.** The body of a person whose death occurs in 1276  
this state shall not be interred, deposited in a vault or tomb, 1277  
cremated, or otherwise disposed of by a funeral director until a 1278  
burial permit is issued by a local registrar or sub-registrar of 1279  
vital statistics. No such permit shall be issued by a local 1280  
registrar or sub-registrar until a satisfactory death, fetal 1281  
death, or provisional death certificate is filed with the local 1282  
registrar or sub-registrar. When the medical certification as to 1283  
the cause of death cannot be provided by the attending physician 1284  
or physician assistant or by the coroner prior to burial, for 1285  
sufficient cause, as determined by rule of the director of 1286  
health, the funeral director may file a provisional death 1287  
certificate with the local registrar or sub-registrar for the 1288  
purpose of securing a burial or burial-transit permit. When the 1289  
funeral director files a provisional death certificate to secure 1290  
a burial or burial-transit permit, the funeral director shall 1291  
file a satisfactory and complete death certificate within five 1292  
days after the date of death. The director of health, by rule, 1293  
may provide additional time for filing a satisfactory death 1294  
certificate. A burial permit authorizing cremation shall not be 1295  
issued upon the filing of a provisional certificate of death. 1296

When a funeral director or other person obtains a burial 1297  
permit from a local registrar or sub-registrar, the registrar or 1298  
sub-registrar shall charge a fee of ten dollars for the issuance 1299

of the burial permit. Nine dollars and fifty cents of each fee 1300  
collected for a burial permit shall be paid into the state 1301  
treasury to the credit of the cemetery registration fund created 1302  
under section 4767.03 of the Revised Code to be used by the 1303  
division of real estate and professional licensing in the 1304  
department of commerce in discharging its duties prescribed in 1305  
Chapter 4767. of the Revised Code and the Ohio cemetery dispute 1306  
resolution commission created by section 4767.05 of the Revised 1307  
Code. A local registrar or sub-registrar shall transmit payments 1308  
of that portion of the amount of each fee collected under this 1309  
section to the treasurer of state on a quarterly basis or more 1310  
frequently, if possible. The director of health, by rule, shall 1311  
provide for the issuance of a burial permit without the payment 1312  
of the fee required by this section if the total cost of the 1313  
burial will be paid by an agency or instrumentality of the 1314  
United States, the state or a state agency, or a political 1315  
subdivision of the state. 1316

The director of commerce may by rule adopted in accordance 1317  
with Chapter 119. of the Revised Code reduce the total amount of 1318  
the fee required by this section and that portion of the amount 1319  
of the fee required to be paid to the credit of the division of 1320  
real estate and professional licensing for the use of the 1321  
division and the Ohio cemetery dispute resolution commission, if 1322  
the director determines that the total amount of funds the fee 1323  
is generating at the amount required by this section exceeds the 1324  
amount of funds the division of real estate and professional 1325  
licensing and the commission need to carry out their powers and 1326  
duties prescribed in Chapter 4767. of the Revised Code. 1327

No person in charge of any premises in which interments or 1328  
cremations are made shall inter or cremate or otherwise dispose 1329  
of a body, unless it is accompanied by a burial permit. Each 1330

person in charge of a cemetery, crematory, or other place of 1331  
disposal shall indorse upon a burial permit the date of 1332  
interment, cremation, or other disposal and shall retain such 1333  
permits for a period of at least five years. The person in 1334  
charge shall keep an accurate record of all interments, 1335  
cremations, or other disposal of dead bodies, made in the 1336  
premises under the person's charge, stating the name of the 1337  
deceased person, place of death, date of burial, cremation, or 1338  
other disposal, and name and address of the funeral director. 1339  
Such record shall at all times be open to public inspection. 1340

**Sec. 3705.22.** Whenever it is alleged that the facts stated 1341  
in any birth, fetal death, or death record filed in the 1342  
department of health are not true, the director may require 1343  
satisfactory evidence to be presented in the form of affidavits, 1344  
amended records, or certificates to establish the alleged facts. 1345  
When established, the original record or certificate shall be 1346  
supplemented by the affidavit or the amended certificate or 1347  
record information. 1348

An affidavit in a form prescribed by the director shall be 1349  
sworn to by a person having personal knowledge of the matter 1350  
sought to be corrected. Medical certifications contained on 1351  
fetal death or death records may be corrected only by the person 1352  
whose name appears on the original record as attending physician 1353  
or physician assistant or by the coroner of the county in which 1354  
the death occurred. 1355

The amended birth record shall be signed by the person who 1356  
attended the birth and the informant or informants whose names 1357  
appear on the original record. The amended death or fetal death 1358  
record shall be signed by the following persons whose names 1359  
appear on the original record: the physician, physician 1360

assistant, or coroner~~;~~ the funeral director~~;~~ and the informant 1361  
~~whose names appear on the original record.~~ 1362

An affidavit or amended record for the correction of the 1363  
given name of a person shall have the signature of the person, 1364  
if the person is age eighteen or older, or of both parents if 1365  
the person is under eighteen, except that in the case of a child 1366  
born out of wedlock, the mother's signature will suffice; in the 1367  
case of the death or incapacity of either parent, the signature 1368  
of the other parent will suffice; in the case of a child not in 1369  
the custody of ~~his~~ the child's parents, the signature of the 1370  
guardian or agency having the custody of the child will suffice; 1371  
and in the case of a child whose parents are deceased, the 1372  
signature of another person who knows the child will suffice. 1373

Once a correction or amendment of an item is made on a 1374  
vital record, that item shall not be corrected or amended again 1375  
except on the order of a court of this state or the request of a 1376  
court of another state or jurisdiction. 1377

The director may refuse to accept an affidavit or amended 1378  
certificate or record that appears to be submitted for the 1379  
purpose of falsifying the certificate or record. 1380

A certified copy of a certificate or record issued by the 1381  
department of health shall show the information as originally 1382  
given and the corrected information, except that an 1383  
electronically produced copy need indicate only that the 1384  
certificate or record was corrected and the item that was 1385  
corrected. 1386

**Sec. 3705.29.** (A) No person shall do any of the following: 1387

(1) Purposely make any false statement in a certificate, 1388  
record, or report required by this chapter or in an application 1389

or amendment of it, or purposely supply false information with 1390  
the intent that that information be used in the preparation of 1391  
any such report, record, or certificate, or amendment of it; 1392

(2) Without lawful authority and with intent to deceive, 1393  
counterfeit, alter, amend, or mutilate any certificate, record, 1394  
or report required by this chapter or any certified copy of it; 1395

(3) Purposely obtain, possess, use, sell, furnish, or 1396  
attempt to obtain, possess, use, sell, or furnish to another for 1397  
the purpose of deception any certificate, record, or report 1398  
required by this chapter or any certified copy of it, or any 1399  
certificate, record, or report that is counterfeit, altered, or 1400  
amended or false in whole or part; 1401

(4) Purposely obtain, possess, use, sell, furnish, or 1402  
attempt to obtain, possess, use, sell, or furnish to another for 1403  
the purpose of deception any certificate, record, or report 1404  
required by this chapter, or any certified copy of it, that 1405  
relates to the birth of another person, whether living or dead; 1406

(5) Without lawful authority, possess any certificate, 1407  
record, or report required by this chapter or any copy of such a 1408  
certificate, record, or report, knowing it to have been stolen 1409  
or otherwise unlawfully obtained. 1410

(B) No person employed by the office of vital statistics 1411  
or a local registrar shall purposely furnish or possess a birth 1412  
record or certified copy of a birth record with intent that it 1413  
be used for deception. 1414

(C) No person shall do any of the following: 1415

(1) Purposely refuse to provide information required by 1416  
this chapter or rules adopted under it; 1417

(2) Purposely transport out of this state or accept for 1418  
interment or other disposition a dead body without a permit 1419  
required by this chapter; 1420

(3) Knowingly prepare, issue, sell, or give any record or 1421  
certificate that is alleged to be an original vital record or a 1422  
certified copy of a vital record if the person knows or has 1423  
reason to know that it is not an original vital record or a 1424  
certified copy of a vital record; 1425

(4) Refuse to comply with the requirements of this chapter 1426  
or violate any of the provisions of this chapter. 1427

(D) No officer or employee of the department of health 1428  
shall knowingly reveal or provide any information contained in 1429  
an adoption file maintained by the department under section 1430  
3705.12, 3705.121, 3705.122, 3705.123, or 3705.124 of the 1431  
Revised Code to any person, or knowingly reveal or provide the 1432  
contents of an adoption file to any person, unless authorized to 1433  
do so by section 3705.126 of the Revised Code. 1434

~~(E) If a death, or a fetal death of at least twenty weeks-~~ 1435  
~~of gestation, occurs under any circumstances mentioned in-~~ 1436  
~~section 313.12 of the Revised Code, the coroner of the county in~~ 1437  
~~which the death or fetal death occurs, or a deputy coroner,~~ 1438  
~~medical examiner, or deputy medical examiner serving in an-~~ 1439  
~~equivalent capacity, shall certify the cause of that death-~~ 1440  
~~unless the death was reported to the coroner, deputy coroner,~~ 1441  
~~medical examiner, or deputy medical examiner and that person,~~ 1442  
~~after a preliminary examination, declined to assert jurisdiction~~ 1443  
~~with respect to the death or fetal death.~~ 1444  
No person shall 1444  
knowingly certify a decedent's cause of death or complete the 1445  
associated medical certificate of death without being authorized 1446  
to do so under division (C) of section 3705.16 of the Revised 1447

Code. 1448

~~(F) No physician other than the coroner in the county in which a death, or a fetal death of at least twenty weeks of gestation, occurs, or a deputy coroner, medical examiner, or deputy medical examiner serving in an equivalent capacity, may certify any death or fetal death that occurs under any circumstances other than natural.~~ 1449  
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~~(G) If a death, or a fetal death of at least twenty weeks of gestation, occurs under any circumstances mentioned in section 313.12 of the Revised Code, no person shall knowingly present a death or fetal death certificate for the purpose of obtaining certification of the cause of death or completion of the associated medical certification of death to any ~~physician other than the coroner in the county in which the death or fetal death occurred, or to a deputy coroner, medical examiner, or deputy medical examiner serving in an equivalent capacity,~~ unless that death or fetal death was reported to the coroner, deputy coroner, medical examiner, or deputy medical examiner and that person, after a preliminary examination, ~~declined to assert jurisdiction with respect to the death or fetal death~~person who is not authorized to do so under division (C) of section 3705.16 of the Revised Code. 1455  
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~~(H)~~ (G) No person, with intent to defraud or knowing that the person is facilitating a fraud, shall do either of the following: 1470  
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(1) Certify a cause of death in violation of ~~the prohibition of division (E) or (F)~~ of this section; 1473  
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(2) Obtain or attempt to obtain a certification of the cause of a death or fetal death in violation of ~~the prohibition~~ 1475  
1476

~~of~~ ~~division~~ ~~(G)~~ (F) of this section. 1477

**Sec. 3705.30.** (A) As used in this section: 1478

(1) ~~"Certified nurse-midwife," "clinical nurse-~~ 1479  
~~specialist," and "certified nurse practitioner" have the same-~~ 1480  
~~meanings as in section 4723.01 of the Revised Code.~~ 1481

~~(2)~~ "Freestanding birthing center" has the same meaning as 1482  
in section 3701.503 of the Revised Code. 1483

~~(3)~~ (2) "Hospital" ~~has the same meaning as in section-~~ 1484  
~~3722.01 means an institution or facility licensed under Chapter~~ 1485  
~~3722. of the Revised Code.~~ 1486

~~(4)~~ "Physician" ~~means an individual authorized under-~~ 1487  
~~Chapter 4731. of the Revised Code to practice medicine and-~~ 1488  
~~surgery or osteopathic medicine and surgery.~~ 1489

(B) The director of health shall establish and, if funds 1490  
for this purpose are available, implement a statewide birth 1491  
defects information system for the collection of information 1492  
concerning congenital anomalies, stillbirths, and abnormal 1493  
conditions of newborns. 1494

(C) If the system is implemented under division (B) of 1495  
this section, all of the following apply: 1496

(1) The director may require each physician, physician 1497  
assistant, certified nurse-midwife, clinical nurse specialist, 1498  
certified nurse practitioner, hospital, and freestanding 1499  
birthing center to report to the system information concerning 1500  
all patients under five years of age with a primary diagnosis of 1501  
a congenital anomaly or abnormal condition. The director shall 1502  
not require a hospital, freestanding birthing center, physician, 1503  
physician assistant, certified nurse-midwife, clinical nurse 1504

specialist, or certified nurse practitioner to report to the 1505  
system any information that is reported to the director or 1506  
department of health under another provision of the Revised Code 1507  
or Administrative Code. 1508

(2) On request, each physician, physician assistant, 1509  
certified nurse-midwife, clinical nurse specialist, certified 1510  
nurse practitioner, hospital, and freestanding birthing center 1511  
shall give the director or authorized employees of the 1512  
department of health access to the medical records of any 1513  
patient described in division (C) (1) of this section. The 1514  
department shall pay the costs of copying any medical records 1515  
pursuant to this division. 1516

(3) The director may review vital statistics records and 1517  
shall consider expanding the list of congenital anomalies and 1518  
abnormal conditions of newborns reported on birth certificates 1519  
pursuant to section 3705.08 of the Revised Code. 1520

(D) A physician, physician assistant, certified nurse- 1521  
midwife, clinical nurse specialist, certified nurse 1522  
practitioner, hospital, or freestanding birthing center that 1523  
provides information to the system under division (C) of this 1524  
section shall not be subject to criminal or civil liability for 1525  
providing the information. 1526

**Sec. 3705.33.** As used in this section, "local health 1527  
department" means a health department operated by the board of 1528  
health of a city or general health district or the authority 1529  
having the duties of a board of health under section 3709.05 of 1530  
the Revised Code. 1531

A child's parent or legal guardian who wants information 1532  
concerning the child removed from the birth defects information 1533

system shall request from the local health department or the 1534  
child's physician, physician assistant, certified nurse-midwife, 1535  
clinical nurse specialist, or certified nurse practitioner a 1536  
form prepared by the director of health. On request, a local 1537  
health department, physician, physician assistant, certified 1538  
nurse-midwife, clinical nurse specialist, or certified nurse 1539  
practitioner shall provide the form to the child's parent or 1540  
legal guardian. The individual providing the form shall discuss 1541  
with the child's parent or legal guardian the information 1542  
contained in the system. If the child's parent or legal guardian 1543  
signs the form, the department, physician, physician assistant, 1544  
or nurse shall forward it to the director. On receipt of the 1545  
signed form, the director shall remove from the system any 1546  
information that identifies the child. 1547

**Sec. 3705.35.** ~~Not later than one hundred eighty days after~~ 1548  
~~October 5, 2000, the~~ The director of health shall adopt rules in 1549  
accordance with Chapter 119. of the Revised Code to do all of 1550  
the following: 1551

(A) Implement the birth defects information system; 1552

(B) Specify the types of congenital anomalies and abnormal 1553  
conditions of newborns to be reported to the system under 1554  
section 3705.30 of the Revised Code; 1555

(C) Establish reporting requirements for information 1556  
concerning diagnosed congenital anomalies and abnormal 1557  
conditions of newborns; 1558

(D) Establish standards that must be met by persons or 1559  
government entities that seek access to the system; 1560

(E) Establish a form for use by parents or legal guardians 1561  
who seek to have information regarding their children removed 1562

from the system and a method of distributing the form to local 1563  
health departments, as defined in section 3705.33 of the Revised 1564  
Code, and to physicians, physician assistants, certified nurse- 1565  
midwives, clinical nurse specialists, and certified nurse 1566  
practitioners. The method of distribution must include making 1567  
the form available on the internet. 1568

**Sec. 3705.99.** (A) Whoever violates division (A), (B), or 1569  
~~(H)~~(G) of section 3705.29 of the Revised Code shall be fined not 1570  
more than ten thousand dollars or incarcerated for a term of not 1571  
more than five years, or both. 1572

(B) Whoever violates division (C), (E), or (F), ~~or~~ (G) of 1573  
section 3705.29 of the Revised Code shall be fined not more than 1574  
one thousand dollars or incarcerated for a term of not more than 1575  
one year, or both. 1576

(C) Whoever violates division (D) of section 3705.29 of 1577  
the Revised Code is guilty of a misdemeanor of the third degree. 1578

**Sec. 3715.50.** (A) As used in this section and in sections 1579  
3715.501 to 3715.505 of the Revised Code: 1580

(1) "Advanced practice registered nurse" means an 1581  
individual who holds a current, valid license issued under 1582  
Chapter 4723. of the Revised Code and is designated as a 1583  
clinical nurse specialist, certified nurse-midwife, or certified 1584  
nurse practitioner. 1585

(2) "Overdose reversal drug" has the same meaning as in 1586  
section 4729.01 of the Revised Code. 1587

(3) "Pharmacist" means an individual licensed under 1588  
Chapter 4729. of the Revised Code to practice as a pharmacist. 1589

(4) "Pharmacy intern" means an individual licensed under 1590

Chapter 4729. of the Revised Code to practice as a pharmacy 1591  
intern. 1592

(5) "Physician" means an individual authorized under 1593  
Chapter 4731. of the Revised Code to practice medicine and 1594  
surgery, osteopathic medicine and surgery, or podiatric medicine 1595  
and surgery. 1596

(6) "Physician assistant" means an individual who is 1597  
licensed under Chapter 4730. of the Revised Code, ~~holds a valid~~ 1598  
~~prescriber number issued by the state medical board,~~ and has 1599  
~~been granted physician-delegated prescriptive authority as~~ 1600  
provided in section 4730.15 of the Revised Code. 1601

(7) "Certified mental health assistant" means an 1602  
individual who is licensed under Chapter 4772. of the Revised 1603  
Code and has been granted physician-delegated prescriptive 1604  
authority. 1605

(B) Notwithstanding any conflicting provision of the 1606  
Revised Code, any person or government entity may purchase, 1607  
possess, distribute, dispense, personally furnish, sell, or 1608  
otherwise obtain or provide an overdose reversal drug, which 1609  
includes any instrument or device used to administer the drug, 1610  
if all of the following conditions are met: 1611

(1) The overdose reversal drug is in its original 1612  
manufacturer's packaging. 1613

(2) The overdose reversal drug's packaging contains the 1614  
manufacturer's instructions for use. 1615

(3) The overdose reversal drug is stored in accordance 1616  
with the manufacturer's or distributor's instructions. 1617

(C) In addition to actions authorized by division (B) of 1618

this section, any person or government entity may obtain and 1619  
maintain a supply of an overdose reversal drug for either or 1620  
both of the following purposes: for use in an emergency 1621  
situation and for distribution through an automated mechanism. 1622

(1) In the case of a supply of an overdose reversal drug 1623  
obtained and maintained for use in an emergency situation, a 1624  
person or government entity shall do all of the following: 1625

(a) Provide to any individual who accesses the supply 1626  
instructions regarding emergency administration of the drug, 1627  
including a specific instruction to summon emergency services as 1628  
necessary; 1629

(b) Establish a process for replacing within a reasonable 1630  
time period any overdose reversal drug that has been accessed; 1631

(c) Store the overdose reversal drug in accordance with 1632  
the manufacturer's or distributor's instructions. 1633

(2) In the case of a supply of an overdose reversal drug 1634  
obtained and maintained for distribution through an automated 1635  
mechanism, a person or government entity shall do all of the 1636  
following: 1637

(a) Ensure that the mechanism is securely fastened to a 1638  
permanent structure or is of an appropriate size and weight to 1639  
reasonably prevent it from being removed from its intended 1640  
location; 1641

(b) Provide to any individual who accesses the supply 1642  
instructions regarding emergency administration of the drug, 1643  
including a specific instruction to summon emergency services as 1644  
necessary; 1645

(c) Develop a process for monitoring and replenishing the 1646

supply maintained in the automated mechanism; 1647

(d) Store the overdose reversal drug in accordance with 1648  
the manufacturer's or distributor's instructions. 1649

(D) If the authority granted by division (B) or (C) of 1650  
this section is exercised in good faith, the following 1651  
immunities apply: 1652

(1) The person or government entity exercising the 1653  
authority is not subject to administrative action or criminal 1654  
prosecution and is not liable for damages in a civil action for 1655  
injury, death, or loss to person or property for an act or 1656  
omission that arises from exercising that authority. 1657

(2) After an overdose reversal drug has been dispensed or 1658  
personally furnished, the person or government entity is not 1659  
liable for or subject to any of the following for any act or 1660  
omission of the individual to whom the drug is dispensed or 1661  
personally furnished: damages in any civil action, prosecution 1662  
in any criminal proceeding, or professional disciplinary action. 1663

(E) (1) This section does not affect any other authority to 1664  
issue a prescription for, or personally furnish a supply of, an 1665  
overdose reversal drug. 1666

(2) This section does not eliminate, limit, or reduce any 1667  
other immunity or defense that a person or government entity may 1668  
be entitled to under section 9.86, Chapter 2744., section 1669  
4765.49, or any other provision of the Revised Code or the 1670  
common law of this state. 1671

**Sec. 3719.06.** (A) (1) A licensed health professional 1672  
authorized to prescribe drugs, if acting in the course of 1673  
professional practice, in accordance with the laws regulating 1674  
the professional's practice, and in accordance with rules 1675

adopted by the state board of pharmacy, may, except as provided 1676  
in division (A) (2), (3), or (4) of this section, do the 1677  
following: 1678

(a) Prescribe schedule II, III, IV, and V controlled 1679  
substances; 1680

(b) Administer or personally furnish to patients schedule 1681  
II, III, IV, and V controlled substances; 1682

(c) Cause schedule II, III, IV, and V controlled 1683  
substances to be administered under the prescriber's direction 1684  
and supervision. 1685

(2) A licensed health professional authorized to prescribe 1686  
drugs who is a clinical nurse specialist, certified nurse- 1687  
midwife, or certified nurse practitioner is subject to both of 1688  
the following: 1689

(a) A schedule II controlled substance may be prescribed 1690  
only in accordance with division (C) of section 4723.481 of the 1691  
Revised Code. 1692

(b) No schedule II controlled substance shall be 1693  
personally furnished to any patient. 1694

(3) A licensed health professional authorized to prescribe 1695  
drugs who is a physician assistant is subject to all both of the 1696  
following: 1697

~~(a) A controlled substance may be prescribed or personally 1698  
furnished only if it is included in the physician-delegated 1699  
prescriptive authority granted to the physician assistant in 1700  
accordance with Chapter 4730. of the Revised Code. 1701~~

~~(b) A schedule II controlled substance may be prescribed 1702  
only in accordance with division (B) (4) of section sections 1703~~

4730.41 and ~~section~~ 4730.411 of the Revised Code. 1704

~~(e)~~ (b) No schedule II controlled substance shall be 1705  
personally furnished to any patient. 1706

(4) A licensed health professional authorized to prescribe 1707  
drugs who is a certified mental health assistant is subject to 1708  
both of the following: 1709

(a) A controlled substance may be prescribed or personally 1710  
furnished only in accordance with sections 4772.12 and 4772.13 1711  
of the Revised Code. 1712

(b) No schedule II controlled substance shall be 1713  
personally furnished to any patient. 1714

(B) No licensed health professional authorized to 1715  
prescribe drugs shall prescribe, administer, or personally 1716  
furnish a schedule III anabolic steroid for the purpose of human 1717  
muscle building or enhancing human athletic performance and no 1718  
pharmacist shall dispense a schedule III anabolic steroid for 1719  
either purpose, unless it has been approved for that purpose 1720  
under the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 1721  
(1938), 21 U.S.C.A. 301, as amended. 1722

(C) When issuing a prescription for a schedule II 1723  
controlled substance, a licensed health professional authorized 1724  
to prescribe drugs shall do so only upon an electronic 1725  
prescription, except that the prescriber may issue a written 1726  
prescription if any of the following apply: 1727

(1) A temporary technical, electrical, or broadband 1728  
failure occurs preventing the prescriber from issuing an 1729  
electronic prescription. 1730

(2) The prescription is issued for a nursing home resident 1731

or hospice care patient. 1732

(3) The prescriber is employed by or under contract with 1733  
the same entity that operates the pharmacy. 1734

(4) The prescriber determines that an electronic 1735  
prescription cannot be issued in a timely manner and the 1736  
patient's medical condition is at risk. 1737

(5) The prescriber issues the prescription from a health 1738  
care facility, which may include an emergency department, and 1739  
reasonably determines that an electronic prescription would be 1740  
impractical for the patient or would cause a delay that may 1741  
adversely impact the patient's medical condition. 1742

(6) The prescriber issues per year not more than fifty 1743  
prescriptions for schedule II controlled substances. 1744

(7) The prescriber is a veterinarian licensed under 1745  
Chapter 4741. of the Revised Code. 1746

(D) Each written or electronic prescription for a 1747  
controlled substance shall be properly executed, dated, and 1748  
signed by the prescriber on the day when issued and shall bear 1749  
the full name and address of the person for whom, or the owner 1750  
of the animal for which, the controlled substance is prescribed 1751  
and the full name, address, and registry number under the 1752  
federal drug abuse control laws of the prescriber. If the 1753  
prescription is for an animal, it shall state the species of the 1754  
animal for which the controlled substance is prescribed. 1755

**Sec. 3719.064.** (A) As used in this section: 1756

(1) "Medication-assisted treatment" has the same meaning 1757  
as in section 340.01 of the Revised Code. 1758

(2) "Prescriber" means any of the following: 1759

(a) An advanced practice registered nurse who holds a 1760  
current, valid license issued under Chapter 4723. of the Revised 1761  
Code and is designated as a clinical nurse specialist, certified 1762  
nurse-midwife, or certified nurse practitioner; 1763

(b) A physician authorized under Chapter 4731. of the 1764  
Revised Code to practice medicine and surgery or osteopathic 1765  
medicine and surgery; 1766

(c) A physician assistant who is licensed under Chapter 1767  
4730. of the Revised Code, ~~holds a valid prescriber number~~ 1768  
~~issued by the state medical board, and has been granted~~ 1769  
~~physician-delegated prescriptive authority as provided in~~ 1770  
section 4730.15 of the Revised Code; 1771

(d) A certified mental health assistant who is licensed 1772  
under Chapter 4772. of the Revised Code and has been granted 1773  
physician-delegated prescriptive authority by the physician 1774  
supervising the certified mental health assistant. 1775

~~(3) "Qualifying practitioner" has the same meaning as in~~ 1776  
~~section 303(g) (2) (C) (iii) of the "Controlled Substances Act of~~ 1777  
~~1970," 21 U.S.C. 823(g) (2) (C) (iii), as amended.~~ 1778

(B) Before initiating medication-assisted treatment, a 1779  
prescriber shall give the patient or the patient's 1780  
representative information about all drugs approved by the 1781  
United States food and drug administration for use in 1782  
medication-assisted treatment. The information must be provided 1783  
both orally and in writing. The prescriber or the prescriber's 1784  
delegate shall note in the patient's medical record when this 1785  
information was provided and make the record available to 1786  
employees of the board of nursing or state medical board on 1787  
their request. 1788

If ~~the prescriber is not a qualifying practitioner and the~~ 1789  
patient's choice is opioid treatment and the prescriber 1790  
determines that such treatment is clinically appropriate and 1791  
meets generally accepted standards of medicine, the prescriber 1792  
shall do one of the following: provide the treatment, refer the 1793  
patient to another prescriber who will provide the treatment, or 1794  
refer the patient to an opioid treatment program licensed under 1795  
section 5119.37 of the Revised Code ~~or a qualifying~~ 1796  
~~practitioner.~~ The In the case of a patient's referral, the 1797  
prescriber or the prescriber's delegate shall make a notation in 1798  
the patient's medical record naming the prescriber or program ~~or~~ 1799  
~~practitioner to whom~~ which the patient was referred and 1800  
specifying when the referral was made. 1801

**Sec. 3727.06.** (A) As used in this section: 1802

(1) "Clinical nurse specialist," certified nurse-midwife," 1803  
and "certified nurse practitioner" have the same meanings as in 1804  
section 4723.01 of the Revised Code. 1805

(2) "Doctor" means an individual authorized to practice 1806  
medicine and surgery or osteopathic medicine and surgery. 1807

~~(2)~~(3) "Physician assistant" means an individual licensed 1808  
to practice as a physician assistant under Chapter 4730. of the 1809  
Revised Code. 1810

(4) "Podiatrist" means an individual authorized to 1811  
practice podiatric medicine and surgery. 1812

~~(B)~~(1)(B) Only the following may admit a patient to a 1813  
hospital: 1814

~~(a)~~(1) A doctor who is a member of the hospital's medical 1815  
staff; 1816

<del>(b)</del> <u>(2)</u> A dentist who is a member of the hospital's medical staff;	1817 1818
<del>(e)</del> <u>(3)</u> A podiatrist who is a member of the hospital's medical staff;	1819 1820
<del>(d)</del> <u>(4)</u> A clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner if all of the following conditions are met:	1821 1822 1823
<del>(i)</del> <u>(a)</u> The clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner has a standard care arrangement entered into pursuant to section 4723.431 of the Revised Code with a collaborating doctor or podiatrist who is a member of the medical staff;	1824 1825 1826 1827 1828
<del>(ii)</del> <u>(b)</u> The patient will be under the medical supervision of the collaborating doctor or podiatrist;	1829 1830
<del>(iii)</del> <u>(c)</u> <u>Prior to admitting the patient, the clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner notifies the collaborating doctor or podiatrist of the planned admission;</u>	1831 1832 1833 1834
<u>(d)</u> The hospital has granted the clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner admitting privileges and appropriate credentials.	1835 1836 1837
<del>(e)</del> <u>(5)</u> A physician assistant if all of the following conditions are met:	1838 1839
<del>(i)</del> <u>(a)</u> The physician assistant <del>is listed on</del> <u>has a supervision collaboration agreement entered into under section 4730.19-4730.09 of the Revised Code for</u> <del>with</del> <u>a collaborating</u> doctor or podiatrist who is a member of the hospital's medical staff.	1840 1841 1842 1843 1844

~~(ii)~~ (b) The patient will be under the medical supervision 1845  
of the ~~supervising~~ collaborating doctor or podiatrist. 1846

~~(iii)~~ (c) Prior to admitting the patient, the physician 1847  
assistant notifies the collaborating doctor or podiatrist of the 1848  
planned admission. 1849

(d) The hospital has granted the physician assistant 1850  
admitting privileges and appropriate credentials. 1851

~~(2) Prior to admitting a patient, a clinical nurse~~ 1852  
~~specialist, certified nurse-midwife, certified nurse~~ 1853  
~~practitioner, or physician assistant shall notify the~~ 1854  
~~collaborating or supervising doctor or podiatrist of the planned~~ 1855  
~~admission.~~ 1856

(C) All hospital patients shall be under the medical 1857  
supervision of a doctor, except that services that may be 1858  
rendered by a licensed dentist pursuant to Chapter 4715. of the 1859  
Revised Code provided to patients admitted solely for the 1860  
purpose of receiving such services shall be under the 1861  
supervision of the admitting dentist and that services that may 1862  
be rendered by a podiatrist pursuant to section 4731.51 of the 1863  
Revised Code provided to patients admitted solely for the 1864  
purpose of receiving such services shall be under the 1865  
supervision of the admitting podiatrist. If treatment not within 1866  
the scope of Chapter 4715. or section 4731.51 of the Revised 1867  
Code is required at the time of admission by a dentist or 1868  
podiatrist, or becomes necessary during the course of hospital 1869  
treatment by a dentist or podiatrist, such treatment shall be 1870  
under the supervision of a doctor who is a member of the medical 1871  
staff. It shall be the responsibility of the admitting dentist 1872  
or podiatrist to make arrangements with a doctor who is a member 1873  
of the medical staff to be responsible for the patient's 1874

treatment outside the scope of Chapter 4715. or section 4731.51 1875  
of the Revised Code when necessary during the patient's stay in 1876  
the hospital. 1877

**Sec. 3727.70.** As used in this section and sections 3727.71 1878  
to 3727.79 of the Revised Code: 1879

(A) "Admission" means a patient's admission to a hospital 1880  
on an inpatient basis by a health care professional specified in 1881  
division ~~(B)(1)~~(B) of section 3727.06 of the Revised Code. 1882

(B) "After-care" means assistance provided by a lay 1883  
caregiver to a patient in the patient's residence after the 1884  
patient's discharge and includes only the caregiving needs of 1885  
the patient at the time of discharge. 1886

(C) "Discharge" means the discharge or release of a 1887  
patient who has been admitted to a hospital on an inpatient 1888  
basis from the hospital directly to the patient's residence. 1889  
"Discharge" does not include the transfer of a patient to 1890  
another facility or setting. 1891

(D) "Discharging health care professional" means a health 1892  
care professional who is authorized by division ~~(B)(1)~~(B) of 1893  
section 3727.06 of the Revised Code to admit a patient to a 1894  
hospital and who has assumed responsibility for directing the 1895  
creation of the patient's discharge plan under section 3727.75 1896  
of the Revised Code. 1897

(E) "Guardian" has the same meaning as in section 2133.01 1898  
of the Revised Code. 1899

(F) "Lay caregiver" means an adult designated under 1900  
section 3727.71 of the Revised Code to provide after-care to a 1901  
patient. 1902

(G) "Lay caregiver designation" means the designation of a lay caregiver for a patient as described in section 3727.71 of the Revised Code.	1903 1904 1905
(H) (1) "Patient's residence" means either of the following:	1906 1907
(a) The dwelling that a patient or the patient's guardian considers to be the patient's home;	1908 1909
(b) The dwelling of a relative or other individual who has agreed to temporarily house the patient following discharge and who has communicated this fact to hospital staff.	1910 1911 1912
(2) "Patient's residence" does not include any of the following:	1913 1914
(a) A hospital;	1915
(b) A nursing home, residential care facility, county home, or district home, as defined in section 3721.01 of the Revised Code;	1916 1917 1918
(c) A veterans' home operated under Chapter 5907. of the Revised Code;	1919 1920
(d) A residential facility, as defined in section 5119.34 of the Revised Code;	1921 1922
(e) A residential facility, as defined in section 5123.19 of the Revised Code;	1923 1924
(f) A hospice care program, as defined in section 3712.01 of the Revised Code;	1925 1926
(g) A freestanding inpatient rehabilitation facility licensed under section 3702.30 of the Revised Code;	1927 1928
(h) Another facility similar to one specified in this	1929

division.	1930
<b>Sec. 3728.01.</b> As used in this chapter:	1931
(A) "Administer epinephrine" means to inject an individual with epinephrine using an autoinjector in a manufactured dosage form.	1932 1933 1934
(B) "Peace officer" has the same meaning as in section 109.71 of the Revised Code and also includes a sheriff.	1935 1936
(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:	1937 1938 1939 1940
(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;	1941 1942 1943
(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;	1944 1945 1946
(3) A physician assistant who is licensed under Chapter 4730. of the Revised Code, <del>holds a valid prescriber number issued by the state medical board,</del> and has <del>been granted physician-delegated prescriptive authority as provided in</del> <u>section 4730.15 of the Revised Code.</u>	1947 1948 1949 1950 1951
(D) "Qualified entity" means either of the following:	1952
(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	1953 1954 1955 1956 1957

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. 3902.65. (A) As used in this section, "physician  
assistant" means an individual who is licensed to practice as a  
physician assistant under Chapter 4730. of the Revised Code.

(B) A health plan issuer shall provide payment or  
reimbursement to a physician assistant for providing a health  
care service to a patient in the same manner that it provides  
payment or reimbursement to any other health care provider for  
providing a health care service that is the equivalent of the  
health care service provided by the physician assistant, as long  
as the covered person's health benefit plan includes coverage of  
that type of health care service.

Sec. 4723.36. (A) A certified nurse-midwife, certified  
nurse practitioner, or clinical nurse specialist may determine

and pronounce an individual's death. 1987

~~(B)(1)~~(B) A registered nurse who is not described in 1988  
division (A) of this section may determine and pronounce an 1989  
individual's death, but only if the individual's respiratory and 1990  
circulatory functions are not being artificially sustained and, 1991  
at the time the determination and pronouncement of death is 1992  
made, the registered nurse is providing or supervising the 1993  
individual's care through a hospice care program licensed under 1994  
Chapter 3712. of the Revised Code or any other entity that 1995  
provides palliative care. 1996

~~(2)~~(C) A ~~registered~~nurse who determines and pronounces an 1997  
individual's death under division ~~(B)(1)~~(A) or (B) of this 1998  
section shall comply with both of the following: 1999

~~(a)~~(1) The nurse shall not complete any portion of the 2000  
individual's death certificate. 2001

~~(b)~~(2) The nurse shall notify the individual's attending 2002  
physician, ~~certified nurse-midwife, certified nurse-~~ 2003  
~~practitioner, or clinical nurse specialist or physician~~ 2004  
assistant of the determination and pronouncement of death in 2005  
order for the physician, ~~certified nurse-midwife, certified-~~ 2006  
~~nurse practitioner, or clinical nurse specialist or physician~~ 2007  
assistant to fulfill the physician's, ~~certified nurse-midwife's,~~ 2008  
~~certified nurse practitioner's, or clinical nurse specialist's~~ 2009  
or physician assistant's duties under section 3705.16 of the 2010  
Revised Code. The nurse shall provide the notification within a 2011  
period of time that is reasonable but not later than twenty-four 2012  
hours following the determination and pronouncement of the 2013  
individual's death. 2014

**Sec. 4725.27.** The testimony and reports of an optometrist 2015

licensed by the state vision professionals board under this 2016  
chapter shall be received by any state, county, municipal, 2017  
school district, or other public board, body, agency, 2018  
institution, or official and by any private educational or other 2019  
institution receiving public funds as competent evidence with 2020  
respect to any matter within the scope of the practice of 2021  
optometry. No such board, body, agency, official, or institution 2022  
shall interfere with any individual's right to a free choice of 2023  
receiving services from ~~either an optometrist or a~~, physician, 2024  
or physician assistant. No such board, body, agency, official, 2025  
or institution shall discriminate against an optometrist 2026  
performing procedures that are included in the practice of 2027  
optometry as provided in section 4725.01 of the Revised Code if 2028  
the optometrist is licensed under this chapter to perform those 2029  
procedures. 2030

**Sec. 4725.40.** As used in sections 4725.40 to 4725.59 of 2031  
the Revised Code: 2032

(A) "Optical aid" means both of the following: 2033

(1) Spectacles or other instruments or devices that are 2034  
not contact lenses, if the spectacles or other instruments or 2035  
devices may aid or correct human vision and have been prescribed 2036  
by a physician or optometrist licensed by any state; 2037

(2) Contact lenses, regardless of whether they address 2038  
visual function, if they are designed to fit over the cornea of 2039  
the eye or are otherwise designed for use in or on the eye or 2040  
orbit. 2041

All contact lenses shall be dispensed only in accordance 2042  
with a valid written prescription designated for contact lenses, 2043  
including the following: 2044

(a) Zero-powered plano contact lenses;	2045
(b) Cosmetic contact lenses;	2046
(c) Performance-enhancing contact lenses;	2047
(d) Any other contact devices determined by the state	2048
vision professionals board to be contact lenses.	2049
(B) "Optical dispensing" means interpreting but not	2050
altering a prescription of a licensed physician or optometrist	2051
and designing, adapting, fitting, or replacing the prescribed	2052
optical aids, pursuant to such prescription, to or for the	2053
intended wearer; duplicating lenses, other than contact lenses,	2054
accurately as to power without a prescription; and duplicating	2055
nonprescription eyewear and parts of eyewear. "Optical	2056
dispensing" does not include selecting frames, placing an order	2057
for the delivery of an optical aid, transacting a sale,	2058
transferring an optical aid to the wearer after an optician has	2059
completed fitting it, or providing instruction in the general	2060
care and use of an optical aid, including placement, removal,	2061
hygiene, or cleaning.	2062
(C) "Licensed dispensing optician" means a person holding	2063
a current, valid license issued under sections 4725.48 to	2064
4725.51 of the Revised Code that authorizes the person to engage	2065
in optical dispensing. Nothing in this chapter shall be	2066
construed to permit a licensed dispensing optician to alter the	2067
specifications of a prescription.	2068
(D) "Licensed spectacle dispensing optician" means a	2069
licensed dispensing optician authorized to engage in both of the	2070
following:	2071
(1) The dispensing of optical aids other than contact	2072
lenses;	2073

(2) The dispensing of prepackaged soft contact lenses in accordance with section 4725.411 of the Revised Code.	2074 2075
(E) "Licensed spectacle-contact lens dispensing optician" means a licensed dispensing optician authorized to engage in the dispensing of any optical aid.	2076 2077 2078
(F) "Apprentice" means any person dispensing optical aids under the direct supervision of a licensed dispensing optician.	2079 2080
(G) "Prescription" means the written or verbal directions or instructions <del>as specified by a physician or optometrist licensed by any state</del> for preparing an optical aid for a patient, <u>as those directions or instructions are specified by any of the following who are licensed by any state: an optometrist, physician, or physician assistant.</u>	2081 2082 2083 2084 2085 2086
(H) "Supervision" means the provision of direction and control through personal inspection and evaluation of work.	2087 2088
<b>Sec. 4725.53.</b> (A) Except as provided in division (D) of this section, the state vision professionals board, by a majority vote of its members, may refuse to grant a license and, in accordance with Chapter 119. of the Revised Code, may suspend or revoke the license of a licensed dispensing optician or impose a fine or order restitution pursuant to division (B) of this section on any of the following grounds:	2089 2090 2091 2092 2093 2094 2095
(1) Conviction of a crime involving moral turpitude or a disqualifying offense as those terms are defined in section 4776.10 of the Revised Code;	2096 2097 2098
(2) Obtaining or attempting to obtain a license by fraud or deception;	2099 2100
(3) Obtaining any fee or making any sale of an optical aid	2101

by means of fraud or misrepresentation;	2102
(4) Habitual indulgence in the use of controlled	2103
substances or other habit-forming drugs, or in the use of	2104
alcoholic liquors to an extent that affects professional	2105
competency;	2106
(5) Finding by a court of competent jurisdiction that the	2107
applicant or licensee is incompetent by reason of mental illness	2108
and no subsequent finding by the court of competency;	2109
(6) Finding by a court of law that the licensee is guilty	2110
of incompetence or negligence in the dispensing of optical aids;	2111
(7) Knowingly permitting or employing a person whose	2112
license has been suspended or revoked or an unlicensed person to	2113
engage in optical dispensing;	2114
(8) Permitting another person to use the licensee's	2115
license;	2116
(9) Engaging in optical dispensing not pursuant to the	2117
prescription of a <del>licensed physician or licensed optometrist,</del>	2118
<u>licensed physician, or licensed physician assistant,</u> but nothing	2119
in this section shall prohibit the duplication or replacement of	2120
previously prepared optical aids, except contact lenses shall	2121
not be duplicated or replaced without a written prescription;	2122
(10) Violation of sections 4725.40 to 4725.59 of the	2123
Revised Code;	2124
(11) Waiving the payment of all or any part of a	2125
deductible or copayment that a patient, pursuant to a health	2126
insurance or health care policy, contract, or plan that covers	2127
optical dispensing services, would otherwise be required to pay	2128
if the waiver is used as an enticement to a patient or group of	2129

patients to receive health care services from that provider; 2130

(12) Advertising that the licensee will waive the payment 2131  
of all or any part of a deductible or copayment that a patient, 2132  
pursuant to a health insurance or health care policy, contract, 2133  
or plan that covers optical dispensing services, would otherwise 2134  
be required to pay; 2135

(13) Violating the code of ethical conduct adopted under 2136  
section 4725.66 of the Revised Code. 2137

(B) The board may impose a fine of not more than five 2138  
hundred dollars for a first occurrence of an action that is 2139  
grounds for discipline under this section and of not less than 2140  
five hundred nor more than one thousand dollars for a subsequent 2141  
occurrence, or may order the licensee to make restitution to a 2142  
person who has suffered a financial loss as a result of the 2143  
licensee's failure to comply with sections 4725.40 to 4725.59 of 2144  
the Revised Code. 2145

(C) Notwithstanding divisions (A) (11) and (12) of this 2146  
section, sanctions shall not be imposed against any licensee who 2147  
waives deductibles and copayments: 2148

(1) In compliance with the health benefit plan that 2149  
expressly allows such a practice. Waiver of the deductibles or 2150  
copays shall be made only with the full knowledge and consent of 2151  
the plan purchaser, payer, and third-party administrator. Such 2152  
consent shall be made available to the board upon request. 2153

(2) For professional services rendered to any other person 2154  
licensed pursuant to this chapter to the extent allowed by this 2155  
chapter and the rules of the board. 2156

(D) The board shall not refuse to grant a license to an 2157  
applicant because of a conviction unless the refusal is in 2158

accordance with section 9.79 of the Revised Code. 2159

(E) If a violation described in this section has caused, 2160  
is causing, or is about to cause substantial and material harm, 2161  
the board may issue an order requiring that person to cease and 2162  
desist from engaging in the violation. Notice of the order shall 2163  
be mailed by certified mail, return receipt requested, 2164  
immediately after its issuance to the person subject to the 2165  
order and to all persons known to be involved in the violation. 2166  
The board may thereafter publicize or otherwise make known to 2167  
all interested parties that the order has been issued. 2168

The notice shall specify the particular act, omission, 2169  
practice, or transaction that is subject to the cease-and-desist 2170  
order and shall set a date, not more than fifteen days after the 2171  
date of the order, for a hearing on the continuation or 2172  
revocation of the order. The person shall comply with the order 2173  
immediately upon receipt of notice of the order. 2174

The board may, on the application of a party and for good 2175  
cause shown, continue the hearing. Chapter 119. of the Revised 2176  
Code applies to the hearing to the extent that that chapter does 2177  
not conflict with the procedures set forth in this section. The 2178  
board shall, within fifteen days after objections are submitted 2179  
to the hearing officer's report and recommendation, issue a 2180  
final order either confirming or revoking the cease-and-desist 2181  
order. The final order may be appealed as provided under section 2182  
119.12 of the Revised Code. 2183

The remedy under this division is cumulative and 2184  
concurrent with the other remedies available under this section 2185  
or section 4725.54 of the Revised Code. 2186

**Sec. 4725.56.** No licensed dispensing optician, or employee 2187

or agent of a licensed dispensing optician shall pay or offer to 2188  
pay a rebate or commission of any nature, or offer any other 2189  
thing of value, to a ~~licensed physician or~~ licensed optometrist, 2190  
licensed physician, or licensed physician assistant for 2191  
referring patients to the licensed dispensing optician. 2192

**Sec. 4725.59.** (A) Sections 4725.40 to 4725.59 of the 2193  
Revised Code do not apply to: 2194

(1) A physician authorized under Chapter 4731. of the 2195  
Revised Code to practice medicine and surgery or osteopathic 2196  
medicine and surgery, or to persons while in the employment and 2197  
under the supervision of a physician at the physician's office; 2198

(2) An optometrist licensed under sections 4725.01 to 2199  
4725.34 of the Revised Code, or to persons while in the 2200  
employment and under the supervision of an optometrist at the 2201  
optometrist's office; 2202

(3) A physician assistant licensed under Chapter 4730. of 2203  
the Revised Code. 2204

(B) Nothing in sections 4725.40 to 4725.59 of the Revised 2205  
Code shall prevent or restrict any individual, firm, or 2206  
corporation from employing or from engaging in optical 2207  
dispensing through persons licensed or registered under such 2208  
sections. 2209

**Sec. 4729.01.** As used in this chapter: 2210

(A) "Pharmacy," except when used in a context that refers 2211  
to the practice of pharmacy, means any area, room, rooms, place 2212  
of business, department, or portion of any of the foregoing 2213  
where the practice of pharmacy is conducted. 2214

(B) "Practice of pharmacy" means providing pharmacist care 2215

requiring specialized knowledge, judgment, and skill derived 2216  
from the principles of biological, chemical, behavioral, social, 2217  
pharmaceutical, and clinical sciences. As used in this division, 2218  
"pharmacist care" includes the following: 2219

- (1) Interpreting prescriptions; 2220
- (2) Dispensing drugs and drug therapy related devices; 2221
- (3) Compounding drugs; 2222
- (4) Counseling individuals with regard to their drug 2223  
therapy, recommending drug therapy related devices, and 2224  
assisting in the selection of drugs and appliances for treatment 2225  
of common diseases and injuries and providing instruction in the 2226  
proper use of the drugs and appliances; 2227
- (5) Performing drug regimen reviews with individuals by 2228  
discussing all of the drugs that the individual is taking and 2229  
explaining the interactions of the drugs; 2230
- (6) Performing drug utilization reviews with licensed 2231  
health professionals authorized to prescribe drugs when the 2232  
pharmacist determines that an individual with a prescription has 2233  
a drug regimen that warrants additional discussion with the 2234  
prescriber; 2235
- (7) Advising an individual and the health care 2236  
professionals treating an individual with regard to the 2237  
individual's drug therapy; 2238
- (8) Acting pursuant to a consult agreement, if an 2239  
agreement has been established; 2240
- (9) Engaging in the administration of immunizations to the 2241  
extent authorized by section 4729.41 of the Revised Code; 2242

(10) Engaging in the administration of drugs to the extent authorized by section 4729.45 of the Revised Code.	2243 2244
(C) "Compounding" means the preparation, mixing, assembling, packaging, and labeling of one or more drugs in any of the following circumstances:	2245 2246 2247
(1) Pursuant to a prescription issued by a licensed health professional authorized to prescribe drugs;	2248 2249
(2) Pursuant to the modification of a prescription made in accordance with a consult agreement;	2250 2251
(3) As an incident to research, teaching activities, or chemical analysis;	2252 2253
(4) In anticipation of orders for drugs pursuant to prescriptions, based on routine, regularly observed dispensing patterns;	2254 2255 2256
(5) Pursuant to a request made by a licensed health professional authorized to prescribe drugs for a drug that is to be used by the professional for the purpose of direct administration to patients in the course of the professional's practice, if all of the following apply:	2257 2258 2259 2260 2261
(a) At the time the request is made, the drug is not commercially available regardless of the reason that the drug is not available, including the absence of a manufacturer for the drug or the lack of a readily available supply of the drug from a manufacturer.	2262 2263 2264 2265 2266
(b) A limited quantity of the drug is compounded and provided to the professional.	2267 2268
(c) The drug is compounded and provided to the professional as an occasional exception to the normal practice	2269 2270

of dispensing drugs pursuant to patient-specific prescriptions.	2271
(D) "Consult agreement" means an agreement that has been entered into under section 4729.39 of the Revised Code.	2272 2273
(E) "Drug" means:	2274
(1) Any article recognized in the United States pharmacopoeia and national formulary, or any supplement to them, intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans or animals;	2275 2276 2277 2278
(2) Any other article intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans or animals;	2279 2280 2281
(3) Any article, other than food, intended to affect the structure or any function of the body of humans or animals;	2282 2283
(4) Any article intended for use as a component of any article specified in division (E) (1), (2), or (3) of this section; but does not include devices or their components, parts, or accessories.	2284 2285 2286 2287
"Drug" does not include "hemp" as that term is defined in section 928.01 of the Revised Code.	2288 2289
(F) "Dangerous drug" means any of the following:	2290
(1) Any drug to which either of the following applies:	2291
(a) Under the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301, as amended, the drug is required to bear a label containing the legend "Caution: Federal law prohibits dispensing without prescription" or "Caution: Federal law restricts this drug to use by or on the order of a licensed veterinarian" or any similar restrictive statement, or	2292 2293 2294 2295 2296 2297

the drug may be dispensed only upon a prescription;	2298
(b) Under Chapter 3715. or 3719. of the Revised Code, the drug may be dispensed only upon a prescription.	2299 2300
(2) Any drug that contains a schedule V controlled substance and that is exempt from Chapter 3719. of the Revised Code or to which that chapter does not apply;	2301 2302 2303
(3) Any drug intended for administration by injection into the human body other than through a natural orifice of the human body;	2304 2305 2306
(4) Any drug that is a biological product, as defined in section 3715.01 of the Revised Code.	2307 2308
(G) "Federal drug abuse control laws" has the same meaning as in section 3719.01 of the Revised Code.	2309 2310
(H) "Prescription" means all of the following:	2311
(1) A written, electronic, or oral order for drugs or combinations or mixtures of drugs to be used by a particular individual or for treating a particular animal, issued by a licensed health professional authorized to prescribe drugs;	2312 2313 2314 2315
(2) For purposes of sections 4723.4810, 4729.282, 4730.432, and 4731.93 of the Revised Code, a written, electronic, or oral order for a drug to treat chlamydia, gonorrhoea, or trichomoniasis issued to and in the name of a patient who is not the intended user of the drug but is the sexual partner of the intended user;	2316 2317 2318 2319 2320 2321
(3) For purposes of sections 3313.7110, 3313.7111, 3314.143, 3326.28, 3328.29, 4723.483, 4729.88, 4730.433, 4731.96, and 5180.26 of the Revised Code, a written, electronic, or oral order for an epinephrine autoinjector issued to and in	2322 2323 2324 2325

the name of a school, school district, or camp;	2326
(4) For purposes of Chapter 3728. and sections 4723.483,	2327
4729.88, 4730.433, and 4731.96 of the Revised Code, a written,	2328
electronic, or oral order for an epinephrine autoinjector issued	2329
to and in the name of a qualified entity, as defined in section	2330
3728.01 of the Revised Code;	2331
(5) For purposes of sections 3313.7115, 3313.7116,	2332
3314.147, 3326.60, 3328.38, 4723.4811, 4730.437, 4731.92, and	2333
5180.262 of the Revised Code, a written, electronic, or oral	2334
order for injectable or nasally administered glucagon in the	2335
name of a school, school district, or camp.	2336
(I) "Licensed health professional authorized to prescribe	2337
drugs" or "prescriber" means an individual who is authorized by	2338
law to prescribe drugs or dangerous drugs or drug therapy	2339
related devices in the course of the individual's professional	2340
practice, including only the following:	2341
(1) A dentist licensed under Chapter 4715. of the Revised	2342
Code;	2343
(2) A clinical nurse specialist, certified nurse-midwife,	2344
or certified nurse practitioner who holds a current, valid	2345
license issued under Chapter 4723. of the Revised Code to	2346
practice nursing as an advanced practice registered nurse;	2347
(3) A certified registered nurse anesthetist who holds a	2348
current, valid license issued under Chapter 4723. of the Revised	2349
Code to practice nursing as an advanced practice registered	2350
nurse, but only to the extent of the nurse's authority under	2351
section 4723.43 of the Revised Code;	2352
(4) An optometrist licensed under Chapter 4725. of the	2353
Revised Code to practice optometry;	2354

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

(6) A physician assistant who holds a license to practice as a physician assistant issued 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 as provided in section 4730.15 of the Revised Code;~~

(7) A veterinarian licensed under Chapter 4741. of the Revised Code;

(8) A certified mental health assistant licensed under Chapter 4772. of the Revised Code who has been granted physician-delegated prescriptive authority by the physician supervising the certified mental health assistant.

(J) "Sale" or "sell" includes any transaction made by any person, whether as principal proprietor, agent, or employee, to do or offer to do any of the following: deliver, distribute, broker, exchange, gift or otherwise give away, or transfer, whether the transfer is by passage of title, physical movement, or both.

(K) "Wholesale sale" and "sale at wholesale" mean any sale in which the purpose of the purchaser is to resell the article purchased or received by the purchaser.

(L) "Retail sale" and "sale at retail" mean any sale other than a wholesale sale or sale at wholesale.

(M) "Retail seller" means any person that sells any dangerous drug to consumers without assuming control over and responsibility for its administration. Mere advice or

instructions regarding administration do not constitute control 2384  
or establish responsibility. 2385

(N) "Price information" means the price charged for a 2386  
prescription for a particular drug product and, in an easily 2387  
understandable manner, all of the following: 2388

(1) The proprietary name of the drug product; 2389

(2) The established (generic) name of the drug product; 2390

(3) The strength of the drug product if the product 2391  
contains a single active ingredient or if the drug product 2392  
contains more than one active ingredient and a relevant strength 2393  
can be associated with the product without indicating each 2394  
active ingredient. The established name and quantity of each 2395  
active ingredient are required if such a relevant strength 2396  
cannot be so associated with a drug product containing more than 2397  
one ingredient. 2398

(4) The dosage form; 2399

(5) The price charged for a specific quantity of the drug 2400  
product. The stated price shall include all charges to the 2401  
consumer, including, but not limited to, the cost of the drug 2402  
product, professional fees, handling fees, if any, and a 2403  
statement identifying professional services routinely furnished 2404  
by the pharmacy. Any mailing fees and delivery fees may be 2405  
stated separately without repetition. The information shall not 2406  
be false or misleading. 2407

(O) "Wholesale distributor of dangerous drugs" or 2408  
"wholesale distributor" means a person engaged in the sale of 2409  
dangerous drugs at wholesale and includes any agent or employee 2410  
of such a person authorized by the person to engage in the sale 2411  
of dangerous drugs at wholesale. 2412

(P) "Manufacturer of dangerous drugs" or "manufacturer" 2413  
means a person, other than a pharmacist or prescriber, who 2414  
manufactures dangerous drugs and who is engaged in the sale of 2415  
those dangerous drugs. 2416

(Q) "Terminal distributor of dangerous drugs" or "terminal 2417  
distributor" means a person who is engaged in the sale of 2418  
dangerous drugs at retail, or any person, other than a 2419  
manufacturer, repackager, outsourcing facility, third-party 2420  
logistics provider, wholesale distributor, or pharmacist, who 2421  
has possession, custody, or control of dangerous drugs for any 2422  
purpose other than for that person's own use and consumption. 2423  
"Terminal distributor" includes pharmacies, hospitals, nursing 2424  
homes, and laboratories and all other persons who procure 2425  
dangerous drugs for sale or other distribution by or under the 2426  
supervision of a pharmacist, licensed health professional 2427  
authorized to prescribe drugs, or other person authorized by the 2428  
state board of pharmacy. 2429

(R) "Promote to the public" means disseminating a 2430  
representation to the public in any manner or by any means, 2431  
other than by labeling, for the purpose of inducing, or that is 2432  
likely to induce, directly or indirectly, the purchase of a 2433  
dangerous drug at retail. 2434

(S) "Person" includes any individual, partnership, 2435  
association, limited liability company, or corporation, the 2436  
state, any political subdivision of the state, and any district, 2437  
department, or agency of the state or its political 2438  
subdivisions. 2439

(T) (1) "Animal shelter" means a facility operated by a 2440  
humane society or any society organized under Chapter 1717. of 2441  
the Revised Code or a dog pound operated pursuant to Chapter 2442

955. of the Revised Code.	2443
(2) "County dog warden" means a dog warden or deputy dog warden appointed or employed under section 955.12 of the Revised Code.	2444 2445 2446
(3) "Wild animal rehabilitation facility" means a facility that holds a permit issued by the chief of the division of wildlife for rehabilitation purposes in accordance with section 1533.08 of the Revised Code or rules adopted by the chief.	2447 2448 2449 2450
(U) "Food" has the same meaning as in section 3715.01 of the Revised Code.	2451 2452
(V) "Pain management clinic" has the same meaning as in section 4731.054 of the Revised Code.	2453 2454
(W) "Investigational drug or product" means a drug or product that has successfully completed phase one of the United States food and drug administration clinical trials and remains under clinical trial, but has not been approved for general use by the United States food and drug administration.	2455 2456 2457 2458 2459
"Investigational drug or product" does not include controlled substances in schedule I, as defined in section 3719.01 of the Revised Code.	2460 2461 2462
(X) "Product," when used in reference to an investigational drug or product, means a biological product, other than a drug, that is made from a natural human, animal, or microorganism source and is intended to treat a disease or medical condition.	2463 2464 2465 2466 2467
(Y) "Third-party logistics provider" means a person that provides or coordinates warehousing or other logistics services pertaining to dangerous drugs including distribution, on behalf of a manufacturer, wholesale distributor, or terminal	2468 2469 2470 2471

distributor of dangerous drugs, but does not take ownership of 2472  
the drugs or have responsibility to direct the sale or 2473  
disposition of the drugs. 2474

(Z) "Repackager of dangerous drugs" or "repackager" means 2475  
a person that repacks and relabels dangerous drugs for sale or 2476  
distribution. 2477

(AA) "Outsourcing facility" means a facility that is 2478  
engaged in the compounding and sale of sterile drugs and is 2479  
registered as an outsourcing facility with the United States 2480  
food and drug administration. 2481

(BB) "Laboratory" means a laboratory licensed under this 2482  
chapter as a terminal distributor of dangerous drugs and 2483  
entrusted to have custody of any of the following drugs and to 2484  
use the drugs for scientific and clinical purposes and for 2485  
purposes of instruction: dangerous drugs that are not controlled 2486  
substances, as defined in section 3719.01 of the Revised Code; 2487  
dangerous drugs that are controlled substances, as defined in 2488  
that section; and controlled substances in schedule I, as 2489  
defined in that section. 2490

(CC) "Overdose reversal drug" means both of the following: 2491

(1) Naloxone; 2492

(2) Any other drug that the state board of pharmacy, 2493  
through rules adopted in accordance with Chapter 119. of the 2494  
Revised Code, designates as a drug that is approved by the 2495  
federal food and drug administration for the reversal of a known 2496  
or suspected opioid-related overdose. 2497

**Sec. 4729.39.** (A) As used in this section: 2498

(1) "Certified nurse practitioner," "certified nurse- 2499

midwife," "clinical nurse specialist," and "standard care  
arrangement" have the same meanings as in section 4723.01 of the  
Revised Code.

~~(2) "Collaborating physician" means a physician who has  
entered into a standard care arrangement with a clinical nurse  
specialist, certified nurse-midwife, or certified nurse  
practitioner.~~

~~(3) "Physician" means an individual authorized under  
Chapter 4731. of the Revised Code to practice medicine and  
surgery or osteopathic medicine and surgery.~~

~~(4) (3) "Physician assistant" means an individual who is  
licensed to practice as a physician assistant 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 as provided in  
section 4730.15 of the Revised Code.~~

~~(5) "Supervising physician" means a physician who has  
entered into a supervision agreement with a physician assistant  
under section 4730.19 of the Revised Code.~~

(B) Subject to division (C) of this section, one or more  
pharmacists may enter into a consult agreement with one or more  
of the following practitioners:

(1) ~~Physicians~~A physician;

(2) ~~Physician assistants~~A physician assistant, if entering  
into a consult agreement is authorized by one or more  
supervising of the collaborating physicians who have entered  
into a collaboration agreement with the physician assistant  
under section 4730.09 of the Revised Code;

(3) ~~Clinical~~ A clinical nurse specialist, specialist, 2528  
certified ~~nurse-midwives,~~ nurse-midwife, or certified nurse 2529  
~~practitioners,~~ practitioner, if entering into a consult agreement 2530  
is authorized by one or more of the collaborating physicians who 2531  
have entered into a standard care arrangement with the nurse 2532  
under section 4723.431 of the Revised Code. 2533

(C) Before entering into a consult agreement, all of the 2534  
following conditions must be met: 2535

(1) Each practitioner must have an ongoing practitioner- 2536  
patient relationship with each patient whose drug therapy is to 2537  
be managed. 2538

(2) The diagnosis for which each patient has been 2539  
prescribed drug therapy must be within the scope of each 2540  
practitioner's practice. 2541

(3) Each pharmacist must have training and experience 2542  
related to the particular diagnosis for which drug therapy is to 2543  
be prescribed. 2544

(D) With respect to consult agreements, all of the 2545  
following apply: 2546

(1) Under a consult agreement, a pharmacist is authorized 2547  
to do both of the following, but only to the extent specified in 2548  
the agreement, this section, and the rules adopted under this 2549  
section: 2550

(a) Manage drug therapy for treatment of specified 2551  
diagnoses or diseases for each patient who is subject to the 2552  
agreement, including all of the following: 2553

(i) Changing the duration of treatment for the current 2554  
drug therapy; 2555

(ii) Adjusting a drug's strength, dose, dosage form,	2556
frequency of administration, or route of administration;	2557
(iii) Discontinuing the use of a drug;	2558
(iv) Administering a drug;	2559
(v) Notwithstanding the definition of "licensed health	2560
professional authorized to prescribe drugs" in section 4729.01	2561
of the Revised Code, adding a drug to the patient's drug	2562
therapy.	2563
(b) (i) Order laboratory and diagnostic tests, including	2564
blood and urine tests, that are related to the drug therapy	2565
being managed, and evaluate the results of the tests that are	2566
ordered.	2567
(ii) A pharmacist's authority to evaluate test results	2568
under division (D) (1) (b) (i) of this section does not authorize	2569
the pharmacist to make a diagnosis.	2570
(2) (a) A consult agreement, or the portion of the	2571
agreement that applies to a particular patient, may be	2572
terminated by any of the following:	2573
(i) A pharmacist who entered into the agreement;	2574
(ii) A practitioner who entered into the agreement;	2575
(iii) A patient whose drug therapy is being managed;	2576
(iv) An individual who consented to the treatment on	2577
behalf of a patient or an individual authorized to act on behalf	2578
of a patient.	2579
(b) The pharmacist or practitioner who receives the notice	2580
of a patient's termination of the agreement shall provide	2581
written notice to every other pharmacist or practitioner who is	2582

a party to the agreement. A pharmacist or practitioner who 2583  
terminates a consult agreement with regard to one or more 2584  
patients shall provide written notice to all other pharmacists 2585  
and practitioners who entered into the agreement and to each 2586  
individual who consented to treatment under the agreement. The 2587  
termination of a consult agreement with regard to one or more 2588  
patients shall be recorded by the pharmacist and practitioner in 2589  
the medical records of each patient to whom the termination 2590  
applies. 2591

(3) A consult agreement shall be made in writing and shall 2592  
include all of the following: 2593

(a) The diagnoses and diseases being managed under the 2594  
agreement, including whether each disease is primary or 2595  
comorbid; 2596

(b) A description of the drugs or drug categories the 2597  
agreement involves; 2598

(c) A description of the procedures, decision criteria, 2599  
and plan the pharmacist is to follow in acting under a consult 2600  
agreement; 2601

(d) A description of how the pharmacist is to comply with 2602  
divisions (D) (5) and (6) of this section. 2603

(4) The content of a consult agreement shall be 2604  
communicated to each patient whose drug therapy is managed under 2605  
the agreement. 2606

(5) A pharmacist acting under a consult agreement shall 2607  
maintain a record of each action taken for each patient whose 2608  
drug therapy is managed under the agreement. 2609

(6) Communication between a pharmacist and practitioner 2610

acting under a consult agreement shall take place at regular 2611  
intervals specified by the primary practitioner acting under the 2612  
agreement. The agreement may include a requirement that a 2613  
pharmacist send a consult report to each consulting 2614  
practitioner. 2615

(7) A consult agreement is effective for two years and may 2616  
be renewed if the conditions specified in division (C) of this 2617  
section continue to be met. 2618

(8) A consult agreement does not permit a pharmacist to 2619  
manage drug therapy prescribed by a practitioner who has not 2620  
entered into the agreement. 2621

(E) The state board of pharmacy, state medical board, and 2622  
board of nursing shall each adopt rules as follows for its 2623  
license holders establishing standards and procedures for 2624  
entering into a consult agreement and managing a patient's drug 2625  
therapy under a consult agreement: 2626

(1) The state board of pharmacy, in consultation with the 2627  
state medical board and board of nursing, shall adopt rules to 2628  
be followed by pharmacists. 2629

(2) The state medical board, in consultation with the 2630  
state board of pharmacy, shall adopt rules to be followed by 2631  
physicians and rules to be followed by physician assistants. 2632

(3) The board of nursing, in consultation with the state 2633  
board of pharmacy and state medical board, shall adopt rules to 2634  
be followed by clinical nurse specialists, certified nurse- 2635  
midwives, and certified nurse practitioners. 2636

The boards shall specify in the rules any categories of 2637  
drugs or types of diseases for which a consult agreement may not 2638  
be established. Each board may adopt any other rules it 2639

considers necessary for the implementation and administration of 2640  
this section. All rules adopted under this section shall be 2641  
adopted in accordance with Chapter 119. of the Revised Code. 2642

(F) (1) Subject to division (F) (2) of this section, both of 2643  
the following apply: 2644

(a) A pharmacist acting in accordance with a consult 2645  
agreement regarding a practitioner's change in a drug for a 2646  
patient whose drug therapy the pharmacist is managing under the 2647  
agreement is not liable in damages in a tort or other civil 2648  
action for injury or loss to person or property allegedly 2649  
arising from the change. 2650

(b) A practitioner acting in accordance with a consult 2651  
agreement regarding a pharmacist's change in a drug for a 2652  
patient whose drug therapy the pharmacist is managing under a 2653  
consult agreement is not liable in damages in a tort or other 2654  
civil action for injury or loss to person or property allegedly 2655  
arising from the change unless the practitioner authorized the 2656  
specific change. 2657

(2) Division (F) (1) of this section does not limit a 2658  
practitioner's or pharmacist's liability in damages in a tort or 2659  
other civil action for injury or loss to person or property 2660  
allegedly arising from actions that are not related to the 2661  
practitioner's or pharmacist's change in a drug for a patient 2662  
whose drug therapy is being managed under a consult agreement. 2663

**Sec. 4730.01.** As used in this chapter: 2664

(A) "Physician" means an individual who is authorized 2665  
under Chapter 4731. of the Revised Code to practice medicine and 2666  
surgery, osteopathic medicine and surgery, or podiatric medicine 2667  
and surgery. 2668

(B) "Health care facility" means any of the following:	2669
(1) A hospital <del>registered with</del> <u>licensed by</u> the department of health under <del>section 3701.07</del> <u>Chapter 3722.</u> of the Revised Code;	2670 2671 2672
(2) A health care facility licensed by the department of health under section 3702.30 of the Revised Code;	2673 2674
(3) Any other facility designated by the state medical board in rules adopted pursuant to division (B) of section 4730.08 of the Revised Code.	2675 2676 2677
(C) <del>"Service"</del> <u>"Medical service" or "service"</u> means a medical activity that requires training in the diagnosis, treatment, or prevention of disease.	2678 2679 2680
(D) <u>"Prescriptive authority" means the authority to prescribe drugs and therapeutic devices.</u>	2681 2682
<b>Sec. 4730.02.</b> <u>Except as provided in sections 4730.021 and 4730.03 of the Revised Code:</u>	2683 2684
(A) No person shall hold that person out as being able to function as a physician assistant, or use any words or letters indicating or implying that the person is a physician assistant, without a current, valid license to practice as a physician assistant issued pursuant to this chapter.	2685 2686 2687 2688 2689
(B) No person shall practice as a physician assistant <del>without the supervision, control, and direction of a physician in</del> <u>a manner that is inconsistent with section 4730.08 of the Revised Code.</u>	2690 2691 2692 2693
(C) <del>No person shall practice as a physician assistant without having entered into a supervision agreement with a supervising physician under section 4730.19 of the Revised Code.</del>	2694 2695 2696

~~(D) No person acting as the supervising physician of a physician assistant shall authorize the physician assistant to perform services if either of the following is the case:~~ 2697  
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2699

~~(1) The services are not within the physician's normal course of practice and expertise;~~ 2700  
2701

~~(2) The services are inconsistent with the supervision agreement under which the physician assistant is being supervised, including, if applicable, the policies of the health care facility in which the physician and physician assistant are practicing.~~ 2702  
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~~(E) No person practicing as a physician assistant shall prescribe any drug or device to perform or induce an abortion, or otherwise perform or induce an abortion.~~ 2707  
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~~(F) No person shall advertise to provide services as a physician assistant, except for the purpose of seeking employment.~~ 2710  
2711  
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~~(G)~~ (D) No person practicing as a physician assistant shall fail to wear at all times when on duty a placard, plate, or other device identifying that person as a "physician assistant." 2713  
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~~(H) Division (A) of this section does not apply to a person who meets all of the following conditions:~~ 2717  
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~~(1) The person holds in good standing a valid license or other form of authority to practice as a physician assistant issued by another state.~~ 2719  
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~~(2) The person is practicing as a volunteer without remuneration during a charitable event that lasts not more than seven days.~~ 2722  
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~~(3) The medical care provided by the person will be supervised by the medical director of the charitable event or by another physician.~~ 2725  
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~~When a person meets the conditions of this division, the person shall be deemed to hold, during the course of the charitable event, a license to practice as a physician assistant from the state medical board and shall be subject to the provisions of this chapter authorizing the board to take disciplinary action against a license holder. Not less than seven calendar days before the first day of the charitable event, the person or the event's organizer shall notify the board of the person's intent to practice as a physician assistant at the event. During the course of the charitable event, the person's scope of practice is limited to the procedures that a physician assistant licensed under this chapter is authorized to perform unless the person's scope of practice in the other state is more restrictive than in this state. If the latter is the case, the person's scope of practice is limited to the procedures that a physician assistant in the other state may perform.~~ 2728  
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Sec. 4730.021. (A) Division (A) of section 4730.02 of the Revised Code does not apply to a person who meets all of the following conditions: 2745  
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2747

(1) The person holds in good standing a valid license or other form of authority to practice as a physician assistant issued by another state. 2748  
2749  
2750

(2) The person is practicing as a volunteer without remuneration during a charitable event that lasts not more than seven days. 2751  
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2753

(3) The medical care provided by the person will be 2754  
supervised by the medical director of the charitable event or by 2755  
another physician. 2756

(B) When a person meets the conditions of division (A) of 2757  
this section, the person shall be deemed to hold, during the 2758  
course of the charitable event, a license to practice as a 2759  
physician assistant from the state medical board and is subject 2760  
to the provisions of this chapter authorizing the board to take 2761  
disciplinary action against a license holder. 2762

Not less than seven calendar days before the first day of 2763  
the charitable event, the person or the event's organizer shall 2764  
notify the board of the person's intent to practice as a 2765  
physician assistant at the event. 2766

During the course of the charitable event, the person's 2767  
scope of practice is limited to the procedures that a physician 2768  
assistant licensed under this chapter is authorized to perform, 2769  
unless the person's scope of practice in the other state is more 2770  
restrictive than in this state. If the latter is the case, the 2771  
person's scope of practice is limited to the procedures that a 2772  
physician assistant in the other state may perform. 2773

**Sec. 4730.03.** Nothing in this chapter shall: 2774

(A) Be construed to affect or interfere with the 2775  
performance of duties of any medical personnel who are either of 2776  
the following: 2777

(1) In active service in the army, navy, coast guard, 2778  
marine corps, air force, public health service, or marine 2779  
hospital service of the United States, while so serving; 2780

(2) Employed by ~~the veterans administration of the United~~ 2781  
States department of veterans affairs, while so employed. 2782

(B) Prevent any person from performing any of the services 2783  
a physician assistant may be authorized to perform, if the 2784  
person's professional scope of practice established under any 2785  
other chapter of the Revised Code authorizes the person to 2786  
perform the services; 2787

(C) Prohibit a physician from delegating responsibilities 2788  
to any nurse or other qualified person who does not hold a 2789  
license to practice as a physician assistant, provided that the 2790  
individual to whom the responsibilities are delegated does not 2791  
hold the individual out to be a physician assistant; 2792

(D) Be construed as authorizing a physician assistant 2793  
independently to order or direct the execution of procedures or 2794  
techniques by a registered nurse or licensed practical nurse in 2795  
the care and treatment of a person in any setting, except to the 2796  
extent that the physician assistant is authorized to do so ~~by a~~ 2797  
~~physician who is responsible for supervising the physician-~~ 2798  
~~assistant and, if applicable, the policies of the health care~~ 2799  
~~facility in which the physician assistant is practicing~~under the 2800  
physician assistant's authority to practice as provided in 2801  
section 4730.08 of the Revised Code; 2802

~~(E) Authorize a physician assistant to engage in the~~ 2803  
~~practice of optometry, except to the extent that the physician-~~ 2804  
~~assistant is authorized by a supervising physician acting in~~ 2805  
~~accordance with this chapter to perform routine visual~~ 2806  
~~screening, provide medical care prior to or following eye-~~ 2807  
~~surgery, or assist in the care of diseases of the eye;~~ 2808

~~(F)~~ Be construed as authorizing a physician assistant to 2809  
prescribe any drug or device to perform or induce an abortion, 2810  
or as otherwise authorizing a physician assistant to perform or 2811  
induce an abortion. 2812

<b>Sec. 4730.04.</b> (A) As used in this section:	2813
(1) "Disaster" means any imminent threat or actual occurrence of widespread or severe damage to or loss of property, personal hardship or injury, or loss of life that results from any natural phenomenon or act of a human.	2814 2815 2816 2817
(2) "Emergency" means an occurrence or event that poses an imminent threat to the health or life of a human.	2818 2819
(B) Nothing in this chapter prohibits any of the following individuals from providing medical care, to the extent the individual is able, in response to a need for medical care precipitated by a disaster or emergency:	2820 2821 2822 2823
(1) An individual who holds a license to practice as a physician assistant issued under this chapter;	2824 2825
(2) An individual licensed or authorized to practice as a physician assistant in another state;	2826 2827
(3) An individual credentialed or employed as a physician assistant by an agency, office, or other instrumentality of the federal government.	2828 2829 2830
(C) For purposes of the medical care provided by a physician assistant pursuant to division (B)(1) of this section, both of the following apply notwithstanding any <del>supervision</del> <u>collaboration</u> requirement of this chapter to the contrary:	2831 2832 2833 2834
(1) The physician who <del>supervises</del> <u>collaborates with the</u> physician assistant pursuant to a <del>supervision</del> <u>collaboration</u> agreement entered into under section <del>4730.19</del> <u>4730.09</u> of the Revised Code is not required to meet the <del>supervision</del> <u>collaboration</u> requirements established under this chapter.	2835 2836 2837 2838 2839
(2) The physician designated as the medical director of	2840

the disaster or emergency may ~~supervise~~ collaborate with the 2841  
physician assistant for purposes of the medical care provided by 2842  
the physician assistant. 2843

**Sec. 4730.05.** (A) ~~There is hereby created the~~ The 2844  
physician assistant policy committee of the state medical board  2845  
is created. The president of the board shall appoint the members 2846  
of the committee. ~~The~~ Except as provided in division (C) (2) of 2847  
this section, the committee shall consist of the seven members 2848  
~~specified in divisions (A) (1) to (3) of this section. When the~~ 2849  
~~committee is developing or revising policy and procedures for~~ 2850  
~~physician-delegated prescriptive authority for physician~~ 2851  
~~assistants, the committee shall include the additional member~~ 2852  
~~specified in division (A) (4) of this section.~~ following: 2853

(1) Three members ~~of the committee shall be~~ who are 2854  
physicians. Of the physician members, one shall be a member of 2855  
the state medical board, one shall be appointed from a list of 2856  
five physicians recommended by the Ohio state medical 2857  
association, and one shall be appointed from a list of five 2858  
physicians recommended by the Ohio osteopathic association. At 2859  
all times, the physician membership of the committee shall 2860  
include at least one physician who is a ~~supervising~~ 2861  
collaborating physician of a physician assistant, preferably 2862  
with at least two years' experience as a ~~supervising~~ 2863  
collaborating physician. 2864

(2) Three members ~~shall be~~ who are physician assistants. 2865  
Each member shall be appointed from a list of five individuals 2866  
recommended by the Ohio association of physician assistants or 2867  
its successor organization. 2868

(3) One member, who is not affiliated with any health care 2869  
profession, shall be appointed to represent the interests of 2870

consumers. 2871

~~(4) One additional member, appointed to serve only when  
the committee is developing or revising policy and procedures  
for physician-delegated prescriptive authority for physician  
assistants, shall be a pharmacist. The member shall be appointed  
from a list of five clinical pharmacists recommended by the Ohio  
pharmacists association or appointed from the pharmacist members  
of the state board of pharmacy, preferably from among the  
members who are clinical pharmacists.~~ 2872  
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~~The pharmacist member shall have voting privileges only  
for purposes of developing or revising policy and procedures for  
physician-delegated prescriptive authority for physician  
assistants. Presence of the pharmacist member shall not be  
required for the transaction of any other business.~~ 2880  
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(B) Terms of office shall be for two years, with each term 2885  
ending on the same day of the same month as did the term that it 2886  
succeeds. ~~Each~~ Except as provided in division (C) (2) of this 2887  
section, each member shall hold office from the date of being 2888  
appointed until the end of the term for which the member was 2889  
appointed. Members may be reappointed, except that a member may 2890  
not be appointed to serve more than three consecutive terms. As 2891  
vacancies occur, a successor shall be appointed who has the 2892  
qualifications the vacancy requires. A member appointed to fill 2893  
a vacancy occurring prior to the expiration of the term for 2894  
which a predecessor was appointed shall hold office as a member 2895  
for the remainder of that term. A member shall continue in 2896  
office subsequent to the expiration date of the member's term 2897  
until a successor takes office or until a period of sixty days 2898  
has elapsed, whichever occurs first. 2899

~~(C)~~ (C) (1) With respect to the member described in division 2900

(A) (3) of this section, when a vacancy occurs but the board is 2901  
unable to identify in a timely manner a successor who is 2902  
acceptable to the board, the board may elect to fill the vacancy 2903  
by appointing a physician assistant. 2904

(2) A member who is absent from three consecutive 2905  
committee meetings is automatically removed from office. The 2906  
vacancy shall be filled as provided in division (B) of this 2907  
section, except that the member who was removed from office may 2908  
not be reappointed. 2909

(D) Each member of the committee shall receive the 2910  
member's necessary and actual expenses incurred in the 2911  
performance of official duties as a member. 2912

~~(D)~~ (E) The committee members ~~specified in divisions (A) (1)~~ 2913  
~~to (3) of this section~~ by a majority vote shall elect a member 2914  
to serve as the committee's chairperson ~~from among those~~ 2915  
~~members.~~ The members may elect a new chairperson at any time. 2916

~~(E)~~ (F) The ~~state medical~~ board may appoint assistants, 2917  
clerical staff, or other employees as necessary for the 2918  
committee to perform its duties adequately. 2919

~~(F)~~ (G) The committee shall meet as necessary to carry out 2920  
its responsibilities. 2921

~~(G)~~ (H) The board may permit meetings of the ~~physician~~ 2922  
~~assistant policy~~ committee to include the use of interactive 2923  
videoconferencing, teleconferencing, or both if all of the 2924  
following requirements are met: 2925

(1) The meeting location is open and accessible to the 2926  
public. 2927

(2) Each committee member is permitted to choose whether 2928

the member attends in person or through the use of the meeting's  
videoconferencing or teleconferencing;

(3) Any ~~meeting-related~~ meeting-related materials  
available before the meeting are sent to each committee member  
by electronic mail, facsimile, or United States mail, or are  
hand delivered.

(4) If interactive videoconferencing is used, there is a  
clear video and audio connection that enables all participants  
at the meeting location to see and hear each committee member.

(5) If teleconferencing is used, there is a clear audio  
connection that enables all participants at the meeting location  
to hear each committee member.

(6) A roll call vote is recorded for each vote taken.

(7) The meeting minutes specify for each member whether  
the member attended by videoconference, teleconference, or in  
person.

**Sec. 4730.06.** (A) The physician assistant policy committee  
of the state medical board shall review, and shall submit to the  
board recommendations concerning, all of the following:

(1) Requirements for issuing a license to practice as a  
physician assistant, including the educational requirements that  
must be met to receive the license;

(2) Standards and procedures under which applicants who do  
not meet all requirements for licensure may become eligible for  
licensure through additional training or other supportive  
measures;

(3) Existing and proposed rules pertaining to the practice  
of physician assistants, ~~the supervisory relationship between~~

~~physician assistants and supervising physicians, and with the~~ 2957  
board granting the committee an opportunity to review and make 2958  
recommendations on proposed rules before the board accepts any 2959  
public comments; 2960

(4) Existing and proposed rules on the administration and 2961  
enforcement of this chapter; 2962

~~(3) In accordance with section 4730.38 of the Revised~~ 2963  
~~Code, physician-delegated~~ (5) Policies and procedures regarding 2964  
the prescriptive authority for of physician assistants, 2965  
including rules that are adopted under section 4730.39 of the 2966  
Revised Code; 2967

~~(4)~~ (6) Application procedures and forms for a license to 2968  
practice as a physician assistant; 2969

~~(5)~~ (7) Fees required by this chapter for issuance and 2970  
renewal of a license to practice as a physician assistant; 2971

~~(6)~~ (8) Methods for addressing the concerns of physician 2972  
assistants and the problems they face in their practice, for 2973  
purposes of ensuring patient safety; 2974

(9) Any issue the board asks the committee to consider. 2975

(B) In addition to the matters that are required to be 2976  
reviewed under division (A) of this section, the committee may 2977  
review, and may submit to the board recommendations concerning, 2978  
quality assurance systems established and activities to be 2979  
~~performed by a supervising physician and physician assistant~~ 2980  
~~under a quality assurance system established pursuant to~~ 2981  
~~division (F) of~~ for purposes of section 4730.21-4730.081 of the 2982  
Revised Code. 2983

(C) The board shall take into consideration all 2984

recommendations submitted by the committee. Not later than 2985  
ninety days after receiving a recommendation from the committee, 2986  
the board shall approve or disapprove the recommendation and 2987  
notify the committee of its decision. If a recommendation is 2988  
disapproved, the board shall inform the committee of its reasons 2989  
for making that decision. The committee may resubmit the 2990  
recommendation after addressing the concerns expressed by the 2991  
board and modifying the disapproved recommendation accordingly. 2992  
Not later than ninety days after receiving a resubmitted 2993  
recommendation, the board shall approve or disapprove the 2994  
recommendation. There is no limit on the number of times the 2995  
committee may resubmit a recommendation for consideration by the 2996  
board. 2997

(D) (1) Except as provided in division (D) (2) of this 2998  
section, the board may not take action regarding a matter that 2999  
is subject to the committee's review under division (A) or (B) 3000  
of this section unless the committee has made a recommendation 3001  
to the board concerning the matter. 3002

(2) If the board submits to the committee a request for a 3003  
recommendation regarding a matter that is subject to the 3004  
committee's review under division (A) or (B) of this section, 3005  
and the committee does not provide a recommendation before the 3006  
sixty-first day after the request is submitted, the board may 3007  
take action regarding the matter without a recommendation. 3008

**Sec. 4730.07.** In addition to rules that are specifically 3009  
required or authorized by this chapter to be adopted, the state 3010  
medical board may, subject to division (D) of section 4730.06 of 3011  
the Revised Code, adopt any other rules necessary to govern the 3012  
practice of physician assistants, the ~~supervisory~~ collaborative 3013  
relationship between physician assistants and ~~supervising~~ their 3014

collaborating physicians, and the administration and enforcement 3015  
of this chapter. Rules adopted under this section shall be 3016  
adopted in accordance with Chapter 119. of the Revised Code. 3017

**Sec. 4730.08.** (A) A license to practice as a physician 3018  
assistant issued under this chapter authorizes the holder to 3019  
practice as a physician assistant as follows: 3020

(1) The physician assistant shall practice only ~~under the~~ 3021  
~~supervision, control, and direction of~~ in collaboration with a 3022  
physician with whom the physician assistant has entered into a 3023  
~~supervision collaboration~~ agreement under section ~~4730.19~~ 3024  
4730.09 of the Revised Code. 3025

(2) ~~The physician assistant shall practice in accordance~~ 3026  
~~with the supervision agreement entered into with the physician~~ 3027  
~~who is responsible for supervising the~~ 3028

If practicing in a health care facility, the physician 3029  
assistant, ~~including, if applicable,~~ shall practice only as 3030  
authorized by the policies of the that health care facility in 3031  
~~which the physician assistant is practicing~~ and in accordance 3032  
with the collaboration required by division (A) (1) of this 3033  
section. 3034

(B) ~~The~~ For purposes of division (A) (2) of this section, 3035  
the state medical board may, subject to division (D) of section 3036  
4730.06 of the Revised Code, adopt rules designating facilities 3037  
to be included as health care facilities that are in addition to 3038  
the facilities specified in divisions (B) (1) and (2) of section 3039  
4730.01 of the Revised Code. Any rules adopted shall be adopted 3040  
in accordance with Chapter 119. of the Revised Code. 3041

**Sec. 4730.081.** (A) Regardless of the setting in which a 3042  
physician assistant is practicing, the physician assistant shall 3043

participate in a quality assurance system. The system shall be 3044  
established by the entity that employs or contracts with the 3045  
physician assistant or, if the physician assistant is practicing 3046  
as a sole proprietor, by the physician assistant. 3047

(B) Each quality assurance system established for purposes 3048  
of this section shall include a process to be used for all of 3049  
the following: 3050

(1) Routine reviews of selected patient record entries 3051  
made by the physician assistant and selected medical orders 3052  
issued by the physician assistant; 3053

(2) Discussions of complex cases with peers or experts; 3054

(3) Updates regarding medical developments relevant to the 3055  
practice of physician assistants; 3056

(4) Any activities required by rules adopted according to 3057  
recommendations made under section 4730.06 of the Revised Code; 3058

(5) Any other activities considered appropriate by the 3059  
entity or physician assistant responsible for establishing the 3060  
system. 3061

(C) A physician assistant shall keep records of all 3062  
activities performed under a quality assurance system. On 3063  
request of the state medical board, the physician assistant 3064  
shall make the records available to the board. 3065

**Sec. 4730.09.** This section and section 4730.091 of the 3066  
Revised Code establish standards and procedures governing the 3067  
collaboration required under section 4730.08 of the Revised Code 3068  
for the practice of a physician assistant licensed under this 3069  
chapter. 3070

(A) A physician assistant shall enter into a collaboration 3071

agreement with each physician with whom the physician assistant 3072  
collaborates. The agreement shall specify that the physician 3073  
agrees to collaborate with the physician assistant and that the 3074  
physician assistant agrees to practice in collaboration with 3075  
that physician. The agreement shall be signed by the physician 3076  
assistant and the physician. 3077

(B) A physician assistant may enter into collaboration 3078  
agreements with any number of collaborating physicians, and a 3079  
collaborating physician may enter into collaboration agreements 3080  
with any number of physician assistants. A collaboration 3081  
agreement may apply to more than one physician assistant, but, 3082  
except as provided in division (C) (2) (e) of this section, the 3083  
agreement may not apply to more than one physician. 3084

(C) A collaboration agreement shall include the following 3085  
specifications regarding the practice of physician assistants: 3086

(1) If a physician assistant will practice in a health 3087  
care facility, the agreement shall include terms that 3088  
acknowledge the requirement of division (A) (2) of section 3089  
4730.08 of the Revised Code to practice only as authorized by 3090  
the policies of that health care facility, subject to any 3091  
limitations imposed by the collaborating physician under section 3092  
4730.091 of the Revised Code. 3093

(2) If a physician assistant will practice outside a 3094  
health care facility, the agreement shall include terms that 3095  
identify all of the following: 3096

(a) The responsibilities to be fulfilled by the physician 3097  
in collaborating with the physician assistant; 3098

(b) The responsibilities to be fulfilled by the physician 3099  
assistant when performing services in collaboration with the 3100

physician; 3101

(c) Any limitations on the physician assistant's authority 3102  
to practice; 3103

(d) The circumstances under which the physician assistant 3104  
is required to refer a patient to the collaborating physician; 3105

(e) If the collaborating physician chooses to designate 3106  
physicians to act as alternate collaborating physicians, the 3107  
names, business addresses, and business telephone numbers of the 3108  
physicians who have agreed to act in that capacity. 3109

(D) A collaboration agreement may be amended to modify the 3110  
responsibilities of, or limitations on, any of the physician 3111  
assistants practicing under the agreement or to include 3112  
additional physician assistants. 3113

(E) Each physician assistant who entered into a 3114  
collaboration agreement shall retain a copy of the agreement in 3115  
the records maintained by the physician assistant. The 3116  
collaborating physician who entered into a collaboration 3117  
agreement shall retain a copy of the agreement in the records 3118  
maintained by the collaborating physician. 3119

(F) (1) The state medical board may conduct reviews as it 3120  
considers necessary to determine whether the requirements of 3121  
this section are being met. 3122

(2) If the board finds any of the following, through a 3123  
review conducted under this section or through any other means, 3124  
the board may take disciplinary action against the individual 3125  
under section 4730.25 or 4731.22 of the Revised Code, impose a 3126  
civil penalty, or both: 3127

(a) That a physician assistant has practiced in a manner 3128

that departs from, or fails to conform to, the terms of a 3129  
collaboration agreement that applies to the physician assistant; 3130

(b) That a physician has collaborated with a physician 3131  
assistant in a manner that departs from, or fails to conform to, 3132  
the terms of a collaboration agreement entered into under this 3133  
section; 3134

(c) That a physician assistant or physician failed to 3135  
comply with division (A), (B), or (C) of this section. 3136

(3) If the board finds, through a review conducted under 3137  
this section or through any other means, that a physician 3138  
assistant or physician failed to comply with division (E) of 3139  
this section, the board may do either of the following: 3140

(a) Take disciplinary action against the individual under 3141  
section 4730.25 or 4731.22 of the Revised Code, impose a civil 3142  
penalty, or both; 3143

(b) Permit the individual to agree in writing to update 3144  
the records to comply with division (E) of this section and pay 3145  
a civil penalty. 3146

(4) The board's finding in any disciplinary action taken 3147  
under division (F) (2) or (F) (3) (a) of this section shall be made 3148  
pursuant to an adjudication conducted under Chapter 119. of the 3149  
Revised Code. 3150

(5) A civil penalty imposed under division (F) (2), imposed 3151  
under division (F) (3) (a), or paid under division (F) (2) (b) of 3152  
this section shall be in an amount specified by the board of not 3153  
more than five thousand dollars. All amounts collected shall be 3154  
deposited in accordance with section 4731.24 of the Revised 3155  
Code. 3156

Sec. 4730.091. (A) Under a collaboration agreement entered 3157  
into with a physician assistant under section 4730.09 of the 3158  
Revised Code, all of the following apply to a collaborating 3159  
physician: 3160

(1) The collaborating physician shall be continuously 3161  
available for direct communication with the physician assistant 3162  
by either of the following means: 3163

(a) Being physically present at the location where the 3164  
physician assistant is practicing; 3165

(b) Being readily available to the physician assistant 3166  
through some means of telecommunication. 3167

(2) The collaborating physician shall personally and 3168  
actively review the physician assistant's professional 3169  
activities. 3170

(3) The collaborating physician may authorize a physician 3171  
assistant to perform a service only if the physician is 3172  
satisfied that the physician assistant is capable of competently 3173  
performing the service. The collaborating physician shall not 3174  
authorize a physician assistant to perform any service that is 3175  
beyond the physician's or the physician assistant's normal 3176  
course of practice and expertise. 3177

(4) In the case of a physician assistant who is practicing 3178  
in a health care facility, the collaborating physician may 3179  
impose limitations on the physician assistant's practice that 3180  
are in addition to any limitations applicable under the policies 3181  
of the facility. If the health care facility has an emergency 3182  
department, both of the following apply: 3183

(a) If the collaborating physician routinely practices in 3184  
the facility's emergency department, the physician shall provide 3185

on-site collaboration when the physician assistant practices in 3186  
the emergency department. 3187

(b) If the collaborating physician does not routinely 3188  
practice in the facility's emergency department, the physician 3189  
may, on occasion, send the physician assistant to the facility's 3190  
emergency department to assess and manage a patient. At the 3191  
request of an emergency department physician, the collaborating 3192  
physician shall personally evaluate the patient. 3193

(B) The degree to which collaboration is required to occur 3194  
between a collaborating physician and a physician assistant 3195  
shall be based on all of the following: 3196

(1) The patient's health condition; 3197

(2) The physician assistant's education, experience, and 3198  
competencies; 3199

(3) The standard of care that applies to similar 3200  
practitioners in similar circumstances; 3201

(4) Any determinations made by an employer or other entity 3202  
that governs the professional practice of the parties subject to 3203  
a collaboration agreement, including determinations made by a 3204  
group medical practice or health care facility using 3205  
credentialing or other systems to establish privileges for the 3206  
practice of physicians and physician assistants. 3207

**Sec. 4730.141.** (A) An individual who holds a current, 3208  
valid license issued under this chapter to practice as a 3209  
physician assistant and who retires voluntarily from practice 3210  
may request that the state medical board place the individual's 3211  
license on retired status. 3212

(B) An individual seeking to have the individual's license 3213

placed on retired status shall file with the board an 3214  
application in the form and manner prescribed by the board. The 3215  
application shall be submitted before the end of a biennial 3216  
renewal period and include all of the following: 3217

(1) The applicant's full name, license number, mailing 3218  
address, and electronic mail address; 3219

(2) An attestation that the information included in the 3220  
application is accurate and truthful and that the applicant 3221  
meets the following qualifications: 3222

(a) That the applicant holds a current, valid license 3223  
issued under this chapter; 3224

(b) That the applicant has retired voluntarily from 3225  
practice as a physician assistant; 3226

(c) That the applicant does not hold an active 3227  
registration with the federal drug enforcement administration; 3228

(d) That the applicant does not have any criminal charges 3229  
pending against the applicant; 3230

(e) That the applicant is not the subject of discipline 3231  
by, or an investigation pending with, a regulatory agency of 3232  
this state, another state, or the United States; 3233

(f) That the applicant does not have any complaints 3234  
pending with the board; 3235

(g) That the applicant is not, at the time of application, 3236  
subject to the board's hearing, disciplinary, or compliance 3237  
processes under the terms of a citation, notice of opportunity 3238  
for hearing, board order, or consent agreement. 3239

(3) A fee in an amount equal to the sum of the biennial 3240

renewal fee and restoration penalty described in section 4730.14 3241  
of the Revised Code. 3242

The board shall not consider an application for retired 3243  
status complete until the board receives the fee described in 3244  
this division. On receipt of a fee, the board shall deposit the 3245  
fee in accordance with section 4731.24 of the Revised Code. 3246

(C) If the board determines that an applicant meets the 3247  
requirements of division (B) of this section, the board shall 3248  
place the applicant's license on retired status. The license 3249  
remains on retired status for the life of the license holder, 3250  
unless suspended, revoked, or reactivated, and does not require 3251  
renewal. 3252

(D) During the period in which a license is on retired 3253  
status, all of the following apply: 3254

(1) The license holder is prohibited from practicing as a 3255  
physician assistant under any circumstance. 3256

(2) The license holder is not required to complete the 3257  
continuing education described in ~~sections~~ section 4730.14 and- 3258  
4730.49 of the Revised Code. 3259

(3) The license holder is prohibited from using the 3260  
license to obtain a license to practice as a physician assistant 3261  
in another state, whether by endorsement or reciprocity or 3262  
through a licensure compact. 3263

(4) The license holder may use a title authorized for the 3264  
holder's license, but only if "retired" also is included in the 3265  
title. 3266

(5) In the case of a license holder who ~~was issued a~~ 3267  
~~prescriber number by the board as part of the holder's~~ 3268

~~physician-delegated~~ has prescriptive authority as provided in 3269  
section 4730.15 of the Revised Code, the prescriber number, like 3270  
~~the license,~~ that was issued by the board under that section is 3271  
placed on retired status along with the license. 3272

(E) If a license has been placed on retired status 3273  
pursuant to this section, it may be reactivated. Subject to 3274  
section 4730.28 of the Revised Code, the board may reactivate a 3275  
license placed on retired status if all of the following 3276  
conditions are satisfied: 3277

(1) The individual seeking to reactivate the license 3278  
applies to the board in the form and manner prescribed by the 3279  
board. 3280

(2) The applicant certifies completion of, within the two- 3281  
year period that ends on the date of the application's 3282  
submission, the continuing education requirements that must be 3283  
met for renewal of a license. 3284

(3) The applicant complies with sections 4776.01 to 3285  
4776.04 of the Revised Code. 3286

(4) The applicant pays a reactivation fee in an amount 3287  
equal to the sum of the biennial renewal fee and restoration 3288  
penalty described in section 4730.14 of the Revised Code. 3289

The board shall not consider an application to reactivate 3290  
a license complete until the board receives the fee described in 3291  
this division. On receipt of a fee, the board shall deposit the 3292  
fee in accordance with section 4731.24 of the Revised Code. 3293

(F) The board shall reactivate a license placed on retired 3294  
status if the conditions of division (E) of this section have 3295  
been satisfied and the board, in its discretion, determines that 3296  
the results of the criminal records check conducted pursuant to 3297

sections 4776.01 to 4776.04 of the Revised Code do not make the 3298  
applicant ineligible for active status. 3299

(G) The board may take disciplinary action against an 3300  
applicant who is seeking to place a license on retired status or 3301  
to reactivate the license if the applicant commits fraud, 3302  
misrepresentation, or deception in applying for or securing the 3303  
retired status or reactivation. 3304

The board also may take disciplinary action against the 3305  
holder of a license placed on retired status if the holder 3306  
practices under the license, uses the license to obtain 3307  
licensure as a physician assistant in another state, or uses a 3308  
title that does not reflect the holder's retired status. 3309

In taking disciplinary action under this section, the 3310  
board may impose on the applicant or holder any sanction 3311  
described in section 4730.25 of the Revised Code, but shall do 3312  
so in accordance with the procedures described in that section. 3313

(H) The board may adopt rules to implement and enforce 3314  
this section. The rules shall be adopted in accordance with 3315  
Chapter 119. of the Revised Code. 3316

**Sec. 4730.15.** The state medical board shall issue a 3317  
prescriber number to each physician assistant licensed under 3318  
this chapter who has prescriptive authority, as provided by one 3319  
of the following: 3320

(A) A license issued by the ~~state medical board~~ under 3321  
section 4730.12 of the Revised Code authorizes grants 3322  
prescriptive authority to the license holder ~~to exercise~~ 3323  
~~physician-delegated prescriptive authority~~ if the license holder 3324  
meets either of the following requirements: 3325

(1) Holds a master's or higher degree described in 3326

division (B) of section 4730.11 of the Revised Code; 3327

(2) Had prescriptive authority while practicing as a 3328  
physician assistant in another jurisdiction, in any of the armed 3329  
forces of the United States or the national guard of any state, 3330  
or in the United States public health service commissioned 3331  
corps. 3332

(B) A license described in division (D) of section 4730.11 3333  
of the Revised Code ~~authorizes grants prescriptive authority to~~ 3334  
the license holder ~~to exercise physician-delegated prescriptive~~ 3335  
~~authority if~~, on October 15, 2015, the license holder held a 3336  
valid certificate to prescribe issued under former section 3337  
4730.44 of the Revised Code, as it existed immediately prior to 3338  
that date. 3339

(C) On application of an individual who holds a license 3340  
issued under this chapter ~~but is not authorized to exercise~~ 3341  
~~physician-delegated prescriptive authority~~that did not grant 3342  
prescriptive authority to the license holder at the time the 3343  
license was issued, the board shall grant ~~the authority to~~ 3344  
~~exercise physician-delegated prescriptive authority to the~~ 3345  
individual if the individual meets either of the following 3346  
requirements: 3347

(1) The individual provides evidence satisfactory to the 3348  
board of having obtained a master's or higher degree from either 3349  
of the following: 3350

(a) A program accredited by the accreditation review 3351  
commission on education for the physician assistant or a 3352  
predecessor or successor organization recognized by the board; 3353

(b) A program accredited by a regional or specialized and 3354  
professional accrediting agency recognized by the council for 3355

higher education accreditation, if the degree is in a course of study with clinical relevance to the practice of physician assistants. 3356  
3357  
3358

(2) The individual meets the requirements specified in division (C) (1) or (3) of section 4730.11 of the Revised Code and had prescriptive authority while practicing as a physician assistant in another jurisdiction, in any of the armed forces of the United States or the national guard of any state, or in the United States public health service commissioned corps. 3359  
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3364

~~(D) The board shall issue a prescriber number to each physician assistant licensed under this chapter who is authorized to exercise physician-delegated prescriptive authority.~~ 3365  
3366  
3367  
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**Sec. 4730.16.** A physician assistant licensed under this chapter may seek reimbursement or any other form of payment for services that are provided by the physician assistant, including by doing any of the following: 3369  
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3371  
3372

(A) Enrolling as a provider with a health plan issuer, as defined in section 3922.01 of the Revised Code; 3373  
3374

(B) Participating in the medicare program; 3375

(C) Entering into a medicaid provider agreement under section 5164.301 of the Revised Code; 3376  
3377

(D) Billing a patient or the patient's representative. 3378

**Sec. 4730.20.** (A) A physician assistant licensed under this chapter may perform any of the following services authorized by the supervising physician that are part of the supervising physician's normal course of practice and expertisemedical service that the physician assistant is 3379  
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3381  
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competent through education, training, and experience to 3384  
perform. Subject to division (B) of this section, the medical 3385  
services that a physician assistant may perform include all of 3386  
the following: 3387

(1) Obtaining and performing comprehensive health 3388  
histories and physical examinations; 3389

(2) Evaluating, diagnosing, managing, and providing 3390  
medical treatment; 3391

(3) Ordering, performing, and interpreting diagnostic 3392  
studies, therapeutic procedures, and other medical services; 3393

~~(2) Prescribing physical therapy or referring a patient to~~ 3394  
~~a physical therapist for physical therapy;~~ 3395

~~(3) Ordering occupational therapy or referring a patient~~ 3396  
~~to an occupational therapist for occupational therapy;~~ 3397

(4) Educating patients on health promotion and disease 3398  
prevention; 3399

(5) Providing consultation upon request, consulting with 3400  
other health care providers based on a patient's condition, and 3401  
referring patients to other health care providers; 3402

(6) Planning and initiating a therapeutic regimen that 3403  
includes ordering, prescribing, and making referrals for non- 3404  
pharmacological interventions, including durable medical 3405  
equipment, nutritional programs and products, blood and blood 3406  
products, and diagnostic support services, including home health 3407  
care, hospice care, and physical and occupational therapy; 3408

(7) Taking any action that may be taken by an attending 3409  
physician under sections 2133.21 to 2133.26 of the Revised Code, 3410  
as specified in section 2133.211 of the Revised Code; 3411

<del>(5)</del> (8) Determining and pronouncing death <del>in accordance</del>	3412
<del>with section 4730.202 of the Revised Code, except for any</del>	3413
<del>actions that are limited to physicians for purposes of Chapter</del>	3414
<del>2108. of the Revised Code;</del>	3415
<del>(6)</del> (9) Assisting in surgery;	3416
<del>(7)</del> (10) If the physician assistant <del>holds a valid</del>	3417
<del>prescriber number issued by the state medical board and has been</del>	3418
<del>granted physician-delegated has prescriptive authority as</del>	3419
<del>provided in section 4730.15 of the Revised Code, ordering,</del>	3420
<del>prescribing, personally furnishing, and administering drugs and</del>	3421
<del>therapeutic devices, including medical devices;</del>	3422
<del>(8) Any other services that are part of the supervising</del>	3423
<del>physician's normal course of practice and expertise (11)</del>	3424
<del>Performing routine visual screenings, prescribing optical aids,</del>	3425
<del>and dispensing optical aids, with the physician assistant's</del>	3426
<del>prescribing and dispensing of optical aids being subject to the</del>	3427
<del>same provisions that apply under sections 4725.38 and 4731.44 of</del>	3428
<del>the Revised Code;</del>	3429
(12) Providing medical care before or following eye	3430
surgery and otherwise assisting in the care of diseases of the	3431
eye;	3432
(13) Obtaining informed consent from patients or their	3433
representatives;	3434
(14) Supervising, delegating, and assigning therapeutic	3435
and diagnostic measures to licensed or unlicensed personnel;	3436
(15) Certifying the health or disability of a patient for	3437
purposes of any federal, state, or local program or law;	3438
(16) Using light-based medical devices for ablative	3439

procedures; 3440

(17) Performing any other service that is consistent with 3441  
section 4730.08 of the Revised Code and all other provisions of 3442  
this chapter, the rules adopted under this chapter, and any 3443  
other provisions of the Revised Code governing the practice of 3444  
physician assistants. 3445

(B) ~~The~~ For purposes of division (A) (2) of section 4730.08 3446  
of the Revised Code, the services a physician assistant may 3447  
provide under the policies of a health care facility are limited 3448  
to the services the facility authorizes the physician assistant 3449  
to provide for the facility. A health care facility shall not 3450  
authorize a physician assistant to perform a service that is 3451  
prohibited under this chapter. ~~A physician who is supervising a~~ 3452  
~~physician assistant within a health care facility may impose~~ 3453  
~~limitations on the physician assistant's practice that are in~~ 3454  
~~addition to any limitations applicable under the policies of the~~ 3455  
~~facility.~~ 3456

**Sec. 4730.201.** (A) ~~As used in this section, "local~~ 3457  
~~anesthesia" means the injection of a drug or combination of~~ 3458  
~~drugs to stop or prevent a painful sensation in a circumscribed~~ 3459  
~~area of the body where a painful procedure is to be performed.~~ 3460  
~~"Local anesthesia" includes only local infiltration anesthesia,~~ 3461  
~~digital blocks, and pudendal blocks.~~ 3462

~~(B)~~ With respect to medical services involving anesthesia 3463  
or sedation, and subject to division (B) of this section, all of 3464  
the following apply to a physician assistant licensed under this 3465  
chapter: 3466

(1) A physician assistant may administer, monitor, or 3467  
maintain local anesthesia ~~as a component of a procedure the~~ 3468

~~physician assistant is performing or as a separate service when~~ 3469  
~~the procedure requiring local anesthesia is to be performed by~~ 3470  
~~the physician assistant's supervising physician or another~~ 3471  
~~person. A~~ 3472

(2) Except as provided in division (A) (3) of this section, 3473  
a physician assistant shall not administer, monitor, or maintain 3474  
any other form of anesthesia, including regional anesthesia or 3475  
any systemic sedation engage in activities involving general 3476  
anesthesia, monitored anesthesia care, or neuraxial anesthesia. 3477

(3) A physician assistant may use general anesthesia 3478  
induction agents, but only for either of the following purposes: 3479

(a) Initiating intubation for patients in urgent or 3480  
emergent circumstances; 3481

(b) Providing sedation for patients on ventilators in 3482  
intensive care units of health care facilities. 3483

(B) The authority granted by division (A) of this section 3484  
applies only if a physician assistant is competent to perform 3485  
the services, has obtained any credentials that are required to 3486  
perform the services, and performs the services in accordance 3487  
with all applicable statutes, standards of practice, and health 3488  
care facility protocols. 3489

**Sec. 4730.203.** ~~(A) Acting pursuant to a supervision~~ 3490  
~~agreement, a~~ A physician assistant may delegate performance of a 3491  
task to implement a patient's plan of care or, if the conditions 3492  
in division (C) of this section are met, may delegate 3493  
administration of a drug. Subject to division (D) of section 3494  
4730.03 of the Revised Code, delegation may be to any person. 3495  
The physician assistant must be physically present at the 3496  
location where the task is performed or the drug administered. 3497

(B) Prior to delegating a task or administration of a drug, a physician assistant shall determine that the task or drug is appropriate for the patient and the person to whom the delegation is to be made may safely perform the task or administer the drug.

(C) A physician assistant may delegate administration of a drug only if all of the following conditions are met:

(1) The physician assistant has ~~been granted physician-delegated prescriptive authority and is authorized to prescribe the drug,~~ as provided in section 4730.15 of the Revised Code.

(2) The drug is not a controlled substance.

(3) The drug will not be administered intravenously.

(4) The drug will not be administered in a hospital inpatient care unit, as defined in section 3727.50 of the Revised Code; a hospital emergency department; a freestanding emergency department; or an ambulatory surgical facility licensed under section 3702.30 of the Revised Code.

(D) A person not otherwise authorized to administer a drug or perform a specific task may do so in accordance with a physician assistant's delegation under this section.

**Sec. 4730.204.** (A) Subject to division (B) of this section, a physician assistant may sign one or more documents relating to any of the following:

(1) The admission of a patient to a health care facility for the purpose of receiving psychiatric or other behavioral health care services on an inpatient basis;

(2) The discharge of a patient from a health care facility after receiving inpatient psychiatric or other behavioral health

care services; 3526

(3) The treatment of a patient while at a health care 3527  
facility on an inpatient basis for psychiatric or other 3528  
behavioral health care services. 3529

The documents may include a treatment plan or any 3530  
medication order that is part of the treatment plan. 3531

(B) To be eligible to sign documents described in this 3532  
section, ~~all~~ both of the following must be satisfied: 3533

(1) The physician assistant is employed by the health care 3534  
facility in which a patient is receiving psychiatric or other 3535  
behavioral health care services on an inpatient basis or the 3536  
physician assistant has been granted appropriate credentials by 3537  
the facility; 3538

~~(2) The physician assistant's supervising physician is~~ 3539  
~~employed by the health care facility in which a patient is~~ 3540  
~~receiving psychiatric or other behavioral health care services~~ 3541  
~~on an inpatient basis or is a member of the facility's medical~~ 3542  
~~staff.~~ 3543

~~(3) The physician assistant's supervising physician has~~ 3544  
~~authorized the physician assistant to sign documents described~~ 3545  
~~in this section for the physician's patients.~~ 3546

~~(4) The policies of the health care facility authorize the~~ 3547  
~~physician assistant to sign documents described in this section.~~ 3548

~~(C) Notwithstanding section 4730.22 of the Revised Code or~~ 3549  
~~any other conflicting provision of this chapter, a supervising~~ 3550  
~~physician who authorizes a physician assistant to sign one or~~ 3551  
~~more documents as described in this section is not liable for~~ 3552  
~~damages in a civil action for injury, death, or loss to person~~ 3553

~~or property for an act or omission that arises from the~~ 3554  
~~physician assistant signing the document, and is not subject to~~ 3555  
~~administrative action or criminal prosecution for an act or~~ 3556  
~~omission that arises from the physician assistant signing the~~ 3557  
~~document.~~ 3558

Sec. 4730.205. In addition to the authority expressly 3559  
granted under this chapter or any other provision of the Revised 3560  
Code, a physician assistant may authenticate any document, 3561  
including by providing the physician assistant's signature, 3562  
certification, stamp, verification, affidavit, or endorsement, 3563  
to the same extent and in the same manner that a physician is 3564  
authorized to authenticate the same type of document. 3565

~~Sec. 4730.22. (A) When performing authorized services, a~~ 3566  
~~physician assistant acts as the agent of the physician~~ 3567  
~~assistant's supervising physician. The supervising physician is~~ 3568  
~~legally responsible and assumes legal liability for the services~~ 3569  
~~provided by the physician assistant.~~ 3570

~~The physician is not responsible or liable for any~~ 3571  
~~services provided by the physician assistant after their~~ 3572  
~~supervision agreement expires or is terminated.~~ 3573

~~(B) When a health care facility permits physician~~ 3574  
~~assistants to practice within that facility or any other health~~ 3575  
~~care facility under its control, the health care facility shall~~ 3576  
~~make reasonable efforts to explain to each individual who may~~ 3577  
~~work with a particular physician assistant the scope of that~~ 3578  
~~physician assistant's practice within the facility. The~~ 3579  
~~appropriate credentialing body within the health care facility~~ 3580  
~~shall provide, on request of an individual practicing in the~~ 3581  
~~facility with a physician assistant, a copy of the facility's~~ 3582  
~~policies on the practice of physician assistants within the~~ 3583

facility and a copy of each ~~supervision~~-collaboration agreement 3584  
applicable to the physician assistant. 3585

An individual who follows the orders of a physician 3586  
assistant practicing in a health care facility is not subject to 3587  
disciplinary action by any administrative agency that governs 3588  
that individual's conduct and is not liable in damages in a 3589  
civil action for injury, death, or loss to person or property 3590  
resulting from the individual's acts or omissions in the 3591  
performance of any procedure, treatment, or other health care 3592  
service if the individual reasonably believed that the physician 3593  
assistant was acting ~~within the proper scope of practice or was~~  
~~relaying medical orders from a supervising physician~~ in a manner  
that is consistent with section 4730.08 of the Revised Code, 3595  
unless the act or omission constitutes willful or wanton 3596  
misconduct. 3597  
3598

Sec. 4730.23. A physician assistant licensed under this 3599  
chapter is legally responsible and assumes legal liability for 3600  
the services provided by the physician assistant. 3601

Sec. 4730.25. (A) The state medical board, by an 3602  
affirmative vote of not fewer than six members, may refuse to 3603  
grant a license to practice as a physician assistant to, or may 3604  
revoke the license held by, an individual found by the board to 3605  
have committed fraud, misrepresentation, or deception in 3606  
applying for or securing the license. 3607

(B) Except as provided in division (N) of this section, 3608  
the board, by an affirmative vote of not fewer than six members, 3609  
shall, to the extent permitted by law, limit, revoke, or suspend 3610  
an individual's license to practice as a physician assistant or 3611  
prescriber number, refuse to issue a license to an applicant, 3612  
refuse to renew a license, refuse to reinstate a license, or 3613

reprimand or place on probation the holder of a license for any 3614  
of the following reasons: 3615

(1) ~~Failure to practice Practicing in accordance with the~~ 3616  
~~supervising physician's supervision agreement with the physician~~ 3617  
~~assistant, including, if applicable, the policies of the health-~~ 3618  
~~care facility in which the supervising physician and physician-~~ 3619  
~~assistant are practicing a manner that is inconsistent with~~ 3620  
section 4730.08 of the Revised Code; 3621

(2) Failure to comply with the requirements of this 3622  
chapter, Chapter 4731. of the Revised Code, or any rules adopted 3623  
by the board; 3624

(3) Violating or attempting to violate, directly or 3625  
indirectly, or assisting in or abetting the violation of, or 3626  
conspiring to violate, any provision of this chapter, Chapter 3627  
4731. of the Revised Code, or the rules adopted by the board; 3628

(4) Inability to practice according to acceptable and 3629  
prevailing standards of care by reason of mental illness or 3630  
physical illness, including physical deterioration that 3631  
adversely affects cognitive, motor, or perceptive skills; 3632

(5) Impairment of ability to practice according to 3633  
acceptable and prevailing standards of care because of substance 3634  
use disorder or excessive use or abuse of drugs, alcohol, or 3635  
other substances that may impair ability to practice; 3636

(6) Administering drugs for purposes other than those 3637  
authorized under this chapter; 3638

(7) Willfully betraying a professional confidence; 3639

(8) Making a false, fraudulent, deceptive, or misleading 3640  
statement in soliciting or advertising for employment as a 3641

physician assistant; in connection with any solicitation or 3642  
advertisement for patients; in relation to the practice of 3643  
medicine as it pertains to physician assistants; or in securing 3644  
or attempting to secure a license to practice as a physician 3645  
assistant. 3646

As used in this division, "false, fraudulent, deceptive, 3647  
or misleading statement" means a statement that includes a 3648  
misrepresentation of fact, is likely to mislead or deceive 3649  
because of a failure to disclose material facts, is intended or 3650  
is likely to create false or unjustified expectations of 3651  
favorable results, or includes representations or implications 3652  
that in reasonable probability will cause an ordinarily prudent 3653  
person to misunderstand or be deceived. 3654

(9) Representing, with the purpose of obtaining 3655  
compensation or other advantage personally or for any other 3656  
person, that an incurable disease or injury, or other incurable 3657  
condition, can be permanently cured; 3658

(10) The obtaining of, or attempting to obtain, money or 3659  
anything of value by fraudulent misrepresentations in the course 3660  
of practice; 3661

(11) A plea of guilty to, a judicial finding of guilt of, 3662  
or a judicial finding of eligibility for intervention in lieu of 3663  
conviction for, a felony; 3664

(12) Commission of an act that constitutes a felony in 3665  
this state, regardless of the jurisdiction in which the act was 3666  
committed; 3667

(13) A plea of guilty to, a judicial finding of guilt of, 3668  
or a judicial finding of eligibility for intervention in lieu of 3669  
conviction for, a misdemeanor committed in the course of 3670

practice; 3671

(14) A plea of guilty to, a judicial finding of guilt of, 3672  
or a judicial finding of eligibility for intervention in lieu of 3673  
conviction for, a misdemeanor involving moral turpitude; 3674

(15) Commission of an act in the course of practice that 3675  
constitutes a misdemeanor in this state, regardless of the 3676  
jurisdiction in which the act was committed; 3677

(16) Commission of an act involving moral turpitude that 3678  
constitutes a misdemeanor in this state, regardless of the 3679  
jurisdiction in which the act was committed; 3680

(17) A plea of guilty to, a judicial finding of guilt of, 3681  
or a judicial finding of eligibility for intervention in lieu of 3682  
conviction for violating any state or federal law regulating the 3683  
possession, distribution, or use of any drug, including 3684  
trafficking in drugs; 3685

(18) Any of the following actions taken by the state 3686  
agency responsible for regulating the practice of physician 3687  
assistants in another state, for any reason other than the 3688  
nonpayment of fees: the limitation, revocation, or suspension of 3689  
an individual's license to practice; acceptance of an 3690  
individual's license surrender; denial of a license; refusal to 3691  
renew or reinstate a license; imposition of probation; or 3692  
issuance of an order of censure or other reprimand; 3693

(19) A departure from, or failure to conform to, minimal 3694  
standards of care of similar physician assistants under the same 3695  
or similar circumstances, regardless of whether actual injury to 3696  
a patient is established; 3697

(20) Violation of the conditions placed by the board on a 3698  
license to practice as a physician assistant; 3699

(21) Failure to use universal blood and body fluid	3700
precautions established by rules adopted under section 4731.051	3701
of the Revised Code;	3702
(22) Failure to cooperate in an investigation conducted by	3703
the board under section 4730.26 of the Revised Code, including	3704
failure to comply with a subpoena or order issued by the board	3705
or failure to answer truthfully a question presented by the	3706
board at a deposition or in written interrogatories, except that	3707
failure to cooperate with an investigation shall not constitute	3708
grounds for discipline under this section if a court of	3709
competent jurisdiction has issued an order that either quashes a	3710
subpoena or permits the individual to withhold the testimony or	3711
evidence in issue;	3712
(23) Assisting suicide, as defined in section 3795.01 of	3713
the Revised Code;	3714
(24) Prescribing any drug or device to perform or induce	3715
an abortion, or otherwise performing or inducing an abortion;	3716
(25) Failure to comply with section 4730.53 of the Revised	3717
Code, unless the board no longer maintains a drug database	3718
pursuant to section 4729.75 of the Revised Code;	3719
(26) Failure to comply with the requirements in section	3720
3719.061 of the Revised Code before issuing for a minor a	3721
prescription for an opioid analgesic, as defined in section	3722
3719.01 of the Revised Code;	3723
(27) Having certification by the national commission on	3724
certification of physician assistants or a successor	3725
organization expire, lapse, or be suspended or revoked;	3726
(28) The revocation, suspension, restriction, reduction,	3727
or termination of clinical privileges by the United States	3728

department of defense or department of veterans affairs or the 3729  
termination or suspension of a certificate of registration to 3730  
prescribe drugs by the drug enforcement administration of the 3731  
United States department of justice; 3732

(29) Failure to comply with terms of a consult agreement 3733  
entered into with a pharmacist pursuant to section 4729.39 of 3734  
the Revised Code; 3735

(30) Violation of section 4730.57 of the Revised Code; 3736

(31) Failure to comply with the requirements of section 3737  
3705.16 of the Revised Code when certifying a decedent's cause 3738  
of death and completing and signing the medical certificate of 3739  
death. 3740

(C) Disciplinary actions taken by the board under 3741  
divisions (A) and (B) of this section shall be taken pursuant to 3742  
an adjudication under Chapter 119. of the Revised Code, except 3743  
that in lieu of an adjudication, the board may enter into a 3744  
consent agreement with a physician assistant or applicant to 3745  
resolve an allegation of a violation of this chapter or any rule 3746  
adopted under it. A consent agreement, when ratified by an 3747  
affirmative vote of not fewer than six members of the board, 3748  
shall constitute the findings and order of the board with 3749  
respect to the matter addressed in the agreement. If the board 3750  
refuses to ratify a consent agreement, the admissions and 3751  
findings contained in the consent agreement shall be of no force 3752  
or effect. 3753

(D) For purposes of divisions (B) (12), (15), and (16) of 3754  
this section, the commission of the act may be established by a 3755  
finding by the board, pursuant to an adjudication under Chapter 3756  
119. of the Revised Code, that the applicant or license holder 3757

committed the act in question. The board shall have no 3758  
jurisdiction under these divisions in cases where the trial 3759  
court renders a final judgment in the license holder's favor and 3760  
that judgment is based upon an adjudication on the merits. The 3761  
board shall have jurisdiction under these divisions in cases 3762  
where the trial court issues an order of dismissal upon 3763  
technical or procedural grounds. 3764

(E) The sealing or expungement of conviction records by 3765  
any court shall have no effect upon a prior board order entered 3766  
under the provisions of this section or upon the board's 3767  
jurisdiction to take action under the provisions of this section 3768  
if, based upon a plea of guilty, a judicial finding of guilt, or 3769  
a judicial finding of eligibility for intervention in lieu of 3770  
conviction, the board issued a notice of opportunity for a 3771  
hearing prior to the court's order to seal or expunge the 3772  
records. The board shall not be required to seal, destroy, 3773  
redact, or otherwise modify its records to reflect the court's 3774  
sealing or expungement of conviction records. 3775

(F) For purposes of this division, any individual who 3776  
holds a license issued under this chapter, or applies for a 3777  
license issued under this chapter, shall be deemed to have given 3778  
consent to submit to a mental or physical examination when 3779  
directed to do so in writing by the board and to have waived all 3780  
objections to the admissibility of testimony or examination 3781  
reports that constitute a privileged communication. 3782

(1) In enforcing division (B)(4) of this section, the 3783  
board, upon a showing of a possible violation, shall refer any 3784  
individual who holds, or has applied for, a license issued under 3785  
this chapter to the monitoring organization that conducts the 3786  
confidential monitoring program established under section 3787

4731.25 of the Revised Code. The board also may compel the 3788  
individual to submit to a mental examination, physical 3789  
examination, including an HIV test, or both a mental and 3790  
physical examination. The expense of the examination is the 3791  
responsibility of the individual compelled to be examined. 3792  
Failure to submit to a mental or physical examination or consent 3793  
to an HIV test ordered by the board constitutes an admission of 3794  
the allegations against the individual unless the failure is due 3795  
to circumstances beyond the individual's control, and a default 3796  
and final order may be entered without the taking of testimony 3797  
or presentation of evidence. If the board finds a physician 3798  
assistant unable to practice because of the reasons set forth in 3799  
division (B) (4) of this section, the board shall require the 3800  
physician assistant to submit to care, counseling, or treatment 3801  
by physicians approved or designated by the board, as a 3802  
condition for an initial, continued, reinstated, or renewed 3803  
license. An individual affected under this division shall be 3804  
afforded an opportunity to demonstrate to the board the ability 3805  
to resume practicing in compliance with acceptable and 3806  
prevailing standards of care. 3807

(2) For purposes of division (B) (5) of this section, if 3808  
the board has reason to believe that any individual who holds a 3809  
license issued under this chapter or any applicant for a license 3810  
suffers such impairment, the board shall refer the individual to 3811  
the monitoring organization that conducts the confidential 3812  
monitoring program established under section 4731.25 of the 3813  
Revised Code. The board also may compel the individual to submit 3814  
to a mental or physical examination, or both. The expense of the 3815  
examination is the responsibility of the individual compelled to 3816  
be examined. Any mental or physical examination required under 3817  
this division shall be undertaken by a treatment provider or 3818

physician qualified to conduct such examination and approved 3819  
under section 4731.251 of the Revised Code. 3820

Failure to submit to a mental or physical examination 3821  
ordered by the board constitutes an admission of the allegations 3822  
against the individual unless the failure is due to 3823  
circumstances beyond the individual's control, and a default and 3824  
final order may be entered without the taking of testimony or 3825  
presentation of evidence. If the board determines that the 3826  
individual's ability to practice is impaired, the board shall 3827  
suspend the individual's license or deny the individual's 3828  
application and shall require the individual, as a condition for 3829  
initial, continued, reinstated, or renewed licensure, to submit 3830  
to treatment. 3831

Before being eligible to apply for reinstatement of a 3832  
license suspended under this division, the physician assistant 3833  
shall demonstrate to the board the ability to resume practice or 3834  
prescribing in compliance with acceptable and prevailing 3835  
standards of care. The demonstration shall include the 3836  
following: 3837

(a) Certification from a treatment provider approved under 3838  
section 4731.251 of the Revised Code that the individual has 3839  
successfully completed any required inpatient treatment; 3840

(b) Evidence of continuing full compliance with an 3841  
aftercare contract or consent agreement; 3842

(c) Two written reports indicating that the individual's 3843  
ability to practice has been assessed and that the individual 3844  
has been found capable of practicing according to acceptable and 3845  
prevailing standards of care. The reports shall be made by 3846  
individuals or providers approved by the board for making such 3847

assessments and shall describe the basis for their 3848  
determination. 3849

The board may reinstate a license suspended under this 3850  
division after such demonstration and after the individual has 3851  
entered into a written consent agreement. 3852

When the impaired physician assistant resumes practice or 3853  
prescribing, the board shall require continued monitoring of the 3854  
physician assistant. The monitoring shall include compliance 3855  
with the written consent agreement entered into before 3856  
reinstatement or with conditions imposed by board order after a 3857  
hearing, and, upon termination of the consent agreement, 3858  
submission to the board for at least two years of annual written 3859  
progress reports made under penalty of falsification stating 3860  
whether the physician assistant has maintained sobriety. 3861

(G) (1) If either of the following circumstances occur, the 3862  
secretary and supervising member may recommend that the board 3863  
suspend the individual's license without a prior hearing: 3864

(a) The secretary and supervising member determine that 3865  
there is clear and convincing evidence that a physician 3866  
assistant has violated division (B) of this section and that the 3867  
individual's continued practice or prescribing presents a danger 3868  
of immediate and serious harm to the public. 3869

(b) The board receives verifiable information that a 3870  
licensee has been charged in any state or federal court with a 3871  
crime classified as a felony under the charging court's law and 3872  
the conduct charged constitutes a violation of division (B) of 3873  
this section. 3874

(2) If a recommendation is made to suspend without a prior 3875  
hearing pursuant to division (G) (1) of this section, written 3876

allegations shall be prepared for consideration by the board. 3877

The board, upon review of those allegations and by an 3878  
affirmative vote of not fewer than six of its members, excluding 3879  
the secretary and supervising member, may suspend a license 3880  
without a prior hearing. A telephone conference call may be 3881  
utilized for reviewing the allegations and taking the vote on 3882  
the summary suspension. 3883

The board shall serve a written order of suspension in 3884  
accordance with sections 119.05 and 119.07 of the Revised Code. 3885  
If the physician assistant requests an adjudicatory hearing by 3886  
the board, the date set for the hearing shall be within fifteen 3887  
days, but not earlier than seven days, after the physician 3888  
assistant requests the hearing, unless otherwise agreed to by 3889  
both the board and the license holder. 3890

(3) A summary suspension imposed under division (G) (2) of 3891  
this section is not a final appealable order and is not an 3892  
adjudication that may be appealed under section 119.12 of the 3893  
Revised Code. The summary suspension shall remain in effect 3894  
until a final adjudicative order issued by the board pursuant to 3895  
this section and Chapter 119. of the Revised Code becomes 3896  
effective. Once a final adjudicative order has been issued by 3897  
the board, any party adversely affected by it may file an appeal 3898  
in accordance with the requirements of Chapter 119. of the 3899  
Revised Code. 3900

The board shall issue its final adjudicative order within 3901  
seventy-five days after completion of its hearing. Failure to 3902  
issue the order within seventy-five days shall result in 3903  
dissolution of the summary suspension order, but shall not 3904  
invalidate any subsequent, final adjudicative order. 3905

(H) If the board takes action under division (B) (11), 3906  
(13), or (14) of this section, and the judicial finding of 3907  
guilt, guilty plea, or judicial finding of eligibility for 3908  
intervention in lieu of conviction is overturned on appeal, upon 3909  
exhaustion of the criminal appeal, a petition for 3910  
reconsideration of the order may be filed with the board along 3911  
with appropriate court documents. Upon receipt of a petition and 3912  
supporting court documents, the board shall reinstate the 3913  
individual's license. The board may then hold an adjudication 3914  
under Chapter 119. of the Revised Code to determine whether the 3915  
individual committed the act in question. Notice of opportunity 3916  
for hearing shall be given in accordance with Chapter 119. of 3917  
the Revised Code. If the board finds, pursuant to an 3918  
adjudication held under this division, that the individual 3919  
committed the act, or if no hearing is requested, it may order 3920  
any of the sanctions identified under division (B) of this 3921  
section. 3922

(I) The license to practice issued to a physician 3923  
assistant and the physician assistant's practice in this state 3924  
are automatically suspended as of the date the physician 3925  
assistant pleads guilty to, is found by a judge or jury to be 3926  
guilty of, or is subject to a judicial finding of eligibility 3927  
for intervention in lieu of conviction in this state or 3928  
treatment or intervention in lieu of conviction in another state 3929  
for any of the following criminal offenses in this state or a 3930  
substantially equivalent criminal offense in another 3931  
jurisdiction: aggravated murder, murder, voluntary manslaughter, 3932  
felonious assault, trafficking in persons, kidnapping, rape, 3933  
sexual battery, gross sexual imposition, aggravated arson, 3934  
aggravated robbery, or aggravated burglary. Continued practice 3935  
after the suspension shall be considered practicing without a 3936

license. 3937

The board shall notify the individual subject to the 3938  
suspension in accordance with sections 119.05 and 119.07 of the 3939  
Revised Code. If an individual whose license is suspended under 3940  
this division fails to make a timely request for an adjudication 3941  
under Chapter 119. of the Revised Code, the board shall enter a 3942  
final order permanently revoking the individual's license to 3943  
practice. 3944

(J) In any instance in which the board is required by 3945  
Chapter 119. of the Revised Code to give notice of opportunity 3946  
for hearing and the individual subject to the notice does not 3947  
timely request a hearing in accordance with section 119.07 of 3948  
the Revised Code, the board is not required to hold a hearing, 3949  
but may adopt, by an affirmative vote of not fewer than six of 3950  
its members, a final order that contains the board's findings. 3951  
In that final order, the board may order any of the sanctions 3952  
identified under division (A) or (B) of this section. 3953

(K) Any action taken by the board under division (B) of 3954  
this section resulting in a suspension shall be accompanied by a 3955  
written statement of the conditions under which the physician 3956  
assistant's license may be reinstated. The board shall adopt 3957  
rules in accordance with Chapter 119. of the Revised Code 3958  
governing conditions to be imposed for reinstatement. 3959  
Reinstatement of a license suspended pursuant to division (B) of 3960  
this section requires an affirmative vote of not fewer than six 3961  
members of the board. 3962

(L) When the board refuses to grant or issue to an 3963  
applicant a license to practice as a physician assistant, 3964  
revokes an individual's license, refuses to renew an 3965  
individual's license, or refuses to reinstate an individual's 3966

license, the board may specify that its action is permanent. An 3967  
individual subject to a permanent action taken by the board is 3968  
forever thereafter ineligible to hold the license and the board 3969  
shall not accept an application for reinstatement of the license 3970  
or for issuance of a new license. 3971

(M) Notwithstanding any other provision of the Revised 3972  
Code, all of the following apply: 3973

(1) The surrender of a license issued under this chapter 3974  
is not effective unless or until accepted by the board. 3975  
Reinstatement of a license surrendered to the board requires an 3976  
affirmative vote of not fewer than six members of the board. 3977

(2) An application made under this chapter for a license 3978  
may not be withdrawn without approval of the board. 3979

(3) Failure by an individual to renew a license in 3980  
accordance with section 4730.14 of the Revised Code does not 3981  
remove or limit the board's jurisdiction to take disciplinary 3982  
action under this section against the individual. 3983

(4) The placement of an individual's license on retired 3984  
status, as described in section 4730.141 of the Revised Code, 3985  
does not remove or limit the board's jurisdiction to take any 3986  
disciplinary action against the individual with regard to the 3987  
license as it existed before being placed on retired status. 3988

(N) The board shall not refuse to issue a license to an 3989  
applicant because of a conviction, plea of guilty, judicial 3990  
finding of guilt, judicial finding of eligibility for 3991  
intervention in lieu of conviction, or the commission of an act 3992  
that constitutes a criminal offense, unless the refusal is in 3993  
accordance with section 9.79 of the Revised Code. 3994

**Sec. 4730.26.** (A) The state medical board shall 3995

investigate evidence that appears to show that any person has 3996  
violated this chapter or a rule adopted under it. In an 3997  
investigation involving the practice ~~or supervision~~ of a 3998  
physician assistant pursuant to the policies of a health care 3999  
facility, the board may require that the health care facility 4000  
provide any information the board considers necessary to 4001  
identify either or both of the following: 4002

(1) The facility's policies for the practice of physician 4003  
assistants within the facility; 4004

(2) The services that the facility has authorized a 4005  
particular physician assistant to provide for the facility. 4006

(B) Any person may report to the board in a signed writing 4007  
any information the person has that appears to show a violation 4008  
of any provision of this chapter or rule adopted under it. In 4009  
the absence of bad faith, a person who reports such information 4010  
or testifies before the board in an adjudication conducted under 4011  
Chapter 119. of the Revised Code shall not be liable for civil 4012  
damages as a result of reporting the information or providing 4013  
testimony. Each complaint or allegation of a violation received 4014  
by the board shall be assigned a case number and be recorded by 4015  
the board. 4016

(C) Investigations of alleged violations of this chapter 4017  
or rules adopted under it shall be supervised by the supervising 4018  
member elected by the board in accordance with section 4731.02 4019  
of the Revised Code and by the secretary as provided in section 4020  
4730.33 of the Revised Code. The president may designate another 4021  
member of the board to supervise the investigation in place of 4022  
the supervising member. Upon a vote of the majority of the board 4023  
to authorize the addition of a consumer member in the 4024  
supervision of any part of any investigation, the president 4025

shall designate a consumer member for supervision of 4026  
investigations as determined by the president. The authorization 4027  
of consumer member participation in investigation supervision 4028  
may be rescinded by a majority vote of the board. A member of 4029  
the board who supervises the investigation of a case shall not 4030  
participate in further adjudication of the case. 4031

(D) In investigating a possible violation of this chapter 4032  
or a rule adopted under it, the board may administer oaths, 4033  
order the taking of depositions, issue subpoenas, and compel the 4034  
attendance of witnesses and production of books, accounts, 4035  
papers, records, documents, and testimony, except that a 4036  
subpoena for patient record information shall not be issued 4037  
without consultation with the attorney general's office and 4038  
approval of the secretary of the board. Before issuance of a 4039  
subpoena for patient record information, the secretary shall 4040  
determine whether there is probable cause to believe that the 4041  
complaint filed alleges a violation of this chapter or a rule 4042  
adopted under it and that the records sought are relevant to the 4043  
alleged violation and material to the investigation. The 4044  
subpoena may apply only to records that cover a reasonable 4045  
period of time surrounding the alleged violation. 4046

On failure to comply with any subpoena issued by the board 4047  
and after reasonable notice to the person being subpoenaed, the 4048  
board may move for an order compelling the production of persons 4049  
or records pursuant to the Rules of Civil Procedure. 4050

A subpoena issued by the board may be served by a sheriff, 4051  
the sheriff's deputy, or a board employee designated by the 4052  
board. Service of a subpoena issued by the board may be made by 4053  
delivering a copy of the subpoena to the person named therein, 4054  
reading it to the person, or leaving it at the person's usual 4055

place of residence. When the person being served is a physician 4056  
assistant, service of the subpoena may be made by certified 4057  
mail, restricted delivery, return receipt requested, and the 4058  
subpoena shall be deemed served on the date delivery is made or 4059  
the date the person refuses to accept delivery. 4060

A sheriff's deputy who serves a subpoena shall receive the 4061  
same fees as a sheriff. Each witness who appears before the 4062  
board in obedience to a subpoena shall receive the fees and 4063  
mileage provided for under section 119.094 of the Revised Code. 4064

(E) All hearings and investigations of the board shall be 4065  
considered civil actions for the purposes of section 2305.252 of 4066  
the Revised Code. 4067

(F) Information received by the board pursuant to an 4068  
investigation is confidential and not subject to discovery in 4069  
any civil action. 4070

The board shall conduct all investigations and proceedings 4071  
in a manner that protects the confidentiality of patients and 4072  
persons who file complaints with the board. The board shall not 4073  
make public the names or any other identifying information about 4074  
patients or complainants unless proper consent is given or, in 4075  
the case of a patient, a waiver of the patient privilege exists 4076  
under division (B) of section 2317.02 of the Revised Code, 4077  
except that consent or a waiver is not required if the board 4078  
possesses reliable and substantial evidence that no bona fide 4079  
physician-patient relationship exists. 4080

The board may share any information it receives pursuant 4081  
to an investigation, including patient records and patient 4082  
record information, with law enforcement agencies, other 4083  
licensing boards, and other governmental agencies that are 4084

prosecuting, adjudicating, or investigating alleged violations 4085  
of statutes or administrative rules. An agency or board that 4086  
receives the information shall comply with the same requirements 4087  
regarding confidentiality as those with which the state medical 4088  
board must comply, notwithstanding any conflicting provision of 4089  
the Revised Code or procedure of the agency or board that 4090  
applies when it is dealing with other information in its 4091  
possession. In a judicial proceeding, the information may be 4092  
admitted into evidence only in accordance with the Rules of 4093  
Evidence, but the court shall require that appropriate measures 4094  
are taken to ensure that confidentiality is maintained with 4095  
respect to any part of the information that contains names or 4096  
other identifying information about patients or complainants 4097  
whose confidentiality was protected by the state medical board 4098  
when the information was in the board's possession. Measures to 4099  
ensure confidentiality that may be taken by the court include 4100  
sealing its records or deleting specific information from its 4101  
records. 4102

No person shall knowingly access, use, or disclose 4103  
confidential investigatory information in a manner prohibited by 4104  
law. 4105

(G) The state medical board shall develop requirements for 4106  
and provide appropriate initial and continuing training for 4107  
investigators employed by the board to carry out its duties 4108  
under this chapter. The training and continuing education may 4109  
include enrollment in courses operated or approved by the Ohio 4110  
peace officer training commission that the board considers 4111  
appropriate under conditions set forth in section 109.79 of the 4112  
Revised Code. 4113

(H) On a quarterly basis, the board shall prepare a report 4114

that documents the disposition of all cases during the preceding 4115  
three months. The report shall contain the following information 4116  
for each case with which the board has completed its activities: 4117

(1) The case number assigned to the complaint or alleged 4118  
violation; 4119

(2) The type of license, if any, held by the individual 4120  
against whom the complaint is directed; 4121

(3) A description of the allegations contained in the 4122  
complaint; 4123

(4) Whether witnesses were interviewed; 4124

(5) Whether the individual against whom the complaint is 4125  
directed is the subject of any pending complaints; 4126

(6) The disposition of the case. 4127

The report shall state how many cases are still pending, 4128  
and shall be prepared in a manner that protects the identity of 4129  
each person involved in each case. The report shall be submitted 4130  
to the physician assistant policy committee of the board and is 4131  
a public record for purposes of section 149.43 of the Revised 4132  
Code. 4133

(I) The board may provide a status update regarding an 4134  
investigation to a complainant on request if the board verifies 4135  
the complainant's identity. 4136

**Sec. 4730.39.** (A) The state medical board, subject to 4137  
division (D) of section 4730.06 of the Revised Code, shall adopt 4138  
rules governing ~~physician-delegated~~ the prescriptive authority 4139  
~~for~~ of physician assistants. The rules shall be adopted in 4140  
accordance with Chapter 119. of the Revised Code. 4141

(B) The board's rules governing ~~physician-delegated the~~ prescriptive authority of physician assistants shall establish all of the following:

~~(1) Requirements regarding the pharmacology courses that a physician assistant is required to complete;~~

~~(2) A specific prohibition against prescribing any drug or device to perform or induce an abortion;~~

~~(3)~~ (2) Standards and procedures to be followed by a physician assistant in personally furnishing samples of drugs or complete or partial supplies of drugs to patients under section 4730.43 of the Revised Code;

~~(4)~~ (3) Any other requirements the board considers necessary to implement the provisions of this chapter regarding ~~physician-delegated the prescriptive authority of physician assistants.~~

**Sec. 4730.41.** ~~(A) A physician assistant who holds a valid prescriber number issued by the state medical board is authorized to prescribe and personally furnish drugs and therapeutic devices in the exercise of physician-delegated prescriptive authority.~~

~~(B) In exercising physician-delegated has prescriptive authority, as provided in section 4730.15 of the Revised Code, a physician assistant is subject to all of the following in the exercise of that authority:~~

~~(1) The physician assistant shall exercise physician-delegated prescriptive authority only to the extent that the physician supervising the physician assistant has granted that authority.~~

~~(2) The physician assistant shall comply with all conditions placed on the physician-delegated prescriptive authority, as specified by the supervising physician who is supervising the physician assistant in the exercise of physician-delegated prescriptive authority.~~ 4170  
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~~(3) If the physician assistant possesses physician-delegated prescriptive authority for controlled substances, the~~ 4175  
4176  
(A) The physician assistant shall register with the federal drug enforcement administration as a condition of being authorized to prescribe controlled substances. 4177  
4178  
4179

~~(4) If the physician assistant possesses physician-delegated prescriptive authority for~~ 4180  
(B) When prescribing 4181  
schedule II controlled substances, the physician assistant shall 4182  
comply with section 4730.411 of the Revised Code. 4183

~~(5) If the physician assistant possesses physician-delegated prescriptive authority to prescribe for a minor~~ 4184  
(C) When prescribing an opioid analgesic for a minor, 4185  
as those terms 4186  
are defined in sections 3719.01 and 3719.061 and ~~3719.01~~ of the 4187  
Revised Code, respectively, the physician assistant shall comply 4188  
with section 3719.061 of the Revised Code. 4189

~~(6) The physician assistant shall comply with the requirements of section 4730.44 of the Revised Code.~~ 4190  
4191

~~(C)~~ (D) A physician assistant shall not prescribe any drug 4192  
in violation of state or federal law. 4193

**Sec. 4730.411.** (A) Except as provided in division (B) or 4194  
(C) of this section, a physician assistant who has prescriptive 4195  
authority as provided in section 4730.15 of the Revised Code may 4196  
prescribe to a patient a schedule II controlled substance only 4197  
if all of the following are the case: 4198

(1) The patient is in a terminal condition, as defined in section 2133.01 of the Revised Code.	4199 4200
(2) The physician assistant's <del>supervising</del> <u>collaborating</u> physician initially prescribed the substance for the patient.	4201 4202
(3) The prescription is for an amount that does not exceed the amount necessary for the patient's use in a single, twenty-four-hour period.	4203 4204 4205
(B) The restrictions on prescriptive authority in division (A) of this section do not apply if a physician assistant issues the prescription to the patient from any of the following locations:	4206 4207 4208 4209
(1) A hospital <del>as defined in section 3722.01</del> <u>licensed under Chapter 3722.</u> of the Revised Code;	4210 4211
(2) 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;	4212 4213 4214
(3) A health care facility operated by the department of <del>mental health and addiction services</del> <u>behavioral health</u> or the department of developmental disabilities;	4215 4216 4217
(4) 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;	4218 4219 4220
(5) A county home or district home operated under Chapter 5155. of the Revised Code that is certified under the medicare or medicaid program;	4221 4222 4223
(6) A hospice care program, <del>as defined in section 3712.01</del> <u>licensed under Chapter 3712.</u> of the Revised Code;	4224 4225

- (7) A community mental health services provider, as 4226  
defined in section ~~5122.01~~ 5119.01 of the Revised Code; 4227
- (8) An ambulatory surgical facility, ~~as defined in~~ 4228  
licensed under section 3702.30 of the Revised Code; 4229
- (9) A freestanding birthing center, as defined in section 4230  
3701.503 of the Revised Code; 4231
- (10) A federally qualified health center, as defined in 4232  
section 3701.047 of the Revised Code; 4233
- (11) A federally qualified health center look-alike, as 4234  
defined in section 3701.047 of the Revised Code; 4235
- (12) A health care office or facility operated by the 4236  
board of health of a city or general health district or the 4237  
authority having the duties of a board of health under section 4238  
3709.05 of the Revised Code; 4239
- (13) A site where a medical practice is operated, but only 4240  
if the practice is comprised of one or more physicians who also 4241  
are owners of the practice; the practice is organized to provide 4242  
direct patient care; and the physician assistant has entered 4243  
into a ~~supervisory~~ collaboration agreement with at least one of 4244  
the physician owners who practices primarily at that site; 4245
- (14) A site where a behavioral health practice is operated 4246  
that does not qualify as a location otherwise described in 4247  
division (B) of this section, but only if the practice is 4248  
organized to provide outpatient services for the treatment of 4249  
mental health conditions, substance use disorders, or both, and 4250  
the physician assistant providing services at the site of the 4251  
practice has entered into a ~~supervisory~~ collaboration agreement 4252  
with at least one physician who is employed by that practice. 4253

(C) A physician assistant shall not issue to a patient a prescription for a schedule II controlled substance from a convenience care clinic even if the convenience care clinic is owned or operated by an entity specified in division (B) of this section.

(D) A pharmacist who acts in good faith reliance on a prescription issued by a physician assistant under division (B) 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.

**Sec. 4730.43.** (A) A physician assistant who ~~holds a valid prescriber number issued by the state medical board and has been granted physician-delegated prescriptive authority, as provided in section 4730.15 of the Revised Code,~~ may personally furnish to a patient samples of drugs and therapeutic devices that are included in the physician assistant's ~~physician-delegated prescriptive authority,~~ subject to all of the following:

(1) The amount of the sample furnished shall not exceed a seventy-two-hour supply, except when the minimum available quantity of the sample is packaged in an amount that is greater than a seventy-two-hour supply, in which case the physician assistant may furnish the sample in the ~~package~~ packaged amount.

(2) No charge may be imposed for the sample or for furnishing it.

(3) Samples of controlled substances may not be personally furnished.

(B) A physician assistant who ~~holds a valid prescriber~~

~~number issued by the state medical board and has been granted~~ 4283  
~~physician-delegated prescriptive authority, as provided in~~ 4284  
section 4730.15 of the Revised Code, may personally furnish to a 4285  
patient a complete or partial supply of the drugs and 4286  
therapeutic devices that are included in the physician 4287  
assistant's ~~physician-delegated prescriptive authority,~~ subject 4288  
to all of the following: 4289

(1) The physician assistant shall personally furnish only 4290  
antibiotics, antifungals, scabicides, contraceptives, prenatal 4291  
vitamins, antihypertensives, drugs and devices used in the 4292  
treatment of diabetes, drugs and devices used in the treatment 4293  
of asthma, and drugs used in the treatment of dyslipidemia. 4294

(2) The physician assistant shall not furnish the drugs 4295  
and devices in locations other than the following: 4296

(a) A health department operated by the board of health of 4297  
a city or general health district or the authority having the 4298  
duties of a board of health under section 3709.05 of the Revised 4299  
Code; 4300

(b) A federally funded comprehensive primary care clinic; 4301

(c) A nonprofit health care clinic or program; 4302

(d) An employer-based clinic that provides health care 4303  
services to the employer's employees. 4304

(3) The physician assistant shall comply with all 4305  
standards and procedures for personally furnishing supplies of 4306  
drugs and devices, as established in rules adopted under section 4307  
4730.39 of the Revised Code. 4308

**Sec. 4730.432.** (A) (1) Notwithstanding any conflicting 4309  
provision of this chapter or rule adopted by the state medical 4310

board, a physician assistant who ~~holds a valid prescriber number~~ 4311  
~~issued by the board and has been granted physician-delegated~~ 4312  
prescriptive authority, as provided in section 4730.15 of the 4313  
Revised Code, may issue a prescription for, or personally 4314  
furnish a complete or partial supply of, a drug to treat 4315  
chlamydia, gonorrhea, or trichomoniasis without having examined 4316  
the individual for whom the drug is intended, if all of the 4317  
following conditions are met: 4318

(a) The individual is a sexual partner of the physician 4319  
assistant's patient. 4320

(b) The patient has been diagnosed with chlamydia, 4321  
gonorrhea, or trichomoniasis. 4322

(c) The patient reports to the physician assistant that 4323  
the individual is unable or unlikely to be evaluated or treated 4324  
by a health professional. 4325

(2) A prescription issued under this section shall include 4326  
the individual's name and address, if known. If the physician 4327  
assistant is unable to obtain the individual's name and address, 4328  
the prescription shall include the patient's name and address 4329  
and the words "expedited partner therapy" or the letters "EPT." 4330

(3) A physician assistant may prescribe or personally 4331  
furnish a drug under this section for not more than a total of 4332  
two individuals who are sexual partners of the physician 4333  
assistant's patient. 4334

(B) For each drug prescribed or personally furnished under 4335  
this section, the physician assistant shall do all of the 4336  
following: 4337

(1) Provide the patient with information concerning the 4338  
drug for the purpose of sharing the information with the 4339

individual, including directions for use of the drug and any 4340  
side effects, adverse reactions, or known contraindications 4341  
associated with the drug; 4342

(2) Recommend to the patient that the individual seek 4343  
treatment from a health professional; 4344

(3) Document all of the following in the patient's record: 4345

(a) The name of the drug prescribed or furnished and its 4346  
dosage; 4347

(b) That information concerning the drug was provided to 4348  
the patient for the purpose of sharing the information with the 4349  
individual; 4350

(c) If known, any adverse reactions the individual 4351  
experiences from treatment with the drug. 4352

(C) A physician assistant who prescribes or personally 4353  
furnishes a drug under this section may contact the individual 4354  
for whom the drug is intended. 4355

(1) If the physician assistant contacts the individual, 4356  
the physician assistant shall do all of the following: 4357

(a) Inform the individual that the individual may have 4358  
been exposed to chlamydia, gonorrhea, or trichomoniasis; 4359

(b) Encourage the individual to seek treatment from a 4360  
health professional; 4361

(c) Explain the treatment options available to the 4362  
individual, including treatment with a prescription drug, 4363  
directions for use of the drug, and any side effects, adverse 4364  
reactions, or known contraindications associated with the drug; 4365

(d) Document in the patient's record that the physician 4366

assistant contacted the individual. 4367

(2) If the physician assistant does not contact the 4368  
individual, the physician assistant shall document that fact in 4369  
the patient's record. 4370

(D) A physician assistant who in good faith prescribes or 4371  
personally furnishes a drug under this section is not liable for 4372  
or subject to any of the following: 4373

(1) Damages in any civil action; 4374

(2) Prosecution in any criminal proceeding; 4375

(3) Professional disciplinary action. 4376

**Sec. 4730.433.** (A) (1) Subject to division (A) (2) of this 4377  
section, and notwithstanding any provision of this chapter or 4378  
rule adopted by the state medical board, a physician assistant 4379  
who ~~holds a license issued under this chapter and a valid-~~ 4380  
~~prescriber number issued by the state medical board and has been~~ 4381  
~~granted physician-delegated prescriptive authority, as provided~~ 4382  
in section 4730.15 of the Revised Code, may do either of the 4383  
following without having examined an individual to whom 4384  
epinephrine may be administered: 4385

(a) Personally furnish a supply of epinephrine 4386  
autoinjectors for use in accordance with sections 3313.7110, 4387  
3313.7111, 3314.143, 3326.28, 3328.29, 3728.03 to 3728.05, and 4388  
5180.26 of the Revised Code; 4389

(b) Issue a prescription for epinephrine autoinjectors for 4390  
use in accordance with sections 3313.7110, 3313.7111, 3314.143, 4391  
3326.28, 3328.29, 3728.03 to 3728.05, and 5180.26 of the Revised 4392  
Code. 4393

(2) An epinephrine autoinjector personally furnished or 4394

prescribed under division (A) (1) of this section must be 4395  
furnished or prescribed in such a manner that it may be 4396  
administered only in a manufactured dosage form. 4397

(B) A physician assistant who acts in good faith in 4398  
accordance with this section is not liable for or subject to any 4399  
of the following for any action or omission of an entity to 4400  
which an epinephrine autoinjector is furnished or a prescription 4401  
is issued: damages in any civil action, prosecution in any 4402  
criminal proceeding, or professional disciplinary action. 4403

**Sec. 4730.437.** (A) (1) Subject to division (A) (2) of this 4404  
section and notwithstanding any provision of this chapter or 4405  
rule adopted by the state medical board, a physician assistant 4406  
who ~~holds a valid prescriber number issued by the board and has~~ 4407  
~~been granted physician-delegated prescriptive authority, as~~ 4408  
provided in section 4730.15 of the Revised Code, may do either 4409  
of the following without having examined an individual to whom 4410  
glucagon may be administered: 4411

(a) Personally furnish a supply of injectable or nasally 4412  
administered glucagon for use in accordance with section 4413  
3313.7115, 3313.7116, 3314.147, 3326.60, 3328.38, or 5180.262 of 4414  
the Revised Code; 4415

(b) Issue a prescription for injectable or nasally 4416  
administered glucagon in accordance with section 3313.7115, 4417  
3313.7116, 3314.147, 3326.60, 3328.38, or 5180.262 of the 4418  
Revised Code. 4419

(2) Injectable or nasally administered glucagon personally 4420  
furnished or prescribed under division (A) (1) of this section 4421  
must be furnished or prescribed in such a manner that it may be 4422  
administered only in a manufactured dosage form. 4423

(B) A physician assistant 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 injectable or nasally administered glucagon is furnished or a prescription is issued: damages in any civil action, prosecution in any criminal proceeding, or professional disciplinary action.

**Sec. 4730.49.** (A) ~~To be eligible for renewal of a license to practice as a physician assistant, an applicant who has been granted physician-delegated prescriptive authority is subject to both of the following:~~

~~(1) The applicant shall complete every two years at least twelve hours of continuing education in pharmacology obtained through a program or course approved by the state medical board or a person the board has authorized to approve continuing pharmacology education programs and courses. Except as provided in section 5903.12 of the Revised Code, the continuing education shall be completed not later than the date on which the applicant's license expires.~~

~~(2)(a)~~ Except as provided in division ~~(A)(2)(b)~~ (B) of this section, in the case of an applicant for renewal of a license issued under this chapter who prescribes opioid analgesics or benzodiazepines, as defined in section 3719.01 of the Revised Code, the applicant shall certify to the state medical board whether the applicant has been granted access to the drug database established and maintained by the state board of pharmacy pursuant to section 4729.75 of the Revised Code.

~~(b)~~ (B) The requirement described in division ~~(A)(2)(a)~~ (A) of this section does not apply if any of the following is the case:

~~(i)~~(1) The state board of pharmacy notifies the state 4454  
medical board pursuant to section 4729.861 of the Revised Code 4455  
that the applicant has been restricted from obtaining further 4456  
information from the drug database. 4457

~~(ii)~~(2) The state board of pharmacy no longer maintains 4458  
the drug database. 4459

~~(iii)~~(3) The applicant does not practice as a physician 4460  
assistant in this state. 4461

~~(e)~~(C) If an applicant certifies to the state medical 4462  
board that the applicant has been granted access to the drug 4463  
database and the board finds through an audit or other means 4464  
that the applicant has not been granted access, the board may 4465  
take action under section 4730.25 of the Revised Code. 4466

~~(B) The state medical board shall provide for pro rata-~~ 4467  
~~reductions by month of the number of hours of continuing-~~ 4468  
~~education in pharmacology that is required to be completed for-~~ 4469  
~~physician assistants who have been disabled due to illness or-~~ 4470  
~~accident or have been absent from the country. The board shall-~~ 4471  
~~adopt rules, in accordance with Chapter 119. of the Revised-~~ 4472  
~~Code, as necessary to implement this division.-~~ 4473

~~(C) The continuing education required by this section is-~~ 4474  
~~in addition to the continuing education required under section-~~ 4475  
~~4730.14 of the Revised Code.-~~ 4476

~~(D) If the board chooses to authorize persons to approve-~~ 4477  
~~continuing pharmacology education programs and courses, it shall~~ 4478  
~~establish standards for granting that authority and grant the-~~ 4479  
~~authority in accordance with the standards.-~~ 4480

**Sec. 4730.53.** (A) As used in this section: 4481

(1) "Drug database" means the database established and 4482  
maintained by the state board of pharmacy pursuant to section 4483  
4729.75 of the Revised Code. 4484

(2) "Opioid analgesic" and "benzodiazepine" have the same 4485  
meanings as in section 3719.01 of the Revised Code. 4486

(B) Except as provided in divisions (C) and (E) of this 4487  
section, a physician assistant licensed under this chapter who 4488  
has ~~been granted physician-delegated prescriptive authority, as~~ 4489  
provided in section 4730.15 of the Revised Code, shall comply 4490  
with all of the following as conditions of prescribing a drug 4491  
that is either an opioid analgesic or a benzodiazepine as part 4492  
of a patient's course of treatment for a particular condition: 4493

(1) Before initially prescribing the drug, the physician 4494  
assistant or the physician assistant's delegate shall request 4495  
from the drug database a report of information related to the 4496  
patient that covers at least the twelve months immediately 4497  
preceding the date of the request. If the physician assistant 4498  
practices primarily in a county of this state that adjoins 4499  
another state, the physician assistant or delegate also shall 4500  
request a report of any information available in the drug 4501  
database that pertains to prescriptions issued or drugs 4502  
furnished to the patient in the state adjoining that county. 4503

(2) If the patient's course of treatment for the condition 4504  
continues for more than ninety days after the initial report is 4505  
requested, the physician assistant or delegate shall make 4506  
periodic requests for reports of information from the drug 4507  
database until the course of treatment has ended. The requests 4508  
shall be made at intervals not exceeding ninety days, determined 4509  
according to the date the initial request was made. The request 4510  
shall be made in the same manner provided in division (B) (1) of 4511

this section for requesting the initial report of information 4512  
from the drug database. 4513

(3) On receipt of a report under division (B) (1) or (2) of 4514  
this section, the physician assistant shall assess the 4515  
information in the report. The physician assistant shall 4516  
document in the patient's record that the report was received 4517  
and the information was assessed. 4518

(C) Division (B) of this section does not apply in any of 4519  
the following circumstances: 4520

(1) A drug database report regarding the patient is not 4521  
available, in which case the physician assistant shall document 4522  
in the patient's record the reason that the report is not 4523  
available. 4524

(2) The drug is prescribed in an amount indicated for a 4525  
period not to exceed seven days. 4526

(3) The drug is prescribed for the treatment of cancer or 4527  
another condition associated with cancer. 4528

(4) The drug is prescribed to a hospice patient in a 4529  
hospice care program, as those terms are defined in section 4530  
3712.01 of the Revised Code, or any other patient diagnosed as 4531  
terminally ill. 4532

(5) The drug is prescribed for administration in a 4533  
hospital, nursing home, or residential care facility. 4534

(D) The state medical board may adopt rules that establish 4535  
standards and procedures to be followed by a physician assistant 4536  
licensed under this chapter who has ~~been granted physician-~~ 4537  
~~delegated prescriptive authority, as provided in section 4730.15~~ 4538  
of the Revised Code, regarding the review of patient information 4539

available through the drug database under division (A) (5) of 4540  
section 4729.80 of the Revised Code. The rules shall be adopted 4541  
in accordance with Chapter 119. of the Revised Code. 4542

(E) This section and any rules adopted under it do not 4543  
apply if the state board of pharmacy no longer maintains the 4544  
drug database. 4545

**Sec. 4730.56.** (A) As used in this section:— 4546

~~(1) "Community addiction services provider" has the same~~ 4547  
~~meaning as in section 5119.01 of the Revised Code.~~ 4548

~~(2) "Medication-assisted, "medication-assisted treatment"~~ 4549  
has the same meaning as in section 340.01 of the Revised Code. 4550

(B) A physician assistant shall comply with section 4551  
3719.064 of the Revised Code and rules adopted under section 4552  
4730.55 of the Revised Code when treating a patient with 4553  
medication-assisted treatment or proposing to initiate such 4554  
treatment. 4555

**Sec. 4731.22.** (A) The state medical board, by an 4556  
affirmative vote of not fewer than six of its members, may 4557  
limit, revoke, or suspend a license or certificate to practice 4558  
or certificate to recommend, refuse to grant a license or 4559  
certificate, refuse to renew a license or certificate, refuse to 4560  
reinstate a license or certificate, or reprimand or place on 4561  
probation the holder of a license or certificate if the 4562  
individual applying for or holding the license or certificate is 4563  
found by the board to have committed fraud during the 4564  
administration of the examination for a license or certificate 4565  
to practice or to have committed fraud, misrepresentation, or 4566  
deception in applying for, renewing, or securing any license or 4567  
certificate to practice or certificate to recommend issued by 4568

the board. 4569

(B) Except as provided in division (P) of this section, 4570  
the board, by an affirmative vote of not fewer than six members, 4571  
shall, to the extent permitted by law, limit, revoke, or suspend 4572  
a license or certificate to practice or certificate to 4573  
recommend, refuse to issue a license or certificate, refuse to 4574  
renew a license or certificate, refuse to reinstate a license or 4575  
certificate, or reprimand or place on probation the holder of a 4576  
license or certificate for one or more of the following reasons: 4577

(1) Permitting one's name or one's license or certificate 4578  
to practice to be used by a person, group, or corporation when 4579  
the individual concerned is not actually directing the treatment 4580  
given; 4581

(2) Failure to maintain minimal standards applicable to 4582  
the selection or administration of drugs, or failure to employ 4583  
acceptable scientific methods in the selection of drugs or other 4584  
modalities for treatment of disease; 4585

(3) Except as provided in section 4731.97 of the Revised 4586  
Code, selling, giving away, personally furnishing, prescribing, 4587  
or administering drugs for other than legal and legitimate 4588  
therapeutic purposes or a plea of guilty to, a judicial finding 4589  
of guilt of, or a judicial finding of eligibility for 4590  
intervention in lieu of conviction of, a violation of any 4591  
federal or state law regulating the possession, distribution, or 4592  
use of any drug; 4593

(4) Willfully betraying a professional confidence. 4594

For purposes of this division, "willfully betraying a 4595  
professional confidence" does not include providing any 4596  
information, documents, or reports under sections 307.621 to 4597

307.629 of the Revised Code to a child fatality review board; 4598  
does not include providing any information, documents, or 4599  
reports under sections 307.631 to 307.6410 of the Revised Code 4600  
to a drug overdose fatality review committee, a suicide fatality 4601  
review committee, or hybrid drug overdose fatality and suicide 4602  
fatality review committee; does not include providing any 4603  
information, documents, or reports under sections 307.651 to 4604  
307.659 of the Revised Code to a domestic violence fatality 4605  
review board; does not include providing any information, 4606  
documents, or reports to the director of health pursuant to 4607  
guidelines established under section 3701.70 of the Revised 4608  
Code; does not include written notice to a mental health 4609  
professional under section 4731.62 of the Revised Code; does not 4610  
include making a report as described in division (F) of section 4611  
2921.22 and section 4731.224 of the Revised Code; and does not 4612  
include the making of a report of an employee's use of a drug of 4613  
abuse, or a report of a condition of an employee other than one 4614  
involving the use of a drug of abuse, to the employer of the 4615  
employee as described in division (B) of section 2305.33 of the 4616  
Revised Code. Nothing in this division affects the immunity from 4617  
civil liability conferred by section 2305.33 or 4731.62 of the 4618  
Revised Code upon a physician who makes a report in accordance 4619  
with section 2305.33 or notifies a mental health professional in 4620  
accordance with section 4731.62 of the Revised Code. As used in 4621  
this division, "employee," "employer," and "physician" have the 4622  
same meanings as in section 2305.33 of the Revised Code. 4623

(5) Making a false, fraudulent, deceptive, or misleading 4624  
statement in the solicitation of or advertising for patients; in 4625  
relation to the practice of medicine and surgery, osteopathic 4626  
medicine and surgery, podiatric medicine and surgery, or a 4627  
limited branch of medicine; or in securing or attempting to 4628

secure any license or certificate to practice issued by the 4629  
board. 4630

As used in this division, "false, fraudulent, deceptive, 4631  
or misleading statement" means a statement that includes a 4632  
misrepresentation of fact, is likely to mislead or deceive 4633  
because of a failure to disclose material facts, is intended or 4634  
is likely to create false or unjustified expectations of 4635  
favorable results, or includes representations or implications 4636  
that in reasonable probability will cause an ordinarily prudent 4637  
person to misunderstand or be deceived. 4638

(6) A departure from, or the failure to conform to, 4639  
minimal standards of care of similar practitioners under the 4640  
same or similar circumstances, whether or not actual injury to a 4641  
patient is established; 4642

(7) Representing, with the purpose of obtaining 4643  
compensation or other advantage as personal gain or for any 4644  
other person, that an incurable disease or injury, or other 4645  
incurable condition, can be permanently cured; 4646

(8) The obtaining of, or attempting to obtain, money or 4647  
anything of value by fraudulent misrepresentations in the course 4648  
of practice; 4649

(9) A plea of guilty to, a judicial finding of guilt of, 4650  
or a judicial finding of eligibility for intervention in lieu of 4651  
conviction for, a felony; 4652

(10) Commission of an act that constitutes a felony in 4653  
this state, regardless of the jurisdiction in which the act was 4654  
committed; 4655

(11) A plea of guilty to, a judicial finding of guilt of, 4656  
or a judicial finding of eligibility for intervention in lieu of 4657

conviction for, a misdemeanor committed in the course of 4658  
practice; 4659

(12) Commission of an act in the course of practice that 4660  
constitutes a misdemeanor in this state, regardless of the 4661  
jurisdiction in which the act was committed; 4662

(13) A plea of guilty to, a judicial finding of guilt of, 4663  
or a judicial finding of eligibility for intervention in lieu of 4664  
conviction for, a misdemeanor involving moral turpitude; 4665

(14) Commission of an act involving moral turpitude that 4666  
constitutes a misdemeanor in this state, regardless of the 4667  
jurisdiction in which the act was committed; 4668

(15) Violation of the conditions of limitation placed by 4669  
the board upon a license or certificate to practice; 4670

(16) Failure to pay license renewal fees specified in this 4671  
chapter; 4672

(17) Except as authorized in section 4731.31 of the 4673  
Revised Code, engaging in the division of fees for referral of 4674  
patients, or the receiving of a thing of value in return for a 4675  
specific referral of a patient to utilize a particular service 4676  
or business; 4677

(18) Subject to section 4731.226 of the Revised Code, 4678  
violation of any provision of a code of ethics of the American 4679  
medical association, the American osteopathic association, the 4680  
American podiatric medical association, or any other national 4681  
professional organizations that the board specifies by rule. The 4682  
state medical board shall obtain and keep on file current copies 4683  
of the codes of ethics of the various national professional 4684  
organizations. The individual whose license or certificate is 4685  
being suspended or revoked shall not be found to have violated 4686

any provision of a code of ethics of an organization not 4687  
appropriate to the individual's profession. 4688

For purposes of this division, a "provision of a code of 4689  
ethics of a national professional organization" does not include 4690  
any provision that would preclude the making of a report by a 4691  
physician of an employee's use of a drug of abuse, or of a 4692  
condition of an employee other than one involving the use of a 4693  
drug of abuse, to the employer of the employee as described in 4694  
division (B) of section 2305.33 of the Revised Code. Nothing in 4695  
this division affects the immunity from civil liability 4696  
conferred by that section upon a physician who makes either type 4697  
of report in accordance with division (B) of that section. As 4698  
used in this division, "employee," "employer," and "physician" 4699  
have the same meanings as in section 2305.33 of the Revised 4700  
Code. 4701

(19) Inability to practice according to acceptable and 4702  
prevailing standards of care by reason of mental illness or 4703  
physical illness, including, but not limited to, physical 4704  
deterioration that adversely affects cognitive, motor, or 4705  
perceptive skills. 4706

In enforcing this division, the board, upon a showing of a 4707  
possible violation, shall refer any individual who is authorized 4708  
to practice by this chapter or who has submitted an application 4709  
pursuant to this chapter to the monitoring organization that 4710  
conducts the confidential monitoring program established under 4711  
section 4731.25 of the Revised Code. The board also may compel 4712  
the individual to submit to a mental examination, physical 4713  
examination, including an HIV test, or both a mental and a 4714  
physical examination. The expense of the examination is the 4715  
responsibility of the individual compelled to be examined. 4716

Failure to submit to a mental or physical examination or consent 4717  
to an HIV test ordered by the board constitutes an admission of 4718  
the allegations against the individual unless the failure is due 4719  
to circumstances beyond the individual's control, and a default 4720  
and final order may be entered without the taking of testimony 4721  
or presentation of evidence. If the board finds an individual 4722  
unable to practice because of the reasons set forth in this 4723  
division, the board shall require the individual to submit to 4724  
care, counseling, or treatment by physicians approved or 4725  
designated by the board, as a condition for initial, continued, 4726  
reinstated, or renewed authority to practice. An individual 4727  
affected under this division shall be afforded an opportunity to 4728  
demonstrate to the board the ability to resume practice in 4729  
compliance with acceptable and prevailing standards under the 4730  
provisions of the individual's license or certificate. For the 4731  
purpose of this division, any individual who applies for or 4732  
receives a license or certificate to practice under this chapter 4733  
accepts the privilege of practicing in this state and, by so 4734  
doing, shall be deemed to have given consent to submit to a 4735  
mental or physical examination when directed to do so in writing 4736  
by the board, and to have waived all objections to the 4737  
admissibility of testimony or examination reports that 4738  
constitute a privileged communication. 4739

(20) Except as provided in division (F) (1) (b) of section 4740  
4731.282 of the Revised Code or when civil penalties are imposed 4741  
under section 4731.225 of the Revised Code, and subject to 4742  
section 4731.226 of the Revised Code, violating or attempting to 4743  
violate, directly or indirectly, or assisting in or abetting the 4744  
violation of, or conspiring to violate, any provisions of this 4745  
chapter or any rule promulgated by the board. 4746

This division does not apply to a violation or attempted 4747

violation of, assisting in or abetting the violation of, or a 4748  
conspiracy to violate, any provision of this chapter or any rule 4749  
adopted by the board that would preclude the making of a report 4750  
by a physician of an employee's use of a drug of abuse, or of a 4751  
condition of an employee other than one involving the use of a 4752  
drug of abuse, to the employer of the employee as described in 4753  
division (B) of section 2305.33 of the Revised Code. Nothing in 4754  
this division affects the immunity from civil liability 4755  
conferred by that section upon a physician who makes either type 4756  
of report in accordance with division (B) of that section. As 4757  
used in this division, "employee," "employer," and "physician" 4758  
have the same meanings as in section 2305.33 of the Revised 4759  
Code. 4760

(21) The violation of section 3701.79 of the Revised Code 4761  
or of any abortion rule adopted by the director of health 4762  
pursuant to section 3701.341 of the Revised Code; 4763

(22) Any of the following actions taken by an agency 4764  
responsible for authorizing, certifying, or regulating an 4765  
individual to practice a health care occupation or provide 4766  
health care services in this state or another jurisdiction, for 4767  
any reason other than the nonpayment of fees: the limitation, 4768  
revocation, or suspension of an individual's license to 4769  
practice; acceptance of an individual's license surrender; 4770  
denial of a license; refusal to renew or reinstate a license; 4771  
imposition of probation; or issuance of an order of censure or 4772  
other reprimand; 4773

(23) The violation of section 2919.12 of the Revised Code 4774  
or the performance or inducement of an abortion upon a pregnant 4775  
woman with actual knowledge that the conditions specified in 4776  
division (B) of section 2317.56 of the Revised Code have not 4777

been satisfied or with a heedless indifference as to whether 4778  
those conditions have been satisfied, unless an affirmative 4779  
defense as specified in division (H) (2) of that section would 4780  
apply in a civil action authorized by division (H) (1) of that 4781  
section; 4782

(24) The revocation, suspension, restriction, reduction, 4783  
or termination of clinical privileges by the United States 4784  
department of defense or department of veterans affairs or the 4785  
termination or suspension of a certificate of registration to 4786  
prescribe drugs by the drug enforcement administration of the 4787  
United States department of justice; 4788

(25) Termination or suspension from participation in the 4789  
medicare or medicaid programs by the department of health and 4790  
human services or other responsible agency; 4791

(26) Impairment of ability to practice according to 4792  
acceptable and prevailing standards of care because of substance 4793  
use disorder or excessive use or abuse of drugs, alcohol, or 4794  
other substances that may impair ability to practice. 4795

For the purposes of this division, any individual 4796  
authorized to practice by this chapter accepts the privilege of 4797  
practicing in this state subject to supervision by the board. By 4798  
filing an application for or holding a license or certificate to 4799  
practice under this chapter, an individual shall be deemed to 4800  
have given consent to submit to a mental or physical examination 4801  
when ordered to do so by the board in writing, and to have 4802  
waived all objections to the admissibility of testimony or 4803  
examination reports that constitute privileged communications. 4804

If it has reason to believe that any individual authorized 4805  
to practice by this chapter or any applicant for licensure or 4806

certification to practice suffers such impairment, the board 4807  
shall refer the individual to the monitoring organization that 4808  
conducts the confidential monitoring program established under 4809  
section 4731.25 of the Revised Code. The board also may compel 4810  
the individual to submit to a mental or physical examination, or 4811  
both. The expense of the examination is the responsibility of 4812  
the individual compelled to be examined. Any mental or physical 4813  
examination required under this division shall be undertaken by 4814  
a treatment provider or physician who is qualified to conduct 4815  
the examination and who is approved under section 4731.251 of 4816  
the Revised Code. 4817

Failure to submit to a mental or physical examination 4818  
ordered by the board constitutes an admission of the allegations 4819  
against the individual unless the failure is due to 4820  
circumstances beyond the individual's control, and a default and 4821  
final order may be entered without the taking of testimony or 4822  
presentation of evidence. If the board determines that the 4823  
individual's ability to practice is impaired, the board shall 4824  
suspend the individual's license or certificate or deny the 4825  
individual's application and shall require the individual, as a 4826  
condition for initial, continued, reinstated, or renewed 4827  
licensure or certification to practice, to submit to treatment. 4828

Before being eligible to apply for reinstatement of a 4829  
license or certificate suspended under this division, the 4830  
impaired practitioner shall demonstrate to the board the ability 4831  
to resume practice in compliance with acceptable and prevailing 4832  
standards of care under the provisions of the practitioner's 4833  
license or certificate. The demonstration shall include, but 4834  
shall not be limited to, the following: 4835

(a) Certification from a treatment provider approved under 4836

section 4731.251 of the Revised Code that the individual has 4837  
successfully completed any required inpatient treatment; 4838

(b) Evidence of continuing full compliance with an 4839  
aftercare contract or consent agreement; 4840

(c) Two written reports indicating that the individual's 4841  
ability to practice has been assessed and that the individual 4842  
has been found capable of practicing according to acceptable and 4843  
prevailing standards of care. The reports shall be made by 4844  
individuals or providers approved by the board for making the 4845  
assessments and shall describe the basis for their 4846  
determination. 4847

The board may reinstate a license or certificate suspended 4848  
under this division after that demonstration and after the 4849  
individual has entered into a written consent agreement. 4850

When the impaired practitioner resumes practice, the board 4851  
shall require continued monitoring of the individual. The 4852  
monitoring shall include, but not be limited to, compliance with 4853  
the written consent agreement entered into before reinstatement 4854  
or with conditions imposed by board order after a hearing, and, 4855  
upon termination of the consent agreement, submission to the 4856  
board for at least two years of annual written progress reports 4857  
made under penalty of perjury stating whether the individual has 4858  
maintained sobriety. 4859

(27) A second or subsequent violation of section 4731.66 4860  
or 4731.69 of the Revised Code; 4861

(28) Except as provided in division (N) of this section: 4862

(a) Waiving the payment of all or any part of a deductible 4863  
or copayment that a patient, pursuant to a health insurance or 4864  
health care policy, contract, or plan that covers the 4865

individual's services, otherwise would be required to pay if the 4866  
waiver is used as an enticement to a patient or group of 4867  
patients to receive health care services from that individual; 4868

(b) Advertising that the individual will waive the payment 4869  
of all or any part of a deductible or copayment that a patient, 4870  
pursuant to a health insurance or health care policy, contract, 4871  
or plan that covers the individual's services, otherwise would 4872  
be required to pay. 4873

(29) Failure to use universal blood and body fluid 4874  
precautions established by rules adopted under section 4731.051 4875  
of the Revised Code; 4876

(30) Failure to provide notice to, and receive 4877  
acknowledgment of the notice from, a patient when required by 4878  
section 4731.143 of the Revised Code prior to providing 4879  
nonemergency professional services, or failure to maintain that 4880  
notice in the patient's medical record; 4881

(31) Failure of a physician ~~supervising who has entered~~ 4882  
into a collaboration agreement with a physician assistant under 4883  
section 4730.09 of the Revised Code to maintain supervision in 4884  
~~accordance with the requirements of Chapter 4730. of the Revised~~ 4885  
~~Code and the rules adopted under that chapter~~ fulfill the 4886  
responsibilities of collaboration after entering into the 4887  
agreement; 4888

(32) Failure of a physician or podiatrist to enter into a 4889  
standard care arrangement with a clinical nurse specialist, 4890  
certified nurse-midwife, or certified nurse practitioner with 4891  
whom the physician or podiatrist is in collaboration pursuant to 4892  
section 4731.27 of the Revised Code or failure to fulfill the 4893  
responsibilities of collaboration after entering into a standard 4894

care arrangement;	4895
(33) Failure to comply with the terms of a consult	4896
agreement entered into with a pharmacist pursuant to section	4897
4729.39 of the Revised Code;	4898
(34) Failure to cooperate in an investigation conducted by	4899
the board under division (F) of this section, including failure	4900
to comply with a subpoena or order issued by the board or	4901
failure to answer truthfully a question presented by the board	4902
in an investigative interview, an investigative office	4903
conference, at a deposition, or in written interrogatories,	4904
except that failure to cooperate with an investigation shall not	4905
constitute grounds for discipline under this section if a court	4906
of competent jurisdiction has issued an order that either	4907
quashes a subpoena or permits the individual to withhold the	4908
testimony or evidence in issue;	4909
(35) Failure to supervise an anesthesiologist assistant in	4910
accordance with Chapter 4760. of the Revised Code and the	4911
board's rules for supervision of an anesthesiologist assistant;	4912
(36) Assisting suicide, as defined in section 3795.01 of	4913
the Revised Code;	4914
(37) Failure to comply with the requirements of section	4915
2317.561 of the Revised Code;	4916
(38) Failure to supervise a radiologist assistant in	4917
accordance with Chapter 4774. of the Revised Code and the	4918
board's rules for supervision of radiologist assistants;	4919
(39) Performing or inducing an abortion at an office or	4920
facility with knowledge that the office or facility fails to	4921
post the notice required under section 3701.791 of the Revised	4922
Code;	4923

(40) Failure to comply with the standards and procedures 4924  
established in rules under section 4731.054 of the Revised Code 4925  
for the operation of or the provision of care at a pain 4926  
management clinic; 4927

(41) Failure to comply with the standards and procedures 4928  
established in rules under section 4731.054 of the Revised Code 4929  
for providing supervision, direction, and control of individuals 4930  
at a pain management clinic; 4931

(42) Failure to comply with the requirements of section 4932  
4729.79 or 4731.055 of the Revised Code, unless the state board 4933  
of pharmacy no longer maintains a drug database pursuant to 4934  
section 4729.75 of the Revised Code; 4935

(43) Failure to comply with the requirements of section 4936  
2919.171, 2919.202, or 2919.203 of the Revised Code or failure 4937  
to submit to the department of health in accordance with a court 4938  
order a complete report as described in section 2919.171 or 4939  
2919.202 of the Revised Code; 4940

(44) Practicing at a facility that is subject to licensure 4941  
as a category III terminal distributor of dangerous drugs with a 4942  
pain management clinic classification unless the person 4943  
operating the facility has obtained and maintains the license 4944  
with the classification; 4945

(45) Owning a facility that is subject to licensure as a 4946  
category III terminal distributor of dangerous drugs with a pain 4947  
management clinic classification unless the facility is licensed 4948  
with the classification; 4949

(46) Failure to comply with any of the requirements 4950  
regarding making or maintaining medical records or documents 4951  
described in division (A) of section 2919.192, division (C) of 4952

section 2919.193, division (B) of section 2919.195, or division 4953  
(A) of section 2919.196 of the Revised Code; 4954

(47) Failure to comply with the requirements in section 4955  
3719.061 of the Revised Code before issuing for a minor a 4956  
prescription for an opioid analgesic, as defined in section 4957  
3719.01 of the Revised Code; 4958

(48) Failure to comply with the requirements of section 4959  
4731.30 of the Revised Code or rules adopted under section 4960  
4731.301 of the Revised Code when recommending treatment with 4961  
medical marijuana; 4962

(49) A pattern of continuous or repeated violations of 4963  
division (E) (2) or (3) of section 3963.02 of the Revised Code; 4964

(50) Failure to fulfill the responsibilities of a 4965  
collaboration agreement entered into with an athletic trainer as 4966  
described in section 4755.621 of the Revised Code; 4967

(51) Failure to take the steps specified in section 4968  
4731.911 of the Revised Code following an abortion or attempted 4969  
abortion in an ambulatory surgical facility or other location 4970  
that is not a hospital when a child is born alive; 4971

(52) Violation of section 4731.77 of the Revised Code; 4972

(53) Failure of a physician supervising a certified mental 4973  
health assistant to maintain supervision in accordance with the 4974  
requirements of Chapter 4772. of the Revised Code and the rules 4975  
adopted under that chapter; 4976

(54) Failure to comply with the requirements of section 4977  
3705.16 of the Revised Code when certifying a decedent's cause 4978  
of death and completing and signing the medical certificate of 4979  
death. 4980

(C) Disciplinary actions taken by the board under 4981  
divisions (A) and (B) of this section shall be taken pursuant to 4982  
an adjudication under Chapter 119. of the Revised Code, except 4983  
that in lieu of an adjudication, the board may enter into a 4984  
consent agreement with an individual to resolve an allegation of 4985  
a violation of this chapter or any rule adopted under it. A 4986  
consent agreement, when ratified by an affirmative vote of not 4987  
fewer than six members of the board, shall constitute the 4988  
findings and order of the board with respect to the matter 4989  
addressed in the agreement. If the board refuses to ratify a 4990  
consent agreement, the admissions and findings contained in the 4991  
consent agreement shall be of no force or effect. 4992

A telephone conference call may be utilized for 4993  
ratification of a consent agreement that revokes or suspends an 4994  
individual's license or certificate to practice or certificate 4995  
to recommend. The telephone conference call shall be considered 4996  
a special meeting under division (F) of section 121.22 of the 4997  
Revised Code. 4998

If the board takes disciplinary action against an 4999  
individual under division (B) of this section for a second or 5000  
subsequent plea of guilty to, or judicial finding of guilt of, a 5001  
violation of section 2919.123 or 2919.124 of the Revised Code, 5002  
the disciplinary action shall consist of a suspension of the 5003  
individual's license or certificate to practice for a period of 5004  
at least one year or, if determined appropriate by the board, a 5005  
more serious sanction involving the individual's license or 5006  
certificate to practice. Any consent agreement entered into 5007  
under this division with an individual that pertains to a second 5008  
or subsequent plea of guilty to, or judicial finding of guilt 5009  
of, a violation of that section shall provide for a suspension 5010  
of the individual's license or certificate to practice for a 5011

period of at least one year or, if determined appropriate by the board, a more serious sanction involving the individual's license or certificate to practice.

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

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

(F) (1) The board shall investigate evidence that appears to show that a person has violated any provision of this chapter or any rule adopted under it. Any person may report to the board in a signed writing any information that the person may have that appears to show a violation of any provision of this chapter or any rule adopted under it. In the absence of bad faith, any person who reports information of that nature or who

testifies before the board in any adjudication conducted under 5042  
Chapter 119. of the Revised Code shall not be liable in damages 5043  
in a civil action as a result of the report or testimony. Each 5044  
complaint or allegation of a violation received by the board 5045  
shall be assigned a case number and shall be recorded by the 5046  
board. 5047

(2) Investigations of alleged violations of this chapter 5048  
or any rule adopted under it shall be supervised by the 5049  
supervising member elected by the board in accordance with 5050  
section 4731.02 of the Revised Code and by the secretary as 5051  
provided in section 4731.39 of the Revised Code. The president 5052  
may designate another member of the board to supervise the 5053  
investigation in place of the supervising member. Upon a vote of 5054  
the majority of the board to authorize the addition of a 5055  
consumer member in the supervision of any part of any 5056  
investigation, the president shall designate a consumer member 5057  
for supervision of investigations as determined by the 5058  
president. The authorization of consumer member participation in 5059  
investigation supervision may be rescinded by a majority vote of 5060  
the board. No member of the board who supervises the 5061  
investigation of a case shall participate in further 5062  
adjudication of the case. 5063

(3) In investigating a possible violation of this chapter 5064  
or any rule adopted under this chapter, or in conducting an 5065  
inspection under division (E) of section 4731.054 of the Revised 5066  
Code, the board may question witnesses, conduct interviews, 5067  
administer oaths, order the taking of depositions, inspect and 5068  
copy any books, accounts, papers, records, or documents, issue 5069  
subpoenas, and compel the attendance of witnesses and production 5070  
of books, accounts, papers, records, documents, and testimony, 5071  
except that a subpoena for patient record information shall not 5072

be issued without consultation with the attorney general's 5073  
office and approval of the secretary of the board. 5074

(a) Before issuance of a subpoena for patient record 5075  
information, the secretary shall determine whether there is 5076  
probable cause to believe that the complaint filed alleges a 5077  
violation of this chapter or any rule adopted under it and that 5078  
the records sought are relevant to the alleged violation and 5079  
material to the investigation. The subpoena may apply only to 5080  
records that cover a reasonable period of time surrounding the 5081  
alleged violation. 5082

(b) On failure to comply with any subpoena issued by the 5083  
board and after reasonable notice to the person being 5084  
subpoenaed, the board may move for an order compelling the 5085  
production of persons or records pursuant to the Rules of Civil 5086  
Procedure. 5087

(c) A subpoena issued by the board may be served by a 5088  
sheriff, the sheriff's deputy, or a board employee or agent 5089  
designated by the board. Service of a subpoena issued by the 5090  
board may be made by delivering a copy of the subpoena to the 5091  
person named therein, reading it to the person, or leaving it at 5092  
the person's usual place of residence, usual place of business, 5093  
or address on file with the board. When serving a subpoena to an 5094  
applicant for or the holder of a license or certificate issued 5095  
under this chapter, service of the subpoena may be made by 5096  
certified mail, return receipt requested, and the subpoena shall 5097  
be deemed served on the date delivery is made or the date the 5098  
person refuses to accept delivery. If the person being served 5099  
refuses to accept the subpoena or is not located, service may be 5100  
made to an attorney who notifies the board that the attorney is 5101  
representing the person. 5102

(d) A sheriff's deputy who serves a subpoena shall receive 5103  
the same fees as a sheriff. Each witness who appears before the 5104  
board in obedience to a subpoena shall receive the fees and 5105  
mileage provided for under section 119.094 of the Revised Code. 5106

(4) All hearings, investigations, and inspections of the 5107  
board shall be considered civil actions for the purposes of 5108  
section 2305.252 of the Revised Code. 5109

(5) A report required to be submitted to the board under 5110  
this chapter, a complaint, or information received by the board 5111  
pursuant to an investigation or pursuant to an inspection under 5112  
division (E) of section 4731.054 of the Revised Code is 5113  
confidential and not subject to discovery in any civil action. 5114

The board shall conduct all investigations or inspections 5115  
and proceedings in a manner that protects the confidentiality of 5116  
patients and persons who file complaints with the board. The 5117  
board shall not make public the names or any other identifying 5118  
information about patients or complainants unless proper consent 5119  
is given or, in the case of a patient, a waiver of the patient 5120  
privilege exists under division (B) of section 2317.02 of the 5121  
Revised Code, except that consent or a waiver of that nature is 5122  
not required if the board possesses reliable and substantial 5123  
evidence that no bona fide physician-patient relationship 5124  
exists. 5125

The board may share any information it receives pursuant 5126  
to an investigation or inspection, including patient records and 5127  
patient record information, with law enforcement agencies, other 5128  
licensing boards, and other governmental agencies that are 5129  
prosecuting, adjudicating, or investigating alleged violations 5130  
of statutes or administrative rules. An agency or board that 5131  
receives the information shall comply with the same requirements 5132

regarding confidentiality as those with which the state medical board must comply, notwithstanding any conflicting provision of the Revised Code or procedure of the agency or board that applies when it is dealing with other information in its possession. In a judicial proceeding, the information may be admitted into evidence only in accordance with the Rules of Evidence, but the court shall require that appropriate measures are taken to ensure that confidentiality is maintained with respect to any part of the information that contains names or other identifying information about patients or complainants whose confidentiality was protected by the state medical board when the information was in the board's possession. Measures to ensure confidentiality that may be taken by the court include sealing its records or deleting specific information from its records.

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

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

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

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

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

(d) Whether witnesses were interviewed;	5162
(e) Whether the individual against whom the complaint is directed is the subject of any pending complaints;	5163 5164
(f) The disposition of the case.	5165
The report shall state how many cases are still pending and shall be prepared in a manner that protects the identity of each person involved in each case. The report shall be a public record under section 149.43 of the Revised Code.	5166 5167 5168 5169
(7) The board may provide a status update regarding an investigation to a complainant on request if the board verifies the complainant's identity.	5170 5171 5172
(G) (1) If either of the following circumstances occur, the secretary and supervising member may recommend that the board suspend an individual's license or certificate to practice or certificate to recommend without a prior hearing:	5173 5174 5175 5176
(a) The secretary and supervising member determine both of the following:	5177 5178
(i) That there is clear and convincing evidence that an individual has violated division (B) of this section;	5179 5180
(ii) That the individual's continued practice presents a danger of immediate and serious harm to the public.	5181 5182
(b) The board receives verifiable information that a licensee has been charged in any state or federal court with a crime classified as a felony under the charging court's law and the conduct constitutes a violation of division (B) of this section.	5183 5184 5185 5186 5187
(2) If a recommendation is made to suspend without a prior	5188

hearing pursuant to division (G) (1) of this section, written 5189  
allegations shall be prepared for consideration by the board. 5190  
The board, upon review of those allegations and by an 5191  
affirmative vote of not fewer than six of its members, excluding 5192  
the secretary and supervising member, may suspend a license or 5193  
certificate without a prior hearing. A telephone conference call 5194  
may be utilized for reviewing the allegations and taking the 5195  
vote on the summary suspension. 5196

The board shall serve a written order of suspension in 5197  
accordance with sections 119.05 and 119.07 of the Revised Code. 5198  
If the individual subject to the summary suspension requests an 5199  
adjudicatory hearing by the board, the date set for the hearing 5200  
shall be within fifteen days, but not earlier than seven days, 5201  
after the individual requests the hearing, unless otherwise 5202  
agreed to by both the board and the individual. 5203

(3) Any summary suspension imposed under division (G) (2) 5204  
of this section is not a final appealable order and is not an 5205  
adjudication that may be appealed under section 119.12 of the 5206  
Revised Code. The summary suspension shall remain in effect 5207  
until a final adjudicative order issued by the board pursuant to 5208  
this section and Chapter 119. of the Revised Code becomes 5209  
effective. Once a final adjudicative order has been issued by 5210  
the board, any party adversely affected by it may file an appeal 5211  
in accordance with the requirements of Chapter 119. of the 5212  
Revised Code. 5213

The board shall issue its final adjudicative order within 5214  
seventy-five days after completion of its hearing. A failure to 5215  
issue the order within seventy-five days shall result in 5216  
dissolution of the summary suspension order but shall not 5217  
invalidate any subsequent, final adjudicative order. 5218

(H) If the board takes action under division (B) (9), (11), 5219  
or (13) of this section and the judicial finding of guilt, 5220  
guilty plea, or judicial finding of eligibility for intervention 5221  
in lieu of conviction is overturned on appeal, upon exhaustion 5222  
of the criminal appeal, a petition for reconsideration of the 5223  
order may be filed with the board along with appropriate court 5224  
documents. Upon receipt of a petition of that nature and 5225  
supporting court documents, the board shall reinstate the 5226  
individual's license or certificate to practice. The board may 5227  
then hold an adjudication under Chapter 119. of the Revised Code 5228  
to determine whether the individual committed the act in 5229  
question. Notice of an opportunity for a hearing shall be given 5230  
in accordance with Chapter 119. of the Revised Code. If the 5231  
board finds, pursuant to an adjudication held under this 5232  
division, that the individual committed the act or if no hearing 5233  
is requested, the board may order any of the sanctions 5234  
identified under division (B) of this section. 5235

(I) The license or certificate to practice issued to an 5236  
individual under this chapter and the individual's practice in 5237  
this state are automatically suspended as of the date of the 5238  
individual's second or subsequent plea of guilty to, or judicial 5239  
finding of guilt of, a violation of section 2919.123 or 2919.124 5240  
of the Revised Code. In addition, the license or certificate to 5241  
practice or certificate to recommend issued to an individual 5242  
under this chapter and the individual's practice in this state 5243  
are automatically suspended as of the date the individual pleads 5244  
guilty to, is found by a judge or jury to be guilty of, or is 5245  
subject to a judicial finding of eligibility for intervention in 5246  
lieu of conviction in this state or treatment or intervention in 5247  
lieu of conviction in another jurisdiction for any of the 5248  
following criminal offenses in this state or a substantially 5249

equivalent criminal offense in another jurisdiction: aggravated 5250  
murder, murder, voluntary manslaughter, felonious assault, 5251  
trafficking in persons, kidnapping, rape, sexual battery, gross 5252  
sexual imposition, aggravated arson, aggravated robbery, or 5253  
aggravated burglary. Continued practice after suspension shall 5254  
be considered practicing without a license or certificate. 5255

The board shall notify the individual subject to the 5256  
suspension in accordance with sections 119.05 and 119.07 of the 5257  
Revised Code. If an individual whose license or certificate is 5258  
automatically suspended under this division fails to make a 5259  
timely request for an adjudication under Chapter 119. of the 5260  
Revised Code, the board shall do whichever of the following is 5261  
applicable: 5262

(1) If the automatic suspension under this division is for 5263  
a second or subsequent plea of guilty to, or judicial finding of 5264  
guilt of, a violation of section 2919.123 or 2919.124 of the 5265  
Revised Code, the board shall enter an order suspending the 5266  
individual's license or certificate to practice for a period of 5267  
at least one year or, if determined appropriate by the board, 5268  
imposing a more serious sanction involving the individual's 5269  
license or certificate to practice. 5270

(2) In all circumstances in which division (I)(1) of this 5271  
section does not apply, enter a final order permanently revoking 5272  
the individual's license or certificate to practice. 5273

(J) If the board is required by Chapter 119. of the 5274  
Revised Code to give notice of an opportunity for a hearing and 5275  
if the individual subject to the notice does not timely request 5276  
a hearing in accordance with section 119.07 of the Revised Code, 5277  
the board is not required to hold a hearing, but may adopt, by 5278  
an affirmative vote of not fewer than six of its members, a 5279

final order that contains the board's findings. In that final 5280  
order, the board may order any of the sanctions identified under 5281  
division (A) or (B) of this section. 5282

(K) Any action taken by the board under division (B) of 5283  
this section resulting in a suspension from practice shall be 5284  
accompanied by a written statement of the conditions under which 5285  
the individual's license or certificate to practice may be 5286  
reinstated. The board shall adopt rules governing conditions to 5287  
be imposed for reinstatement. Reinstatement of a license or 5288  
certificate suspended pursuant to division (B) of this section 5289  
requires an affirmative vote of not fewer than six members of 5290  
the board. 5291

(L) When the board refuses to grant or issue a license or 5292  
certificate to practice to an applicant, revokes an individual's 5293  
license or certificate to practice, refuses to renew an 5294  
individual's license or certificate to practice, or refuses to 5295  
reinstatement an individual's license or certificate to practice, 5296  
the board may specify that its action is permanent. An 5297  
individual subject to a permanent action taken by the board is 5298  
forever thereafter ineligible to hold a license or certificate 5299  
to practice and the board shall not accept an application for 5300  
reinstatement of the license or certificate or for issuance of a 5301  
new license or certificate. 5302

(M) Notwithstanding any other provision of the Revised 5303  
Code, all of the following apply: 5304

(1) The surrender of a license or certificate issued under 5305  
this chapter shall not be effective unless or until accepted by 5306  
the board. A telephone conference call may be utilized for 5307  
acceptance of the surrender of an individual's license or 5308  
certificate to practice. The telephone conference call shall be 5309

considered a special meeting under division (F) of section 5310  
121.22 of the Revised Code. Reinstatement of a license or 5311  
certificate surrendered to the board requires an affirmative 5312  
vote of not fewer than six members of the board. 5313

(2) An application for a license or certificate made under 5314  
the provisions of this chapter may not be withdrawn without 5315  
approval of the board. 5316

(3) Failure by an individual to renew a license or 5317  
certificate to practice in accordance with this chapter or a 5318  
certificate to recommend in accordance with rules adopted under 5319  
section 4731.301 of the Revised Code does not remove or limit 5320  
the board's jurisdiction to take any disciplinary action under 5321  
this section against the individual. 5322

(4) The placement of an individual's license on retired 5323  
status, as described in section 4731.283 of the Revised Code, 5324  
does not remove or limit the board's jurisdiction to take any 5325  
disciplinary action against the individual with regard to the 5326  
license as it existed before being placed on retired status. 5327

(5) At the request of the board, a license or certificate 5328  
holder shall immediately surrender to the board a license or 5329  
certificate that the board has suspended, revoked, or 5330  
permanently revoked. 5331

(N) Sanctions shall not be imposed under division (B) (28) 5332  
of this section against any person who waives deductibles and 5333  
copayments as follows: 5334

(1) In compliance with the health benefit plan that 5335  
expressly allows such a practice. Waiver of the deductibles or 5336  
copayments shall be made only with the full knowledge and 5337  
consent of the plan purchaser, payer, and third-party 5338

administrator. Documentation of the consent shall be made 5339  
available to the board upon request. 5340

(2) For professional services rendered to any other person 5341  
authorized to practice pursuant to this chapter, to the extent 5342  
allowed by this chapter and rules adopted by the board. 5343

(O) Under the board's investigative duties described in 5344  
this section and subject to division (F) of this section, the 5345  
board shall develop and implement a quality intervention program 5346  
designed to improve through remedial education the clinical and 5347  
communication skills of individuals authorized under this 5348  
chapter to practice medicine and surgery, osteopathic medicine 5349  
and surgery, and podiatric medicine and surgery. In developing 5350  
and implementing the quality intervention program, the board may 5351  
do all of the following: 5352

(1) Offer in appropriate cases as determined by the board 5353  
an educational and assessment program pursuant to an 5354  
investigation the board conducts under this section; 5355

(2) Select providers of educational and assessment 5356  
services, including a quality intervention program panel of case 5357  
reviewers; 5358

(3) Make referrals to educational and assessment service 5359  
providers and approve individual educational programs 5360  
recommended by those providers. The board shall monitor the 5361  
progress of each individual undertaking a recommended individual 5362  
educational program. 5363

(4) Determine what constitutes successful completion of an 5364  
individual educational program and require further monitoring of 5365  
the individual who completed the program or other action that 5366  
the board determines to be appropriate; 5367

(5) Adopt rules in accordance with Chapter 119. of the 5368  
Revised Code to further implement the quality intervention 5369  
program. 5370

An individual who participates in an individual 5371  
educational program pursuant to this division shall pay the 5372  
financial obligations arising from that educational program. 5373

(P) The board shall not refuse to issue a license to an 5374  
applicant because of a conviction, plea of guilty, judicial 5375  
finding of guilt, judicial finding of eligibility for 5376  
intervention in lieu of conviction, or the commission of an act 5377  
that constitutes a criminal offense, unless the refusal is in 5378  
accordance with section 9.79 of the Revised Code. 5379

(Q) A license or certificate to practice or certificate to 5380  
recommend issued to an individual under this chapter and an 5381  
individual's practice under this chapter in this state are 5382  
automatically suspended if the individual's license or 5383  
certificate to practice a health care occupation or provide 5384  
health care services is suspended, revoked, or surrendered or 5385  
relinquished in lieu of discipline by an agency responsible for 5386  
authorizing, certifying, or regulating an individual to practice 5387  
a health care occupation or provide health care services in this 5388  
state or another jurisdiction. The automatic suspension begins 5389  
immediately upon entry of the order by the agency and lasts for 5390  
ninety days to permit the board to investigate the basis for the 5391  
action under this chapter. Continued practice during the 5392  
automatic suspension shall be considered practicing without a 5393  
license or certificate. 5394

The board shall notify the individual subject to the 5395  
automatic suspension by certified mail or in person in 5396  
accordance with section 119.07 of the Revised Code. If an 5397

individual subject to an automatic suspension under this 5398  
division fails to make a timely request for an adjudication 5399  
under Chapter 119. of the Revised Code, the board is not 5400  
required to hold a hearing, but may adopt, by an affirmative 5401  
vote of not fewer than six of its members, a final order that 5402  
contains the board's findings. In that final order, the board 5403  
may order any of the sanctions identified under division (A) or 5404  
(B) of this section. 5405

**Sec. 4731.297.** (A) As used in this section: 5406

(1) "Academic medical center" means a medical school and 5407  
its affiliated teaching hospitals and clinics partnering to do 5408  
all of the following: 5409

(a) Provide the highest quality of patient care from 5410  
expert physicians; 5411

(b) Conduct groundbreaking research leading to medical 5412  
advancements for current and future patients; 5413

(c) Provide medical education and graduate medical 5414  
education to educate and train physicians. 5415

(2) "Affiliated physician group practice" means a medical 5416  
practice that consists of one or more physicians authorized 5417  
under this chapter to practice medicine and surgery or 5418  
osteopathic medicine and surgery and that is affiliated with an 5419  
academic medical center to further the objectives described in 5420  
divisions (A) (1) (a) to (c) of this section. 5421

(B) The state medical board shall issue, without 5422  
examination, to an applicant who meets the requirements of this 5423  
section a certificate of conceded eminence authorizing the 5424  
practice of medicine and surgery or osteopathic medicine and 5425  
surgery as part of the applicant's employment with an academic 5426

medical center in this state or affiliated physician group 5427  
practice in this state. 5428

(C) To be eligible for a certificate of conceded eminence, 5429  
an applicant shall provide to the board all of the following: 5430

(1) Evidence satisfactory to the board of all of the 5431  
following: 5432

(a) That the applicant is an international medical 5433  
graduate who holds a medical degree from an educational 5434  
institution listed in the international medical education 5435  
directory; 5436

(b) That the applicant has been appointed to serve in this 5437  
state as a full-time faculty member of a medical school 5438  
accredited by the liaison committee on medical education or an 5439  
osteopathic medical school accredited by the American 5440  
osteopathic association; 5441

(c) That the applicant has accepted an offer of employment 5442  
with an academic medical center in this state or affiliated 5443  
physician group practice in this state; 5444

(d) That the applicant holds a license in good standing in 5445  
another state or country authorizing the practice of medicine 5446  
and surgery or osteopathic medicine and surgery; 5447

(e) That the applicant has unique talents and 5448  
extraordinary abilities not generally found within the 5449  
applicant's specialty, as demonstrated by satisfying at least 5450  
four of the following: 5451

(i) The applicant has achieved educational qualifications 5452  
beyond those that are required for entry into the applicant's 5453  
specialty, including advanced degrees, special certifications, 5454

or other academic credentials. 5455

(ii) The applicant has written multiple articles in 5456  
journals listed in the index medicus or an equivalent scholarly 5457  
publication acceptable to the board. 5458

(iii) The applicant has a sustained record of excellence 5459  
in original research, at least some of which involves serving as 5460  
the principal investigator or co-principal investigator for a 5461  
research project. 5462

(iv) The applicant has received nationally or 5463  
internationally recognized prizes or awards for excellence. 5464

(v) The applicant has participated in peer review in a 5465  
field of specialization that is the same as or similar to the 5466  
applicant's specialty. 5467

(vi) The applicant has developed new procedures or 5468  
treatments for complex medical problems that are recognized by 5469  
peers as a significant advancement in the applicable field of 5470  
medicine. 5471

(vii) The applicant has held previous academic 5472  
appointments with or been employed by a health care organization 5473  
that has a distinguished national or international reputation. 5474

(viii) The applicant has been the recipient of a national 5475  
institutes of health or other competitive grant award. 5476

(f) That the applicant has received staff membership or 5477  
professional privileges from the academic medical center 5478  
pursuant to standards adopted under section 3701.351 of the 5479  
Revised Code on a basis that requires the applicant's medical 5480  
education and graduate medical education to be at least 5481  
equivalent to that of a physician educated and trained in the 5482

United States; 5483

(g) That the applicant has sufficient written and oral 5484  
English skills to communicate effectively and reliably with 5485  
patients, their families, and other medical professionals; 5486

(h) That the applicant will have professional liability 5487  
insurance through the applicant's employment with the academic 5488  
medical center or affiliated physician group practice. 5489

(2) An attestation that the applicant agrees to practice 5490  
only within the clinical setting of the academic medical center 5491  
or for the affiliated physician group practice; 5492

(3) Three letters of reference from distinguished experts 5493  
in the applicant's specialty attesting to the unique 5494  
capabilities of the applicant, at least one of which must be 5495  
from outside the academic medical center or affiliated physician 5496  
group practice; 5497

(4) An affidavit from the dean of the medical school where 5498  
the applicant has been appointed to serve as a faculty member 5499  
stating that the applicant meets all of the requirements of 5500  
division (C) (1) of this section and that the letters of 5501  
reference submitted under division (C) (3) of this section are 5502  
from distinguished experts in the applicant's specialty, and 5503  
documentation to support the affidavit; 5504

(5) A fee of one thousand dollars for the certificate. 5505

(D) (1) The holder of a certificate of conceded eminence 5506  
may practice medicine and surgery or osteopathic medicine and 5507  
surgery only within the clinical setting of the academic medical 5508  
center with which the certificate holder is employed or for the 5509  
affiliated physician group practice with which the certificate 5510  
holder is employed. 5511

(2) A certificate holder may supervise medical students, 5512  
supervise physicians participating in graduate medical 5513  
education, collaborate with advanced practice registered nurses, 5514  
and collaborate with physician assistants when performing 5515  
clinical services in the certificate holder's area of specialty. 5516

(E) The board may revoke a certificate issued under this 5517  
section on receiving proof satisfactory to the board that the 5518  
certificate holder has engaged in practice in this state outside 5519  
the scope of the certificate or that there are grounds for 5520  
action against the certificate holder under section 4731.22 of 5521  
the Revised Code. 5522

(F) A certificate of conceded eminence is valid for the 5523  
shorter of two years or the duration of the certificate holder's 5524  
employment with the academic medical center or affiliated 5525  
physician group practice. The certificate ceases to be valid if 5526  
the holder resigns or is otherwise terminated from the academic 5527  
medical center or affiliated physician group practice. 5528

(G) A certificate of conceded eminence may be renewed for 5529  
an additional two-year period. There is no limit on the number 5530  
of times a certificate may be renewed. A person seeking renewal 5531  
of a certificate shall apply to the board and is eligible for 5532  
renewal if the applicant does all of the following: 5533

(1) Pays the renewal fee of one thousand dollars; 5534

(2) Provides to the board an affidavit and supporting 5535  
documentation from the academic medical center or affiliated 5536  
physician group practice of all of the following: 5537

(a) That the applicant's initial appointment to the 5538  
medical faculty is still valid or has been renewed; 5539

(b) That the applicant's clinical practice is consistent 5540

with the established standards in the field; 5541

(c) That the applicant has demonstrated continued 5542  
scholarly achievement; 5543

(d) That the applicant has demonstrated continued 5544  
professional achievement consistent with the academic medical 5545  
center's requirements, established pursuant to standards adopted 5546  
under section 3701.351 of the Revised Code, for physicians with 5547  
staff membership or professional privileges with the academic 5548  
medical center. 5549

(3) Satisfies the same continuing medical education 5550  
requirements set forth in section 4731.282 of the Revised Code 5551  
that apply to a person who holds a certificate to practice 5552  
medicine and surgery or osteopathic medicine and surgery issued 5553  
under this chapter. 5554

(4) Complies with any other requirements established by 5555  
the board. 5556

(H) The board shall not require a person to obtain a 5557  
certificate under Chapter 4796. of the Revised Code to practice 5558  
medicine and surgery or osteopathic medicine and surgery if the 5559  
person holds a certificate of conceded eminence issued under 5560  
this section. 5561

(I) The board may adopt any rules it considers necessary 5562  
to implement this section. The rules shall be adopted in 5563  
accordance with Chapter 119. of the Revised Code. 5564

**Sec. 4731.33.** (A) As used in this section: 5565

(1) "Light-based medical device" means any device that can 5566  
be made to produce or amplify electromagnetic radiation at 5567  
wavelengths equal to or greater than one hundred eighty nm but 5568

less than or equal to  $1.0 \times 10^6$  nm and that is manufactured, 5569  
designed, intended, or promoted for irradiation of any part of 5570  
the human body for the purpose of affecting the structure or 5571  
function of the body. 5572

(2) "Physician" means a person authorized to practice 5573  
medicine and surgery, osteopathic medicine and surgery, or 5574  
podiatric medicine and surgery under this chapter. 5575

(3) "On-site supervision" means the supervising physician 5576  
is physically in the same location as the delegate during the 5577  
use of a light-based medical device, but does not require the 5578  
physician to be in the same room. "On-site supervision" includes 5579  
the supervising physician's presence in the same office suite as 5580  
the delegate during the use of the device. 5581

(4) "Off-site supervision" means the supervising physician 5582  
is continuously available for direct communication with the 5583  
cosmetic therapist during the use of a light-based medical 5584  
device. 5585

(5) "Direct physical oversight" means the supervising 5586  
physician is in the same room directly observing the delegate's 5587  
use of the light-based medical device. 5588

(B) A physician may delegate the application of light- 5589  
based medical devices for the purpose of hair removal only if 5590  
all of the following conditions are met: 5591

(1) The light-based medical device has been specifically 5592  
cleared or approved by the United States food and drug 5593  
administration for the removal of hair from the human body. 5594

(2) The use of the light-based medical device for the 5595  
purpose of hair removal is within the physician's normal course 5596  
of practice and expertise. 5597

(3) The physician has seen and evaluated the patient to 5598  
determine whether the proposed application of the specific 5599  
light-based medical device is appropriate. 5600

(4) The physician has seen and evaluated the patient 5601  
following the initial application of the specific light-based 5602  
medical device, but before any continuation of treatment, to 5603  
determine that the patient responded well to that initial 5604  
application of the specific light-based medical device. 5605

(5) The person to whom the delegation is made is one of 5606  
the following: 5607

(a) A physician assistant licensed under Chapter 4730. of 5608  
the Revised Code ~~with whom the physician has an effective~~ 5609  
~~supervision agreement;~~ 5610

(b) A person who was licensed as a cosmetic therapist 5611  
under Chapter 4731. of the Revised Code on April 11, 2021; 5612

(c) A person who has completed a cosmetic therapy course 5613  
of instruction for a minimum of seven hundred fifty clock hours 5614  
and received a passing score on the certified laser hair removal 5615  
professional examination administered by the society for 5616  
clinical and medical hair removal; 5617

(d) A registered nurse or licensed practical nurse 5618  
licensed under Chapter 4723. of the Revised Code. 5619

~~(C) For delegation to a physician assistant, the~~ 5620  
~~delegation must meet the requirements of section 4730.21 of the~~ 5621  
~~Revised Code.~~ 5622

~~(D)(1)~~ For delegation to a person described under division 5623  
(B) (5) (b) or (c) of this section, the physician shall ensure 5624  
that the person to whom the delegation is made has received 5625

adequate education and training to provide the level of skill	5626
and care necessary, including all of the following:	5627
(a) The person has completed eight hours of basic	5628
education that includes the following topics:	5629
(i) Light-based procedure physics;	5630
(ii) Tissue interaction in light-based procedures;	5631
(iii) Light-based procedure safety, including use of	5632
proper safety equipment;	5633
(iv) Clinical application of light-based procedures;	5634
(v) Preoperative and postoperative care of light-based	5635
procedure patients;	5636
(vi) Reporting of adverse events.	5637
(b) The person has observed fifteen procedures for each	5638
specific type of light-based medical device procedure for hair	5639
removal that the person will perform under the delegation.	5640
(c) The person shall perform at least twenty procedures	5641
under the direct physical oversight of the physician on each	5642
specific type of light-based medical device procedure for hair	5643
removal delegated.	5644
(2) For purposes of division <del>(D) (1) (b)</del> <u>(C) (1) (b)</u> of this	5645
section, the procedures observed shall be performed by a	5646
physician who uses the specific light-based medical device	5647
procedure for hair removal in the physician's normal course of	5648
practice and expertise.	5649
(3) For purposes of division <del>(D) (1) (c)</del> <u>(C) (1) (c)</u> of this	5650
section, the physician overseeing the performance of these	5651
procedures shall use this specific light-based medical device	5652

procedure for hair removal within the physician's normal course 5653  
of practice and expertise. 5654

(4) Each delegating physician and delegate shall document 5655  
and retain satisfactory completion of training required under 5656  
division ~~(D)~~(C) of this section. The education requirement in 5657  
division ~~(D)~~(1)~~(a)~~(C)(1)(a) of this section shall be completed 5658  
only once by the delegate regardless of the number of types of 5659  
specific light-based medical device procedures for hair removal 5660  
delegated and the number of delegating physicians. The training 5661  
requirements of divisions ~~(D)~~(1)~~(b)~~(C)(1)(b) and (c) of this 5662  
section shall be completed by the delegate once for each 5663  
specific type of light-based medical device procedure for hair 5664  
removal delegated regardless of the number of delegating 5665  
physicians. 5666

~~(E)~~(D) The following delegates are exempt from the 5667  
education and training requirements of division ~~(D)~~(1)~~(C)~~(1) of 5668  
this section: 5669

(1) A person who, before ~~the effective date of this~~ 5670  
~~section~~September 30, 2021, has been applying a light-based 5671  
medical device for hair removal for at least two years through a 5672  
lawful delegation by a physician; 5673

(2) A person described under division (B)(5)(b) of this 5674  
section if the person was authorized to use a light-based 5675  
medical device under the cosmetic therapist license; 5676

(3) A person described in division (B)(5)(a) or (d) of 5677  
this section. 5678

~~(F)~~(E) For delegation to a person under division (B)(5) 5679  
(b), (c), or (d) of this section, the physician shall provide 5680  
on-site supervision at all times that the person to whom the 5681

delegation is made is applying the light-based medical device. 5682

A physician shall not supervise more than two delegates 5683  
under division (B) (5) (b), (c), or (d) of this section at the 5684  
same time. 5685

~~(G) (1)~~ (F) (1) Notwithstanding division ~~(F) (E)~~ of this 5686  
section, a physician may provide off-site supervision when the 5687  
light-based medical device is applied for the purpose of hair 5688  
removal to an established patient if the person to whom the 5689  
delegation is made is a cosmetic therapist who meets all of the 5690  
following criteria: 5691

(a) The cosmetic therapist has successfully completed a 5692  
course in the use of light-based medical devices for the purpose 5693  
of hair removal that has been approved by the delegating 5694  
physician; 5695

(b) The course consisted of at least fifty hours of 5696  
training, at least thirty hours of which was clinical 5697  
experience; 5698

(c) The cosmetic therapist has worked under the on-site 5699  
supervision of the delegating physician for a sufficient period 5700  
of time that the physician is satisfied that the cosmetic 5701  
therapist is capable of competently performing the service with 5702  
off-site supervision. 5703

(2) The cosmetic therapist shall maintain documentation of 5704  
the successful completion of the required training. 5705

~~(H) (G)~~ A delegate under this section shall immediately 5706  
report to the supervising physician any clinically significant 5707  
side effect following the application of the light-based medical 5708  
device or any failure of the treatment to progress as was 5709  
expected at the time the delegation was made. The physician 5710

shall see and personally evaluate the patient who has 5711  
experienced the clinically significant side effect or whose 5712  
treatment is not progressing as expected as soon as practicable. 5713

~~(I)~~(H) No physician shall fail to comply with division 5714  
(A), (B), ~~(G)~~(F), or ~~(H)~~(G) of this section. A violation of this 5715  
division constitutes a departure from, or the failure to conform to, 5716  
minimal standards of care of similar practitioners under the 5717  
same or similar circumstances, whether or not actual injury to a 5718  
patient is established, under division (B) (6) of section 4731.22 5719  
of the Revised Code. 5720

~~(J)~~(I) No physician shall delegate the application of 5721  
light-based medical devices for the purpose of hair removal to a 5722  
person who is not listed in division (B) (5) of this section. A 5723  
violation of this division constitutes violating or attempting 5724  
to violate, directly or indirectly, or assisting in or abetting 5725  
the violation of, or conspiring to violate section 4731.41 of 5726  
the Revised Code for purposes of division (B) (20) of section 5727  
4731.22 of the Revised Code. 5728

~~(K)~~(J) No cosmetic therapist to whom a delegation is made 5729  
under division (B) (5) (b) or (c) of this section shall fail to 5730  
comply with division ~~(G)~~(F) or ~~(H)~~(G) of this section. A 5731  
violation of this division constitutes the unauthorized practice 5732  
of medicine pursuant to section 4731.41 of the Revised Code. 5733

~~(L)~~(K) No physician assistant shall fail to comply with 5734  
division ~~(H)~~(G) of this section. A violation of this division 5735  
constitutes a departure from, or failure to conform to, minimal 5736  
standards of care of similar physician assistants under the same 5737  
or similar circumstances, regardless of whether actual injury to 5738  
patient is established, for purposes of division (B) (19) of 5739  
section 4730.25 of the Revised Code. 5740

**Sec. 4761.17.** All of the following apply to the practice 5741  
of respiratory care by a person who holds a license or limited 5742  
permit issued under this chapter: 5743

(A) The person shall practice only pursuant to a 5744  
prescription or other order for respiratory care issued by any 5745  
of the following: 5746

(1) A physician; 5747

(2) A clinical nurse specialist, certified nurse-midwife, 5748  
or certified nurse practitioner who holds a current, valid 5749  
license issued under Chapter 4723. of the Revised Code to 5750  
practice nursing as an advanced practice registered nurse and 5751  
has entered into a standard care arrangement with a physician; 5752

(3) A certified registered nurse anesthetist who holds a 5753  
current, valid license issued under Chapter 4723. of the Revised 5754  
Code to practice nursing as an advanced practice registered 5755  
nurse and acts in compliance with section 4723.43 of the Revised 5756  
Code; 5757

(4) A physician assistant who ~~holds a valid prescriber-~~ 5758  
~~number issued by the state medical board, has been granted-~~ 5759  
~~physician-delegated prescriptive authority, and has entered into~~ 5760  
~~a supervision agreement that allows the physician assistant to-~~ 5761  
~~prescribe or order respiratory care services~~ as provided in 5762  
section 4730.15 of the Revised Code, subject to the conditions 5763  
under which the physician assistant is practicing, as provided 5764  
in section 4730.08 of the Revised Code. 5765

(B) The person shall practice only under the supervision 5766  
of any of the following: 5767

(1) A physician; 5768

(2) A certified nurse practitioner, certified nurse- 5769  
midwife, or clinical nurse specialist; 5770

(3) A physician assistant who is authorized to prescribe 5771  
or order respiratory care services as provided in division (A) 5772  
(4) of this section. 5773

(C) (1) When practicing under the prescription or order of 5774  
a certified nurse practitioner, certified nurse midwife, or 5775  
clinical nurse specialist or under the supervision of such a 5776  
nurse, the person's administration of medication that requires a 5777  
prescription is limited to the drugs that the nurse is 5778  
authorized to prescribe pursuant to section 4723.481 of the 5779  
Revised Code. 5780

(2) When practicing under the order of a certified 5781  
registered nurse anesthetist, the person's administration of 5782  
medication is limited to the drugs that the nurse is authorized 5783  
to order or direct the person to administer, as provided in 5784  
section 4723.43 of the Revised Code. 5785

(3) When practicing under the prescription or order of a 5786  
physician assistant or under the supervision of a physician 5787  
assistant, the person's administration of medication that 5788  
requires a prescription is limited to the drugs that the 5789  
physician assistant is authorized to prescribe pursuant to the 5790  
physician assistant's ~~physician-delegated~~ prescriptive 5791  
authority. 5792

**Sec. 4765.51.** Nothing in this chapter prevents or 5793  
restricts the practice, services, or activities of any 5794  
registered nurse practicing within the scope of the registered 5795  
nurse's practice. 5796

Nothing in this chapter prevents or restricts the 5797

practice, services, or activities of any physician assistant 5798  
practicing in accordance with a ~~supervision agreement entered~~ 5799  
~~into under section 4730.19 of the Revised Code, including, if~~ 5800  
~~applicable, the policies of the health care facility in which~~ 5801  
~~the physician assistant is practicing~~section 4730.08 of the 5802  
Revised Code. 5803

Nothing in this chapter prevents or restricts the 5804  
practice, services, or activities of any certified mental health 5805  
assistant practicing in accordance with a supervision agreement 5806  
entered into under section 4772.10 of the Revised Code. 5807

**Sec. 4773.01.** As used in this chapter: 5808

(A) "General x-ray machine operator" means an individual 5809  
who operates ionizing radiation-generating equipment in order to 5810  
perform standard radiology procedures; whose performance of such 5811  
procedures is limited to specific body sites; and who does not, 5812  
to any significant degree, determine procedure positioning or 5813  
the dosage of radiation to which a patient is exposed. 5814

(B) "Chiropractor" means an individual licensed under 5815  
Chapter 4734. of the Revised Code to practice chiropractic. 5816

(C) "Ionizing radiation" means any electromagnetic or 5817  
particulate radiation that interacts with atoms to produce 5818  
ionization in matter, including x-rays, gamma rays, alpha and 5819  
beta particles, high speed electrons, neutrons, and other 5820  
nuclear particles. 5821

(D) "Physician" means an individual authorized under 5822  
Chapter 4731. of the Revised Code to practice medicine and 5823  
surgery or osteopathic medicine and surgery. 5824

(E) "Podiatrist" means an individual authorized under 5825  
Chapter 4731. of the Revised Code to practice podiatric medicine 5826

and surgery.	5827
(F) "Nuclear medicine technologist" means an individual	5828
who does all of the following:	5829
(1) Prepares and administers radio-pharmaceuticals to	5830
human beings;	5831
(2) Conducts in vivo or in vitro detection and measurement	5832
of radioactivity for medical purposes;	5833
(3) Documents orders for radio-pharmaceuticals in patient	5834
medical records.	5835
(G) "Radiation therapy technologist" means an individual	5836
who utilizes ionizing radiation-generating equipment, including	5837
therapy simulator radiation-generating equipment, for	5838
therapeutic purposes on human beings.	5839
"Radiation therapy technologist" is the same as a	5840
radiation therapist.	5841
(H) "Radiographer" means an individual who does all of the	5842
following in order to perform a comprehensive scope of radiology	5843
procedures on human beings:	5844
(1) Operates ionizing radiation-generating equipment;	5845
(2) Administers contrast;	5846
(3) Documents orders for contrast in patient medical	5847
records;	5848
(4) Determines procedure positioning;	5849
(5) Determines the dosage of ionizing radiation.	5850
(I) "Mechanotherapist" means an individual who holds a	5851
certificate issued under section 4731.15 of the Revised Code	5852

authorizing the individual to practice mechanotherapy. 5853

(J) "Physician assistant" means an individual who is 5854  
licensed to practice as a physician assistant under Chapter 5855  
4730. of the Revised Code. 5856

**Sec. 4773.02.** (A) Except as provided in division (B) of 5857  
this section, no person shall practice or hold self out as a 5858  
general x-ray machine operator, radiographer, radiation therapy 5859  
technologist, or nuclear medicine technologist without a valid 5860  
license issued under this chapter for the person's area of 5861  
practice. 5862

(B) Division (A) of this section does not apply to any of 5863  
the following: 5864

(1) A~~Any~~ of the following practitioners, to the extent 5865  
that an activity subject to this chapter is within the 5866  
practitioner's scope of practice: a physician, podiatrist, 5867  
physician assistant, mechanotherapist, or chiropractor; 5868

(2) ~~An individual~~ Any of the following practitioners 5869  
licensed under Chapter 4715. of the Revised Code, to practice 5870  
dentistry, to practice as a ~~the extent that an activity subject~~ 5871  
to this chapter is within the practitioner's scope of practice: 5872  
a dentist, dental hygienist, or to practice as a dental x-ray 5873  
machine operator; 5874

(3) As specified in 42 C.F.R. 75, radiologic personnel 5875  
employed by the federal government or serving in a branch of the 5876  
armed forces of the United States; 5877

(4) Students engaging in any of the activities performed 5878  
by basic x-ray machine operators, radiographers, radiation 5879  
therapy technologists, and nuclear medicine technologists as an 5880  
integral part of a program of study leading to receipt of a 5881

license issued under this chapter or Chapter 4715., 4730., 5882  
4731., or 4734. of the Revised Code. 5883

**Sec. 4773.06.** (A) Except as provided in division (C) of 5884  
this section, a general x-ray machine operator may perform 5885  
radiologic procedures only if direct supervision is being 5886  
provided. Direct supervision shall be provided by a physician, 5887  
podiatrist, physician assistant, mechanotherapist, or 5888  
~~chiropractor is providing direct supervision.~~ Direct supervision 5889  
does not require the supervising practitioner to observe each 5890  
radiologic procedure performed by the operator, but does require 5891  
~~that the supervising practitioner to~~ be present at the location 5892  
where the operator is performing radiologic procedures for 5893  
purposes of consulting with and directing the operator while 5894  
performing the procedures. A practitioner supervising a general 5895  
x-ray machine operator may authorize the operator to perform 5896  
only those radiologic procedures that are within the 5897  
practitioner's scope of practice as determined by the laws under 5898  
which the practitioner is authorized to practice. 5899

(B) A radiographer, radiation therapy technologist, or 5900  
nuclear medicine technologist may perform radiologic procedures 5901  
only if ~~a physician is providing~~ general supervision is being 5902  
provided. General supervision shall be provided by a physician, 5903  
except that in the case of computed tomography procedures, 5904  
general supervision also may be provided by a physician 5905  
assistant. General supervision does not require the ~~physician-~~ 5906  
supervising practitioner to observe each radiologic procedure 5907  
performed or to be present at the location where the procedure 5908  
is being performed, but does require ~~that the physician-~~ 5909  
supervising practitioner to be readily available for purposes of 5910  
consulting with and directing the individual while performing 5911  
the procedures. 5912

(C) A general x-ray machine operator who is licensed under Chapter 4723. of the Revised Code to practice as a registered nurse and is providing occupational health nursing services in an industrial workplace may perform radiologic procedures under a physician's or physician assistant's general supervision, as described in division (B) of this section.

**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 or any other licensed physician;~~

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

(c) A licensed clinical psychologist;

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

(e) A certified nurse practitioner who is certified as a psychiatric-mental health NP by the American nurses credentialing center;

(f) A health officer;

(g) A parole officer; 5941

(h) A police officer; 5942

(i) A sheriff. 5943

(2) If the chief of the adult parole authority or a parole 5944  
or probation officer with the approval of the chief of the 5945  
authority has reason to believe that a parolee, an offender 5946  
under a community control sanction or post-release control 5947  
sanction, or an offender under transitional control is a person 5948  
with a mental illness subject to court order and represents a 5949  
substantial risk of physical harm to self or others if allowed 5950  
to remain at liberty pending examination, the chief or officer 5951  
may take the parolee or offender into custody and may 5952  
immediately transport the parolee or offender to a hospital or, 5953  
notwithstanding section 5119.33 of the Revised Code, to a 5954  
general hospital not licensed by the department of behavioral 5955  
health where the parolee or offender may be held for the period 5956  
prescribed in this section. 5957

(B) A written statement shall be given to the hospital by 5958  
the individual authorized under division (A) (1) or (2) of this 5959  
section to transport the person. The statement shall specify the 5960  
circumstances under which such person was taken into custody and 5961  
the reasons for the belief that the person is a person with a 5962  
mental illness subject to court order and represents a 5963  
substantial risk of physical harm to self or others if allowed 5964  
to remain at liberty pending examination. This statement shall 5965  
be made available to the respondent or the respondent's attorney 5966  
upon request of either. 5967

(C) Every reasonable and appropriate effort shall be made 5968  
to take persons into custody in the least conspicuous manner 5969

possible. A person taking the respondent into custody pursuant 5970  
to this section shall explain to the respondent: the name and 5971  
professional designation and affiliation of the person taking 5972  
the respondent into custody; that the custody-taking is not a 5973  
criminal arrest; and that the person is being taken for 5974  
examination by mental health professionals at a specified mental 5975  
health facility identified by name. 5976

(D) If a person taken into custody under this section is 5977  
transported to a general hospital, the general hospital may 5978  
admit the person, or provide care and treatment for the person, 5979  
or both, notwithstanding section 5119.33 of the Revised Code, 5980  
but by the end of twenty-four hours after arrival at the general 5981  
hospital, the person shall be transferred to a hospital as 5982  
defined in section 5122.01 of the Revised Code. 5983

(E) A person transported or transferred to a hospital or 5984  
community mental health services provider under this section 5985  
shall be examined by the staff of the hospital or services 5986  
provider within twenty-four hours after arrival at the hospital 5987  
or services provider. If to conduct the examination requires 5988  
that the person remain overnight, the hospital or services 5989  
provider shall admit the person in an unclassified status until 5990  
making a disposition under this section. After the examination, 5991  
if the chief clinical officer of the hospital or services 5992  
provider believes that the person is not a person with a mental 5993  
illness subject to court order, the chief clinical officer shall 5994  
release or discharge the person immediately unless a court has 5995  
issued a temporary order of detention applicable to the person 5996  
under section 5122.11 of the Revised Code. After the 5997  
examination, if the chief clinical officer believes that the 5998  
person is a person with a mental illness subject to court order, 5999  
the chief clinical officer may detain the person for not more 6000

than three court days following the day of the examination and 6001  
during such period admit the person as a voluntary patient under 6002  
section 5122.02 of the Revised Code or file an affidavit under 6003  
section 5122.11 of the Revised Code. If neither action is taken 6004  
and a court has not otherwise issued a temporary order of 6005  
detention applicable to the person under section 5122.11 of the 6006  
Revised Code, the chief clinical officer shall discharge the 6007  
person at the end of the three-day period unless the person has 6008  
been sentenced to the department of rehabilitation and 6009  
correction and has not been released from the person's sentence, 6010  
in which case the person shall be returned to that department. 6011

**Sec. 5164.301.** (A) As used in this section, "group 6012  
practice" has the same meaning as in section 4731.65 of the 6013  
Revised Code. 6014

(B) The department of medicaid shall establish a process 6015  
by which a physician assistant may enter into a provider 6016  
agreement. 6017

(C) (1) Subject to division (C) (2) of this section, a claim 6018  
for medicaid payment for a medicaid service provided by a 6019  
physician assistant to a medicaid recipient may be submitted by 6020  
the physician assistant who provided the service or the 6021  
physician, group practice, clinic, or other health care facility 6022  
that employs the physician assistant. 6023

(2) A claim for medicaid payment may be submitted by the 6024  
physician assistant who provided the service only if the 6025  
physician assistant has a valid provider agreement. When 6026  
submitting the claim, the physician assistant shall use only the 6027  
medicaid provider number the department has assigned to the 6028  
physician assistant. 6029

(D) If a physician assistant submits a claim under this 6030  
section, the medicaid program shall provide payment to the 6031  
physician assistant to the same extent that the program provides 6032  
payment to any other provider for providing an equivalent health 6033  
care service. 6034

**Sec. 5903.12.** (A) As used in this section: 6035

"Continuing education" means continuing education required 6036  
of a licensee by law and includes, but is not limited to, the 6037  
continuing education required of licensees under sections 6038  
3737.881, 3776.07, 3781.10, 4701.11, 4715.141, 4715.25, 4717.09, 6039  
4723.24, 4725.16, 4725.51, 4730.14, ~~4730.49~~, 4731.155, 4731.282, 6040  
4734.25, 4735.141, 4741.16, 4741.19, 4751.24, 4751.25, 4755.63, 6041  
4757.33, 4759.06, 4761.06, 4763.07, and 4772.081 of the Revised 6042  
Code. 6043

"Reporting period" means the period of time during which a 6044  
licensee must complete the number of hours of continuing 6045  
education required of the licensee by law. 6046

(B) A licensee may submit an application to a licensing 6047  
agency, stating that the licensee requires an extension of the 6048  
current reporting period because the licensee has served on 6049  
active duty during the current or a prior reporting period. The 6050  
licensee shall submit proper documentation certifying the active 6051  
duty service and the length of that active duty service. Upon 6052  
receiving the application and proper documentation, the 6053  
licensing agency shall extend the current reporting period by an 6054  
amount of time equal to the total number of months that the 6055  
licensee spent on active duty during the current reporting 6056  
period. For purposes of this division, any portion of a month 6057  
served on active duty shall be considered one full month. 6058

**Section 2.** That existing sections 1.64, 2108.16, 2108.61, 6059  
2111.031, 2111.49, 2133.211, 2305.51, 2907.13, 3313.7112, 6060  
3313.7117, 3705.01, 3705.09, 3705.15, 3705.16, 3705.17, 3705.22, 6061  
3705.29, 3705.30, 3705.33, 3705.35, 3705.99, 3715.50, 3719.06, 6062  
3719.064, 3727.06, 3727.70, 3728.01, 4723.36, 4725.27, 4725.40, 6063  
4725.53, 4725.56, 4725.59, 4729.01, 4729.39, 4730.01, 4730.02, 6064  
4730.03, 4730.04, 4730.05, 4730.06, 4730.07, 4730.08, 4730.141, 6065  
4730.15, 4730.20, 4730.201, 4730.203, 4730.204, 4730.22, 6066  
4730.25, 4730.26, 4730.39, 4730.41, 4730.411, 4730.43, 4730.432, 6067  
4730.433, 4730.437, 4730.49, 4730.53, 4730.56, 4731.22, 6068  
4731.297, 4731.33, 4761.17, 4765.51, 4773.01, 4773.02, 4773.06, 6069  
5122.10, 5164.301, and 5903.12 of the Revised Code are hereby 6070  
repealed. 6071

**Section 3.** That sections 4730.19, 4730.202, 4730.21, 6072  
4730.38, 4730.42, and 4730.44 of the Revised Code are hereby 6073  
repealed. 6074

**Section 4.** Division (C) (2) of section 4730.05 of the 6075  
Revised Code, as amended by this act, does not affect the 6076  
members of the Physician Assistant Policy Committee of the State 6077  
Medical Board who are serving on the effective date of this 6078  
section and applies only to members who are appointed on or 6079  
after that date. 6080

**Section 5.** Section 3902.65 of the Revised Code, as enacted 6081  
by this act, applies to health benefit plans, as defined in 6082  
section 3922.01 of the Revised Code, that are delivered, issued 6083  
for delivery, modified, or renewed on or after the effective 6084  
date of this section. 6085

**Section 6.** The General Assembly, applying the principle 6086  
stated in division (B) of section 1.52 of the Revised Code that 6087  
amendments are to be harmonized if reasonably capable of 6088

simultaneous operation, finds that the following sections, 6089  
presented in this act as composites of the sections as amended 6090  
by the acts indicated, are the resulting versions of the 6091  
sections in effect prior to the effective date of the sections 6092  
as presented in this act: 6093

Section 4729.01 of the Revised Code as amended by H.B. 52, 6094  
H.B. 96, S.B. 56, and S.B. 152, all of the 136th General 6095  
Assembly. 6096

Section 4730.53 of the Revised Code as amended by S.B. 110 6097  
of the 131st General Assembly and H.B. 394 and S.B. 276 both of 6098  
the 130th General Assembly. 6099