As Introduced

136th General Assembly
Regular Session
2025-2026

S. B. No. 436

Senator Lang

To amend sections 1.64, 124.32, 124.41, 124.42, 124.50, 173.525, 503.45, 503.47, 505.38, 709.012, 737.15, 737.16, 737.22, 742.38, 911.11, 1337.11, 1349.05, 1561.26, 1751.01, 1785.01, 2108.61, 2133.01, 2133.211, 2135.01, 2151.3515, 2151.53, 2305.113, 2305.234, 2305.2311, 2305.41, 2305.51, 2711.22, 2743.62, 2907.01, 2907.13, 2907.29, 2909.04, 2921.22, 2925.01, 3107.12, 3111.91, 3301.531, 3313.5310, 3313.7112, 3313.7117, 3319.13, 3327.10, 3331.02, 3331.07, 3701.046, 3701.23, 3701.25, 3701.36, 3701.59, 3701.615, 3701.74, 3701.90, 3701.92, 3701.928, 3701.941, 3709.161, 3715.50, 3715.501, 3715.502, 3715.503, 3715.872, 3719.06, 3719.064, 3719.12, 3719.121, 3719.81, 3721.21, 3727.06, 3728.01, 3792.05, 3795.01, 3919.29, 3963.01, 4503.44, 4507.20, 4715.30, 4723.01, 4723.18, 4723.181, 4723.72, 4723.73, 4729.01, 4729.39, 4730.02, 4730.03, 4730.04, 4730.05, 4730.06, 4730.07, 4730.08, 4730.10, 4730.101, 4730.11, 4730.111, 4730.12, 4730.13, 4730.14, 4730.141, 4730.15, 4730.19, 4730.20, 4730.201, 4730.202, 4730.203, 4730.204, 4730.21, 4730.22, 4730.25, 4730.251, 4730.252, 4730.26, 4730.27, 4730.28, 4730.31, 4730.32, 4730.33, 4730.34, 4730.38, 4730.39, 4730.41, 4730.411, 4730.42, 4730.43, 4730.432,

4730.433, 4730.437, 4730.44, 4730.49, 4730.53, 4730.55, 4730.56, 4730.57, 4730.60, 4731.053, 4731.054, 4731.22, 4731.2210, 4731.25, 4731.297, 4731.33, 4731.37, 4743.09, 4755.48, 4755.623, 4761.01, 4761.11, 4761.17, 4765.01, 4765.35, 4765.36, 4765.37, 4765.38, 4765.39, 4765.49, 4765.51, 4769.01, 4933.122, 5103.0327, 5104.0110, 5104.037, 5119.185, 5119.363, 5123.47, 5164.072, 5164.301, 5164.95, 5180.45, and 5503.08 and to enact section 4730.011 of the Revised Code to change the professional title used by physician assistants to "physician associate."

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

Section 1. That sections 1.64, 124.32, 124.41, 124.42, 124.50, 173.525, 503.45, 503.47, 505.38, 709.012, 737.15, 737.16, 737.22, 742.38, 911.11, 1337.11, 1349.05, 1561.26, 1751.01, 1785.01, 2108.61, 2133.01, 2133.211, 2135.01, 2151.3515, 2151.53, 2305.113, 2305.234, 2305.2311, 2305.41, 2305.51, 2711.22, 2743.62, 2907.01, 2907.13, 2907.29, 2909.04, 2921.22, 2925.01, 3107.12, 3111.91, 3301.531, 3313.5310, 3313.7112, 3313.7117, 3319.13, 3327.10, 3331.02, 3331.07, 3701.046, 3701.23, 3701.25, 3701.36, 3701.59, 3701.615, 3701.74, 3701.90, 3701.92, 3701.928, 3701.941, 3709.161, 3715.50, 3715.501, 3715.502, 3715.503, 3715.872, 3719.06, 3719.064, 3719.12, 3719.121, 3719.81, 3721.21, 3727.06, 3728.01, 3792.05, 3795.01, 3919.29, 3963.01, 4503.44, 4507.20, 4715.30, 4723.01, 4723.18, 4723.181, 4723.72, 4723.73, 4729.01, 4729.39, 4730.02,

4730.03, 4730.04, 4730.05, 4730.06, 4730.07, 4730.08, 4730.10, 4730.101, 4730.11, 4730.111, 4730.12, 4730.13, 4730.14, 4730.141, 4730.15, 4730.19, 4730.20, 4730.201, 4730.202, 4730.203, 4730.204, 4730.21, 4730.22, 4730.25, 4730.251, 4730.252, 4730.26, 4730.27, 4730.28, 4730.31, 4730.32, 4730.33, 4730.34, 4730.38, 4730.39, 4730.41, 4730.411, 4730.42, 4730.43, 4730.432, 4730.433, 4730.437, 4730.44, 4730.49, 4730.53, 4730.55, 4730.56, 4730.57, 4730.60, 4731.053, 4731.054, 4731.22, 4731.2210, 4731.25, 4731.297, 4731.33, 4731.37, 4743.09, 4755.48, 4755.623, 4761.01, 4761.11, 4761.17, 4765.01, 4765.35, 4765.36, 4765.37, 4765.38, 4765.39, 4765.49, 4765.51, 4769.01, 4933.122, 5103.0327, 5104.0110, 5104.037, 5119.185, 5119.363, 5123.47, 5164.072, 5164.301, 5164.95, 5180.45, and 5503.08 be amended and section 4730.011 of the Revised Code be enacted to read as follows:

Sec. 1.64. As used in the Revised Code:

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

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

(C) "Clinical nurse specialist" means an advanced practice registered nurse who holds a current, valid license issued under Chapter 4723. of the Revised Code and is designated as a

clinical nurse specialist in accordance with section 4723.42 of the Revised Code and rules adopted by the board of nursing.

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

Sec. 124.32. (A) A person holding an office or position in the classified service may be transferred to a similar position in another office, department, or institution having the same pay and similar duties, but no transfer shall be made as follows:

(1) From an office or position in one class to an office or position in another class;

(2) To an office or position for original entrance to which there is required by sections 124.01 to 124.64 of the Revised Code, or the rules adopted pursuant to those sections, an examination involving essential tests or qualifications or carrying a salary different from or higher than those required for original entrance to an office or position held by the person proposed to be transferred.

No person in the classified civil service of the state may be transferred without the consent of the director of administrative services.

(B) Any person holding an office or position in the classified service who has been separated from the service without delinquency or misconduct on the person's part may be reinstated within one year from the date of that separation to a vacancy in the same office or in a similar position in the same

department, except that a person in the classified service of the state only may be reinstated with the consent of the director of administrative services. But, if that separation is due to injury or physical or psychiatric disability, the person shall be reinstated in the same office held or in a similar position to that held at the time of separation, within sixty days after written application for reinstatement, if the person passes a physical or psychiatric examination made by a licensed physician, a physician ~~assistant~~associate, a clinical nurse specialist, a certified nurse practitioner, or a certified nurse-midwife showing that the person has recovered from the injury or physical or psychiatric disability, if the application for reinstatement is filed within two years from the date of separation, and if the application is not filed after the date of service eligibility retirement. The physician, physician ~~assistant~~associate, clinical nurse specialist, certified nurse practitioner, or certified nurse-midwife shall be designated by the appointing authority and shall complete any written documentation of the physical or psychiatric examination.

Sec. 124.41. No person shall be eligible to receive an original appointment to a police department, as a police officer, subject to the civil service laws of this state, unless the person has reached the age of twenty-one and has, not more than one hundred twenty days prior to the date of such appointment, passed a physical examination, given by a licensed physician, a physician ~~assistant~~associate, a clinical nurse specialist, a certified nurse practitioner, or a certified nurse-midwife, certifying that the applicant is free of cardiovascular and pulmonary diseases, and showing that the applicant meets the physical requirements necessary to perform the duties of a police officer as established by the civil

service commission having jurisdiction over the appointment. The appointing authority shall, prior to making any such appointment, file with the Ohio police and fire pension fund a copy of the report or findings of the licensed physician, physician ~~assistant~~associate, clinical nurse specialist, certified nurse practitioner, or certified nurse-midwife. The professional fee for such physical examination shall be paid by the civil service commission. Except as otherwise provided in this section, no person is eligible to receive an original appointment when the person is thirty-five years of age or older, and no person can be declared disqualified as over age prior to that time. The maximum age limitation established by this section does not apply to a city in which an ordinance establishes a different maximum age limitation for an original appointment to the police department or to a civil service township in which a resolution adopted by the board of trustees of the township establishes a different maximum age limitation for an original appointment to the police department.

Nothing in this section shall prevent a municipal corporation or a civil service township from establishing a police cadet program and employing persons as police cadets at age eighteen for the purposes of training persons to become police officers. The board of trustees of a civil service township may establish by resolution such a cadet program. A person participating in a municipal or township police cadet program shall not be permitted to carry or use any firearm in the performance of the person's duties, except that the person may be taught the proper use of firearms as part of the person's training.

Sec. 124.42. No person shall be eligible to receive an original appointment as a firefighter in a fire department,

subject to the civil service laws of this state, unless the person has reached the age of eighteen and has, not more than one hundred twenty days prior to receiving such appointment, passed a physical examination, given by a licensed physician, a physician ~~assistant~~associate, a clinical nurse specialist, a certified nurse practitioner, or a certified nurse-midwife, certifying that the applicant is free of cardiovascular and pulmonary diseases, and showing that the person meets the physical requirements necessary to perform the duties of a firefighter as established by the civil service commission having jurisdiction over the appointment. The appointing authority shall, prior to making any such appointment, file with the Ohio police and fire pension fund a copy of the report or findings of said licensed physician, physician ~~assistant~~associate, clinical nurse specialist, certified nurse practitioner, or certified nurse-midwife. The professional fee for such physical examination shall be paid by the civil service commission. No person shall be eligible to receive an original appointment on and after the person's forty-first birthday.

Notwithstanding this section, a municipal council may enact an ordinance providing that a person between the age of eighteen and forty may receive an original appointment to the fire department, or the board of trustees of a civil service township may do so by resolution. Nothing in this section shall prevent a municipal corporation or civil service township from establishing a fire cadet program and employing persons as fire cadets at age eighteen for the purpose of training persons to become firefighters. The board of trustees of a civil service township may establish by resolution such a cadet program. A person participating in a municipal or township fire cadet program shall not be permitted to carry or use any firearm in

the performance of the person's duties.

Sec. 124.50. Any person holding an office or position under the classified service in a fire department or a police department who is separated therefrom due to injury or physical disability incurred in the performance of duty shall be reinstated immediately, or one suffering injury or physical disability incurred other than in the performance of duty may be reinstated, upon filing with the chief of the fire department or the chief of the police department, a written application for reinstatement, to the office or position held at the time of such separation, after passing a physical examination showing that the person has recovered from the injury or other physical disability. The physical examination shall be made by a licensed physician, a physician ~~assistant~~associate, a clinical nurse specialist, a certified nurse practitioner, or a certified nurse-midwife within two weeks after application for reinstatement has been made, provided such application for reinstatement is filed within five years from the date of separation from the department, and further provided that such application shall not be filed after the date of service eligibility retirement. The physician, physician ~~assistant~~associate, clinical nurse specialist, certified nurse practitioner, or certified nurse-midwife shall be designated by the firefighters' pension board or the police officers' pension board and shall complete any written documentation of the physical examination.

Any person holding an office or position under the classified service in a fire department or a police department, who resigns therefrom, may be reinstated to the rank of firefighter or police officer, upon the filing of a written application for reinstatement with the municipal or civil

service township civil service commission and a copy thereof with the chief of the fire department or chief of the police department, and upon passing a physical examination disclosing that the person is physically fit to perform the duties of the office of firefighter or police officer, the application for reinstatement shall be filed within one year from the date of resignation. Any person reinstated pursuant to the authority of this paragraph shall not receive credit for seniority earned prior to resignation and reinstatement, and shall not be entitled to reinstatement to a position above the rank of regular firefighter or patrol officer, regardless of the position the person may have held at the time of resignation.

Sec. 173.525. (A)(1) In addition to any other eligibility requirement of this chapter, to be eligible to serve as a personal care aide under the PASSPORT program, an individual must successfully complete thirty hours of pre-service training acceptable to the department of aging.

To maintain eligibility, each personal care aide must successfully complete six hours of in-service training acceptable to the department. Such training must be completed every twelve months.

(2) In administering the PASSPORT program, the department shall not require a personal care aide to do any of the following:

(a) Complete more than thirty hours of pre-service training;

(b) Complete more than six hours of in-service training in a twelve-month period;

(c) Complete more hours of pre-service training or annual

in-service training than required by federal law.

(B) Only the following may supervise a personal care aide under the PASSPORT program:

(1) A registered nurse;

(2) A licensed practical nurse under the direction of a chiropractor, dentist, optometrist, physician, physician ~~assistant~~associate, podiatrist, or registered nurse.

Sec. 503.45. If a board of township trustees has adopted a resolution under section 503.41 of the Revised Code, the application for a license as a massager shall be made to the board and shall include the following:

(A) An initial, nonrefundable filing fee of one hundred dollars and an annual nonrefundable renewal fee of fifty dollars;

(B) The results of a physical examination performed by a licensed physician, a physician ~~assistant~~associate, a clinical nurse specialist, a certified nurse practitioner, or a certified nurse-midwife within thirty days of the application certifying that the applicant is free from communicable diseases;

(C) The full name, date of birth, address, and social security number of the applicant;

(D) The results of an investigation by appropriate police agencies into the criminal record of the applicant, including a photograph taken no later than thirty days prior to the application, fingerprints, and background investigation;

(E) Any other information determined by the board to be necessary.

A license issued under this section to a massager shall expire one year after the date of issuance, except that no massager shall be required to discontinue performing massages because of the failure of the board to act on a renewal application filed in a timely manner and pending before the board on the expiration date of the person's license. Each license shall contain the full name of the applicant, a color photograph and a brief description of the person, and the expiration date of the license.

Sec. 503.47. If a board of township trustees has adopted a resolution under section 503.41 of the Revised Code, the regulations adopted for that purpose may require any of the following:

(A) A massage establishment to display its current permit in an area open to the public;

(B) Each massager to display the massager's license at all times in the areas where the licensee is providing massages;

(C) Massage establishments to undergo periodic health and safety inspections to determine continual compliance with applicable health and safety codes;

(D) Massagers to undergo periodic physical examinations performed by a licensed physician, a physician ~~assistant~~associate, a clinical nurse specialist, a certified nurse practitioner, or a certified nurse-midwife certifying that the massager continues to be free from communicable diseases;

(E) Any other requirement reasonably thought necessary by the board.

Sec. 505.38. (A) In each township or fire district that has a fire department, the head of the department shall be a

fire chief, appointed by the board of township trustees, except that, in a joint fire district, the fire chief shall be appointed by the board of fire district trustees. Neither this section nor any other section of the Revised Code requires, or shall be construed to require, that the fire chief be a resident of the township or fire district.

The board shall provide for the employment of firefighters as it considers best and shall fix their compensation. No person shall be appointed as a permanent full-time paid member, whose duties include fire fighting, of the fire department of any township or fire district unless that person has received a certificate issued under former section 3303.07 or section 4765.55 of the Revised Code evidencing satisfactory completion of a firefighter training program. Those appointees shall continue in office until removed from office as provided by sections 733.35 to 733.39 of the Revised Code. To initiate removal proceedings, and for that purpose, the board shall designate the fire chief or a private citizen to investigate the conduct and prepare the necessary charges in conformity with those sections.

In case of the removal of a fire chief or any member of the fire department of a township or fire district, an appeal may be had from the decision of the board to the court of common pleas of the county in which the township or fire district fire department is situated to determine the sufficiency of the cause of removal. The appeal from the findings of the board shall be taken within ten days.

No person who is appointed as a volunteer firefighter of the fire department of any township or fire district shall remain in that position unless either of the following applies:

(1) Within one year of the appointment, the person has received a certificate issued under former section 3303.07 of the Revised Code or section 4765.55 of the Revised Code evidencing satisfactory completion of a firefighter training program.

(2) The person began serving as a permanent full-time paid firefighter with the fire department of a city or village prior to July 2, 1970, or as a volunteer firefighter with the fire department of a city, village, or other township or fire district prior to July 2, 1979, and receives a certificate issued under section 4765.55 of the Revised Code.

No person shall receive an appointment under this section, in the case of a volunteer firefighter, unless the person has, not more than sixty days prior to receiving the appointment, passed a physical examination, given by a licensed physician, a physician ~~assistant~~associate, a clinical nurse specialist, a certified nurse practitioner, or a certified nurse-midwife, showing that the person meets the physical requirements necessary to perform the duties of the position to which the person is appointed as established by the board of township trustees having jurisdiction over the appointment. The appointing authority, prior to making an appointment, shall file with the Ohio police and fire pension fund or the local volunteer fire fighters' dependents fund board a copy of the report or findings of that licensed physician, physician ~~assistant~~associate, clinical nurse specialist, certified nurse practitioner, or certified nurse-midwife. The professional fee for the physical examination shall be paid for by the board of township trustees.

(B) In each township not having a fire department, the

board of township trustees shall appoint a fire prevention officer who shall exercise all of the duties of a fire chief except those involving the maintenance and operation of fire apparatus. The board may appoint one or more deputy fire prevention officers who shall exercise the duties assigned by the fire prevention officer.

The board may fix the compensation for the fire prevention officer and the fire prevention officer's deputies as it considers best. The board shall appoint each fire prevention officer and deputy for a one-year term. An appointee may be reappointed at the end of a term to another one-year term. Any appointee may be removed from office during a term as provided by sections 733.35 to 733.39 of the Revised Code. Section 505.45 of the Revised Code extends to those officers.

(C)(1) Division (A) of this section does not apply to any township that has a population of ten thousand or more persons residing within the township and outside of any municipal corporation, that has its own fire department employing ten or more full-time paid employees, and that has a civil service commission established under division (B) of section 124.40 of the Revised Code. The township shall comply with the procedures for the employment, promotion, and discharge of firefighters provided by Chapter 124. of the Revised Code, except as otherwise provided in divisions (C)(2) and (3) of this section.

(2) The board of township trustees of the township may appoint the fire chief, and any person so appointed shall be in the unclassified service under section 124.11 of the Revised Code and shall serve at the pleasure of the board. Neither this section nor any other section of the Revised Code requires, or shall be construed to require, that the fire chief be a resident

of the township. A person who is appointed fire chief under these conditions and who is removed by the board or resigns from the position is entitled to return to the classified service in the township fire department in the position held just prior to the appointment as fire chief.

(3) The appointing authority of an urban township, as defined in section 504.01 of the Revised Code, may appoint to a vacant position any one of the three highest scorers on the eligible list for a promotional examination.

(4) The board of township trustees shall determine the number of personnel required and establish salary schedules and conditions of employment not in conflict with Chapter 124. of the Revised Code.

(5) No person shall receive an original appointment as a permanent full-time paid member of the fire department of the township described in this division unless the person has received a certificate issued under former section 3303.07 or section 4765.55 of the Revised Code evidencing the satisfactory completion of a firefighter training program.

(6) Persons employed as firefighters in the township described in this division on the date a civil service commission is appointed pursuant to division (B) of section 124.40 of the Revised Code, without being required to pass a competitive examination or a firefighter training program, shall retain their employment and any rank previously granted them by action of the board of township trustees or otherwise, but those persons are eligible for promotion only by compliance with Chapter 124. of the Revised Code.

Sec. 709.012. When a municipal corporation annexes

township territory which results in a reduction of the firefighting force of the township or joint township fire district, the reduction shall be made by dismissal of firefighters in the inverse order of seniority, with the employee with least time of service being dismissed first. The annexing municipal corporation shall offer employment in the inverse order of dismissal by the township to such firefighters if a vacancy exists in the municipal fire department and if they:

(A) Were full-time paid active members of the township or joint township firefighting force for at least six months prior to dismissal and have made application to the municipal corporation within sixty days after the effective date of dismissal;

(B) Have passed a physical examination as prescribed by the physician of the annexing municipal corporation and meet the requirements necessary to perform firefighting duties;

(C) Meet minimum standards of the municipal corporation with respect to moral character, literacy, and ability to understand oral and written instructions as determined by an interview conducted by the fire department of the municipal corporation. The applicant shall be at least twenty-one years of age on the date of application.

(D) Are able to qualify for membership in the Ohio police and fire pension fund.

A physical examination required by division (B) of this section may be conducted by any individual authorized by the Revised Code to conduct physical examinations, including a physician ~~assistant~~associate, a clinical nurse specialist, a

certified nurse practitioner, or a certified nurse-midwife. Any written documentation of the physical examination shall be completed by the individual who administered the examination.

If no vacancy exists in the municipal fire department at the time of the application referred to in division (A) of this section, the application shall be held until a vacancy occurs. When such a vacancy occurs, the applicant shall be entitled to employment in accordance with the requirements of divisions (A), (B), (C), and (D) of this section. So long as any application for employment has been made and is being held under this section, the municipal corporation shall not fill any vacancy in its fire department by original appointment. If there are individuals who are entitled to reinstatement in the municipal fire department and the vacancies therein are insufficient to permit both such reinstatements and employment of all those applying for employment under division (A) of this section, the persons having the greatest length of service, whether with the municipal or township fire department, shall be entitled to fill the vacancies as they occur.

A person employed under this section, upon acceptance into the municipal fire department, shall be given the rank of "firefighter" and entitled to full seniority credit for prior service in the township or joint township fire district. The person shall be entitled to the same salary, future benefits, vacations, earned time, sick leave, and other rights and privileges as the municipal fire department extends to other employees with the same amount of prior service. The person may take promotional examinations only after completion of one year of service with the municipal fire department and after meeting any applicable civil service requirements for such examination.

Compliance with this section is in lieu of compliance with section 124.42 of the Revised Code or any other requirements for original appointment to a municipal fire district.

Sec. 737.15. Each village shall have a marshal, designated chief of police, appointed by the mayor with the advice and consent of the legislative authority of the village, who need not be a resident of the village at the time of appointment but shall become a resident thereof within six months after appointment by the mayor and confirmation by the legislative authority unless such residence requirement is waived by ordinance, and who shall continue in office until removed therefrom as provided by section 737.171 of the Revised Code.

No person shall receive an appointment under this section after January 1, 1970, unless, not more than sixty days prior to receiving such appointment, the person has passed a physical examination, given by a licensed physician, a physician ~~assistant~~associate, a clinical nurse specialist, a certified nurse practitioner, or a certified nurse-midwife, showing that the person meets the physical requirements necessary to perform the duties of village marshal as established by the legislative authority of the village. The appointing authority shall, prior to making any such appointment, file with the Ohio police and fire pension fund a copy of the report or findings of said licensed physician, physician ~~assistant~~associate, clinical nurse specialist, certified nurse practitioner, or certified nurse-midwife. The professional fee for such physical examination shall be paid for by such legislative authority.

Sec. 737.16. The mayor shall, when provided for by the legislative authority of a village, and subject to its confirmation, appoint all deputy marshals, police officers,

night guards, and special police officers. All such officers shall continue in office until removed therefrom for the cause and in the manner provided by section 737.19 of the Revised Code.

No person shall receive an appointment under this section after January 1, 1970, unless the person has, not more than sixty days prior to receiving such appointment, passed a physical examination, given by a licensed physician, a physician ~~assistant~~associate, a clinical nurse specialist, a certified nurse practitioner, or a certified nurse-midwife, showing that the person meets the physical requirements necessary to perform the duties of the position to which the person is to be appointed as established by the legislative authority of the village. The appointing authority shall, prior to making any such appointment, file with the Ohio police and fire pension fund a copy of the report or findings of said licensed physician, physician ~~assistant~~associate, clinical nurse specialist, certified nurse practitioner, or certified nurse-midwife. The professional fee for such physical examination shall be paid for by the legislative authority.

Sec. 737.22. (A) Each village establishing a fire department shall have a fire chief as the department's head, appointed by the mayor with the advice and consent of the legislative authority of the village, who shall continue in office until removed from office as provided by sections 733.35 to 733.39 of the Revised Code. Neither this section nor any other section of the Revised Code requires, or shall be construed to require, that the fire chief be a resident of the village.

In each village not having a fire department, the mayor

shall, with the advice and consent of the legislative authority of the village, appoint a fire prevention officer who shall exercise all of the duties of a fire chief except those involving the maintenance and operation of fire apparatus.

The legislative authority of the village may fix the compensation it considers best. The appointee shall continue in office until removed from office as provided by sections 733.35 to 733.39 of the Revised Code. Section 737.23 of the Revised Code shall extend to the officer.

(B) The legislative authority of the village may provide for the appointment of permanent full-time paid firefighters as it considers best and fix their compensation, or for the services of volunteer firefighters, who shall be appointed by the mayor with the advice and consent of the legislative authority, and shall continue in office until removed from office.

(1) No person shall be appointed as a permanent full-time paid firefighter of a village fire department, unless either of the following applies:

(a) The person has received a certificate issued under former section 3303.07 of the Revised Code or section 4765.55 of the Revised Code evidencing satisfactory completion of a firefighter training program.

(b) The person began serving as a permanent full-time paid firefighter with the fire department of a city or other village prior to July 2, 1970, and receives a fire training certificate issued under section 4765.55 of the Revised Code.

(2) No person who is appointed as a volunteer firefighter of a village fire department shall remain in that position,

unless either of the following applies:

(a) Within one year of the appointment, the person has received a certificate issued under former section 3303.07 or section 4765.55 of the Revised Code evidencing satisfactory completion of a firefighter training program.

(b) The person has served as a permanent full-time paid firefighter with the fire department of a city or other village prior to July 2, 1970, or as a volunteer firefighter with the fire department of a city, township, fire district, or other village prior to July 2, 1979, and receives a certificate issued under section 4765.55 of the Revised Code.

(3) No person shall receive an appointment under this section unless the person has, not more than sixty days prior to receiving the appointment, passed a physical examination, given by a licensed physician, a physician ~~assistant~~associate, a clinical nurse specialist, a certified nurse practitioner, or a certified nurse-midwife, showing that the person meets the physical requirements necessary to perform the duties of the position to which the person is to be appointed as established by the legislative authority of the village. The appointing authority shall, prior to making an appointment, file with the Ohio police and fire pension fund or the local volunteer fire fighters' dependents fund board a copy of the report or findings of that licensed physician, physician ~~assistant~~associate, clinical nurse specialist, certified nurse practitioner, or certified nurse-midwife. The professional fee for the physical examination shall be paid for by the legislative authority of the village.

Sec. 742.38. (A)(1) The board of trustees of the Ohio police and fire pension fund shall adopt rules establishing

minimum medical testing and diagnostic standards or procedures to be incorporated into physical examinations administered to prospective members of the fund. The standards or procedures shall include diagnosis and evaluation of the existence of any heart disease, cardiovascular disease, or respiratory disease. The rules shall specify the form of the examination report and the information to be included in it.

The board shall notify all employers of the establishment of the minimum standards or procedures and shall include with the notice a copy of the standards or procedures. The board shall notify all employers of any changes made to the standards or procedures. Once the standards or procedures take effect, employers shall cause each prospective member of the fund to submit to a physical examination that incorporates the standards or procedures.

(2) Division (A)(2) of this section applies to an employee who becomes a member of the fund on or after the date the minimum standards or procedures described in division (A)(1) of this section take effect. For each employee described in division (A)(2) of this section, the employer shall forward to the board a copy of the report of a physical examination that incorporates the standards or procedures described in division (A)(1) of this section. If an employer fails to forward the report in the form required by the board on or before the date that is sixty days after the employee becomes a member of the fund, the board shall assess against the employer a penalty determined under section 742.353 of the Revised Code.

(B) Application for a disability benefit may be made by a member of the fund or, if the member is incapacitated as defined in rules adopted by the board, by a person acting on the

member's behalf. Not later than fourteen days after receiving an application for a disability benefit from a member or a person acting on behalf of a member, the board shall notify the member's employer that an application has been filed. The notice shall state the member's position or rank. Not later than twenty-eight days after receiving the notice or filing an application on behalf of a member, the employer shall forward to the board a statement certifying the member's job description and any other information required by the board to process the application.

If the member applying for a disability benefit became a member of the fund prior to the date the minimum standards or procedures described in division (A)(1) of this section took effect, the board may request from the member's employer a copy of the report of the member's physical examination taken on entry into the police or fire department or, if the employer does not have a copy of the report, a written statement certifying that the employer does not have a copy of the report. If an employer fails to forward the report or statement in the form required by the board on or before the date that is twenty-eight days after the date of the request, the board shall assess against the employer a penalty determined under section 742.353 of the Revised Code.

The board shall maintain the information submitted under this division and division (A)(2) of this section in the member's file.

(C) For purposes of determining under division (D) of this section whether a member of the fund is disabled, the board shall adopt rules establishing objective criteria under which the determination is to be made. The rules shall include

standards that provide for all of the following:

(1) Evaluating a member's illness or injury on which an application for disability benefits is based;

(2) Defining the occupational duties of a police officer or firefighter;

(3) Providing for the board to assign competent and disinterested physicians, advanced practice registered nurses, physician ~~assistants~~associates, and vocational evaluators to conduct examinations of a member;

(4) Requiring a written report for each disability application that includes a summary of findings, medical opinions, including an opinion on whether the illness or injury upon which the member's application for disability benefits is based was caused or induced by the actual performance of the member's official duties, and any recommendations or comments based on the medical opinions;

(5) Taking into consideration the member's potential for retraining or reemployment.

(D) The board may grant disability benefits to a member based solely on a review of an application for disability benefits and supporting medical documentation or may require the member to undergo a medical examination, a vocational evaluation, or both. Any medical examination or vocational evaluation shall be conducted by a physician, advanced practice registered nurse, physician ~~assistant~~associate, or vocational evaluator assigned in accordance with rules adopted under division (C)(3) of this section. If a medical examination is conducted by an advanced practice registered nurse or physician ~~assistant~~associate, the board shall only accept an examination

report if a physician reviews, approves, and signs the report before the report is submitted to the board.

As used in this division:

"Totally disabled" means a member of the fund is unable to perform the duties of any gainful occupation for which the member is reasonably fitted by training, experience, and accomplishments. Absolute helplessness is not a prerequisite of being totally disabled.

"Permanently disabled" means a condition of disability that is expected to last for a continuous period of not less than twelve months after an application for disability benefits is filed and from which there is no present indication of recovery.

"Hazardous duty" has the same meaning as in 5 C.F.R. 550.902, as amended.

(1) A member of the fund who is permanently and totally disabled as the result of the performance of the member's official duties as a member of a police or fire department shall be paid annual disability benefits in accordance with division (A) of section 742.39 of the Revised Code. In determining whether a member of the fund is permanently and totally disabled, the board shall consider standards adopted under division (C) of this section applicable to the determination.

(2) A member of the fund who is permanently and partially disabled as the result of the performance of the member's official duties as a member of a police or fire department shall, if the disability prevents the member from performing those duties and impairs the member's earning capacity, receive annual disability benefits in accordance with division (B) of

section 742.39 of the Revised Code. In determining whether a member of the fund is permanently and partially disabled, the board shall consider standards adopted under division (C) of this section applicable to the determination.

(3)(a) A member of the fund who is permanently disabled as a result of heart disease or any cardiovascular or respiratory disease of a chronic nature, which disease or any evidence of which disease was not revealed by the physical examination passed by the member on entry into the department or another examination specified in rules the board adopts under section 742.10 of the Revised Code, is presumed to have incurred the disease while performing the member's official duties, unless the contrary is shown by competent evidence. The board may waive the requirement that the absence of disease be evidenced by a physical examination if competent medical evidence of a type specified in rules adopted under section 742.10 of the Revised Code is submitted documenting that the disease was not evident prior to or at the time of entry into the department.

(b) A member of the fund who is a member of a fire department, has been assigned to at least six years of hazardous duty as a member of a fire department, and is disabled as a result of cancer, is presumed to have incurred the cancer while performing the member's official duties if the member was exposed to an agent classified by the international agency for research on cancer or its successor agency as a group 1 or 2A carcinogen.

(c) The presumption described in division (D)(3)(b) of this section is rebuttable in any of the following situations:

(i) There is evidence that the member incurred the type of cancer being alleged before becoming a member of the department.

(ii) There is evidence that the member's exposure, outside the scope of the member's official duties, to cigarettes, tobacco products, or other conditions presenting an extremely high risk for the development of the cancer alleged, was probably a significant factor in the cause or progression of the cancer.

(iii) There is evidence that shows, by a preponderance of competent scientific evidence, that exposure to the type of carcinogen alleged did not or could not have caused the cancer being alleged.

(iv) There is evidence that the member was not exposed to an agent classified by the international agency for research on cancer or its successor agency as a group 1 or 2A carcinogen.

(v) The member is seventy years of age or older.

(d) The presumption described in division (D)(3)(b) of this section does not apply if it has been more than fifteen years since the member was last assigned to hazardous duty as a member of a fire department.

(4) A member of the fund who has five or more years of service credit and has incurred a permanent disability not caused or induced by the actual performance of the member's official duties as a member of the department, or by the member's own negligence, shall if the disability prevents the member from performing those duties and impairs the member's earning capacity, receive annual disability benefits in accordance with division (C) of section 742.39 of the Revised Code. In determining whether a member of the fund is permanently disabled, the board shall consider standards adopted under division (C) of this section applicable to the determination.

(5) The board shall notify a member of its final action awarding a disability benefit to the member within thirty days of the final action. The notice shall be sent by certified mail, return receipt requested. Not later than ninety days after receipt of notice from the board, the member shall elect, on a form provided by the board, either to accept or waive the disability benefit award. If the member elects to waive the disability benefit award or fails to make an election within the time period, the award is rescinded. A member who later seeks a disability benefit award shall be required to make a new application, which shall be dealt with in accordance with the procedures used for original disability benefit applications.

A person is not eligible to apply for or receive disability benefits under this division, section 742.39 of the Revised Code, or division (C)(2), (3), (4), or (5) of former section 742.37 of the Revised Code unless the person is a member of the fund on the date on which the application for disability benefits is submitted to the fund.

With the exception of persons who may make application for increased benefits as provided in division (D)(2) or (4) of this section or division (C)(3) or (5) of former section 742.37 of the Revised Code on or after July 24, 1986, or persons who may make application for benefits as provided in section 742.26 of the Revised Code, no person receiving a pension or benefit under this section or division (C) of former section 742.37 of the Revised Code may apply for any new, changed, or different benefit.

(E) An advanced practice registered nurse or physician ~~assistant~~ associate assigned in accordance with rules adopted under division (C)(3) of this section to conduct a medical

examination of a member who has applied for disability benefits shall only conduct an examination that is within the scope and practice that is permitted under Chapter 4723. or 4730. of the Revised Code, respectively, and does not exceed the advanced practice registered nurse's or physician ~~assistant's~~ associate's training.

(F) Notwithstanding the requirement of section 742.41 of the Revised Code that all medical reports and recommendations required are privileged, the board shall submit to the administrator of workers' compensation any data necessary for the report required under section 4123.86 of the Revised Code.

Sec. 911.11. The director of agriculture may require any person intending to work or working in a bakery to submit to a thorough examination for the purpose of ascertaining whether the person is afflicted with any contagious, infectious, or other disease or physical ailment, which may render employment detrimental to the public health. All such examinations shall be made by a qualified physician licensed under section 4731.14 of the Revised Code, by a physician ~~assistant~~associate, by a clinical nurse specialist, by a certified nurse practitioner, or by a certified nurse-midwife. Any written documentation of the examination shall be completed by the individual who did the examination.

Sec. 1337.11. As used in sections 1337.11 to 1337.17 of the Revised Code:

(A) "Adult" means a person who is eighteen years of age or older.

(B) "Attending physician" means the physician to whom a principal or the family of a principal has assigned primary

responsibility for the treatment or care of the principal or, if the responsibility has not been assigned, the physician who has accepted that responsibility.

(C) "Comfort care" means any of the following:

(1) Nutrition when administered to diminish the pain or discomfort of a principal, but not to postpone death;

(2) Hydration when administered to diminish the pain or discomfort of a principal, but not to postpone death;

(3) Any other medical or nursing procedure, treatment, intervention, or other measure that is taken to diminish the pain or discomfort of a principal, but not to postpone death.

(D) "Consulting physician" means a physician who, in conjunction with the attending physician of a principal, makes one or more determinations that are required to be made by the attending physician, or to be made by the attending physician and one other physician, by an applicable provision of sections 1337.11 to 1337.17 of the Revised Code, to a reasonable degree of medical certainty and in accordance with reasonable medical standards.

(E) "Declaration for mental health treatment" has the same meaning as in section 2135.01 of the Revised Code.

(F) "Guardian" means a person appointed by a probate court pursuant to Chapter 2111. of the Revised Code to have the care and management of the person of an incompetent.

(G) "Health care" means any care, treatment, service, or procedure to maintain, diagnose, or treat an individual's physical or mental condition or physical or mental health.

(H) "Health care decision" means informed consent, refusal

to give informed consent, or withdrawal of informed consent to health care.

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

(1) A hospital;

(2) A hospice care program, pediatric respite care program, or other institution that specializes in comfort care of patients in a terminal condition or in a permanently unconscious state;

(3) A nursing home;

(4) A home health agency;

(5) An intermediate care facility for individuals with intellectual disabilities;

(6) A regulated community mental health organization.

(J) "Health care personnel" means physicians, nurses, physician ~~assistants~~associates, emergency medical technicians-basic, emergency medical technicians-intermediate, emergency medical technicians-paramedic, medical technicians, dietitians, other authorized persons acting under the direction of an attending physician, and administrators of health care facilities.

(K) "Home health agency" has the same meaning as in section 3740.01 of the Revised Code.

(L) "Hospice care program" and "pediatric respite care program" have the same meanings as in section 3712.01 of the Revised Code.

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

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

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

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

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

(R) "Medical claim" has the same meaning as in section 2305.113 of the Revised Code.

(S) "Mental health treatment" has the same meaning as in section 2135.01 of the Revised Code.

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

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

(V) "Permanently unconscious state" means a state of permanent unconsciousness in a principal that, to a reasonable degree of medical certainty as determined in accordance with reasonable medical standards by the principal's attending physician and one other physician who has examined the principal, is characterized by both of the following:

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

(2) Total loss of cerebral cortical functioning, resulting in the principal having no capacity to experience pain or suffering.

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

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

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

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

(AA) "Regulated community mental health organization" means a residential facility as defined and licensed under section 5119.34 of the Revised Code or a community mental health services provider as defined in section 5122.01 of the Revised Code.

(BB) "Terminal condition" means an irreversible, incurable, and untreatable condition caused by disease, illness, or injury from which, to a reasonable degree of medical certainty as determined in accordance with reasonable medical standards by a principal's attending physician and one other physician who has examined the principal, both of the following apply:

(1) There can be no recovery.

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

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

Sec. 1349.05. (A) As used in this section:

(1) "Agency" and "license" have the same meanings as in section 119.01 of the Revised Code.

(2) "Crime" has the same meaning as in section 2930.01 of the Revised Code.

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

(a) An individual licensed under Chapter 4731. of the Revised Code to practice medicine and surgery;

(b) An individual licensed under Chapter 4723. of the Revised Code to practice as an advanced practice registered nurse;

(c) An individual licensed under Chapter 4730. of the Revised Code to practice as a physician ~~assistant~~associate;

(d) An individual licensed under Chapter 4732. of the Revised Code to practice as a psychologist;

(e) An individual licensed under Chapter 4734. of the Revised Code to practice as a chiropractor.

(4) "Victim" has the same meaning as in section 2930.01 of the Revised Code, except that it excludes any party to a motor vehicle accident.

(B) No health care practitioner, with the intent to obtain

professional employment for the health care practitioner, shall directly contact in person, by telephone, or by electronic means any victim of a crime, or any witness to a motor vehicle accident or crime, other than a witness that was a party to a motor vehicle accident, until thirty days after the date of the motor vehicle accident or crime.

(C) No person who has been paid or given, or was offered to be paid or given, money or anything of value to solicit employment on behalf of another shall directly contact in person, by telephone, or by electronic means any victim of a crime, or any witness to a motor vehicle accident or crime, other than a witness that was a party to a motor vehicle accident, until thirty days after the date of the motor vehicle accident or crime.

(D)(1) Except as provided in division (D)(3) of this section, all of the following apply to a health care practitioner who, for the purpose of obtaining professional employment, contacts any party to a motor vehicle accident:

(a) The health care practitioner shall not contact the party in person at any time for the purpose of obtaining professional employment.

(b) Beginning twenty-four hours after the time of the accident, the health care practitioner may initiate contact with the party for the purpose of obtaining professional employment as follows:

(i) Through telephone, but not more than once in any forty-eight hour period;

(ii) Once through electronic mail;

(iii) Once through a text message;

(iv) Once in writing delivered through the United States postal service.

(2) Except as provided in division (D)(3) of this section, all of the following apply to a person who has been paid or given, or was offered to be paid or given, money or anything of value to contact, for the purpose of obtaining professional employment on behalf of another, any party to a motor vehicle accident:

(a) The person shall not contact the party in person at any time for the purpose of obtaining professional employment on behalf of another.

(b) Beginning twenty-four hours after the time of the accident, the person may initiate contact with the party for the purpose of obtaining professional employment on behalf of another as follows:

(i) Through telephone, but not more than once in any forty-eight hour period;

(ii) Once through electronic mail;

(iii) Once through a text message;

(iv) Once in writing delivered through the United States postal service.

(3) Divisions (D)(1) and (2) of this section do not apply to any person who solicits professional services to any party to a motor vehicle accident if the party being solicited was a previous purchaser of services from the person soliciting employment, or from the person on whose behalf employment is being solicited, and if both of the following apply:

(a) The solicitation is made under the same business or

professional name that was previously used to sell services to the party to the motor vehicle accident.

(b) The person who will be providing the services has, for a period of not less than three years, operated a business or professional occupation under the same business or professional name as the name used in the solicitation.

(E) If an agency that has issued a license to a person believes that the person has violated this section, the agency shall issue a notice and conduct a hearing in accordance with Chapter 119. of the Revised Code. After determining that a person has violated this section on three separate occasions, the agency shall suspend the person's license.

Sec. 1561.26. (A) As used in this section:

(1) "EMT-basic," "EMT-I," and "paramedic" have the same meanings as in section 4765.01 of the Revised Code.

(2) "Mine medical responder" has the same meaning as in section 1565.15 of the Revised Code.

(B) The superintendent of rescue stations, with the approval of the chief of the division of mineral resources management, shall, at each rescue station provided for in section 1561.25 of the Revised Code, train and employ rescue crews of six members each, one of whom shall hold a mine foreperson or fire boss certificate and be designated captain, and train and employ any number of such rescue crews as the superintendent believes necessary. One member of a rescue crew shall be certified as an EMT-basic, EMT-I, mine medical responder, or paramedic. Each member of a rescue crew shall devote the time specified by the chief each month for training purposes and shall be available at all times to assist in rescue

work at explosions, mine fires, and other emergencies.

A captain of mine rescue crews shall receive for service as captain the sum of twenty-four dollars per month, and each member shall receive the sum of twenty dollars per month, all payable on requisition approved by the chief. When engaged in rescue work at explosions, mine fires, or other emergencies away from their station, the members of the rescue crews and captains of the same shall be paid the sum of six dollars per hour for work on the surface, which includes the time consumed by those members in traveling to and from the scene of the emergency when the scene is away from the station of the members, and the sum of seven dollars per hour for all work underground at the emergency, and in addition thereto, the necessary living expenses of the members when the emergency is away from their home station, all payable on requisition approved by the chief.

Each member of a mine rescue crew shall undergo an annual medical examination. The chief may designate to perform an examination any individual authorized by the Revised Code to do so, including a physician ~~assistant~~associate, a clinical nurse specialist, a certified nurse practitioner, or a certified nurse-midwife. In designating the individual to perform a medical examination, the chief shall choose one near the station of the member of the rescue crews. The examiner shall report the examination results to the chief and if, in the opinion of the chief, the report indicates that the member is physically unfit for further services, the chief shall relieve the member from further duty. The fee charged by the examiner for the examination shall be paid in the same manner as fees are paid to doctors employed by the industrial commission for special medical examinations.

The chief may remove any member of a rescue crew for any reason. Such crews shall be subject to the orders of the chief, the superintendent, and the deputy mine inspectors when engaged in actual mine rescue work. Mine rescue crews shall, in case of death or injury when engaged in rescue work, wherever the same may occur, be paid compensation, or their dependents shall be paid death benefits, from the workers' compensation fund, in the same manner as other employees of the state.

(C) In addition to the training of rescue crews, each assistant superintendent of rescue stations, with the approval of the superintendent, shall provide for and conduct safety, first aid, and rescue classes at any mine or for any group of miners who make application for the conducting of such classes. The chief may assess a fee for safety and first aid classes for the purpose of covering the costs associated with providing those classes. The chief shall establish a fee schedule for safety and first aid classes by rule adopted in accordance with Chapter 119. of the Revised Code. Fees collected under this section shall be deposited in the mining regulation and safety fund created in section 1513.30 of the Revised Code.

The superintendent shall prescribe and provide for a uniform schedule of conducting such safety and rescue classes as will provide a competent knowledge of modern safety and rescue methods in, at, and about mines.

(D) No member of a mine rescue crew who performs mine rescue at an underground coal mine and no operator of a mine whose employee participates as a member of such a mine rescue crew is liable in any civil action that arises under the laws of this state for damage or injury caused in the performance of rescue work at an underground coal mine. However, a member of

such a mine rescue crew may be liable if the member acted with malicious purpose, in bad faith, or in a wanton or reckless manner.

This division does not eliminate, limit, or reduce any immunity from civil liability that is conferred on a member of such a mine rescue crew or an operator by any other provision of the Revised Code or by case law.

Sec. 1751.01. As used in this chapter:

(A)(1) "Basic health care services" means the following services when medically necessary:

(a) Physician's services, except when such services are supplemental under division (B) of this section;

(b) Inpatient hospital services;

(c) Outpatient medical services;

(d) Emergency health services;

(e) Urgent care services;

(f) Diagnostic laboratory services and diagnostic and therapeutic radiologic services;

(g) Diagnostic and treatment services, other than prescription drug services, for biologically based mental illnesses;

(h) Preventive health care services, including, but not limited to, voluntary family planning services, infertility services, periodic physical examinations, prenatal obstetrical care, and well-child care;

(i) Routine patient care for patients enrolled in an eligible cancer clinical trial pursuant to section 3923.80 of

the Revised Code.

"Basic health care services" does not include experimental procedures.

Except as provided by divisions (A)(2) and (3) of this section in connection with the offering of coverage for diagnostic and treatment services for biologically based mental illnesses, a health insuring corporation shall not offer coverage for a health care service, defined as a basic health care service by this division, unless it offers coverage for all listed basic health care services. However, this requirement does not apply to the coverage of beneficiaries enrolled in medicare pursuant to a medicare contract, or to the coverage of beneficiaries enrolled in the federal employee health benefits program pursuant to 5 U.S.C.A. 8905, or to the coverage of medicaid recipients, or to the coverage of beneficiaries under any federal health care program regulated by a federal regulatory body, or to the coverage of beneficiaries under any contract covering officers or employees of the state that has been entered into by the department of administrative services.

(2) A health insuring corporation may offer coverage for diagnostic and treatment services for biologically based mental illnesses without offering coverage for all other basic health care services. A health insuring corporation may offer coverage for diagnostic and treatment services for biologically based mental illnesses alone or in combination with one or more supplemental health care services. However, a health insuring corporation that offers coverage for any other basic health care service shall offer coverage for diagnostic and treatment services for biologically based mental illnesses in combination with the offer of coverage for all other listed basic health

care services.

(3) A health insuring corporation that offers coverage for basic health care services is not required to offer coverage for diagnostic and treatment services for biologically based mental illnesses in combination with the offer of coverage for all other listed basic health care services if all of the following apply:

(a) The health insuring corporation submits documentation certified by an independent member of the American academy of actuaries to the superintendent of insurance showing that incurred claims for diagnostic and treatment services for biologically based mental illnesses for a period of at least six months independently caused the health insuring corporation's costs for claims and administrative expenses for the coverage of basic health care services to increase by more than one per cent per year.

(b) The health insuring corporation submits a signed letter from an independent member of the American academy of actuaries to the superintendent of insurance opining that the increase in costs described in division (A)(3)(a) of this section could reasonably justify an increase of more than one per cent in the annual premiums or rates charged by the health insuring corporation for the coverage of basic health care services.

(c) The superintendent of insurance makes the following determinations from the documentation and opinion submitted pursuant to divisions (A)(3)(a) and (b) of this section:

(i) Incurred claims for diagnostic and treatment services for biologically based mental illnesses for a period of at least

six months independently caused the health insuring corporation's costs for claims and administrative expenses for the coverage of basic health care services to increase by more than one per cent per year.

(ii) The increase in costs reasonably justifies an increase of more than one per cent in the annual premiums or rates charged by the health insuring corporation for the coverage of basic health care services.

Any determination made by the superintendent under this division is subject to Chapter 119. of the Revised Code.

(B)(1) "Supplemental health care services" means any health care services other than basic health care services that a health insuring corporation may offer, alone or in combination with either basic health care services or other supplemental health care services, and includes:

(a) Services of facilities for intermediate or long-term care, or both;

(b) Dental care services;

(c) Vision care and optometric services including lenses and frames;

(d) Podiatric care or foot care services;

(e) Mental health services, excluding diagnostic and treatment services for biologically based mental illnesses;

(f) Short-term outpatient evaluative and crisis-intervention mental health services;

(g) Medical or psychological treatment and referral services for alcohol and drug abuse or addiction;

(h) Home health services;

(i) Prescription drug services;

(j) Nursing services;

(k) Services of a dietitian licensed under Chapter 4759. of the Revised Code;

(l) Physical therapy services;

(m) Chiropractic services;

(n) Any other category of services approved by the superintendent of insurance.

(2) If a health insuring corporation offers prescription drug services under this division, the coverage shall include prescription drug services for the treatment of biologically based mental illnesses on the same terms and conditions as other physical diseases and disorders.

(C) "Specialty health care services" means one of the supplemental health care services listed in division (B) of this section, when provided by a health insuring corporation on an outpatient-only basis and not in combination with other supplemental health care services.

(D) "Biologically based mental illnesses" means schizophrenia, schizoaffective disorder, major depressive disorder, bipolar disorder, paranoia and other psychotic disorders, obsessive-compulsive disorder, and panic disorder, as these terms are defined in the most recent edition of the diagnostic and statistical manual of mental disorders published by the American psychiatric association.

(E) "Closed panel plan" means a health care plan that

requires enrollees to use participating providers.

(F) "Compensation" means remuneration for the provision of health care services, determined on other than a fee-for-service or discounted-fee-for-service basis.

(G) "Contractual periodic prepayment" means the formula for determining the premium rate for all subscribers of a health insuring corporation.

(H) "Corporation" means a corporation formed under Chapter 1701. or 1702. of the Revised Code or the similar laws of another state.

(I) "Emergency health services" means those health care services that must be available on a seven-days-per-week, twenty-four-hours-per-day basis in order to prevent jeopardy to an enrollee's health status that would occur if such services were not received as soon as possible, and includes, where appropriate, provisions for transportation and indemnity payments or service agreements for out-of-area coverage.

(J) "Enrollee" means any natural person who is entitled to receive health care benefits provided by a health insuring corporation.

(K) "Evidence of coverage" means any certificate, agreement, policy, or contract issued to a subscriber that sets out the coverage and other rights to which such person is entitled under a health care plan.

(L) "Health care facility" means any facility, except a health care practitioner's office, that provides preventive, diagnostic, therapeutic, acute convalescent, rehabilitation, mental health, intellectual disability, intermediate care, or skilled nursing services.

(M) "Health care services" means basic, supplemental, and specialty health care services.

(N) "Health delivery network" means any group of providers or health care facilities, or both, or any representative thereof, that have entered into an agreement to offer health care services in a panel rather than on an individual basis.

(O) "Health insuring corporation" means a corporation, as defined in division (H) of this section, that, pursuant to a policy, contract, certificate, or agreement, pays for, reimburses, or provides, delivers, arranges for, or otherwise makes available, basic health care services, supplemental health care services, or specialty health care services, or a combination of basic health care services and either supplemental health care services or specialty health care services, through either an open panel plan or a closed panel plan.

"Health insuring corporation" does not include a limited liability company formed pursuant to Chapter 1705. or 1706. of the Revised Code, an insurer licensed under Title XXXIX of the Revised Code if that insurer offers only open panel plans under which all providers and health care facilities participating receive their compensation directly from the insurer, a corporation formed by or on behalf of a political subdivision or a department, office, or institution of the state, or a public entity formed by or on behalf of a board of county commissioners, a county board of developmental disabilities, an alcohol and drug addiction services board, a board of alcohol, drug addiction, and mental health services, or a community mental health board, as those terms are used in Chapters 340. and 5126. of the Revised Code. Except as provided by division

(D) of section 1751.02 of the Revised Code, or as otherwise provided by law, no board, commission, agency, or other entity under the control of a political subdivision may accept insurance risk in providing for health care services. However, nothing in this division shall be construed as prohibiting such entities from purchasing the services of a health insuring corporation or a third-party administrator licensed under Chapter 3959. of the Revised Code.

(P) "Intermediary organization" means a health delivery network or other entity that contracts with licensed health insuring corporations or self-insured employers, or both, to provide health care services, and that enters into contractual arrangements with other entities for the provision of health care services for the purpose of fulfilling the terms of its contracts with the health insuring corporations and self-insured employers.

(Q) "Intermediate care" means residential care above the level of room and board for patients who require personal assistance and health-related services, but who do not require skilled nursing care.

(R) "Medical record" means the personal information that relates to an individual's physical or mental condition, medical history, or medical treatment.

(S)(1) "Open panel plan" means a health care plan that provides incentives for enrollees to use participating providers and that also allows enrollees to use providers that are not participating providers.

(2) No health insuring corporation may offer an open panel plan, unless the health insuring corporation is also licensed as

an insurer under Title XXXIX of the Revised Code, the health insuring corporation, on June 4, 1997, holds a certificate of authority or license to operate under Chapter 1736. or 1740. of the Revised Code, or an insurer licensed under Title XXXIX of the Revised Code is responsible for the out-of-network risk as evidenced by both an evidence of coverage filing under section 1751.11 of the Revised Code and a policy and certificate filing under section 3923.02 of the Revised Code.

(T) "Osteopathic hospital" means a hospital registered under section 3701.07 of the Revised Code that advocates osteopathic principles and the practice and perpetuation of osteopathic medicine by doing any of the following:

(1) Maintaining a department or service of osteopathic medicine or a committee on the utilization of osteopathic principles and methods, under the supervision of an osteopathic physician;

(2) Maintaining an active medical staff, the majority of which is comprised of osteopathic physicians;

(3) Maintaining a medical staff executive committee that has osteopathic physicians as a majority of its members.

(U) "Panel" means a group of providers or health care facilities that have joined together to deliver health care services through a contractual arrangement with a health insuring corporation, employer group, or other payor.

(V) "Person" has the same meaning as in section 1.59 of the Revised Code, and, unless the context otherwise requires, includes any insurance company holding a certificate of authority under Title XXXIX of the Revised Code, any subsidiary and affiliate of an insurance company, and any government

agency.

(W) "Premium rate" means any set fee regularly paid by a subscriber to a health insuring corporation. A "premium rate" does not include a one-time membership fee, an annual administrative fee, or a nominal access fee, paid to a managed health care system under which the recipient of health care services remains solely responsible for any charges accessed for those services by the provider or health care facility.

(X) "Primary care provider" means a provider that is designated by a health insuring corporation to supervise, coordinate, or provide initial care or continuing care to an enrollee, and that may be required by the health insuring corporation to initiate a referral for specialty care and to maintain supervision of the health care services rendered to the enrollee.

(Y) "Provider" means any natural person or partnership of natural persons who are licensed, certified, accredited, or otherwise authorized in this state to furnish health care services, or any professional association organized under Chapter 1785. of the Revised Code, provided that nothing in this chapter or other provisions of law shall be construed to preclude a health insuring corporation, health care practitioner, or organized health care group associated with a health insuring corporation from employing certified nurse practitioners, certified nurse anesthetists, clinical nurse specialists, certified nurse-midwives, pharmacists, dietitians, physician ~~assistants~~associates, dental assistants, dental hygienists, optometric technicians, or other allied health personnel who are licensed, certified, accredited, or otherwise authorized in this state to furnish health care services.

(Z) "Provider sponsored organization" means a corporation, as defined in division (H) of this section, that is at least eighty per cent owned or controlled by one or more hospitals, as defined in section 3727.01 of the Revised Code, or one or more physicians licensed to practice medicine or surgery or osteopathic medicine and surgery under Chapter 4731. of the Revised Code, or any combination of such physicians and hospitals. Such control is presumed to exist if at least eighty per cent of the voting rights or governance rights of a provider sponsored organization are directly or indirectly owned, controlled, or otherwise held by any combination of the physicians and hospitals described in this division.

(AA) "Solicitation document" means the written materials provided to prospective subscribers or enrollees, or both, and used for advertising and marketing to induce enrollment in the health care plans of a health insuring corporation.

(BB) "Subscriber" means a person who is responsible for making payments to a health insuring corporation for participation in a health care plan, or an enrollee whose employment or other status is the basis of eligibility for enrollment in a health insuring corporation.

(CC) "Urgent care services" means those health care services that are appropriately provided for an unforeseen condition of a kind that usually requires medical attention without delay but that does not pose a threat to the life, limb, or permanent health of the injured or ill person, and may include such health care services provided out of the health insuring corporation's approved service area pursuant to indemnity payments or service agreements.

Sec. 1785.01. As used in this chapter:

(A) "Professional service" means any type of professional service that may be performed only pursuant to a license, certificate, or other legal authorization issued pursuant to Chapter 4701., 4703., 4705., 4715., 4723., 4725., 4729., 4730., 4731., 4732., 4733., 4734., 4741., 4755., or 4757. of the Revised Code to certified public accountants, licensed public accountants, architects, attorneys, dentists, nurses, optometrists, pharmacists, physician ~~assistants~~associates, doctors of medicine and surgery, doctors of osteopathic medicine and surgery, doctors of podiatric medicine and surgery, practitioners of the limited branches of medicine specified in section 4731.15 of the Revised Code, mechanotherapists, psychologists, professional engineers, chiropractors, chiropractors practicing acupuncture through the state chiropractic board, veterinarians, physical therapists, occupational therapists, licensed professional clinical counselors, licensed professional counselors, independent social workers, social workers, independent marriage and family therapists, marriage and family therapists, art therapists, and music therapists.

(B) "Professional association" means an association organized under this chapter for the sole purpose of rendering one of the professional services authorized under Chapter 4701., 4703., 4705., 4715., 4723., 4725., 4729., 4730., 4731., 4732., 4733., 4734., 4741., 4755., or 4757. of the Revised Code, a combination of the professional services authorized under Chapters 4703. and 4733. of the Revised Code, or a combination of the professional services of optometrists authorized under Chapter 4725. of the Revised Code, chiropractors authorized under Chapter 4734. of the Revised Code to practice chiropractic or acupuncture, psychologists authorized under Chapter 4732. of

the Revised Code, registered or licensed practical nurses authorized under Chapter 4723. of the Revised Code, pharmacists authorized under Chapter 4729. of the Revised Code, physical therapists authorized under sections 4755.40 to 4755.56 of the Revised Code, occupational therapists authorized under sections 4755.04 to 4755.13 of the Revised Code, mechanotherapists authorized under section 4731.151 of the Revised Code, doctors of medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery authorized under Chapter 4731. of the Revised Code, and licensed professional clinical counselors, licensed professional counselors, independent social workers, social workers, independent marriage and family therapists, marriage and family therapists, art therapists, or music therapists authorized under Chapter 4757. of the Revised Code.

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

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

(2) "Health care professional" means a physician authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery; a registered nurse, including a certified nurse-midwife, authorized to practice under Chapter 4723. of the Revised Code; or a physician ~~assistant~~ associate authorized to practice under Chapter ~~4130.~~ 4730. of the Revised Code.

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

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

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

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

(B) "Attending physician" means the physician to whom a declarant or other patient, or the family of a declarant or other patient, has assigned primary responsibility for the treatment or care of the declarant or other patient, or, if the responsibility has not been assigned, the physician who has accepted that responsibility.

(C) "Comfort care" means any of the following:

(1) Nutrition when administered to diminish the pain or discomfort of a declarant or other patient, but not to postpone the declarant's or other patient's death;

(2) Hydration when administered to diminish the pain or discomfort of a declarant or other patient, but not to postpone the declarant's or other patient's death;

(3) Any other medical or nursing procedure, treatment, intervention, or other measure that is taken to diminish the pain or discomfort of a declarant or other patient, but not to postpone the declarant's or other patient's death.

(D) "Consulting physician" means a physician who, in conjunction with the attending physician of a declarant or other

patient, makes one or more determinations that are required to be made by the attending physician, or to be made by the attending physician and one other physician, by an applicable provision of this chapter, to a reasonable degree of medical certainty and in accordance with reasonable medical standards.

(E) "Declarant" means any adult who has executed a declaration in accordance with section 2133.02 of the Revised Code.

(F) "Declaration" means a written document executed in accordance with section 2133.02 of the Revised Code.

(G) "Durable power of attorney for health care" means a document created pursuant to sections 1337.11 to 1337.17 of the Revised Code.

(H) "Guardian" means a person appointed by a probate court pursuant to Chapter 2111. of the Revised Code to have the care and management of the person of an incompetent.

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

(1) A hospital;

(2) A hospice care program, pediatric respite care program, or other institution that specializes in comfort care of patients in a terminal condition or in a permanently unconscious state;

(3) A nursing home or residential care facility, as defined in section 3721.01 of the Revised Code;

(4) A home health agency and any residential facility where a person is receiving care under the direction of a home health agency;

(5) An intermediate care facility for individuals with intellectual disabilities.

(J) "Health care personnel" means physicians, nurses, physician ~~assistants~~associates, emergency medical technicians-basic, emergency medical technicians-intermediate, emergency medical technicians-paramedic, medical technicians, dietitians, other authorized persons acting under the direction of an attending physician, and administrators of health care facilities.

(K) "Home health agency" has the same meaning as in section 3740.01 of the Revised Code.

(L) "Hospice care program" and "pediatric respite care program" have the same meanings as in section 3712.01 of the Revised Code.

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

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

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

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

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

(R) "Nurse" means a person who is licensed to practice

nursing as a registered nurse or to practice practical nursing as a licensed practical nurse pursuant to Chapter 4723. of the Revised Code.

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

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

(U) "Permanently unconscious state" means a state of permanent unconsciousness in a declarant or other patient that, to a reasonable degree of medical certainty as determined in accordance with reasonable medical standards by the declarant's or other patient's attending physician and one other physician who has examined the declarant or other patient, is characterized by both of the following:

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

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

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

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

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

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

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

(AA) "Terminal condition" means an irreversible, incurable, and untreatable condition caused by disease, illness, or injury from which, to a reasonable degree of medical certainty as determined in accordance with reasonable medical standards by a declarant's or other patient's attending physician and one other physician who has examined the declarant or other patient, both of the following apply:

(1) There can be no recovery.

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

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

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

A person who holds a license to practice as a physician ~~assistant~~ associate issued under Chapter 4730. of the Revised Code may take any action that may be taken by an attending physician under sections 2133.21 to 2133.26 of the Revised Code and has the immunity provided by section 2133.22 of the Revised Code if the action is taken pursuant to a supervision agreement entered into under section 4730.19 of the Revised Code, including, if applicable, the policies of a health care facility in which the physician ~~assistant~~ associate is practicing.

Sec. 2135.01. As used in sections 2135.01 to 2135.15 of the Revised Code:

(A) "Adult" means a person who is eighteen years of age or older.

(B) "Capacity to consent to mental health treatment decisions" means the functional ability to understand information about the risks of, benefits of, and alternatives to the proposed mental health treatment, to rationally use that information, to appreciate how that information applies to the declarant, and to express a choice about the proposed treatment.

(C) "Declarant" means an adult who has executed a declaration for mental health treatment in accordance with this chapter.

(D) "Declaration for mental health treatment" or "declaration" means a written document declaring preferences or instructions regarding mental health treatment executed in accordance with this chapter.

(E) "Designated physician" means the physician the declarant has named in a declaration for mental health treatment and has assigned the primary responsibility for the declarant's

mental health treatment or, if the declarant has not so named a physician, the physician who has accepted that responsibility.

(F) "Guardian" means a person appointed by a probate court pursuant to Chapter 2111. of the Revised Code to have the care and management of the person of an incompetent.

(G) "Health care" means any care, treatment, service, or procedure to maintain, diagnose, or treat an individual's physical or mental condition or physical or mental health.

(H) "Health care facility" has the same meaning as in section 1337.11 of the Revised Code.

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

(J) "Informed consent" means consent voluntarily given by a person after a sufficient explanation and disclosure of the subject matter involved to enable that person to have a general understanding of the nature, purpose, and goal of the treatment or procedures, including the substantial risks and hazards inherent in the proposed treatment or procedures and any alternative treatment or procedures, and to make a knowing health care decision without coercion or undue influence.

(K) "Medical record" means any document or combination of documents that pertains to a declarant's medical history, diagnosis, prognosis, or medical condition and that is generated and maintained in the process of the declarant's health care.

(L) "Mental health treatment" means any care, treatment, service, or procedure to maintain, diagnose, or treat an individual's mental condition or mental health, including, but not limited to, electroconvulsive or other convulsive treatment, treatment of mental illness with medication, and admission to

and retention in a health care facility.

(M) "Mental health treatment decision" means informed consent, refusal to give informed consent, or withdrawal of informed consent to mental health treatment.

(N) "Mental health treatment provider" means physicians, physician ~~assistants~~associates, psychologists, licensed independent social workers, licensed professional clinical counselors, and psychiatric nurses.

(O) "Physician" means a person who is authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery.

(P) "Professional disciplinary action" means action taken by the board or other entity that regulates the professional conduct of health care personnel, including, but not limited to, the state medical board, the state board of psychology, and the state board of nursing.

(Q) "Proxy" means an adult designated to make mental health treatment decisions for a declarant under a valid declaration for mental health treatment.

(R) "Psychiatric nurse" means a registered nurse who holds a master's degree or doctorate in nursing with a specialization in psychiatric nursing.

(S) "Psychiatrist" has the same meaning as in section 5122.01 of the Revised Code.

(T) "Psychologist" has the same meaning as in section 4732.01 of the Revised Code.

(U) "Registered nurse" has the same meaning as in section 4723.01 of the Revised Code.

(V) "Tort action" means a civil action for damages for injury, death, or loss to person or property, other than a civil action for damages for a breach of contract or another agreement between persons.

Sec. 2151.3515. As used in sections 2151.3515 to 2151.3533 of the Revised Code:

(A) "Emergency medical service organization," "emergency medical technician-basic," "emergency medical technician-intermediate," "first responder," and "paramedic" have the same meanings as in section 4765.01 of the Revised Code.

(B) "Emergency medical service worker" means a first responder, emergency medical technician-basic, emergency medical technician-intermediate, or paramedic.

(C) "Hospital" has the same meaning as in section 3727.01 of the Revised Code.

(D) "Hospital employee" means any of the following persons:

(1) A physician or advanced practice registered nurse who has been granted privileges to practice at the hospital;

(2) A nurse, physician ~~assistant~~associate, or nursing assistant employed by the hospital;

(3) An authorized person employed by the hospital who is acting under the direction of a physician or nurse described in division (D)(1) of this section.

(E) "Law enforcement agency" means an organization or entity made up of peace officers.

(F) "Nurse" means a person who is licensed under Chapter

4723. of the Revised Code to practice as a registered nurse or licensed practical nurse.

(G) "Nursing assistant" means a person designated by a hospital as a nurse aide or nursing assistant whose job is to aid nurses, physicians, and physician ~~assistants~~ associates in the performance of their duties.

(H) "Peace officer" means a sheriff, deputy sheriff, constable, police officer of a township or joint police district, marshal, deputy marshal, municipal police officer, or a state highway patrol trooper.

(I) "Peace officer support employee" means an authorized person employed by a law enforcement agency who is acting under the direction of a peace officer.

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

(K) "Physician ~~assistant~~associate" means an individual who holds a current, valid license to practice as a physician ~~assistant~~ associate issued under Chapter 4730. of the Revised Code.

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

Sec. 2151.53. Any person coming within sections 2151.01 to 2151.54 of the Revised Code may be subjected to a physical examination by competent physicians, physician ~~assistants~~associates, clinical nurse specialists, and certified nurse practitioners, and a mental examination by competent psychologists, psychiatrists, and clinical nurse specialists

that practice the specialty of mental health or psychiatric mental health to be appointed by the juvenile court. Whenever any child is committed to any institution by virtue of such sections, a record of such examinations shall be sent with the commitment to such institution. The compensation of such physicians, physician ~~assistants~~associates, clinical nurse specialists, certified nurse practitioners, psychologists, and psychiatrists and the expenses of such examinations shall be paid by the county treasurer upon specifically itemized vouchers, certified by the juvenile judge.

Sec. 2305.113. (A) Except as otherwise provided in this section, an action upon a medical, dental, optometric, or chiropractic claim shall be commenced within one year after the cause of action accrued.

(B)(1) If prior to the expiration of the one-year period specified in division (A) of this section, a claimant who allegedly possesses a medical, dental, optometric, or chiropractic claim gives to the person who is the subject of that claim written notice that the claimant is considering bringing an action upon that claim, that action may be commenced against the person notified at any time within one hundred eighty days after the notice is so given.

(2) A claimant who allegedly possesses a medical claim and who intends to give to the person who is the subject of that claim the written notice described in division (B)(1) of this section shall give that notice by sending it by certified mail, return receipt requested, addressed to any of the following:

(a) The person's residence;

(b) The person's professional practice;

(c) The person's employer;

(d) The business address of the person on file with the state medical board or other appropriate agency that issued the person's professional license.

(3) An insurance company shall not consider the existence or nonexistence of a written notice described in division (B)(1) of this section in setting the liability insurance premium rates that the company may charge the company's insured person who is notified by that written notice.

(C) Except as to persons within the age of minority or of unsound mind as provided by section 2305.16 of the Revised Code, and except as provided in division (D) of this section, both of the following apply:

(1) No action upon a medical, dental, optometric, or chiropractic claim shall be commenced more than four years after the occurrence of the act or omission constituting the alleged basis of the medical, dental, optometric, or chiropractic claim.

(2) If an action upon a medical, dental, optometric, or chiropractic claim is not commenced within four years after the occurrence of the act or omission constituting the alleged basis of the medical, dental, optometric, or chiropractic claim, then, any action upon that claim is barred.

(D)(1) If a person making a medical claim, dental claim, optometric claim, or chiropractic claim, in the exercise of reasonable care and diligence, could not have discovered the injury resulting from the act or omission constituting the alleged basis of the claim within three years after the occurrence of the act or omission, but, in the exercise of reasonable care and diligence, discovers the injury resulting

from that act or omission before the expiration of the four-year period specified in division (C)(1) of this section, the person may commence an action upon the claim not later than one year after the person discovers the injury resulting from that act or omission.

(2) If the alleged basis of a medical claim, dental claim, optometric claim, or chiropractic claim is the occurrence of an act or omission that involves a foreign object that is left in the body of the person making the claim, the person may commence an action upon the claim not later than one year after the person discovered the foreign object or not later than one year after the person, with reasonable care and diligence, should have discovered the foreign object.

(3) A person who commences an action upon a medical claim, dental claim, optometric claim, or chiropractic claim under the circumstances described in division (D)(1) or (2) of this section has the affirmative burden of proving, by clear and convincing evidence, that the person, with reasonable care and diligence, could not have discovered the injury resulting from the act or omission constituting the alleged basis of the claim within the three-year period described in division (D)(1) of this section or within the one-year period described in division (D)(2) of this section, whichever is applicable.

(E) As used in this section:

(1) "Hospital" includes any person, corporation, association, board, or authority that is responsible for the operation of any hospital licensed or registered in the state, including, but not limited to, those that are owned or operated by the state, political subdivisions, any person, any corporation, or any combination of the state, political

subdivisions, persons, and corporations. "Hospital" also includes any person, corporation, association, board, entity, or authority that is responsible for the operation of any clinic that employs a full-time staff of physicians practicing in more than one recognized medical specialty and rendering advice, diagnosis, care, and treatment to individuals. "Hospital" does not include any hospital operated by the government of the United States or any of its branches.

(2) "Physician" means a person who is licensed to practice medicine and surgery or osteopathic medicine and surgery by the state medical board or a person who otherwise is authorized to practice medicine and surgery or osteopathic medicine and surgery in this state.

(3) "Medical claim" means any claim that is asserted in any civil action against a physician, podiatrist, hospital, home, or residential facility, against any employee or agent of a physician, podiatrist, hospital, home, or residential facility, or against a licensed practical nurse, registered nurse, advanced practice registered nurse, physical therapist, physician ~~assistant~~associate, emergency medical technician-basic, emergency medical technician-intermediate, or emergency medical technician-paramedic, and that arises out of the medical diagnosis, care, or treatment of any person. "Medical claim" includes the following:

(a) Derivative claims for relief that arise from the medical diagnosis, care, or treatment of a person;

(b) Derivative claims for relief that arise from the plan of care prepared for a resident of a home;

(c) Claims that arise out of the medical diagnosis, care,

or treatment of any person or claims that arise out of the plan of care prepared for a resident of a home and to which both types of claims either of the following applies:

(i) The claim results from acts or omissions in providing medical care.

(ii) The claim results from the hiring, training, supervision, retention, or termination of caregivers providing medical diagnosis, care, or treatment.

(d) Claims that arise out of the plan of care, medical diagnosis, or treatment of any person and that are brought under section 3721.17 of the Revised Code;

(e) Claims that arise out of skilled nursing care or personal care services provided in a home pursuant to the plan of care, medical diagnosis, or treatment.

(4) "Podiatrist" means any person who is licensed to practice podiatric medicine and surgery by the state medical board.

(5) "Dentist" means any person who is licensed to practice dentistry by the state dental board.

(6) "Dental claim" means any claim that is asserted in any civil action against a dentist, or against any employee or agent of a dentist, and that arises out of a dental operation or the dental diagnosis, care, or treatment of any person. "Dental claim" includes derivative claims for relief that arise from a dental operation or the dental diagnosis, care, or treatment of a person.

(7) "Derivative claims for relief" include, but are not limited to, claims of a parent, guardian, custodian, or spouse

of an individual who was the subject of any medical diagnosis, care, or treatment, dental diagnosis, care, or treatment, dental operation, optometric diagnosis, care, or treatment, or chiropractic diagnosis, care, or treatment, that arise from that diagnosis, care, treatment, or operation, and that seek the recovery of damages for any of the following:

(a) Loss of society, consortium, companionship, care, assistance, attention, protection, advice, guidance, counsel, instruction, training, or education, or any other intangible loss that was sustained by the parent, guardian, custodian, or spouse;

(b) Expenditures of the parent, guardian, custodian, or spouse for medical, dental, optometric, or chiropractic care or treatment, for rehabilitation services, or for other care, treatment, services, products, or accommodations provided to the individual who was the subject of the medical diagnosis, care, or treatment, the dental diagnosis, care, or treatment, the dental operation, the optometric diagnosis, care, or treatment, or the chiropractic diagnosis, care, or treatment.

(8) "Registered nurse" means any person who is licensed to practice nursing as a registered nurse by the board of nursing.

(9) "Chiropractic claim" means any claim that is asserted in any civil action against a chiropractor, or against any employee or agent of a chiropractor, and that arises out of the chiropractic diagnosis, care, or treatment of any person. "Chiropractic claim" includes derivative claims for relief that arise from the chiropractic diagnosis, care, or treatment of a person.

(10) "Chiropractor" means any person who is licensed to

practice chiropractic by the state chiropractic board.

(11) "Optometric claim" means any claim that is asserted in any civil action against an optometrist, or against any employee or agent of an optometrist, and that arises out of the optometric diagnosis, care, or treatment of any person. "Optometric claim" includes derivative claims for relief that arise from the optometric diagnosis, care, or treatment of a person.

(12) "Optometrist" means any person licensed to practice optometry by the state vision professionals board.

(13) "Physical therapist" means any person who is licensed to practice physical therapy under Chapter 4755. of the Revised Code.

(14) "Home" has the same meaning as in section 3721.10 of the Revised Code.

(15) "Residential facility" means a facility licensed under section 5123.19 of the Revised Code.

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

(17) "Licensed practical nurse" means any person who is licensed to practice nursing as a licensed practical nurse by the board of nursing pursuant to Chapter 4723. of the Revised Code.

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

(19) "Emergency medical technician-basic," "emergency medical technician-intermediate," and "emergency medical

technician-paramedic" means any person who is certified under Chapter 4765. of the Revised Code as an emergency medical technician-basic, emergency medical technician-intermediate, or emergency medical technician-paramedic, whichever is applicable.

(20) "Skilled nursing care" and "personal care services" have the same meanings as in section 3721.01 of the Revised Code.

Sec. 2305.234. (A) As used in this section:

(1) "Chiropractic claim," "medical claim," and "optometric claim" have the same meanings as in section 2305.113 of the Revised Code.

(2) "Dental claim" has the same meaning as in section 2305.113 of the Revised Code, except that it does not include any claim arising out of a dental operation or any derivative claim for relief that arises out of a dental operation.

(3) "Governmental health care program" has the same meaning as in section 4731.65 of the Revised Code.

(4) "Health care facility or location" means a hospital, clinic, ambulatory surgical facility, office of a health care professional or associated group of health care professionals, training institution for health care professionals, a free clinic or other nonprofit shelter or health care facility as those terms are defined in section 3701.071 of the Revised Code, or any other place where medical, dental, or other health-related diagnosis, care, or treatment is provided to a person.

(5) "Health care professional" means any of the following who provide medical, dental, or other health-related diagnosis, care, or treatment:

(a) Physicians authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery;

(b) Advanced practice registered nurses, registered nurses, and licensed practical nurses licensed under Chapter 4723. of the Revised Code;

(c) Physician ~~assistants~~ associates authorized to practice under Chapter 4730. of the Revised Code;

(d) Dentists and dental hygienists licensed under Chapter 4715. of the Revised Code;

(e) Physical therapists, physical therapist assistants, occupational therapists, occupational therapy assistants, and athletic trainers licensed under Chapter 4755. of the Revised Code;

(f) Chiropractors licensed under Chapter 4734. of the Revised Code;

(g) Optometrists licensed under Chapter 4725. of the Revised Code;

(h) Podiatrists authorized under Chapter 4731. of the Revised Code to practice podiatry;

(i) Dietitians licensed under Chapter 4759. of the Revised Code;

(j) Pharmacists licensed under Chapter 4729. of the Revised Code;

(k) Emergency medical technicians-basic, emergency medical technicians-intermediate, and emergency medical technicians-paramedic, certified under Chapter 4765. of the Revised Code;

(l) Respiratory care professionals licensed under Chapter 4761. of the Revised Code;

(m) Speech-language pathologists and audiologists licensed under Chapter 4753. of the Revised Code;

(n) Licensed professional clinical counselors, licensed professional counselors, independent social workers, social workers, independent marriage and family therapists, and marriage and family therapists, licensed under Chapter 4757. of the Revised Code;

(o) Psychologists licensed under Chapter 4732. of the Revised Code;

(p) Independent chemical dependency counselors-clinical supervisors, independent chemical dependency counselors, chemical dependency counselors III, and chemical dependency counselors II, licensed under Chapter 4758. of the Revised Code, and chemical dependency counselor assistants, prevention consultants, prevention specialists, prevention specialist assistants, and registered applicants, certified under that chapter;

(q) Certified mental health assistants licensed under Chapter 4772. of the Revised Code.

(6) "Health care worker" means a person other than a health care professional who provides medical, dental, or other health-related care or treatment under the direction of a health care professional with the authority to direct that individual's activities, including medical technicians, medical assistants, dental assistants, orderlies, aides, and individuals acting in similar capacities.

(7) "Indigent and uninsured person" means a person who

meets both of the following requirements:

(a) Relative to being indigent, the person's income is not greater than two hundred per cent of the federal poverty line, as defined by the United States office of management and budget and revised in accordance with section 673(2) of the "Omnibus Budget Reconciliation Act of 1981," 95 Stat. 511, 42 U.S.C. 9902, as amended, except in any case in which division (A)(7)(b)(iii) of this section includes a person whose income is greater than two hundred per cent of the federal poverty line.

(b) Relative to being uninsured, one of the following applies:

(i) The person is not a policyholder, certificate holder, insured, contract holder, subscriber, enrollee, member, beneficiary, or other covered individual under a health insurance or health care policy, contract, or plan.

(ii) The person is a policyholder, certificate holder, insured, contract holder, subscriber, enrollee, member, beneficiary, or other covered individual under a health insurance or health care policy, contract, or plan, but the insurer, policy, contract, or plan denies coverage or is the subject of insolvency or bankruptcy proceedings in any jurisdiction.

(iii) Until June 30, 2019, the person is eligible for the medicaid program or is a medicaid recipient.

(iv) Except as provided in division (A)(7)(b)(iii) of this section, the person is not eligible for or a recipient, enrollee, or beneficiary of any governmental health care program.

(8) "Nonprofit health care referral organization" means an

entity that is not operated for profit and refers patients to, or arranges for the provision of, health-related diagnosis, care, or treatment by a health care professional or health care worker.

(9) "Operation" means any procedure that involves cutting or otherwise infiltrating human tissue by mechanical means, including surgery, laser surgery, ionizing radiation, therapeutic ultrasound, or the removal of intraocular foreign bodies. "Operation" does not include the administration of medication by injection, unless the injection is administered in conjunction with a procedure infiltrating human tissue by mechanical means other than the administration of medicine by injection. "Operation" does not include routine dental restorative procedures, the scaling of teeth, or extractions of teeth that are not impacted.

(10) "Tort action" means a civil action for damages for injury, death, or loss to person or property other than a civil action for damages for a breach of contract or another agreement between persons or government entities.

(11) "Volunteer" means an individual who provides any medical, dental, or other health-care related diagnosis, care, or treatment without the expectation of receiving and without receipt of any compensation or other form of remuneration from an indigent and uninsured person, another person on behalf of an indigent and uninsured person, any health care facility or location, any nonprofit health care referral organization, or any other person or government entity.

(12) "Community control sanction" has the same meaning as in section 2929.01 of the Revised Code.

(13) "Deep sedation" means a drug-induced depression of consciousness during which a patient cannot be easily aroused but responds purposefully following repeated or painful stimulation, a patient's ability to independently maintain ventilatory function may be impaired, a patient may require assistance in maintaining a patent airway and spontaneous ventilation may be inadequate, and cardiovascular function is usually maintained.

(14) "General anesthesia" means a drug-induced loss of consciousness during which a patient is not arousable, even by painful stimulation, the ability to independently maintain ventilatory function is often impaired, a patient often requires assistance in maintaining a patent airway, positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function, and cardiovascular function may be impaired.

(B)(1) Subject to divisions (F) and (G)(3) of this section, a health care professional who is a volunteer and complies with division (B)(2) of this section is not liable in damages to any person or government entity in a tort or other civil action, including an action on a medical, dental, chiropractic, optometric, or other health-related claim, for injury, death, or loss to person or property that allegedly arises from an action or omission of the volunteer in the provision to an indigent and uninsured person of medical, dental, or other health-related diagnosis, care, or treatment, including the provision of samples of medicine and other medical products, unless the action or omission constitutes willful or wanton misconduct.

(2) To qualify for the immunity described in division (B)

(1) of this section, a health care professional shall do all of the following prior to providing diagnosis, care, or treatment:

(a) Determine, in good faith, that the indigent and uninsured person is mentally capable of giving informed consent to the provision of the diagnosis, care, or treatment and is not subject to duress or under undue influence;

(b) Inform the person of the provisions of this section, including notifying the person that, by giving informed consent to the provision of the diagnosis, care, or treatment, the person cannot hold the health care professional liable for damages in a tort or other civil action, including an action on a medical, dental, chiropractic, optometric, or other health-related claim, unless the action or omission of the health care professional constitutes willful or wanton misconduct;

(c) Obtain the informed consent of the person and a written waiver, signed by the person or by another individual on behalf of and in the presence of the person, that states that the person is mentally competent to give informed consent and, without being subject to duress or under undue influence, gives informed consent to the provision of the diagnosis, care, or treatment subject to the provisions of this section. A written waiver under division (B)(2)(c) of this section shall state clearly and in conspicuous type that the person or other individual who signs the waiver is signing it with full knowledge that, by giving informed consent to the provision of the diagnosis, care, or treatment, the person cannot bring a tort or other civil action, including an action on a medical, dental, chiropractic, optometric, or other health-related claim, against the health care professional unless the action or omission of the health care professional constitutes willful or

wanton misconduct.

(3) A physician or podiatrist who is not covered by medical malpractice insurance, but complies with division (B)(2) of this section, is not required to comply with division (A) of section 4731.143 of the Revised Code.

(C) Subject to divisions (F) and (G)(3) of this section, health care workers who are volunteers are not liable in damages to any person or government entity in a tort or other civil action, including an action upon a medical, dental, chiropractic, optometric, or other health-related claim, for injury, death, or loss to person or property that allegedly arises from an action or omission of the health care worker in the provision to an indigent and uninsured person of medical, dental, or other health-related diagnosis, care, or treatment, unless the action or omission constitutes willful or wanton misconduct.

(D) Subject to divisions (F) and (G)(3) of this section, a nonprofit health care referral organization is not liable in damages to any person or government entity in a tort or other civil action, including an action on a medical, dental, chiropractic, optometric, or other health-related claim, for injury, death, or loss to person or property that allegedly arises from an action or omission of the nonprofit health care referral organization in referring indigent and uninsured persons to, or arranging for the provision of, medical, dental, or other health-related diagnosis, care, or treatment by a health care professional described in division (B)(1) of this section or a health care worker described in division (C) of this section, unless the action or omission constitutes willful or wanton misconduct.

(E) Subject to divisions (F) and (G)(3) of this section and to the extent that the registration requirements of section 3701.071 of the Revised Code apply, a health care facility or location associated with a health care professional described in division (B)(1) of this section, a health care worker described in division (C) of this section, or a nonprofit health care referral organization described in division (D) of this section is not liable in damages to any person or government entity in a tort or other civil action, including an action on a medical, dental, chiropractic, optometric, or other health-related claim, for injury, death, or loss to person or property that allegedly arises from an action or omission of the health care professional or worker or nonprofit health care referral organization relative to the medical, dental, or other health-related diagnosis, care, or treatment provided to an indigent and uninsured person on behalf of or at the health care facility or location, unless the action or omission constitutes willful or wanton misconduct.

(F)(1) Except as provided in division (F)(2) of this section, the immunities provided by divisions (B), (C), (D), and (E) of this section are not available to a health care professional, health care worker, nonprofit health care referral organization, or health care facility or location if, at the time of an alleged injury, death, or loss to person or property, the health care professionals or health care workers involved are providing one of the following:

(a) Any medical, dental, or other health-related diagnosis, care, or treatment pursuant to a community service work order entered by a court under division (B) of section 2951.02 of the Revised Code or imposed by a court as a community control sanction;

(b) Performance of an operation to which any one of the following applies:

(i) The operation requires the administration of deep sedation or general anesthesia.

(ii) The operation is a procedure that is not typically performed in an office.

(iii) The individual involved is a health care professional, and the operation is beyond the scope of practice or the education, training, and competence, as applicable, of the health care professional.

(c) Delivery of a baby or any other purposeful termination of a human pregnancy.

(2) Division (F)(1) of this section does not apply when a health care professional or health care worker provides medical, dental, or other health-related diagnosis, care, or treatment that is necessary to preserve the life of a person in a medical emergency.

(G)(1) This section does not create a new cause of action or substantive legal right against a health care professional, health care worker, nonprofit health care referral organization, or health care facility or location.

(2) This section does not affect any immunities from civil liability or defenses established by another section of the Revised Code or available at common law to which a health care professional, health care worker, nonprofit health care referral organization, or health care facility or location may be entitled in connection with the provision of emergency or other medical, dental, or other health-related diagnosis, care, or treatment.

(3) This section does not grant an immunity from tort or other civil liability to a health care professional, health care worker, nonprofit health care referral organization, or health care facility or location for actions that are outside the scope of authority of health care professionals or health care workers.

In the case of the diagnosis, care, or treatment of an indigent and uninsured person who is eligible for the medicaid program or is a medicaid recipient, this section grants an immunity from tort or other civil liability only if the person's diagnosis, care, or treatment is provided in a free clinic, as defined in section 3701.071 of the Revised Code.

(4) This section does not affect any legal responsibility of a health care professional, health care worker, or nonprofit health care referral organization to comply with any applicable law of this state or rule of an agency of this state.

(5) This section does not affect any legal responsibility of a health care facility or location to comply with any applicable law of this state, rule of an agency of this state, or local code, ordinance, or regulation that pertains to or regulates building, housing, air pollution, water pollution, sanitation, health, fire, zoning, or safety.

Sec. 2305.2311. (A) As used in this section:

(1) "Advanced practice registered nurse" means an individual who holds a current, valid license issued under Chapter 4723. of the Revised Code to practice as an advanced practice registered nurse.

(2) "Dentist" has the same meaning as in section 2305.231 of the Revised Code.

(3) "Disaster" means any occurrence of widespread personal injury or loss of life that results from any natural or technological phenomenon or act of a human, or an epidemic and is declared to be a disaster by the federal government, the state government, or a political subdivision of this state.

(4) "Emergency medical technician" means an EMT-basic, an EMT-I, or a paramedic.

(5) "EMT-basic" means an individual who holds a current, valid certificate issued under section 4765.30 of the Revised Code to practice as an emergency medical technician-basic.

(6) "EMT-I" means an individual who holds a current, valid certificate issued under section 4765.30 of the Revised Code to practice as an emergency medical technician-intermediate.

(7) "Health care provider" means an advanced practice registered nurse, a registered nurse, a pharmacist, a dentist, an optometrist, a physician, a physician ~~assistant~~associate, or a hospital.

(8) "Hospital" and "medical claim" have the same meanings as in section 2305.113 of the Revised Code.

(9) "Optometrist" means a person who is licensed under Chapter 4725. of the Revised Code to practice optometry.

(10) "Paramedic" means an individual who holds a current, valid certificate issued under section 4765.30 of the Revised Code to practice as an emergency medical technician-paramedic.

(11) "Pharmacist" means an individual who holds a current, valid license issued under Chapter 4729. of the Revised Code to practice as a pharmacist.

(12) "Physician" means an individual who is authorized

under Chapter 4731. of the Revised Code to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery.

(13) "Physician ~~assistant~~associate" means an individual who is authorized under Chapter 4730. of the Revised Code to practice as a physician ~~assistant~~associate.

(14) "Reckless disregard" as it applies to a given health care provider or emergency medical technician rendering emergency medical services, first-aid treatment, or other emergency professional care, including the provision of any medication or other medical product, means conduct that a health care provider or emergency medical technician knew or should have known, at the time those services or that treatment or care were rendered, created an unreasonable risk of injury, death, or loss to person or property so as to affect the life or health of another and that risk was substantially greater than that which is necessary to make the conduct negligent.

(15) "Registered nurse" means an individual who holds a current, valid license issued under Chapter 4723. of the Revised Code to practice as a registered nurse.

(16) "Tort action" means a civil action for damages for injury, death, or loss to person or property other than a civil action for damages for a breach of contract or another agreement between persons or governmental entities. "Tort action" includes an action on a medical claim.

(B) Subject to division (C)(3) of this section, a health care provider or emergency medical technician that provides emergency medical services, first-aid treatment, or other emergency professional care, including the provision of any

medication or other medical product, as a result of a disaster is not liable in damages to any person in a tort action for injury, death, or loss to person or property that allegedly arises from an act or omission of the health care provider or emergency medical technician in the health care provider's or emergency medical technician's provision of those services or that treatment or care if that act or omission does not constitute reckless disregard for the consequences so as to affect the life or health of the patient.

(C)(1) This section does not create a new cause of action or substantive legal right against a health care provider or emergency medical technician.

(2) This section does not affect any immunities from civil liability or defenses established by another section of the Revised Code or available at common law to which a health care provider or emergency medical technician may be entitled in connection with the provision of emergency medical services, first-aid treatment, or other emergency professional care, including the provision of medication or other medical product.

(3) This section does not grant an immunity from tort or other civil liability to a health care provider or emergency medical technician for actions that are outside the scope of authority of the health care provider or emergency medical technician.

(4) This section does not affect any legal responsibility of a health care provider or emergency medical technician to comply with any applicable law of this state or rule of an agency of this state.

(5) This section applies only to the provision of

emergency medical services, first-aid treatment, or other emergency professional care, including the provision of any medication or other medical product, by a health care provider or emergency medical technician as a result of a disaster and through the duration of the disaster.

(D) This section does not apply to a tort action alleging wrongful death against a health care provider or emergency medical technician that provides emergency medical services, first-aid treatment, or other emergency professional care, including the provision of any medication or other medical product, that allegedly arises from an act or omission of the health care provider or emergency medical technician in the health care provider's or emergency medical technician's provision of those services or that treatment or care as a result of a disaster.

Sec. 2305.41. As used in sections 2305.41 to 2305.49 of the Revised Code:

(A) "Certified nurse practitioner," "clinical nurse specialist," and "registered nurse" have the same meanings as in section 4723.01 of the Revised Code.

(B) "Emergency medical service provider" means an individual who holds a current, valid certificate issued under section 4765.30 of the Revised Code to practice as an emergency medical technician-basic, emergency medical technician-intermediate, emergency medical technician-paramedic, or first responder.

(C) "Emergency symbol" means the caduceus inscribed within a six-barred cross used by the American medical association to denote emergency information.

(D) "Health care practitioner" means a physician, physician ~~assistant~~associate, certified nurse practitioner, clinical nurse specialist, or registered nurse.

(E) "Identifying device" means an identifying bracelet, necklace, metal tag, chain, other piece of jewelry, or similar device that meets either or both of the following:

(1) Bears the emergency symbol and medical information needed in an emergency;

(2) Contains on its front or back side a bar code or quick response code that may be scanned to determine medical information needed in an emergency.

(F) "Identification card" means any card containing the holder's name, type of medical condition, physician's name, and other medical information. "Identification card" does not include any license or permit issued pursuant to Chapter 4507. of the Revised Code.

(G) "Incapacitated condition" means the condition of being unconscious, semiconscious, incoherent, or otherwise incapacitated to communicate.

(H) "Incapacitated person" means a person in an incapacitated condition.

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

(J) "Physician ~~assistant~~associate" means an individual licensed under Chapter 4730. of the Revised Code to practice as a physician ~~assistant~~associate.

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

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

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

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

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

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

(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;

(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.

(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.

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

(h) "Hospital" has the same meaning as in section 2305.25 of the Revised Code.

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

(j) "Physician ~~assistant~~associate" ~~has the same meaning as in section 4730.01~~ means an individual who holds a license to practice as a physician associate issued under Chapter 4730. of the Revised Code.

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

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

(B) A mental health professional or mental health organization may be held liable in damages in a civil action, or may be made subject to disciplinary action by an entity with licensing or other regulatory authority over the professional or organization, for serious physical harm or death resulting from failing to predict, warn of, or take precautions to provide

protection from the violent behavior of a mental health client or patient, only if the client or patient or a knowledgeable person has communicated to the professional or organization an explicit threat of inflicting imminent and serious physical harm to or causing the death of one or more clearly identifiable potential victims, the professional or organization has reason to believe that the client or patient has the intent and ability to carry out the threat, and the professional or organization fails to take one or more of the following actions in a timely manner:

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

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

(3) Establish and undertake a documented treatment plan that is reasonably calculated, according to appropriate standards of professional practice, to eliminate the possibility that the client or patient will carry out the threat, and, concurrent with establishing and undertaking the treatment plan, initiate arrangements for a second opinion risk assessment through a management consultation about the treatment plan with, in the case of a mental health organization, the clinical director of the organization, or, in the case of a mental health professional who is not acting as part of a mental health organization, any mental health professional who is licensed to engage in independent practice;

(4) Communicate to a law enforcement agency with jurisdiction in the area where each potential victim resides, where a structure threatened by a mental health client or patient is located, or where the mental health client or patient resides, and if feasible, communicate to each potential victim or a potential victim's parent or guardian if the potential victim is a minor or has been adjudicated incompetent, all of the following information:

(a) The nature of the threat;

(b) The identity of the mental health client or patient making the threat;

(c) The identity of each potential victim of the threat.

(C) All of the following apply when a mental health professional or organization takes one or more of the actions set forth in divisions (B)(1) to (4) of this section:

(1) The mental health professional or organization shall consider each of the alternatives set forth and shall document the reasons for choosing or rejecting each alternative.

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

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

patient.

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

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

(1) Failing to discharge or to allow a patient to leave the facility if the physician, physician ~~assistant~~associate, advanced practice registered nurse, certified mental health assistant, or hospital believes in the good faith exercise of professional medical, advanced practice registered nursing, physician ~~assistant~~associate, or certified mental health assistant judgment according to appropriate standards of professional practice that the patient has a mental health condition that threatens the safety of the patient or others;

(2) Discharging a patient whom the physician, physician ~~assistant~~associate, advanced practice registered nurse, certified mental health assistant, or hospital believes in the good faith exercise of professional medical, advanced practice registered nursing, physician ~~assistant~~associate, or certified mental health assistant judgment according to appropriate

standards of professional practice not to have a mental health condition that threatens the safety of the patient or others.

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

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

Sec. 2711.22. (A) Except as otherwise provided in this section, a written contract between a patient and a hospital or healthcare provider to settle by binding arbitration any dispute or controversy arising out of the diagnosis, treatment, or care of the patient rendered by a hospital or healthcare provider, that is entered into prior to the diagnosis, treatment, or care of the patient is valid, irrevocable, and enforceable once the contract is signed by all parties. The contract remains valid, irrevocable, and enforceable until or unless the patient or the patient's legal representative rescinds the contract by written notice within thirty days of the signing of the contract. A guardian or other legal representative of the patient may give written notice of the rescission of the contract if the patient is incapacitated or a minor.

(B) As used in this section and in sections 2711.23 and 2711.24 of the Revised Code:

(1) "Healthcare provider" means a physician, podiatrist, dentist, licensed practical nurse, registered nurse, advanced

practice registered nurse, chiropractor, optometrist, physician ~~assistant~~associate, emergency medical technician-basic, emergency medical technician-intermediate, emergency medical technician-paramedic, or physical therapist.

(2) "Hospital," "physician," "podiatrist," "dentist," "licensed practical nurse," "registered nurse," "advanced practice registered nurse," "chiropractor," "optometrist," "physician ~~assistant~~associate," "emergency medical technician-basic," "emergency medical technician-intermediate," "emergency medical technician-paramedic," "physical therapist," "medical claim," "dental claim," "optometric claim," and "chiropractic claim" have the same meanings as in section 2305.113 of the Revised Code.

Sec. 2743.62. (A)(1) Subject to division (A)(2) of this section, there is no privilege, except the privileges arising from the attorney-client relationship, as to communications or records that are relevant to the physical, mental, or emotional condition of the claimant or victim in a proceeding under sections 2743.51 to 2743.72 of the Revised Code in which that condition is an element.

(2)(a) Except as specified in division (A)(2)(b) of this section, any record or report that the court of claims or the attorney general has obtained prior to, or obtains on or after, June 30, 1998, under the provisions of sections 2743.51 to 2743.72 of the Revised Code and that is confidential or otherwise exempt from public disclosure under section 149.43 of the Revised Code while in the possession of the creator of the record or report shall remain confidential or exempt from public disclosure under section 149.43 of the Revised Code while in the possession of the court of claims or the attorney general.

(b) Notwithstanding division (A)(2)(a) of this section, a judge of the court of claims, a magistrate, a claimant, a claimant's attorney, or the attorney general may disclose or refer to records or reports described in that division in any hearing conducted under sections 2743.51 to 2743.72 of the Revised Code or in the judge's, magistrate's, claimant's, or attorney general's written pleadings, findings, recommendations, and decisions.

(B) If the mental, physical, or emotional condition of a victim or claimant is material to a claim for an award of reparations, the attorney general or the court of claims may order the victim or claimant to submit to a mental or physical examination and may order an autopsy of a deceased victim. The order may be made for good cause shown and upon notice to the person to be examined and to the claimant. The order shall specify the time, place, manner, conditions, and scope of the examination or autopsy and the person by whom it is to be made. In the case of a mental examination, the person specified may be a physician or psychologist. In the case of a physical examination, the person specified may be a physician, a physician ~~assistant~~associate, a clinical nurse specialist, a certified nurse practitioner, or a certified nurse-midwife. In the case of an autopsy, the person specified must be a physician. The order shall require the person who performs the examination or autopsy to file with the attorney general a detailed written report of the examination or autopsy. The report shall set out the findings, including the results of all tests made, diagnoses, prognoses, and other conclusions and reports of earlier examinations of the same conditions.

(C) On request of the person examined, the attorney general shall furnish the person a copy of the report. If the

victim is deceased, the attorney general, on request, shall furnish the claimant a copy of the report.

(D) The attorney general or the court of claims may require the claimant to supplement the application for an award of reparations with any reasonably available medical or psychological reports relating to the injury for which the award of reparations is claimed.

(E) The attorney general or the court of claims, in a claim arising out of a violation of any provision of sections 2907.02 to 2907.07 of the Revised Code, shall not request the victim or the claimant to supply, or permit any person to supply, any evidence of specific instances of the victim's sexual activity, opinion evidence of the victim's sexual activity, or reputation evidence of the victim's sexual activity unless it involves evidence of the origin of semen, pregnancy, or disease or evidence of the victim's past sexual activity with the offender and only to the extent that the court of claims or the attorney general finds that the evidence is relevant to a fact at issue in the claim.

Sec. 2907.01. As used in sections 2907.01 to 2907.38 and 2917.211 of the Revised Code:

(A) "Sexual conduct" means vaginal intercourse between a male and female; anal intercourse, fellatio, and cunnilingus between persons regardless of sex; and, without privilege to do so, the insertion, however slight, of any part of the body or any instrument, apparatus, or other object into the vaginal or anal opening of another. Penetration, however slight, is sufficient to complete vaginal or anal intercourse.

(B) "Sexual contact" means any touching of an erogenous

zone of another, including without limitation the thigh, genitals, buttock, pubic region, or, if the person is a female, a breast, for the purpose of sexually arousing or gratifying either person.

(C) "Sexual activity" means sexual conduct or sexual contact, or both.

(D) "Prostitute" means a male or female who promiscuously engages in sexual activity for hire, regardless of whether the hire is paid to the prostitute or to another.

(E) "Harmful to juveniles" means that quality of any material or performance describing or representing nudity, sexual conduct, sexual excitement, or sado-masochistic abuse in any form to which all of the following apply:

(1) The material or performance, when considered as a whole, appeals to the prurient interest of juveniles in sex.

(2) The material or performance is patently offensive to prevailing standards in the adult community as a whole with respect to what is suitable for juveniles.

(3) The material or performance, when considered as a whole, lacks serious literary, artistic, political, and scientific value for juveniles.

(F) When considered as a whole, and judged with reference to ordinary adults or, if it is designed for sexual deviates or other specially susceptible group, judged with reference to that group, any material or performance is "obscene" if any of the following apply:

(1) Its dominant appeal is to prurient interest;

(2) Its dominant tendency is to arouse lust by displaying

or depicting sexual activity, masturbation, sexual excitement, or nudity in a way that tends to represent human beings as mere objects of sexual appetite;

(3) Its dominant tendency is to arouse lust by displaying or depicting bestiality or extreme or bizarre violence, cruelty, or brutality;

(4) Its dominant tendency is to appeal to scatological interest by displaying or depicting human bodily functions of elimination in a way that inspires disgust or revulsion in persons with ordinary sensibilities, without serving any genuine scientific, educational, sociological, moral, or artistic purpose;

(5) It contains a series of displays or descriptions of sexual activity, masturbation, sexual excitement, nudity, bestiality, extreme or bizarre violence, cruelty, or brutality, or human bodily functions of elimination, the cumulative effect of which is a dominant tendency to appeal to prurient or scatological interest, when the appeal to such an interest is primarily for its own sake or for commercial exploitation, rather than primarily for a genuine scientific, educational, sociological, moral, or artistic purpose.

(G) "Sexual excitement" means the condition of human male or female genitals when in a state of sexual stimulation or arousal.

(H) "Nudity" means the showing, representation, or depiction of human male or female genitals, pubic area, or buttocks with less than a full, opaque covering, or of a female breast with less than a full, opaque covering of any portion thereof below the top of the nipple, or of covered male genitals

in a discernibly turgid state.

(I) "Juvenile" means an unmarried person under the age of eighteen.

(J) "Material" means any book, magazine, newspaper, pamphlet, poster, print, picture, figure, image, description, motion picture film, phonographic record, or tape, or other tangible thing capable of arousing interest through sight, sound, or touch and includes an image or text appearing on a computer monitor, television screen, liquid crystal display, or similar display device or an image or text recorded on a computer hard disk, computer floppy disk, compact disk, magnetic tape, or similar data storage device.

(K) "Performance" means any motion picture, preview, trailer, play, show, skit, dance, or other exhibition performed before an audience.

(L) "Spouse" means a person married to an offender at the time of an alleged offense, except that such person shall not be considered the spouse when any of the following apply:

(1) When the parties have entered into a written separation agreement authorized by section 3103.06 of the Revised Code;

(2) During the pendency of an action between the parties for annulment, divorce, dissolution of marriage, or legal separation;

(3) In the case of an action for legal separation, after the effective date of the judgment for legal separation.

(M) "Minor" means a person under the age of eighteen.

(N) "Mental health client or patient" has the same meaning

as in section 2305.51 of the Revised Code.

(O) "Mental health professional" has the same meaning as in section 2305.115 of the Revised Code.

(P) "Sado-masochistic abuse" means flagellation or torture by or upon a person or the condition of being fettered, bound, or otherwise physically restrained.

(Q) "Place where a person has a reasonable expectation of privacy" means a place where a reasonable person would believe that the person could fully disrobe in private.

(R) "Private area" means the genitals, pubic area, buttocks, or female breast below the top of the areola, where nude or covered by an undergarment.

(S) "Licensed medical professional" means any of the following medical professionals:

(1) A physician ~~assistant~~ associate licensed under Chapter 4730. of the Revised Code;

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

(3) A massage therapist licensed under Chapter 4731. of the Revised Code.

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

(1) "Human reproductive material" means:

(a) Human spermatozoa or ova;

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

(2) "Assisted reproduction" means a method of causing pregnancy other than through sexual intercourse including all of the following:

(a) Intrauterine insemination;

(b) Human reproductive material donation;

(c) In vitro fertilization and transfer of embryos;

(d) Intracytoplasmic sperm injection.

(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:

(a) A husband or a wife who provides human reproductive material to be used for assisted reproduction by the wife;

(b) A woman who gives birth to a child by means of assisted reproduction;

(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.

(4) "Health care professional" means any of the following:

(a) A physician;

(b) An advanced practice registered nurse;

(c) A certified nurse practitioner;

(d) A clinical nurse specialist;

(e) A ~~physician's assistant~~physician associate;

(f) A certified nurse-midwife.

(B) No health care professional shall, in connection with an assisted reproduction procedure, knowingly do any of the following:

(1) Use human reproductive material from the health care professional, donor, or any other person while performing the procedure if the patient receiving the procedure has not expressly consented to the use of that material;

(2) Fail to comply with the standards or requirements of sections 3111.88 to 3111.96 of the Revised Code, including the terms of the required written consent form;

(3) Misrepresent to the patient receiving the procedure any material information about the donor's profile, including the types of information listed in division (A)(2) of section 3111.93 of the Revised Code, or the manner or extent to which the material will be used.

(C) Whoever violates this section is guilty of fraudulent assisted reproduction, a felony of the third degree. If an offender commits a violation of division (B) of this section and the violation occurs as part of a course of conduct involving other violations of division (B) of this section, a violation of this section is a felony of the second degree. The course of conduct may involve one victim or more than one victim.

(D) Patient consent to the use of human reproductive material from an anonymous donor is not effective to provide consent for use of human reproductive material of the health care professional performing the procedure.

(E) It is not a defense to a violation of this section that a patient expressly consented in writing, or by any other

means, to the use of human reproductive material from an anonymous donor.

Sec. 2907.29. Every hospital of this state that offers organized emergency services shall provide that a physician, a physician ~~assistant~~associate, a clinical nurse specialist, a certified nurse practitioner, or a certified nurse-midwife is available on call twenty-four hours each day for the examination of persons reported to any law enforcement agency to be victims of sexual offenses cognizable as violations of any provision of sections 2907.02 to 2907.06 of the Revised Code. The physician, physician ~~assistant~~associate, clinical nurse specialist, certified nurse practitioner, or certified nurse-midwife, upon the request of any peace officer or prosecuting attorney and with the consent of the reported victim or upon the request of the reported victim, shall examine the person for the purposes of gathering physical evidence and shall complete any written documentation of the physical examination. The director of health shall establish procedures for gathering evidence under this section.

Each reported victim shall be informed of available venereal disease, pregnancy, medical, and psychiatric services.

Notwithstanding any other provision of law, a minor may consent to examination under this section. The consent is not subject to disaffirmance because of minority, and consent of the parent, parents, or guardian of the minor is not required for an examination under this section. However, the hospital shall give written notice to the parent, parents, or guardian of a minor that an examination under this section has taken place. The parent, parents, or guardian of a minor giving consent under this section are not liable for payment for any services

provided under this section without their consent.

Sec. 2909.04. (A) No person, purposely by any means or knowingly by damaging or tampering with any property, shall do any of the following:

(1) Interrupt or impair television, radio, telephone, telegraph, or other mass communications service; police, fire, or other public service communications; radar, loran, radio, or other electronic aids to air or marine navigation or communications; or amateur or citizens band radio communications being used for public service or emergency communications;

(2) Interrupt or impair public transportation, including without limitation school bus transportation, or water supply, gas, power, or other utility service to the public;

(3) Substantially impair the ability of law enforcement officers, firefighters, rescue personnel, emergency medical services personnel, or emergency facility personnel to respond to an emergency or to protect and preserve any person or property from serious physical harm.

(B) No person shall knowingly use any computer, computer system, computer network, telecommunications device, or other electronic device or system or the internet so as to disrupt, interrupt, or impair the functions of any police, fire, educational, commercial, or governmental operations.

(C) Whoever violates this section is guilty of disrupting public services, a felony of the fourth degree.

(D) As used in this section:

(1) "Emergency medical services personnel" has the same meaning as in section 2133.21 of the Revised Code.

(2) "Emergency facility personnel" means any of the following:

(a) Any of the following individuals who perform services in the ordinary course of their professions in an emergency facility:

(i) Physicians authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery;

(ii) Registered nurses and licensed practical nurses licensed under Chapter 4723. of the Revised Code;

(iii) Physician ~~assistants~~associates authorized to practice under Chapter 4730. of the Revised Code;

(iv) Health care workers;

(v) Clerical staffs.

(b) Any individual who is a security officer performing security services in an emergency facility;

(c) Any individual who is present in an emergency facility, who was summoned to the facility by an individual identified in division (D)(2)(a) or (b) of this section.

(3) "Emergency facility" means a hospital emergency department or any other facility that provides emergency medical services.

(4) "Hospital" has the same meaning as in section 3727.01 of the Revised Code.

(5) "Health care worker" means an individual, other than an individual specified in division (D)(2)(a), (b), or (c) of this section, who provides medical or other health-related care

or treatment in an emergency facility, including medical technicians, medical assistants, orderlies, aides, or individuals acting in similar capacities.

Sec. 2921.22. (A)(1) Except as provided in division (A)(2) of this section, no person, knowing that a felony has been or is being committed, shall knowingly fail to report such information to law enforcement authorities.

(2) No person, knowing that a violation of division (B) of section 2913.04 of the Revised Code has been, or is being committed or that the person has received information derived from such a violation, shall knowingly fail to report the violation to law enforcement authorities.

(B) Except for conditions that are within the scope of division (E) of this section, no person giving aid to a sick or injured person shall negligently fail to report to law enforcement authorities any gunshot or stab wound treated or observed by the person, or any serious physical harm to persons that the person knows or has reasonable cause to believe resulted from an offense of violence.

(C) No person who discovers the body or acquires the first knowledge of the death of a person shall fail to report the death immediately to a physician or advanced practice registered nurse whom the person knows to be treating the deceased for a condition from which death at such time would not be unexpected, or to a law enforcement officer, an ambulance service, an emergency squad, or the coroner in a political subdivision in which the body is discovered, the death is believed to have occurred, or knowledge concerning the death is obtained. For purposes of this division, "advanced practice registered nurse" does not include a certified registered nurse anesthetist.

(D) No person shall fail to provide upon request of the person to whom a report required by division (C) of this section was made, or to any law enforcement officer who has reasonable cause to assert the authority to investigate the circumstances surrounding the death, any facts within the person's knowledge that may have a bearing on the investigation of the death.

(E)(1) As used in this division, "burn injury" means any of the following:

(a) Second or third degree burns;

(b) Any burns to the upper respiratory tract or laryngeal edema due to the inhalation of superheated air;

(c) Any burn injury or wound that may result in death;

(d) Any physical harm to persons caused by or as the result of the use of fireworks, novelties and trick noisemakers, and wire sparklers, as each is defined by section 3743.01 of the Revised Code.

(2) No physician, nurse, physician ~~assistant~~associate, or limited practitioner who, outside a hospital, sanitarium, or other medical facility, attends or treats a person who has sustained a burn injury that is inflicted by an explosion or other incendiary device or that shows evidence of having been inflicted in a violent, malicious, or criminal manner shall fail to report the burn injury immediately to the local arson, or fire and explosion investigation, bureau, if there is a bureau of this type in the jurisdiction in which the person is attended or treated, or otherwise to local law enforcement authorities.

(3) No manager, superintendent, or other person in charge of a hospital, sanitarium, or other medical facility in which a person is attended or treated for any burn injury that is

inflicted by an explosion or other incendiary device or that shows evidence of having been inflicted in a violent, malicious, or criminal manner shall fail to report the burn injury immediately to the local arson, or fire and explosion investigation, bureau, if there is a bureau of this type in the jurisdiction in which the person is attended or treated, or otherwise to local law enforcement authorities.

(4) No person who is required to report any burn injury under division (E)(2) or (3) of this section shall fail to file, within three working days after attending or treating the victim, a written report of the burn injury with the office of the state fire marshal. The report shall comply with the uniform standard developed by the state fire marshal pursuant to division (A)(15) of section 3737.22 of the Revised Code.

(5) Anyone participating in the making of reports under division (E) of this section or anyone participating in a judicial proceeding resulting from the reports is immune from any civil or criminal liability that otherwise might be incurred or imposed as a result of such actions. Notwithstanding section 4731.22 of the Revised Code, the physician-patient relationship or advanced practice registered nurse-patient relationship is not a ground for excluding evidence regarding a person's burn injury or the cause of the burn injury in any judicial proceeding resulting from a report submitted under division (E) of this section.

(F)(1) No person who knows that a licensed medical professional has committed an offense under Chapter 2907. of the Revised Code, a violation of a municipal ordinance that is substantially equivalent to such offense, or a substantially equivalent criminal offense in another jurisdiction, against a

patient of the licensed medical professional shall fail to report such knowledge to law enforcement authorities within thirty days of obtaining the knowledge.

(2) Except for a self-report or participation in the offense or violation being reported, any person who makes a report within the thirty-day period provided in division (F)(1) of this section or any person who participates in a judicial proceeding that results from such report is immune from civil or criminal liability that otherwise might be incurred or imposed as a result of making that report or participating in that proceeding so long as the person is acting in good faith without fraud or malice.

(3) The physician-patient relationship or physician ~~assistant-patient~~ associate-patient relationship is not a ground for excluding evidence regarding the person's knowledge of a licensed medical professional's commission of an offense or violation reported under division (F)(1) of this section, against that licensed medical professional in any judicial proceeding resulting from a report made under that division.

(4) As used in division (F) of this section, "licensed medical professional" has the same meaning as in section 2907.01 of the Revised Code.

(G)(1) Any doctor of medicine or osteopathic medicine, hospital intern or resident, nurse, psychologist, social worker, independent social worker, social work assistant, licensed professional clinical counselor, licensed professional counselor, independent marriage and family therapist, or marriage and family therapist who knows or has reasonable cause to believe that a patient or client has been the victim of domestic violence, as defined in section 3113.31 of the Revised

Code, shall note that knowledge or belief and the basis for it in the patient's or client's records.

(2) Notwithstanding section 4731.22 of the Revised Code, the physician-patient privilege or advanced practice registered nurse-patient privilege shall not be a ground for excluding any information regarding the report containing the knowledge or belief noted under division (G)(1) of this section, and the information may be admitted as evidence in accordance with the Rules of Evidence.

(H) Divisions (A) and (D) of this section do not require disclosure of information, when any of the following applies:

(1) The information is privileged by reason of the relationship between attorney and client; physician and patient; advanced practice registered nurse and patient; licensed psychologist or licensed school psychologist and client; licensed professional clinical counselor, licensed professional counselor, independent social worker, social worker, independent marriage and family therapist, or marriage and family therapist and client; member of the clergy, rabbi, minister, or priest and any person communicating information confidentially to the member of the clergy, rabbi, minister, or priest for a religious counseling purpose of a professional character; husband and wife; or a communications assistant and those who are a party to a telecommunications relay service call.

(2) The information would tend to incriminate a member of the actor's immediate family.

(3) Disclosure of the information would amount to revealing a news source, privileged under section 2739.04 or 2739.12 of the Revised Code.

(4) Disclosure of the information would amount to disclosure by a member of the ordained clergy of an organized religious body of a confidential communication made to that member of the clergy in that member's capacity as a member of the clergy by a person seeking the aid or counsel of that member of the clergy.

(5) Disclosure would amount to revealing information acquired by the actor in the course of the actor's duties in connection with a bona fide program of treatment or services for persons with drug dependencies or persons in danger of drug dependence, which program is maintained or conducted by a hospital, clinic, person, agency, or community addiction services provider whose alcohol and drug addiction services are certified pursuant to section 5119.36 of the Revised Code.

(6) Disclosure would amount to revealing information acquired by the actor in the course of the actor's duties in connection with a bona fide program for providing counseling services to victims of crimes that are violations of section 2907.02 or 2907.05 of the Revised Code or to victims of felonious sexual penetration in violation of former section 2907.12 of the Revised Code. As used in this division, "counseling services" include services provided in an informal setting by a person who, by education or experience, is competent to provide those services.

(I) No disclosure of information pursuant to this section gives rise to any liability or recrimination for a breach of privilege or confidence.

(J) Whoever violates division (A), (B), or (F)(1) of this section is guilty of failure to report a crime. Violation of division (A)(1) or (F)(1) of this section is a misdemeanor of

the fourth degree. Violation of division (A)(2) or (B) of this section is a misdemeanor of the second degree.

(K) Whoever violates division (C) or (D) of this section is guilty of failure to report knowledge of a death, a misdemeanor of the fourth degree.

(L)(1) Whoever negligently violates division (E) of this section is guilty of a minor misdemeanor.

(2) Whoever knowingly violates division (E) of this section is guilty of a misdemeanor of the second degree.

(M) As used in this section, "nurse" includes an advanced practice registered nurse, registered nurse, and licensed practical nurse.

Sec. 2925.01. As used in this chapter:

(A) "Administer," "controlled substance," "controlled substance analog," "dispense," "distribute," "hypodermic," "manufacturer," "official written order," "person," "pharmacist," "pharmacy," "sale," "schedule I," "schedule II," "schedule III," "schedule IV," "schedule V," and "wholesaler" have the same meanings as in section 3719.01 of the Revised Code.

(B) "Drug of abuse" and "person with a drug dependency" have the same meanings as in section 3719.011 of the Revised Code.

(C) "Drug," "dangerous drug," "licensed health professional authorized to prescribe drugs," and "prescription" have the same meanings as in section 4729.01 of the Revised Code.

(D) "Bulk amount" of a controlled substance means any of

the following:

(1) For any compound, mixture, preparation, or substance included in schedule I, schedule II, or schedule III, with the exception of any controlled substance analog, marihuana, cocaine, L.S.D., heroin, any fentanyl-related compound, and hashish and except as provided in division (D)(2), (5), or (6) of this section, whichever of the following is applicable:

(a) An amount equal to or exceeding ten grams or twenty-five unit doses of a compound, mixture, preparation, or substance that is or contains any amount of a schedule I opiate or opium derivative;

(b) An amount equal to or exceeding ten grams of a compound, mixture, preparation, or substance that is or contains any amount of raw or gum opium;

(c) An amount equal to or exceeding thirty grams or ten unit doses of a compound, mixture, preparation, or substance that is or contains any amount of a schedule I hallucinogen other than tetrahydrocannabinol or lysergic acid amide, or a schedule I stimulant or depressant;

(d) An amount equal to or exceeding twenty grams or five times the maximum daily dose in the usual dose range specified in a standard pharmaceutical reference manual of a compound, mixture, preparation, or substance that is or contains any amount of a schedule II opiate or opium derivative;

(e) An amount equal to or exceeding five grams or ten unit doses of a compound, mixture, preparation, or substance that is or contains any amount of phencyclidine;

(f) An amount equal to or exceeding one hundred twenty grams or thirty times the maximum daily dose in the usual dose

range specified in a standard pharmaceutical reference manual of a compound, mixture, preparation, or substance that is or contains any amount of a schedule II stimulant that is in a final dosage form manufactured by a person authorized by the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301, as amended, and the federal drug abuse control laws, as defined in section 3719.01 of the Revised Code, that is or contains any amount of a schedule II depressant substance or a schedule II hallucinogenic substance;

(g) An amount equal to or exceeding three grams of a compound, mixture, preparation, or substance that is or contains any amount of a schedule II stimulant, or any of its salts or isomers, that is not in a final dosage form manufactured by a person authorized by the Federal Food, Drug, and Cosmetic Act and the federal drug abuse control laws.

(2) An amount equal to or exceeding one hundred twenty grams or thirty times the maximum daily dose in the usual dose range specified in a standard pharmaceutical reference manual of a compound, mixture, preparation, or substance that is or contains any amount of a schedule III or IV substance other than an anabolic steroid or a schedule III opiate or opium derivative;

(3) An amount equal to or exceeding twenty grams or five times the maximum daily dose in the usual dose range specified in a standard pharmaceutical reference manual of a compound, mixture, preparation, or substance that is or contains any amount of a schedule III opiate or opium derivative;

(4) An amount equal to or exceeding two hundred fifty milliliters or two hundred fifty grams of a compound, mixture, preparation, or substance that is or contains any amount of a

schedule V substance;

(5) An amount equal to or exceeding two hundred solid dosage units, sixteen grams, or sixteen milliliters of a compound, mixture, preparation, or substance that is or contains any amount of a schedule III anabolic steroid;

(6) For any compound, mixture, preparation, or substance that is a combination of a fentanyl-related compound and any other compound, mixture, preparation, or substance included in schedule III, schedule IV, or schedule V, if the defendant is charged with a violation of section 2925.11 of the Revised Code and the sentencing provisions set forth in divisions (C)(10)(b) and (C)(11) of that section will not apply regarding the defendant and the violation, the bulk amount of the controlled substance for purposes of the violation is the amount specified in division (D)(1), (2), (3), (4), or (5) of this section for the other schedule III, IV, or V controlled substance that is combined with the fentanyl-related compound.

(E) "Unit dose" means an amount or unit of a compound, mixture, or preparation containing a controlled substance that is separately identifiable and in a form that indicates that it is the amount or unit by which the controlled substance is separately administered to or taken by an individual.

(F) "Cultivate" includes planting, watering, fertilizing, or tilling.

(G) "Drug abuse offense" means any of the following:

(1) A violation of division (A) of section 2913.02 that constitutes theft of drugs, or a violation of section 2925.02, 2925.03, 2925.04, 2925.041, 2925.05, 2925.06, 2925.11, 2925.12, 2925.13, 2925.22, 2925.23, 2925.24, 2925.31, 2925.32, 2925.36,

or 2925.37 of the Revised Code;

(2) A violation of an existing or former law of this or any other state or of the United States that is substantially equivalent to any section listed in division (G)(1) of this section;

(3) An offense under an existing or former law of this or any other state, or of the United States, of which planting, cultivating, harvesting, processing, making, manufacturing, producing, shipping, transporting, delivering, acquiring, possessing, storing, distributing, dispensing, selling, inducing another to use, administering to another, using, or otherwise dealing with a controlled substance is an element;

(4) A conspiracy to commit, attempt to commit, or complicity in committing or attempting to commit any offense under division (G)(1), (2), or (3) of this section.

(H) "Felony drug abuse offense" means any drug abuse offense that would constitute a felony under the laws of this state, any other state, or the United States.

(I) "Harmful intoxicant" does not include beer or intoxicating liquor but means any of the following:

(1) Any compound, mixture, preparation, or substance the gas, fumes, or vapor of which when inhaled can induce intoxication, excitement, giddiness, irrational behavior, depression, stupefaction, paralysis, unconsciousness, asphyxiation, or other harmful physiological effects, and includes, but is not limited to, any of the following:

(a) Any volatile organic solvent, plastic cement, model cement, fingernail polish remover, lacquer thinner, cleaning fluid, gasoline, or other preparation containing a volatile

organic solvent;

(b) Any aerosol propellant;

(c) Any fluorocarbon refrigerant;

(d) Any anesthetic gas.

(2) Gamma Butyrolactone;

(3) 1,4 Butanediol.

(J) "Manufacture" means to plant, cultivate, harvest, process, make, prepare, or otherwise engage in any part of the production of a drug, by propagation, extraction, chemical synthesis, or compounding, or any combination of the same, and includes packaging, repackaging, labeling, and other activities incident to production.

(K) "Possess" or "possession" means having control over a thing or substance, but may not be inferred solely from mere access to the thing or substance through ownership or occupation of the premises upon which the thing or substance is found.

(L) "Sample drug" means a drug or pharmaceutical preparation that would be hazardous to health or safety if used without the supervision of a licensed health professional authorized to prescribe drugs, or a drug of abuse, and that, at one time, had been placed in a container plainly marked as a sample by a manufacturer.

(M) "Standard pharmaceutical reference manual" means the current edition, with cumulative changes if any, of references that are approved by the state board of pharmacy.

(N) "Juvenile" means a person under eighteen years of age.

(O) "Counterfeit controlled substance" means any of the

following:

(1) Any drug that bears, or whose container or label bears, a trademark, trade name, or other identifying mark used without authorization of the owner of rights to that trademark, trade name, or identifying mark;

(2) Any unmarked or unlabeled substance that is represented to be a controlled substance manufactured, processed, packed, or distributed by a person other than the person that manufactured, processed, packed, or distributed it;

(3) Any substance that is represented to be a controlled substance but is not a controlled substance or is a different controlled substance;

(4) Any substance other than a controlled substance that a reasonable person would believe to be a controlled substance because of its similarity in shape, size, and color, or its markings, labeling, packaging, distribution, or the price for which it is sold or offered for sale.

(P) An offense is "committed in the vicinity of a school" if the offender commits the offense on school premises, in a school building, or within one thousand feet of the boundaries of any school premises, regardless of whether the offender knows the offense is being committed on school premises, in a school building, or within one thousand feet of the boundaries of any school premises.

(Q) "School" means any school operated by a board of education, any community school established under Chapter 3314. of the Revised Code, or any nonpublic school for which the director of education and workforce prescribes minimum standards under section 3301.07 of the Revised Code, whether or not any

instruction, extracurricular activities, or training provided by the school is being conducted at the time a criminal offense is committed.

(R) "School premises" means either of the following:

(1) The parcel of real property on which any school is situated, whether or not any instruction, extracurricular activities, or training provided by the school is being conducted on the premises at the time a criminal offense is committed;

(2) Any other parcel of real property that is owned or leased by a board of education of a school, the governing authority of a community school established under Chapter 3314. of the Revised Code, or the governing body of a nonpublic school for which the director of education and workforce prescribes minimum standards under section 3301.07 of the Revised Code and on which some of the instruction, extracurricular activities, or training of the school is conducted, whether or not any instruction, extracurricular activities, or training provided by the school is being conducted on the parcel of real property at the time a criminal offense is committed.

(S) "School building" means any building in which any of the instruction, extracurricular activities, or training provided by a school is conducted, whether or not any instruction, extracurricular activities, or training provided by the school is being conducted in the school building at the time a criminal offense is committed.

(T) "Disciplinary counsel" means the disciplinary counsel appointed by the board of commissioners on grievances and discipline of the supreme court under the Rules for the

Government of the Bar of Ohio.

(U) "Certified grievance committee" means a duly constituted and organized committee of the Ohio state bar association or of one or more local bar associations of the state of Ohio that complies with the criteria set forth in Rule V, section 6 of the Rules for the Government of the Bar of Ohio.

(V) "Professional license" means any license, permit, certificate, registration, qualification, admission, temporary license, temporary permit, temporary certificate, or temporary registration that is described in divisions (W)(1) to (37) of this section and that qualifies a person as a professionally licensed person.

(W) "Professionally licensed person" means any of the following:

(1) A person who has received a certificate or temporary certificate as a certified public accountant or who has registered as a public accountant under Chapter 4701. of the Revised Code and who holds an Ohio permit issued under that chapter;

(2) A person who holds a certificate of qualification to practice architecture issued or renewed and registered under Chapter 4703. of the Revised Code;

(3) A person who is registered as a landscape architect under Chapter 4703. of the Revised Code or who holds a permit as a landscape architect issued under that chapter;

(4) A person licensed under Chapter 4707. of the Revised Code;

(5) A person who has been issued a barber's license,

barber instructor's license, assistant barber instructor's license, or independent contractor's license under Chapter 4709. of the Revised Code;

(6) A person licensed and regulated to engage in the business of a debt pooling company by a legislative authority, under authority of Chapter 4710. of the Revised Code;

(7) A person who has been issued a cosmetologist's license, hair designer's license, manicurist's license, esthetician's license, natural hair stylist's license, advanced license to practice cosmetology, advanced license to practice hair design, advanced license to practice manicuring, advanced license to practice esthetics, advanced license to practice natural hair styling, cosmetology instructor's license, hair design instructor's license, manicurist instructor's license, esthetics instructor's license, natural hair style instructor's license, independent contractor's license, or tanning facility permit under Chapter 4713. of the Revised Code;

(8) A person who has been issued a license to practice dentistry, a general anesthesia permit, a conscious sedation permit, a limited resident's license, a limited teaching license, a dental hygienist's license, or a dental hygienist's teacher's certificate under Chapter 4715. of the Revised Code;

(9) A person who has been issued an embalmer's license, a funeral director's license, a funeral home license, or a crematory license, or who has been registered for an embalmer's or funeral director's apprenticeship under Chapter 4717. of the Revised Code;

(10) A person who has been licensed as a registered nurse or practical nurse, or who has been issued a certificate for the

practice of nurse-midwifery under Chapter 4723. of the Revised Code;

(11) A person who has been licensed to practice optometry or to engage in optical dispensing under Chapter 4725. of the Revised Code;

(12) A person licensed to act as a pawnbroker under Chapter 4727. of the Revised Code;

(13) A person licensed to act as a precious metals dealer under Chapter 4728. of the Revised Code;

(14) A person licensed under Chapter 4729. of the Revised Code as a pharmacist or pharmacy intern or registered under that chapter as a registered pharmacy technician, certified pharmacy technician, or pharmacy technician trainee;

(15) A person licensed under Chapter 4729. of the Revised Code as a manufacturer of dangerous drugs, outsourcing facility, third-party logistics provider, repackager of dangerous drugs, wholesale distributor of dangerous drugs, or terminal distributor of dangerous drugs;

(16) A person who is authorized to practice as a physician ~~assistant~~ associate under Chapter 4730. of the Revised Code;

(17) A person who has been issued a license to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery under Chapter 4731. of the Revised Code or has been issued a certificate to practice a limited branch of medicine under that chapter;

(18) A person licensed as a psychologist, independent school psychologist, or school psychologist under Chapter 4732. of the Revised Code;

(19) A person registered to practice the profession of engineering or surveying under Chapter 4733. of the Revised Code;

(20) A person who has been issued a license to practice chiropractic under Chapter 4734. of the Revised Code;

(21) A person licensed to act as a real estate broker or real estate salesperson under Chapter 4735. of the Revised Code;

(22) A person registered as a registered environmental health specialist under Chapter 3776. of the Revised Code;

(23) A person licensed to operate or maintain a junkyard under Chapter 4737. of the Revised Code;

(24) A person who has been issued a motor vehicle salvage dealer's license under Chapter 4738. of the Revised Code;

(25) A person who has been licensed to act as a steam engineer under Chapter 4739. of the Revised Code;

(26) A person who has been issued a license or temporary permit to practice veterinary medicine or any of its branches, or who is registered as a graduate animal technician under Chapter 4741. of the Revised Code;

(27) A person who has been issued a hearing aid dealer's or fitter's license or trainee permit under Chapter 4747. of the Revised Code;

(28) A person who has been issued a class A, class B, or class C license or who has been registered as an investigator or security guard employee under Chapter 4749. of the Revised Code;

(29) A person licensed to practice as a nursing home administrator under Chapter 4751. of the Revised Code;

(30) A person licensed to practice as a speech-language pathologist or audiologist under Chapter 4753. of the Revised Code;

(31) A person issued a license as an occupational therapist or physical therapist under Chapter 4755. of the Revised Code;

(32) A person who is licensed as a licensed professional clinical counselor, licensed professional counselor, social worker, independent social worker, independent marriage and family therapist, or marriage and family therapist, or registered as a social work assistant under Chapter 4757. of the Revised Code;

(33) A person issued a license to practice dietetics under Chapter 4759. of the Revised Code;

(34) A person who has been issued a license or limited permit to practice respiratory therapy under Chapter 4761. of the Revised Code;

(35) A person who has been issued a real estate appraiser certificate under Chapter 4763. of the Revised Code;

(36) A person who has been issued a home inspector license under Chapter 4764. of the Revised Code;

(37) A person who has been admitted to the bar by order of the supreme court in compliance with its prescribed and published rules;

(38) A person who has been issued a license to practice as a certified mental health assistant under Chapter 4772. of the Revised Code.

(X) "Cocaine" means any of the following:

(1) A cocaine salt, isomer, or derivative, a salt of a cocaine isomer or derivative, or the base form of cocaine;

(2) Coca leaves or a salt, compound, derivative, or preparation of coca leaves, including ecgonine, a salt, isomer, or derivative of ecgonine, or a salt of an isomer or derivative of ecgonine;

(3) A salt, compound, derivative, or preparation of a substance identified in division (X)(1) or (2) of this section that is chemically equivalent to or identical with any of those substances, except that the substances shall not include decocainized coca leaves or extraction of coca leaves if the extractions do not contain cocaine or ecgonine.

(Y) "L.S.D." means lysergic acid diethylamide.

(Z) "Hashish" means a resin or a preparation of a resin to which both of the following apply:

(1) It is contained in or derived from any part of the plant of the genus cannabis, whether in solid form or in a liquid concentrate, liquid extract, or liquid distillate form.

(2) It has a delta-9 tetrahydrocannabinol concentration of more than three-tenths per cent.

"Hashish" does not include a hemp byproduct in the possession of a licensed hemp processor under Chapter 928. of the Revised Code, provided that the hemp byproduct is being produced, stored, and disposed of in accordance with rules adopted under section 928.03 of the Revised Code.

(AA) "Marihuana" has the same meaning as in section 3719.01 of the Revised Code, except that it does not include hashish.

(BB) An offense is "committed in the vicinity of a juvenile" if the offender commits the offense within one hundred feet of a juvenile or within the view of a juvenile, regardless of whether the offender knows the age of the juvenile, whether the offender knows the offense is being committed within one hundred feet of or within view of the juvenile, or whether the juvenile actually views the commission of the offense.

(CC) "Presumption for a prison term" or "presumption that a prison term shall be imposed" means a presumption, as described in division (D) of section 2929.13 of the Revised Code, that a prison term is a necessary sanction for a felony in order to comply with the purposes and principles of sentencing under section 2929.11 of the Revised Code.

(DD) "Major drug offender" has the same meaning as in section 2929.01 of the Revised Code.

(EE) "Minor drug possession offense" means either of the following:

(1) A violation of section 2925.11 of the Revised Code as it existed prior to July 1, 1996;

(2) A violation of section 2925.11 of the Revised Code as it exists on and after July 1, 1996, that is a misdemeanor or a felony of the fifth degree.

(FF) "Mandatory prison term" has the same meaning as in section 2929.01 of the Revised Code.

(GG) "Adulterate" means to cause a drug to be adulterated as described in section 3715.63 of the Revised Code.

(HH) "Public premises" means any hotel, restaurant, tavern, store, arena, hall, or other place of public

accommodation, business, amusement, or resort.

(II) "Methamphetamine" means methamphetamine, any salt, isomer, or salt of an isomer of methamphetamine, or any compound, mixture, preparation, or substance containing methamphetamine or any salt, isomer, or salt of an isomer of methamphetamine.

(JJ) "Deception" has the same meaning as in section 2913.01 of the Revised Code.

(KK) "Fentanyl-related compound" means any of the following:

(1) Fentanyl;

(2) Alpha-methylfentanyl (N-[1-(alpha-methyl-beta-phenyl)ethyl-4- piperidyl]propionanilide; 1-(1-methyl-2-phenylethyl)-4-(N-propanilido) piperidine);

(3) Alpha-methylthiofentanyl (N-[1-methyl-2-(2-thienyl)ethyl-4- piperidinyl]-N-phenylpropanamide);

(4) Beta-hydroxyfentanyl (N-[1-(2-hydroxy-2-phenethyl-4-piperidinyl] -N-phenylpropanamide);

(5) Beta-hydroxy-3-methylfentanyl (other name: N-[1-(2-hydroxy-2- phenethyl)-3-methyl-4-piperidinyl]-N-phenylpropanamide);

(6) 3-methylfentanyl (N-[3-methyl-1-(2-phenylethyl)-4-piperidyl]-N- phenylpropanamide);

(7) 3-methylthiofentanyl (N-[3-methyl-1-[2-(thienyl)ethyl]-4- piperidinyl]-N-phenylpropanamide);

(8) Para-fluorofentanyl (N-(4-fluorophenyl)-N-[1-(2-phenethyl)-4- piperidinyl]propanamide;

(9) Thiofentanyl (N-phenyl-N-[1-(2-thienyl)ethyl-4-piperidinyl]- propanamide;

(10) Alfentanil;

(11) Carfentanil;

(12) Remifentanil;

(13) Sufentanil;

(14) Acetyl-alpha-methylfentanyl (N-[1-(1-methyl-2-phenethyl)-4- piperidinyl]-N-phenylacetamide); and

(15) Any compound that meets all of the following fentanyl pharmacophore requirements to bind at the mu receptor, as identified by a report from an established forensic laboratory, including acetylfentanyl, furanylfentanyl, valerylfentanyl, butyrylfentanyl, isobutyrylfentanyl, 4-methoxybutyrylfentanyl, para-fluorobutyrylfentanyl, acrylfentanyl, and ortho-fluorofentanyl:

(a) A chemical scaffold consisting of both of the following:

(i) A five, six, or seven member ring structure containing a nitrogen, whether or not further substituted;

(ii) An attached nitrogen to the ring, whether or not that nitrogen is enclosed in a ring structure, including an attached aromatic ring or other lipophilic group to that nitrogen.

(b) A polar functional group attached to the chemical scaffold, including but not limited to a hydroxyl, ketone, amide, or ester;

(c) An alkyl or aryl substitution off the ring nitrogen of the chemical scaffold; and

(d) The compound has not been approved for medical use by the United States food and drug administration.

(LL) "First degree felony mandatory prison term" means one of the definite prison terms prescribed in division (A)(1)(b) of section 2929.14 of the Revised Code for a felony of the first degree, except that if the violation for which sentence is being imposed is committed on or after March 22, 2019, it means one of the minimum prison terms prescribed in division (A)(1)(a) of that section for a felony of the first degree.

(MM) "Second degree felony mandatory prison term" means one of the definite prison terms prescribed in division (A)(2)(b) of section 2929.14 of the Revised Code for a felony of the second degree, except that if the violation for which sentence is being imposed is committed on or after March 22, 2019, it means one of the minimum prison terms prescribed in division (A)(2)(a) of that section for a felony of the second degree.

(NN) "Maximum first degree felony mandatory prison term" means the maximum definite prison term prescribed in division (A)(1)(b) of section 2929.14 of the Revised Code for a felony of the first degree, except that if the violation for which sentence is being imposed is committed on or after March 22, 2019, it means the longest minimum prison term prescribed in division (A)(1)(a) of that section for a felony of the first degree.

(OO) "Maximum second degree felony mandatory prison term" means the maximum definite prison term prescribed in division (A)(2)(b) of section 2929.14 of the Revised Code for a felony of the second degree, except that if the violation for which sentence is being imposed is committed on or after March 22, 2019, it means the longest minimum prison term prescribed in

division (A)(2)(a) of that section for a felony of the second degree.

(PP) "Delta-9 tetrahydrocannabinol" means the sum of the percentage by weight of tetrahydrocannabinolic acid multiplied by 0.877 plus the percentage by weight of delta-9 tetrahydrocannabinol.

(QQ) An offense is "committed in the vicinity of a substance addiction services provider or a recovering addict" if either of the following apply:

(1) The offender commits the offense on the premises of a substance addiction services provider's facility, including a facility licensed prior to June 29, 2019, under section 5119.391 of the Revised Code to provide methadone treatment or an opioid treatment program licensed on or after that date under section 5119.37 of the Revised Code, or within five hundred feet of the premises of a substance addiction services provider's facility and the offender knows or should know that the offense is being committed within the vicinity of the substance addiction services provider's facility.

(2) The offender sells, offers to sell, delivers, or distributes the controlled substance or controlled substance analog to a person who is receiving treatment at the time of the commission of the offense, or received treatment within thirty days prior to the commission of the offense, from a substance addiction services provider and the offender knows that the person is receiving or received that treatment.

(RR) "Substance addiction services provider" means an agency, association, corporation or other legal entity, individual, or program that provides one or more of the

following at a facility:

(1) Either alcohol addiction services, or drug addiction services, or both such services that are certified by the director of mental health and addiction services under section 5119.36 of the Revised Code;

(2) Recovery supports that are related to either alcohol addiction services, or drug addiction services, or both such services and paid for with federal, state, or local funds administered by the department of behavioral health or a board of alcohol, drug addiction, and mental health services.

(SS) "Premises of a substance addiction services provider's facility" means the parcel of real property on which any substance addiction service provider's facility is situated.

(TT) "Alcohol and drug addiction services" has the same meaning as in section 5119.01 of the Revised Code.

Sec. 3107.12. (A) Except as provided in division (C) of this section, an assessor shall conduct a prefinalization assessment of a minor and petitioner before a court issues a final decree of adoption or finalizes an interlocutory order of adoption for the minor. On completion of the assessment, the assessor shall prepare a written report of the assessment and provide a copy of the report to the court before which the adoption petition is pending.

The report of a prefinalization assessment shall include all of the following:

(1) The adjustment of the minor and the petitioner to the adoptive placement;

(2) The present and anticipated needs of the minor and the

petitioner, as determined by a review of the minor's medical and social history, for adoption-related services, including assistance under Title IV-E of the "Social Security Act," 94 Stat. 501 (1980), 42 U.S.C.A. 670, as amended, or section 5153.163 of the Revised Code and counseling, case management services, crisis services, diagnostic services, and therapeutic counseling.

(3) The physical, mental, and developmental condition of the minor;

(4) If known, the minor's biological family background, including identifying information about the biological or other legal parents;

(5) The reasons for the minor's placement with the petitioner, the petitioner's attitude toward the proposed adoption, and the circumstances under which the minor was placed in the home of the petitioner;

(6) The attitude of the minor toward the proposed adoption, if the minor's age makes this feasible;

(7) If the minor is an Indian child, as defined in 25 U.S.C.A. 1903(4), how the placement complies with the "Indian Child Welfare Act of 1978," 92 Stat. 3069, 25 U.S.C.A. 1901, as amended;

(8) If known, the minor's psychological background, including prior abuse of the child and behavioral problems of the child;

(9) If applicable, the documents or forms required under sections 3107.032, 3107.10, and 3107.101 of the Revised Code.

The assessor shall file the prefinalization report with

the court not later than twenty days prior to the date scheduled for the final hearing on the adoption unless the court determines there is good cause for filing the report at a later date.

The assessor shall provide a copy of the written report of the assessment to the petitioner with the identifying information about the biological or other legal parents redacted.

(B) Any physical examination of the individual to be adopted as part of or in contemplation of a petition to adopt may be conducted by any health care professional authorized by the Revised Code to perform physical examinations, including a physician ~~assistant~~associate, a clinical nurse specialist, a certified nurse practitioner, or a certified nurse-midwife. Any written documentation of the physical examination shall be completed by the health care professional who conducted the examination.

(C) This section does not apply if the petitioner is the minor's stepparent, unless a court, after determining a prefinalization assessment is in the best interest of the minor, orders that an assessor conduct a prefinalization assessment.

(D) The director of children and youth shall adopt rules in accordance with Chapter 119. of the Revised Code defining "counseling," "case management services," "crisis services," "diagnostic services," and "therapeutic counseling" for the purpose of this section.

Sec. 3111.91. (A) In a non-spousal artificial insemination, fresh or frozen semen may be used, provided that the requirements of division (B) of this section are satisfied.

(B)(1) A physician, physician ~~assistant~~associate, clinical nurse specialist, certified nurse practitioner, certified nurse-midwife, or person under the supervision and control of a physician may use fresh semen for purposes of a non-spousal artificial insemination, only if within one year prior to the supplying of the semen, all of the following occurred:

(a) A complete medical history of the donor, including, but not limited to, any available genetic history of the donor, was obtained by a physician, a physician ~~assistant~~associate, a clinical nurse specialist, or a certified nurse practitioner.

(b) The donor had a physical examination by a physician, a physician ~~assistant~~associate, a clinical nurse specialist, or a certified nurse practitioner.

(c) The donor was tested for blood type and RH factor.

(2) A physician, physician ~~assistant~~associate, clinical nurse specialist, certified nurse practitioner, certified nurse-midwife, or person under the supervision and control of a physician may use frozen semen for purposes of a non-spousal artificial insemination only if all the following apply:

(a) The requirements set forth in division (B)(1) of this section are satisfied;

(b) In conjunction with the supplying of the semen, the semen or blood of the donor was the subject of laboratory studies that the physician involved in the non-spousal artificial insemination considers appropriate. The laboratory studies may include, but are not limited to, venereal disease research laboratories, karotyping, GC culture, cytomegalo, hepatitis, kem-zyme, Tay-Sachs, sickle-cell, ureaplasma, HLTV-III, and chlamydia.

(c) The physician involved in the non-spousal artificial insemination determines that the results of the laboratory studies are acceptable results.

(3) Any written documentation of a physical examination conducted pursuant to division (B)(1)(b) of this section shall be completed by the individual who conducted the examination.

Sec. 3301.531. (A) As used in this section:

(1) "Active tuberculosis" has the same meaning as in section 339.71 of the Revised Code.

(2) "Latent tuberculosis" means tuberculosis that has been demonstrated by a positive reaction to a tuberculosis test but has no clinical, bacteriological, or radiographic evidence of active tuberculosis.

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

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

(b) A physician ~~assistant~~ associate who holds a current, valid license to practice as a physician ~~assistant~~ associate issued under Chapter 4730. of the Revised Code;

(c) A certified nurse practitioner, as defined in section 4723.01 of the Revised Code;

(d) A clinical nurse specialist, as defined in section 4723.01 of the Revised Code.

(4) "Tuberculosis control unit" means the county tuberculosis control unit designated by a board of county

commissioners under section 339.72 of the Revised Code or the district tuberculosis control unit designated pursuant to an agreement entered into by two or more boards of county commissioners under that section.

(5) "Tuberculosis test" means either of the following:

(a) A two-step Mantoux tuberculin skin test;

(b) A blood assay for m. tuberculosis.

(B) Before employing a person as a director, staff member, or nonteaching employee, for the purpose of tuberculosis screening, each preschool program shall determine if the person has done both of the following:

(1) Resided in a country identified by the world health organization as having a high burden of tuberculosis;

(2) Arrived in the United States within the five years immediately preceding the date of application for employment.

(C) If the person meets the criteria described in division (B) of this section, the preschool program shall require the person to undergo a tuberculosis test before employment. If the result of the test is negative, the preschool program may employ the person.

(D) If the result of any tuberculosis test performed as described in division (C) of this section is positive, the preschool program shall require the person to undergo additional testing for tuberculosis, which may include a chest radiograph or the collection and examination of specimens.

(1) If additional testing indicates active tuberculosis, then until the tuberculosis control unit determines that the person is no longer infectious, the preschool program shall not

employ the person or, if employed, shall not allow the person to be physically present at the program's location.

For purposes of this section, evidence that a person is no longer infectious shall consist of a written statement to that effect signed by a representative of the tuberculosis control unit.

(2) If additional testing indicates latent tuberculosis, then until the person submits to the program evidence that the person is receiving treatment as prescribed by a licensed health professional, the preschool program shall not employ the person or, if employed, shall not allow the person to be physically present at the program's location. Once the person submits to the program evidence that the person is in the process of completing a tuberculosis treatment regimen as prescribed by a licensed health professional, the preschool program may employ the person and allow the person to be physically present at the program's location so long as periodic evidence of compliance with the treatment regimen is submitted in accordance with rules adopted under section 3701.146 of the Revised Code.

For purposes of this section, evidence that a person is in the process of completing and is compliant with a tuberculosis treatment regimen shall consist of a written statement to that effect signed by a representative of the tuberculosis control unit that is overseeing the person's treatment.

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

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

(b) Any chartered or nonchartered nonpublic school that is

subject to the rules of an interscholastic conference or an organization that regulates interscholastic conferences or events.

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

(a) Interscholastic athletics;

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

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

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

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

(C) No student shall participate in an athletic activity until the student has submitted to a designated school official a form signed by the student and the parent, guardian, or other person having care or charge of the student stating that the student and the parent, guardian, or other person having care or charge of the student have received and reviewed a copy of the information jointly developed by the department of health and

the department of education and workforce and posted on their respective web sites as required by section 3707.59 of the Revised Code. A completed form shall be submitted each school year, as defined in section 3313.62 of the Revised Code, in which the student participates in an athletic activity.

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

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

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

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

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

(3) If a student is not allowed to participate in or is removed from participation in an athletic activity under division (E)(1) or (2) of this section, the student shall not be

allowed to return to participation until the student is evaluated and cleared for return in writing by any of the following:

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

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

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

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

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

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

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

(H)(1) A school district, member of a school district board of education, or school district employee or volunteer, including a coach, is not liable in damages in a civil action

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

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

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

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

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

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

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

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

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

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

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

(5) "School employee" or "employee" means either of the following:

(a) A person employed by a board of education or governing authority;

(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.

(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:

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

(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;

(c) A physician ~~assistant~~ associate 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.

(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.

(B)(1) Each board of education or governing authority shall ensure that each student enrolled in the school district or chartered nonpublic school who has diabetes receives appropriate and needed diabetes care in accordance with an order signed by the student's treating practitioner. The diabetes care to be provided includes any of the following:

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

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

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

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

(e) Providing oral diabetes medications;

(f) Understanding recommended schedules and food intake

for meals and snacks in order to calculate medication dosages pursuant to the order of the student's treating practitioner;

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

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

(2) Not later than fourteen days after receipt of an order signed by the treating practitioner of a student with diabetes, the board of education or governing authority shall inform the student's parent, guardian, or other person having care or charge of the student that the student may be entitled to a 504 plan regarding the student's diabetes. The department of education and workforce shall develop a 504 plan information sheet for use by a board of education or governing authority when informing a student's parent, guardian, or other person having care or charge of the student that the student may be entitled to a 504 plan regarding the student's diabetes.

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

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

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

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

(a) Recognizing the symptoms of hypoglycemia and hyperglycemia;

(b) The appropriate treatment for a student who exhibits the symptoms of hypoglycemia or hyperglycemia;

(c) Recognizing situations that require the provision of emergency medical assistance to a student;

(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;

(e) Understanding the instructions in an order issued by a student's treating practitioner concerning necessary medications;

(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;

(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;

(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.

(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 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 the school district or governing authority will not take action against an employee who does not agree to provide diabetes care;

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

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

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

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

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

(F) A board of education or governing authority may

provide training in the recognition of hypoglycemia and hyperglycemia and actions to take in response to emergency situations involving these conditions to both of the following:

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

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

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

(H)(1) Notwithstanding section 3313.713 of the Revised Code or any policy adopted under that section and except as provided in division (H)(2) of this section, on written request of the parent, guardian, or other person having care or charge of a student and authorization by the student's treating practitioner, a student with diabetes shall be permitted during regular school hours and school-sponsored activities to attend to the care and management of the student's diabetes in accordance with the order issued by the student's treating

practitioner if the student's treating practitioner determines that the student is capable of performing diabetes care tasks. The student shall be permitted to perform diabetes care tasks in a classroom, in any area of the school or school grounds, and at any school-related activity, and to possess on the student's self at all times all necessary supplies and equipment to perform these tasks. If the student or the parent, guardian, or other person having care or charge of the student so requests, the student shall have access to a private area for performing diabetes care tasks.

(2) If the student performs any diabetes care tasks or uses medical equipment for purposes other than the student's own care, the board of education or governing authority may revoke the student's permission to attend to the care and management of the student's diabetes.

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

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

(J)(1) A school or school district, a member of a board or governing authority, or a district or school employee is not liable in damages in a civil action for injury, death, or loss to person or property allegedly arising from providing care or

performing duties under this section unless the act or omission constitutes willful or wanton misconduct.

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

(2) A school employee shall not be subject to disciplinary action under school or district policies for providing care or performing duties under this section.

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

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

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

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

(2) Not later than the last day of March of each year, the department shall issue a report summarizing the information

received by the department under division (K)(1) of this section for the previous school year. The department shall make the report available on its internet web site.

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

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

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

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

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

(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.

(3) "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:

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

(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;

(c) A physician ~~assistant~~ associate 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.

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

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

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

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

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

(a) Regularly interacts with the student;

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

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

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

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

easily accessible location.

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

(a) The student has the written approval of the student's physician and, if the student is a minor, the written approval of the parent, guardian, or other person having care or charge of the student. The physician's written approval shall include at least all of the following information:

(i) The student's name and address;

(ii) The name of the drug and the dosage, if any, to be administered;

(iii) The circumstances under which the drug is to be administered to the student;

(iv) How the drug is to be administered to the student;

(v) Written instructions that outline procedures school personnel should follow in the event that the drug does not prevent the onset of a seizure or alleviate the symptoms of a seizure;

(vi) Any severe adverse reactions that may occur to the student for whom the drug is prescribed and that should be reported to the physician;

(vii) Any severe adverse reactions that may occur to another student for whom the drug is not prescribed, should such

a student receive a dose of the drug;

(viii) At least one emergency telephone number for contacting the physician in an emergency;

(ix) At least one emergency telephone number for contacting the parent, guardian, or other person having care or charge of the student in an emergency;

(x) Any other special instructions from the physician.

(b) The school principal and, if a school nurse is assigned to the student's school building, the school nurse have received copies of the written approvals required by division (D)(2)(a) of this section.

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

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

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

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

(E) A seizure action plan is effective only for the school

year in which the written request described in division (B)(1) of this section was submitted and must be renewed at the beginning of each school year.

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

(G) A school district or governing authority of a chartered nonpublic school shall designate at least one employee at each school building it operates, aside from a school nurse, to be trained on the implementation of seizure action plans every two years. The district or governing authority shall provide or arrange for the training of the employee. The training must include and be consistent with guidelines and best practices established by a nonprofit organization that supports the welfare of individuals with epilepsy and seizure disorders, such as the ~~Epilepsy Alliance~~ epilepsy alliance Ohio or ~~Epilepsy Foundation of~~ epilepsy foundation Ohio or other similar organizations as determined by the department, and address all of the following:

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

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

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

A seizure training program under division (G) of this section shall not exceed one hour and shall qualify as a professional development activity for the renewal of educator

licenses, including activities approved by local professional development committees under division (F) of section 3319.22 of the Revised Code. If the training is provided to a school district on portable media by a nonprofit entity, the training shall be provided free of charge.

(H) A board of education or governing authority shall require each person it employs as an administrator, guidance counselor, teacher, or bus driver to complete a minimum of one hour of self-study training or in-person training on seizure disorders not later than twenty-four months after October 3, 2023. Any such person employed after that date shall complete the training within ninety days of employment. The training shall qualify as a professional development activity for the renewal of educator licenses, including activities approved by local professional development committees under division (F) of section 3319.22 of the Revised Code.

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

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

(2) A chartered nonpublic school or any officer, director, or employee of the school is not liable in damages in a civil action for injury, death, or loss to person or property

allegedly arising from providing care or performing duties under this section unless the act or omission constitutes willful or wanton misconduct.

Sec. 3319.13. Upon the written request of a teacher or a regular nonteaching school employee, a board of education may grant a leave of absence for a period of not more than two consecutive school years for educational, professional, or other purposes, and shall grant such leave where illness or other disability is the reason for the request. Upon subsequent request, such leave may be renewed by the board. Without request, a board may grant similar leave of absence and renewals thereof to any teacher or regular nonteaching school employee because of physical or mental disability, but such teacher may have a hearing on such unrequested leave of absence or its renewals in accordance with section 3311.82 or 3319.16 of the Revised Code, and such nonteaching school employee may have a hearing on such unrequested leave of absence or its renewals in accordance with division (C) of section 3319.081 of the Revised Code. Upon the return to service of a teacher or a nonteaching school employee at the expiration of a leave of absence, the teacher or nonteaching school employee shall resume the contract status that the teacher or nonteaching school employee held prior to the leave of absence. Any teacher who leaves a teaching position for service in the uniformed services and who returns from service in the uniformed services that is terminated in a manner other than as described in section 4304 of Title 38 of the United States Code, "Uniformed Services Employment and Reemployment Rights Act of 1994," 108 Stat. 3149, 38 U.S.C.A. 4304, shall resume the contract status held prior to entering the uniformed services, subject to passing a physical examination by an individual authorized by the Revised Code to

conduct physical examinations, including a physician ~~assistant~~associate, a clinical nurse specialist, a certified nurse practitioner, or a certified nurse-midwife. Any written documentation of the physical examination shall be completed by the individual who conducted the examination. Such contract status shall be resumed at the first of the school semester or the beginning of the school year following return from the uniformed services. For purposes of this section and section 3319.14 of the Revised Code, "uniformed services" and "service in the uniformed services" have the same meanings as defined in section 5923.05 of the Revised Code.

Upon the return of a nonteaching school employee from a leave of absence, the board may terminate the employment of a person hired exclusively for the purpose of replacing the returning employee while the returning employee was on leave. If, after the return of a nonteaching employee from leave, the person employed exclusively for the purpose of replacing an employee while the employee was on leave is continued in employment as a regular nonteaching school employee or if the person is hired by the board as a regular nonteaching school employee within a year after employment as a replacement is terminated, the person shall, for purposes of section 3319.081 of the Revised Code, receive credit for the person's length of service with the school district during such replacement period in the following manner:

(A) If employed as a replacement for less than twelve months, the person shall be employed under a contract valid for a period equal to twelve months less the number of months employed as a replacement. At the end of such contract period, if the person is reemployed it shall be under a two-year contract. Subsequent reemployment shall be pursuant to division

(B) of section 3319.081 of the Revised Code.

(B) If employed as a replacement for twelve months or more but less than twenty-four months, the person shall be employed under a contract valid for a period equal to twenty-four months less the number of months employed as a replacement. Subsequent reemployment shall be pursuant to division (B) of section 3319.081 of the Revised Code.

(C) If employed as a replacement for more than twenty-four months, the person shall be employed pursuant to division (B) of section 3319.081 of the Revised Code.

For purposes of this section, employment during any part of a month shall count as employment during the entire month.

Sec. 3327.10. (A) Except as provided in division (L) of this section, no person shall be employed as driver of a school bus or motor van, owned and operated by any school district or educational service center or privately owned and operated under contract with any school district or service center in this state, who has not received a certificate from either the educational service center governing board that has entered into an agreement with the school district under section 3313.843 or 3313.845 of the Revised Code or the superintendent of the school district, certifying that such person is at least eighteen years of age and is qualified physically and otherwise for such position. The service center governing board or the superintendent, as the case may be, shall provide for an annual physical examination that conforms with rules adopted by the department of education and workforce of each driver to ascertain the driver's physical fitness for such employment. The examination shall be performed by one of the following:

(1) A person licensed under Chapter 4731. or 4734. of the Revised Code or by another state to practice medicine and surgery, osteopathic medicine and surgery, or chiropractic;

(2) A physician ~~assistant~~associate;

(3) A certified nurse practitioner;

(4) A clinical nurse specialist;

(5) A certified nurse-midwife;

(6) A medical examiner who is listed on the national registry of certified medical examiners established by the federal motor carrier safety administration in accordance with 49 C.F.R. part 390.

Any certificate may be revoked by the authority granting the same on proof that the holder has been guilty of failing to comply with division (D)(1) of this section, or upon a conviction or a guilty plea for a violation, or any other action, that results in a loss or suspension of driving rights. Failure to comply with such division may be cause for disciplinary action or termination of employment under division (C) of section 3319.081, or section 124.34 of the Revised Code.

(B) Except as provided in division (L) of this section, no person shall be employed as driver of a school bus or motor van not subject to the rules of the department pursuant to division (A) of this section who has not received a certificate from the school administrator or contractor certifying that such person is at least eighteen years of age and is qualified physically and otherwise for such position. Each driver shall have an annual physical examination which conforms to the state highway patrol rules, ascertaining the driver's physical fitness for such employment. The examination shall be performed by one of

the following:

(1) A person licensed under Chapter 4731. or 4734. of the Revised Code or by another state to practice medicine and surgery, osteopathic medicine and surgery, or chiropractic;

(2) A physician ~~assistant~~associate;

(3) A certified nurse practitioner;

(4) A clinical nurse specialist;

(5) A certified nurse-midwife;

(6) A medical examiner who is listed on the national registry of certified medical examiners established by the federal motor carrier safety administration in accordance with 49 C.F.R. part 390.

Any written documentation of the physical examination shall be completed by the individual who performed the examination.

Any certificate may be revoked by the authority granting the same on proof that the holder has been guilty of failing to comply with division (D)(2) of this section.

(C) Any person who drives a school bus or motor van must give satisfactory and sufficient bond except a driver who is an employee of a school district and who drives a bus or motor van owned by the school district.

(D) No person employed as driver of a school bus or motor van under this section who is convicted of a traffic violation or who has had the person's commercial driver's license suspended shall drive a school bus or motor van until the person has filed a written notice of the conviction or suspension, as

follows:

(1) If the person is employed under division (A) of this section, the person shall file the notice with the superintendent, or a person designated by the superintendent, of the school district for which the person drives a school bus or motor van as an employee or drives a privately owned and operated school bus or motor van under contract.

(2) If employed under division (B) of this section, the person shall file the notice with the employing school administrator or contractor, or a person designated by the administrator or contractor.

(E) In addition to resulting in possible revocation of a certificate as authorized by divisions (A) and (B) of this section, violation of division (D) of this section is a minor misdemeanor.

(F)(1) Not later than thirty days after June 30, 2007, each owner of a school bus or motor van shall obtain the complete driving record for each person who is currently employed or otherwise authorized to drive the school bus or motor van. An owner of a school bus or motor van shall not permit a person to operate the school bus or motor van for the first time before the owner has obtained the person's complete driving record. Thereafter, the owner of a school bus or motor van shall obtain the person's driving record not less frequently than semiannually if the person remains employed or otherwise authorized to drive the school bus or motor van. An owner of a school bus or motor van shall not permit a person to resume operating a school bus or motor van, after an interruption of one year or longer, before the owner has obtained the person's complete driving record.

(2) The owner of a school bus or motor van shall not permit a person to operate the school bus or motor van for ten years after the date on which the person pleads guilty to or is convicted of a violation of section 4511.19 of the Revised Code or a substantially equivalent municipal ordinance.

(3) An owner of a school bus or motor van shall not permit any person to operate such a vehicle unless the person meets all other requirements contained in rules adopted by the department prescribing qualifications of drivers of school buses and other student transportation.

(G) No superintendent of a school district, educational service center, community school, or public or private employer shall permit the operation of a vehicle used for pupil transportation within this state by an individual unless both of the following apply:

(1) Information pertaining to that driver has been submitted to the department, pursuant to procedures adopted by that department. Information to be reported shall include the name of the employer or school district, name of the driver, driver license number, date of birth, date of hire, status of physical evaluation, and status of training.

(2) The most recent criminal records check required by division (J) of this section has been completed and received by the superintendent or public or private employer.

(H) A person, school district, educational service center, community school, nonpublic school, or other public or nonpublic entity that owns a school bus or motor van, or that contracts with another entity to operate a school bus or motor van, may impose more stringent restrictions on drivers than those

prescribed in this section, in any other section of the Revised Code, and in rules adopted by the department.

(I) For qualified drivers who, on July 1, 2007, are employed by the owner of a school bus or motor van to drive the school bus or motor van, any instance in which the driver was convicted of or pleaded guilty to a violation of section 4511.19 of the Revised Code or a substantially equivalent municipal ordinance prior to two years prior to July 1, 2007, shall not be considered a disqualifying event with respect to division (F) of this section.

(J)(1) This division applies to persons hired by a school district, educational service center, community school, chartered nonpublic school, or science, technology, engineering, and mathematics school established under Chapter 3326. of the Revised Code to operate a vehicle used for pupil transportation.

(a) For each person to whom this division applies who is hired on or after November 14, 2007, the employer shall request a criminal records check in accordance with section 3319.39 of the Revised Code and every six years thereafter.

(b) For each person to whom this division applies who is hired prior to November 14, 2007, the employer shall request a criminal records check by a date prescribed by the department and every six years thereafter.

(c) If, on October 3, 2023, the most recent criminal records check requested for a person to whom division (J)(1) of this section applies was completed more than one year prior to that date or does not include information gathered pursuant to division (A) of section 109.57 of the Revised Code, the employer shall request a new criminal records check that includes

information gathered pursuant to division (A) of section 109.57 of the Revised Code by a date prescribed by the state board of education and every six years thereafter.

(2) This division applies to persons hired by a public or private employer not described in division (J)(1) of this section to operate a vehicle used for pupil transportation.

(a) For each person to whom this division applies who is hired on or after November 14, 2007, the employer shall request a criminal records check prior to the person's hiring and every six years thereafter.

(b) For each person to whom this division applies who is hired prior to November 14, 2007, the employer shall request a criminal records check by a date prescribed by the department and every six years thereafter.

(c) If, on October 3, 2023, the most recent criminal records check requested for a person to whom division (J)(2) of this section applies was completed more than one year prior to that date or does not include information gathered pursuant to division (A) of section 109.57 of the Revised Code, the employer shall request a new criminal records check that includes information gathered pursuant to division (A) of section 109.57 of the Revised Code by a date prescribed by the state board and every six years thereafter.

(3) Each request for a criminal records check under division (J) of this section shall be made to the superintendent of the bureau of criminal identification and investigation in the manner prescribed in section 3319.39 of the Revised Code, except that if both of the following conditions apply to the person subject to the records check, the employer shall request

the superintendent only to obtain any criminal records that the federal bureau of investigation has on the person:

(a) The employer previously requested the superintendent to determine whether the bureau of criminal identification and investigation has any information, gathered pursuant to division (A) of section 109.57 of the Revised Code, on the person in conjunction with a criminal records check requested under section 3319.39 of the Revised Code or under division (J) of this section.

(b) The person presents proof that the person has been a resident of this state for the five-year period immediately prior to the date upon which the person becomes subject to a criminal records check under this section.

Upon receipt of a request, the superintendent shall conduct the criminal records check in accordance with section 109.572 of the Revised Code as if the request had been made under section 3319.39 of the Revised Code. However, as specified in division (B)(2) of section 109.572 of the Revised Code, if the employer requests the superintendent only to obtain any criminal records that the federal bureau of investigation has on the person for whom the request is made, the superintendent shall not conduct the review prescribed by division (B)(1) of that section.

(4) Notwithstanding anything in the Revised Code to the contrary, the bureau of criminal identification and investigation shall make the initial criminal records check requested of a person by an employer under division (J)(1) or (2) of this section on or after October 3, 2023, available to the state board of education. The state board shall use the information received to enroll the person in the retained

applicant fingerprint database, established under section 109.5721 of the Revised Code, in the same manner as any teacher licensed under sections 3319.22 to 3319.31 of the Revised Code. If the state board is unable to enroll the person in the retained applicant fingerprint database because the person has not satisfied the requirements for enrollment, the state board shall notify the employer that the person has not satisfied the requirements for enrollment. However, the bureau shall not be required to make available to the state board the criminal records check of any person who is already enrolled in the retained applicant fingerprint database on the date the person's employer requests a records check of the person under division (J)(1) or (2) of this section.

If the state board receives notification of the arrest, guilty plea, or conviction of a person who is subject to this section, the state board shall promptly notify the person's employer in accordance with division (B) of section 3319.316 of the Revised Code.

(K)(1) Until the effective date of the amendments to rule 3301-83-23 of the Ohio Administrative Code required by the second paragraph of division (E) of section 3319.39 of the Revised Code, any person who is the subject of a criminal records check under division (J) of this section and has been convicted of or pleaded guilty to any offense described in division (B)(1) of section 3319.39 of the Revised Code shall not be hired or shall be released from employment, as applicable, unless the person meets the rehabilitation standards prescribed for nonlicensed school personnel by rule 3301-20-03 of the Ohio Administrative Code.

(2) Beginning on the effective date of the amendments to

rule 3301-83-23 of the Ohio Administrative Code required by the second paragraph of division (E) of section 3319.39 of the Revised Code, any person who is the subject of a criminal records check under division (J) of this section and has been convicted of or pleaded guilty to any offense that, under the rule, disqualifies a person for employment to operate a vehicle used for pupil transportation shall not be hired or shall be released from employment, as applicable, unless the person meets the rehabilitation standards prescribed by the rule.

(L) The superintendent of a school district or an educational service center governing board shall issue a certificate as a driver of a school bus or motor van or a certificate to operate a vehicle used for pupil transportation in accordance with Chapter 4796. of the Revised Code to an applicant if either of the following applies:

(1) The applicant holds a certificate in another state.

(2) The applicant has satisfactory work experience, a government certification, or a private certification as described in that chapter as a school bus or motor van driver or a pupil transportation vehicle operator in a state that does not issue one or both of those certificates.

(M) As used in this section, "school bus" includes a multifunction school activity bus, as defined in section 4511.01 of the Revised Code.

Sec. 3331.02. (A) The superintendent of schools or the chief administrative officer, as appropriate pursuant to section 3331.01 of the Revised Code, shall not issue an age and schooling certificate until the superintendent or chief administrative officer has received, examined, approved, and

filed the following papers duly executed:

(1) The written pledge or promise of the person, partnership, or corporation to legally employ the child, and for this purpose work performed by a minor, directly and exclusively for the benefit of such minor's parent, in the farm home or on the farm of such parent is legal employment, irrespective of any contract of employment, or the absence thereof, to permit the child to attend school as provided in section 3321.08 of the Revised Code, and give notice of the nonuse of an age and schooling certificate within five days from the date of the child's withdrawal or dismissal from the service of that person, partnership, or corporation, giving the reasons for such withdrawal or dismissal;

(2) The child's school record or notification. As used in this division, a "school record" means documents properly filled out and signed by the person in charge of the school which the child last attended, giving the recorded age of the child, the child's address, standing in studies, rating in conduct, and attendance in days during the school year of the child's last attendance; "notification" means the information submitted to the superintendent by the parent of a child exempt from attendance at school pursuant to section 3321.042 of the Revised Code.

(3) Evidence of the age of the child as follows:

(a) A certified copy of an original birth record or a certification of birth, issued in accordance with Chapter 3705. of the Revised Code, or by an officer charged with the duty of recording births in another state or country, shall be conclusive evidence of the age of the child;

(b) In the absence of such birth record or certification of birth, a passport, or duly attested transcript thereof, showing the date and place of birth of the child, filed with a register of passports at a port of entry of the United States; or an attested transcript of the certificate of birth or baptism or other religious record, showing the date and place of birth of the child, shall be conclusive evidence of the age of the child;

(c) In case none of the above proofs of age can be produced, other documentary evidence, except the affidavit of the parent, guardian, or custodian, satisfactory to the superintendent or chief administrative officer may be accepted in lieu thereof;

(d) In case no documentary proof of age can be procured, the superintendent or chief administrative officer may receive and file an application signed by the parent, guardian, or custodian of the child that a medical certificate be secured to establish the sufficiency of the age of the child, which application shall state the alleged age of the child, the place and date of birth, the child's present residence, and such further facts as may be of assistance in determining the age of the child, and shall certify that the person signing the application is unable to obtain any of the documentary proofs specified in divisions (A)(3)(a), (b), and (c) of this section; and if the superintendent or chief administrative officer is satisfied that a reasonable effort to procure such documentary proof has been without success such application shall be granted and the certificate of the school physician or if there be none, of a physician, a physician ~~assistant~~associate, a clinical nurse specialist, or a certified nurse practitioner employed by the board of education, that said physician, physician

~~assistant~~associate, clinical nurse specialist, or certified nurse practitioner is satisfied that the child is above the age required for an age and schooling certificate as stated in section 3331.01 of the Revised Code, shall be accepted as sufficient evidence of age.

(4) A certificate, including an athletic certificate of examination, from a physician licensed pursuant to Chapter 4731. of the Revised Code, a physician ~~assistant~~associate, a clinical nurse specialist, or a certified nurse practitioner, or from the district health commissioner, showing after a thorough examination that the child is physically fit to be employed in such occupations as are not prohibited by law for a boy or girl, as the case may be, under eighteen years of age; but a certificate with "limited" written, printed, marked, or stamped thereon may be furnished by such physician, physician ~~assistant~~associate, clinical nurse specialist, or certified nurse practitioner and accepted by the superintendent or chief administrative officer in issuing a "limited" age and schooling certificate provided in section 3331.06 of the Revised Code, showing that the child is physically fit to be employed in some particular occupation not prohibited by law for a boy or girl of such child's age, as the case may be, even if the child's complete physical ability to engage in such occupation cannot be vouched for.

(B)(1) Except as provided in division (B)(2) of this section, a physical fitness certificate described in division (A)(4) of this section is valid for purposes of that division while the child remains employed in job duties of a similar nature as the job duties for which the child last was issued an age and schooling certificate. The superintendent or chief administrative officer who issues an age and schooling

certificate shall determine whether job duties are similar for purposes of this division.

(2) A "limited" physical fitness certificate described in division (A)(4) of this section is valid for one year.

(C) The superintendent of schools or the chief administrative officer shall require a child who resides out of this state to file all the information required under division (A) of this section. The superintendent of schools or the chief administrative officer shall evaluate the information filed and determine whether to issue the age and schooling certificate using the same standards as those the superintendent or officer uses for in-state children.

Sec. 3331.07. When an age and schooling certificate is reissued, the pledge of the new employer shall be secured and filed. A physical fitness certificate from a physician, physician ~~assistant~~associate, clinical nurse specialist, or certified nurse practitioner as described in division (A)(4) of section 3331.02 of the Revised Code shall also be secured and filed if the physical fitness certificate used in the issuing of the previously issued age and schooling certificate is no longer valid, as determined pursuant to division (B) of section 3331.02 of the Revised Code.

Sec. 3701.046. The director of health is authorized to make grants for women's health services from funds appropriated for that purpose by the general assembly.

None of the funds received through grants for women's health services shall be used to provide abortion services. None of the funds received through these grants shall be used for counseling for or referrals for abortion, except in the case of

a medical emergency. These funds shall be distributed by the director to programs that the department of health determines will provide services that are physically and financially separate from abortion-providing and abortion-promoting activities, and that do not include counseling for or referrals for abortion, other than in the case of medical emergency.

These women's health services include and are limited to the following: pelvic examinations and laboratory testing; breast examinations and patient education on breast cancer; screening for cervical cancer; screening and treatment for sexually transmitted diseases and HIV screening; voluntary choice of contraception, including abstinence and natural family planning; patient education and pre-pregnancy counseling on the dangers of smoking, alcohol, and drug use during pregnancy; education on sexual coercion and violence in relationships; and prenatal care or referral for prenatal care. These health care services shall be provided in a medical clinic setting by persons authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery; authorized under Chapter 4730. of the Revised Code to practice as a physician ~~assistant~~associate; licensed under Chapter 4723. of the Revised Code as a registered nurse, including an advanced practice registered nurse, or as a licensed practical nurse; or licensed under Chapter 4757. of the Revised Code as a social worker, independent social worker, licensed professional clinical counselor, or licensed professional counselor.

The director shall adopt rules under Chapter 119. of the Revised Code specifying reasonable eligibility standards that must be met to receive the state funding and provide reasonable methods by which a grantee wishing to be eligible for federal

funding may comply with these requirements for state funding without losing its eligibility for federal funding.

Each applicant for these funds shall provide sufficient assurance to the director of all of the following:

(A) The program shall not discriminate in the provision of services based on an individual's religion, race, national origin, disability, age, sex, number of pregnancies, or marital status;

(B) The program shall provide services without subjecting individuals to any coercion to accept services or to employ any particular methods of family planning;

(C) Acceptance of services shall be solely on a voluntary basis and may not be made a prerequisite to eligibility for, or receipt of, any other service, assistance from, or participation in, any other program of the service provider;

(D) Any charges for services provided by the program shall be based on the patient's ability to pay and priority in the provision of services shall be given to persons from low-income families.

In distributing these grant funds, the director shall give priority to grant requests from local departments of health for women's health services to be provided directly by personnel of the local department of health. The director shall issue a single request for proposals for all grants for women's health services. The director shall send a notification of this request for proposals to every local department of health in this state and shall place a notification on the department's web site. The director shall allow at least thirty days after issuing this notification before closing the period to receive applications.

After the closing date for receiving grant applications, the director shall first consider grant applications from local departments of health that apply for grants for women's health services to be provided directly by personnel of the local department of health. Local departments of health that apply for grants for women's health services to be provided directly by personnel of the local department of health need not provide all the listed women's health services in order to qualify for a grant. However, in prioritizing awards among local departments of health that qualify for funding under this paragraph, the director may consider, among other reasonable factors, the comprehensiveness of the women's health services to be offered, provided that no local department of health shall be discriminated against in the process of awarding these grant funds because the applicant does not provide contraception.

If funds remain after awarding grants to all local departments of health that qualify for the priority, the director may make grants to other applicants. Awards to other applicants may be made to those applicants that will offer all eight of the listed women's health services or that will offer all of the services except contraception. No applicant shall be discriminated against in the process of awarding these grant funds because the applicant does not provide contraception.

Sec. 3701.23. (A) As used in this section, "health care provider" means any person or government entity that provides health care services to individuals. "Health care provider" includes, but is not limited to, hospitals, medical clinics and offices, special care facilities, medical laboratories, physicians, pharmacists, dentists, physician ~~assistants~~associates, registered and licensed practical nurses, laboratory technicians, emergency medical service organization

personnel, and ambulance service organization personnel.

(B) Boards of health, health authorities or officials, health care providers in localities in which there are no health authorities or officials, and coroners or medical examiners shall report promptly to the department of health the existence of any of the following:

(1) Asiatic cholera;

(2) Yellow fever;

(3) Diphtheria;

(4) Typhus or typhoid fever;

(5) As specified by the director of health, other contagious or infectious diseases, illnesses, health conditions, or unusual infectious agents or biological toxins posing a risk of human fatality or disability.

(C) No person shall fail to comply with the reporting requirements established under division (B) of this section.

(D) The reports required by this section shall be submitted on forms, as required by statute or rule, and in the manner the director of health prescribes.

(E) Information reported under this section that is protected health information pursuant to section 3701.17 of the Revised Code shall be released only in accordance with that section. Information that does not identify an individual may be released in summary, statistical, or aggregate form.

Sec. 3701.25. (A) As used in sections 3701.25 to 3701.255 of the Revised Code:

(1) "Certified nurse practitioner" and "clinical nurse

specialist" have the same meanings as in section 4723.01 of the Revised Code.

(2) "Hospital" has the same meaning as in section 3722.01 of the Revised Code.

(3) "Parkinson's disease" means a chronic and progressive neurological disorder resulting from a deficiency of the neurotransmitter dopamine as the consequence of specific degenerative changes in the area of the brain called the basal ganglia. It is characterized by tremor at rest, slow movements, muscle rigidity, stooped posture, and unsteady or shuffling gait.

(4) "Parkinsonisms" means conditions related to Parkinson's disease that cause a combination of the movement abnormalities seen in Parkinson's disease, such as tremor at rest, slow movement, muscle rigidity, impaired speech, or muscle stiffness, which often overlap with and can evolve from what appears to be Parkinson's disease. Examples of Parkinsonisms include:

(a) Multiple system atrophy;

(b) Dementia with Lewy bodies;

(c) Corticobasal degeneration;

(d) Progressive supranuclear palsy.

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

(6) "Physician ~~assistant~~associate" means an individual authorized under Chapter 4730. of the Revised Code to practice as a physician ~~assistant~~associate.

(B) Within twenty-four months of ~~the effective date of this section~~October 3, 2023, the director of health shall establish and maintain a Parkinson's disease registry for the collection and monitoring of the incidence of Parkinson's disease in Ohio.

(C) The director shall supervise the registry and the collection and dissemination of data included in the registry. The director may enter into contracts, grants, or other agreements as necessary to maintain the registry, including data sharing contracts with data reporting entities and their associated electronic medical record systems vendors.

(D) Beginning on a date and at intervals determined by the director, each individual case of Parkinson's disease or a Parkinsonism diagnosed on or after the date determined by the director shall be reported to the registry in a format specified by the director by one of the following:

(1) The certified nurse practitioner, clinical nurse specialist, physician, or physician ~~assistant~~ associate who diagnosed or treated the individual's Parkinson's disease or Parkinsonism;

(2) The group practice, hospital, or other health care facility that employs or contracts with the medical professional described in division (D)(1) of this section.

(E) Each medical professional or health care facility specified in division (D) of this section shall inform patients diagnosed with Parkinson's disease or a Parkinsonism at the time of diagnosis or treatment of the Parkinson's disease registry.

(F) The director or a representative of a director may inspect upon reasonable notice a representative sample of the

medical records of patients with Parkinson's disease diagnosed, treated, or admitted at a group practice, hospital, or other health care facility.

(G) Each medical professional or health care facility specified in division (D) of this section who in good faith submits a Parkinson's disease report to the registry is not liable in any cause of action arising from the submission of the report.

(H) Nothing in sections 3701.25 to 3701.255 of the Revised Code shall be deemed to compel any individual to submit to any medical examination or supervision by the department of health, any of its authorized representatives, or an approved researcher.

(I) Facilities or individuals providing diagnostic or treatment services to patients with Parkinson's disease may maintain separate facility-based Parkinson's disease registries.

Sec. 3701.36. (A) As used in this section and in sections 3701.361 and 3701.362 of the Revised Code, "palliative care" has the same meaning as in section 3712.01 of the Revised Code.

(B) There is hereby created the palliative care and quality of life interdisciplinary council. Subject to division (C) of this section, members of the council shall be appointed by the director of health and include individuals with expertise in palliative care who represent the following professions or constituencies:

(1) Physicians authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery, including those who are board-certified in pediatrics and those who are board-certified in psychiatry, as

those designations are issued by a medical specialty certifying board recognized by the American board of medical specialties or American osteopathic association;

(2) Physician ~~assistants~~ associates licensed under Chapter 4730. of the Revised Code;

(3) Advanced practice registered nurses licensed under Chapter 4723. of the Revised Code who are designated as clinical nurse specialists or certified nurse practitioners;

(4) Registered nurses and licensed practical nurses licensed under Chapter 4723. of the Revised Code;

(5) Pharmacists licensed under Chapter 4729. of the Revised Code;

(6) Psychologists licensed under Chapter 4732. of the Revised Code;

(7) Licensed professional clinical counselors or licensed professional counselors licensed under Chapter 4757. of the Revised Code;

(8) Independent social workers or social workers licensed under Chapter 4757. of the Revised Code;

(9) Marriage and family therapists licensed under Chapter 4757. of the Revised Code;

(10) Child life specialists;

(11) Clergy or spiritual advisers;

(12) Exercise physiologists;

(13) Health insurers;

(14) Patients;

(15) Family caregivers.

The council's membership also may include employees of agencies of this state that administer programs pertaining to palliative care or are otherwise concerned with the delivery of palliative care in this state.

(C) The council's membership shall include individuals who have worked with various age groups, including children and the elderly. The council's membership also shall include individuals who have experience or expertise in various palliative care delivery models, including acute care, long-term care, hospice care, home health agency services, home-based care, and spiritual care. At least two members shall be physicians who are board-certified in hospice and palliative care by a medical specialty certifying board recognized by the American board of medical specialties or American osteopathic association. At least one member shall be employed as an administrator of a hospital or system of hospitals in this state or be a professional specified in divisions (B)(1) to (10) or division (B)(12) of this section who treats patients as an employee or contractor of such a hospital or system of hospitals.

Not more than twenty individuals shall serve as members of the council at any one time. Not more than two members shall be employed by the same health care facility or provider or practice at or for the same health care facility or provider.

In making appointments to the council, the director shall seek to include as members individuals who represent underserved areas of the state and to have all geographic areas of the state represented.

(D) The director shall make initial appointments to the

council not later than ninety days after March 20, 2019. Terms of office shall be three years. Each member shall hold office from the date of appointment until the end of the term for which the member was appointed. In the event of death, removal, resignation, or incapacity of a council member, the director shall appoint a successor who shall hold office for the remainder of the term for which the successor's predecessor was appointed. A member shall continue in office subsequent to the expiration date of the member's term until the member's successor takes office or until a period of sixty days has elapsed, whichever occurs first.

The council shall meet at the call of the director, but not less than twice annually. The council shall select annually from among its members a chairperson and vice-chairperson, whose duties shall be established by the council.

Each member shall serve without compensation, except to the extent that serving on the council is considered part of the member's regular employment duties.

(E) The council shall do all of the following:

(1) Consult with and advise the director on matters related to the establishment, maintenance, operation, and evaluation of palliative care initiatives in this state;

(2) Consult with the department of health for purposes of its implementation of section 3701.361 of the Revised Code;

(3) Identify national organizations that have established standards of practice and best practice models for palliative care;

(4) Identify initiatives established at the national and state levels aimed at integrating palliative care into the

health care system and enhancing the use and development of palliative care;

(5) Establish guidelines for health care facilities and providers to use under section 3701.362 of the Revised Code in identifying patients and residents who could benefit from palliative care;

(6) On or before December 31 of each year, prepare and submit to the governor, general assembly, director of health, director of aging, superintendent of insurance, and medicaid director a report of recommendations for improving the provision of palliative care in this state.

The council shall submit the report to the general assembly in accordance with section 101.68 of the Revised Code.

(F) The department of health shall provide to the council the administrative support necessary to execute its duties. At the request of the council, the department shall examine potential sources of funding to assist with any duties described in this section or sections 3701.361 and 3701.362 of the Revised Code.

(G) The council is not subject to sections 101.82 to 101.87 of the Revised Code.

Sec. 3701.59. (A) As used in this section:

(1) "Addiction services" and "alcohol and drug addiction services" have the same meanings as in section 5119.01 of the Revised Code.

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

(B) Any of the following health care professionals who

attends a pregnant woman for conditions relating to pregnancy before the end of the twentieth week of pregnancy and who has reason to believe that the woman is using or has used a controlled substance in a manner that may place the woman's fetus in jeopardy shall encourage the woman to enroll in a drug treatment program offered by a provider of addiction services or alcohol and drug addiction services:

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

(2) Registered nurses licensed under Chapter 4723. of the Revised Code, including certified nurse-midwives, clinical nurse specialists, and certified nurse practitioners, and licensed practical nurses licensed under that chapter;

(3) Physician ~~assistants~~ associates licensed under Chapter 4730. of the Revised Code.

(C) A health care professional is immune from civil liability and is not subject to criminal prosecution with regard to both of the following:

(1) Failure to recognize that a pregnant woman has used or is using a controlled substance in a manner that may place the woman's fetus in jeopardy;

(2) Any action taken in good faith compliance with this section.

Sec. 3701.615. (A) As used in this section:

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

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

(3) "Physician ~~assistant~~associate" means an individual authorized under Chapter 4730. of the Revised Code to practice as a physician ~~assistant~~associate.

(B) The department of health shall establish a grant program to address the provision of prenatal health care services to pregnant women on a group basis. The aim of the program is to increase the number of pregnant women who begin prenatal care early in their pregnancies and to reduce the number of infants born preterm.

(C)(1) An entity seeking to participate in the grant program shall apply to the department of health in a manner prescribed by the department. Participating entities may include the following:

(a) Medical practices, including those operated by or employing one or more physicians, physician ~~assistants~~associates, certified nurse-midwives, certified nurse practitioners, or clinical nurse specialists;

(b) Health care facilities.

(2) To be eligible to participate in the grant program, an entity must demonstrate to the department that it can meet all of the following requirements:

(a) Has space to host groups of at least twelve pregnant women;

(b) Has adequate in-kind resources, including existing medical staff, to provide necessary prenatal health care

services on both an individual and group basis;

(c) Provides prenatal care based on either of the following:

(i) The centering pregnancy model of care developed by the centering healthcare institute;

(ii) Another model of care acceptable to the department.

(d) Integrates health assessments, education, and support into a unified program in which pregnant women at similar stages of pregnancy meet, learn care skills, and participate in group discussions;

(e) Meets any other requirements established by the department.

(D) When distributing funds under the program, the department shall give priority to entities that are both of the following:

(1) Operating in areas of the state with high preterm birth rates, including rural areas and Cuyahoga, Franklin, Hamilton, and Summit counties;

(2) Providing care to medicaid recipients who are members of the group described in division (B) of section 5163.06 of the Revised Code.

(E) A participating entity may employ or contract with licensed dental hygienists to educate pregnant women about the importance of prenatal and postnatal dental care.

(F) The department may adopt rules as necessary to implement this section. The rules shall be adopted in accordance with Chapter 119. of the Revised Code.

Sec. 3701.74. (A) As used in this section and section 3701.741 of the Revised Code:

(1) "Ambulatory care facility" means a facility that provides medical, diagnostic, or surgical treatment to patients who do not require hospitalization, including a dialysis center, ambulatory surgical facility, cardiac catheterization facility, diagnostic imaging center, extracorporeal shock wave lithotripsy center, home health agency, inpatient hospice, birthing center, radiation therapy center, emergency facility, and an urgent care center. "Ambulatory care facility" does not include the private office of a physician, advanced practice registered nurse, or dentist, whether the office is for an individual or group practice.

(2) "Chiropractor" means an individual licensed under Chapter 4734. of the Revised Code to practice chiropractic.

(3) "Emergency facility" means a hospital emergency department or any other facility that provides emergency medical services.

(4) "Health care practitioner" means all of the following:

(a) A dentist or dental hygienist licensed under Chapter 4715. of the Revised Code;

(b) A registered nurse licensed under Chapter 4723. of the Revised Code, including an advanced practice registered nurse, or a licensed practical nurse licensed under that chapter;

(c) An optometrist licensed under Chapter 4725. of the Revised Code;

(d) A dispensing optician, spectacle dispensing optician, or spectacle-contact lens dispensing optician licensed under

Chapter 4725. of the Revised Code;

(e) A pharmacist licensed under Chapter 4729. of the Revised Code;

(f) A physician;

(g) A physician ~~assistant~~ associate authorized under Chapter 4730. of the Revised Code to practice as a physician ~~assistant~~associate;

(h) A practitioner of a limited branch of medicine issued a license or certificate under Chapter 4731. of the Revised Code;

(i) A psychologist licensed under Chapter 4732. of the Revised Code;

(j) A chiropractor;

(k) A hearing aid dealer or fitter licensed under Chapter 4747. of the Revised Code;

(l) A speech-language pathologist or audiologist licensed under Chapter 4753. of the Revised Code;

(m) An occupational therapist or occupational therapy assistant licensed under Chapter 4755. of the Revised Code;

(n) A physical therapist or physical therapy assistant licensed under Chapter 4755. of the Revised Code;

(o) A licensed professional clinical counselor, licensed professional counselor, social worker, independent social worker, independent marriage and family therapist, or marriage and family therapist licensed, or a social work assistant registered, under Chapter 4757. of the Revised Code;

(p) A dietitian licensed under Chapter 4759. of the

Revised Code;

(q) A respiratory care professional licensed under Chapter 4761. of the Revised Code;

(r) An emergency medical technician-basic, emergency medical technician-intermediate, or emergency medical technician-paramedic certified under Chapter 4765. of the Revised Code;

(s) A certified mental health assistant licensed under Chapter 4772. of the Revised Code.

(5) "Health care provider" means a hospital, ambulatory care facility, long-term care facility, pharmacy, emergency facility, or health care practitioner.

(6) "Hospital" has the same meaning as in section 3727.01 of the Revised Code.

(7) "Long-term care facility" means a nursing home, residential care facility, or home for the aging, as those terms are defined in section 3721.01 of the Revised Code; a residential facility licensed under section 5119.34 of the Revised Code that provides accommodations, supervision, and personal care services for three to sixteen unrelated adults; a nursing facility, as defined in section 5165.01 of the Revised Code; a skilled nursing facility, as defined in section 5165.01 of the Revised Code; and an intermediate care facility for individuals with intellectual disabilities, as defined in section 5124.01 of the Revised Code.

(8) "Medical record" means data in any form that pertains to a patient's medical history, diagnosis, prognosis, or medical condition and that is generated and maintained by a health care provider in the process of the patient's health care treatment.

(9) "Medical records company" means a person who stores, locates, or copies medical records for a health care provider, or is compensated for doing so by a health care provider, and charges a fee for providing medical records to a patient or patient's representative.

(10) "Patient" means either of the following:

(a) An individual who received health care treatment from a health care provider;

(b) A guardian, as defined in section 1337.11 of the Revised Code, of an individual described in division (A)(10)(a) of this section.

(11) "Patient's personal representative" means a minor patient's parent or other person acting in loco parentis, a court-appointed guardian, or a person with durable power of attorney for health care for a patient, the executor or administrator of the patient's estate, or the person responsible for the patient's estate if it is not to be probated. "Patient's personal representative" does not include an insurer authorized under Title XXXIX of the Revised Code to do the business of sickness and accident insurance in this state, a health insuring corporation holding a certificate of authority under Chapter 1751. of the Revised Code, or any other person not named in this division.

(12) "Pharmacy" has the same meaning as in section 4729.01 of the Revised Code.

(13) "Physician" means a person authorized under Chapter 4731. of the Revised Code to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery.

(14) "Authorized person" means a person to whom a patient has given written authorization to act on the patient's behalf regarding the patient's medical record.

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

(B) A patient, a patient's personal representative, or an authorized person who wishes to examine or obtain a copy of part or all of a medical record shall submit to the health care provider a written request signed by the patient, personal representative, or authorized person dated not more than one year before the date on which it is submitted. The request shall indicate whether the copy is to be sent to the requestor, sent to a physician, advanced practice registered nurse, or chiropractor, or held for the requestor at the office of the health care provider. Within a reasonable time after receiving a request that meets the requirements of this division and includes sufficient information to identify the record requested, a health care provider that has the patient's medical records shall permit the patient to examine the record during regular business hours without charge or, on request, shall provide a copy of the record in accordance with section 3701.741 of the Revised Code, except that if a physician, advanced practice registered nurse, psychologist, licensed professional clinical counselor, licensed professional counselor, independent social worker, social worker, independent marriage and family therapist, marriage and family therapist, or chiropractor who has treated the patient determines for clearly stated treatment reasons that disclosure of the requested record is likely to have an adverse effect on the patient, the health care provider shall provide the record to a physician, advanced practice registered nurse, psychologist, licensed professional clinical

counselor, licensed professional counselor, independent social worker, social worker, independent marriage and family therapist, marriage and family therapist, or chiropractor designated by the patient. The health care provider shall take reasonable steps to establish the identity of the person making the request to examine or obtain a copy of the patient's record.

(C) If a health care provider fails to furnish a medical record as required by division (B) of this section, the patient, personal representative, or authorized person who requested the record may bring a civil action to enforce the patient's right of access to the record.

(D)(1) This section does not apply to medical records whose release is covered by section 173.20 or 3721.13 of the Revised Code, by Chapter 1347., 5119., or 5122. of the Revised Code, by 42 C.F.R. part 2, "Confidentiality of Alcohol and Drug Abuse Patient Records," or by 42 C.F.R. 483.10.

(2) Nothing in this section is intended to supersede the confidentiality provisions of sections 2305.24, 2305.25, 2305.251, and 2305.252 of the Revised Code.

Sec. 3701.90. The director of health, with participation from the state medical board and board of nursing, shall collaborate with medical, nursing, and physician ~~assistant~~ associate schools or programs in this state, as well as medical residency and fellowship programs in this state, to develop and implement appropriate curricula in those schools and programs designed to prepare primary care and women's health care physicians, advanced practice registered nurses, and physician ~~assistants~~ associates to provide patient counseling on efficacy-based contraceptives, including long-acting reversible contraceptives.

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

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

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

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

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

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

Sec. 3701.928. (A) The director of health shall collaborate with medical, nursing, and physician ~~assistant~~ associate schools or programs in this state to develop appropriate curricula designed to prepare primary care physicians, advanced practice registered nurses, and physician ~~assistants~~ associates to practice within the patient centered medical home model of care. In developing the curricula, the director and the schools or programs shall include all of the following:

(1) Components for use at the medical student, advanced practice registered nursing student, physician ~~assistant~~ associate student, and primary care resident training levels;

(2) Components that reflect, as appropriate, the special needs of patients who are part of a medically underserved population, including medicaid recipients, individuals without health insurance, individuals with disabilities, individuals with chronic health conditions, and individuals within racial or ethnic minority groups;

(3) Components that include training in interdisciplinary cooperation between physicians, advanced practice registered nurses, and physician ~~assistants~~ associates in the patient centered medical home model of care, including curricula ensuring that a common conception of a patient centered medical home model of care is provided to medical students, advanced practice registered nurses, physician ~~assistants~~associates, and primary care residents;

(4) Components that include training in preconception care and family planning.

(B) The director may work in association with the medical, nursing, and physician ~~assistant~~ associate schools or programs to identify funding sources to ensure that the curricula developed under division (A) of this section are accessible to medical students, advanced practice registered nursing students, physician ~~assistant~~ associate students, and primary care residents. The director shall consider scholarship options or incentives provided to students in addition to those provided under the choose Ohio first scholarship program operated under section 3333.61 of the Revised Code.

Sec. 3701.941. (A) As part of the patient centered medical home program established under section 3701.94 of the Revised Code, the department of health shall establish a voluntary patient centered medical home certification program.

(B) Each primary care practice, that seeks a patient centered medical home certificate shall submit an application on a form prepared by the department. The department may require an application fee and annual renewal fee as determined by the department. If the department establishes a fee under this section, the fee shall be in an amount that is sufficient to cover the cost of any on-site evaluations conducted by the department or an entity under contract with the department pursuant to section 3701.942 of the Revised Code.

(C) A practice certified under this section shall do all of the following:

(1) Meet any standards developed by national independent accrediting and medical home organizations, as determined by the department;

(2) Develop a systematic follow-up procedure for patients, including the use of health information technology and patient registries;

(3) Implement and maintain health information technology that meets the requirements of 42 U.S.C. 300jj;

(4) Comply with the reporting requirements of section 3701.942 of the Revised Code;

(5) Meet any process, outcome, and quality standards specified by the department of health;

(6) Meet any other requirements established by the department.

(D) The department shall seek to do all of the following through the certification of patient centered medical homes:

(1) Expand, enhance, and encourage the use of primary care

providers, including primary care physicians, advanced practice registered nurses, and physician ~~assistants~~associates, as personal clinicians;

(2) Develop a focus on delivering high-quality, efficient, and effective health care services;

(3) Encourage patient centered care and the provision of care that is appropriate for a patient's race, ethnicity, and language;

(4) Encourage the education and active participation of patients and patients' families or legal guardians, as appropriate, in decision making and care plan development;

(5) Provide patients with consistent, ongoing contact with a personal clinician or team of clinical professionals to ensure continuous and appropriate care;

(6) Ensure that patient centered medical homes develop and maintain appropriate comprehensive care plans for patients with complex or chronic conditions, including an assessment of health risks and chronic conditions;

(7) Ensure that patient centered medical homes plan for transition of care from youth to adult to senior;

(8) Enable and encourage use of a range of qualified health care professionals, including dedicated care coordinators, in a manner that enables those professionals to practice to the fullest extent of their professional licenses.

Sec. 3709.161. (A) The board of health of a city or general health district may procure a policy or policies of insurance insuring the members of the board, the health commissioner, and the employees of the board against liability

on account of damage or injury to persons and property resulting from any act or omission that occurs in the individual's official capacity as a member or employee of the board or resulting solely out of such membership or employment.

(B)(1) As used in this division, "health care professional" means all of the following:

(a) A dentist or dental hygienist licensed under Chapter 4715. of the Revised Code;

(b) A registered nurse or licensed practical nurse licensed under Chapter 4723. of the Revised Code;

(c) A person licensed under Chapter 4729. of the Revised Code to practice as a pharmacist;

(d) A person authorized under Chapter 4730. of the Revised Code to practice as a physician ~~assistant~~associate;

(e) A person authorized under Chapter 4731. of the Revised Code to practice medicine and surgery, osteopathic medicine and surgery, or podiatry;

(f) A psychologist licensed under Chapter 4732. of the Revised Code;

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

(h) A speech-language pathologist or audiologist licensed under Chapter 4753. of the Revised Code;

(i) An occupational therapist, physical therapist, physical therapist assistant, or athletic trainer licensed under Chapter 4755. of the Revised Code;

(j) A licensed professional clinical counselor, licensed

professional counselor, independent social worker, or social worker licensed under Chapter 4757. of the Revised Code;

(k) A dietitian licensed under Chapter 4759. of the Revised Code;

(l) A certified mental health assistant licensed under Chapter 4772. of the Revised Code.

(2) The board of health of a city or general health district may purchase liability insurance for a health care professional with whom the board contracts for the provision of health care services against liability on account of damage or injury to persons and property arising from the health care professional's performance of services under the contract. The policy shall be purchased from an insurance company licensed to do business in this state, if such a policy is available from such a company. The board of health of a city or general health district shall report the cost of the liability insurance policy and subsequent increases in the cost to the director of health on a form prescribed by the director.

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

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

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

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

(4) "Pharmacy intern" means an individual licensed under Chapter 4729. of the Revised Code to practice as a pharmacy intern.

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

(6) "Physician ~~assistant~~associate" means an individual who is licensed under Chapter 4730. of the Revised Code, holds a valid prescriber number issued by the state medical board,—and has been granted physician-delegated prescriptive authority.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(c) Develop a process for monitoring and replenishing the

supply maintained in the automated mechanism;

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

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

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

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

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

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

Sec. 3715.501. (A) Notwithstanding any conflicting provision of the Revised Code or of any rule adopted by the state board of pharmacy, state medical board, or board of nursing, both of the following apply:

(1) A physician, physician ~~assistant~~associate, advanced practice registered nurse, or certified mental health assistant may issue a prescription for an overdose reversal drug, or personally furnish a supply of the drug, without having examined the individual to whom it may be administered. The physician, physician ~~assistant~~associate, advanced practice registered nurse, or certified mental health assistant exercising this authority shall provide, to the individual receiving the prescription or supply, instructions regarding the emergency administration of the drug, including a specific instruction to summon emergency services as necessary.

(2) In the event that a prescription for an overdose reversal drug does not include the name of the individual to whom the drug may be administered, a pharmacist or pharmacy intern may dispense the drug to the individual who received the prescription.

(B)(1) A physician, physician ~~assistant~~associate, advanced practice registered nurse, or certified mental health assistant who in good faith exercises the authority conferred by division (A)(1) of this section is not liable for or subject to any of the following for any act or omission of the individual to whom a prescription for an overdose reversal drug is issued or the supply of such a drug is furnished: damages in any civil action, prosecution in any criminal proceeding, or professional disciplinary action.

(2) A pharmacist or pharmacy intern who in good faith exercises the authority conferred by division (A)(2) of this section is not liable for or subject to any of the following: damages in any civil action, prosecution in any criminal proceeding, or professional disciplinary action.

Sec. 3715.502. (A) A physician, physician ~~assistant~~associate, advanced practice registered nurse, or certified mental health assistant may authorize one or more pharmacists and any of the pharmacy interns supervised by the one or more pharmacists to use a protocol developed pursuant to rules adopted under this section for the purpose of dispensing overdose reversal drugs. If use of the protocol has been authorized, a pharmacist or pharmacy intern may dispense overdose reversal drugs without a prescription to either of the following in accordance with that protocol:

(1) An individual who there is reason to believe is experiencing or at risk of experiencing an opioid-related overdose;

(2) A family member, friend, or other individual in a position to assist an individual who there is reason to believe is at risk of experiencing an opioid-related overdose.

(B) A pharmacist or pharmacy intern who dispenses overdose reversal drugs under this section shall instruct the individual to whom the drugs are dispensed to summon emergency services as soon as practicable either before or after administering the drugs.

(C) A pharmacist may document on a prescription form the dispensing of overdose reversal drugs by the pharmacist or a pharmacy intern supervised by the pharmacist. The form may be assigned a number for recordkeeping purposes.

(D) This section does not affect the authority of a pharmacist or pharmacy intern to fill or refill a prescription for overdose reversal drugs.

(E) A physician, physician ~~assistant~~associate, advanced

practice registered nurse, or certified mental health assistant who in good faith authorizes a pharmacist or pharmacy intern to dispense overdose reversal drugs without a prescription, as provided in this section, is not liable for or subject to any of the following for any act or omission of the individual to whom the drugs are dispensed: damages in any civil action, prosecution in any criminal proceeding, or professional disciplinary action.

A pharmacist or pharmacy intern authorized under this section to dispense overdose reversal drugs without a prescription who does so in good faith is not liable for or subject to any of the following for any act or omission of the individual to whom the drugs are dispensed: damages in any civil action, prosecution in any criminal proceeding, or professional disciplinary action.

(F) The state board of pharmacy, after consulting with the state medical board and board of nursing, shall adopt rules to implement this section. The rules shall specify a protocol under which pharmacists or pharmacy interns may dispense overdose reversal drugs without a prescription.

All rules adopted under this section shall be adopted in accordance with Chapter 119. of the Revised Code.

(G)(1) The state board of pharmacy shall develop a program to educate all of the following about the authority of a pharmacist or pharmacy intern to dispense overdose reversal drugs without a prescription:

(a) Holders of licenses issued under Chapter 4729. of the Revised Code that engage in the sale or dispensing of overdose reversal drugs pursuant to this section;

(b) Registered pharmacy technicians, certified pharmacy technicians, and pharmacy technician trainees registered under Chapter 4729. of the Revised Code who engage in the sale of overdose reversal drugs pursuant to this section;

(c) Individuals who are not licensed or registered under Chapter 4729. of the Revised Code but are employed by license holders described in division (G)(1)(a) of this section.

(2) As part of the program, the board also shall educate the license holders, pharmacy technicians, and employees described in division (G)(1) of this section about maintaining an adequate supply of overdose reversal drugs and methods for determining a pharmacy's stock of such drugs.

(3) The board may use its web site to share information under the program.

Sec. 3715.503. (A) In addition to the actions authorized by section 3715.50 of the Revised Code and subject to division (B) of this section, a physician, physician ~~assistant~~associate, advanced practice registered nurse, or certified mental health assistant may elect to establish a protocol authorizing any individual to personally furnish a supply of an overdose reversal drug to another individual pursuant to the protocol. A person authorized to personally furnish an overdose reversal drug pursuant to the protocol may do so without having examined the individual to whom the drug may be administered.

(B) A protocol established by a physician, physician ~~assistant~~associate, advanced practice registered nurse, or certified mental health assistant for purposes of this section shall include all of the following:

(1) Any limitations to be applied concerning the

individuals to whom the overdose reversal drug may be personally furnished;

(2) The overdose reversal drug dosage that may be personally furnished and any variation in the dosage based on circumstances specified in the protocol;

(3) Any labeling, storage, recordkeeping, and administrative requirements;

(4) Training requirements that must be met before a person will be authorized to personally furnish overdose reversal drugs;

(5) Any instructions or training that the authorized person must provide to an individual to whom an overdose reversal drug is personally furnished.

(C) A physician, physician ~~assistant~~associate, advanced practice registered nurse, or certified mental health assistant who in good faith authorizes an individual to personally furnish a supply of an overdose reversal drug in accordance with a protocol established under this section, and an individual who in good faith personally furnishes a supply under that authority, is not liable for or subject to any of the following for any act or omission of the individual to whom the overdose reversal drug is personally furnished: damages in any civil action, prosecution in any criminal proceeding, or professional disciplinary action.

Sec. 3715.872. (A) As used in this section, "health care professional" means any of the following who provide medical, dental, or other health-related diagnosis, care, or treatment:

(1) Individuals authorized under Chapter 4731. of the Revised Code to practice medicine and surgery, osteopathic

medicine and surgery, or podiatric medicine and surgery;

(2) Registered nurses licensed under Chapter 4723. of the Revised Code, including advanced practice registered nurses, and licensed practical nurses licensed under that chapter;

(3) Physician ~~assistants~~ associates licensed under Chapter 4730. of the Revised Code;

(4) Dentists and dental hygienists licensed under Chapter 4715. of the Revised Code;

(5) Optometrists licensed under Chapter 4725. of the Revised Code;

(6) Pharmacists licensed under Chapter 4729. of the Revised Code;

(7) Certified mental health assistants licensed under Chapter 4772. of the Revised Code.

(B) For matters related to activities conducted under the drug repository program, all of the following apply:

(1) A pharmacy, drug manufacturer, health care facility, or other person or government entity that donates or gives drugs to the program, and any person or government entity that facilitates the donation or gift, shall not be subject to liability in tort or other civil action for injury, death, or loss to person or property.

(2) A pharmacy, hospital, or nonprofit clinic that accepts or distributes drugs under the program shall not be subject to liability in tort or other civil action for injury, death, or loss to person or property, unless an action or omission of the pharmacy, hospital, or nonprofit clinic constitutes willful and wanton misconduct.

(3) A health care professional who accepts, dispenses, or personally furnishes drugs under the program on behalf of a pharmacy, hospital, or nonprofit clinic participating in the program, and the pharmacy, hospital, or nonprofit clinic that employs or otherwise uses the services of the health care professional, shall not be subject to liability in tort or other civil action for injury, death, or loss to person or property, unless an action or omission of the health care professional, pharmacy, hospital, or nonprofit clinic constitutes willful and wanton misconduct.

(4) The state board of pharmacy shall not be subject to liability in tort or other civil action for injury, death, or loss to person or property, unless an action or omission of the board constitutes willful and wanton misconduct.

(5) In addition to the civil immunity granted under division (B)(1) of this section, a pharmacy, drug manufacturer, health care facility, or other person or government entity that donates or gives drugs to the program, and any person or government entity that facilitates the donation or gift, shall not be subject to criminal prosecution for matters related to activities that it conducts or another party conducts under the program, unless an action or omission of the party that donates, gives, or facilitates the donation or gift of the drugs does not comply with the provisions of this chapter or the rules adopted under it.

(6) In the case of a drug manufacturer, the immunities from civil liability and criminal prosecution granted to another party under divisions (B)(1) and (5) of this section extend to the manufacturer when any drug it manufactures is the subject of an activity conducted under the program. This extension of

immunities includes, but is not limited to, immunity from liability or prosecution for failure to transfer or communicate product or consumer information or the expiration date of a drug that is donated or given.

Sec. 3719.06. (A)(1) A licensed health professional authorized to prescribe drugs, if acting in the course of professional practice, in accordance with the laws regulating the professional's practice, and in accordance with rules adopted by the state board of pharmacy, may, except as provided in division (A)(2), (3), or (4) of this section, do the following:

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

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

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

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

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

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

(3) A licensed health professional authorized to prescribe

drugs who is a physician ~~assistant~~ associate is subject to all of the following:

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

(b) A schedule II controlled substance may be prescribed only in accordance with division (B)(4) of section 4730.41 and section 4730.411 of the Revised Code.

(c) No schedule II controlled substance shall be personally furnished to any patient.

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

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

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

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

(C) When issuing a prescription for a schedule II

controlled substance, a licensed health professional authorized to prescribe drugs shall do so only upon an electronic prescription, except that the prescriber may issue a written prescription if any of the following apply:

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

(2) The prescription is issued for a nursing home resident or hospice care patient.

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

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

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

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

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

(D) Each written or electronic prescription for a controlled substance shall be properly executed, dated, and signed by the prescriber on the day when issued and shall bear the full name and address of the person for whom, or the owner of the animal for which, the controlled substance is prescribed

and the full name, address, and registry number under the federal drug abuse control laws of the prescriber. If the prescription is for an animal, it shall state the species of the animal for which the controlled substance is prescribed.

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

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

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

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

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

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

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

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

(B) Before initiating medication-assisted treatment, a prescriber shall give the patient or the patient's

representative information about all drugs approved by the United States food and drug administration for use in medication-assisted treatment. The information must be provided both orally and in writing. The prescriber or the prescriber's delegate shall note in the patient's medical record when this information was provided and make the record available to employees of the board of nursing or state medical board on their request.

If the prescriber is not a qualifying practitioner and the patient's choice is opioid treatment and the prescriber determines that such treatment is clinically appropriate and meets generally accepted standards of medicine, the prescriber shall refer the patient to an opioid treatment program licensed under section 5119.37 of the Revised Code or a qualifying practitioner. The prescriber or the prescriber's delegate shall make a notation in the patient's medical record naming the program or practitioner to whom the patient was referred and specifying when the referral was made.

Sec. 3719.12. As used in this section, "prosecutor" has the same meaning as in section 2935.01 of the Revised Code.

Unless a report has been made pursuant to section 2929.42 of the Revised Code, on the conviction of a manufacturer, wholesaler, outsourcing facility, third-party logistics provider, repackager of dangerous drugs, terminal distributor of dangerous drugs, pharmacist, pharmacy intern, registered pharmacy technician, certified pharmacy technician, pharmacy technician trainee, dentist, chiropractor, physician, podiatrist, registered nurse, licensed practical nurse, physician ~~assistant~~associate, optometrist, or veterinarian of the violation of this chapter or Chapter 2925. of the Revised

Code, the prosecutor in the case promptly shall report the conviction to the board that licensed, certified, or registered the person to practice or to carry on business. The responsible board shall provide forms to the prosecutor. Within thirty days of the receipt of this information, the board shall initiate action in accordance with Chapter 119. of the Revised Code to determine whether to suspend or revoke the person's license, certificate, or registration.

Sec. 3719.121. (A) Except as otherwise provided in section 4723.28, 4723.35, 4730.25, 4731.22, 4734.39, 4734.41, or 4772.20 of the Revised Code, the license, certificate, or registration of any dentist, chiropractor, physician, podiatrist, registered nurse, advanced practice registered nurse, licensed practical nurse, physician ~~assistant~~associate, pharmacist, pharmacy intern, pharmacy technician trainee, registered pharmacy technician, certified pharmacy technician, optometrist, veterinarian, or certified mental health assistant who is or becomes addicted to the use of controlled substances shall be suspended by the board that authorized the person's license, certificate, or registration until the person offers satisfactory proof to the board that the person no longer is addicted to the use of controlled substances.

(B) If the board under which a person has been issued a license, certificate, or evidence of registration determines that there is clear and convincing evidence that continuation of the person's professional practice or method of administering, prescribing, preparing, distributing, dispensing, or personally furnishing controlled substances or other dangerous drugs presents a danger of immediate and serious harm to others, the board may suspend the person's license, certificate, or registration without a hearing. Except as otherwise provided in

sections 4715.30, 4723.281, 4729.16, 4730.25, 4731.22, 4734.36, and 4772.20 of the Revised Code, the board shall follow the procedure for suspension without a prior hearing in section 119.07 of the Revised Code. The suspension shall remain in effect, unless removed by the board, until the board's final adjudication order becomes effective, except that if the board does not issue its final adjudication order within ninety days after the hearing, the suspension shall be void on the ninety-first day after the hearing.

(C) On receiving notification pursuant to section 2929.42 or 3719.12 of the Revised Code, the board under which a person has been issued a license, certificate, or evidence of registration immediately shall suspend the license, certificate, or registration of that person on a plea of guilty to, a finding by a jury or court of the person's guilt of, or conviction of a felony drug abuse offense; a finding by a court of the person's eligibility for intervention in lieu of conviction; a plea of guilty to, or a finding by a jury or court of the person's guilt of, or the person's conviction of an offense in another jurisdiction that is essentially the same as a felony drug abuse offense; or a finding by a court of the person's eligibility for treatment or intervention in lieu of conviction in another jurisdiction. The board shall notify the holder of the license, certificate, or registration of the suspension, which shall remain in effect until the board holds an adjudicatory hearing under Chapter 119. of the Revised Code.

Sec. 3719.81. (A) As used in this section, "sample drug" has the same meaning as in section 2925.01 of the Revised Code.

(B) A person may furnish another a sample drug, if all of the following apply:

(1) The sample drug is furnished free of charge by a manufacturer, manufacturer's representative, or wholesale dealer in pharmaceuticals to a licensed health professional authorized to prescribe drugs, or is furnished free of charge by such a professional to a patient for use as medication;

(2) The sample drug is in the original container in which it was placed by the manufacturer, and the container is plainly marked as a sample;

(3) Prior to its being furnished, the sample drug has been stored under the proper conditions to prevent its deterioration or contamination;

(4) If the sample drug is of a type which deteriorates with time, the sample container is plainly marked with the date beyond which the sample drug is unsafe to use, and the date has not expired on the sample furnished. Compliance with the labeling requirements of the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301, as amended, shall be deemed compliance with this section.

(5) The sample drug is distributed, stored, or discarded in such a way that the sample drug may not be acquired or used by any unauthorized person, or by any person, including a child, for whom it may present a health or safety hazard.

(C) Division (B) of this section does not do any of the following:

(1) Apply to or restrict the furnishing of any sample of a nonnarcotic substance if the substance may, under the "Federal Food, Drug, and Cosmetic Act" and under the laws of this state, otherwise be lawfully sold over the counter without a prescription;

(2) Authorize a licensed health professional authorized to prescribe drugs who is a clinical nurse specialist, certified nurse-midwife, certified nurse practitioner, optometrist, physician ~~assistant~~associate, or certified mental health assistant to furnish a sample drug that is not a drug the professional is authorized to prescribe.

(3) Prohibit a licensed health professional authorized to prescribe drugs, manufacturer of dangerous drugs, wholesale distributor of dangerous drugs, or representative of a manufacturer of dangerous drugs from furnishing a sample drug to a charitable pharmacy in accordance with section 3719.811 of the Revised Code.

(4) Prohibit a pharmacist working, whether or not for compensation, in a charitable pharmacy from dispensing a sample drug to a person in accordance with section 3719.811 of the Revised Code.

(D) The state board of pharmacy shall, in accordance with Chapter 119. of the Revised Code, adopt rules as necessary to give effect to this section.

Sec. 3721.21. As used in sections 3721.21 to 3721.34 of the Revised Code:

(A) "Long-term care facility" means either of the following:

(1) A nursing home as defined in section 3721.01 of the Revised Code;

(2) A facility or part of a facility that is certified as a skilled nursing facility or a nursing facility under Title XVIII or XIX of the "Social Security Act."

(B) "Residential care facility" has the same meaning as in section 3721.01 of the Revised Code.

(C) "Abuse" means any of the following:

(1) Physical abuse;

(2) Psychological abuse;

(3) Sexual abuse.

(D) "Neglect" means recklessly failing to provide a resident with any treatment, care, goods, or service necessary to maintain the health or safety of the resident when the failure results in serious physical harm to the resident. "Neglect" does not include allowing a resident, at the resident's option, to receive only treatment by spiritual means through prayer in accordance with the tenets of a recognized religious denomination.

(E) "Exploitation" means taking advantage of a resident, regardless of whether the action was for personal gain, whether the resident knew of the action, or whether the resident was harmed.

(F) "Misappropriation" means depriving, defrauding, or otherwise obtaining the real or personal property of a resident by any means prohibited by the Revised Code, including violations of Chapter 2911. or 2913. of the Revised Code.

(G) "Resident" includes a resident, patient, former resident or patient, or deceased resident or patient of a long-term care facility or a residential care facility.

(H) "Physical abuse" means knowingly causing physical harm or recklessly causing serious physical harm to a resident through either of the following:

(1) Physical contact with the resident;

(2) The use of physical restraint, chemical restraint, medication that does not constitute a chemical restraint, or isolation, if the restraint, medication, or isolation is excessive, for punishment, for staff convenience, a substitute for treatment, or in an amount that precludes habilitation and treatment.

(I) "Psychological abuse" means knowingly or recklessly causing psychological harm to a resident, whether verbally or by action.

(J) "Sexual abuse" means sexual conduct or sexual contact with a resident, as those terms are defined in section 2907.01 of the Revised Code.

(K) "Physical restraint" has the same meaning as in section 3721.10 of the Revised Code.

(L) "Chemical restraint" has the same meaning as in section 3721.10 of the Revised Code.

(M) "Nursing and nursing-related services" means the personal care services and other services not constituting skilled nursing care that are specified in rules the director of health shall adopt in accordance with Chapter 119. of the Revised Code.

(N) "Personal care services" has the same meaning as in section 3721.01 of the Revised Code.

(O)(1) Except as provided in division (O)(2) of this section, "nurse aide" means an individual who provides nursing and nursing-related services to residents in a long-term care facility, either as a member of the staff of the facility for

monetary compensation or as a volunteer without monetary compensation.

(2) "Nurse aide" does not include either of the following:

(a) A licensed health professional practicing within the scope of the professional's license;

(b) An individual providing nursing and nursing-related services in a religious nonmedical health care institution, if the individual has been trained in the principles of nonmedical care and is recognized by the institution as being competent in the administration of care within the religious tenets practiced by the residents of the institution.

(P) "Licensed health professional" means all of the following:

(1) An occupational therapist or occupational therapy assistant licensed under Chapter 4755. of the Revised Code;

(2) A physical therapist or physical therapy assistant licensed under Chapter 4755. of the Revised Code;

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

(4) A physician ~~assistant~~ associate authorized under Chapter 4730. of the Revised Code to practice as a physician ~~assistant~~associate;

(5) A registered nurse licensed under Chapter 4723. of the Revised Code, including an advanced practice registered nurse, or a licensed practical nurse licensed under that chapter;

(6) A social worker or independent social worker licensed

under Chapter 4757. of the Revised Code or a social work assistant registered under that chapter;

(7) A speech-language pathologist or audiologist licensed under Chapter 4753. of the Revised Code;

(8) A dentist or dental hygienist licensed under Chapter 4715. of the Revised Code;

(9) An optometrist licensed under Chapter 4725. of the Revised Code;

(10) A pharmacist licensed under Chapter 4729. of the Revised Code;

(11) A psychologist licensed under Chapter 4732. of the Revised Code;

(12) A chiropractor licensed under Chapter 4734. of the Revised Code;

(13) A nursing home administrator licensed or temporarily licensed under Chapter 4751. of the Revised Code;

(14) A licensed professional counselor or licensed professional clinical counselor licensed under Chapter 4757. of the Revised Code;

(15) A marriage and family therapist or independent marriage and family therapist licensed under Chapter 4757. of the Revised Code.

(Q) "Religious nonmedical health care institution" means an institution that meets or exceeds the conditions to receive payment under the medicare program established under Title XVIII of the "Social Security Act" for inpatient hospital services or post-hospital extended care services furnished to an individual

in a religious nonmedical health care institution, as defined in section 1861(ss)(1) of the "Social Security Act," 79 Stat. 286 (1965), 42 U.S.C. 1395x(ss)(1), as amended.

(R) "Competency evaluation program" means a program through which the competency of a nurse aide to provide nursing and nursing-related services is evaluated.

(S) "Training and competency evaluation program" means a program of nurse aide training and evaluation of competency to provide nursing and nursing-related services.

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

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

(2) "Podiatrist" means an individual authorized to practice podiatric medicine and surgery.

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

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

(b) A dentist who is a member of the hospital's medical staff;

(c) A podiatrist who is a member of the hospital's medical staff;

(d) A clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner if all of the following conditions are met:

(i) 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;

(ii) The patient will be under the medical supervision of the collaborating doctor or podiatrist;

(iii) The hospital has granted the clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner admitting privileges and appropriate credentials.

(e) A physician ~~assistant~~ associate if all of the following conditions are met:

(i) The physician ~~assistant~~ associate is listed on a supervision agreement entered into under section 4730.19 of the Revised Code for a doctor or podiatrist who is a member of the hospital's medical staff.

(ii) The patient will be under the medical supervision of the supervising doctor or podiatrist.

(iii) The hospital has granted the physician ~~assistant~~ associate admitting privileges and appropriate credentials.

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

(C) All hospital patients shall be under the medical supervision of a doctor, except that services that may be rendered by a licensed dentist pursuant to Chapter 4715. of the Revised Code provided to patients admitted solely for the purpose of receiving such services shall be under the

supervision of the admitting dentist and that services that may be rendered by a podiatrist pursuant to section 4731.51 of the Revised Code provided to patients admitted solely for the purpose of receiving such services shall be under the supervision of the admitting podiatrist. If treatment not within the scope of Chapter 4715. or section 4731.51 of the Revised Code is required at the time of admission by a dentist or podiatrist, or becomes necessary during the course of hospital treatment by a dentist or podiatrist, such treatment shall be under the supervision of a doctor who is a member of the medical staff. It shall be the responsibility of the admitting dentist or podiatrist to make arrangements with a doctor who is a member of the medical staff to be responsible for the patient's treatment outside the scope of Chapter 4715. or section 4731.51 of the Revised Code when necessary during the patient's stay in the hospital.

Sec. 3728.01. As used in this chapter:

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

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

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

(1) A clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner who holds a certificate to prescribe issued under section 4723.48 of the Revised Code;

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

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

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

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

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

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

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

Sec. 3792.05. (A) As used in this section and section 3792.06 of the Revised Code:

(1) "Advocate" means an individual who advocates on behalf of a congregate care setting patient or resident. An advocate may include but is not limited to any of the following:

(a) The patient's or resident's spouse, family member, companion, or guardian;

(b) In the case of a minor patient or resident, the minor's residential parent and legal custodian or the minor's guardian;

(c) An individual designated as an attorney in fact for the patient or resident under a durable power of attorney for health care as described in section 1337.12 of the Revised Code;

(d) An individual appointed by a court to act as the patient's or resident's guardian.

(2) "Congregate care setting" includes all of the following:

(a) A county home or district home operated under Chapter 5155. of the Revised Code;

(b) A health care facility, as defined in section 3702.30 of the Revised Code;

(c) A hospice care program or pediatric respite care program, each as defined in section 3712.01 of the Revised Code, but only when providing care and services other than in a home;

(d) A hospital, as defined in section 3722.01 of the Revised Code;

(e) A hospital, as defined in section 5119.01 of the

Revised Code;

(f) A nursing home, residential care facility, or home for the aging, each as defined in section 3721.01 of the Revised Code;

(g) A residential facility, as defined in section 5123.19 of the Revised Code;

(h) A veterans' home operated under Chapter 5907. of the Revised Code.

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

(4) "Political subdivision" means a county, township, municipal corporation, school district, or other body corporate and politic responsible for governmental activities in a geographic area smaller than that of the state. "Political subdivision" also includes a board of health of a city or general health district.

(5) "Practitioner" includes all of the following:

(a) A certified nurse-midwife, clinical nurse specialist, or certified nurse practitioner, each as defined in section 4723.01 of the Revised Code;

(b) A physician;

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

(d) A psychologist, as defined in section 4732.01 of the Revised Code.

(6) "Public official" means any officer, employee, or duly authorized representative or agent of a political subdivision or state agency.

(7) "State agency" means every organized body, office, agency, institution, or other entity established by the laws of the state for the exercise of any function of state government. "State agency" does not include a court.

(B)(1) At the time of a patient's or resident's admission to a congregate care setting or at first opportunity after admission, the congregate care setting shall do both of the following:

(a) Inform the patient or resident that the patient or resident may designate an individual to serve as the patient's or resident's advocate;

(b) Except as provided in division (B)(2) of this section, provide the patient or resident the opportunity to make such a designation.

(2) In the case of an individual described in division (A)(1)(b), (c), or (d) of this section, the congregate care setting shall consider the individual to be a patient's or resident's advocate without the patient or resident having to make such a designation.

(3) An individual described in division (A)(1) of this section is ineligible to act as a patient's or resident's advocate if any of the following is the case:

(a) There has been an adjudicated finding that the individual abused the patient or resident.

(b) The congregate care setting has determined that the

individual poses a serious risk to the patient's or resident's physical health.

(c) The individual is excluded from visiting or communicating with the patient or resident as described in division (F)(2)(i) of Rule 66.09 of the Rules of Superintendence for the Courts of Ohio.

(4) At any time, a patient or resident may revoke an individual's designation as an advocate by communicating the revocation to a congregate care setting staff member. After revocation, a patient or resident may designate another individual to serve as the patient's or resident's advocate.

(5) Division (B)(1) of this section does not require a congregate care setting to employ, or contract with, an individual to serve as an advocate for the care setting's patients or residents.

(C) After an advocate has been designated, the advocate shall not do either of the following:

(1) Physically interfere with, delay, or obstruct the provision of any health care to which any of the following has consented: the patient or resident; in the case of a minor patient or resident, the minor's residential parent and legal custodian or the minor's guardian; the patient's or resident's attorney in fact under a durable power of attorney for health care; or the patient's or resident's court-appointed guardian;

(2) Engage in conduct prohibited under Title XXIX of the Revised Code, including as described in sections 2903.13, 2903.22, and 2917.22 of the Revised Code, against a staff member or licensed health care practitioner who is employed by, or under contract with, the congregate care setting.

(D) After an advocate has been designated, all of the following apply to the congregate care setting:

(1) The congregate care setting shall request from the patient or resident consent to the disclosure of the patient's or resident's medical information to the advocate, except that, when applicable, the care setting instead shall request such consent from one of the following individuals: the patient's or resident's attorney in fact under a durable power of attorney; the patient's or resident's court-appointed guardian; or, in the case of a minor patient or resident, the minor's residential parent and legal custodian or the minor's guardian.

Both the request and disclosure shall be made in accordance with the care setting's policies and state and federal law. If consent to the disclosure is refused, the care setting shall not disclose the patient's or resident's medical information to the advocate.

(2)(a) Except as provided in division (D)(2)(b) of this section, the congregate care setting shall neither deny the patient or resident access to the advocate nor prohibit the patient's or resident's advocate from being physically present with the patient or resident in the care setting during either of the following:

(i) Any public health emergency;

(ii) The period in which an order or rule issued under division (C) of section 3701.13 of the Revised Code or section 3701.14, 3709.20, or 3709.21 of the Revised Code remains in effect.

At all other times, and except as provided in division (D)(2)(b) of this section, the care setting shall make every

reasonable effort to allow the patient's or resident's advocate to be physically present with the patient or resident in the care setting.

(b) Division (D)(2)(a) of this section does not apply if any of the following is the case:

(i) The patient or resident requests that the advocate not be present.

(ii) The advocate has violated either or both of the prohibitions described in division (C) of this section.

(iii) The patient or resident is participating in a group therapy session.

(iv) For the purpose of identifying possible abuse or neglect of a patient or resident, the care setting separates, in a manner consistent with standard operating procedures, the advocate from the patient or resident. The separation shall be temporary and last no longer than is necessary to identify abuse or neglect.

(c) For purposes of division (D)(2)(a) of this section, patient or resident access to an advocate includes access on-site at the care setting itself and off-site through a means of telecommunication provided to the patient or resident. Off-site access through a means of telecommunication shall be provided at no cost to the patient or resident.

(3) If the advocate violates either or both of the prohibitions described in division (C) of this section, the advocate shall be ineligible to serve as the patient's or resident's advocate, the individual's designation as an advocate shall become void, and the congregate care setting shall no longer consider that individual to be the patient's or

resident's advocate. As soon as practicable, the care setting shall provide the patient or resident with an opportunity to designate another individual to serve as the patient's or resident's advocate.

(E)(1) With respect to a congregate care setting that is a hospital or health care facility, division (D)(2)(a) of this section does not change or countermand any hospital or facility policy relating to the isolation of a patient during an invasive procedure, in particular, a policy under which the health care practitioner performing or overseeing such a procedure may determine that a sterile environment is required during the procedure in order to protect patient safety.

(2) When a patient or resident of a congregate care setting has a highly infectious disease requiring special isolation precautions, division (D)(2)(a) of this section does not prevent the care setting from establishing, in order to minimize the disease's spread, a reasonable protocol governing the use of personal protective equipment in the care setting. The protocol's requirements must not be more restrictive for advocates than for care setting staff.

Under the protocol, an advocate is exempt from using personal protective equipment while in the care setting if the advocate presents to the care setting a practitioner's note documenting that such use conflicts with, or is not required because of, the advocate's own physical or mental health condition.

(3) In the event an infectious disease outbreak is serious enough to require the staff of a congregate care setting that is a hospital or health care facility to quarantine, then a patient's advocate shall be allowed to quarantine with the

patient at the hospital or facility. The length of quarantine and quarantine requirements must not be more restrictive for advocates than for hospital or facility staff.

(F)(1) A congregate care setting shall be immune from administrative and civil liability if a patient's or resident's advocate contracts, as a result of serving as the advocate, an infectious disease other than a foodborne disease.

(2) Division (F)(1) of this section does not grant a congregate care setting that is a hospital or health care facility immunity from a claim of negligence or medical malpractice for any care provided to the advocate should the advocate seek treatment at the hospital or facility for the infectious disease described in division (F)(1) of this section.

(G) A political subdivision, public official, or state agency shall not issue any order or rule that would require a congregate care setting to violate this section.

(H) Either of the following individuals may petition a court of common pleas for injunctive relief restraining a violation or threatened violation of this section:

(1) A patient or resident;

(2) A patient's or resident's advocate, but only if the advocate is one of the following: the patient's or resident's immediate family member, spouse, or guardian; in the case of a minor patient or resident, the minor's residential parent and legal custodian or the minor's guardian; or the patient's or resident's attorney in fact under a durable power of attorney for health care.

If the individual prevails, the court shall award the individual court costs associated with petitioning the court for

injunctive relief.

(I) Nothing in this section shall be construed to change, interfere with, or restrict any of the rights and duties described in sections 1337.11 to 1337.17 of the Revised Code.

Sec. 3795.01. As used in sections 3795.01, 3795.02, and 3795.03 of the Revised Code:

(A) "Assist suicide" or "assisting suicide" means knowingly doing either of the following, with the purpose of helping another person to commit or attempt suicide:

(1) Providing the physical means by which the person commits or attempts to commit suicide;

(2) Participating in a physical act by which the person commits or attempts to commit suicide.

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

(C) "CPR" has the same meaning as in section 2133.21 of the Revised Code.

(D) "Health care" means any care, treatment, service, or procedure to maintain, diagnose, or treat a person's physical or mental condition.

(E) "Health care decision" means informed consent, refusal to give informed consent, or withdrawal of informed consent to health care.

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

(1) A hospital;

(2) A hospice care program or pediatric respite care

program as defined in section 3712.01 of the Revised Code;

(3) A nursing home;

(4) A home health agency;

(5) An intermediate care facility for individuals with intellectual disabilities.

(G) "Health care personnel" means physicians, nurses, physician ~~assistants~~associates, emergency medical technicians-basic, emergency medical technicians-intermediate, emergency medical technicians-paramedic, medical technicians, dietitians, other authorized persons acting under the direction of an attending physician, and administrators of health care facilities.

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

Sec. 3919.29. No corporation, company, or association organized under section 3919.01 of the Revised Code shall issue a certificate or policy to any person, until such person has first been subjected to a thorough medical examination by a physician, a physician ~~assistant~~associate, a clinical nurse specialist, a certified nurse practitioner, or a certified nurse-midwife and found to be a good risk, nor shall it issue a certificate or policy to any person above the age of sixty-five years or under the age of fifteen years. Any written documentation of the physical examination shall be completed by the individual who conducted the examination.

This section, in respect to the age and medical examination of persons to whom certificates or policies may issue, does not apply to such corporations, companies, or

associations doing purely accident business.

Sec. 3963.01. As used in this chapter:

(A) "Affiliate" means any person or entity that has ownership or control of a contracting entity, is owned or controlled by a contracting entity, or is under common ownership or control with a contracting entity.

(B) "Basic health care services" has the same meaning as in division (A) of section 1751.01 of the Revised Code, except that it does not include any services listed in that division that are provided by a pharmacist or nursing home.

(C) "Covered vision services" means vision care services or vision care materials for which a reimbursement is available under an enrollee's health care contract, or for which a reimbursement would be available but for the application of contractual limitations, such as a deductible, copayment, coinsurance, waiting period, annual or lifetime maximum, frequency limitation, alternative benefit payment, or any other limitation.

(D) "Contracting entity" means any person that has a primary business purpose of contracting with participating providers for the delivery of health care services.

(E) "Covered dental services" means dental care services for which reimbursement is available under an enrollee's health care contract, or for which a reimbursement would be available but for the application of contractual limitations, such as a deductible, copayment, coinsurance, waiting period, annual or lifetime maximum, frequency limitation, alternative benefit payment, or any other limitation.

(F) "Credentialing" means the process of assessing and

validating the qualifications of a provider applying to be approved by a contracting entity to provide basic health care services, specialty health care services, or supplemental health care services to enrollees.

(G) "Dental care provider" means a dentist licensed under Chapter 4715. of the Revised Code. "Dental care provider" does not include a dental hygienist licensed under Chapter 4715. of the Revised Code.

(H) "Edit" means adjusting one or more procedure codes billed by a participating provider on a claim for payment or a practice that results in any of the following:

(1) Payment for some, but not all of the procedure codes originally billed by a participating provider;

(2) Payment for a different procedure code than the procedure code originally billed by a participating provider;

(3) A reduced payment as a result of services provided to an enrollee that are claimed under more than one procedure code on the same service date.

(I) "Electronic claims transport" means to accept and digitize claims or to accept claims already digitized, to place those claims into a format that complies with the electronic transaction standards issued by the United States department of health and human services pursuant to the "Health Insurance Portability and Accountability Act of 1996," 110 Stat. 1955, 42 U.S.C. 1320d, et seq., as those electronic standards are applicable to the parties and as those electronic standards are updated from time to time, and to electronically transmit those claims to the appropriate contracting entity, payer, or third-party administrator.

(J) "Enrollee" means any person eligible for health care benefits under a health benefit plan, including an eligible recipient of medicaid, and includes all of the following terms:

(1) "Enrollee" and "subscriber" as defined by section 1751.01 of the Revised Code;

(2) "Member" as defined by section 1739.01 of the Revised Code;

(3) "Insured" and "plan member" pursuant to Chapter 3923. of the Revised Code;

(4) "Beneficiary" as defined by section 3901.38 of the Revised Code.

(K) "Health care contract" means a contract entered into, materially amended, or renewed between a contracting entity and a participating provider for the delivery of basic health care services, specialty health care services, or supplemental health care services to enrollees.

(L) "Health care services" means basic health care services, specialty health care services, and supplemental health care services.

(M) "Material amendment" means an amendment to a health care contract that decreases the participating provider's payment or compensation, changes the administrative procedures in a way that may reasonably be expected to significantly increase the provider's administrative expenses, or adds a new product. A material amendment does not include any of the following:

(1) A decrease in payment or compensation resulting solely from a change in a published fee schedule upon which the payment

or compensation is based and the date of applicability is clearly identified in the contract;

(2) A decrease in payment or compensation that was anticipated under the terms of the contract, if the amount and date of applicability of the decrease is clearly identified in the contract;

(3) An administrative change that may significantly increase the provider's administrative expense, the specific applicability of which is clearly identified in the contract;

(4) Changes to an existing prior authorization, precertification, notification, or referral program that do not substantially increase the provider's administrative expense;

(5) Changes to an edit program or to specific edits if the participating provider is provided notice of the changes pursuant to division (A)(1) of section 3963.04 of the Revised Code and the notice includes information sufficient for the provider to determine the effect of the change;

(6) Changes to a health care contract described in division (B) of section 3963.04 of the Revised Code.

(N) "Participating provider" means a provider that has a health care contract with a contracting entity and is entitled to reimbursement for health care services rendered to an enrollee under the health care contract.

(O) "Payer" means any person that assumes the financial risk for the payment of claims under a health care contract or the reimbursement for health care services provided to enrollees by participating providers pursuant to a health care contract.

(P) "Primary enrollee" means a person who is responsible

for making payments for participation in a health care plan or an enrollee whose employment or other status is the basis of eligibility for enrollment in a health care plan.

(Q) "Procedure codes" includes the American medical association's current procedural terminology code, the American dental association's current dental terminology, and the centers for medicare and medicaid services health care common procedure coding system.

(R) "Product" means one of the following types of categories of coverage for which a participating provider may be obligated to provide health care services pursuant to a health care contract:

(1) A health maintenance organization or other product provided by a health insuring corporation;

(2) A preferred provider organization;

(3) Medicare;

(4) Medicaid;

(5) Workers' compensation.

(S) "Provider" means a physician, podiatrist, dentist, chiropractor, optometrist, psychologist, physician ~~assistant~~associate, advanced practice registered nurse, occupational therapist, massage therapist, physical therapist, licensed professional counselor, licensed professional clinical counselor, hearing aid dealer, orthotist, prosthetist, home health agency, hospice care program, pediatric respite care program, or hospital, or a provider organization or physician-hospital organization that is acting exclusively as an administrator on behalf of a provider to facilitate the

provider's participation in health care contracts.

"Provider" does not mean either of the following:

(1) A nursing home;

(2) A provider organization or physician-hospital organization that leases the provider organization's or physician-hospital organization's network to a third party or contracts directly with employers or health and welfare funds.

(T) "Specialty health care services" has the same meaning as in section 1751.01 of the Revised Code, except that it does not include any services listed in division (B) of section 1751.01 of the Revised Code that are provided by a pharmacist or a nursing home.

(U) "Supplemental health care services" has the same meaning as in division (B) of section 1751.01 of the Revised Code, except that it does not include any services listed in that division that are provided by a pharmacist or nursing home.

(V) "Vision care materials" includes lenses, devices containing lenses, prisms, lens treatments and coatings, contact lenses, orthopics, vision training, and any prosthetic device necessary to correct, relieve, or treat any defect or abnormal condition of the human eye or its adnexa.

(W) "Vision care provider" means either of the following:

(1) An optometrist licensed under Chapter 4725. of the Revised Code;

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

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

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

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

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

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

(d) Uses portable oxygen;

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

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

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

(2) "Organization" means any private organization or corporation, or any governmental board, agency, department, division, or office, that, as part of its business or program, transports persons with disabilities that limit or impair the ability to walk on a regular basis in a motor vehicle that has

not been altered for the purpose of providing it with accessible equipment for use by persons with disabilities. This definition does not apply to division (I) of this section.

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

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

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

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

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

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

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

(B)(1) An organization, or a person with a disability that

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

(2) When an organization, a person with a disability that limits or impairs the ability to walk, or a person who does not have a disability that limits or impairs the ability to walk but owns a motor vehicle that has been altered for the purpose of providing it with accessible equipment for a person with a disability that limits or impairs the ability to walk first submits an application for registration of a motor vehicle under this section and every fifth year thereafter, the organization or person shall submit a signed statement from the applicant's health care provider, a completed application, and any required documentary evidence of vehicle specifications or alterations as provided in division (B)(1) of this section, and also a power of

attorney from the owner of the motor vehicle if the applicant leases the vehicle. Upon submission of these items, the registrar or deputy registrar shall issue to the applicant appropriate vehicle registration and a set of license plates and validation stickers, or validation stickers alone when required by section 4503.191 of the Revised Code. In addition to the letters and numbers ordinarily inscribed thereon, the license plates shall be imprinted with the international symbol of access. The license plates and validation stickers shall be issued upon payment of the regular license fee as prescribed under section 4503.04 of the Revised Code and any motor vehicle tax levied under Chapter 4504. of the Revised Code, and the payment of a service fee equal to the amount established under section 4503.038 of the Revised Code.

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

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

permanent removable windshield placard. All other applicants shall submit an application for a standard removable windshield placard.

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

(4) An organization may apply to the registrar of motor vehicles for a standard removable windshield placard by completing and signing an application provided by the registrar. The organization shall comply with any procedures the registrar establishes by rule. The organization shall include with the application documentary evidence that the registrar requires by rule showing that the organization regularly transports persons with disabilities that limit or impair the ability to walk.

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

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

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

(c) Payment of a service fee equal to the amount

established under section 4503.038 of the Revised Code for a standard removable windshield placard or a temporary removable windshield placard, or payment of fifteen dollars for a permanent removable windshield placard.

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

(a) The date that the person issued the placard is expected to no longer have the disability that limits or impairs the ability to walk, as indicated on the prescription submitted with the application for the placard;

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

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

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

(8) The registrar shall determine the form and size of each type of the removable windshield placard, the material of which it is to be made, any differences in color between each type of placard to make them readily identifiable, and any other information to be included thereon, and shall adopt rules relating to the issuance, expiration, revocation, surrender, and

proper display of such placards. A temporary removable windshield placard shall display the word "temporary" in letters of such size as the registrar shall prescribe. Any placard issued after October 14, 1999, shall be manufactured in a manner that allows the expiration date of the placard to be indicated on it through the punching, drilling, boring, or creation by any other means of holes in the placard.

(9) At the time a removable windshield placard is issued to a person with a disability that limits or impairs the ability to walk, the registrar or deputy registrar shall enter into the records of the bureau of motor vehicles the last date on which the person will have that disability, as indicated on the accompanying prescription. For a standard removable windshield placard, not less than thirty days prior to that date and any renewal dates, the bureau shall send a renewal notice to that person at the person's last known address as shown in the records of the bureau, informing the person that the person's removable windshield placard will expire on the indicated date, and that the person is required to renew the placard by submitting to the registrar or a deputy registrar another prescription, and by complying with the renewal provisions. If such a prescription is not received by the registrar or a deputy registrar by that date, the placard issued to that person expires and no longer is valid, and this fact shall be recorded in the records of the bureau.

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

person to whom a removable windshield placard has been issued is deceased, the bureau shall cancel that placard, and note the cancellation in its records.

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

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

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

(E) If an applicant for a removable windshield placard is a veteran of the armed forces of the United States whose disability, as defined in division (A)(1) of this section, is

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

(F)(1) Upon a conviction of a violation of division (H) or (I) of this section, the court shall report the conviction, and send the placard, if available, to the registrar, who thereupon shall revoke the privilege of using the placard and send notice in writing to the placardholder at that holder's last known address as shown in the records of the bureau, and the placardholder shall return the placard if not previously surrendered to the court, to the registrar within ten days following mailing of the notice.

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

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

a standard removable windshield placard or temporary removable windshield placard, if applicable.

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

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

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

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

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

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

(J) If a removable windshield placard is lost, destroyed, or mutilated, the placardholder may obtain a duplicate by attesting the placard is lost, destroyed, or mutilated to the registrar.

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

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

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

(L) For purposes of enforcing this section, every peace officer is deemed to be an agent of the registrar. Any peace officer or any authorized employee of the bureau of motor vehicles who, in the performance of duties authorized by law, becomes aware of a person whose removable windshield placard or

parking card has been revoked pursuant to this section, may confiscate that placard or parking card and return it to the registrar. The registrar shall prescribe any forms used by law enforcement agencies in administering this section.

No peace officer, law enforcement agency employing a peace officer, or political subdivision or governmental agency employing a peace officer, and no employee of the bureau is liable in a civil action for damages or loss to persons arising out of the performance of any duty required or authorized by this section. As used in this division, "peace officer" has the same meaning as in division (B) of section 2935.01 of the Revised Code.

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

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

Sec. 4507.20. The registrar of motor vehicles, when the registrar has good cause to believe that the holder of a driver's or commercial driver's license is incompetent or otherwise not qualified to be licensed, shall send a written notice to the licensee's last known address, requiring the licensee to submit to a driver's license examination, a physical

examination, or both, or a commercial driver's license examination within the time indicated on the notice. The physical examination may be conducted by any individual authorized by the Revised Code to do so, including a physician ~~assistant~~associate, a clinical nurse specialist, a certified nurse practitioner, or a certified nurse-midwife. Any written documentation of the physical examination shall be completed by the individual who conducted the examination.

Upon the conclusion of the examination, the registrar may suspend the license of the person, may permit the licensee to retain the license, or may issue the licensee a restricted license. Refusal or neglect of the licensee to submit to the examination is ground for suspension of the licensee's license.

A physician licensed under Chapter 4731. of the Revised Code may submit a report to the registrar stating that in the physician's professional opinion the holder of a driver's or commercial driver's license may be incompetent or otherwise not qualified to operate safely a motor vehicle due to medical reasons. Any such report submitted to the registrar is confidential, is not a public record, and is not subject to disclosure under section 149.43 of the Revised Code.

Sec. 4715.30. (A) Except as provided in division (K) of this section, an applicant for or holder of a certificate or license issued under this chapter is subject to disciplinary action by the state dental board for any of the following reasons:

(1) Employing or cooperating in fraud or material deception in applying for or obtaining a license or certificate;

(2) Obtaining or attempting to obtain money or anything of

value by intentional misrepresentation or material deception in the course of practice;

(3) Advertising services in a false or misleading manner or violating the board's rules governing time, place, and manner of advertising;

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

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

(6) Conviction of, a plea of guilty to, a judicial finding of guilt of, a judicial finding of guilt resulting from a plea of no contest to, or a judicial finding of eligibility for intervention in lieu of conviction for, any felony or of a misdemeanor committed in the course of practice;

(7) Engaging in lewd or immoral conduct in connection with the provision of dental services;

(8) Selling, prescribing, giving away, or administering drugs for other than legal and legitimate therapeutic purposes, or conviction of, a plea of guilty to, a judicial finding of guilt of, a judicial finding of guilt resulting from a plea of no contest to, or a judicial finding of eligibility for intervention in lieu of conviction for, a violation of any federal or state law regulating the possession, distribution, or use of any drug;

(9) Providing or allowing dental hygienists, expanded function dental auxiliaries, or other practitioners of auxiliary dental occupations working under the certificate or license

holder's supervision, or a dentist holding a temporary limited continuing education license under division (C) of section 4715.16 of the Revised Code working under the certificate or license holder's direct supervision, to provide dental care that departs from or fails to conform to accepted standards for the profession, whether or not injury to a patient results;

(10) Inability to practice under accepted standards of the profession because of physical or mental disability, dependence on alcohol or other drugs, or excessive use of alcohol or other drugs;

(11) Violation of any provision of this chapter or any rule adopted thereunder;

(12) Failure to use universal blood and body fluid precautions established by rules adopted under section 4715.03 of the Revised Code;

(13) Except as provided in division (H) of this section, either of the following:

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

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

(14) Failure to comply with section 4715.302 or 4729.79 of the Revised Code, unless the state board of pharmacy no longer maintains a drug database pursuant to section 4729.75 of the Revised Code;

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

(16) Failure to cooperate in an investigation conducted by the board under division (D) of section 4715.03 of the Revised Code, including failure to comply with a subpoena or order issued by the board or failure to answer truthfully a question presented by the board at a deposition or in written interrogatories, except that failure to cooperate with an investigation shall not constitute grounds for discipline under this section if a court of competent jurisdiction has issued an order that either quashes a subpoena or permits the individual to withhold the testimony or evidence in issue;

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

(18) Failure to comply with the requirements of sections 4715.71 and 4715.72 of the Revised Code regarding the operation

of a mobile dental facility;

(19) A pattern of continuous or repeated violations of division (F)(2) of section 3963.02 of the Revised Code.

(B) A manager, proprietor, operator, or conductor of a dental facility shall be subject to disciplinary action if any dentist, dental hygienist, expanded function dental auxiliary, or qualified personnel providing services in the facility is found to have committed a violation listed in division (A) of this section and the manager, proprietor, operator, or conductor knew of the violation and permitted it to occur on a recurring basis.

(C) Subject to Chapter 119. of the Revised Code, the board may take one or more of the following disciplinary actions if one or more of the grounds for discipline listed in divisions (A) and (B) of this section exist:

(1) Censure the license or certificate holder;

(2) Place the license or certificate on probationary status for such period of time the board determines necessary and require the holder to:

(a) Report regularly to the board upon the matters which are the basis of probation;

(b) Limit practice to those areas specified by the board;

(c) Continue or renew professional education until a satisfactory degree of knowledge or clinical competency has been attained in specified areas.

(3) Suspend the certificate or license;

(4) Revoke the certificate or license.

Where the board places a holder of a license or certificate on probationary status pursuant to division (C)(2) of this section, the board may subsequently suspend or revoke the license or certificate if it determines that the holder has not met the requirements of the probation or continues to engage in activities that constitute grounds for discipline pursuant to division (A) or (B) of this section.

Any order suspending a license or certificate shall state the conditions under which the license or certificate will be restored, which may include a conditional restoration during which time the holder is in a probationary status pursuant to division (C)(2) of this section. The board shall restore the license or certificate unconditionally when such conditions are met.

(D) If the physical or mental condition of an applicant or a license or certificate holder is at issue in a disciplinary proceeding, the board may order the license or certificate holder to submit to reasonable examinations by an individual designated or approved by the board and at the board's expense. The physical examination may be conducted by any individual authorized by the Revised Code to do so, including a physician ~~assistant~~associate, a clinical nurse specialist, a certified nurse practitioner, or a certified nurse-midwife. Any written documentation of the physical examination shall be completed by the individual who conducted the examination.

Failure to comply with an order for an examination shall be grounds for refusal of a license or certificate or summary suspension of a license or certificate under division (E) of this section.

(E) If a license or certificate holder has failed to

comply with an order under division (D) of this section, the board may apply to the court of common pleas of the county in which the holder resides for an order temporarily suspending the holder's license or certificate, without a prior hearing being afforded by the board, until the board conducts an adjudication hearing pursuant to Chapter 119. of the Revised Code. If the court temporarily suspends a holder's license or certificate, the board shall give written notice of the suspension personally or by certified mail to the license or certificate holder. Such notice shall inform the license or certificate holder of the right to a hearing pursuant to Chapter 119. of the Revised Code.

(F) Any holder of a certificate or license issued under this chapter who has pleaded guilty to, has been convicted of, or has had a judicial finding of eligibility for intervention in lieu of conviction entered against the holder in this state for aggravated murder, murder, voluntary manslaughter, felonious assault, kidnapping, rape, sexual battery, gross sexual imposition, aggravated arson, aggravated robbery, or aggravated burglary, or who has pleaded guilty to, has been convicted of, or has had a judicial finding of eligibility for treatment or intervention in lieu of conviction entered against the holder in another jurisdiction for any substantially equivalent criminal offense, is automatically suspended from practice under this chapter in this state and any certificate or license issued to the holder under this chapter is automatically suspended, as of the date of the guilty plea, conviction, or judicial finding, whether the proceedings are brought in this state or another jurisdiction. Continued practice by an individual after the suspension of the individual's certificate or license under this division shall be considered practicing without a certificate or license. The board shall notify the suspended individual of the

suspension of the individual's certificate or license under this division in accordance with sections 119.05 and 119.07 of the Revised Code. If an individual whose certificate or license is suspended under this division fails to make a timely request for an adjudicatory hearing, the board shall enter a final order revoking the individual's certificate or license.

(G) If the secretary and vice-secretary of the state dental board determine both of the following, they may recommend that the board suspend an individual's certificate or license without a prior hearing:

(1) That there is clear and convincing evidence that an individual has violated division (A) of this section;

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

Written allegations shall be prepared for consideration by the board. The board, upon review of those allegations and by an affirmative vote of not fewer than four dentist members of the board and seven of its members in total, excluding the secretary and vice-secretary, may suspend a certificate or license without a prior hearing. A telephone conference call may be utilized for reviewing the allegations and taking the vote on the summary suspension.

The board shall serve a written order of suspension in accordance with sections 119.05 and 119.07 of the Revised Code. The order shall not be subject to suspension by the court during pendency or any appeal filed under section 119.12 of the Revised Code. If the individual subject to the summary suspension requests an adjudicatory hearing by the board, the date set for the hearing shall be within fifteen days, but not earlier than

seven days, after the individual requests the hearing, unless otherwise agreed to by both the board and the individual.

Any summary suspension imposed under this division shall remain in effect, unless reversed on appeal, until a final adjudicative order issued by the board pursuant to this section and Chapter 119. of the Revised Code becomes effective. The board shall issue its final adjudicative order within seventy-five days after completion of its hearing. A failure to issue the order within seventy-five days shall result in dissolution of the summary suspension order but shall not invalidate any subsequent, final adjudicative order.

(H) Sanctions shall not be imposed under division (A)(13) of this section against any certificate or license holder who waives deductibles and copayments as follows:

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

(2) For professional services rendered to any other person who holds a certificate or license issued pursuant to this chapter to the extent allowed by this chapter and the rules of the board.

(I) In no event shall the board consider or raise during a hearing required by Chapter 119. of the Revised Code the circumstances of, or the fact that the board has received, one or more complaints about a person unless the one or more complaints are the subject of the hearing or resulted in the

board taking an action authorized by this section against the person on a prior occasion.

(J) The board may share any information it receives pursuant to an investigation under division (D) of section 4715.03 of the Revised Code, including patient records and patient record information, with law enforcement agencies, other licensing boards, and other governmental agencies that are prosecuting, adjudicating, or investigating alleged violations of statutes or administrative rules. An agency or board that receives the information shall comply with the same requirements regarding confidentiality as those with which the state dental 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 dental 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.

(K) The board shall not refuse to issue a license or certificate to an applicant for either of the following reasons unless the refusal is in accordance with section 9.79 of the Revised Code:

(1) A conviction or plea of guilty to an offense;

(2) A judicial finding of eligibility for treatment or intervention in lieu of a conviction.

Sec. 4723.01. As used in this chapter:

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

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

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

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

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

(4) Providing health counseling and health teaching;

(5) Administering medications, treatments, and executing regimens authorized by an individual who is authorized to practice in this state and is acting within the course of the individual's professional practice;

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

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

(D) "Assessing health status" means the collection of data

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

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

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

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

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

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

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

intravenous therapy only in accordance with those sections;

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

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

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

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

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

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

(K) "Physician" means an individual authorized under

Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery.

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

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

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

(3) In the case of a certified registered nurse anesthetist, that a dentist who holds a conscious sedation or general anesthesia permit issued under Chapter 4715. of the Revised Code, physician, or podiatrist requests, either verbally or in writing, the nurse to perform patient care activities authorized by division (D) of section 4723.43 of the Revised Code and the request is made in accordance with policies established by the health care facility where the nurse and the dentist, physician, or podiatrist practice.

For purposes of this division, division (D) of section 4723.43 of the Revised Code, and sections 4723.433 and 4723.434

of the Revised Code, "health care facility" means an ambulatory surgical facility, cardiovascular or vascular center, freestanding birthing center, hospital, or office of a dentist, physician, or podiatrist.

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

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

(1) A certified registered nurse anesthetist;

(2) A clinical nurse specialist;

(3) A certified nurse-midwife;

(4) A certified nurse practitioner.

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

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

Revised Code.

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

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

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

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

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

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

(W) "Podiatrist" means an individual authorized under Chapter 4731. of the Revised Code to practice podiatric medicine and surgery.

(X) "Dentist" means an individual who is licensed to

practice dentistry under Chapter 4715. of the Revised Code.

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

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

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

(B)(1) Except as provided in division (B)(2) of this section and section 4723.181 of the Revised Code, when a licensed practical nurse performs an intravenous therapy procedure at the direction of a registered nurse, the registered nurse or another registered nurse shall be readily available at the site where the intravenous therapy is performed, and before the licensed practical nurse initiates the intravenous therapy, the registered nurse shall personally perform an on-site assessment of the adult patient who is to receive the intravenous therapy.

(2) When a licensed practical nurse performs an intravenous therapy procedure in a home as defined in section 3721.10 of the Revised Code, or in an intermediate care facility for individuals with intellectual disabilities as defined in section 5124.01 of the Revised Code, at the direction of a registered nurse or licensed a physician, physician

~~assistant~~associate, dentist, optometrist, or podiatrist who is authorized to practice in this state, a registered nurse shall be on the premises of the home or facility or accessible by some form of telecommunication.

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

(1) Initiating or maintaining any of the following:

(a) Blood or blood components;

(b) Solutions for total parenteral nutrition;

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

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

(e) Any investigational or experimental medication.

(2) Initiating intravenous therapy in any vein, except that a licensed practical nurse may initiate intravenous therapy in accordance with this section in a vein of the hand, forearm, or antecubital fossa;

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

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

(5) Mixing, preparing, or reconstituting any medication

for intravenous therapy, except that a licensed practical nurse may prepare or reconstitute an antibiotic additive;

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

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

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

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

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

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

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

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

(D) Notwithstanding divisions (B) and (C) of this section,

at the direction of a physician or a registered nurse, a licensed practical nurse may perform the following activities for the purpose of performing dialysis:

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

(2) The administration of a heparin dose intravenously;

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

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

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

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

(1) The licensed practical nurse acts at the direction of a registered nurse or a physician, physician ~~assistant~~associate, dentist, optometrist, or podiatrist who is authorized to practice in this state and the registered nurse, physician, physician ~~assistant~~associate, dentist, optometrist, or podiatrist is on the premises where the procedure is to be performed or accessible by some form of telecommunication.

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

(B) The intravenous therapy procedures that a licensed

practical nurse may perform pursuant to division (A) of this section are limited to the following:

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

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

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

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

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

Sec. 4723.72. (A) A dialysis technician or dialysis technician intern may engage in dialysis care by doing the following:

(1) Performing and monitoring dialysis procedures, including initiating, monitoring, and discontinuing dialysis;

(2) Drawing blood;

(3) Administering medications as specified in division (C) of this section when the administration is essential to the dialysis process;

(4) Responding to complications that arise during dialysis.

(B)(1) Subject to divisions (B)(2) and (3) of this section, a dialysis technician or dialysis technician intern may

provide the dialysis care specified in division (A) of this section only if the care has been delegated to the technician or intern by a physician, physician ~~assistant~~associate, or registered nurse and the technician or intern is under the supervision of a physician, physician ~~assistant~~associate, or registered nurse. Supervision requires that the dialysis technician or dialysis technician intern be in the immediate presence of a physician, physician ~~assistant~~associate, or registered nurse.

(2) In accordance with division (E) of section 4723.73 of the Revised Code, a dialysis technician intern shall not provide dialysis care in a patient's home.

(3) In the case of dialysis care provided in a patient's home by a dialysis technician, both of the following apply:

(a) The technician shall be supervised in accordance with the rules adopted under section 4723.79 of the Revised Code for supervision of dialysis technicians who provide dialysis care in a patient's home.

(b) Division (D)(6) of section 4723.73 of the Revised Code does not allow a dialysis technician who provides dialysis care in a patient's home to provide dialysis care that is not authorized under this section.

(C) A dialysis technician or dialysis technician intern may administer only the following medications as ordered by a licensed health professional authorized to prescribe drugs as defined in section 4729.01 of the Revised Code and in accordance with the standards for the delegation of dialysis care established in division (B) of this section and in rules adopted under section 4723.79 of the Revised Code:

(1) Intradermal lidocaine or other single therapeutically equivalent local anesthetic for the purpose of initiating dialysis treatment;

(2) Intravenous heparin or other single therapeutically equivalent anticoagulant for the purpose of initiating and maintaining dialysis treatment;

(3) Intravenous normal saline;

(4) Patient-specific dialysate, to which the technician or intern may add electrolytes but no other additives or medications;

(5) Oxygen.

Sec. 4723.73. (A) No person who does not hold a current, valid certificate issued under section 4723.75 or renewed under section 4723.77 of the Revised Code shall do either of the following:

(1) Claim to the public to be a dialysis technician;

(2) Use the title "Ohio certified dialysis technician," the initials "OCDT," or any other title or initials to represent that the person is authorized to perform dialysis care as a dialysis technician.

(B) No person who has not successfully completed a dialysis training program approved by the board of nursing under section 4723.74 of the Revised Code within the previous eighteen months shall do either of the following:

(1) Claim to the public to be a dialysis technician intern;

(2) Use the title "dialysis technician intern," the

initials "DTI," or any other title or initials to represent that the person is authorized to perform dialysis care as a dialysis technician intern.

(C) No dialysis technician or dialysis technician intern shall engage in dialysis care in a manner that is inconsistent with section 4723.72 of the Revised Code.

(D) No person other than a dialysis technician or dialysis technician intern shall engage in the dialysis care that is authorized by section 4723.72 of the Revised Code, unless the person is one or more of the following:

(1) A registered nurse or licensed practical nurse;

(2) A physician;

(3) A physician ~~assistant~~associate;

(4) A student performing dialysis care under the supervision of an instructor as an integral part of a dialysis training program approved by the board of nursing under section 4723.74 of the Revised Code;

(5) A dialysis patient who has been trained to engage in the dialysis care with little or no professional assistance by completing a medicare-approved self-dialysis or home dialysis training program;

(6) A family member or friend of a dialysis patient who engages in self-dialysis or home dialysis, and the person engages in the dialysis care by assisting the patient in performing the self-dialysis or home dialysis, after the person providing the assistance has completed a medicare-approved self-dialysis or home dialysis training program for the particular dialysis patient being assisted.

(E) No dialysis technician intern shall do either of the following:

(1) Serve as a trainer or preceptor in a dialysis training program;

(2) Provide dialysis care in a patient's home.

(F) No person shall operate a dialysis training program, unless the program is approved by the board of nursing under section 4723.74 of the Revised Code.

Sec. 4729.01. As used in this chapter:

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

(B) "Practice of pharmacy" means providing pharmacist care requiring specialized knowledge, judgment, and skill derived from the principles of biological, chemical, behavioral, social, pharmaceutical, and clinical sciences. As used in this division, "pharmacist care" includes the following:

(1) Interpreting prescriptions;

(2) Dispensing drugs and drug therapy related devices;

(3) Compounding drugs;

(4) Counseling individuals with regard to their drug therapy, recommending drug therapy related devices, and assisting in the selection of drugs and appliances for treatment of common diseases and injuries and providing instruction in the proper use of the drugs and appliances;

(5) Performing drug regimen reviews with individuals by

discussing all of the drugs that the individual is taking and explaining the interactions of the drugs;

(6) Performing drug utilization reviews with licensed health professionals authorized to prescribe drugs when the pharmacist determines that an individual with a prescription has a drug regimen that warrants additional discussion with the prescriber;

(7) Advising an individual and the health care professionals treating an individual with regard to the individual's drug therapy;

(8) Acting pursuant to a consult agreement, if an agreement has been established;

(9) Engaging in the administration of immunizations to the extent authorized by section 4729.41 of the Revised Code;

(10) Engaging in the administration of drugs to the extent authorized by section 4729.45 of the Revised Code.

(C) "Compounding" means the preparation, mixing, assembling, packaging, and labeling of one or more drugs in any of the following circumstances:

(1) Pursuant to a prescription issued by a licensed health professional authorized to prescribe drugs;

(2) Pursuant to the modification of a prescription made in accordance with a consult agreement;

(3) As an incident to research, teaching activities, or chemical analysis;

(4) In anticipation of orders for drugs pursuant to prescriptions, based on routine, regularly observed dispensing

patterns;

(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:

(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.

(b) A limited quantity of the drug is compounded and provided to the professional.

(c) The drug is compounded and provided to the professional as an occasional exception to the normal practice of dispensing drugs pursuant to patient-specific prescriptions.

(D) "Consult agreement" means an agreement that has been entered into under section 4729.39 of the Revised Code.

(E) "Drug" means:

(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;

(2) Any other article intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans or animals;

(3) Any article, other than food, intended to affect the structure or any function of the body of humans or animals;

(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.

"Drug" does not include "hemp" as that term is defined in section 928.01 of the Revised Code.

(F) "Dangerous drug" means any of the following:

(1) Any drug to which either of the following applies:

(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 the drug may be dispensed only upon a prescription;

(b) Under Chapter 3715. or 3719. of the Revised Code, the drug may be dispensed only upon a prescription.

(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;

(3) Any drug intended for administration by injection into the human body other than through a natural orifice of the human body;

(4) Any drug that is a biological product, as defined in section 3715.01 of the Revised Code.

(G) "Federal drug abuse control laws" has the same meaning as in section 3719.01 of the Revised Code.

(H) "Prescription" means all of the following:

(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;

(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, gonorrhea, 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;

(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 the name of a school, school district, or camp;

(4) For purposes of Chapter 3728. and sections 4723.483, 4729.88, 4730.433, and 4731.96 of the Revised Code, a written, electronic, or oral order for an epinephrine autoinjector issued to and in the name of a qualified entity, as defined in section 3728.01 of the Revised Code;

(5) For purposes of sections 3313.7115, 3313.7116, 3314.147, 3326.60, 3328.38, 4723.4811, 4730.437, 4731.92, and 5180.262 of the Revised Code, a written, electronic, or oral order for injectable or nasally administered glucagon in the name of a school, school district, or camp.

(I) "Licensed health professional authorized to prescribe drugs" or "prescriber" means an individual who is authorized by law to prescribe drugs or dangerous drugs or drug therapy

related devices in the course of the individual's professional practice, including only the following:

(1) A dentist licensed under Chapter 4715. of the Revised Code;

(2) A clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner who holds a current, valid license issued under Chapter 4723. of the Revised Code to practice nursing as an advanced practice registered nurse;

(3) A certified registered nurse anesthetist who holds a current, valid license issued under Chapter 4723. of the Revised Code to practice nursing as an advanced practice registered nurse, but only to the extent of the nurse's authority under section 4723.43 of the Revised Code;

(4) An optometrist licensed under Chapter 4725. of the Revised Code to practice optometry;

(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~~ associate who holds a license to practice as a physician ~~assistant~~ associate 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;

(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 or establish responsibility.

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

(1) The proprietary name of the drug product;

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

(3) The strength of the drug product if the product contains a single active ingredient or if the drug product contains more than one active ingredient and a relevant strength can be associated with the product without indicating each active ingredient. The established name and quantity of each active ingredient are required if such a relevant strength

cannot be so associated with a drug product containing more than one ingredient.

(4) The dosage form;

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

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

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

(Q) "Terminal distributor of dangerous drugs" or "terminal distributor" means a person who is engaged in the sale of dangerous drugs at retail, or any person, other than a manufacturer, repackager, outsourcing facility, third-party logistics provider, wholesale distributor, or pharmacist, who has possession, custody, or control of dangerous drugs for any purpose other than for that person's own use and consumption. "Terminal distributor" includes pharmacies, hospitals, nursing homes, and laboratories and all other persons who procure

dangerous drugs for sale or other distribution by or under the supervision of a pharmacist, licensed health professional authorized to prescribe drugs, or other person authorized by the state board of pharmacy.

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

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

(T)(1) "Animal shelter" means a facility operated by a humane society or any society organized under Chapter 1717. of the Revised Code or a dog pound operated pursuant to Chapter 955. of the Revised Code.

(2) "County dog warden" means a dog warden or deputy dog warden appointed or employed under section 955.12 of the Revised Code.

(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.

(U) "Food" has the same meaning as in section 3715.01 of the Revised Code.

(V) "Pain management clinic" has the same meaning as in section 4731.054 of the Revised Code.

(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. "Investigational drug or product" does not include controlled substances in schedule I, as defined in section 3719.01 of the Revised Code.

(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.

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

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

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

(BB) "Laboratory" means a laboratory licensed under this chapter as a terminal distributor of dangerous drugs and

entrusted to have custody of any of the following drugs and to use the drugs for scientific and clinical purposes and for purposes of instruction: dangerous drugs that are not controlled substances, as defined in section 3719.01 of the Revised Code; dangerous drugs that are controlled substances, as defined in that section; and controlled substances in schedule I, as defined in that section.

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

(1) Naloxone;

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

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

(1) "Certified nurse practitioner," "certified nurse-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) "Physician ~~assistant~~associate" means an individual who is licensed to practice as a physician ~~assistant~~ associate 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.

(5) "Supervising physician" means a physician who has entered into a supervision agreement with a physician ~~assistant~~ associate 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;

(2) Physician ~~assistants~~associates, if entering into a consult agreement is authorized by one or more supervising physicians;

(3) Clinical nurse specialists, certified nurse-midwives, or certified nurse practitioners, if entering into a consult agreement is authorized by one or more collaborating physicians.

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

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

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

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

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

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

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

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

(ii) Adjusting a drug's strength, dose, dosage form, frequency of administration, or route of administration;

(iii) Discontinuing the use of a drug;

(iv) Administering a drug;

(v) Notwithstanding the definition of "licensed health professional authorized to prescribe drugs" in section 4729.01 of the Revised Code, adding a drug to the patient's drug therapy.

(b)(i) Order laboratory and diagnostic tests, including blood and urine tests, that are related to the drug therapy being managed, and evaluate the results of the tests that are ordered.

(ii) A pharmacist's authority to evaluate test results under division (D)(1)(b)(i) of this section does not authorize the pharmacist to make a diagnosis.

(2)(a) A consult agreement, or the portion of the

agreement that applies to a particular patient, may be terminated by any of the following:

(i) A pharmacist who entered into the agreement;

(ii) A practitioner who entered into the agreement;

(iii) A patient whose drug therapy is being managed;

(iv) An individual who consented to the treatment on behalf of a patient or an individual authorized to act on behalf of a patient.

(b) The pharmacist or practitioner who receives the notice of a patient's termination of the agreement shall provide written notice to every other pharmacist or practitioner who is a party to the agreement. A pharmacist or practitioner who terminates a consult agreement with regard to one or more patients shall provide written notice to all other pharmacists and practitioners who entered into the agreement and to each individual who consented to treatment under the agreement. The termination of a consult agreement with regard to one or more patients shall be recorded by the pharmacist and practitioner in the medical records of each patient to whom the termination applies.

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

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

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

(c) A description of the procedures, decision criteria,

and plan the pharmacist is to follow in acting under a consult agreement;

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

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

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

(6) Communication between a pharmacist and practitioner acting under a consult agreement shall take place at regular intervals specified by the primary practitioner acting under the agreement. The agreement may include a requirement that a pharmacist send a consult report to each consulting practitioner.

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

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

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

(1) The state board of pharmacy, in consultation with the

state medical board and board of nursing, shall adopt rules to be followed by pharmacists.

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

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

The boards shall specify in the rules any categories of drugs or types of diseases for which a consult agreement may not be established. Each board may adopt any other rules it considers necessary for the implementation and administration of this section. All rules adopted under this section shall be adopted in accordance with Chapter 119. of the Revised Code.

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

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

(b) A practitioner acting in accordance with a consult agreement regarding a pharmacist's change in a drug for a patient whose drug therapy the pharmacist is managing under a consult agreement is not liable in damages in a tort or other civil action for injury or loss to person or property allegedly

arising from the change unless the practitioner authorized the specific change.

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

Sec. 4730.011. (A) Whenever a physician assistant is referred to in any statute, rule, contract, or other document, the reference is deemed to refer to a physician associate.

(B) Division (A) of this section does not preclude a physician associate from continuing to use the title "physician assistant" whenever doing so may be necessary, including for purposes of any of the following:

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

(2) Participating in the medicare program;

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

(4) Otherwise seeking reimbursement or any other form of payment for the provision of services.

Sec. 4730.02. (A) No person shall hold that person out as being able to function as a physician ~~assistant~~associate, or use the title "physician associate" or "physician assistant," the initials "P.A.," or any other words or letters indicating or implying that the person is a physician ~~assistant~~associate, without a current, valid license to practice as a physician

~~assistant~~ associate issued pursuant to this chapter.

(B) No person shall practice as a physician ~~assistant~~ associate without the supervision, control, and direction of a physician.

(C) No person shall practice as a physician ~~assistant~~ associate without having entered into a supervision agreement with a supervising physician under section 4730.19 of the Revised Code.

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

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

(2) The services are inconsistent with the supervision agreement under which the physician ~~assistant~~ associate is being supervised, including, if applicable, the policies of the health care facility in which the physician and physician ~~assistant~~ associate are practicing.

(E) No person practicing as a physician ~~assistant~~ associate shall prescribe any drug or device to perform or induce an abortion, or otherwise perform or induce an abortion.

(F) No person shall advertise to provide services as a physician ~~assistant~~associate, except for the purpose of seeking employment.

(G) No person practicing as a physician ~~assistant~~ associate shall fail to wear at all times when on duty a placard, plate, or other device identifying that person as a

"physician ~~assistant~~associate."

(H) Division (A) of this section does not apply to a person who meets all of the following conditions:

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

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

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

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~~ associate 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~~ associate 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~~ associate 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~~ associate in the other state may perform.

Sec. 4730.03. Nothing in this chapter shall:

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

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

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

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

(C) Prohibit a physician from delegating responsibilities to any nurse or other qualified person who does not hold a license to practice as a physician ~~assistant~~associate, provided that the individual does not hold the individual out to be a physician ~~assistant~~associate;

(D) Be construed as authorizing a physician ~~assistant~~ associate independently to order or direct the execution of procedures or techniques by a registered nurse or licensed practical nurse in the care and treatment of a person in any setting, except to the extent that the physician ~~assistant~~ associate is authorized to do so by a physician who is responsible for supervising the physician ~~assistant~~ associate and, if applicable, the policies of the health care facility in which the physician ~~assistant~~ associate is practicing;

(E) Authorize a physician ~~assistant~~ associate to engage in

the practice of optometry, except to the extent that the physician ~~assistant~~ associate is authorized by a supervising physician acting in accordance with this chapter to perform routine visual screening, provide medical care prior to or following eye surgery, or assist in the care of diseases of the eye;

(F) Be construed as authorizing a physician ~~assistant~~ associate to prescribe any drug or device to perform or induce an abortion, or as otherwise authorizing a physician ~~assistant~~ associate to perform or induce an abortion;

(G) Prohibit an individual from using the title "physician associate student" while enrolled in a program accredited by the accreditation review commission on education for the physician assistant or a successor organization recognized by the state medical board.

Sec. 4730.04. (A) As used in this section:

(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.

(2) "Emergency" means an occurrence or event that poses an imminent threat to the health or life of a human.

(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:

(1) An individual who holds a license to practice as a physician ~~assistant~~ associate issued under this chapter;

(2) An individual licensed or authorized to practice as a physician ~~assistant~~ associate in another state;

(3) An individual credentialed or employed as a physician ~~assistant~~ associate by an agency, office, or other instrumentality of the federal government.

(C) For purposes of the medical care provided by a physician ~~assistant~~ associate pursuant to division (B)(1) of this section, both of the following apply notwithstanding any supervision requirement of this chapter to the contrary:

(1) The physician who supervises the physician ~~assistant~~ associate pursuant to a supervision agreement entered into under section 4730.19 of the Revised Code is not required to meet the supervision requirements established under this chapter.

(2) The physician designated as the medical director of the disaster or emergency may supervise the medical care provided by the physician ~~assistant~~associate.

Sec. 4730.05. (A) There is hereby created the physician ~~assistant~~ associate policy committee of the state medical board. The president of the board shall appoint the members of the committee. The committee shall consist of the seven members specified in divisions (A)(1) to (3) of this section. When the committee is developing or revising policy and procedures for physician-delegated prescriptive authority for physician ~~assistants~~associates, the committee shall include the additional member specified in division (A)(4) of this section.

(1) Three members of the committee shall be physicians. Of the physician members, one shall be a member of the state medical board, one shall be appointed from a list of five physicians recommended by the Ohio state medical association,

and one shall be appointed from a list of five physicians recommended by the Ohio osteopathic association. At all times, the physician membership of the committee shall include at least one physician who is a supervising physician of a physician ~~assistant~~associate, preferably with at least two years' experience as a supervising physician.

(2) Three members shall be physician ~~assistants~~ associates appointed from a list of five individuals recommended by the Ohio association of physician assistants or its successor organization.

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

(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~~associates, 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.

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~~associates. Presence of the pharmacist member shall not be required for the transaction of any other business.

(B) Terms of office shall be for two years, with each term ending on the same day of the same month as did the term that it succeeds. Each member shall hold office from the date of being

appointed until the end of the term for which the member was appointed. Members may be reappointed, except that a member may not be appointed to serve more than three consecutive terms. As vacancies occur, a successor shall be appointed who has the qualifications the vacancy requires. A member appointed to fill a vacancy occurring prior to the expiration of the term for which a predecessor was appointed shall hold office as a member for the remainder of that term. A member shall continue in office subsequent to the expiration date of the member's term until a successor takes office or until a period of sixty days has elapsed, whichever occurs first.

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

(D) The committee members specified in divisions (A)(1) to (3) of this section by a majority vote shall elect a chairperson from among those members. The members may elect a new chairperson at any time.

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

(F) The committee shall meet as necessary to carry out its responsibilities.

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

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

(2) Each committee member is permitted to choose whether the member attends in person or through the use of the meeting's videoconferencing or teleconferencing;

(3) Any 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~~ associate 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~~associate, including the educational requirements that must be met to receive the license;

(2) Existing and proposed rules pertaining to the practice of physician ~~assistants~~associates, the supervisory relationship between physician ~~assistants~~ associates and supervising physicians, and the administration and enforcement of this chapter;

(3) In accordance with section 4730.38 of the Revised Code, physician-delegated prescriptive authority for physician ~~assistants~~associates;

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

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

(6) Any issue the board asks the committee to consider.

(B) In addition to the matters that are required to be reviewed under division (A) of this section, the committee may review, and may submit to the board recommendations concerning quality assurance activities to be performed by a supervising physician and physician ~~assistant~~ associate under a quality assurance system established pursuant to division (F) of section 4730.21 of the Revised Code.

(C) The board shall take into consideration all recommendations submitted by the committee. Not later than ninety days after receiving a recommendation from the committee, the board shall approve or disapprove the recommendation and notify the committee of its decision. If a recommendation is disapproved, the board shall inform the committee of its reasons for making that decision. The committee may resubmit the recommendation after addressing the concerns expressed by the board and modifying the disapproved recommendation accordingly. Not later than ninety days after receiving a resubmitted recommendation, the board shall approve or disapprove the recommendation. There is no limit on the number of times the committee may resubmit a recommendation for consideration by the board.

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

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

Sec. 4730.07. In addition to rules that are specifically required or authorized by this chapter to be adopted, the state medical board may, subject to division (D) of section 4730.06 of the Revised Code, adopt any other rules necessary to govern the practice of physician ~~assistants~~associates, the supervisory relationship between physician ~~assistants~~ associates and supervising physicians, and the administration and enforcement of this chapter. Rules adopted under this section shall be adopted in accordance with Chapter 119. of the Revised Code.

Sec. 4730.08. (A) A license to practice as a physician ~~assistant~~ associate issued under this chapter authorizes the holder to practice as a physician ~~assistant~~ associate as follows:

(1) The physician ~~assistant~~ associate shall practice only under the supervision, control, and direction of a physician with whom the physician ~~assistant~~ associate has entered into a supervision agreement under section 4730.19 of the Revised Code.

(2) The physician ~~assistant~~ associate shall practice in

accordance with the supervision agreement entered into with the physician who is responsible for supervising the physician ~~assistant~~associate, including, if applicable, the policies of the health care facility in which the physician ~~assistant~~ associate is practicing.

(B) The state medical board may, subject to division (D) of section 4730.06 of the Revised Code, adopt rules designating facilities to be included as health care facilities that are in addition to the facilities specified in divisions (B)(1) and (2) of section 4730.01 of the Revised Code. Any rules adopted shall be adopted in accordance with Chapter 119. of the Revised Code.

Sec. 4730.10. (A) Except as provided in division (C) of this section, an individual seeking a license to practice as a physician ~~assistant~~ associate shall file with the state medical board a written application on a form prescribed and supplied by the board. The application shall include all of the following:

(1) The applicant's name, residential address, business address, if any, and social security number;

(2) Satisfactory proof that the applicant meets the age requirement specified in division (A)(1) of section 4730.11 of the Revised Code;

(3) Satisfactory proof that the applicant meets either the educational requirements specified in division (B)(1) or (2) of section 4730.11 of the Revised Code or the educational or other applicable requirements specified in division (C)(1), (2), or (3) of that section;

(4) Any other information the board requires.

(B) At the time of making application for a license to practice, the applicant shall pay the board a fee of four

hundred dollars, no part of which shall be returned. The fees shall be deposited in accordance with section 4731.24 of the Revised Code.

(C) The board shall issue a license to practice as a physician ~~assistant~~ associate in accordance with Chapter 4796. of the Revised Code to an applicant if either of the following applies:

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

(2) The applicant has satisfactory work experience, a government certification, or a private certification as described in that chapter as a physician ~~assistant~~ associate in a state that does not issue that license.

Sec. 4730.101. In addition to any other eligibility requirement set forth in this chapter, each applicant for a license to practice as a physician ~~assistant~~ associate shall comply with sections 4776.01 to 4776.04 of the Revised Code.

Sec. 4730.11. (A) To be eligible to receive a license to practice as a physician ~~assistant~~associate, all of the following apply to an applicant:

(1) The applicant shall be at least eighteen years of age.

(2) The applicant shall hold current certification by the national commission on certification of physician assistants or a successor organization that is recognized by the state medical board.

(3) The applicant shall meet either of the following requirements:

(a) The educational requirements specified in division (B)(1) or (2) of this section;

(b) The educational or other applicable requirements specified in division (C)(1), (2), or (3) of this section.

(B) For purposes of division (A)(3)(a) of this section, an applicant shall meet either of the following educational requirements:

(1) The applicant shall hold a master's or higher degree obtained from a program accredited by an organization recognized by the board.

(2) The applicant shall hold both of the following degrees:

(a) A degree other than a master's or higher degree obtained from a program accredited by an organization recognized by the board;

(b) A master's or higher degree in a course of study with clinical relevance to the practice of physician ~~assistants~~ associates and obtained from a program accredited by a regional or specialized and professional accrediting agency recognized by the board.

(C) For purposes of division (A)(3)(b) of this section, an applicant shall present evidence satisfactory to the board of meeting one of the following requirements in lieu of meeting the educational requirements specified in division (B)(1) or (2) of this section:

(1) The applicant shall hold a current, valid license or other form of authority to practice as a physician ~~assistant~~ associate issued by another jurisdiction and either have been in active practice in any jurisdiction throughout the two-year period immediately preceding the date of application or have met one or more of the following requirements as specified by the

board:

(a) Passed an oral or written examination or assessment, or both types of examination or assessment, that determined the applicant's present fitness to resume practice;

(b) Obtained additional training and passed an examination or assessment on completion of the training;

(c) Agreed to limitations on the applicant's extent, scope, or type of practice.

(2) The applicant shall hold a degree obtained as a result of being enrolled on January 1, 2008, in a program in this state that was accredited by the accreditation review commission on education for the physician assistant but did not grant a master's or higher degree to individuals enrolled in the program on that date, and completing the program on or before December 31, 2009.

(3) The applicant shall hold a degree obtained from an organization recognized by the board and meet either of the following experience requirements:

(a) Either have experience practicing as a physician ~~assistant~~ associate for at least two consecutive years immediately preceding the date of application while on active duty, with evidence of service under honorable conditions, in any of the armed forces of the United States or the national guard of any state, including any experience attained while practicing as a physician ~~assistant~~ associate at a health care facility or clinic operated by the United States department of veterans affairs, or have met one or more of the following requirements as specified by the board:

(i) Passed an oral or written examination or assessment,

or both types of examination or assessment, that determined the applicant's present fitness to resume practice;

(ii) Obtained additional training and passed an examination or assessment on completion of the training;

(iii) Agreed to limitations on the applicant's extent, scope, or type of practice;

(b) Either have experience practicing as a physician ~~assistant~~ associate for at least two consecutive years immediately preceding the date of application while on active duty in the United States public health service commissioned corps or have met one or more of the following requirements as specified by the board:

(i) Passed an oral or written examination or assessment, or both types of examination or assessment, that determined the applicant's present fitness to resume practice;

(ii) Obtained additional training and passed an examination or assessment on completion of the training;

(iii) Agreed to limitations on the applicant's extent, scope, or type of practice.

(D) This section does not require an individual to obtain a master's or higher degree as a condition of retaining or renewing a license to practice as a physician ~~assistant~~ associate if the individual received the license without holding a master's or higher degree as provided in either of the following:

(1) Before the educational requirements specified in division (B)(1) or (2) of this section became effective January 1, 2008;

(2) By meeting the educational or other applicable requirements specified in division (C)(1), (2), or (3) of this section.

Sec. 4730.111. A physician ~~assistant~~ associate whose certification by the national commission on certification of physician assistants or a successor organization recognized by the state medical board is suspended or revoked shall give notice of that occurrence to the board not later than fourteen days after the physician ~~assistant~~ associate receives notice of the change in certification status. A physician ~~assistant~~ associate who fails to renew the certification shall notify the board not later than fourteen days after the certification expires.

Sec. 4730.12. (A) The state medical board shall review each application for a license to practice as a physician ~~assistant~~ associate received under section 4730.10 of the Revised Code. Not later than sixty days after receiving a complete application, the board shall determine whether the applicant meets the requirements to receive the license, as specified in section 4730.11 of the Revised Code.

(B) If the board determines that an applicant meets the requirements to receive the license, the secretary of the board shall register the applicant as a physician ~~assistant~~ associate and issue to the applicant a license to practice as a physician ~~assistant~~associate.

Sec. 4730.13. Upon application by the holder of a license to practice as a physician ~~assistant~~associate, the state medical board shall issue a duplicate license to replace one that is missing or damaged, to reflect a name change, or for any other reasonable cause. The fee for a duplicate license shall be

thirty-five dollars. All fees collected under this section shall be deposited in accordance with section 4731.24 of the Revised Code.

Sec. 4730.14. (A) A license to practice as a physician ~~assistant~~ associate shall be valid for a two-year period unless revoked or suspended, shall expire on the date that is two years after the date of issuance, and may be renewed for additional two-year periods in accordance with this section. A person seeking to renew a license shall apply to the state medical board for renewal prior to the license's expiration date. The board shall provide renewal notices to license holders at least one month prior to the expiration date.

Applications shall be submitted to the board in a manner prescribed by the board. Each application shall be accompanied by a biennial renewal fee of two hundred dollars. The board shall deposit the fees in accordance with section 4731.24 of the Revised Code.

The applicant shall report any criminal offense that constitutes grounds for refusing to issue a license to practice under section 4730.25 of the Revised Code to which the applicant has pleaded guilty, of which the applicant has been found guilty, or for which the applicant has been found eligible for intervention in lieu of conviction, since last signing an application for a license to practice as a physician ~~assistant~~associate.

(B) To be eligible for renewal of a license, an applicant is subject to all of the following:

(1) The applicant must certify to the board that the applicant has maintained certification by the national

commission on certification of physician assistants or a successor organization that is recognized by the board by meeting the standards to hold current certification from the commission or its successor, including passing periodic recertification examinations;

(2) Except as provided in section 5903.12 of the Revised Code, the applicant must certify to the board that the applicant is in compliance with the continuing medical education requirements necessary to hold current certification from the commission or its successor.

(3) The applicant must comply with the renewal eligibility requirements established under section 4730.49 of the Revised Code that pertain to the applicant.

(C) If an applicant submits a complete renewal application and qualifies for renewal pursuant to division (B) of this section, the board shall issue to the applicant a renewed license to practice as a physician ~~assistant~~associate.

(D) The board may require a random sample of physician ~~assistants~~ associates to submit materials documenting both of the following:

(1) Certification by the national commission on certification of physician assistants or a successor organization that is recognized by the board;

(2) Completion of the continuing medical education required to hold current certification from the commission or its successor.

Division (D) of this section does not limit the board's authority to conduct investigations pursuant to section 4730.25 of the Revised Code.

(E) A license to practice that is not renewed on or before its expiration date is automatically suspended on its expiration date. Continued practice after suspension of the license shall be considered as practicing in violation of division (A) of section 4730.02 of the Revised Code.

(F) If a license has been suspended pursuant to division (E) of this section for two years or less, it may be reinstated. The board shall reinstate a license suspended for failure to renew upon an applicant's submission of a renewal application, the biennial renewal fee, and any applicable monetary penalty.

If a license has been suspended pursuant to division (E) of this section for more than two years, it may be restored. In accordance with section 4730.28 of the Revised Code, the board may restore a license suspended for failure to renew upon an applicant's submission of a restoration application, the biennial renewal fee, and any applicable monetary penalty and compliance with sections 4776.01 to 4776.04 of the Revised Code. The board shall not restore to an applicant a license to practice as a physician ~~assistant~~ associate unless the board, in its discretion, decides that the results of the criminal records check do not make the applicant ineligible for a license issued pursuant to section 4730.12 of the Revised Code.

The penalty for reinstatement shall be fifty dollars and the penalty for restoration shall be one hundred dollars. The board shall deposit penalties in accordance with section 4731.24 of the Revised Code.

(G)(1) If, through a random sample conducted under division (D) of this section or through any other means, the board finds that an individual who certified completion of the continuing medical education required to renew, reinstate,

restore, or reactivate a license to practice did not complete the requisite continuing medical education, the board may do either of the following:

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

(b) Permit the individual to agree in writing to complete the continuing medical education and pay a civil penalty.

(2) The board's finding in any disciplinary action taken under division (G)(1)(a) of this section shall be made pursuant to an adjudication under Chapter 119. of the Revised Code and by an affirmative vote of not fewer than six of its members.

(3) A civil penalty imposed under division (G)(1)(a) of this section or paid under division (G)(1)(b) of this section shall be in an amount specified by the board of not more than five thousand dollars. The board shall deposit civil penalties in accordance with section 4731.24 of the Revised Code.

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

(B) An individual seeking to have the individual's license placed on retired status shall file with the board an application in the form and manner prescribed by the board. The application shall be submitted before the end of a biennial renewal period and include all of the following:

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

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

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

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

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

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

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

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

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

(3) A fee in an amount equal to the sum of the biennial renewal fee and restoration penalty described in section 4730.14 of the Revised Code.

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

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

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

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

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

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

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

(5) In the case of a license holder who was issued a prescriber number by the board as part of the holder's physician-delegated prescriptive authority, the number, like the license, is placed on retired status.

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

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

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

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

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

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

(F) The board shall reactivate a license placed on retired status if the conditions of division (E) of this section have been satisfied and the board, in its discretion, determines that the results of the criminal records check conducted pursuant to sections 4776.01 to 4776.04 of the Revised Code do not make the applicant ineligible for active status.

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

The board also may take disciplinary action against the holder of a license placed on retired status if the holder

practices under the license, uses the license to obtain licensure as a physician ~~assistant~~ associate in another state, or uses a title that does not reflect the holder's retired status.

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

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

Sec. 4730.15. (A) A license issued by the state medical board under section 4730.12 of the Revised Code authorizes the license holder to exercise physician-delegated prescriptive authority if the holder meets either of the following requirements:

(1) Holds a master's or higher degree described in division (B) of section 4730.11 of the Revised Code;

(2) Had prescriptive authority while practicing as a physician ~~assistant~~ associate 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.

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

(C) On application of an individual who holds a license issued under this chapter but is not authorized to exercise physician-delegated prescriptive authority, the board shall grant the authority to exercise physician-delegated prescriptive authority if the individual meets either of the following requirements:

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

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

(b) A program accredited by a regional or specialized and professional accrediting agency recognized by the council for higher education accreditation, if the degree is in a course of study with clinical relevance to the practice of physician ~~assistants~~associates.

(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~~ associate 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.

(D) The board shall issue a prescriber number to each physician ~~assistant~~ associate licensed under this chapter who is authorized to exercise physician-delegated prescriptive authority.

Sec. 4730.19. (A) Before initiating supervision of one or

more physician ~~assistants~~ associates licensed under this chapter, a physician shall enter into a supervision agreement with each physician ~~assistant~~ associate who will be supervised. A supervision agreement may apply to one or more physician ~~assistants~~associates, but, except as provided in division (B)(2)(f) of this section, may apply to not more than one physician. The supervision agreement shall specify that the physician agrees to supervise the physician ~~assistant~~ associate and the physician ~~assistant~~ associate agrees to practice under that physician's supervision.

The agreement shall clearly state that the supervising physician is legally responsible and assumes legal liability for the services provided by the physician ~~assistant~~associate. The agreement shall be signed by the physician and the physician ~~assistant~~associate.

(B) A supervision agreement shall include either or both of the following:

(1) If a physician ~~assistant~~ associate will practice within a health care facility, the agreement shall include terms that require the physician ~~assistant~~ associate to practice in accordance with the policies of the health care facility.

(2) If a physician ~~assistant~~ associate will practice outside a health care facility, the agreement shall include terms that specify all of the following:

(a) The responsibilities to be fulfilled by the physician in supervising the physician ~~assistant~~associate;

(b) The responsibilities to be fulfilled by the physician ~~assistant~~ associate when performing services under the physician's supervision;

(c) Any limitations on the responsibilities to be fulfilled by the physician ~~assistant~~associate;

(d) The circumstances under which the physician ~~assistant~~ associate is required to refer a patient to the supervising physician;

(e) An agreement that the supervising physician shall complete and sign the medical certificate of death pursuant to section 3705.16 of the Revised Code;

(f) If the supervising physician chooses to designate physicians to act as alternate supervising physicians, the names, business addresses, and business telephone numbers of the physicians who have agreed to act in that capacity.

(C) A supervision agreement may be amended to modify the responsibilities of one or more physician ~~assistants~~ associates or to include one or more additional physician ~~assistants~~associates.

(D) The supervising physician who entered into a supervision agreement shall retain a copy of the agreement in the records maintained by the supervising physician. Each physician ~~assistant~~ associate who entered into the supervision agreement shall retain a copy of the agreement in the records maintained by the physician ~~assistant~~associate.

(E)(1) If the board finds, through a review conducted under this section or through any other means, any of the following, the board may take disciplinary action against the individual under section 4730.25 or 4731.22 of the Revised Code, impose a civil penalty, or both:

(a) That a physician ~~assistant~~ associate has practiced in a manner that departs from, or fails to conform to, the terms of

a supervision agreement entered into under this section;

(b) That a physician has supervised a physician ~~assistant~~ associate in a manner that departs from, or fails to conform to, the terms of a supervision agreement entered into under this section;

(c) That a physician or physician ~~assistant~~ associate failed to comply with division (A) or (B) of this section.

(2) If the board finds, through a review conducted under this section or through any other means, that a physician or physician ~~assistant~~ associate failed to comply with division (D) of this section, the board may do either of the following:

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

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

(3) The board's finding in any disciplinary action taken under division (E) of this section shall be made pursuant to an adjudication conducted under Chapter 119. of the Revised Code.

(4) A civil penalty imposed under division (E)(1) or (2)(a) of this section or paid under division (E)(2)(b) of this section shall be in an amount specified by the board of not more than five thousand dollars and shall be deposited in accordance with section 4731.24 of the Revised Code.

Sec. 4730.20. (A) A physician ~~assistant~~ associate 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 expertise:

(1) Ordering diagnostic, therapeutic, and other medical services;

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

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

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

(5) Determining and pronouncing death in accordance with section 4730.202 of the Revised Code;

(6) Assisting in surgery;

(7) If the physician ~~assistant~~ associate holds a valid prescriber number issued by the state medical board and has been granted physician-delegated prescriptive authority, ordering, prescribing, personally furnishing, and administering drugs and medical devices;

(8) Any other services that are part of the supervising physician's normal course of practice and expertise.

(B) The services a physician ~~assistant~~ associate may provide under the policies of a health care facility are limited to the services the facility authorizes the physician ~~assistant~~ associate to provide for the facility. A facility shall not authorize a physician ~~assistant~~ associate to perform a service that is prohibited under this chapter. A physician who is supervising a physician ~~assistant~~ associate within a health care facility may impose limitations on the physician ~~assistant's~~

associate's practice that are in addition to any limitations applicable under the policies of the facility.

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

(B) A physician ~~assistant~~ associate may administer, monitor, or maintain local anesthesia as a component of a procedure the physician ~~assistant~~ associate is performing or as a separate service when the procedure requiring local anesthesia is to be performed by the physician ~~assistant's~~ associate's supervising physician or another person. A physician ~~assistant~~ associate shall not administer, monitor, or maintain any other form of anesthesia, including regional anesthesia or any systemic sedation.

Sec. 4730.202. (A) A physician ~~assistant~~ associate may determine and pronounce an individual's death, but only if the individual's respiratory and circulatory functions are not being artificially sustained and, at the time the determination and pronouncement of death is made, either or both of the following apply:

(1) The individual was receiving care in one of the following:

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

(b) A residential care facility or home for the aging

licensed under Chapter 3721. of the Revised Code;

(c) A county home or district home operated pursuant to Chapter 5155. of the Revised Code;

(d) A residential facility licensed under section 5123.19 of the Revised Code.

(2) The physician ~~assistant~~ associate is providing or supervising the individual's care through a hospice care program licensed under Chapter 3712. of the Revised Code or any other entity that provides palliative care.

(B) If a physician ~~assistant~~ associate determines and pronounces an individual's death, the physician ~~assistant~~ associate shall comply with both of the following:

(1) The physician ~~assistant~~associate shall not complete any portion of the individual's death certificate.

(2) The physician ~~assistant~~associate shall notify the individual's attending physician of the determination and pronouncement of death in order for the physician to fulfill the physician's duties under section 3705.16 of the Revised Code. The physician ~~assistant~~ associate shall provide the notification within a period of time that is reasonable but not later than twenty-four hours following the determination and pronouncement of the individual's death.

Sec. 4730.203. (A) Acting pursuant to a supervision agreement, a physician ~~assistant~~ associate may delegate performance of a task to implement a patient's plan of care or, if the conditions in division (C) of this section are met, may delegate administration of a drug. Subject to division (D) of section 4730.03 of the Revised Code, delegation may be to any person. The physician ~~assistant~~ associate must be physically

present at the location where the task is performed or the drug administered.

(B) Prior to delegating a task or administration of a drug, a physician ~~assistant~~ associate 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~~ associate may delegate administration of a drug only if all of the following conditions are met:

(1) The physician ~~assistant~~ associate has been granted physician-delegated prescriptive authority and is authorized to prescribe the drug.

(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~~ associate's delegation under this section.

Sec. 4730.204. (A) Subject to division (B) of this section, a physician ~~assistant~~ associate 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;

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

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

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

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

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

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

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

(C) Notwithstanding section 4730.22 of the Revised Code or any other conflicting provision of this chapter, a supervising physician who authorizes a physician ~~assistant~~ associate to sign one or more documents as described in this section is not liable for damages in a civil action for injury, death, or loss to person or property for an act or omission that arises from the physician ~~assistant~~ associate signing the document, and is not subject to administrative action or criminal prosecution for an act or omission that arises from the physician ~~assistant~~ associate signing the document.

Sec. 4730.21. (A) The supervising physician of a physician ~~assistant~~ associate exercises supervision, control, and direction of the physician ~~assistant~~associate. A physician ~~assistant~~ associate may practice in any setting within which the supervising physician has supervision, control, and direction of the physician ~~assistant~~associate.

In supervising a physician ~~assistant~~associate, all of the following apply:

(1) The supervising physician shall be continuously available for direct communication with the physician ~~assistant~~ associate by either of the following means:

(a) Being physically present at the location where the physician ~~assistant~~ associate is practicing;

(b) Being readily available to the physician ~~assistant~~ associate through some means of telecommunication and being in a location that is a distance from the location where the physician ~~assistant~~ associate is practicing that reasonably allows the physician to assure proper care of patients.

(2) The supervising physician shall personally and

actively review the physician ~~assistant's~~ associate's professional activities.

(3) The supervising physician shall ensure that the quality assurance system established pursuant to division (F) of this section is implemented and maintained.

(4) The supervising physician shall regularly perform any other reviews of the physician ~~assistant~~ associate that the supervising physician considers necessary.

(B) A physician may enter into supervision agreements with any number of physician ~~assistants~~associates, but the physician may not supervise more than five physician ~~assistants~~ associates at any one time. A physician ~~assistant~~ associate may enter into supervision agreements with any number of supervising physicians.

(C) A supervising physician may authorize a physician ~~assistant~~ associate to perform a service only if the physician is satisfied that the physician ~~assistant~~ associate is capable of competently performing the service. A supervising physician shall not authorize a physician ~~assistant~~ associate to perform any service that is beyond the physician's or the physician ~~assistant's~~ associate's normal course of practice and expertise.

(D) In the case of a health care facility with an emergency department, if the supervising physician routinely practices in the facility's emergency department, the supervising physician shall provide on-site supervision of the physician ~~assistant~~ associate when the physician ~~assistant~~ associate practices in the emergency department. If the supervising physician does not routinely practice in the facility's emergency department, the supervising physician may,

on occasion, send the physician ~~assistant~~ associate to the facility's emergency department to assess and manage a patient. In supervising the physician ~~assistant's~~ associate's assessment and management of the patient, the supervising physician shall determine the appropriate level of supervision in compliance with the requirements of divisions (A) to (C) of this section, except that the supervising physician must be available to go to the emergency department to personally evaluate the patient and, at the request of an emergency department physician, the supervising physician shall go to the emergency department to personally evaluate the patient.

(E) Each time a physician ~~assistant~~ associate writes a medical order, including prescriptions written in the exercise of physician-delegated prescriptive authority, the physician ~~assistant~~ associate shall sign the form on which the order is written and record on the form the time and date that the order is written.

(F)(1) The supervising physician of a physician ~~assistant~~ associate shall establish a quality assurance system to be used in supervising the physician ~~assistant~~associate. All or part of the system may be applied to other physician ~~assistants~~ associates who are supervised by the supervising physician. The system shall be developed in consultation with each physician ~~assistant~~ associate to be supervised by the physician.

(2) In establishing the quality assurance system, the supervising physician shall describe a process to be used for all of the following:

(a) Routine review by the physician of selected patient record entries made by the physician ~~assistant~~ associate and selected medical orders issued by the physician

~~assistant~~associate;

(b) Discussion of complex cases;

(c) Discussion of new medical developments relevant to the practice of the physician and physician ~~assistant~~associate;

(d) Performance of any quality assurance activities required in rules adopted by state medical board pursuant to any recommendations made by the physician ~~assistant~~ associate policy committee under section 4730.06 of the Revised Code;

(e) Performance of any other quality assurance activities that the supervising physician considers to be appropriate.

(3) The supervising physician and physician ~~assistant~~ associate shall keep records of their quality assurance activities. On request, the records shall be made available to the board.

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

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

(B) When a health care facility permits physician ~~assistants~~ associates to practice within that facility or any other health care facility under its control, the health care facility shall make reasonable efforts to explain to each individual who may work with a particular physician ~~assistant~~ associate the scope of that physician ~~assistant's~~ associate's

practice within the facility. The appropriate credentialing body within the health care facility shall provide, on request of an individual practicing in the facility with a physician ~~assistant~~associate, a copy of the facility's policies on the practice of physician ~~assistants~~ associates within the facility and a copy of each supervision agreement applicable to the physician ~~assistant~~associate.

An individual who follows the orders of a physician ~~assistant~~ associate practicing in a health care facility is not subject to disciplinary action by any administrative agency that governs that individual's conduct and is not liable in damages in a civil action for injury, death, or loss to person or property resulting from the individual's acts or omissions in the performance of any procedure, treatment, or other health care service if the individual reasonably believed that the physician ~~assistant~~ associate was acting within the proper scope of practice or was relaying medical orders from a supervising physician, unless the act or omission constitutes willful or wanton misconduct.

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

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

applicant, refuse to renew a license, refuse to reinstate a license, or reprimand or place on probation the holder of a license for any of the following reasons:

(1) Failure to practice in accordance with the supervising physician's supervision agreement with the physician ~~assistant~~associate, including, if applicable, the policies of the health care facility in which the supervising physician and physician ~~assistant~~ associate are practicing;

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

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

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

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

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

(7) Willfully betraying a professional confidence;

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

physician ~~assistant~~associate; in connection with any solicitation or advertisement for patients; in relation to the practice of medicine as it pertains to physician ~~assistants~~associates; or in securing or attempting to secure a license to practice as a physician ~~assistant~~associate.

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

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

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

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

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

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

practice;

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

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

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

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

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

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

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

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

(22) Failure to cooperate in an investigation conducted by the board under section 4730.26 of the Revised Code, including failure to comply with a subpoena or order issued by the board or failure to answer truthfully a question presented by the board at a deposition or in written interrogatories, except that failure to cooperate with an investigation shall not constitute grounds for discipline under this section if a court of competent jurisdiction has issued an order that either quashes a subpoena or permits the individual to withhold the testimony or evidence in issue;

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

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

(25) Failure to comply with section 4730.53 of the Revised Code, unless the board no longer maintains a drug database pursuant to section 4729.75 of the Revised Code;

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

(27) Having certification by the national commission on certification of physician ~~assistants~~ associates or a successor organization expire, lapse, or be suspended or revoked;

(28) The revocation, suspension, restriction, reduction, or termination of clinical privileges by the United States

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

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

(30) Violation of section 4730.57 of the Revised Code.

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

(D) For purposes of divisions (B)(12), (15), and (16) 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 applicant or license holder committed the act in question. The board shall have no jurisdiction under these divisions in cases where the trial court renders a final judgment in the license holder's favor and that judgment is based upon an adjudication on the merits. The board shall have jurisdiction under these divisions in cases

where 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 the provisions of this section or upon the board's jurisdiction to take action under the provisions of 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, destroy, redact, or otherwise modify its records to reflect the court's sealing or expungement of conviction records.

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

(1) In enforcing division (B)(4) of this section, the board, upon a showing of a possible violation, shall refer any individual who holds, or has applied for, a license issued under this chapter to the monitoring organization that conducts the confidential monitoring program established under section 4731.25 of the Revised Code. The board also may compel the individual to submit to a mental examination, physical examination, including an HIV test, or both a mental and physical examination. The expense of the examination is the responsibility of the individual compelled to be examined.

Failure to submit to a mental or physical examination or consent to an HIV test ordered by the board constitutes an admission of the allegations against the individual unless the failure is due to circumstances beyond the individual's control, and a default and final order may be entered without the taking of testimony or presentation of evidence. If the board finds a physician ~~assistant~~ associate unable to practice because of the reasons set forth in division (B)(4) of this section, the board shall require the physician ~~assistant~~ associate to submit to care, counseling, or treatment by physicians approved or designated by the board, as a condition for an initial, continued, reinstated, or renewed license. An individual affected under this division shall be afforded an opportunity to demonstrate to the board the ability to resume practicing in compliance with acceptable and prevailing standards of care.

(2) For purposes of division (B)(5) of this section, if the board has reason to believe that any individual who holds a license issued under this chapter or any applicant for a license suffers such impairment, the board shall refer the individual to the monitoring organization that conducts the confidential monitoring program established under section 4731.25 of the Revised Code. The board also may compel the individual to submit to a mental or physical examination, or both. The expense of the examination is the responsibility of the individual compelled to be examined. Any mental or physical examination required under this division shall be undertaken by a treatment provider or physician qualified to conduct such examination and approved under section 4731.251 of the Revised Code.

Failure to submit to a mental or physical examination ordered by the board constitutes an admission of the allegations against the individual unless the failure is due to

circumstances beyond the individual's control, and a default and final order may be entered without the taking of testimony or presentation of evidence. If the board determines that the individual's ability to practice is impaired, the board shall suspend the individual's license or deny the individual's application and shall require the individual, as a condition for initial, continued, reinstated, or renewed licensure, to submit to treatment.

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

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

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

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

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

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

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

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

(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 charged constitutes a violation of division (B) of this section.

(2) If a recommendation is made to suspend without a prior hearing pursuant to division (G)(1) of this section, written allegations shall be prepared for consideration by the board.

The board, upon review of those allegations and by an affirmative vote of not fewer than six of its members, excluding the secretary and supervising member, may suspend a license

without a prior hearing. A telephone conference call may be utilized for reviewing the allegations and taking the vote on the summary suspension.

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

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

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

(H) If the board takes action under division (B)(11), (13), or (14) of this section, and the judicial finding of guilt, guilty plea, or judicial finding of eligibility for intervention in lieu of conviction is overturned on appeal, upon exhaustion of the criminal appeal, a petition for

reconsideration of the order may be filed with the board along with appropriate court documents. Upon receipt of a petition and supporting court documents, the board shall reinstate the individual's license. The board may then hold an adjudication under Chapter 119. of the Revised Code to determine whether the individual committed the act in question. Notice of opportunity for hearing shall be given in accordance with Chapter 119. of the Revised Code. If the board finds, pursuant to an adjudication held under this division, that the individual committed the act, or if no hearing is requested, it may order any of the sanctions identified under division (B) of this section.

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

The board shall notify the individual subject to the suspension in accordance with sections 119.05 and 119.07 of the Revised Code. If an individual whose license is suspended under this division fails to make a timely request for an adjudication

under Chapter 119. of the Revised Code, the board shall enter a final order permanently revoking the individual's license to practice.

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

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

(L) When the board refuses to grant or issue to an applicant a license to practice as a physician ~~assistant~~associate, revokes an individual's license, refuses to renew an individual's license, or refuses to reinstate an individual's license, the board may specify that its action is permanent. An individual subject to a permanent action taken by the board is forever thereafter ineligible to hold the license and the board shall not accept an application for reinstatement of the license or for issuance of a new license.

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

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

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

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

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

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

Sec. 4730.251. On receipt of a notice pursuant to section 3123.43 of the Revised Code, the state medical board shall comply with sections 3123.41 to 3123.50 of the Revised Code and any applicable rules adopted under section 3123.63 of the Revised Code with respect to a license to practice as a physician ~~assistant~~ associate issued pursuant to this chapter.

Sec. 4730.252. (A)(1) If a physician ~~assistant~~ associate violates any section of this chapter other than section 4730.14 of the Revised Code or violates any rule adopted under this chapter, the state medical board may, pursuant to an adjudication under Chapter 119. of the Revised Code and an affirmative vote of not fewer than six of its members, impose a civil penalty. The amount of the civil penalty shall be determined by the board in accordance with the guidelines adopted under division (A)(2) of this section. The civil penalty may be in addition to any other action the board may take under section 4730.25 of the Revised Code.

(2) The board shall adopt and may amend guidelines regarding the amounts of civil penalties to be imposed under this section. Adoption or amendment of the guidelines requires the approval of not fewer than six board members.

Under the guidelines, no civil penalty amount shall exceed twenty thousand dollars.

(B) Amounts received from payment of civil penalties imposed under this section shall be deposited by the board in accordance with section 4731.24 of the Revised Code. Amounts received from payment of civil penalties imposed for violations of division (B)(5) of section 4730.25 of the Revised Code shall be used by the board solely for investigations, enforcement, and compliance monitoring.

Sec. 4730.26. (A) The state medical board shall investigate evidence that appears to show that any person has violated this chapter or a rule adopted under it. In an investigation involving the practice or supervision of a physician ~~assistant~~ associate pursuant to the policies of a health care facility, the board may require that the health care

facility provide any information the board considers necessary to identify either or both of the following:

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

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

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

(C) Investigations of alleged violations of this chapter or rules adopted under it shall be supervised by the supervising member elected by the board in accordance with section 4731.02 of the Revised Code and by the secretary as provided in section 4730.33 of the Revised Code. The president may designate another member of the board to supervise the investigation in place of the supervising member. Upon a vote of the majority of the board to authorize the addition of a consumer member in the supervision of any part of any investigation, the president shall designate a consumer member for supervision of investigations as determined by the president. The authorization of consumer member participation in investigation supervision may be rescinded by a majority vote of the board. A member of

the board who supervises the investigation of a case shall not participate in further adjudication of the case.

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

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

A subpoena issued by the board may be served by a sheriff, the sheriff's deputy, or a board employee designated by the board. Service of a subpoena issued by the board may be made by delivering a copy of the subpoena to the person named therein, reading it to the person, or leaving it at the person's usual place of residence. When the person being served is a physician ~~assistant~~associate, service of the subpoena may be made by certified mail, restricted delivery, return receipt requested, and the subpoena shall be deemed served on the date delivery is

made or the date the person refuses to accept delivery.

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

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

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

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

The board may share any information it receives pursuant to an investigation, including patient records and patient record information, with law enforcement agencies, other licensing boards, and other governmental agencies that are prosecuting, adjudicating, or investigating alleged violations of statutes or administrative rules. An agency or board that receives the information shall comply with the same requirements 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.

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

(H) 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:

(1) The case number assigned to the complaint or alleged

violation;

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

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

(4) Whether witnesses were interviewed;

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

(6) The disposition of the case.

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 submitted to the physician ~~assistant~~ associate policy committee of the board and is a public record for purposes of section 149.43 of the Revised Code.

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

Sec. 4730.27. If the state medical board has reason to believe that any person who has been granted a license under this chapter to practice as a physician ~~assistant~~ associate is mentally ill or mentally incompetent, it may file in the probate court of the county in which such person has a legal residence an affidavit in the form prescribed in section 5122.11 of the Revised Code and signed by the board secretary or a member of the secretary's staff, whereupon the same proceedings shall be had as provided in Chapter 5122. of the Revised Code. The attorney general may represent the board in any proceeding

commenced under this section.

If a physician ~~assistant~~ associate is adjudged by a probate court to be mentally ill or mentally incompetent, the individual's license shall be automatically suspended until the individual has filed with the board a certified copy of an adjudication by a probate court of being restored to competency or has submitted to the board proof, satisfactory to the board, of having been discharged as being restored to competency in the manner and form provided in section 5122.38 of the Revised Code. The judge of the court shall immediately notify the board of an adjudication of incompetence and note any suspension of a license in the margin of the court's record of the license.

Sec. 4730.28. (A) This section applies to all of the following:

(1) An applicant seeking restoration of a license issued under this chapter that has been in a suspended or inactive state for any cause for more than two years;

(2) An applicant seeking issuance of a license pursuant to this chapter who for more than two years has not been practicing as a physician ~~assistant~~ associate as either of the following:

(a) An active practitioner;

(b) A student in a program as described in division (B) or (C) of section 4730.11 of the Revised Code.

(3) An applicant seeking to reactivate a license placed on retired status.

(B) Before issuing a license to an applicant subject to this section, or before restoring a license to good standing or reactivating a license placed on retired status for an applicant

subject to this section, the state medical board may impose terms and conditions including any one or more of the following:

(1) Requiring the applicant to pass an oral or written examination, or both, to determine the applicant's present fitness to resume practice;

(2) Requiring the applicant to obtain additional training and to pass an examination upon completion of such training;

(3) Requiring an assessment of the applicant's physical skills for purposes of determining whether the applicant's coordination, fine motor skills, and dexterity are sufficient for performing evaluations and procedures in a manner that meets the minimal standards of care;

(4) Requiring an assessment of the applicant's skills in recognizing and understanding diseases and conditions;

(5) Requiring the applicant to undergo a comprehensive physical examination, which may include an assessment of physical abilities, evaluation of sensory capabilities, or screening for the presence of neurological disorders;

(6) Restricting or limiting the extent, scope, or type of practice of the applicant.

The board shall consider the moral background and the activities of the applicant during the period of suspension, inactivity, or retirement. The board shall not issue, restore, or reactivate a license under this section unless the applicant complies with sections 4776.01 to 4776.04 of the Revised Code.

Sec. 4730.31. (A) As used in this section, "prosecutor" has the same meaning as in section 2935.01 of the Revised Code.

(B) Whenever any person holding a valid license to

practice as a physician ~~assistant~~ associate issued pursuant to this chapter pleads guilty to, is subject to a judicial finding of guilt of, or is subject to a judicial finding of eligibility for intervention in lieu of conviction for a violation of Chapter 2907., 2925., or 3719. of the Revised Code or of any substantively comparable ordinance of a municipal corporation in connection with practicing as a physician ~~assistant~~associate, the prosecutor in the case shall, on forms prescribed and provided by the state medical board, promptly notify the board of the conviction. Within thirty days of receipt of such information, the board shall initiate action in accordance with Chapter 119. of the Revised Code to determine whether to suspend or revoke the license under section 4730.25 of the Revised Code.

(C) The prosecutor in any case against any person holding a valid license issued pursuant to this chapter shall, on forms prescribed and provided by the state medical board, notify the board of any of the following:

(1) A plea of guilty to, a judicial finding of guilt of, or judicial finding of eligibility for intervention in lieu of conviction for a felony, or a case where the trial court issues an order of dismissal upon technical or procedural grounds of a felony charge;

(2) A plea of guilty to, a judicial finding of guilt of, or judicial finding or eligibility for intervention in lieu of conviction for a misdemeanor committed in the course of practice, or a case where the trial court issues an order of dismissal upon technical or procedural grounds of a charge of a misdemeanor, if the alleged act was committed in the course of practice;

(3) A plea of guilty to, a judicial finding of guilt of,

or judicial finding of eligibility for intervention in lieu of conviction for a misdemeanor involving moral turpitude, or a case where the trial court issues an order of dismissal upon technical or procedural grounds of a charge of a misdemeanor involving moral turpitude.

The report shall include the name and address of the license holder, the nature of the offense for which the action was taken, and the certified court documents recording the action.

Sec. 4730.32. (A) As used in this section, "criminal conduct" and "sexual misconduct" have the same meanings as in section 4731.224 of the Revised Code.

(B)(1) Within thirty days after the imposition of any formal disciplinary action taken by a health care facility against any individual holding a valid license to practice as a physician ~~assistant~~ associate issued under this chapter, the chief administrator or executive officer of the facility shall report to the state medical board the name of the individual, the action taken by the facility, and a summary of the underlying facts leading to the action taken. Upon request, the board shall be provided certified copies of the patient records that were the basis for the facility's action. Prior to release to the board, the summary shall be approved by the peer review committee that reviewed the case or by the governing board of the facility.

The filing of a report with the board or decision not to file a report, investigation by the board, or any disciplinary action taken by the board, does not preclude a health care facility from taking disciplinary action against a physician ~~assistant~~associate.

In the absence of fraud or bad faith, no individual or entity that provides patient records to the board shall be liable in damages to any person as a result of providing the records.

(2) Within thirty days after commencing an investigation regarding criminal conduct or sexual misconduct against any individual holding a valid license to practice issued pursuant to this chapter, a health care facility, including a hospital, health care facility operated by a health insuring corporation, ambulatory surgical center, or similar facility, shall report to the board the name of the individual and a summary of the underlying facts related to the investigation being commenced.

(C)(1) Except as provided in division (C)(2) of this section and subject to division (C)(3) of this section, a physician ~~assistant~~associate, professional association or society of physician ~~assistants~~associates, physician, or professional association or society of physicians that believes a violation of any provision of this chapter, Chapter 4731. of the Revised Code, or rule of the board has occurred shall report to the board the information upon which the belief is based.

(2) A physician ~~assistant~~associate, professional association or society of physician ~~assistants~~associates, physician, or professional association or society of physicians that believes that a violation of division (B)(4) or (5) of section 4730.25 of the Revised Code has occurred shall report the information upon which the belief is based to the monitoring organization conducting the confidential monitoring program established under section 4731.25 of the Revised Code. If any such report is made to the board, it shall be referred to the monitoring organization unless the board is aware that the

individual who is the subject of the report does not meet the program eligibility requirements of section 4731.252 of the Revised Code.

(3) If any individual authorized to practice under this chapter or any professional association or society of such individuals knows or has reasonable cause to suspect based on facts that would cause a reasonable person in a similar position to suspect that an individual authorized to practice under this chapter has committed or participated in criminal conduct or sexual misconduct, the information upon which the belief is based shall be reported to the board within thirty days.

This division does not apply to a professional association or society whose staff interacts with members of the association or society only in advocacy, governance, or educational capacities and whose staff does not regularly interact with members in practice settings.

(4) In addition to the self-reporting of criminal offenses that is required for license renewal, an individual authorized to practice under this chapter shall report to the board criminal charges regarding criminal conduct, sexual misconduct, or any conduct involving the use of a motor vehicle while under the influence of alcohol or drugs, including offenses that are equivalent offenses under division (A) of section 4511.181 of the Revised Code, violations of division (D) of section 4511.194 of the Revised Code, and violations of division (C) of section 4511.79 of the Revised Code. Reports under this division shall be made within thirty days of the criminal charge being filed.

(D) Any professional association or society composed primarily of physician ~~assistants~~ associates that suspends or revokes an individual's membership for violations of

professional ethics, or for reasons of professional incompetence or professional malpractice, within thirty days after a final decision, shall report to the board, on forms prescribed and provided by the board, the name of the individual, the action taken by the professional organization, and a summary of the underlying facts leading to the action taken.

The filing or nonfiling of a report with the board, investigation by the board, or any disciplinary action taken by the board, shall not preclude a professional organization from taking disciplinary action against a physician ~~assistant~~associate.

(E) Any insurer providing professional liability insurance to any person holding a valid license to practice as a physician ~~assistant~~ associate issued under this chapter or any other entity that seeks to indemnify the professional liability of a physician ~~assistant~~ associate shall notify the board within thirty days after the final disposition of any written claim for damages where such disposition results in a payment exceeding twenty-five thousand dollars. The notice shall contain the following information:

(1) The name and address of the person submitting the notification;

(2) The name and address of the insured who is the subject of the claim;

(3) The name of the person filing the written claim;

(4) The date of final disposition;

(5) If applicable, the identity of the court in which the final disposition of the claim took place.

(F) The board may investigate possible violations of this chapter or the rules adopted under it that are brought to its attention as a result of the reporting requirements of this section, except that the board shall conduct an investigation if a possible violation involves repeated malpractice. As used in this division, "repeated malpractice" means three or more claims for malpractice within the previous five-year period, each resulting in a judgment or settlement in excess of twenty-five thousand dollars in favor of the claimant, and each involving negligent conduct by the physician ~~assistant~~associate.

(G) All summaries, reports, and records received and maintained by the board pursuant to this section shall be confidential pursuant to division (F) of section 4730.26 of the Revised Code.

(H) Except for reports filed by an individual pursuant to division (B)(2) or (C) of this section, the board shall send a copy of any reports or summaries it receives pursuant to this section to the physician ~~assistant~~associate. The physician ~~assistant~~ associate shall have the right to file a statement with the board concerning the correctness or relevance of the information. The statement shall at all times accompany that part of the record in contention.

(I) An individual or entity that reports to the board, reports to the monitoring organization described in section 4731.25 of the Revised Code, or refers an impaired physician ~~assistant~~ associate to a treatment provider approved under section 4731.251 of the Revised Code shall not be subject to suit for civil damages as a result of the report, referral, or provision of the information.

(J) In the absence of fraud or bad faith, a professional

association or society of physician ~~assistants~~ associates that sponsors a committee or program to provide peer assistance to a physician ~~assistant~~ associate with substance abuse problems, a representative or agent of such a committee or program, a representative or agent of the monitoring organization described in section 4731.25 of the Revised Code, and a member of the state medical board shall not be held liable in damages to any person by reason of actions taken to refer a physician ~~assistant~~ associate to a treatment provider approved under section 4731.251 of the Revised Code for examination or treatment.

Sec. 4730.33. The secretary of the state medical board shall enforce the laws relating to the practice of physician ~~assistants~~associates. If the secretary has knowledge or notice of a violation of this chapter or the rules adopted under it, the secretary shall investigate the matter, and, upon probable cause appearing, file a complaint and prosecute the offender. When requested by the secretary, the prosecuting attorney of the proper county shall take charge of and conduct such prosecution.

In the prosecution of any person for violation of division (A) of section 4730.02 of the Revised Code it shall not be necessary to allege or prove want of a valid license to practice as a physician ~~assistant~~associate, but such matters shall be a matter of defense to be established by the accused.

Sec. 4730.34. In the absence of fraud or bad faith, the state medical board, the board's physician ~~assistant~~ associate policy committee, a current or former board or committee member, an agent of the board or committee, a person formally requested by the board to be the board's representative or by the committee to be the committee's representative, or an employee of the board or committee shall not be held liable in damages to

any person as the result of any act, omission, proceeding, conduct, or decision related to official duties undertaken or performed pursuant to this chapter. If any such person requests to be defended by the state against any claim or action arising out of any act, omission, proceeding, conduct, or decision related to the person's official duties, and if the request is made in writing at a reasonable time before trial and the person requesting defense cooperates in good faith in the defense of the claim or action, the state shall provide and pay for the person's defense and shall pay any resulting judgment, compromise, or settlement. At no time shall the state pay any part of a claim or judgment that is for punitive or exemplary damages.

Sec. 4730.38. (A) The physician ~~assistant~~ associate policy committee of the state medical board shall, at such times the committee determines to be necessary, submit to the board recommendations regarding physician-delegated prescriptive authority for physician ~~assistants~~associates. The committee's recommendations shall address both of the following:

(1) Policy and procedures regarding physician-delegated prescriptive authority;

(2) Any issue the committee considers necessary to assist the board in fulfilling its duty to adopt rules governing physician-delegated prescriptive authority.

(B) Recommendations submitted under this section are subject to the procedures and time frames specified in division (C) of section 4730.06 of the Revised Code.

Sec. 4730.39. (A) The state medical board shall adopt rules governing physician-delegated prescriptive authority for

physician ~~assistants~~associates. The rules shall be adopted in accordance with Chapter 119. of the Revised Code.

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

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

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

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

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

Sec. 4730.41. (A) A physician ~~assistant~~associate 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 prescriptive authority, a physician ~~assistant~~ associate is subject to all of the following:

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

(2) The physician ~~assistant~~ associate shall comply with

all conditions placed on the physician-delegated prescriptive authority, as specified by the supervising physician who is supervising the physician ~~assistant~~ associate in the exercise of physician-delegated prescriptive authority.

(3) If the physician ~~assistant~~ associate possesses physician-delegated prescriptive authority for controlled substances, the physician ~~assistant~~ associate shall register with the federal drug enforcement administration.

(4) If the physician ~~assistant~~ associate possesses physician-delegated prescriptive authority for schedule II controlled substances, the physician ~~assistant~~ associate shall comply with section 4730.411 of the Revised Code.

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

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

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

Sec. 4730.411. (A) Except as provided in division (B) or (C) of this section, a physician ~~assistant~~ associate may prescribe to a patient a schedule II controlled substance only if all of the following are the case:

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

(2) The physician ~~assistant's~~ associate's supervising physician initially prescribed the substance for the patient.

(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.

(B) The restrictions on prescriptive authority in division (A) of this section do not apply if a physician ~~assistant~~ associate issues the prescription to the patient from any of the following locations:

(1) A hospital as defined in section 3722.01 of the Revised Code;

(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;

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

(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;

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

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

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

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

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

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

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

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

(13) A site where a medical practice is operated, but only if the practice is comprised of one or more physicians who also are owners of the practice; the practice is organized to provide direct patient care; and the physician ~~assistant~~ associate has entered into a supervisory agreement with at least one of the physician owners who practices primarily at that site;

(14) A site where a behavioral health practice is operated that does not qualify as a location otherwise described in division (B) of this section, but only if the practice is organized to provide outpatient services for the treatment of mental health conditions, substance use disorders, or both, and the physician ~~assistant~~ associate providing services at the site of the practice has entered into a supervisory agreement with at least one physician who is employed by that practice.

(C) A physician ~~assistant~~ associate 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~~ associate 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. 4730.42. (A) In granting physician-delegated prescriptive authority to a particular physician ~~assistant~~ associate who holds a valid prescriber number issued by the state medical board, the supervising physician is subject to all of the following:

(1) The supervising physician shall not grant physician-delegated prescriptive authority for any drug or device that may be used to perform or induce an abortion.

(2) The supervising physician shall not grant physician-delegated prescriptive authority in a manner that exceeds the supervising physician's prescriptive authority, including the physician's authority to treat chronic pain with controlled substances and products containing tramadol as described in section 4731.052 of the Revised Code.

(3) The supervising physician shall supervise the physician ~~assistant~~ associate in accordance with both of the following:

(a) The supervision requirements specified in section 4730.21 of the Revised Code;

(b) The supervision agreement entered into with the

physician ~~assistant~~ associate under section 4730.19 of the Revised Code, including, if applicable, the policies of the health care facility in which the physician and physician ~~assistant~~ associate are practicing.

(B)(1) The supervising physician of a physician ~~assistant~~ associate may place conditions on the physician-delegated prescriptive authority granted to the physician ~~assistant~~associate. If conditions are placed on that authority, the supervising physician shall maintain a written record of the conditions and make the record available to the state medical board on request.

(2) The conditions that a supervising physician may place on the physician-delegated prescriptive authority granted to a physician ~~assistant~~ associate include the following:

(a) Identification by class and specific generic nomenclature of drugs and therapeutic devices that the physician chooses not to permit the physician ~~assistant~~ associate to prescribe;

(b) Limitations on the dosage units or refills that the physician ~~assistant~~ associate is authorized to prescribe;

(c) Specification of circumstances under which the physician ~~assistant~~ associate is required to refer patients to the supervising physician or another physician when exercising physician-delegated prescriptive authority;

(d) Responsibilities to be fulfilled by the physician in supervising the physician ~~assistant~~ associate that are not otherwise specified in the supervision agreement or otherwise required by this chapter.

Sec. 4730.43. (A) A physician ~~assistant~~ associate who

holds a valid prescriber number issued by the state medical board and has been granted physician-delegated prescriptive authority may personally furnish to a patient samples of drugs and therapeutic devices that are included in the physician ~~assistant's~~ associate'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~~ associate may furnish the sample in the package 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~~ associate who holds a valid prescriber number issued by the state medical board and has been granted physician-delegated prescriptive authority may personally furnish to a patient a complete or partial supply of the drugs and therapeutic devices that are included in the physician ~~assistant's~~ associate's physician-delegated prescriptive authority, subject to all of the following:

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

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

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

(b) A federally funded comprehensive primary care clinic;

(c) A nonprofit health care clinic or program;

(d) An employer-based clinic that provides health care services to the employer's employees.

(3) The physician ~~assistant~~ associate shall comply with all standards and procedures for personally furnishing supplies of drugs and devices, as established in rules adopted under section 4730.39 of the Revised Code.

Sec. 4730.432. (A)(1) Notwithstanding any conflicting provision of this chapter or rule adopted by the state medical board, a physician ~~assistant~~ associate who holds a valid prescriber number issued by the board and has been granted physician-delegated prescriptive authority may issue a prescription for or personally furnish a complete or partial supply of a drug to treat chlamydia, gonorrhea, or trichomoniasis without having examined the individual for whom the drug is intended, if all of the following conditions are met:

(a) The individual is a sexual partner of the physician ~~assistant's~~ associate's patient.

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

(c) The patient reports to the physician ~~assistant~~ associate that the individual is unable or unlikely to be evaluated or treated by a health professional.

(2) A prescription issued under this section shall include the individual's name and address, if known. If the physician ~~assistant~~ associate is unable to obtain the individual's name and address, the prescription shall include the patient's name and address and the words "expedited partner therapy" or the letters "EPT."

(3) A physician ~~assistant~~ associate may prescribe or personally furnish a drug under this section for not more than a total of two individuals who are sexual partners of the physician ~~assistant's~~ associate's patient.

(B) For each drug prescribed or personally furnished under this section, the physician ~~assistant~~ associate shall do all of the following:

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

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

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

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

(b) That information concerning the drug was provided to the patient for the purpose of sharing the information with the

individual;

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

(C) A physician ~~assistant~~ associate who prescribes or personally furnishes a drug under this section may contact the individual for whom the drug is intended.

(1) If the physician ~~assistant~~ associate contacts the individual, the physician ~~assistant~~ associate shall do all of the following:

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

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

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

(d) Document in the patient's record that the physician ~~assistant~~ associate contacted the individual.

(2) If the physician ~~assistant~~ associate does not contact the individual, the physician ~~assistant~~ associate shall document that fact in the patient's record.

(D) A physician ~~assistant~~ associate who in good faith prescribes or personally furnishes a drug under this section is not liable for or subject to any of the following:

(1) Damages in any civil action;

(2) Prosecution in any criminal proceeding;

(3) Professional disciplinary action.

Sec. 4730.433. (A)(1) Subject to division (A)(2) of this section, and notwithstanding any provision of this chapter or rule adopted by the state medical board, a physician ~~assistant~~ associate who holds a license issued under this chapter and a valid prescriber number issued by the state medical board and has been granted physician-delegated prescriptive authority may do either of the following without having examined an individual to whom epinephrine may be administered:

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

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

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

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

Sec. 4730.437. (A)(1) Subject to division (A)(2) of this section and notwithstanding any provision of this chapter or

rule adopted by the state medical board, a physician ~~assistant~~ associate who holds a valid prescriber number issued by the board and has been granted physician-delegated prescriptive authority may do either of the following without having examined an individual to whom glucagon may be administered:

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

(b) Issue a prescription for injectable or nasally administered glucagon in accordance with section 3313.7115, 3313.7116, 3314.147, 3326.60, 3328.38, or 5180.262 of the Revised Code.

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

(B) A physician ~~assistant~~ associate 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. 4730.44. (A) As used in this section:

(1) "Military" means the armed forces of the United States or the national guard of any state, including any health care facility or clinic operated by the United States department of veterans affairs.

(2) "Public health service" means the United States public health service commissioned corps.

(B) During the first five hundred hours of a physician ~~assistant's~~ associate's exercise of physician-delegated prescriptive authority, the physician ~~assistant~~ associate shall exercise that authority only under the on-site supervision of a supervising physician. This requirement is met by a physician ~~assistant~~ associate practicing in the military or the public health service if the supervision is provided by a person licensed, or otherwise authorized, by any jurisdiction to practice medicine and surgery or osteopathic medicine and surgery.

(C) A physician ~~assistant~~ associate shall be excused from the requirement established in division (B) of this section if either of the following is the case:

(1) Prior to application under section 4730.10 of the Revised Code, the physician ~~assistant~~ associate held a prescriber number, or the equivalent, from another jurisdiction and practiced with prescriptive authority in that jurisdiction for not less than one thousand hours.

(2) Prior to application under section 4730.10 of the Revised Code, the physician ~~assistant~~ associate practiced with prescriptive authority in the military or public health service for not less than one thousand hours.

(D) A record of a physician ~~assistant's~~ associate's completion of the hours required by division (B) of this section, issuance of a prescriber number or equivalent by another jurisdiction, or practice in the military or public health service shall be kept in the records maintained by a

supervising physician of the physician ~~assistant~~associate. The record shall be made available for inspection by the board.

Sec. 4730.49. (A) To be eligible for renewal of a license to practice as a physician ~~assistant~~associate, 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) of this section, in the case of an applicant who prescribes opioid analgesics or benzodiazepines, as defined in section 3719.01 of the Revised Code, the applicant shall certify to the 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) The requirement described in division (A)(2)(a) of this section does not apply if any of the following is the case:

(i) The state board of pharmacy notifies the state medical board pursuant to section 4729.861 of the Revised Code that the applicant has been restricted from obtaining further information from the drug database.

(ii) The state board of pharmacy no longer maintains the drug database.

(iii) The applicant does not practice as a physician ~~assistant~~ associate in this state.

(c) If an applicant certifies to the state medical board that the applicant has been granted access to the drug database and the board finds through an audit or other means that the applicant has not been granted access, the board may take action under section 4730.25 of the Revised Code.

(B) The state medical board shall provide for pro rata reductions by month of the number of hours of continuing education in pharmacology that is required to be completed for physician ~~assistants~~ associates who have been disabled due to illness or accident or have been absent from the country. The board shall adopt rules, in accordance with Chapter 119. of the Revised Code, as necessary to implement this division.

(C) The continuing education required by this section is in addition to the continuing education required under section 4730.14 of the Revised Code.

(D) If the board chooses to authorize persons to approve continuing pharmacology education programs and courses, it shall establish standards for granting that authority and grant the authority in accordance with the standards.

Sec. 4730.53. (A) As used in this section:

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

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

(B) Except as provided in divisions (C) and (E) of this

section, a physician ~~assistant~~ associate licensed under this chapter who has been granted physician-delegated prescriptive authority shall comply with all of the following as conditions of prescribing a drug that is either an opioid analgesic or a benzodiazepine as part of a patient's course of treatment for a particular condition:

(1) Before initially prescribing the drug, the physician ~~assistant~~ associate or the physician ~~assistant's~~ associate's delegate shall request from the drug database a report of information related to the patient that covers at least the twelve months immediately preceding the date of the request. If the physician ~~assistant~~ associate practices primarily in a county of this state that adjoins another state, the physician ~~assistant~~ associate or delegate also shall request a report of any information available in the drug database that pertains to prescriptions issued or drugs furnished to the patient in the state adjoining that county.

(2) If the patient's course of treatment for the condition continues for more than ninety days after the initial report is requested, the physician ~~assistant~~ associate or delegate shall make periodic requests for reports of information from the drug database until the course of treatment has ended. The requests shall be made at intervals not exceeding ninety days, determined according to the date the initial request was made. The request shall be made in the same manner provided in division (B)(1) of this section for requesting the initial report of information from the drug database.

(3) On receipt of a report under division (B)(1) or (2) of this section, the physician ~~assistant~~ associate shall assess the information in the report. The physician ~~assistant~~ associate

shall document in the patient's record that the report was received and the information was assessed.

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

(1) A drug database report regarding the patient is not available, in which case the physician ~~assistant~~ associate shall document in the patient's record the reason that the report is not available.

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

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

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

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

(D) The state medical board may adopt rules that establish standards and procedures to be followed by a physician ~~assistant~~ associate licensed under this chapter who has been granted physician-delegated prescriptive authority regarding the review of patient information available through the drug database under division (A)(5) of section 4729.80 of the Revised Code. The rules shall be adopted in accordance with Chapter 119. of the Revised Code.

(E) This section and any rules adopted under it do not apply if the state board of pharmacy no longer maintains the

drug database.

Sec. 4730.55. (A) As used in this section:

(1) "Controlled substance," "schedule III," "schedule IV," and "schedule V" have the same meanings as in section 3719.01 of the Revised Code.

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

(B) The state medical board shall adopt rules that establish standards and procedures to be followed by physician ~~assistants~~ associates in the use of all drugs approved by the United States food and drug administration for use in medication-assisted treatment, including controlled substances in schedule III, IV, or V. The rules shall address detoxification, relapse prevention, patient assessment, individual treatment planning, counseling and recovery supports, diversion control, and other topics selected by the board after considering best practices in medication-assisted treatment.

The board may apply the rules to all circumstances in which a physician ~~assistant~~ associate prescribes drugs for use in medication-assisted treatment or limit the application of the rules to prescriptions for medication-assisted treatment issued for patients being treated in office-based practices or other practice types or locations specified by the board.

(C) All rules adopted under this section shall be adopted in accordance with Chapter 119. of the Revised Code. The rules shall be consistent with rules adopted under sections 4723.51 and 4731.056 of the Revised Code.

Sec. 4730.56. (A) As used in this section:

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

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

(B) A physician ~~assistant~~ associate shall comply with section 3719.064 of the Revised Code and rules adopted under section 4730.55 of the Revised Code when treating a patient with medication-assisted treatment or proposing to initiate such treatment.

Sec. 4730.57. (A) As used in this section, "intimate examination" means a pelvic, prostate, or rectal examination.

(B) Except as provided in division (C) of this section, a physician ~~assistant~~ associate or student enrolled in a program or course of study described in division (B) of section 4730.11 of the Revised Code shall not perform, or authorize another individual to perform, an intimate examination on an anesthetized or unconscious patient.

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

(1) The performance of an intimate examination is within the scope of care for the surgical procedure or diagnostic examination to be performed on the patient.

(2) The patient or the patient's legal representative gives specific, informed consent for the intimate examination, consistent with division (D) of this section.

(3) An intimate examination is required for diagnostic purposes or treatment of the patient's medical condition.

(D) To obtain informed consent for purposes of division

(C)(2) of this section, the physician ~~assistant~~ associate shall do all of the following:

(1) Provide the patient or the patient's legal representative with a written or electronic informed consent form that meets all of the following requirements:

(a) Is a separate consent form or is included as a distinct or separate section of a general consent form;

(b) Contains the following heading at the top of the form or section: "CONSENT FOR INTIMATE EXAMINATION";

(c) Specifies the nature and purpose of the intimate examination;

(d) Informs the patient or the patient's legal representative that a student may be present if the patient or the patient's legal representative authorizes a student to perform the intimate examination or observe the intimate examination in person or through electronic means;

(e) Allows the patient or the patient's legal representative the opportunity to consent to or refuse the intimate examination;

(f) Permits a patient or the patient's legal representative who consents to an intimate examination to consent to or refuse a student performing or observing the intimate examination in person or through electronic means.

(2) Provide the patient or the patient's legal representative with a meaningful opportunity to ask questions about the intimate examination;

(3) Obtain the signature of the patient or the patient's legal representative on the informed consent form;

(4) Sign the informed consent form.

Sec. 4730.60. A physician ~~assistant~~ associate may provide telehealth services in accordance with section 4743.09 of the Revised Code.

Sec. 4731.053. (A) As used in this section, "physician" means an individual authorized by this chapter to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery.

(B) The state medical board shall adopt rules that establish standards to be met and procedures to be followed by a physician with respect to the physician's delegation of the performance of a medical task to a person who is not licensed or otherwise specifically authorized by the Revised Code to perform the task. The rules shall be adopted in accordance with Chapter 119. of the Revised Code and shall include a coroner's investigator among the individuals who are competent to recite the facts of a deceased person's medical condition to a physician so that the physician may pronounce the person dead without personally examining the body.

(C) To the extent that delegation applies to the administration of drugs, the rules adopted under this section shall provide for all of the following:

(1) On-site supervision when the delegation occurs in an institution or other facility that is used primarily for the purpose of providing health care, unless the board establishes a specific exception to the on-site supervision requirement with respect to routine administration of a topical drug, such as the use of a medicated shampoo;

(2) Evaluation of whether delegation is appropriate

according to the acuity of the patient involved;

(3) Training and competency requirements that must be met by the person administering the drugs;

(4) Other standards and procedures the board considers relevant.

(D) The board shall not adopt rules that do any of the following:

(1) Authorize a physician to transfer the physician's responsibility for supervising a person who is performing a delegated medical task to a health professional other than another physician;

(2) Authorize an individual to whom a medical task is delegated to delegate the performance of that task to another individual;

(3) Except as provided in divisions (D)(4) to (7) of this section, authorize a physician to delegate the administration of anesthesia, controlled substances, drugs administered intravenously, or any other drug or category of drug the board considers to be inappropriate for delegation;

(4) Prevent an individual from engaging in an activity performed for a child with a disability as a service needed to meet the educational needs of the child, as identified in the individualized education program developed for the child under Chapter 3323. of the Revised Code;

(5) Conflict with any provision of the Revised Code that specifically authorizes an individual to perform a particular task;

(6) Conflict with any rule adopted pursuant to the Revised

Code that is in effect on April 10, 2001, as long as the rule remains in effect, specifically authorizing an individual to perform a particular task;

(7) Prohibit a perfusionist from administering drugs intravenously while practicing as a perfusionist;

(8) Authorize a physician ~~assistant~~associate, anesthesiologist assistant, or any other professional regulated by the board to delegate tasks pursuant to this section.

Sec. 4731.054. (A) As used in this section:

(1) "Chronic pain" has the same meaning as in section 4731.052 of the Revised Code.

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

(3) "Hospice care program" means a program licensed under Chapter 3712. of the Revised Code.

(4) "Hospital" means a hospital registered with the department of health under section 3701.07 of the Revised Code.

(5) "Owner" means each person included on the list maintained under division (B)(6) of section 4729.552 of the Revised Code.

(6)(a) "Pain management clinic" means a facility to which both of the following apply:

(i) The majority of patients of the prescribers at the facility are provided treatment for chronic pain through the use of controlled substances, tramadol, or other drugs specified in rules adopted under this section;

(ii) The facility meets any other identifying criteria

established in rules adopted under this section.

(b) "Pain management clinic" does not include any of the following:

(i) A hospital;

(ii) A facility operated by a hospital for the treatment of chronic pain;

(iii) A physician practice 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;

(iv) A school, college, university, or other educational institution or program to the extent that it provides instruction to individuals preparing to practice as physicians, podiatrists, dentists, nurses, physician ~~assistants~~associates, optometrists, or veterinarians or any affiliated facility to the extent that it participates in the provision of that instruction;

(v) A hospice care program with respect to its hospice patients;

(vi) A hospice care program with respect to its provision of palliative care in an inpatient facility or unit to patients who are not hospice patients, as authorized by section 3712.10 of the Revised Code, but only in the case of those palliative care patients who have a life-threatening illness;

(vii) A palliative care inpatient facility or unit that does not admit hospice patients and is not otherwise excluded as a pain management clinic under division (A)(6)(b) of this section, but only in the case of those palliative care patients who have a life-threatening illness;

(viii) An ambulatory surgical facility licensed under section 3702.30 of the Revised Code;

(ix) An interdisciplinary pain rehabilitation program with three-year accreditation from the commission on accreditation of rehabilitation facilities;

(x) 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;

(xi) A facility conducting only clinical research that may use controlled substances in studies approved by a hospital-based institutional review board or an institutional review board accredited by the association for the accreditation of human research protection programs.

(7) "Physician" means an individual authorized under this chapter to practice medicine and surgery or osteopathic medicine and surgery.

(8) "Prescriber" has the same meaning as in section 4729.01 of the Revised Code.

(B) Each owner shall supervise, control, and direct the activities of each individual, including an employee, volunteer, or individual under contract, who provides treatment of chronic pain at the pain management clinic or is associated with the provision of that treatment. The supervision, control, and direction shall be provided in accordance with rules adopted under this section.

(C) The state medical board shall adopt rules in accordance with Chapter 119. of the Revised Code that establish all of the following:

(1) Standards and procedures for the operation of a pain management clinic;

(2) Standards and procedures to be followed by a physician who provides care at a pain management clinic;

(3) For purposes of division (A)(5)(a)(i) of this section, the other drugs used to treat chronic pain that identify a facility as a pain management clinic;

(4) For purposes of division (A)(5)(a)(ii) of this section, the other criteria that identify a facility as a pain management clinic;

(5) For purposes of division (B) of this section, standards and procedures to be followed by an owner in providing supervision, direction, and control of individuals at a pain management clinic.

(D) The board may impose a fine of not more than twenty thousand dollars on a physician who fails to comply with rules adopted under this section. The fine may be in addition to or in lieu of any other action that may be taken under section 4731.22 of the Revised Code. The board shall deposit any amounts received under this division in accordance with section 4731.24 of the Revised Code.

(E)(1) The board may inspect either of the following as the board determines necessary to ensure compliance with this chapter and any rules adopted under it regarding pain management clinics:

(a) A pain management clinic;

(b) A facility or physician practice that the board suspects is operating as a pain management clinic in violation

of this chapter.

(2) The board's inspection shall be conducted in accordance with division (F) of section 4731.22 of the Revised Code.

(3) Before conducting an on-site inspection, the board shall provide notice to the owner or other person in charge of the facility or physician practice, except that the board is not required to provide the notice if, in the judgment of the board, the notice would jeopardize an investigation being conducted by the board.

Sec. 4731.22. (A) The state medical board, by an affirmative vote of not fewer than six of its members, may limit, revoke, or suspend a license or certificate to practice or certificate to recommend, refuse to grant a license or certificate, refuse to renew a license or certificate, refuse to reinstate a license or certificate, or reprimand or place on probation the holder of a license or certificate if the individual applying for or holding the license or certificate is found by the board to have committed fraud during the administration of the examination for a license or certificate to practice or to have committed fraud, misrepresentation, or deception in applying for, renewing, or securing any license or certificate to practice or certificate to recommend issued by the board.

(B) Except as provided in division (P) of this section, the board, by an affirmative vote of not fewer than six members, shall, to the extent permitted by law, limit, revoke, or suspend a license or certificate to practice or certificate to recommend, refuse to issue a license or certificate, refuse to renew a license or certificate, refuse to reinstate a license or

certificate, or reprimand or place on probation the holder of a license or certificate for one or more of the following reasons:

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

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

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

(4) Willfully betraying a professional confidence.

For purposes of this division, "willfully betraying a professional confidence" does not include providing any information, documents, or reports under sections 307.621 to 307.629 of the Revised Code to a child fatality review board; does not include providing any information, documents, or reports under sections 307.631 to 307.6410 of the Revised Code to a drug overdose fatality review committee, a suicide fatality review committee, or hybrid drug overdose fatality and suicide fatality review committee; does not include providing any information, documents, or reports under sections 307.651 to

307.659 of the Revised Code to a domestic violence fatality review board; does not include providing any information, documents, or reports to the director of health pursuant to guidelines established under section 3701.70 of the Revised Code; does not include written notice to a mental health professional under section 4731.62 of the Revised Code; does not include making a report as described in division (F) of section 2921.22 and section 4731.224 of the Revised Code; and does not include the making of a report of an employee's use of a drug of abuse, or a report of a condition of an employee other than one involving the use of a drug of abuse, to the employer of the employee as described in division (B) of section 2305.33 of the Revised Code. Nothing in this division affects the immunity from civil liability conferred by section 2305.33 or 4731.62 of the Revised Code upon a physician who makes a report in accordance with section 2305.33 or notifies a mental health professional in accordance with section 4731.62 of the Revised Code. As used in this division, "employee," "employer," and "physician" have the same meanings as in section 2305.33 of the Revised Code.

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

As used in this division, "false, fraudulent, deceptive, or misleading statement" means a statement that includes a misrepresentation of fact, is likely to mislead or deceive because of a failure to disclose material facts, is intended or is likely to create false or unjustified expectations of

favorable results, or includes representations or implications that in reasonable probability will cause an ordinarily prudent person to misunderstand or be deceived.

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

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

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

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

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

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

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

(13) A plea of guilty to, a judicial finding of guilt of,

or a judicial finding of eligibility for intervention in lieu of conviction for, a misdemeanor involving moral turpitude;

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

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

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

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

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

For purposes of this division, a "provision of a code of ethics of a national professional organization" does not include any provision that would preclude the making of a report by a physician of an employee's use of a drug of abuse, or of a

condition of an employee other than one involving the use of a drug of abuse, to the employer of the employee as described in division (B) of section 2305.33 of the Revised Code. Nothing in this division affects the immunity from civil liability conferred by that section upon a physician who makes either type of report in accordance with division (B) of that section. As used in this division, "employee," "employer," and "physician" have the same meanings as in section 2305.33 of the Revised Code.

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

In enforcing this division, the board, upon a showing of a possible violation, shall refer any individual who is authorized to practice by this chapter or who has submitted an application pursuant to this chapter to the monitoring organization that conducts the confidential monitoring program established under section 4731.25 of the Revised Code. The board also may compel the individual to submit to a mental examination, physical examination, including an HIV test, or both a mental and a physical examination. The expense of the examination is the responsibility of the individual compelled to be examined. Failure to submit to a mental or physical examination or consent to an HIV test ordered by the board constitutes an admission of the allegations against the individual unless the failure is due to circumstances beyond the individual's control, and a default and final order may be entered without the taking of testimony or presentation of evidence. If the board finds an individual unable to practice because of the reasons set forth in this

division, the board shall require the individual to submit to care, counseling, or treatment by physicians approved or designated by the board, as a condition for initial, continued, reinstated, or renewed authority to practice. An individual affected under this division shall be afforded an opportunity to demonstrate to the board the ability to resume practice in compliance with acceptable and prevailing standards under the provisions of the individual's license or certificate. For the purpose of this division, any individual who applies for or receives a license or certificate to practice under this chapter accepts the privilege of practicing in this state and, by so doing, shall be deemed to have given consent to submit to a mental or physical examination when directed to do so in writing by the board, and to have waived all objections to the admissibility of testimony or examination reports that constitute a privileged communication.

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

This division does not apply to a violation or attempted violation of, assisting in or abetting the violation of, or a conspiracy to violate, any provision of this chapter or any rule adopted by the board that would preclude the making of a report by a physician of an employee's use of a drug of abuse, or of a condition of an employee other than one involving the use of a drug of abuse, to the employer of the employee as described in division (B) of section 2305.33 of the Revised Code. Nothing in

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

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

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

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

(24) The revocation, suspension, restriction, reduction, or termination of clinical privileges by the United States

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

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

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

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

If it has reason to believe that any individual authorized to practice by this chapter or any applicant for licensure or certification to practice suffers such impairment, the board shall refer the individual to the monitoring organization that conducts the confidential monitoring program established under section 4731.25 of the Revised Code. The board also may compel the individual to submit to a mental or physical examination, or both. The expense of the examination is the responsibility of the individual compelled to be examined. Any mental or physical examination required under this division shall be undertaken by

a treatment provider or physician who is qualified to conduct the examination and who is approved under section 4731.251 of the Revised Code.

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

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

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

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

(c) Two written reports indicating that the individual's ability to practice has been assessed and that the individual has been found capable of practicing according to acceptable and

prevailing standards of care. The reports shall be made by individuals or providers approved by the board for making the assessments and shall describe the basis for their determination.

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

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

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

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

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

(b) Advertising that the individual will waive the payment of all or any part of a deductible or copayment that a patient, pursuant to a health insurance or health care policy, contract, or plan that covers the individual's services, otherwise would

be required to pay.

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

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

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

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

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

(34) Failure to cooperate in an investigation conducted by the board under division (F) of this section, including failure to comply with a subpoena or order issued by the board or failure to answer truthfully a question presented by the board in an investigative interview, an investigative office conference, at a deposition, or in written interrogatories,

except that failure to cooperate with an investigation shall not constitute grounds for discipline under this section if a court of competent jurisdiction has issued an order that either quashes a subpoena or permits the individual to withhold the testimony or evidence in issue;

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

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

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

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

(39) Performing or inducing an abortion at an office or facility with knowledge that the office or facility fails to post the notice required under section 3701.791 of the Revised Code;

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

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

(42) Failure to comply with the requirements of section

4729.79 or 4731.055 of the Revised Code, unless the state board of pharmacy no longer maintains a drug database pursuant to section 4729.75 of the Revised Code;

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

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

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

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

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

(48) Failure to comply with the requirements of section 4731.30 of the Revised Code or rules adopted under section 4731.301 of the Revised Code when recommending treatment with

medical marijuana;

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

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

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

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

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

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

(C) Disciplinary actions taken by the board under divisions (A) and (B) of this section shall be taken pursuant to an adjudication under Chapter 119. of the Revised Code, except that in lieu of an adjudication, the board may enter into a consent agreement with an individual to resolve an allegation of a violation of this chapter or any rule adopted under it. A consent agreement, when ratified by an affirmative vote of not fewer than six members of the board, shall constitute the findings and order of the board with respect to the matter addressed in the agreement. If the board refuses to ratify a

consent agreement, the admissions and findings contained in the consent agreement shall be of no force or effect.

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

If the board takes disciplinary action against an individual under division (B) of this section for a second or subsequent plea of guilty to, or judicial finding of guilt of, a violation of section 2919.123 or 2919.124 of the Revised Code, the disciplinary action shall consist of a suspension of the individual's license or certificate to practice for a 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. Any consent agreement entered into under this division with an individual that pertains to a second or subsequent plea of guilty to, or judicial finding of guilt of, a violation of that section shall provide for a suspension of the individual's license or certificate to practice for a 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 Chapter 119. of the Revised Code shall not be liable in damages in a civil action as a result of the report or testimony. Each complaint or allegation of a violation received by the board shall be assigned a case number and shall be recorded by the board.

(2) Investigations of alleged violations of this chapter or any rule adopted under it shall be supervised by the supervising member elected by the board in accordance with

section 4731.02 of the Revised Code and by the secretary as provided in section 4731.39 of the Revised Code. The president may designate another member of the board to supervise the investigation in place of the supervising member. Upon a vote of the majority of the board to authorize the addition of a consumer member in the supervision of any part of any investigation, the president shall designate a consumer member for supervision of investigations as determined by the president. The authorization of consumer member participation in investigation supervision may be rescinded by a majority vote of the board. No member of the board who supervises the investigation of a case shall participate in further adjudication of the case.

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

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

alleged violation.

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

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

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

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

(5) A report required to be submitted to the board under

this chapter, a complaint, or information received by the board pursuant to an investigation or pursuant to an inspection under division (E) of section 4731.054 of the Revised Code is confidential and not subject to discovery in any civil action.

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

The board may share any information it receives pursuant to an investigation or inspection, including patient records and patient record information, with law enforcement agencies, other licensing boards, and other governmental agencies that are prosecuting, adjudicating, or investigating alleged violations of statutes or administrative rules. An agency or board that receives the information shall comply with the same requirements 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;

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

(f) The disposition of the case.

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.

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

(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:

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

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

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

(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.

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

The board shall serve a written order of suspension in accordance with sections 119.05 and 119.07 of the Revised Code.

If the individual subject to the summary suspension requests an adjudicatory hearing by the board, the date set for the hearing shall be within fifteen days, but not earlier than seven days, after the individual requests the hearing, unless otherwise agreed to by both the board and the individual.

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

The board shall issue its final adjudicative order within seventy-five days after completion of its hearing. A failure to issue the order within seventy-five days shall result in dissolution of the summary suspension order but shall not invalidate any subsequent, final adjudicative order.

(H) If the board takes action under division (B)(9), (11), or (13) of this section and the judicial finding of guilt, guilty plea, or judicial finding of eligibility for intervention in lieu of conviction is overturned on appeal, upon exhaustion of the criminal appeal, a petition for reconsideration of the order may be filed with the board along with appropriate court documents. Upon receipt of a petition of that nature and supporting court documents, the board shall reinstate the individual's license or certificate to practice. The board may then hold an adjudication under Chapter 119. of the Revised Code

to determine whether the individual committed the act in question. Notice of an opportunity for a hearing shall be given in accordance with Chapter 119. of the Revised Code. If the board finds, pursuant to an adjudication held under this division, that the individual committed the act or if no hearing is requested, the board may order any of the sanctions identified under division (B) of this section.

(I) The license or certificate to practice issued to an individual under this chapter and the individual's practice in this state are automatically suspended as of the date of the individual's second or subsequent plea of guilty to, or judicial finding of guilt of, a violation of section 2919.123 or 2919.124 of the Revised Code. In addition, the license or certificate to practice or certificate to recommend issued to an individual under this chapter and the individual's practice in this state are automatically suspended as of the date the individual pleads guilty to, is found by a judge or jury to be guilty of, or is subject to a judicial finding of eligibility for intervention in lieu of conviction in this state or treatment or intervention in lieu of conviction in another jurisdiction for any of the following criminal offenses in this state or a substantially equivalent criminal offense in another jurisdiction: aggravated murder, murder, voluntary manslaughter, felonious assault, trafficking in persons, kidnapping, rape, sexual battery, gross sexual imposition, aggravated arson, aggravated robbery, or aggravated burglary. Continued practice after suspension shall be considered practicing without a license or certificate.

The board shall notify the individual subject to the suspension in accordance with sections 119.05 and 119.07 of the Revised Code. If an individual whose license or certificate is automatically suspended under this division fails to make a

timely request for an adjudication under Chapter 119. of the Revised Code, the board shall do whichever of the following is applicable:

(1) If the automatic suspension under this division is for a second or subsequent plea of guilty to, or judicial finding of guilt of, a violation of section 2919.123 or 2919.124 of the Revised Code, the board shall enter an order suspending the individual's license or certificate to practice for a period of at least one year or, if determined appropriate by the board, imposing a more serious sanction involving the individual's license or certificate to practice.

(2) In all circumstances in which division (I)(1) of this section does not apply, enter a final order permanently revoking the individual's license or certificate to practice.

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

(K) Any action taken by the board under division (B) of this section resulting in a suspension from practice shall be accompanied by a written statement of the conditions under which the individual's license or certificate to practice may be reinstated. The board shall adopt rules governing conditions to be imposed for reinstatement. Reinstatement of a license or certificate suspended pursuant to division (B) of this section

requires an affirmative vote of not fewer than six members of the board.

(L) When the board refuses to grant or issue a license or certificate to practice to an applicant, revokes an individual's license or certificate to practice, refuses to renew an individual's license or certificate to practice, or refuses to reinstate an individual's license or certificate to practice, the board may specify that its action is permanent. An individual subject to a permanent action taken by the board is forever thereafter ineligible to hold a license or certificate to practice and the board shall not accept an application for reinstatement of the license or certificate or for issuance of a new license or certificate.

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

(1) The surrender of a license or certificate issued under this chapter shall not be effective unless or until accepted by the board. A telephone conference call may be utilized for acceptance of the surrender of an individual's license or certificate to practice. The telephone conference call shall be considered a special meeting under division (F) of section 121.22 of the Revised Code. Reinstatement of a license or certificate surrendered to the board requires an affirmative vote of not fewer than six members of the board.

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

(3) Failure by an individual to renew a license or certificate to practice in accordance with this chapter or a

certificate to recommend in accordance with rules adopted under section 4731.301 of the Revised Code does not remove or limit the board's jurisdiction to take any disciplinary action under this section against the individual.

(4) The placement of an individual's license on retired status, as described in section 4731.283 of the Revised Code, does not remove or limit the board's jurisdiction to take any disciplinary action against the individual with regard to the license as it existed before being placed on retired status.

(5) At the request of the board, a license or certificate holder shall immediately surrender to the board a license or certificate that the board has suspended, revoked, or permanently revoked.

(N) Sanctions shall not be imposed under division (B)(28) of this section against any person who waives deductibles and copayments as follows:

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

(2) For professional services rendered to any other person authorized to practice pursuant to this chapter, to the extent allowed by this chapter and rules adopted by the board.

(O) Under the board's investigative duties described in this section and subject to division (F) of this section, the board shall develop and implement a quality intervention program designed to improve through remedial education the clinical and

communication skills of individuals authorized under this chapter to practice medicine and surgery, osteopathic medicine and surgery, and podiatric medicine and surgery. In developing and implementing the quality intervention program, the board may do all of the following:

(1) Offer in appropriate cases as determined by the board an educational and assessment program pursuant to an investigation the board conducts under this section;

(2) Select providers of educational and assessment services, including a quality intervention program panel of case reviewers;

(3) Make referrals to educational and assessment service providers and approve individual educational programs recommended by those providers. The board shall monitor the progress of each individual undertaking a recommended individual educational program.

(4) Determine what constitutes successful completion of an individual educational program and require further monitoring of the individual who completed the program or other action that the board determines to be appropriate;

(5) Adopt rules in accordance with Chapter 119. of the Revised Code to further implement the quality intervention program.

An individual who participates in an individual educational program pursuant to this division shall pay the financial obligations arising from that educational program.

(P) The board shall not refuse to issue a license to an applicant because of a conviction, plea of guilty, judicial finding of guilt, judicial finding of eligibility for

intervention in lieu of conviction, or the commission of an act that constitutes a criminal offense, unless the refusal is in accordance with section 9.79 of the Revised Code.

(Q) A license or certificate to practice or certificate to recommend issued to an individual under this chapter and an individual's practice under this chapter in this state are automatically suspended if the individual's license or certificate to practice a health care occupation or provide health care services is suspended, revoked, or surrendered or relinquished in lieu of discipline by an agency responsible for authorizing, certifying, or regulating an individual to practice a health care occupation or provide health care services in this state or another jurisdiction. The automatic suspension begins immediately upon entry of the order by the agency and lasts for ninety days to permit the board to investigate the basis for the action under this chapter. Continued practice during the automatic suspension shall be considered practicing without a license or certificate.

The board shall notify the individual subject to the automatic suspension by certified mail or in person in accordance with section 119.07 of the Revised Code. If an individual subject to an automatic suspension under this division fails to make a timely request for an adjudication under Chapter 119. of the Revised Code, the board is not required to hold a hearing, but may adopt, by an affirmative vote of not fewer than six of its members, a final order that contains the board's findings. In that final order, the board may order any of the sanctions identified under division (A) or (B) of this section.

Sec. 4731.2210. (A) As used in this section:

(1) "Key third party" means an individual closely involved in a patient's decision-making regarding health care services, including a patient's spouse or partner, parents, children, siblings, or guardians. An individual's status as a key third party ceases upon termination of a practitioner-patient relationship or termination of the relationship between a patient and the individual.

(2) "Practitioner" means any of the following:

(a) An individual authorized under this chapter to practice medicine and surgery, osteopathic medicine and surgery, podiatric medicine and surgery, or a limited branch of medicine;

(b) An individual licensed under Chapter 4730. of the Revised Code to practice as a physician ~~assistant~~associate;

(c) An individual authorized under Chapter 4759. of the Revised Code to practice as a dietitian;

(d) An individual authorized under Chapter 4760. of the Revised Code to practice as an anesthesiologist assistant;

(e) An individual authorized under Chapter 4761. of the Revised Code to practice respiratory care;

(f) An individual authorized under Chapter 4762. of the Revised Code to practice as an acupuncturist;

(g) An individual authorized under Chapter 4772. of the Revised Code to practice as a certified mental health assistant;

(h) An individual authorized under Chapter 4774. of the Revised Code to practice as a radiologist assistant;

(i) An individual licensed under Chapter 4778. of the Revised Code to practice as a genetic counselor.

(3) "Sexual misconduct" has the same meaning as in section 4731.224 of the Revised Code.

(B) Except as provided in division (D) of this section, the state medical board may require a practitioner that is subject to a probationary order of the board that involves a circumstance described in division (C) of this section, to provide to each patient, or to the patient's guardian or a key third party, a written disclosure signed by the practitioner that includes all of the following:

(1) The practitioner's probation status;

(2) The total length of the probation;

(3) The probation end date;

(4) Practice restrictions placed on the practitioner by the board;

(5) The board's telephone number;

(6) An explanation of how the patient can find additional information regarding the probation on the practitioner's profile page on the board's internet web site.

The written disclosure, if required by the board, shall be provided before the patient's first visit following the probationary order of the board. The practitioner shall obtain a copy of the disclosure signed by the patient, or the patient's guardian or a key third party, and maintain the signed copy in the patient's medical record. The signed copy shall be made available to the board immediately upon request.

(C) The written disclosure described in division (B) of this section applies in both of the following circumstances:

(1) Issuance by the board of a final order, final adjudicative order under Chapter 119. of the Revised Code, or a consent agreement that is ratified by an affirmative vote of not fewer than six members of the board establishing any of the following:

(a) Commission of any act of sexual misconduct with a patient or key third party;

(b) Drug or alcohol abuse directly resulting in patient harm, or that impairs the ability of the practitioner to practice safely;

(c) Criminal conviction directly resulting in harm to patient health;

(d) Inappropriate prescribing directly resulting in patient harm.

(2) A statement of issues alleged that the practitioner committed any of the acts described in divisions (C)(1)(a) through (d) and, notwithstanding a lack of admission of guilt, a consent agreement ratified by an affirmative vote of not fewer than six members of the board includes express acknowledgement that the disclosure requirements of this section would serve to protect the public interest.

(D) Written disclosure as described in this section is not required in the following circumstances:

(1) The patient is unconscious or otherwise unable to comprehend the disclosure and sign it, and a guardian or a key third party is unavailable to comprehend and sign it;

(2) The direct patient interaction occurs in an emergency department or otherwise occurs as an immediate result of a

medical emergency;

(3) The practitioner does not have a direct treatment relationship with the patient and does not have direct contact or direct communication with the patient.

(E) The board shall provide the following information regarding practitioners on probation and those practicing under probationary status, in plain view on a practitioner's profile page on the board's internet web site:

(1) Formal action documents detailing the citation, reports and recommendations, board order, and consent agreement;

(2) The length of the probation and the end date;

(3) Practice restrictions placed on the practitioner by the board.

(F) The board shall provide a sample probation disclosure letter on its internet web site to be used by practitioners to comply with this section.

Sec. 4731.25. (A) As used in this section and in sections 4731.251 to 4731.255 of the Revised Code:

(1) "Applicant" means an individual who has applied under Chapter 4730., 4731., 4759., 4760., 4761., 4762., 4772., 4774., or 4778. of the Revised Code for a license, training or other certificate, limited permit, or other authority to practice as any one of the following practitioners: a physician ~~assistant~~associate, physician, podiatrist, limited branch of medicine practitioner, dietitian, anesthesiologist assistant, respiratory care professional, acupuncturist, certified mental health assistant, radiologist assistant, or genetic counselor. "Applicant" may include an individual who has been granted

authority by the state medical board to practice as one type of practitioner, but has applied for authority to practice as another type of practitioner.

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

(a) Impairment of ability to practice as described in division (B)(5) of section 4730.25, division (B)(26) of section 4731.22, division (A)(18) of section 4759.07, division (B)(6) of section 4760.13, division (A)(18) of section 4761.09, division (B)(6) of section 4762.13, division (B)(6) of section 4772.20, division (B)(6) of section 4774.13, or division (B)(6) of section 4778.14 of the Revised Code;

(b) Inability to practice as described in division (B)(4) of section 4730.25, division (B)(19) of section 4731.22, division (A)(14) of section 4759.07, division (B)(5) of section 4760.13, division (A)(14) of section 4761.09, division (B)(5) of section 4762.13, division (B)(5) of section 4774.13, or division (B)(5) of section 4778.14 of the Revised Code.

(3) "Practitioner" means any of the following:

(a) An individual authorized under this chapter to practice medicine and surgery, osteopathic medicine and surgery, podiatric medicine and surgery, or a limited branch of medicine;

(b) An individual licensed under Chapter 4730. of the Revised Code to practice as a physician ~~assistant~~associate;

(c) An individual authorized under Chapter 4759. of the Revised Code to practice as a dietitian;

(d) An individual authorized under Chapter 4760. of the Revised Code to practice as an anesthesiologist assistant;

(e) An individual authorized under Chapter 4761. of the Revised Code to practice respiratory care;

(f) An individual licensed under Chapter 4762. of the Revised Code to practice as an acupuncturist;

(g) An individual licensed under Chapter 4772. of the Revised Code to practice as a certified mental health assistant;

(h) An individual licensed under Chapter 4774. of the Revised Code to practice as a radiologist assistant;

(i) An individual licensed under Chapter 4778. of the Revised Code to practice as a genetic counselor.

(B) The state medical board shall establish a confidential, nondisciplinary program for the evaluation and treatment of practitioners and applicants who are, or may be, impaired and also meet the eligibility conditions described in section 4731.252 or 4731.253 of the Revised Code. The program shall be known as the confidential monitoring program.

The board shall contract with a monitoring organization to conduct the program and perform monitoring services. To be qualified to contract with the board, an organization shall meet all of the following requirements:

(1) Be a professionals health program sponsored by one or more professional associations or societies of practitioners;

(2) Be organized as a not-for-profit entity and exempt from federal income taxation under subsection 501(c)(3) of the Internal Revenue Code;

(3) Contract with or employ a medical director who is authorized under this chapter to practice medicine and surgery or osteopathic medicine and surgery and specializes or has

training and expertise in addiction medicine;

(4) Contract with or employ licensed health care professionals necessary for the organization's operation.

(C) The monitoring organization shall do all of the following pursuant to the contract:

(1) Receive from the board a referral regarding an applicant or receive any report of suspected practitioner impairment from any source, including from the board;

(2) Notify a practitioner who is the subject of a report received under division (C)(1) of this section that the report has been made and that the practitioner may be eligible to participate in the program conducted under this section;

(3) Provide a practitioner who is the subject of a report received under division (C)(1) of this section with the list of approved evaluators and treatment providers prepared and updated as described in section 4731.251 of the Revised Code;

(4) Determine whether a practitioner reported or applicant referred to the monitoring organization is eligible to participate in the program, which in the case of an applicant may include evaluating records as described in division (E)(1)(d) of this section, and notify the practitioner or applicant of the determination;

(5) In the case of a practitioner reported by a treatment provider, notify the treatment provider of the eligibility determination;

(6) Report to the board any practitioner or applicant who is determined ineligible to participate in the program;

(7) Refer an eligible practitioner who chooses to

participate in the program for evaluation by an evaluator approved by the monitoring organization, unless the report received by the monitoring organization was made by an approved evaluator and the practitioner has already been evaluated;

(8) Monitor the evaluation of an eligible practitioner;

(9) Refer an eligible practitioner who chooses to participate in the program to a treatment provider approved by the monitoring organization;

(10) Establish, in consultation with the treatment provider to which a practitioner is referred, the terms and conditions with which the practitioner must comply for continued participation in and successful completion of the program;

(11) Report to the board any practitioner who does not complete evaluation or treatment or does not comply with any of the terms and conditions established by the monitoring organization and the treatment provider;

(12) Perform any other activities specified in the contract with the board or that the monitoring organization considers necessary to comply with this section and sections 4731.251 to 4731.255 of the Revised Code.

(D) The monitoring organization shall not disclose to the board the name of a practitioner or applicant or any records relating to a practitioner or applicant, unless any of the following occurs:

(1) The practitioner or applicant is determined to be ineligible to participate in the program.

(2) The practitioner or applicant requests the disclosure.

(3) The practitioner or applicant is unwilling or unable

to complete or comply with any part of the program, including evaluation, treatment, or monitoring.

(4) The practitioner or applicant presents an imminent danger to oneself or the public, as a result of the practitioner's or applicant's impairment.

(5) The practitioner's impairment has not been substantially alleviated by participation in the program.

(E)(1) The monitoring organization shall develop procedures governing each of the following:

(a) Receiving reports of practitioner impairment;

(b) Notifying practitioners of reports and eligibility determinations;

(c) Receiving applicant referrals as described in section 4731.253 of the Revised Code;

(d) Evaluating records of referred applicants, in particular records from other jurisdictions regarding prior treatment for impairment or current or continued monitoring;

(e) Notifying applicants of eligibility determinations;

(f) Referring eligible practitioners for evaluation or treatment;

(g) Establishing individualized treatment plans for eligible practitioners, as recommended by treatment providers;

(h) Establishing individualized terms and conditions with which eligible practitioners or applicants must comply for continued participation in and successful completion of the program.

(2) The monitoring organization, in consultation with the

board, shall develop procedures governing each of the following:

(a) Providing reports to the board on a periodic basis on the total number of practitioners or applicants participating in the program, without disclosing the names or records of any program participants other than those about whom reports are required by this section;

(b) Reporting to the board any practitioner or applicant who due to impairment presents an imminent danger to oneself or the public;

(c) Reporting to the board any practitioner or applicant who is unwilling or unable to complete or comply with any part of the program, including evaluation, treatment, or monitoring;

(d) Reporting to the board any practitioner or applicant whose impairment was not substantially alleviated by participation in the program.

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

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

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

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

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

(2) "Affiliated physician group practice" means a medical practice that consists of one or more physicians authorized

under this chapter to practice medicine and surgery or osteopathic medicine and surgery and that is affiliated with an academic medical center to further the objectives described in divisions (A)(1)(a) to (c) of this section.

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

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

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

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

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

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

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

and surgery or osteopathic medicine and surgery;

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

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

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

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

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

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

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

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

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

(f) That the applicant has received staff membership or professional privileges from the academic medical center pursuant to standards adopted under section 3701.351 of the Revised Code on a basis that requires the applicant's medical education and graduate medical education to be at least equivalent to that of a physician educated and trained in the United States;

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

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

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

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

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

documentation to support the affidavit;

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

(D)(1) The holder of a certificate of conceded eminence may practice medicine and surgery or osteopathic medicine and surgery only within the clinical setting of the academic medical center with which the certificate holder is employed or for the affiliated physician group practice with which the certificate holder is employed.

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

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

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

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

renewal if the applicant does all of the following:

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

(2) Provides to the board an affidavit and supporting documentation from the academic medical center or affiliated physician group practice of all of the following:

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

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

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

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

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

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

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

this section.

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

Sec. 4731.33. (A) As used in this section:

(1) "Light-based medical device" means any device that can be made to produce or amplify electromagnetic radiation at wavelengths equal to or greater than one hundred eighty nm but less than or equal to 1.0 X 106 nm and that is manufactured, designed, intended, or promoted for irradiation of any part of the human body for the purpose of affecting the structure or function of the body.

(2) "Physician" means a person authorized to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery under this chapter.

(3) "On-site supervision" means the supervising physician is physically in the same location as the delegate during the use of a light-based medical device, but does not require the physician to be in the same room. "On-site supervision" includes the supervising physician's presence in the same office suite as the delegate during the use of the device.

(4) "Off-site supervision" means the supervising physician is continuously available for direct communication with the cosmetic therapist during the use of a light-based medical device.

(5) "Direct physical oversight" means the supervising physician is in the same room directly observing the delegate's use of the light-based medical device.

(B) A physician may delegate the application of light-based medical devices for the purpose of hair removal only if all of the following conditions are met:

(1) The light-based medical device has been specifically cleared or approved by the United States food and drug administration for the removal of hair from the human body.

(2) The use of the light-based medical device for the purpose of hair removal is within the physician's normal course of practice and expertise.

(3) The physician has seen and evaluated the patient to determine whether the proposed application of the specific light-based medical device is appropriate.

(4) The physician has seen and evaluated the patient following the initial application of the specific light-based medical device, but before any continuation of treatment, to determine that the patient responded well to that initial application of the specific light-based medical device.

(5) The person to whom the delegation is made is one of the following:

(a) A physician ~~assistant~~ associate licensed under Chapter 4730. of the Revised Code with whom the physician has an effective supervision agreement;

(b) A person who was licensed as a cosmetic therapist under Chapter 4731. of the Revised Code on April 11, 2021;

(c) A person who has completed a cosmetic therapy course of instruction for a minimum of seven hundred fifty clock hours and received a passing score on the certified laser hair removal professional examination administered by the society for

clinical and medical hair removal;

(d) A registered nurse or licensed practical nurse licensed under Chapter 4723. of the Revised Code.

(C) For delegation to a physician ~~assistant~~associate, the delegation must meet the requirements of section 4730.21 of the Revised Code.

(D)(1) For delegation to a person described under division (B)(5)(b) or (c) of this section, the physician shall ensure that the person to whom the delegation is made has received adequate education and training to provide the level of skill and care necessary, including all of the following:

(a) The person has completed eight hours of basic education that includes the following topics:

(i) Light-based procedure physics;

(ii) Tissue interaction in light-based procedures;

(iii) Light-based procedure safety, including use of proper safety equipment;

(iv) Clinical application of light-based procedures;

(v) Preoperative and postoperative care of light-based procedure patients;

(vi) Reporting of adverse events.

(b) The person has observed fifteen procedures for each specific type of light-based medical device procedure for hair removal that the person will perform under the delegation.

(c) The person shall perform at least twenty procedures under the direct physical oversight of the physician on each specific type of light-based medical device procedure for hair

removal delegated.

(2) For purposes of division (D)(1)(b) of this section, the procedures observed shall be performed by a physician who uses the specific light-based medical device procedure for hair removal in the physician's normal course of practice and expertise.

(3) For purposes of division (D)(1)(c) of this section, the physician overseeing the performance of these procedures shall use this specific light-based medical device procedure for hair removal within the physician's normal course of practice and expertise.

(4) Each delegating physician and delegate shall document and retain satisfactory completion of training required under division (D) of this section. The education requirement in division (D)(1)(a) of this section shall be completed only once by the delegate regardless of the number of types of specific light-based medical device procedures for hair removal delegated and the number of delegating physicians. The training requirements of divisions (D)(1)(b) and (c) of this section shall be completed by the delegate once for each specific type of light-based medical device procedure for hair removal delegated regardless of the number of delegating physicians.

(E) The following delegates are exempt from the education and training requirements of division (D)(1) of this section:

(1) A person who, before ~~the effective date of this section~~ September 30, 2021, has been applying a light-based medical device for hair removal for at least two years through a lawful delegation by a physician;

(2) A person described under division (B)(5)(b) of this

section if the person was authorized to use a light-based medical device under the cosmetic therapist license;

(3) A person described in division (B)(5)(a) or (d) of this section.

(F) For delegation to a person under division (B)(5)(b), (c), or (d) of this section, the physician shall provide on-site supervision at all times that the person to whom the delegation is made is applying the light-based medical device.

A physician shall not supervise more than two delegates under division (B)(5)(b), (c), or (d) of this section at the same time.

(G)(1) Notwithstanding division (F) of this section, a physician may provide off-site supervision when the light-based medical device is applied for the purpose of hair removal to an established patient if the person to whom the delegation is made is a cosmetic therapist who meets all of the following criteria:

(a) The cosmetic therapist has successfully completed a course in the use of light-based medical devices for the purpose of hair removal that has been approved by the delegating physician;

(b) The course consisted of at least fifty hours of training, at least thirty hours of which was clinical experience;

(c) The cosmetic therapist has worked under the on-site supervision of the delegating physician for a sufficient period of time that the physician is satisfied that the cosmetic therapist is capable of competently performing the service with off-site supervision.

(2) The cosmetic therapist shall maintain documentation of the successful completion of the required training.

(H) A delegate under this section shall immediately report to the supervising physician any clinically significant side effect following the application of the light-based medical device or any failure of the treatment to progress as was expected at the time the delegation was made. The physician shall see and personally evaluate the patient who has experienced the clinically significant side effect or whose treatment is not progressing as expected as soon as practicable.

(I) No physician shall fail to comply with division (A), (B), (G), or (H) of this section. A violation of this division constitutes a departure from, or the failure to conform to, minimal standards of care of similar practitioners under the same or similar circumstances, whether or not actual injury to a patient is established, under division (B)(6) of section 4731.22 of the Revised Code.

(J) No physician shall delegate the application of light-based medical devices for the purpose of hair removal to a person who is not listed in division (B)(5) of this section. A violation of this division constitutes violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate section 4731.41 of the Revised Code for purposes of division (B)(20) of section 4731.22 of the Revised Code.

(K) No cosmetic therapist to whom a delegation is made under division (B)(5)(b) or (c) of this section shall fail to comply with division (G) or (H) of this section. A violation of this division constitutes the unauthorized practice of medicine pursuant to section 4731.41 of the Revised Code.

(L) No physician ~~assistant~~ associate shall fail to comply with division (H) of this section. A violation of this division constitutes a departure from, or failure to conform to, minimal standards of care of similar physician ~~assistants~~ associates under the same or similar circumstances, regardless of whether actual injury to patient is established, for purposes of division (B)(19) of section 4730.25 of the Revised Code.

Sec. 4731.37. (A) As used in this section:

(1) "Physician" means an individual authorized under this chapter to practice medicine and surgery or osteopathic medicine and surgery.

(2) "Sonographer" means an individual who uses ultrasonic imaging devices to produce diagnostic images, scans, or videos or three-dimensional volumes of anatomical and diagnostic data.

(B) A physician may delegate to a sonographer the authority to administer intravenously an ultrasound enhancing agent if all of the following conditions are met:

(1) The physician's normal course of practice and expertise includes the intravenous administration of ultrasound enhancing agents.

(2) The facility where the physician practices has developed, in accordance with clinical standards and industry guidelines, standards for administering ultrasound enhancing agents intravenously and has included the facility's standards in a written practice protocol.

(3) The sonographer, as determined by the facility where the physician practices, satisfies all of the following:

(a) Has successfully completed an education and training

program in sonography;

(b) Is certified or registered as a sonographer by another jurisdiction or a nationally recognized accrediting organization;

(c) Has successfully completed training in the intravenous administration of ultrasound enhancing agents that was provided in any of the following ways:

(i) As part of an education and training program in sonography;

(ii) As part of training provided to the sonographer by the physician who delegates to the sonographer the authority to administer intravenously an ultrasound enhancing agent;

(iii) As part of a training program developed and offered by the facility in which the physician practices.

(C) A sonographer may administer intravenously an ultrasound enhancing agent if all of the following conditions are met:

(1) In accordance with division (B) of this section, a physician delegates to the sonographer the authority to administer the agent.

(2) The sonographer administers the agent in accordance with the written practice protocol described in division (B) of this section.

(3) The delegating physician is physically present at the facility where the sonographer administers the agent.

Division (C)(3) of this section does not require the delegating physician to be in the same room as the sonographer

when the sonographer administers the agent.

(D) This section does not prohibit any of the following from administering intravenously an ultrasound enhancing agent:

(1) An individual who is otherwise authorized by the Revised Code to administer intravenously an ultrasound enhancing agent, including a physician ~~assistant~~ associate licensed under Chapter 4730. of the Revised Code or a registered nurse or licensed practical nurse licensed under Chapter 4723. of the Revised Code;

(2) An individual who meets all of the following conditions:

(a) Has successfully completed an education and training program in sonography;

(b) Has applied for certification or registration as a sonographer with another jurisdiction or a nationally recognized accrediting organization;

(c) Is awaiting that certification's or registration's issuance;

(d) Administers intravenously an ultrasound enhancing agent under the general supervision of a physician and the direct supervision of either a sonographer described in divisions (B) and (C) of this section or an individual otherwise authorized to administer intravenously ultrasound enhancing agents.

(3) An individual who is enrolled in an education and training program in sonography and, as part of the program, administers intravenously ultrasound enhancing agents.

(E) For purposes of this section, the authority to

administer an ultrasound enhancing agent intravenously also includes the authority to insert, maintain, and remove any mechanism necessary for the agent's administration.

Sec. 4743.09. (A) As used in this section:

(1) "Durable medical equipment" means a type of equipment, such as a remote monitoring device utilized by a physician, physician ~~assistant~~associate, or advanced practice registered nurse in accordance with this section, that can withstand repeated use, is primarily and customarily used to serve a medical purpose, and generally is not useful to a person in the absence of illness or injury and, in addition, includes repair and replacement parts for the equipment.

(2) "Facility fee" means any fee charged or billed for telehealth services provided in a facility that is intended to compensate the facility for its operational expenses and is separate and distinct from a professional fee.

(3) "Health care professional" means:

(a) An advanced practice registered nurse, as defined in section 4723.01 of the Revised Code;

(b) An optometrist licensed under Chapter 4725. of the Revised Code to practice optometry;

(c) A pharmacist licensed under Chapter 4729. of the Revised Code;

(d) A physician ~~assistant~~ associate licensed under Chapter 4730. of the Revised Code;

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

(f) A psychologist, independent school psychologist, or school psychologist licensed under Chapter 4732. of the Revised Code;

(g) A chiropractor licensed under Chapter 4734. of the Revised Code;

(h) An audiologist or speech-language pathologist licensed under Chapter 4753. of the Revised Code;

(i) An occupational therapist or physical therapist licensed under Chapter 4755. of the Revised Code;

(j) An occupational therapy assistant or physical therapist assistant licensed under Chapter 4755. of the Revised Code;

(k) A professional clinical counselor, independent social worker, independent marriage and family therapist, art therapist, or music therapist licensed under Chapter 4757. of the Revised Code;

(l) An independent chemical dependency counselor licensed under Chapter 4758. of the Revised Code;

(m) A dietitian licensed under Chapter 4759. of the Revised Code;

(n) A respiratory care professional licensed under Chapter 4761. of the Revised Code;

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

(p) A certified Ohio behavior analyst certified under Chapter 4783. of the Revised Code;

(q) A certified mental health assistant licensed under

Chapter 4772. of the Revised Code.

(4) "Health care professional licensing board" means any of the following:

(a) The board of nursing;

(b) The state vision professionals board;

(c) The state board of pharmacy;

(d) The state medical board;

(e) The state board of psychology;

(f) The state chiropractic board;

(g) The state speech and hearing professionals board;

(h) The Ohio occupational therapy, physical therapy, and athletic trainers board;

(i) The counselor, social worker, and marriage and family therapist board;

(j) The chemical dependency professionals board.

(5) "Health plan issuer" has the same meaning as in section 3922.01 of the Revised Code.

(6) "Telehealth services" means health care services provided through the use of information and communication technology by a health care professional, within the professional's scope of practice, who is located at a site other than the site where either of the following is located:

(a) The patient receiving the services;

(b) Another health care professional with whom the provider of the services is consulting regarding the patient.

(B)(1) Each health care professional licensing board shall permit a health care professional under its jurisdiction to provide the professional's services as telehealth services in accordance with this section. Subject to division (B)(2) of this section, a board may adopt any rules it considers necessary to implement this section. All rules adopted under this section shall be adopted in accordance with Chapter 119. of the Revised Code. Any such rules adopted by a board are not subject to the requirements of division (F) of section 121.95 of the Revised Code.

(2)(a) Except as provided in division (B)(2)(b) of this section, the rules adopted by a health care professional licensing board under this section shall establish a standard of care for telehealth services that is equal to the standard of care for in-person services.

(b) Subject to division (B)(2)(c) of this section, a board may require an initial in-person visit prior to prescribing a schedule II controlled substance to a new patient, equivalent to applicable state and federal requirements.

(c)(i) A board shall not require an initial in-person visit for a new patient whose medical record indicates that the patient is receiving hospice or palliative care, who is receiving medication-assisted treatment or any other medication for opioid-use disorder, who is a patient with a mental health condition, or who, as determined by the clinical judgment of a health care professional, is in an emergency situation.

(ii) Notwithstanding division ~~(B)~~ (C) of section 3796.01 of the Revised Code, medical marijuana shall not be considered a schedule II controlled substance.

(C) With respect to the provision of telehealth services, all of the following apply:

(1) A health care professional may use synchronous or asynchronous technology to provide telehealth services to a patient during an initial visit if the appropriate standard of care for an initial visit is satisfied.

(2) A health care professional may deny a patient telehealth services and, instead, require the patient to undergo an in-person visit.

(3) When providing telehealth services in accordance with this section, a health care professional shall comply with all requirements under state and federal law regarding the protection of patient information. A health care professional shall ensure that any username or password information and any electronic communications between the professional and a patient are securely transmitted and stored.

(4) A health care professional may use synchronous or asynchronous technology to provide telehealth services to a patient during an annual visit if the appropriate standard of care for an annual visit is satisfied.

(5) In the case of a health care professional who is a physician, physician ~~assistant~~associate, or advanced practice registered nurse, both of the following apply:

(a) The professional may provide telehealth services to a patient located outside of this state if permitted by the laws of the state in which the patient is located.

(b) The professional may provide telehealth services through the use of medical devices that enable remote monitoring, including such activities as monitoring a patient's

blood pressure, heart rate, or glucose level.

(D) When a patient has consented to receiving telehealth services, the health care professional who provides those services is not liable in damages under any claim made on the basis that the services do not meet the same standard of care that would apply if the services were provided in-person.

(E)(1) A health care professional providing telehealth services shall not charge a patient or a health plan issuer covering telehealth services under section 3902.30 of the Revised Code any of the following: a facility fee, an origination fee, or any fee associated with the cost of the equipment used at the provider site to provide telehealth services.

A health care professional providing telehealth services may charge a health plan issuer for durable medical equipment used at a patient or client site.

(2) A health care professional may negotiate with a health plan issuer to establish a reimbursement rate for fees associated with the administrative costs incurred in providing telehealth services as long as a patient is not responsible for any portion of the fee.

(3) A health care professional providing telehealth services shall obtain a patient's consent before billing for the cost of providing the services, but the requirement to do so applies only once.

(F) Nothing in this section limits or otherwise affects any other provision of the Revised Code that requires a health care professional who is not a physician to practice under the supervision of, in collaboration with, in consultation with, or

pursuant to the referral of another health care professional.

(G) It is the intent of the general assembly, through the amendments to this section, to expand access to and investment in telehealth services in this state in congruence with the expansion and investment in telehealth services made during the COVID-19 pandemic.

Sec. 4755.48. (A) No person shall employ fraud or deception in applying for or securing a license to practice physical therapy or to be a physical therapist assistant.

(B) No person shall practice or in any way imply or claim to the public by words, actions, or the use of letters as described in division (C) of this section to be able to practice physical therapy or to provide physical therapy services, including practice as a physical therapist assistant, unless the person holds a valid license under sections 4755.40 to 4755.56 of the Revised Code or except for submission of claims as provided in section 4755.56 of the Revised Code.

(C) No person shall use the words or letters, physical therapist, physical therapy, physical therapy services, physiotherapist, physiotherapy, physiotherapy services, licensed physical therapist, P.T., Ph.T., P.T.T., R.P.T., L.P.T., M.P.T., D.P.T., M.S.P.T., P.T.A., physical therapy assistant, physical therapist assistant, physical therapy technician, licensed physical therapist assistant, L.P.T.A., R.P.T.A., or any other letters, words, abbreviations, or insignia, indicating or implying that the person is a physical therapist or physical therapist assistant without a valid license under sections 4755.40 to 4755.56 of the Revised Code.

(D) No person who practices physical therapy or assists in

the provision of physical therapy treatments under the supervision of a physical therapist shall fail to display the person's current license granted under sections 4755.40 to 4755.56 of the Revised Code in a conspicuous location in the place where the person spends the major part of the person's time so engaged.

(E) Nothing in sections 4755.40 to 4755.56 of the Revised Code shall affect or interfere with the performance of the duties of any physical therapist or physical therapist assistant in active service in the army, navy, coast guard, marine corps, air force, public health service, or marine hospital service of the United States, while so serving.

(F) Nothing in sections 4755.40 to 4755.56 of the Revised Code shall prevent or restrict the activities or services of a person pursuing a course of study leading to a degree in physical therapy in an accredited or approved educational program if the activities or services constitute a part of a supervised course of study and the person is designated by a title that clearly indicates the person's status as a student.

(G)(1) Subject to division (G)(2) of this section, nothing in sections 4755.40 to 4755.56 of the Revised Code shall prevent or restrict the activities or services of any person who holds a current, unrestricted license to practice physical therapy in another state when that person, pursuant to contract or employment with an athletic team located in the state in which the person holds the license, provides physical therapy to any of the following while the team is traveling to or from or participating in a sporting event in this state:

(a) A member of the athletic team;

(b) A member of the athletic team's coaching, communications, equipment, or sports medicine staff;

(c) A member of a band or cheerleading squad accompanying the athletic team;

(d) The athletic team's mascot.

(2) In providing physical therapy pursuant to division (G)(1) of this section, the person shall not do either of the following:

(a) Provide physical therapy at a health care facility;

(b) Provide physical therapy for more than sixty days in a calendar year.

(3) The limitations described in divisions (G)(1) and (2) of this section do not apply to a person who is practicing in accordance with the compact privilege granted by this state through the "Physical Therapy Licensure Compact" entered into under section 4755.57 of the Revised Code.

(4) The physical therapy section of the occupational therapy, physical therapy, and athletic trainers board shall not require a nonresident person who holds a license to practice physical therapy in another state to obtain a license in accordance with Chapter 4796. of the Revised Code to provide physical therapy services in the manner described under division (G)(1) of this section.

(H)(1) Except as provided in division (H)(2) of this section and subject to division (I) of this section, no person shall practice physical therapy other than on the prescription of, or the referral of a patient by, a person who is licensed in this or another state to do at least one of the following:

(a) Practice medicine and surgery, chiropractic, dentistry, osteopathic medicine and surgery, podiatric medicine and surgery;

(b) Practice as a physician ~~assistant~~associate;

(c) Practice nursing as an advanced practice registered nurse.

(2) The prohibition in division (H)(1) of this section on practicing physical therapy other than on the prescription of, or the referral of a patient by, any of the persons described in that division does not apply if either of the following applies to the person:

(a) The person holds a master's or doctorate degree from a professional physical therapy program that is accredited by a national physical therapy accreditation agency approved by the physical therapy section of the Ohio occupational therapy, physical therapy, and athletic trainers board.

(b) On or before December 31, 2004, the person has completed at least two years of practical experience as a licensed physical therapist.

(I) To be authorized to prescribe physical therapy or refer a patient to a physical therapist for physical therapy, a person described in division (H)(1) of this section must be in good standing with the relevant licensing board in this state or the state in which the person is licensed and must act only within the person's scope of practice.

(J) In the prosecution of any person for violation of division (B) or (C) of this section, it is not necessary to allege or prove want of a valid license to practice physical therapy or to practice as a physical therapist assistant, but

such matters shall be a matter of defense to be established by the accused.

Sec. 4755.623. (A) A person licensed as an athletic trainer pursuant to this chapter shall engage in the activities described in section 4755.621 or 4755.622 of the Revised Code only if the person acts upon the referral of one or more of the following:

(1) A physician;

(2) A dentist licensed under Chapter 4715. of the Revised Code;

(3) A physical therapist licensed under this chapter;

(4) A chiropractor licensed under Chapter 4734. of the Revised Code;

(5) Subject to division (B) of this section, an athletic trainer licensed under this chapter;

(6) A physician ~~assistant~~ associate licensed under Chapter 4730. of the Revised Code;

(7) A certified nurse practitioner licensed under Chapter 4723. of the Revised Code.

(B) A person licensed as an athletic trainer pursuant to this chapter may practice upon the referral of an athletic trainer described in division (A) of this section only if athletic training has already been recommended and referred by a health care provider described in division (A) of this section who is not an athletic trainer.

Sec. 4761.01. As used in this chapter:

(A) "Respiratory care" means rendering or offering to

render to individuals, groups, organizations, or the public any service involving the evaluation of cardiopulmonary function, the treatment of cardiopulmonary impairment, the assessment of treatment effectiveness, and the care of patients with deficiencies and abnormalities associated with the cardiopulmonary system. The practice of respiratory care includes:

(1) Obtaining, analyzing, testing, measuring, and monitoring blood and gas samples in the determination of cardiopulmonary parameters and related physiologic data, including flows, pressures, and volumes, and the use of equipment employed for this purpose;

(2) Administering, monitoring, recording the results of, and instructing in the use of medical gases, aerosols, and bronchopulmonary hygiene techniques, including drainage, aspiration, and sampling, and applying, maintaining, and instructing in the use of artificial airways, ventilators, and other life support equipment employed in the treatment of cardiopulmonary impairment and provided in collaboration with other licensed health care professionals responsible for providing care;

(3) Performing cardiopulmonary resuscitation and respiratory rehabilitation techniques;

(4) Administering medications for the testing or treatment of cardiopulmonary impairment.

(B) "Respiratory care professional" means a person who is licensed under this chapter to practice the full range of services described in division (A) of this section.

(C) "Physician" means an individual authorized under

Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery.

(D) "Registered nurse" means an individual licensed under Chapter 4723. of the Revised Code to engage in the practice of nursing as a registered nurse.

(E) "Hospital" has the same meaning as in section 3722.01 of the Revised Code.

(F) "Nursing facility" has the same meaning as in section 5165.01 of the Revised Code.

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

(H) "Physician ~~assistant~~associate" means an individual who holds a valid license to practice as a physician ~~assistant~~ associate issued under Chapter 4730. of the Revised Code.

Sec. 4761.11. (A) Nothing in this chapter shall be construed to prevent or restrict the practice, services, or activities of any person who:

(1) Is a health care professional licensed by this state providing respiratory care services included in the scope of practice established by the license held, as long as the person does not represent that the person is engaged in the practice of respiratory care;

(2) Is employed as a respiratory care professional by an agency of the United States government and provides respiratory care solely under the direction or control of the employing agency;

(3) Is a student enrolled in a respiratory care education program approved by the state medical board leading to a

certificate of completion in respiratory care and is performing duties that are part of a supervised course of study;

(4) Is employed in the office of a physician and renders medical assistance under the physician's direct supervision without representing that the person is engaged in the practice of respiratory care;

(5) Is employed in a clinical chemistry or arterial blood gas laboratory and is supervised by a physician without representing that the person is engaged in the practice of respiratory care;

(6) Is engaged in the practice of respiratory care as an employee of a person or governmental entity located in another state and provides respiratory care services for less than seventy-two hours to patients being transported into, out of, or through this state;

(7) Is employed as a certified hyperbaric technologist and administers hyperbaric oxygen therapy under the direct supervision of a physician, a podiatrist acting in compliance with section 4731.511 of the Revised Code, a physician ~~assistant~~associate, or an advanced practice registered nurse and without representing that the person is engaged in the practice of respiratory care.

As used in division (A)(7) of this section:

(a) "Certified hyperbaric technologist" means a person who is certified as a hyperbaric technologist by the national board of diving and hyperbaric medical technology or its successor organization.

(b) "Hyperbaric oxygen therapy" means the administration of pure oxygen in a pressurized room or chamber, except that it

does not include ventilator management.

(B) Nothing in this chapter shall be construed to prevent any person from advertising, describing, or offering to provide respiratory care or billing for respiratory care when the respiratory care services are provided by a health care professional licensed by this state practicing within the scope of practice established by the license held. Nothing in this chapter shall be construed to prevent a hospital or nursing facility from advertising, describing, or offering to provide respiratory care, or billing for respiratory care rendered by a person licensed under this chapter or persons who may provide limited aspects of respiratory care or respiratory care tasks pursuant to division (B) of section 4761.10 of the Revised Code.

(C) Notwithstanding division (A) of section 4761.10 of the Revised Code, in a life-threatening situation, in the absence of licensed personnel, unlicensed persons shall not be prohibited from taking life-saving measures.

(D) Nothing in this chapter shall be construed as authorizing a respiratory care professional to practice medicine and surgery or osteopathic medicine and surgery. This division does not prohibit a respiratory care professional from administering topical or intradermal medications for the purpose of producing localized decreased sensation as part of a procedure or task that is within the scope of practice of a respiratory care professional.

Sec. 4761.17. All of the following apply to the practice of respiratory care by a person who holds a license or limited permit issued under this chapter:

(A) The person shall practice only pursuant to a

prescription or other order for respiratory care issued by any of the following:

(1) A physician;

(2) A clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner who holds a current, valid license issued under Chapter 4723. of the Revised Code to practice nursing as an advanced practice registered nurse and has entered into a standard care arrangement with a physician;

(3) A certified registered nurse anesthetist who holds a current, valid license issued under Chapter 4723. of the Revised Code to practice nursing as an advanced practice registered nurse and acts in compliance with section 4723.43 of the Revised Code;

(4) A physician ~~assistant~~ associate who holds a valid prescriber number issued by the state medical board, has been granted physician-delegated prescriptive authority, and has entered into a supervision agreement that allows the physician ~~assistant~~ associate to prescribe or order respiratory care services.

(B) The person shall practice only under the supervision of any of the following:

(1) A physician;

(2) A certified nurse practitioner, certified nurse-midwife, or clinical nurse specialist;

(3) A physician ~~assistant~~ associate who is authorized to prescribe or order respiratory care services as provided in division (A)(4) of this section.

(C)(1) When practicing under the prescription or order of

a certified nurse practitioner, certified nurse midwife, or clinical nurse specialist or under the supervision of such a nurse, the person's administration of medication that requires a prescription is limited to the drugs that the nurse is authorized to prescribe pursuant to section 4723.481 of the Revised Code.

(2) When practicing under the order of a certified registered nurse anesthetist, the person's administration of medication is limited to the drugs that the nurse is authorized to order or direct the person to administer, as provided in section 4723.43 of the Revised Code.

(3) When practicing under the prescription or order of a physician ~~assistant~~ associate or under the supervision of a physician ~~assistant~~associate, the person's administration of medication that requires a prescription is limited to the drugs that the physician ~~assistant~~ associate is authorized to prescribe pursuant to the physician ~~assistant's~~ associate's physician-delegated prescriptive authority.

Sec. 4765.01. As used in this chapter:

(A) "First responder" means an individual who holds a current, valid certificate issued under section 4765.30 of the Revised Code to practice as a first responder.

(B) "Emergency medical technician-basic" or "EMT-basic" means an individual who holds a current, valid certificate issued under section 4765.30 of the Revised Code to practice as an emergency medical technician-basic.

(C) "Emergency medical technician-intermediate" or "EMT-I" means an individual who holds a current, valid certificate issued under section 4765.30 of the Revised Code to practice as

an emergency medical technician-intermediate.

(D) "Emergency medical technician-paramedic" or "paramedic" means an individual who holds a current, valid certificate issued under section 4765.30 of the Revised Code to practice as an emergency medical technician-paramedic.

(E) "Ambulance" means any motor vehicle that is used, or is intended to be used, for the purpose of responding to emergency medical situations, transporting emergency patients, and administering emergency medical service to patients before, during, or after transportation.

(F) "Cardiac monitoring" means a procedure used for the purpose of observing and documenting the rate and rhythm of a patient's heart by attaching electrical leads from an electrocardiograph monitor to certain points on the patient's body surface.

(G) "Emergency medical service" means any of the services that first responders, emergency medical technicians-basic, emergency medical technicians-intermediate, and paramedics are authorized to perform pursuant to rules adopted by the state board of emergency medical, fire, and transportation services under section 4765.11 of the Revised Code. "Emergency medical service" includes such services performed before or during any transport of a patient, including transports between hospitals and transports to and from helicopters.

(H) "Emergency medical service organization" means a public or private organization using first responders, EMTs-basic, EMTs-I, or paramedics, or a combination of first responders, EMTs-basic, EMTs-I, and paramedics, to provide emergency medical services.

(I) "Physician" means an individual who holds a current, valid license issued under Chapter 4731. of the Revised Code authorizing the practice of medicine and surgery or osteopathic medicine and surgery.

(J) "Registered nurse" means an individual who holds a current, valid license issued under Chapter 4723. of the Revised Code authorizing the practice of nursing as a registered nurse.

(K) "Volunteer" means a person who provides services either for no compensation or for compensation that does not exceed the actual expenses incurred in providing the services or in training to provide the services.

(L) "Emergency medical service personnel" means first responders, emergency medical technicians-basic, emergency medical technicians-intermediate, emergency medical technicians-paramedic, and persons who provide medical direction to such persons.

(M) "Hospital" has the same meaning as in section 3727.01 of the Revised Code.

(N) "Trauma" or "traumatic injury" means severe damage to or destruction of tissue that satisfies both of the following conditions:

(1) It creates a significant risk of any of the following:

(a) Loss of life;

(b) Loss of a limb;

(c) Significant, permanent disfigurement;

(d) Significant, permanent disability.

(2) It is caused by any of the following:

(a) Blunt or penetrating injury;

(b) Exposure to electromagnetic, chemical, or radioactive energy;

(c) Drowning, suffocation, or strangulation;

(d) A deficit or excess of heat.

(O) "Trauma victim" or "trauma patient" means a person who has sustained a traumatic injury.

(P) "Trauma care" means the assessment, diagnosis, transportation, treatment, or rehabilitation of a trauma victim by emergency medical service personnel or by a physician, nurse, physician ~~assistant~~associate, respiratory therapist, physical therapist, chiropractor, occupational therapist, speech-language pathologist, audiologist, or psychologist licensed to practice as such in this state or another jurisdiction.

(Q) "Trauma center" means all of the following:

(1) Any hospital that is verified by the American college of surgeons as an adult or pediatric trauma center;

(2) Any hospital that is operating as an adult or pediatric trauma center under provisional status pursuant to section 3727.101 of the Revised Code;

(3) Until December 31, 2004, any hospital in this state that is designated by the director of health as a level II pediatric trauma center under section 3727.081 of the Revised Code;

(4) Any hospital in another state that is licensed or designated under the laws of that state as capable of providing specialized trauma care appropriate to the medical needs of the

trauma patient.

(R) "Pediatric" means involving a patient who is less than sixteen years of age.

(S) "Adult" means involving a patient who is not a pediatric patient.

(T) "Geriatric" means involving a patient who is at least seventy years old or exhibits significant anatomical or physiological characteristics associated with advanced aging.

(U) "Air medical organization" means an organization that provides emergency medical services, or transports emergency victims, by means of fixed or rotary wing aircraft.

(V) "Emergency care" and "emergency facility" have the same meanings as in section 3727.01 of the Revised Code.

(W) "Stabilize" has the same meaning as in section 1753.28 of the Revised Code.

(X) "Transfer" has the same meaning as in section 1753.28 of the Revised Code.

(Y) "Firefighter" means any member of a fire department as defined in section 742.01 of the Revised Code.

(Z) "Volunteer firefighter" has the same meaning as in section 146.01 of the Revised Code.

(AA) "Part-time paid firefighter" means a person who provides firefighting services on less than a full-time basis, is routinely scheduled to be present on site at a fire station or other designated location for purposes of responding to a fire or other emergency, and receives more than nominal compensation for the provision of firefighting services.

(BB) "Physician ~~assistant~~associate" means an individual who holds a valid license to practice as a physician ~~assistant~~ associate issued under Chapter 4730. of the Revised Code.

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

Sec. 4765.35. (A) A first responder may perform any of the emergency medical services specified for first responders in rules adopted under section 4765.11 of the Revised Code by the state board of emergency medical, fire, and transportation services. A first responder shall perform the emergency medical services in accordance with this chapter and any rules adopted under it by the board.

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

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

(b) An authorization transmitted through a direct communication device by a physician, physician ~~assistant~~ associate designated by a physician, or registered nurse designated by a physician;

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

(2) Division (B)(1) of this section does not prohibit a first responder from complying with a do-not-resuscitate order issued by a physician ~~assistant~~ associate or advanced practice registered nurse pursuant to section 2133.211 of the Revised

Code.

Sec. 4765.36. In a hospital, an emergency medical technician-basic, emergency medical technician-intermediate, or emergency medical technician-paramedic may perform emergency medical services if the services are performed in accordance with both of the following conditions:

(A) Only in the hospital's emergency department or while moving a patient between the emergency department and another part of the hospital;

(B) Only under the direction and supervision of one of the following:

(1) A physician;

(2) A physician ~~assistant~~ associate designated by a physician;

(3) A registered nurse designated by a physician.

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

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

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

(b) An authorization transmitted through a direct communication device by a physician, physician ~~assistant~~ associate designated by a physician, or registered nurse designated by a physician;

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

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

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

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

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

(b) An authorization transmitted through a direct communication device by a physician, physician ~~assistant~~ associate designated by a physician, or registered nurse designated by a physician;

(c) Any applicable protocols adopted by the emergency

medical service organization with which the EMT-I is affiliated.

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

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

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

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

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

(b) An authorization transmitted through a direct communication device by a physician, physician ~~assistant~~ associate designated by a physician, or registered nurse designated by a physician;

(c) Any applicable protocols adopted by the emergency medical service organization with which the paramedic is

affiliated.

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

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

Sec. 4765.49. (A) A first responder, emergency medical technician-basic, emergency medical technician-intermediate, or emergency medical technician-paramedic is not liable in damages in a civil action for injury, death, or loss to person or property resulting from the individual's administration of emergency medical services, unless the services are administered in a manner that constitutes willful or wanton misconduct. A physician, physician ~~assistant~~ associate designated by a physician, or registered nurse designated by a physician, any of whom is advising or assisting in the emergency medical services by means of any communication device or telemetering system, is not liable in damages in a civil action for injury, death, or loss to person or property resulting from the individual's advisory communication or assistance, unless the advisory communication or assistance is provided in a manner that constitutes willful or wanton misconduct. Medical directors and members of cooperating physician advisory boards of emergency medical service organizations are not liable in damages in a civil action for injury, death, or loss to person or property

resulting from their acts or omissions in the performance of their duties, unless the act or omission constitutes willful or wanton misconduct.

(B) A political subdivision, joint ambulance district, joint emergency medical services district, or other public agency, and any officer or employee of a public agency or of a private organization operating under contract or in joint agreement with one or more political subdivisions, that provides emergency medical services, or that enters into a joint agreement or a contract with the state, any political subdivision, joint ambulance district, or joint emergency medical services district for the provision of emergency medical services, is not liable in damages in a civil action for injury, death, or loss to person or property arising out of any actions taken by a first responder, EMT-basic, EMT-I, or paramedic working under the officer's or employee's jurisdiction, or for injury, death, or loss to person or property arising out of any actions of licensed medical personnel advising or assisting the first responder, EMT-basic, EMT-I, or paramedic, unless the services are provided in a manner that constitutes willful or wanton misconduct.

(C) A student who is enrolled in an emergency medical services training program accredited under section 4765.17 of the Revised Code or an emergency medical services continuing education program approved under that section is not liable in damages in a civil action for injury, death, or loss to person or property resulting from either of the following:

(1) The student's administration of emergency medical services or patient care or treatment, if the services, care, or treatment is administered while the student is under the direct

supervision and in the immediate presence of an EMT-basic, EMT-I, paramedic, registered nurse, physician ~~assistant~~associate, or physician and while the student is receiving clinical training that is required by the program, unless the services, care, or treatment is provided in a manner that constitutes willful or wanton misconduct;

(2) The student's training as an ambulance driver, unless the driving is done in a manner that constitutes willful or wanton misconduct.

(D) An EMT-basic, EMT-I, paramedic, or other operator, who holds a valid commercial driver's license issued pursuant to Chapter 4506. of the Revised Code or driver's license issued pursuant to Chapter 4507. of the Revised Code and who is employed by an emergency medical service organization that is not owned or operated by a political subdivision as defined in section 2744.01 of the Revised Code, is not liable in damages in a civil action for injury, death, or loss to person or property that is caused by the operation of an ambulance by the EMT-basic, EMT-I, paramedic, or other operator while responding to or completing a call for emergency medical services, unless the operation constitutes willful or wanton misconduct or does not comply with the precautions of section 4511.03 of the Revised Code. An emergency medical service organization is not liable in damages in a civil action for any injury, death, or loss to person or property that is caused by the operation of an ambulance by its employee or agent, if this division grants the employee or agent immunity from civil liability for the injury, death, or loss.

(E) An employee or agent of an emergency medical service organization who receives requests for emergency medical

services that are directed to the organization, dispatches first responders, EMTs-basic, EMTs-I, or paramedics in response to those requests, communicates those requests to those employees or agents of the organization who are authorized to dispatch first responders, EMTs-basic, EMTs-I, or paramedics, or performs any combination of these functions for the organization, is not liable in damages in a civil action for injury, death, or loss to person or property resulting from the individual's acts or omissions in the performance of those duties for the organization, unless an act or omission constitutes willful or wanton misconduct.

(F) A person who is performing the functions of a first responder, EMT-basic, EMT-I, or paramedic under the authority of the laws of a state that borders this state and who provides emergency medical services to or transportation of a patient in this state is not liable in damages in a civil action for injury, death, or loss to person or property resulting from the person's administration of emergency medical services, unless the services are administered in a manner that constitutes willful or wanton misconduct. A physician, physician ~~assistant~~ associate designated by a physician, or registered nurse designated by a physician, any of whom is licensed to practice in the adjoining state and who is advising or assisting in the emergency medical services by means of any communication device or telemetering system, is not liable in damages in a civil action for injury, death, or loss to person or property resulting from the person's advisory communication or assistance, unless the advisory communication or assistance is provided in a manner that constitutes willful or wanton misconduct.

(G) A person certified under section 4765.23 of the

Revised Code to teach in an emergency medical services training program or emergency medical services continuing education program, and a person who teaches at the Ohio fire academy established under section 3737.33 of the Revised Code or in a fire service training program described in division (A) of section 4765.55 of the Revised Code, is not liable in damages in a civil action for injury, death, or loss to person or property resulting from the person's acts or omissions in the performance of the person's duties, unless an act or omission constitutes willful or wanton misconduct.

(H) In the accreditation of emergency medical services training programs or approval of emergency medical services continuing education programs, the state board of emergency medical, fire, and transportation services and any person or entity authorized by the board to evaluate applications for accreditation or approval are not liable in damages in a civil action for injury, death, or loss to person or property resulting from their acts or omissions in the performance of their duties, unless an act or omission constitutes willful or wanton misconduct.

(I) A person authorized by an emergency medical service organization to review the performance of first responders, EMTs-basic, EMTs-I, and paramedics or to administer quality assurance programs is not liable in damages in a civil action for injury, death, or loss to person or property resulting from the person's acts or omissions in the performance of the person's duties, unless an act or omission constitutes willful or wanton misconduct.

Sec. 4765.51. Nothing in this chapter prevents or restricts the practice, services, or activities of any

registered nurse practicing within the scope of the registered nurse's practice.

Nothing in this chapter prevents or restricts the practice, services, or activities of any physician ~~assistant~~ associate practicing in accordance with a supervision agreement entered into under section 4730.19 of the Revised Code, including, if applicable, the policies of the health care facility in which the physician ~~assistant~~ associate is practicing.

Nothing in this chapter prevents or restricts the practice, services, or activities of any certified mental health assistant practicing in accordance with a supervision agreement entered into under section 4772.10 of the Revised Code.

Sec. 4769.01. As used in this chapter:

(A) "Medicare" means the program established by Title XVIII of the "Social Security Act," 49 Stat. 620 (1935), 42 U.S.C.A. 301, as amended.

(B) "Balance billing" means charging or collecting from a medicare beneficiary an amount in excess of the medicare reimbursement rate for medicare-covered services or supplies provided to a medicare beneficiary, except when medicare is the secondary insurer. When medicare is the secondary insurer, the health care practitioner may pursue full reimbursement under the terms and conditions of the primary coverage and, if applicable, the charge allowed under the terms and conditions of the appropriate provider contract, from the primary insurer, but the medicare beneficiary cannot be balance billed above the medicare reimbursement rate for a medicare-covered service or supply. "Balance billing" does not include charging or collecting

deductibles or coinsurance required by the program.

(C) "Health care practitioner" means all of the following:

(1) A dentist or dental hygienist licensed under Chapter 4715. of the Revised Code;

(2) A registered or licensed practical nurse licensed under Chapter 4723. of the Revised Code;

(3) An optometrist licensed under Chapter 4725. of the Revised Code;

(4) A dispensing optician, spectacle dispensing optician, or spectacle-contact lens dispensing optician licensed under Chapter 4725. of the Revised Code;

(5) A pharmacist licensed under Chapter 4729. of the Revised Code;

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

(7) A physician ~~assistant~~ associate authorized under Chapter 4730. of the Revised Code to practice as a physician ~~assistant~~associate;

(8) A practitioner of a limited branch of medicine issued a certificate under Chapter 4731. of the Revised Code;

(9) A psychologist licensed under Chapter 4732. of the Revised Code;

(10) A chiropractor licensed under Chapter 4734. of the Revised Code;

(11) A hearing aid dealer or fitter licensed under Chapter 4747. of the Revised Code;

(12) A speech-language pathologist or audiologist licensed under Chapter 4753. of the Revised Code;

(13) An occupational therapist or occupational therapy assistant licensed under Chapter 4755. of the Revised Code;

(14) A physical therapist or physical therapy assistant licensed under Chapter 4755. of the Revised Code;

(15) A licensed professional clinical counselor, licensed professional counselor, social worker, or independent social worker licensed, or a social work assistant registered, under Chapter 4757. of the Revised Code;

(16) A dietitian licensed under Chapter 4759. of the Revised Code;

(17) A respiratory care professional licensed under Chapter 4761. of the Revised Code;

(18) An emergency medical technician-basic, emergency medical technician-intermediate, or emergency medical technician-paramedic certified under Chapter 4765. of the Revised Code;

(19) A certified mental health assistant licensed under Chapter 4772. of the Revised Code.

Sec. 4933.122. No natural gas, gas, or electric light company shall terminate service, except for safety reasons or upon the request of the customer, at any time to a residential consumer, except pursuant to procedures that provide for all of the following:

(A) Reasonable prior notice is given to such consumer, including notice of rights and remedies, and no due date shall be established, after which a customer's account is considered

to be in arrears if unpaid, that is less than fourteen days after the mailing of the billing. This limitation does not apply to charges to customers that receive service pursuant to an arrangement authorized by section 4905.31 of the Revised Code, nor to electric light companies operated not for profit or public utilities that are owned or operated by a municipal corporation.

(B) A reasonable opportunity is given to dispute the reasons for such termination;

(C) In circumstances in which termination of service to a consumer would be especially dangerous to health, as determined by the public utilities commission, or make the operation of necessary medical or life-supporting equipment impossible or impractical, and such consumer establishes that the consumer is unable to pay for such service in accordance with the requirements of the utility's billing except under an extended payment plan.

Such procedures shall take into account the need to include reasonable provisions for consumers who are elderly and who have disabilities.

The commission shall hold hearings and adopt rules to carry out this section.

To the extent that any rules adopted for the purpose of division (C) of this section require a health care professional to validate the health of a consumer or the necessity of operation of a consumer's medical or life-supporting equipment, the rules shall include as a health care professional a physician ~~assistant~~associate, a clinical nurse specialist, a certified nurse practitioner, or a certified nurse-midwife.

Sec. 5103.0327. Any physical examination required in the determination of foster home placement may be conducted by any individual authorized by the Revised Code to conduct physical examinations, including a physician ~~assistant~~associate, a clinical nurse specialist, a certified nurse practitioner, or a certified nurse-midwife. Any written documentation of the physical examination shall be completed by the individual who conducted the examination.

Sec. 5104.0110. To the extent that any rules adopted for the purposes of this chapter require a health care professional to perform a physical examination, the rules shall include as a health care professional a physician ~~assistant~~associate, a clinical nurse specialist, a certified nurse practitioner, or a certified nurse-midwife.

Sec. 5104.037. (A) As used in this section:

(1) "Active tuberculosis" has the same meaning as in section 339.71 of the Revised Code.

(2) "Latent tuberculosis" means tuberculosis that has been demonstrated by a positive reaction to a tuberculosis test but has no clinical, bacteriological, or radiographic evidence of active tuberculosis.

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

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

(b) A physician ~~assistant~~ associate who holds a current, valid license to practice as a physician ~~assistant~~ associate issued under Chapter 4730. of the Revised Code;

(c) A certified nurse practitioner, as defined in section 4723.01 of the Revised Code;

(d) A clinical nurse specialist, as defined in section 4723.01 of the Revised Code.

(4) "Tuberculosis control unit" means the county tuberculosis control unit designated by a board of county commissioners under section 339.72 of the Revised Code or the district tuberculosis control unit designated pursuant to an agreement entered into by two or more boards of county commissioners under that section.

(5) "Tuberculosis test" means either of the following:

(a) A two-step Mantoux tuberculin skin test;

(b) A blood assay for m. tuberculosis.

(B) Before employing a person as an administrator or employee, for the purpose of tuberculosis screening, each child care center shall determine if the person has done both of the following:

(1) Resided in a country identified by the world health organization as having a high burden of tuberculosis;

(2) Arrived in the United States within the five years immediately preceding the date of application for employment.

(C) If the person meets the criteria described in division (B) of this section, the center shall require the person to undergo a tuberculosis test before employment. If the result of the test is negative, the center may employ the person.

(D) If the result of any tuberculosis test performed as described in division (C) of this section is positive, the

center shall require the person to undergo additional testing for tuberculosis, which may include a chest radiograph or the collection and examination of specimens.

(1) If additional testing indicates active tuberculosis, then until the person is no longer infectious as determined by the county tuberculosis unit, the center shall not employ the person or, if employed, shall not allow the person to be physically present at the center's location.

For purposes of this section, evidence that a person is no longer infectious shall consist of a written statement to that effect signed by a representative of the tuberculosis control unit.

(2) If additional testing indicates latent tuberculosis, then until the person submits to the program evidence that the person is receiving treatment as prescribed by a licensed health professional, the preschool program shall not employ the person or, if employed, shall not allow the person to be physically present at the program's location. Once the person submits to the program evidence that the person is in the process of completing a tuberculosis treatment regimen as prescribed by a licensed health professional, the preschool program may employ the person and allow the person to be physically present at the program's location so long as periodic evidence of compliance with the treatment regimen is submitted in accordance with rules adopted under section 3701.146 of the Revised Code.

For purposes of this section, evidence that a person is in the process of completing and is compliant with a tuberculosis treatment regimen shall consist of a written statement to that effect signed by the tuberculosis control unit that is overseeing the person's treatment.

Sec. 5119.185. (A) As used in this section:

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

(2) "Clinician" means any of the following:

(a) An advanced practice registered nurse;

(b) A physician;

(c) A physician ~~assistant~~associate.

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

(4) "Physician ~~assistant~~associate" means an individual who holds a current, valid license to practice as a physician ~~assistant~~ associate issued under Chapter 4730. of the Revised Code.

(B) The department of behavioral health may establish a clinician recruitment program under which the department agrees to repay all or part of the principal and interest of a government or other educational loan incurred by a clinician who agrees to provide services to inpatients and outpatients of institutions under the department's administration. To be eligible to participate in the program, a clinician must have attended the following:

(1) In the case of a physician, a school that was, at the time of attendance, a medical school or osteopathic medical school in this country accredited by the liaison committee on medical education or the American osteopathic association, or a medical school or osteopathic medical school located outside this country that was acknowledged by the world health

organization and verified by a member state of that organization as operating within that state's jurisdiction;

(2) In the case of a physician ~~assistant~~associate, a school that was, at the time of attendance, accredited by the accreditation review commission on education for the physician ~~assistant~~ associate or a regional or specialized and professional accrediting agency recognized by the council for higher education accreditation;

(3) In the case of an advanced practice registered nurse, a school that was, at the time of attendance, accredited by a national or regional accrediting organization.

(C) The department shall enter into a contract with each clinician it recruits under this section. Each contract shall include at least the following terms:

(1) The clinician agrees to provide a specified scope of health care services for a specified number of hours per week and a specified number of years to patients of one or more specified institutions administered by the department.

(2) The department agrees to repay all or a specified portion of the principal and interest of a government or other educational loan taken by the clinician for the following expenses if the clinician meets the service obligation agreed to and the expenses were incurred while the clinician was enrolled in, for up to a maximum of four years, a school that qualifies the clinician to participate in the program:

(a) Tuition;

(b) Other educational expenses for specific purposes, including fees, books, and laboratory expenses, in amounts determined to be reasonable in accordance with rules adopted

under division (D) of this section;

(c) Room and board, in an amount determined to be reasonable in accordance with rules adopted under division (D) of this section.

(3) The clinician agrees to pay the department a specified amount, which shall be not less than the amount already paid by the department pursuant to its agreement, as damages if the clinician fails to complete the service obligation agreed to or fails to comply with other specified terms of the contract. The contract may vary the amount of damages based on the portion of the clinician's service obligation that remains uncompleted as determined by the department.

(4) Other terms agreed upon by the parties.

(D) If the department elects to implement the clinician recruitment program, it shall adopt rules in accordance with Chapter 119. of the Revised Code that establish all of the following:

(1) Criteria for designating institutions for which clinicians will be recruited;

(2) Criteria for selecting clinicians for participation in the program;

(3) Criteria for determining the portion of a clinician's loan that the department will agree to repay;

(4) Criteria for determining reasonable amounts of the expenses described in divisions (C)(2)(b) and (c) of this section;

(5) Procedures for monitoring compliance by clinicians with the terms of their contracts;

(6) Any other criteria or procedures necessary to implement the program.

Sec. 5119.363. The director of behavioral health shall adopt rules governing the duties of community addiction services providers under section 5119.362 of the Revised Code. The rules shall be adopted in accordance with Chapter 119. of the Revised Code.

The director shall adopt rules under this section that authorize the department of behavioral health to determine an advanced practice registered nurse's, physician ~~assistant's~~associate's, or physician's compliance with section 3719.064 of the Revised Code if such practitioner works for a community addiction services provider.

Sec. 5123.47. (A) As used in this section:

(1) "In-home care" means the supportive services provided within the home of an individual with a developmental disability who receives funding for the services through a county board of developmental disabilities, including any recipient of residential services funded as home and community-based services, family support services provided under section 5126.11 of the Revised Code, or supported living provided in accordance with sections 5126.41 to 5126.47 of the Revised Code. "In-home care" includes care that is provided outside an individual's home in places incidental to the home, and while traveling to places incidental to the home, except that "in-home care" does not include care provided in the facilities of a county board of developmental disabilities or care provided in schools.

(2) "Parent" means either parent of a child, including an adoptive parent but not a foster parent.

(3) "Unlicensed in-home care worker" means an individual who provides in-home care on a self-employed basis and does not employ, either directly or through contract, another person to provide the in-home care, but who is not a health care professional.

(4) "Health care professional" means any of the following:

(a) A dentist who holds a valid license issued under Chapter 4715. of the Revised Code;

(b) A registered or licensed practical nurse who holds a valid license issued under Chapter 4723. of the Revised Code;

(c) An optometrist who holds a valid license issued under Chapter 4725. of the Revised Code;

(d) A pharmacist who holds a valid license issued under Chapter 4729. of the Revised Code;

(e) A person who holds a valid license or certificate issued under Chapter 4731. of the Revised Code to practice medicine and surgery, osteopathic medicine and surgery, podiatric medicine and surgery, or a limited brand of medicine;

(f) A physician ~~assistant~~ associate who holds a valid license issued under Chapter 4730. of the Revised Code;

(g) An occupational therapist or occupational therapy assistant or a physical therapist or physical therapist assistant who holds a valid license issued under Chapter 4755. of the Revised Code;

(h) A respiratory care professional who holds a valid license issued under Chapter 4761. of the Revised Code;

(i) A certified mental health assistant who holds a valid

license issued under Chapter 4772. of the Revised Code.

(5) "Health care task" means a task that is prescribed, ordered, or otherwise directed by a health care professional acting within the scope of the professional's practice. "Health care task" includes the administration of medications.

(B) Except as provided in division (F) of this section, a family member of an individual with a developmental disability may authorize an unlicensed in-home care worker to perform health care tasks as part of the in-home care the worker provides to the individual, if all of the following apply:

(1) The family member is the primary supervisor of the care.

(2) At the time the family member both authorizes the unlicensed in-home care worker to perform health care tasks and supervises the care provided to the individual, the family member is not acting as a paid provider for the individual.

(3) The unlicensed in-home care worker has been selected by the family member or the individual receiving care and is under the direct supervision of the family member.

(4) The health care task is completed in accordance with standard, written instructions.

(5) Performance of the health care task requires no judgment based on specialized health care knowledge or expertise.

(6) The outcome of the health care task is reasonably predictable.

(7) Performance of the health care task requires no complex observation of the individual receiving the care.

(8) Improper performance of the health care task will result in only minimal complications that are not life-threatening.

(C) A family member who authorizes an unlicensed in-home care worker to perform health care tasks under this section shall do all of the following:

(1) Obtain a prescription, if applicable, and written instructions from a health care professional for the care to be provided to the individual;

(2) Authorize the unlicensed in-home care worker to provide the care by preparing a written document granting the authority;

(3) Provide the unlicensed in-home care worker with appropriate training and written instructions in accordance with the instructions obtained from the health care professional;

(4) Be available to communicate with the unlicensed in-home care worker either in person or by telecommunication while the in-home care worker performs a health care task.

(D) Before an unlicensed in-home care worker may perform the health care tasks authorized by a family member under this section, the worker shall accept the written document described in division (C)(2) of this section granting the worker that authority.

(E) A family member who authorizes an unlicensed in-home care worker to perform health care tasks retains full responsibility for the health and safety of the individual receiving the care and for ensuring that the worker provides the care appropriately and safely. No entity that funds or monitors the provision of in-home care may be held liable for the results

of the care provided under this section by an unlicensed in-home care worker, including such entities as the county board of developmental disabilities and the department of developmental disabilities.

An unlicensed in-home care worker who is authorized under this section by a family member to provide care to an individual may not be held liable for any injury caused in providing the care, unless the worker provides the care in a manner that is not in accordance with the training and instructions received or the worker acts in a manner that constitutes willful or wanton misconduct.

(F) A county board of developmental disabilities may evaluate the authority granted by a family member under this section to an unlicensed in-home care worker at any time it considers necessary and shall evaluate the authority on receipt of a complaint. In evaluating the authority, the board shall use appropriately licensed health care professionals.

If, after its evaluation, the board determines that a family member has acted in a manner that is inappropriate for the health and safety of the individual receiving the care, then all of the following apply:

(1) The authorization granted by the family member to an unlicensed in-home care worker is void.

(2) The family member may not authorize other unlicensed in-home care workers to provide the care.

(3) The board shall authorize appropriately licensed or certified providers to instead perform the health care tasks.

(4) The board shall provide the family member an opportunity to file a complaint under section 5126.06 of the

Revised Code.

Sec. 5164.072. (A) As used in this section, "licensed health professional" means the following:

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

(2) An advanced practice registered nurse who holds a current, valid license issued under Chapter 4723. of the Revised Code that authorizes the practice of nursing as an advanced practice registered nurse and is designated as a clinical specialist, certified nurse-midwife, or certified nurse practitioner;

(3) A physician ~~assistant~~ associate licensed under Chapter 4730. of the Revised Code.

(B) The medicaid program shall cover pasteurized human donor milk and human milk fortifiers, in both hospital and home settings, for an infant whose gestationally corrected age is less than twelve months when all of the following apply:

(1) A licensed health professional signs an order stating that human donor milk or human milk fortifiers are medically necessary because the infant meets any of the following criteria:

(a) The infant has a birth weight less than eighteen hundred grams or body weight below healthy levels.

(b) The infant has a gestational age at birth of thirty-four weeks or less.

(c) The infant has any congenital or acquired condition for which the health professional determines that the use of

pasteurized human donor milk or human milk fortifiers will support the treatment of the condition and recovery of the infant.

(2) The infant is medically or physically unable to receive maternal breast milk or participate in breast-feeding, or the infant's mother is medically or physically unable to produce breast milk in sufficient quantities or of adequate caloric density, despite lactation support.

(C) The medicaid director may adopt rules in accordance with Chapter 119. of the Revised Code to implement this section.

Sec. 5164.301. (A) As used in this section, "group practice" has the same meaning as in section 4731.65 of the Revised Code.

(B) The department of medicaid shall establish a process by which a physician ~~assistant~~ associate may enter into a provider agreement.

(C)(1) Subject to division (C)(2) of this section, a claim for medicaid payment for a medicaid service provided by a physician ~~assistant~~ associate to a medicaid recipient may be submitted by the physician ~~assistant~~ associate who provided the service or the physician, group practice, clinic, or other health care facility that employs the physician ~~assistant~~associate.

(2) A claim for medicaid payment may be submitted by the physician ~~assistant~~ associate who provided the service only if the physician ~~assistant~~ associate has a valid provider agreement. When submitting the claim, the physician ~~assistant~~ associate shall use only the medicaid provider number the department has assigned to the physician ~~assistant~~associate.

Sec. 5164.95. (A) As used in this section, "telehealth service" means a health care service delivered to a patient through the use of interactive audio, video, or other telecommunications or electronic technology from a site other than the site where the patient is located.

(B) The department of medicaid shall establish standards for medicaid payments for health care services the department determines are appropriate to be covered by the medicaid program when provided as telehealth services. The standards shall be established in rules adopted under section 5164.02 of the Revised Code.

In accordance with section 5162.021 of the Revised Code, the medicaid director shall adopt rules authorizing the directors of other state agencies to adopt rules regarding the medicaid coverage of telehealth services under programs administered by the other state agencies. Any such rules adopted by the medicaid director or the directors of other state agencies are not subject to the requirements of division (F) of section 121.95 of the Revised Code.

(C)(1) To the extent permitted under rules adopted under section 5164.02 of the Revised Code and applicable federal law, the following practitioners are eligible to provide telehealth services covered pursuant to this section:

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

(b) A psychologist, independent school psychologist, or school psychologist licensed under Chapter 4732. of the Revised Code;

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

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

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

(f) An independent chemical dependency counselor licensed under Chapter 4758. of the Revised Code;

(g) A supervised practitioner or supervised trainee;

(h) An audiologist or speech-language pathologist licensed under Chapter 4753. of the Revised Code;

(i) An audiology aide or speech-language pathology aide, as defined in section 4753.072 of the Revised Code, or an individual holding a conditional license under section 4753.071 of the Revised Code;

(j) An occupational therapist or physical therapist licensed under Chapter 4755. of the Revised Code;

(k) An occupational therapy assistant or physical therapist assistant licensed under Chapter 4755. of the Revised Code.

(l) A dietitian licensed under Chapter 4759. of the Revised Code;

(m) A chiropractor licensed under Chapter 4734. of the Revised Code;

(n) A pharmacist licensed under Chapter 4729. of the

Revised Code;

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

(p) An optometrist licensed under Chapter 4725. of the Revised Code to practice optometry;

(q) A respiratory care professional licensed under Chapter 4761. of the Revised Code;

(r) A certified Ohio behavior analyst certified under Chapter 4783. of the Revised Code;

(s) A practitioner who provides services through a medicaid school program;

(t) Subject to section 5119.368 of the Revised Code, a practitioner authorized to provide services and supports certified under section 5119.36 of the Revised Code through a community mental health services provider or community addiction services provider;

(u) A certified mental health assistant licensed under Chapter 4772. of the Revised Code;

(v) Any other practitioner the medicaid director considers eligible to provide telehealth services.

(2) In accordance with division (B) of this section and to the extent permitted under rules adopted under section 5164.02 of the Revised Code and applicable federal law, the following provider types are eligible to submit claims for medicaid payments for providing telehealth services:

(a) Any practitioner described in division (C)(1) of this section, except for those described in divisions (C)(1)(g), (i),

and (k) of this section;

(b) A professional medical group;

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

(d) A rural health clinic;

(e) An ambulatory health care clinic;

(f) An outpatient hospital;

(g) A medicaid school program;

(h) Subject to section 5119.368 of the Revised Code, a community mental health services provider or community addiction services provider that offers services and supports certified under section 5119.36 of the Revised Code;

(i) Any other provider type the medicaid director considers eligible to submit the claims for payment.

(D)(1) When providing telehealth services under this section, a practitioner shall comply with all requirements under state and federal law regarding the protection of patient information. A practitioner shall ensure that any username or password information and any electronic communications between the practitioner and a patient are securely transmitted and stored.

(2) When providing telehealth services under this section, every practitioner site shall have access to the medical records of the patient at the time telehealth services are provided.

Sec. 5180.45. As used in sections 5180.45 to 5180.454 of the Revised Code:

(A) "Adopted child" means a person who is less than eighteen years of age when the person becomes subject to a final order of adoption, an interlocutory order of adoption, or when the adoption is recognized by this state under section 3107.18 of the Revised Code.

(B) "Adoption" includes an adoption arranged by an attorney, a public children services agency, private child placing agency, or a private noncustodial agency, an interstate adoption, or an international or foreign adoption.

(C) "Adoptive parent" means the person or persons who obtain parental rights and responsibilities over an adopted child pursuant to a final order of adoption, an interlocutory order of adoption, or an adoption recognized by this state under section 3107.18 of the Revised Code.

(D) "Casework services" means services performed or arranged by a public children services agency, private child placing agency, private noncustodial agency, or public entity with whom the department of children and youth has a Title IV-E subgrant agreement in effect, to manage the progress, provide supervision and protection of the child and the child's parent, guardian, or custodian.

(E) "Foster caregiver" has the same meaning as in section 5103.02 of the Revised Code.

(F) "Qualified professional" means an individual that is, but not limited to, any one of the following:

(1) Audiologist;

(2) Orthopedist;

(3) Physician;

(4) Certified nurse practitioner;

(5) Physician ~~assistant~~associate;

(6) Psychiatrist;

(7) Psychologist;

(8) School psychologist;

(9) Licensed marriage and family therapist;

(10) Speech and language pathologist;

(11) Licensed independent social worker;

(12) Licensed professional clinical counselor;

(13) Licensed social worker who is under the direct supervision of a licensed independent social worker;

(14) Licensed professional counselor who is under the direct supervision of a licensed professional clinical counselor.

(G) "Special needs" means any of the following:

(1) A developmental disability as defined in section 5123.01 of the Revised Code;

(2) A physical or mental impairment that substantially limits one or more of the major life activities;

(3) Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more body systems;

(4) Any mental or psychological disorder;

(5) A medical condition causing distress, pain, dysfunction, or social problems as diagnosed by a qualified

professional that results in ongoing medical treatment.

Sec. 5503.08. Each state highway patrol officer shall, in addition to the sick leave benefits provided in section 124.38 of the Revised Code, be entitled to occupational injury leave. Occupational injury leave of one thousand five hundred hours with pay may, with the approval of the superintendent of the state highway patrol, be used for absence resulting from each independent injury incurred in the line of duty, except that occupational injury leave is not available for injuries incurred during those times when the patrol officer is actually engaged in administrative or clerical duties at a patrol facility, when a patrol officer is on a meal or rest period, or when the patrol officer is engaged in any personal business. The superintendent of the state highway patrol shall, by rule, define those administrative and clerical duties and those situations where the occurrence of an injury does not entitle the patrol officer to occupational injury leave. Each injury incurred in the line of duty which aggravates a previously existing injury, whether the previously existing injury was so incurred or not, shall be considered an independent injury. When its use is authorized under this section, all occupational injury leave shall be exhausted before any credit is deducted from unused sick leave accumulated under section 124.38 of the Revised Code, except that, unless otherwise provided by the superintendent of the state highway patrol, occupational injury leave shall not be used for absence occurring within seven calendar days of the injury. During that seven calendar day period, unused sick leave may be used for such an absence.

When occupational injury leave is used, it shall be deducted from the unused balance of the patrol officer's occupational injury leave for that injury on the basis of one

hour for every one hour of absence from previously scheduled work.

Before a patrol officer may use occupational injury leave, the patrol officer shall:

(A) Apply to the superintendent for permission to use occupational injury leave on a form that requires the patrol officer to explain the nature of the patrol officer's independent injury and the circumstances under which it occurred; and

(B) Submit to a medical examination. The individual who conducts the examination shall report to the superintendent the results of the examination and whether or not the independent injury prevents the patrol officer from attending work.

The superintendent shall, by rule, provide for periodic medical examinations of patrol officers who are using occupational injury leave. The individual selected to conduct the medical examinations shall report to the superintendent the results of each such examination, including a description of the progress made by the patrol officer in recovering from the independent injury, and whether or not the independent injury continues to prevent the patrol officer from attending work.

The superintendent shall appoint to conduct medical examinations under this division individuals authorized by the Revised Code to do so, including any physician ~~assistant~~associate, clinical nurse specialist, certified nurse practitioner, or certified nurse-midwife.

A patrol officer is not entitled to use or continue to use occupational injury leave after refusing to submit to a medical examination or if the individual examining the patrol officer

reports that the independent injury does not prevent the patrol officer from attending work.

A patrol officer who falsifies an application for permission to use occupational injury leave or a medical examination report is subject to disciplinary action, including dismissal.

The superintendent shall, by rule, prescribe forms for the application and medical examination report.

Occupational injury leave pay made according to this section is in lieu of such workers' compensation benefits as would have been payable directly to a patrol officer pursuant to sections 4123.56 and 4123.58 of the Revised Code, but all other compensation and benefits pursuant to Chapter 4123. of the Revised Code are payable as in any other case. If at the close of the period, the patrol officer remains disabled, the patrol officer is entitled to all compensation and benefits, without a waiting period pursuant to section 4123.55 of the Revised Code based upon the injury received, for which the patrol officer qualifies pursuant to Chapter 4123. of the Revised Code. Compensation shall be paid from the date that the patrol officer ceases to receive the patrol officer's regular rate of pay pursuant to this section.

Occupational injury leave shall not be credited to or, upon use, deducted from, a patrol officer's sick leave.

Section 2. That existing sections 1.64, 124.32, 124.41, 124.42, 124.50, 173.525, 503.45, 503.47, 505.38, 709.012, 737.15, 737.16, 737.22, 742.38, 911.11, 1337.11, 1349.05, 1561.26, 1751.01, 1785.01, 2108.61, 2133.01, 2133.211, 2135.01, 2151.3515, 2151.53, 2305.113, 2305.234, 2305.2311, 2305.41,

2305.51, 2711.22, 2743.62, 2907.01, 2907.13, 2907.29, 2909.04, 2921.22, 2925.01, 3107.12, 3111.91, 3301.531, 3313.5310, 3313.7112, 3313.7117, 3319.13, 3327.10, 3331.02, 3331.07, 3701.046, 3701.23, 3701.25, 3701.36, 3701.59, 3701.615, 3701.74, 3701.90, 3701.92, 3701.928, 3701.941, 3709.161, 3715.50, 3715.501, 3715.502, 3715.503, 3715.872, 3719.06, 3719.064, 3719.12, 3719.121, 3719.81, 3721.21, 3727.06, 3728.01, 3792.05, 3795.01, 3919.29, 3963.01, 4503.44, 4507.20, 4715.30, 4723.01, 4723.18, 4723.181, 4723.72, 4723.73, 4729.01, 4729.39, 4730.02, 4730.03, 4730.04, 4730.05, 4730.06, 4730.07, 4730.08, 4730.10, 4730.101, 4730.11, 4730.111, 4730.12, 4730.13, 4730.14, 4730.141, 4730.15, 4730.19, 4730.20, 4730.201, 4730.202, 4730.203, 4730.204, 4730.21, 4730.22, 4730.25, 4730.251, 4730.252, 4730.26, 4730.27, 4730.28, 4730.31, 4730.32, 4730.33, 4730.34, 4730.38, 4730.39, 4730.41, 4730.411, 4730.42, 4730.43, 4730.432, 4730.433, 4730.437, 4730.44, 4730.49, 4730.53, 4730.55, 4730.56, 4730.57, 4730.60, 4731.053, 4731.054, 4731.22, 4731.2210, 4731.25, 4731.297, 4731.33, 4731.37, 4743.09, 4755.48, 4755.623, 4761.01, 4761.11, 4761.17, 4765.01, 4765.35, 4765.36, 4765.37, 4765.38, 4765.39, 4765.49, 4765.51, 4769.01, 4933.122, 5103.0327, 5104.0110, 5104.037, 5119.185, 5119.363, 5123.47, 5164.072, 5164.301, 5164.95, 5180.45, and 5503.08 of the Revised Code are hereby repealed.

Section 3. The General Assembly, applying the principle stated in division (B) of section 1.52 of the Revised Code that amendments are to be harmonized if reasonably capable of simultaneous operation, finds that the following sections, presented in this act as composites of the sections as amended by the acts indicated, are the resulting versions of the sections in effect prior to the effective date of the sections as presented in this act:

Section 3701.74 of the Revised Code as amended by both S.B. 95 and S.B. 196 of the 135th General Assembly.

Section 3715.872 of the Revised Code as amended by both S.B. 95 and S.B. 196 of the 135th General Assembly.

Section 4729.01 of the Revised Code as amended by H.B. 52, H.B. 96, S.B. 56, and S.B. 152, all of the 136th General Assembly.

Section 4730.11 of the Revised Code as amended by both H.B. 263 and H.B. 442 of the 133rd General Assembly.

Section 4730.53 of the Revised Code as amended by S.B. 110 of the 131st General Assembly and H.B. 394 and S.B. 276 both of the 130th General Assembly.