

As Introduced

**134th General Assembly
Regular Session
2021-2022**

S. B. No. 311

Senators Huffman, S., Johnson

A BILL

To amend sections 313.02, 313.10, 313.12, 313.161, 1
325.15, 2335.061, 4723.431, and 4730.19 of the 2
Revised Code to revise the law governing 3
coroners and death certificates and to amend the 4
version of section 4723.431 of the Revised Code 5
that is scheduled to take effect on September 6
30, 2024, to continue the change on and after 7
that date. 8

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

Section 1. That sections 313.02, 313.10, 313.12, 313.161, 9
325.15, 2335.061, 4723.431, and 4730.19 of the Revised Code be 10
amended to read as follows: 11

Sec. 313.02. (A) (1) Except as provided in division (A) (2) 12
of this section, no person shall be eligible to the office of 13
coroner except a physician who has been licensed under Chapter 14
4731. of the Revised Code to practice as a physician in this 15
state medicine and surgery or osteopathic medicine and surgery 16
for a period of at least two years immediately preceding 17
election or appointment as a coroner, and who is in good 18
standing in the person's profession. 19

(2) No person shall be eligible to the office of coroner 20
of a charter county except a physician who is licensed under 21
Chapter 4731. of the Revised Code to practice ~~as a physician in~~ 22
~~this state~~ medicine and surgery or osteopathic medicine and 23
surgery and who is in good standing in the person's profession. 24

(B) (1) Beginning in calendar year 2000 and in each fourth 25
year thereafter, each newly elected coroner, after the general 26
election but prior to commencing the term of office to which 27
elected, shall attend and successfully complete sixteen hours of 28
continuing education at programs sponsored by the Ohio state 29
coroners association. Within ninety days after appointment to 30
the office of coroner under section 305.02 of the Revised Code, 31
the newly appointed coroner shall attend and successfully 32
complete sixteen hours of continuing education at programs 33
sponsored by the association. Hours of continuing education 34
completed under the requirement described in division (B) (1) of 35
this section shall not be counted toward fulfilling the 36
continuing education requirement described in division (B) (2) of 37
this section. 38

As used in division (B) (1) of this section, "newly elected 39
coroner" means a person who did not hold the office of coroner 40
on the date the person was elected coroner. 41

(2) Except as otherwise provided in division (B) (2) of 42
this section, beginning in calendar year 2001, each coroner, 43
during the coroner's four-year term, shall attend and 44
successfully complete thirty-two hours of continuing education 45
at programs sponsored by the Ohio state coroners association. 46
Except as otherwise provided in division (B) (2) of this section, 47
each coroner shall attend and successfully complete twenty-four 48
of these thirty-two hours at statewide meetings, and eight of 49

these thirty-two hours at regional meetings, sponsored by the 50
association. The association may approve attendance at 51
continuing education programs it does not sponsor but, if 52
attendance is approved, successful completion of hours at these 53
programs shall be counted toward fulfilling only the twenty- 54
four-hour requirement described in division (B) (2) of this 55
section. 56

(3) Upon successful completion of a continuing education 57
program required by division (B) (1) or (2) of this section, the 58
person who successfully completes the program shall receive from 59
the association or the sponsoring organization a certificate 60
indicating that the person successfully completed the program. 61

Sec. 313.10. (A) (1) Except as otherwise provided in this 62
section, the records of the coroner who has jurisdiction over 63
the case, including, but not limited to, the detailed 64
descriptions of the observations written during the progress of 65
an autopsy and the conclusions drawn from those observations 66
filed in the office of the coroner under division (A) of section 67
313.13 of the Revised Code, made personally by the coroner or by 68
anyone acting under the coroner's direction or supervision, are 69
public records. Those records, or transcripts or photostatic 70
copies of them, certified by the coroner shall be received as 71
evidence in any criminal or civil action or proceeding in a 72
court in this state, as to the facts contained in those records. 73
The coroner of the county where the death was pronounced shall 74
be responsible for the release of all public records relating to 75
that death. 76

(2) Except as otherwise provided in division (D) or (E) of 77
this section, the following records in a coroner's office are 78
not public records: 79

(a) Preliminary autopsy and investigative notes and findings made by the coroner or by anyone acting under the coroner's direction or supervision;	80 81 82
(b) Photographs of a decedent made by the coroner or by anyone acting under the coroner's direction or supervision;	83 84
(c) Suicide notes;	85
(d) Medical and psychiatric records provided to the coroner, a deputy coroner, or a representative of the coroner or a deputy coroner under section 313.091 of the Revised Code;	86 87 88
(e) Records of a deceased individual that are confidential law enforcement investigatory records as defined in section 149.43 of the Revised Code;	89 90 91
(f) Laboratory reports generated from the analysis of physical evidence by the coroner's laboratory that is discoverable under Criminal Rule 16.	92 93 94
(3) In the coroner's discretion, photographs of a decedent may be used for medical, legal, or educational purposes.	95 96
(B) All records in the coroner's office that are public records are open to inspection by the public, and any person may receive a copy of any such record or part of it upon demand in writing, accompanied by payment of a record retrieval and copying fee, at the rate of twenty-five cents per page or a minimum fee of one dollar.	97 98 99 100 101 102
(C) (1) The coroner shall provide a copy of the full and complete records of the coroner with respect to a decedent to a person who makes a written request as the next of kin of the decedent. The following persons may make a request pursuant to this division as the next of kin of a decedent:	103 104 105 106 107

(a) The surviving spouse of the decedent;	108
(b) If there is no surviving spouse, or if the surviving spouse has died without having made a request pursuant to this division, any child of the decedent over eighteen years of age, with each child over eighteen years of age having an independent right to make a request pursuant to this division;	109 110 111 112 113
(c) If there is no surviving spouse or child over eighteen years of age, or if the surviving spouse and all children over eighteen years of age have died without having made a request pursuant to this division, the parents of the decedent, with each parent having an independent right to make a request pursuant to this division;	114 115 116 117 118 119
(d) If there is no surviving spouse, child over eighteen years of age, or parents of the decedent, or if all have died without having made a request pursuant to this division, the brothers and sisters of the decedent, whether of the whole or the half blood, with each having an independent right to make a request pursuant to this division.	120 121 122 123 124 125
(2) If there is no surviving person who may make a written request as next of kin for a copy of the full and complete records of the coroner pursuant to division (C)(1) of this section, or if all next of kin of the decedent have died without having made a request pursuant to that division, the coroner shall provide a copy of the full and complete records of the coroner with respect to a decedent to the representative of the estate of the decedent who is the subject of the records upon written request made by the representative.	126 127 128 129 130 131 132 133 134
(D) A journalist may submit to the coroner a written request to view preliminary autopsy and investigative notes and	135 136

findings, suicide notes, or photographs of the decedent made by 137
the coroner or by anyone acting under the coroner's discretion 138
or supervision. The request shall include the journalist's name 139
and title and the name and address of the journalist's employer 140
and state that the granting of the request would be in the best 141
interest of the public. If a journalist submits a written 142
request to the coroner to view the records described in this 143
division and the final autopsy is not yet completed, the coroner 144
~~shall may~~ grant the journalist's request. The After the final 145
autopsy report and final death certification are complete, if a 146
journalist submits a written request to the coroner to view the 147
records described in this division, the coroner shall grant the 148
journalist's request. 149

A journalist shall not copy the preliminary autopsy and 150
investigative notes and findings, suicide notes, or photographs 151
of the decedent. 152

(E) (1) An insurer may submit to the coroner a written 153
request to obtain a copy of the full and complete records of the 154
coroner with respect to a deceased person. The request shall 155
include the name of the deceased person, the type of policy to 156
which the written request relates, and the name and address of 157
the insurer. 158

(2) If an insurer submits a written request to the coroner 159
to obtain a copy of records pursuant to division (E) (1) of this 160
section, the coroner shall grant that request. 161

(3) Upon the granting of a written request to obtain a 162
copy of records by the coroner, the insurer may utilize the 163
records for the following purposes: 164

(a) To investigate any first party claim or third party 165

claim asserted under a policy of insurance issued by the insurer that arises from the death of the deceased person;	166 167
(b) To determine coverage for any first party claim or third party claim asserted under a policy of insurance issued by the insurer that arises from the death of the deceased person;	168 169 170
(c) To determine the insurer's liability for any first party claim or third party claim asserted under a policy of insurance issued by the insurer that arises from the death of the deceased person.	171 172 173 174
(4) Prior to the delivery of records that are the subject of a request made pursuant to division (E) (1) of this section, the coroner may require the insurer who submitted the written request for the records to provide a payment to the coroner of a record retrieval and copying fee at the rate of twenty-five cents per page or a minimum fee of one dollar.	175 176 177 178 179 180
(5) Any records produced by the coroner in response to a written request under division (E) (1) of this section shall remain in the care, custody, and control of the insurer and its employees or representatives at all times. The insurer may not release or disclose the records to any other person unless any of the following apply:	181 182 183 184 185 186
(a) The release of the records is reasonably necessary to further a purpose described in division (E) (3) of this section.	187 188
(b) A court of competent jurisdiction orders the insurer to produce the records.	189 190
(c) The insurer is required to produce the records in response to a civil or criminal subpoena.	191 192
(d) The insurer is responding to a request for the records	193

from a law enforcement agency, the department of insurance or a 194
department of insurance from another state, or another 195
governmental authority. 196

(F) The coroner may contact the decedent's next of kin to 197
inform the next of kin that a journalist or an insurer has 198
submitted a written request pursuant to division (D) or (E) of 199
this section and whether the coroner has granted the 200
journalist's or the insurer's request. 201

(G) As used in this section: 202

(1) "Full and complete records of the coroner" includes, 203
but is not limited to, the following: 204

(a) The detailed descriptions of the observations written 205
by the coroner or by anyone acting under the coroner's direction 206
or supervision during the progress of an autopsy and the 207
conclusions drawn from those observations that are filed in the 208
office of the coroner under division (A) of section 313.13 of 209
the Revised Code; 210

(b) Preliminary autopsy and investigative notes and 211
findings made by the coroner or by anyone acting under the 212
coroner's direction or supervision; 213

(c) Photographs of a decedent made by the coroner or by 214
anyone acting under the coroner's direction or supervision; 215

(d) Suicide notes; 216

(e) Medical and psychiatric records provided to the 217
coroner, a deputy coroner, or a representative of the coroner or 218
a deputy coroner under section 313.091 of the Revised Code; 219

(f) Records of a deceased individual that are confidential 220
law enforcement investigatory records as defined in section 221

149.43 of the Revised Code;	222
(g) Laboratory reports generated from the analysis of physical evidence by the coroner's laboratory that is discoverable under Criminal Rule 16.	223 224 225
(2) "Insurer" has the same meaning as in section 3901.07 of the Revised Code.	226 227
(3) "Journalist" has the same meaning as in section 149.43 of the Revised Code.	228 229
Sec. 313.12. (A)(A)(1) When any person dies as a result of criminal or other violent means, by casualty, by suicide, or in any suspicious or unusual manner, when any person, including a child under two years of age, dies suddenly when in apparent good health, or when any person with a developmental disability dies regardless of the circumstances <u>in circumstances as described in division (A)(2) of this section,</u> the physician called in attendance, or any member of an ambulance service, emergency squad, or law enforcement agency and any of the following who obtains knowledge thereof arising from the person's duties, shall immediately notify the office of the coroner of the known facts concerning the time, place, manner, and circumstances of the death, and any other information that is required pursuant to sections 313.01 to 313.22 of the Revised Code:	230 231 232 233 234 235 236 237 238 239 240 241 242 243 244
<u>(a) A health care worker caring for the person;</u>	245
<u>(b) Any member of an ambulance service or emergency squad;</u>	246
<u>(c) A law enforcement agency.</u>	247
<u>(2) The notification required by division (A)(1) of this section applies in all of the following circumstances:</u>	248 249

(a) When any person dies as a result of criminal or other violent means, by casualty, by suicide, or in any suspicious or unusual manner; 250
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(b) When any person, including a child under two years of age, dies suddenly when in apparent good health; 253
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(c) When any person with a developmental disability dies regardless of the circumstances. 255
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(3) In such cases, the case of a death in circumstances as described in division (A) (2) of this section, if a request is made for cremation, the funeral director called in attendance shall immediately notify the coroner. 257
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(B) As used in this section, ~~"developmental~~; 261

(1) "Developmental disability" has the same meaning as in section 5123.01 of the Revised Code. 262
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(2) "Health care worker" means any individual licensed or otherwise authorized by the state to practice a health care profession and any other individual who provides health-related services in any setting as part of the individual's employment or otherwise for remuneration. 264
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Sec. 313.161. (A) Whenever an autopsy is performed, 269
including any individual component of an autopsy as defined in section 313.123 of the Revised Code, and the injury causing 270
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death occurred within the boundaries of a county other than the one in which the autopsy was performed, such other county shall pay the costs of the autopsy, including associated transportation costs. 274
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The cost of such autopsy shall be no greater than the actual value of the transportation of the body, services of the technicians, and materials used. Money derived from the fees paid for such autopsies shall be credited to the

coroner's laboratory fund created in section 313.16 of the Revised Code. 279
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(B) (1) Whenever an autopsy is performed, including any individual component of an autopsy as defined in section 313.123 of the Revised Code, and the person who died was an inmate of a state correctional facility, the department of rehabilitation and correction or the department of youth services, as appropriate, shall pay the costs of the autopsy, including associated transportation costs. The costs of the autopsy shall be no greater than the actual value of the transportation of the body, services of the technicians, and the facilities and materials used. Money derived from the fees paid for such autopsies shall be credited to the coroner's laboratory fund created in section 313.16 of the Revised Code. 281
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(2) As used in this division, "state correctional facility" means a "state correctional institution," as defined in section 2967.01 of the Revised Code, a state correctional institution that is privately operated and managed pursuant to section 9.06 of the Revised Code, and an "institution," as defined in section 5139.01 of the Revised Code. 293
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Sec. 325.15. (A) Each coroner shall be classified, for salary purposes, according to the population of the county. All coroners shall receive annual compensation in accordance with the following schedules and in accordance with section 325.18 of the Revised Code: 299
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CLASSIFICATION AND COMPENSATION SCHEDULE 304

FOR CALENDAR YEAR 2018 FOR 305

CORONERS WITH A PRIVATE PRACTICE 306

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	1	2	3
A	Class	Population Range	Compensation
B	1	1 - 55,000	\$30,993
C	2	55,001 - 95,000	45,384
D	3	95,001 - 200,000	56,458
E	4	200,001 - 400,000	69,739
F	5	400,001 - 1,000,000	78,594
G	6	1,000,001 or more	83,310

CLASSIFICATION AND COMPENSATION SCHEDULE 308

FOR CALENDAR YEAR 2018 FOR 309

CORONERS WITHOUT A PRIVATE PRACTICE 310

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	1	2	3
A	Class	Population Range	Compensation
B	3	175,001 - 200,000	\$127,563
C	4	200,001 - 400,000	127,563
D	5	400,001 - 1,000,000	130,661
E	6	1,000,001 or more	133,759

CLASSIFICATION AND COMPENSATION SCHEDULE	312
FOR CALENDAR YEAR 2019 FOR CORONERS	313
WITH A PRIVATE PRACTICE	314

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	1	2	3
A	Class	Population Range	Compensation
B	1	1 - 55,000	\$32,543
C	2	55,001 - 95,000	47,653
D	3	95,001 - 200,000	59,281
E	4	200,001 - 400,000	73,226
F	5	400,001 - 1,000,000	82,524
G	6	1,000,001 or more	87,476

CLASSIFICATION AND COMPENSATION SCHEDULE	316
FOR CALENDAR YEAR 2019 FOR CORONERS	317
WITHOUT A PRIVATE PRACTICE	318

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	1	2	3
A	Class	Population Range	Compensation

B	3	175,001 - 200,000	\$133,941
C	4	200,001 - 400,000	133,941
D	5	400,001 - 1,000,000	137,194
E	6	1,000,001 or more	140,447

CLASSIFICATION AND COMPENSATION SCHEDULE	320
FOR CALENDAR YEAR 2020 FOR CORONERS	321
WITH A PRIVATE PRACTICE	322

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	1	2	3
A	Class	Population Range	Compensation
B	1	1 - 55,000	\$34,170
C	2	55,001 - 95,000	50,036
D	3	95,001 - 200,000	62,245
E	4	200,001 - 400,000	76,887
F	5	400,001 - 1,000,000	86,650
G	6	1,000,001 or more	91,849

CLASSIFICATION AND COMPENSATION SCHEDULE	324
FOR CALENDAR YEAR 2020 FOR CORONERS	325
WITHOUT A PRIVATE PRACTICE	326

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	1	2	3
A	Class	Population Range	Compensation
B	3	175,001 - 200,000	\$140,638
C	4	200,001 - 400,000	140,638
D	5	400,001 - 1,000,000	144,054
E	6	1,000,001 or more	147,469

(B) (1) A coroner in a county with a population of one 328
hundred seventy-five thousand one or more shall not engage in 329
the private practice of medicine unless, before taking office, 330
the coroner notifies the board of county commissioners of the 331
intention to engage in that private practice. A coroner in such 332
a county shall elect to engage or not to engage in the private 333
practice of medicine before the commencement of each new term of 334
office. A coroner in such a county who engages in the private 335
practice of medicine, but who intends not to engage in the 336
private practice of medicine during the coroner's next term of 337
office, shall so notify the board of county commissioners as 338
specified in this division. For a period of six months after 339
taking office, a coroner who elects not to engage in the private 340
practice of medicine may engage in the private practice of 341
medicine, without any reduction of compensation as provided in 342
division (A) of this section and in section 325.18 of the 343
Revised Code, for the purpose of concluding the affairs of the 344
coroner's private practice of medicine. 345

(2) A coroner in a county with a population of one hundred 346
seventy-five thousand one or more who elects not to engage in 347

the private practice of medicine under division (B) (1) of this 348
section may, during the coroner's term of office, elect to 349
engage in the private practice of medicine by notifying the 350
board in writing of the intention to so engage. The notice shall 351
state the date on which the coroner will commence the private 352
practice of medicine and shall be given to the board at least 353
thirty days before that date. On the date stated in the notice, 354
the coroner's compensation shall be reduced as provided in 355
division (A) of this section and in section 325.18 of the 356
Revised Code for coroners with a private practice. 357

(C) Each coroner who is the coroner in a county with a 358
population of one hundred seventy-five thousand one or more and 359
who is without a private practice of medicine shall receive 360
supplemental compensation of an additional fifty per cent of the 361
annual compensation calculated under division (A) of this 362
section and section 325.18 of the Revised Code in each calendar 363
year in which the office of the coroner satisfies all of the 364
following: 365

(1) The office operates as a regional forensic pathology 366
examination referral center, and the operation generates 367
coroner's laboratory fund income, for purposes of section 313.16 368
of the Revised Code, that is in excess of the fund's expenses 369
and is sufficient to provide the supplemental compensation 370
specified in division (C) of this section; 371

(2) The coroner is a forensic pathologist certified by the 372
American board of pathology; and 373

(3) The coroner performs a minimum of seventy-five post 374
mortem examinations annually. 375

(D) Each coroner who is the coroner in a county with a 376

population of one hundred seventy-five thousand one or more and 377
who is without a private practice of medicine and does not 378
operate a regional forensic pathology examination referral 379
center may, on approval of the board of county commissioners, 380
receive supplemental compensation of up to an additional twenty- 381
five per cent of the annual compensation calculated under 382
division (A) of this section and section 325.18 of the Revised 383
Code in each calendar year in which the coroner is a forensic 384
pathologist certified by the American board of pathology and is 385
performing the forensic examinations of the county. 386

(E) As used in this section, "private practice of 387
medicine" means the provision of services for the diagnosis, 388
prevention, treatment, cure, or relief of a health condition, 389
illness, injury, or disease for remuneration. "Private practice 390
of medicine" does not include the performance of an autopsy at 391
the request of another coroner. "Private practice" refers to the 392
private practice of medicine. 393

Sec. 2335.061. (A) As used in this section: 394

(1) "Coroner" has the same meaning as in section 313.01 of 395
the Revised Code, and includes the following: 396

(a) The coroner of a county other than a county in which 397
the death occurred or the dead human body was found if the 398
coroner of that other county performed services for the county 399
in which the death occurred or the dead human body was found; 400

(b) A medical examiner appointed by the governing 401
authority of a county to perform the duties of a coroner set 402
forth in Chapter 313. of the Revised Code. 403

(2) ~~"Deposition fee" means the amount derived by 404
multiplying the hourly rate by the number of hours a coroner or 405~~

~~deputy coroner spent preparing for and giving expert testimony~~ 406
~~at a deposition in a civil action pursuant to this section.~~ 407

~~(3)~~ "Deputy coroner" means a pathologist serving as a 408
deputy coroner. 409

~~(4)~~ (3) "Expert testimony" means testimony given by a 410
coroner or deputy coroner as an expert witness pursuant to this 411
section and the Rules of Evidence. 412

~~(5)~~ (4) "Fact testimony" means testimony given by a 413
coroner or deputy coroner regarding the performance of the 414
duties of the coroner as set forth in Chapter 313. of the 415
Revised Code. "Fact testimony" does not include expert 416
testimony. 417

~~(6) "Hourly rate" means the compensation established in~~ 418
~~sections 325.15 and 325.18 of the Revised Code for a coroner~~ 419
~~without a private practice of medicine at the class 8 level for~~ 420
~~calendar year 2001 and thereafter, divided by two thousand~~ 421
~~eighty.~~ 422

~~(7) "Testimonial fee" means the amount derived by~~ 423
~~multiplying the hourly rate by six and multiplying the product~~ 424
~~by the number of hours that a coroner or deputy coroner spent~~ 425
~~preparing for and giving expert testimony at a trial or hearing~~ 426
~~in a civil action pursuant to this section.~~ 427

(B) (1) A party may subpoena a coroner or deputy coroner to 428
give expert testimony at a trial, hearing, or deposition in a 429
civil action only upon filing with the court a notice that 430
includes all of the following: 431

(a) The name of the coroner or deputy coroner whose 432
testimony is sought; 433

(b) A brief statement of the issues upon which the party 434
seeks expert testimony from the coroner or deputy coroner; 435

(c) An acknowledgment by the party that the giving of 436
expert testimony by the coroner or deputy coroner at the trial, 437
hearing, or deposition is governed by this section and that the 438
party will comply with all of the requirements of this section; 439

(d) A statement of the obligations of the coroner or 440
deputy coroner under division (C) of this section. 441

(2) The notice under division (B) (1) of this section shall 442
be served together with the subpoena. 443

(C) A party that obtains the expert testimony of a coroner 444
or deputy coroner at a trial, hearing, or deposition in a civil 445
action pursuant to division (B) or (D) of this section shall pay 446
to the treasury of the county in which the coroner or deputy 447
coroner holds office or is appointed or employed a ~~testimonial-~~ 448
~~fee or deposition fee, whichever is applicable,~~of three hundred 449
fifty dollars per hour spent preparing for and giving expert 450
testimony at a trial, hearing, or deposition in a civil action, 451
within thirty days after receiving the statement described in 452
this division. Upon the conclusion of the coroner's or deputy 453
coroner's expert testimony, the coroner or deputy coroner shall 454
file a statement with the court on behalf of the county in which 455
the coroner or deputy coroner holds office or is appointed or 456
employed showing the fee due and how the coroner or deputy 457
coroner calculated the fee. The coroner or deputy coroner shall 458
serve a copy of the statement on each of the parties. 459

(D) For good cause shown, the court may permit a coroner 460
or deputy coroner who has not been served with a subpoena under 461
division (B) of this section to give expert testimony at a 462

trial, hearing, or deposition in a civil action. Unless good 463
cause is shown, the failure of a party to file with the court 464
the notice described in division (B) (1) of this section 465
prohibits the party from having a coroner or deputy coroner 466
subpoenaed to give expert testimony at a trial, hearing, or 467
deposition in a civil action or from otherwise calling the 468
coroner or a deputy coroner to give expert testimony at a trial, 469
hearing, or deposition in a civil action. 470

(E) In the event of a dispute as to the contents of the 471
notice filed by a party under division (B) of this section or as 472
to the nature of the testimony sought from or given by a coroner 473
or a deputy coroner at a trial, hearing, or deposition in a 474
civil action, the court shall determine whether the testimony 475
sought from or given by the coroner or deputy coroner is expert 476
testimony or fact testimony. In making this determination, the 477
court shall consider all of the following: 478

(1) The definitions of "expert testimony" and "fact 479
testimony" set forth in this section; 480

(2) All applicable rules of evidence; 481

(3) Any other information that the court considers 482
relevant. 483

(F) Nothing in this section shall be construed to alter, 484
amend, or supersede the requirements of the Rules of Civil 485
Procedure or the Rules of Evidence. 486

Sec. 4723.431. (A) (1) An advanced practice registered 487
nurse who is designated as a clinical nurse specialist, 488
certified nurse-midwife, or certified nurse practitioner may 489
practice only in accordance with a standard care arrangement 490
entered into with each physician or podiatrist with whom the 491

nurse collaborates. A copy of the standard care arrangement 492
shall be retained on file by the nurse's employer. Prior 493
approval of the standard care arrangement by the board of 494
nursing is not required, but the board may periodically review 495
it for compliance with this section. 496

A clinical nurse specialist, certified nurse-midwife, or 497
certified nurse practitioner may enter into a standard care 498
arrangement with one or more collaborating physicians or 499
podiatrists. If a collaborating physician or podiatrist enters 500
into standard care arrangements with more than five nurses, the 501
physician or podiatrist shall not collaborate at the same time 502
with more than five nurses in the prescribing component of their 503
practices. 504

Not later than thirty days after first engaging in the 505
practice of nursing as a clinical nurse specialist, certified 506
nurse-midwife, or certified nurse practitioner, the nurse shall 507
submit to the board the name and business address of each 508
collaborating physician or podiatrist. Thereafter, the nurse 509
shall notify the board of any additions or deletions to the 510
nurse's collaborating physicians or podiatrists. Except as 511
provided in division (D) of this section, the notice must be 512
provided not later than thirty days after the change takes 513
effect. 514

(2) All of the following conditions apply with respect to 515
the practice of a collaborating physician or podiatrist with 516
whom a clinical nurse specialist, certified nurse-midwife, or 517
certified nurse practitioner may enter into a standard care 518
arrangement: 519

(a) The physician or podiatrist must be authorized to 520
practice in this state. 521

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

(c) If the nurse is a clinical nurse specialist who is certified as a psychiatric-mental health CNS by the American nurses credentialing center or a certified nurse practitioner who is certified as a psychiatric-mental health NP by the American nurses credentialing center, the nurse may enter into a standard care arrangement with a physician but not a podiatrist and the collaborating physician must be practicing in one of the following specialties:

- (i) Psychiatry;
- (ii) Pediatrics;
- (iii) Primary care or family practice.

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

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

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

(3) A plan for coverage in instances of emergency or planned absences of either the clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner or a

collaborating physician or podiatrist that provides the means 550
whereby a physician or podiatrist is available for emergency 551
care; 552

(4) The process for resolution of disagreements regarding 553
matters of patient management between the clinical nurse 554
specialist, certified nurse-midwife, or certified nurse 555
practitioner and a collaborating physician or podiatrist; 556

(5) An agreement that the collaborating physician shall 557
complete and sign the medical certificate of death pursuant to 558
section 3705.16 of the Revised Code regardless of coroner 559
jurisdiction; 560

(6) Any other criteria required by rule of the board 561
adopted pursuant to section 4723.07 or 4723.50 of the Revised 562
Code. 563

(C) (1) A standard care arrangement entered into pursuant 564
to this section may permit a clinical nurse specialist, 565
certified nurse-midwife, or certified nurse practitioner to 566
supervise services provided by a home health agency as defined 567
in section 3740.01 of the Revised Code. 568

(2) A standard care arrangement entered into pursuant to 569
this section may permit a clinical nurse specialist, certified 570
nurse-midwife, or certified nurse practitioner to admit a 571
patient to a hospital in accordance with section 3727.06 of the 572
Revised Code. 573

(D) (1) Except as provided in division (D) (2) of this 574
section, if a physician or podiatrist terminates the 575
collaboration between the physician or podiatrist and a 576
certified nurse-midwife, certified nurse practitioner, or 577
clinical nurse specialist before their standard care arrangement 578

expires, all of the following apply: 579

(a) The physician or podiatrist must give the nurse 580
written or electronic notice of the termination. 581

(b) Once the nurse receives the termination notice, the 582
nurse must notify the board of nursing of the termination as 583
soon as practicable by submitting to the board a copy of the 584
physician's or podiatrist's termination notice. 585

(c) Notwithstanding the requirement of section 4723.43 of 586
the Revised Code that the nurse practice in collaboration with a 587
physician or podiatrist, the nurse may continue to practice 588
under the existing standard care arrangement without a 589
collaborating physician or podiatrist for not more than one 590
hundred twenty days after submitting to the board a copy of the 591
termination notice. 592

(2) In the event that the collaboration between a 593
physician or podiatrist and a certified nurse-midwife, certified 594
nurse practitioner, or clinical nurse specialist terminates 595
because of the physician's or podiatrist's death, the nurse must 596
notify the board of the death as soon as practicable. The nurse 597
may continue to practice under the existing standard care 598
arrangement without a collaborating physician or podiatrist for 599
not more than one hundred twenty days after notifying the board 600
of the physician's or podiatrist's death. 601

(E) Nothing in this section prohibits a hospital from 602
hiring a clinical nurse specialist, certified nurse-midwife, or 603
certified nurse practitioner as an employee and negotiating 604
standard care arrangements on behalf of the employee as 605
necessary to meet the requirements of this section. A standard 606
care arrangement between the hospital's employee and the 607

employee's collaborating physician is subject to approval by the 608
medical staff and governing body of the hospital prior to 609
implementation of the arrangement at the hospital. 610

Sec. 4730.19. (A) Before initiating supervision of one or 611
more physician assistants licensed under this chapter, a 612
physician shall enter into a supervision agreement with each 613
physician assistant who will be supervised. A supervision 614
agreement may apply to one or more physician assistants, but, 615
except as provided in division ~~(B) (2) (e)~~ (B) (2) (f) of this 616
section, may apply to not more than one physician. The 617
supervision agreement shall specify that the physician agrees to 618
supervise the physician assistant and the physician assistant 619
agrees to practice under that physician's supervision. 620

The agreement shall clearly state that the supervising 621
physician is legally responsible and assumes legal liability for 622
the services provided by the physician assistant. The agreement 623
shall be signed by the physician and the physician assistant. 624

(B) A supervision agreement shall include either or both 625
of the following: 626

(1) If a physician assistant will practice within a health 627
care facility, the agreement shall include terms that require 628
the physician assistant to practice in accordance with the 629
policies of the health care facility. 630

(2) If a physician assistant will practice outside a 631
health care facility, the agreement shall include terms that 632
specify all of the following: 633

(a) The responsibilities to be fulfilled by the physician 634
in supervising the physician assistant; 635

(b) The responsibilities to be fulfilled by the physician 636

assistant when performing services under the physician's supervision; 637
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(c) Any limitations on the responsibilities to be fulfilled by the physician assistant; 639
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(d) The circumstances under which the physician assistant is required to refer a patient to the supervising physician; 641
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(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 regardless of coroner jurisdiction; 643
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(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. 647
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(C) A supervision agreement may be amended to modify the responsibilities of one or more physician assistants or to include one or more additional physician assistants. 651
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(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 who entered into the supervision agreement shall retain a copy of the agreement in the records maintained by the physician assistant. 654
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(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: 660
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(a) That a physician assistant has practiced in a manner 665
that departs from, or fails to conform to, the terms of a 666
supervision agreement entered into under this section; 667

(b) That a physician has supervised a physician assistant 668
in a manner that departs from, or fails to conform to, the terms 669
of a supervision agreement entered into under this section; 670

(c) That a physician or physician assistant failed to 671
comply with division (A) or (B) of this section. 672

(2) If the board finds, through a review conducted under 673
this section or through any other means, that a physician or 674
physician assistant failed to comply with division (D) of this 675
section, the board may do either of the following: 676

(a) Take disciplinary action against the individual under 677
section 4730.25 or 4731.22 of the Revised Code, impose a civil 678
penalty, or both; 679

(b) Permit the individual to agree in writing to update 680
the records to comply with division (D) of this section and pay 681
a civil penalty. 682

(3) The board's finding in any disciplinary action taken 683
under division (E) of this section shall be made pursuant to an 684
adjudication conducted under Chapter 119. of the Revised Code. 685

(4) A civil penalty imposed under division (E) (1) or (2) 686
(a) of this section or paid under division (E) (2) (b) of this 687
section shall be in an amount specified by the board of not more 688
than five thousand dollars and shall be deposited in accordance 689
with section 4731.24 of the Revised Code. 690

Section 2. That existing sections 313.02, 313.10, 313.12, 691
313.161, 325.15, 2335.061, 4723.431, and 4730.19 of the Revised 692

Code are hereby repealed. 693

Section 3. That the version of section 4723.431 of the 694
Revised Code that is scheduled to take effect September 30, 695
2024, be amended to read as follows: 696

Sec. 4723.431. (A) (1) An advanced practice registered 697
nurse who is designated as a clinical nurse specialist, 698
certified nurse-midwife, or certified nurse practitioner may 699
practice only in accordance with a standard care arrangement 700
entered into with each physician or podiatrist with whom the 701
nurse collaborates. A copy of the standard care arrangement 702
shall be retained on file by the nurse's employer. Prior 703
approval of the standard care arrangement by the board of 704
nursing is not required, but the board may periodically review 705
it for compliance with this section. 706

A clinical nurse specialist, certified nurse-midwife, or 707
certified nurse practitioner may enter into a standard care 708
arrangement with one or more collaborating physicians or 709
podiatrists. If a collaborating physician or podiatrist enters 710
into standard care arrangements with more than five nurses, the 711
physician or podiatrist shall not collaborate at the same time 712
with more than five nurses in the prescribing component of their 713
practices. 714

Not later than thirty days after first engaging in the 715
practice of nursing as a clinical nurse specialist, certified 716
nurse-midwife, or certified nurse practitioner, the nurse shall 717
submit to the board the name and business address of each 718
collaborating physician or podiatrist. Thereafter, the nurse 719
shall notify the board of any additions or deletions to the 720
nurse's collaborating physicians or podiatrists. Except as 721
provided in division (D) of this section, the notice must be 722

provided not later than thirty days after the change takes 723
effect. 724

(2) All of the following conditions apply with respect to 725
the practice of a collaborating physician or podiatrist with 726
whom a clinical nurse specialist, certified nurse-midwife, or 727
certified nurse practitioner may enter into a standard care 728
arrangement: 729

(a) The physician or podiatrist must be authorized to 730
practice in this state. 731

(b) Except as provided in division (A) (2) (c) of this 732
section, the physician or podiatrist must be practicing in a 733
specialty that is the same as or similar to the nurse's nursing 734
specialty. 735

(c) If the nurse is a clinical nurse specialist who is 736
certified as a psychiatric-mental health CNS by the American 737
nurses credentialing center or a certified nurse practitioner 738
who is certified as a psychiatric-mental health NP by the 739
American nurses credentialing center, the nurse may enter into a 740
standard care arrangement with a physician but not a podiatrist 741
and the collaborating physician must be practicing in one of the 742
following specialties: 743

(i) Psychiatry; 744

(ii) Pediatrics; 745

(iii) Primary care or family practice. 746

(B) A standard care arrangement shall be in writing and 747
shall contain all of the following: 748

(1) Criteria for referral of a patient by the clinical 749
nurse specialist, certified nurse-midwife, or certified nurse 750

practitioner to a collaborating physician or podiatrist or 751
another physician or podiatrist; 752

(2) A process for the clinical nurse specialist, certified 753
nurse-midwife, or certified nurse practitioner to obtain a 754
consultation with a collaborating physician or podiatrist or 755
another physician or podiatrist; 756

(3) A plan for coverage in instances of emergency or 757
planned absences of either the clinical nurse specialist, 758
certified nurse-midwife, or certified nurse practitioner or a 759
collaborating physician or podiatrist that provides the means 760
whereby a physician or podiatrist is available for emergency 761
care; 762

(4) The process for resolution of disagreements regarding 763
matters of patient management between the clinical nurse 764
specialist, certified nurse-midwife, or certified nurse 765
practitioner and a collaborating physician or podiatrist; 766

(5) If the clinical nurse specialist or certified nurse 767
practitioner will determine and pronounce death pursuant to 768
section 4723.36 of the Revised Code, an agreement that the 769
collaborating physician shall complete and sign the medical 770
certificate of death pursuant to section 3705.16 of the Revised 771
Code regardless of coroner jurisdiction; 772

(6) Any other criteria required by rule of the board 773
adopted pursuant to section 4723.07 or 4723.50 of the Revised 774
Code. 775

(C) (1) A standard care arrangement entered into pursuant 776
to this section may permit a clinical nurse specialist, 777
certified nurse-midwife, or certified nurse practitioner to 778
supervise services provided by a home health agency as defined 779

in section 3740.01 of the Revised Code. 780

(2) A standard care arrangement entered into pursuant to 781
this section may permit a clinical nurse specialist, certified 782
nurse-midwife, or certified nurse practitioner to admit a 783
patient to a hospital. 784

(D) (1) Except as provided in division (D) (2) of this 785
section, if a physician or podiatrist terminates the 786
collaboration between the physician or podiatrist and a 787
certified nurse-midwife, certified nurse practitioner, or 788
clinical nurse specialist before their standard care arrangement 789
expires, all of the following apply: 790

(a) The physician or podiatrist must give the nurse 791
written or electronic notice of the termination. 792

(b) Once the nurse receives the termination notice, the 793
nurse must notify the board of nursing of the termination as 794
soon as practicable by submitting to the board a copy of the 795
physician's or podiatrist's termination notice. 796

(c) Notwithstanding the requirement of section 4723.43 of 797
the Revised Code that the nurse practice in collaboration with a 798
physician or podiatrist, the nurse may continue to practice 799
under the existing standard care arrangement without a 800
collaborating physician or podiatrist for not more than one 801
hundred twenty days after submitting to the board a copy of the 802
termination notice. 803

(2) In the event that the collaboration between a 804
physician or podiatrist and a certified nurse-midwife, certified 805
nurse practitioner, or clinical nurse specialist terminates 806
because of the physician's or podiatrist's death, the nurse must 807
notify the board of the death as soon as practicable. The nurse 808

may continue to practice under the existing standard care 809
arrangement without a collaborating physician or podiatrist for 810
not more than one hundred twenty days after notifying the board 811
of the physician's or podiatrist's death. 812

(E) Nothing in this section prohibits a hospital from 813
hiring a clinical nurse specialist, certified nurse-midwife, or 814
certified nurse practitioner as an employee and negotiating 815
standard care arrangements on behalf of the employee as 816
necessary to meet the requirements of this section. A standard 817
care arrangement between the hospital's employee and the 818
employee's collaborating physician is subject to approval by the 819
medical staff and governing body of the hospital prior to 820
implementation of the arrangement at the hospital. 821

Section 4. That the existing version of section 4723.431 822
of the Revised Code that is scheduled to take effect September 823
30, 2024, is hereby repealed. 824

Section 5. Sections 3 and 4 of this act take effect 825
September 30, 2024. 826

Section 6. Section 4723.431 of the Revised Code that is 827
scheduled to take effect September 30, 2024, is presented in 828
this act as a composite of the section as amended by both 829
Section 101.01 and Section 130.10 of H.B. 110 of the 134th 830
General Assembly. The General Assembly, applying the principle 831
stated in division (B) of section 1.52 of the Revised Code that 832
amendments are to be harmonized if reasonably capable of 833
simultaneous operation, finds that the composite is the 834
resulting version of the section in effect prior to the 835
effective date of the section as presented in this act. 836